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Articles

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After-School Programs: How They Affect Black Male Development and Educational Progress*

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Abstract

In this study, we review research on after-school programs, activities, and arrangements that support Black youth's positive academic, social, and emotional development. We then analyze data collected from 28 after-school programs funded under the W. K. Kellogg African American Men and Boys Initiative. Numerous community-based programs assist African American men and boys lead meaningful lives. Despite depressing statistics, most Black males lead productive, positive lives. This paper confirms that the massive failure and incarceration of Black males in American society is not inevitable. We present systematic evidence of alternative outcomes. We also show

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examples, models and procedures that can effectively stem the tide of failure among African American men and boys. Nevertheless, far too many African American men and boys continue to "crash and burn" in the negative activities of drugs, violence, incarceration, and wasted lives. Concerning public policy, funding must be maintained and expanded for existing and new school and community-based after-school centers. These programs should provide structured activities focused on academic enhancement, reading, mathematics, and verbal skills. Black males who "go wrong" receive disproportionate attention in the media compared to the greater majority of Black males who lead upstanding, decent, productive lives. Also neglected are the individuals, groups, organizations, and institutions that produce admirable, high achieving African American men and boys. The fact that this is true is a sobering commentary on race, stereotypes, and inequality in American society.

The challenge facing scholars and practitioners today is how to learn from the experiences of Black males who somehow manage to negotiate the treacherous terrain between their goals and hopes for a better life and environments strewn with negative pitfalls. Once we more clearly understand this "Black Box" of resources, opportunities, socialization and support that leads Black males off pathways of destruction and puts them on pathways of success, we will then be better able to intervene effectively in the lives of African American men and boys. The sad fact remains that we continue to lose far too many Black males with devastating consequences for their families, communities, and the larger society. Denied opportunities to realize their potential and to become productive, contributing members of our society, these individuals represent lost, wasted resources.

The goal of the present article is twofold. The first aim is to provide a literature review of research that explores after-school programs, activities, and arrangements that enable Black youth to develop academically, socially, and emotionally. The second goal is to report results from survey data on 28 after-school programs working with African American men and boys. This second step demonstrates how youth involvement in structured activities with positive adult guidance and one-on-one mentorship appears to produce positive outcomes. These outcomes include reduced

delinquency, school performance/outcomes improvement, future job and educational goal setting, and increased self-awareness. We also hope to identify important structural and treatment delivery aspects that enable these programs to achieve positive results in youths' lives.

This paper assumes that when young people work towards maintaining a balanced healthy lifestyle, their social, personal, and academic lives will be positively influenced. As the first step in a larger research project, this paper does not present multivariate analyses or controls. Nonetheless, we suggest that community-based after-school programs can help to affect youths' total lifestyles in a positive and healthy manner. Our review of the survey data and our review of the research literature combine to demonstrate that community- and school-based after-school programs can help to improve the social, academic, and emotional development of young people through mentorship, structured activities, and remedial curricula.

Literature Review

The following section summarizes 24 research articles evaluating programs or curricula targeting school-aged children and the effect of these programs on various outcome measures of student success. A brief summary will be given of the age groups evaluated within these studies, the types of programs and curricula implemented, and the data-gathering methods used within the studies. In addition, this section will explore the evidence these studies provided to demonstrate that the participants successfully received a treatment or benefits from the program/curriculum offered. Finally, the significant outcomes found among these studies will be discussed. The study's outcomes will be discussed in terms of the Clark "Eight 'Selves' of the Whole Person" framework, which adopts a holistic view on healthy child development that emphasizes the need for growth in eight key areas[1]

The following research pieces explored various types of after-school arrangements for youth aged 6 to 18 years. For the purposes of this review, the various after-school arrangements were categorized into three areas. The first category focused on extracurricular activities and organized sports involvement of youth (38 percent). The second category explored the effects of various types of after-school care arrangements for children (38 percent). Here the research

focus is mainly on the types of supervision for children and not necessarily on the types of programs in which the youth were enrolled. The third category of studies reviewed examined the effects of community- and school-based after-school programs (25 percent). These programs tended to provide tutorial and/or mentoring services for young people. Among the studies examined, the age group most frequently evaluated (50 percent) was elementary school-aged children, 6 to 13 years of age. The majority of these articles (54 percent) used a mixture of data-gathering methods — surveys, questionnaires, achievement test data, interviews, observations and official school records — to explore the effect of these programs on student success outcomes.

Age Groups Evaluated

Of the 24 studies reviewed, 13 (54 percent) examined curricula that targeted elementary school-aged children (Baker and Witt 1995; Bernman, Winkleby, Chesterman and Boyce 1992; Hastad, Segrave, Pangrazi and Petersen 1984; Huang, Gribbons, Kim and Lee 2000; Marshall, Coll, Marx, McCartney, Keefe and Ruh 1997; Pettit, Laird, Bates and Dodge 1997; Posner and Vandell 1994, 1999; Rosenthal and Vandell 1996; Scales, George and Morris 1997; Schinke, Cole and Poulin 2000; Vandell and Corasaniti 1988; Vandell and Ramanan 1991). Of these studies, the majority focused on third through fifth graders. The second largest age group examined was high school-aged children. Six (25 percent) of the articles explored programs in which high school students were involved (Bell 1967; Landers and Landers 1978; Lueptow 1984; Marsh 1992; Melnick, Vonfosen, and Sabo 1988; Rehberg and Schafer 1967/68). Four (17 percent) of the studies examined a mixture of age groups. Kahane, Nagoaka, Brown, O'Brien, Quinn, and Thiede (2001) examined sixth- through tenth-grade students' experiences in community programs. Bredemeier and Shields (1984) examined high school- and college-aged students and Tierney, Grossman and Resch (1995) examined students aged 10 through 16. Allen and Clark (1998) examined twenty-eight primarily community-based programs that had a varied age group of clients served from elementary school age to teenagers and adults. Only one (5 percent) of the articles, Gerber (1996), examined junior high-aged children.

Type of Program/Curriculum Evaluated

Of the studies reviewed, 38 percent explore the influence of participation in organized sports and other types of extracurricular activities. These activities are either community- or school-based (Bell 1967; Bredemeier and Shields 1984; Gerber 1996; Hastad et al. 1984; Landers and Landers 1978; Lueptow 1984; Marsh 1992; Melnick et al. 1988; Rehberg and Schafer 1967/68). These articles focused on the effect of students' participation in organized sports, and school and community leadership activities have on either their school achievement or deviant behavior. The extracurricular activities included sports teams, service and/or school leadership activities. All of these articles focus on either middle school or high school students except Hastad et al. (1984), who examined sixth graders' organized sport participation. The third set of programs these studies explore focuses on students' extracurricular participation.

The second set of studies explores after-school care arrangements (38 percent). This type of care pertains to the sort of daycare the students received during after-school hours. Under this category, the type of care varied from community-based day care centers to parental care in the home. Some of these arrangements had organized programs for the youth; however, the primary focus of the arrangements evaluated under this category was the type of supervision children received. Categories of type of care often included parental care, other adult daycare sibling, or self-care. In addition, the studies included the number of days that children had sports or music lessons. All of these studies focused on elementary school-aged children (Baker and Witt 1995; Bernman et al. 1992; Marshall et al. 1997; Pettit et al. 1997; Posner and Vandell 1994, 1999; Rosenthal and Vandell 1996; Vandell and Corasaniti 1988; Vandell and Ramanan 1991).

A third set of studies explored community-based programs. The after-school programs examined were based in the youth participants' communities, and the curricula of the programs distinctly focused on the academic, social, and emotional development of the student. Six of the studies examined (25 percent) fall under this category. Five of these studies examined specific community-based or school-based programs. Scales et al. (1997)

examined the effects of student participation in a church-based after-school tutorial program. Schinke et al. (2000) explored the effects on school outcomes of participation in Boys and Girls Clubs' educationally enhanced facilities versus non-participation. Similarly, Tierney et al. (1995) focused on the impact of the Big Brothers and Big Sisters mentoring experiences on 10- through 16-year-olds. Huang et al. (2000) evaluated the impact of LA's BEST after-school program. In addition, Allen and Clark (1998) examined twenty-eight programs that worked with African American men and boys programs funded by the Kellogg Foundation. The sixth study, Kahane et al. (2001) explored surveyed youth who attended various after-school programs, as well as three specific community-based programs.

Evidence Presented that Youth Received Treatment

A key to making a claim that observable outcomes are a result of participation in a certain type of program is the ability of researchers to show that youth participants in the program actually received some sort of "treatment" during their participation in an after-school activity or school activity. Many of the articles summarized did not present concrete evidence that program participants received a specific treatment. Thirty-three percent of the studies reviewed used student self-reports to demonstrate that the youth participants received some sort of treatment or care from the programs in which they participated (Bernman et al. 1992; Bredemeier and Shields 1984; Gerber 1996; Hastad et al. 1984; Kahane et al. 2001; Marsh 1992; Melnick et al. 1988; Rehberg and Schafer 1967/68). Many of these questionnaires asked the students about the programs in which they participated: however, controls were not used to measure the differing amounts of time spent in such activities among the students. These studies tended to focus on student extracurricular activities, except one (Bernman et al. 1992) that focused on after-school care arrangements.

Another segment of the studies (25 percent) used authoritative reports by a parent/guardian, teacher, or school principal to demonstrate that some treatment was received by students (Baker and Witt 1995; Bell 1967; Marshall et al. 1997; Pettit et al. 1997; Vandell and Corasaniti 1988; Vandell and Ramanan 1991). The majority of these studies reported on students' after-school care arrangements.

A third set of studies (13 percent) solely used records (high school directories and local newspapers) to determine whether students participated in certain extracurricular activities (Huang et al. 2001; Landers and Landers 1978; Lueptow 1984).

A good portion (29 percent) of the studies reviewed used multiple sources to determine not only the type of program participation, but also the extent to which youth spent time in the program (Allen and Clark 1998; Posner and Vandell 1994, 1999; Rosenthal and Vandell 1996; Scales et al. 1997; Schinke et al. 2000; Tierney et al. 1995). These studies often combined parent, child, and program director reports about the type of curriculum in which students participated. Both the Posner and Vandell studies (1994, 1999) used a combination of parent interviews, teacher reports, and student interviews and diaries to construct the participants' daily schedules and time spent at each activity.

In terms of fidelity, or the accuracy of the description of youths' program participation, the studies that employed self-reports or authoritative-reports are classified as having low to moderate fidelity. This type of evidence, where youth received treatments, indicates that the youth actually participated in the program discussed. However, the majority of these reports fail to indicate the amount of time youth spent in the programs. Many even indicate that the type of after-school care or program participation varied during the week. For example, Marshall et al. (1997) recognized that youth might have received many different types of after-school care arrangements. When multiple types of care were received, the "more formal arrangement" was observed, "provided that the child was in that care arrangement for at least five hours per week or two afternoons" (Marshall et al. 1997, p. 502). This is problematic in that the salience of the after-school care program is not being determined. A child may benefit from a program or, on the other hand, be hindered by a particular type of care in only one afternoon a week. This study and similar studies fail to demonstrate that a consistent pattern of participation existed and that in fact the level of involvement varied.[2] While varying types of after-school care may be typical of elementary school children's lives, it is difficult to make causal assumptions about the type of care and the outcome measure because the type of care and/or participation may be irregular. This is problematic because

we do not know which type of program influenced the outcome under study.

The studies that used multiple indicators of evidence that youth received treatment from their program participation have high levels of fidelity. These studies contrast parent, student and program director reports of the child's participation in the program; in addition, many of the studies interviewed the children to create a daily schedule of their activities.

Data-Gathering Methods

The majority of studies evaluated (54 percent) used a mixture of research methods to measure the outcomes of the programs evaluated (Bell 1967; Bredemeier et al. 1984; Gerber 1996; Marshall et al. 1997; Melnick et al. 1988; Pettit et al. 1997; Posner and Vandell 1994, 1999; Rosenthal and Vandell 1996; Schinke et al. 2000; Tierney et al. 1995; Vandell and Corasaniti 1988; Vandell and Ramanan 1991). Various methods combined included teacher, student, and parent questionnaires; student or parent interviews; observations; official school records; and student time-use questionnaires. Another set of articles (29 percent) used only questionnaires or surveys. Four of these studies used only student questionnaires (Bernman et al. 1992; Hastad et al. 1984; Kahane et al. 2001; Marsh 1992; Rehberg and Schafer 1967/68); one (Scales et al. 1997) used a combination of parent, student, and tutor questionnaires; and one used surveys from student participants and program directors. Another set of articles (17 percent) used official records, including senior yearbooks, delinquency court records, graduation lists, school achievement records, and school districts' archival data to explore the relationship between extracurricular activities and positive school and social behavior (Baker and Witt 1995; Huang et al. 2000; Landers and Landers 1978; Lueptow 1984).

The data analysis methodologies varied from descriptive statistics and cross-tabulations (Bernman et al. 1992; Rehberg and Schafer 1967/68) to various multiple regression techniques (Gerber 1996; Huang et al. 2000; Marsh 1992; Marshall et al. 1997; Melnick et al. 1988; Schinke et al. 2000; Tierney et al. 1995; Rosenthal and Vandell 1996). In addition, tests were conducted to make comparisons between groups who participated in certain types of programs and those who did not (Bell 1967; Bredemeier et al. 1984; Hastad et al. 1984; Pettit et al. 1997; Posner and Vandell 1994 and 1999; Scales et

al. 1997); tests such as ANOVA and MANOVA were conducted to analyze relationships between key variables (Bell 1967; Vandell and Corasaniti 1988; Vandell and Ramanan 1991). In some instances, analyses that are more detailed were conducted using Rasch analysis (Kahane et al. 2001) and cross-lagged panel analysis (Lueptow 1984).

Significant Outcomes

Findings from the literature summarized above can be discussed in terms of the Clark "Eight 'Selves' of the Whole Person." The eight "selves" address different developmental aspects of a maturing child: These areas include the physical, sexual, intra-personal, spiritual, emotional/feeling, ethical/moral, mental/cognitive and linguistic, and the social/interpersonal. Maturity or development in each area is measured by healthy, effective choice making and expansion of skill sets in each area. Healthy growth and development of the eight selves place young people in the best position to deal with life effectively, find a measure of happiness and contentment, and motivate themselves to believe in possibility. Of the studies that could be classified, few could be arranged under more than one category, as noted below.

The physical developmental arena encompasses the child's physical-biological growth (able to maintain good physical health, especially nutrition, hygiene, and appearance). Measures of physical self-development include health care maintenance; avoiding drug use, alcohol and/or smoking; and the amounts of sleep and physical activity a child obtains.

Three articles reported significant outcomes pertaining to the physical self of children. Hastad et al. (1984) found after comparison of deviant behavior among youth sport participants and non-participants aged 11 to 13 years, the participants reported 10 percent less drug-related participation. Along the same lines, Tierney et al. (1995) found that youth aged 10 to 16 years of age who participated in the Boys and Girls mentoring program showed a negative change in their initiation of drug use (-46 percent). In addition, this study found a 27 percent decrease in participants' initiation of alcohol use and a decrease of 32 percent in the number of times participants said they hit someone. Similarly, Allen and Clark (1998) found in the pre-test that most of the youth participants in the Kellogg African

American Men and Boys (AAMB) programs[3] reported that they do not smoke, drink or do drugs, and have not gotten in trouble with the law. In the post-test, participants' use of cigarettes, alcohol, and drugs remained constant. In addition, the youth reported that negative involvement with the law did not increase during their participation in the programs. All three studies used self-reported data for measurement of students' deviant activities. These studies showed that participation in extracurricular activities decreased the likelihood of delinquent behaviors.[4]

The sexual self-developmental area, similar to the physical self, is classified as an aspect of the physical-biological maturity of a child. None of the articles reviewed focused on this area of development.[5] The third, fourth, fifth, and sixth selves are all aspects of the personal character development of children. When children have positive intrapersonal selves, it allows them to show a strong sense of self; they will exhibit self-confidence, a healthy personality, positive identity, and be able to motivate herself. This skill set involves a strong sense of self and the ability to envision high levels of success.

One of the articles reviewed explored the effects of after-school care on the development of the intrapersonal self of children. Marshall et al. (1997) used data from a three-wave longitudinal study of elementary school children in Boston. The dependent variable, the internalizing and externalizing problems scale, was designed from the Conners Parent Rating Scales (CPRS) to assess children's behavior adjustment. The scale included measures to assess conduct disorders, anxiety, restlessness, disorganization, and psychosomatic, obsessive-compulsive, and antisocial behaviors. This study found that mothers or guardians of lower-income children reported greater externalization problems among their children who were in unsupervised care situations (self-care or sibling care) and fewer internalization problems among children who attended after-school programs.

A fourth personal character aspect refers to the spiritual self, which includes the active pursuit of a path that seeks the meaning of one's existence. A measure of this maturity aspect includes self-talk or meditation, music, dance, prayer, and/or ritual. Only two articles examined spiritual aspects of youth development. The Allen and Clark (1998) research reported the inclusion of questions to youth

participants about their spiritual activities. These researchers found that at Time 2, youth participants slightly increased the amount of time spent in worship and spiritual activities. Scales et al. (1997) offer a descriptive analysis of students' and parents' perceptions of a church-based after-school program. Youth participants were asked in questionnaires whether the church program was perceived as helping the young people to improve in their academic subjects at school and in their family relationships at home. The study found that a larger percentage of females than males related positively to attending choral music rehearsal.

A fifth aspect of a child's personal character growth includes the emotional/feeling self. This developmental aspect includes a child's ability to create positive social bonds/attachments and to understand multiple perspectives on issues. Measures of this self-development area include the child's level of self-awareness and attitude or outlook toward life. Other indicators of the emotional/feeling self include level of motivation, management of feelings, propensity to self-pity, and level of self-talk.

Similar to the Marshall et al. (1997) study of the emotional/feeling self, Bernman et al. (1992) found that children cared for by older siblings might be at greater risk for negative self-esteem. In addition, Pettit et al. (1997) found that high amounts of self-care predicted poorer behavior adjustment, even after controlling for socioeconomic status and prior adjustment. All three studies focused on elementary school-aged children. While the findings are similar, each study used different indicators to measure the emotional state of the children under study. Where Marshall et al. used parent ratings to measure the children's emotional state, Bernman et al. operationalized self-esteem using student self-report questionnaires, asking students about self-appraisal and relative self-worth. Pettit et al. measured student adjustment based on teacher ratings of their students' social skills, competence, and externalizing and internalizing behavior problems.

The following three studies on children's emotional/feeling self showed that mentorship through structured, community-based after-school care programs helped to improve student participants' attitudes toward the future as well as their relationships with family members. In an evaluation of extracurricular activities, Rehberg and

Schafer (1967/68) found a positive association between educational expectations and extracurricular participation. The relationship was strongest for respondents least positively disposed toward a college education, and weakest for respondents most disposed toward a college education. Rehberg and Schafer measured educational expectations using a fixed-response item that requested respondents to indicate how far they actually expected to go in school. This study suggests that participation in interscholastic athletics helps to increase children's valuation of education and adds to positive motivation for the future. However, this relationship is an interactive one, limited to students who are least positively disposed toward a college education.

Along similar lines, the Tierney et al. (1995) evaluation of the Big Brothers and Big Sisters community mentoring program demonstrated that program participation produced a 2 percent increase in the quality of family relationships, a 3 percent increase in participants' trust in their parents, and a 37 percent decrease in respondents' saying they lie to their parents. The attitudinal measures were typically scales created from a series of items or questions combined to form a single measure, and behavioral outcomes were typically based on the responses to single questions. For example, the relationship with family was measured with the use of four scales from the Inventory of Parent and Peer Attachment and had questions that focused on communication, trust, anger, and alienation subscales. Thus, this study again suggests that program participation helps to increase the development of children's emotional/feeling self positively by helping children create positive social attachments.

Similar to the Rehberg and Schafer (1967/68) and the Tierney et al. (1995) research, the Allen and Clark (1998) study found that generally youth participants in the Kellogg AAMB programs were able to form attachments to responsible coaches, educators, and/or employers/clients. This pattern was confirmed by the correlation between the number of months that volunteers were involved in the program and the better attitude of the youth participants as indicated in their self-report responses. Many of the programs made effective use of mentoring strategies to help participants establish and/or maintain stable, success-oriented lifestyles. Through the bonds and relationships that were established between the young people and

adult mentors, these programs were able to reinforce core values for school, work, and life. In many cases, negative behaviors displayed by youth participants before they entered the programs were reversed. Research reported by Rehberg and Schafer, Tierney et al., and Allen and Clark suggests that mentoring relationships formed in community-based programs can allow youth participants to create positive social bonds and attachments to positive role models. In turn, these young participants are more receptive to the positive messages and mentoring offered by the programs.

The sixth aspect that leads to young people's personal character development is their ethical/moral self. This skill set provides young people with the ability to display ethical values, cope with crises and challenges, show integrity and responsibility, and have the ability to be proactive. Measurements of the ethical/moral self in young people can include involvement in delinquent activities and civic behavior. Specific indicators include service to the community, participation in social activities and clubs, and relationships with mentors, or adult-youth interactions.

Four studies have outcomes that can be classified under the ethical/moral self. In an attempt to explore the different effects of sports and everyday life contexts on the moral reasoning of athletes and non-athletes, Bredemeier and Shields (1984) used Haan's interactional model of moral development. This model is a five-level model characterization of moral growth, which focuses on the processes used when people seek intersubjective "moral balances" regarding rights and obligations. This study found that sports participants' levels of moral reasoning when discussing sports dilemmas were lower than levels characterizing reasoning about issues within everyday life contexts. Thus, moral reasoning for athletic participants varies according to the type of moral dilemma proposed. However, extracurricular participation may have positive affects on actual behavior.

Concerning the direct relationship between extracurricular activities and delinquent behavior, the following three studies found that participation helped to prevent young people's negative behavior. Landers and Landers' (1978) study of extracurricular activities examined rates of delinquency as an indicator of ethical and moral behavior. This study found that among male high school students,

rates of delinquency were highest for students not engaged in extracurricular activities. Similarly, Melnick et al. (1988) found a modest negative relationship between sports involvement and delinquency. As noted earlier, Hastad et al. (1984) found a negative relationship between youth sport participation and deviancy. This study found that sports participants reported .07 percent less school-related deviance, 5.4 percent less non-school related deviance, and 9.2 percent less composite deviancy than youth who did not participate in sports. The negative association was particularly pronounced for boys.

The seventh self involves intellectual aspects of a young person's development. The mental/cognitive and linguistic skill set involves the youth's ability to comprehend and analyze school activities, including reading, writing, listening, speaking, and computation. Measurements of this skill set generally include school grades, standardized tests, and out-of-school learning through tutoring.

Overall, the studies of the mental/cognitive and linguistic self found that participation in extracurricular activities was positively related to academic achievement. Of the studies that examined academic achievement, four examined after-school care (Baker and Witt 1995; Posner and Vandell 1994, 1999; Vandell and Corasaniti 1988). This set of articles focused on the type of supervision children received during the after-school hours. A second set of articles focused on community-based programs (Allen and Clark 1998; Huang et al. 2000; Schinke et al. 2000; Tierney et al. 1995); this group of studies explored the effects of youth participation in community programs intended to improve children's social, academic and emotional development. A third group of articles explored the effects of youth participation in organized extracurricular activities (Bell 1967; Gerber 1996; Melnick et al. 1988; Rehberg and Schafer 1967/68). The articles under the sports and extracurricular category explored a mixture of activities, including sports participation and leadership activities.

The definition and indicators used for academic achievement varied slightly among these studies that focused on mental/cognitive outcomes. Researchers' measurements for achievement included levels of academic involvement (time spent in learning activities), standardized test scores, grade point averages, and school report cards. Among the three studies that examined the relationship between

after-school care and academic achievement, the researchers measured achievement by using a combination of school report cards, students' grade point averages, and standardized test scores. For example, Vandell and Corasaniti (1988) used school report cards and students' cumulative grade point averages as indices of students' academic grades. In addition, these researchers used standardized test scores from the California Test of Basic Skills, the Cognitive Abilities Test, the Iowa Test of Basic Skills, and the Texas Assessment of Basic Skills.

The three studies that explored the connection between students' involvement in community-based programs and academic achievement used two different indicators for the outcome variable. Schinke et al. (2000) focused on the level of student participants' academic involvement, such as their engagement in reading and their enjoyment of tutoring, reading, and verbal skills. Similarly, Allen and Clark (1998) examined program participants' involvement in the after-school program and its connection to the amount of time they spent in other constructive out-of-school activities and their academic learning activities. However, Tierney et al. (1995) employed the more conventional measures of school success, relying on a combination of students' grades, scholastic competency exams, and the number of classes and days skipped during the school year. Similarly, Huang et al. (2000) measured student academic success using standardized tests of mathematics, reading, and language arts. This study found that involvement in the LA's BEST school-based program, for at least four years, helped to increase students' school attendance, which in turn helped to improve the students' performance on standardized exams, controlling for their gender, ethnicity, and income and language status.

Like the community-based programs, the two studies that examined students' extracurricular participation and academic outcomes used measurements of academic involvement and standardized exams. Resembling the Schinke et al. (2000) research, Bell (1967) examined school involvement as a key indicator for academic success by comparing students who remained in school with those who dropped out of school. Consistent with the majority of other articles that explored academic outcomes, Gerber (1996) used standardized exams, specifically math, reading and science

cognitive tests, to represent academic achievement.

Other measures of this developmental area include educational and occupational aspirations. Two studies found positive relationships between extracurricular participation and a youth's future educational and occupational aspirations. Melnick et al. (1988) reported modest support between athletic participation and educational aspirations. In their review of community-based after-school programs, Allen and Clark (1998) found that most youth participants and teen/adult participants had career goals for high-status occupations. Between the pre-test and the post-test, the percentage of youth participants who wanted to work in the entertainment industry or as professional athletes declined. The career aspirations of program participants included middle- and upper-class professions such as law, medicine, engineering, and teaching. In addition, at Time 2 a significant increase occurred in the number of youth participants who reported their educational goal was to earn at least a college bachelor's degree. This finding could be partly attributed to the moderate correlation between the variable measuring the amount of time spent with adults and the youth's increased self-awareness.

These eleven studies demonstrate a need for a combination of measurements for academic outcomes that include the universal standardized tests and grade point averages in tandem with indicators of students' academic involvement and educational aspirations. When using these measurements for academic achievement, researchers found significant positive relationships between students' participation in structured after-school activities and academic achievement.

Bell (1967) showed a significant difference between extracurricular participation among students who remained in high school versus those who dropped out. Similarly, Gerber (1996) found that the extent of participation in extracurricular activities was positively related to academic achievement. Participation in school-related activities was more strongly associated with achievement than was participation in non-school related extracurricular activities. Along similar lines, other studies showed that participation in formal after-school programs positively affected participants' academic achievement (Posner and Vandell 1994, 1999; Schinke et al. 2000;

Tierney et al. 1995). Vandell and Corasaniti (1988) contrasted outcomes of children placed in various types of after school care, including, home care with their mother, latch-key programs, day care centers and care through baby sitters. The researchers among other things found that children who did not attend day care centers after school received more negative peer nominations, made lower academic grades, and had lower standardized test scores. The authors caution to keep in mind the self-selection factor, day care centers may be reserved for certain problem behavior youth, and the questionable quality of the after school programs included in the study. These pieces of research suggest that children who participate in formal after-school arrangements, which either center on mentoring and/or educational enhancement, help to develop the intellectual aspects of children's lives more so than if they had not participated in such a program.

The eighth skill set involves the social aspects of young people's development, including their ability to show reliability and to work with people from diverse cultural backgrounds (respects and values human diversity); effective communication, and conflict resolution; and the avoidance of delinquency and other negative behaviors. Overall indicators of a young person's having a mature social/intrapersonal self can be extracted from what they do with their leisure time. Specific gauges include any type of work or chores performed by the youth, mingling with pro-social individuals and groups, and participation in service groups or youth programs.

The following set of findings highlight the importance of the type of after-school care arrangement for children's social developmental. These studies found that the type of after-school arrangements youth participate in affects their ability to interact with other young people and adults. Bernman et al. (1992) found that children cared for by older siblings may be at greater risk for negative social development and children under self-care were significantly more socially isolated than children in adult care were. Similarly, the Marshall et al. (1997) and the Posner and Vandell (1994, 1999) studies found that children in after-school programs spent more time interacting with peers than children in parental care or other adult care. However, the Marshall study found that children in after-school programs spent less time watching television than those in other types

of after-school care; yet the Posner and Vandell (1994) study found the opposite. The Posner and Vandell (1994) study did find that overall, when maternal education, race, and family income were controlled, attending a formal after-school program was associated with better social adjustment in comparison to other types of after-school care. Similarly, the Vandell and Ramanan (1991) study found that children in the care of single mothers after school in comparison with children in other types of adult-supervised after-school care had higher ratings of antisocial behaviors, anxiety, and peer conflicts. Thus, parallel to the outcomes under the mental/cognitive and linguistic self, studies focusing on elementary school-aged children and their after-school care arrangements show that youth participation in formal after-school care programs helps positive development in the area of social support and networking.

The findings are slightly weaker for studies examining extracurricular participation and the development of children's social selves than studies examining type of after-school care arrangements. Melnick et al. (1988) found that athletic participation was modestly related to perceived popularity; however, athletic participation was strongly related to extracurricular involvement. Similarly, Tierney et al. (1995) found that program participation showed a slight 2 percent increase in participants' feelings of emotional support from their peer relationships. Allen and Clark (1998) did find that between Time 1 and Time 2, the amount of time that youth participants spent studying or doing homework increased by nearly 40 percent. Thus, the more time the youth participated in the after-school programs, the more time the youth's leisure time became dedicated to success-oriented learning activities such as studying, doing homework, reading and writing.

Specific Practices

In regard to "promising practices," the following lessons were apparent from the accumulated research record: Formal after-school arrangements that center on mentoring or educational enhancement help develop the intellectual aspects of children's lives. After-school care programs that include a low child-staff ratio, larger center size, staff education, and a variety and flexibility of curriculum activities lead to more positive program perceptions by both children and

parents. A comprehensive after-school tutorial program, including a high ratio of tutors to students, parent participation, program director contact with schoolteachers, and interested adults to tutor and care for the youth, helps to improve children's academic success at school and their family relationships at home. Structured non-school, community-based after-school programs — including 4-5 hours of discussion, 1-2 hours of creative writing, 4-5 hours leisure reading, 5-6 hours of homework, 2-3 hours helping their youth, and 4-5 hours of board games between adult directors and youth participants — can enhance the educational performance of economically disadvantaged early adolescents who live in public housing. One-on-one mentoring experiences help improve youth participants' lives academically and socially, as well as in their family relationships. Elementary school-aged children who are left in the care of adults after school are more likely to have higher self-competence scores and be less socially isolated than children who are left under the supervision of their siblings or by themselves. Children who are in after-school care programs and have the opportunity to engage in activities with other children their age are less likely to have behavioral adjustments. In addition, programs that provide youth with structured activities, including computer skill lessons, academic, recreational and remedial activities, and entrepreneurial, personal and academic development, help youth develop socially, academically, and personally.

Overall, these studies found that the specific programs offered at the community level helped to increase the youth participants' growth in multiple developmental areas. While the articles do not specifically discuss the advantages or disadvantages of programs designed to affect simultaneously youth's development across multiple areas, the articles reviewed do offer evidence that programs can positively affect youth participants' maturity on many different levels simultaneously. Specifically, Allen and Clark (1998), Schinke et al. (2000), and Tierney et al. (1995) demonstrate that community-based programs can positively affect youth participants' academic success, enjoyment, and aspirations. At the same time, the programs can help the youth avoid deviant behavior, such as skipping school and using illegal substances.

Purpose of AAMB Research

The studies reviewed above explore the after-school activities of youth aged six through 18. The studies found that youth who spend time in formal and structured after-school activities benefit in the interaction with their peers and social adjustment (Bernman et al. 1992; Marshall et al. 1997; Pettit et al. 1997; Posner and Vandell 1994) and their academic achievement (Posner and Vandell 1994). Overall, children who are placed in child care arrangements with structure and activities benefit more than children who are placed in unstructured programs (Baker and Witt 1995; Posner and Vandell 1994). Similarly, youth who participate in extracurricular activities and organized sports increase the likelihood that they will remain in school as well as have improved academic outcomes (Bell 1967; Gerber 1996). In addition, youth who participate in extracurricular activities are less likely to engage in deviant behavior, including drug usage, and school- and community-related deviance (Hastad et al. 1984; Landers and Landers 1978). Along the same lines, the six studies that reviewed community and school-based after-school programs found that youth who participate in these structured programs experience increases in time spent in adult-guided activities, high-yield literacy building activities, and constructive learning activities. Because of such experiences, these youth participants have a greater enjoyment and engagement in educational activities, are less likely to participate in antisocial activities, have improved academic outcomes, and find improved relationships with family and peers (Allen and Clark 1998; Schinke et al. 2000; Tierney et al. 1995).

Narrowing the present discussion further, an underlying theme in many of these studies is the issue of race. Ten of the studies (42 percent) include in their data samples youth from differing racial/ethnic groups. Eight of the studies (33 percent) either highlight a comparison between white and African American youth outcomes, or specifically look at African American youth in after-school programs.6 For example, Schinke et al., (2000) explored the effects of youth participation in a selected number of Boys and Girls sites with educational enhancement programs. This study included youth of different races (63 percent African American, 19 percent Hispanic, 13 percent white, 5 percent Asian) and reported that program youth (versus non-program comparison youth) experienced greater

engagement, enjoyment, and performance in academic activities. These studies include multi-race samples in their analyses and identified extracurricular and community programs as successful in working with diverse populations.

More specifically, a handful of the studies reviewed explored the differential effects of program participation among African American and white students or the effects of program participation in majority African American populations. In an examination of school- and non-school related extracurricular activities and academic achievement, Gerber (1996) found that the amount of participation in extracurricular activities was positively related to academic achievement. However, this relationship was stronger for white students overall.

Along the same lines, Posner and Vandell (1999) explored the after-school activities of African American and white children from low-income households from third to fifth grade. Among key differences between African American and white children's after-school activities, African American children spent more time in transit after school (probably due to the school district's busing policy), and consequently had less time than white children available for after-school activities. In addition, by fifth grade African American children's participation in after-school activities surpassed the time spent by white children in such programs (Posner and Vandell 1999:876). However, there were similar patterns between white and African American children in regard to academic success. The African American youth who had greater emotional adjustment, higher academic grades, and less behavioral problems spent less time in unstructured activities (e.g., hanging out, watching television) in fifth grade than did children with poor adjustment scores (p. 877). Higher academic grades were associated with children participating in extracurricular activities as fifth graders. However, fifth graders reported by teachers as having better emotional adjustment had spent the prior three years in non-sport extracurricular activities. Regarding gender differences among African American children, boys watched more television than girls did.

Correspondingly, Kahane et al (2001), in analysis of after-school programs with an African American student sample, found that almost all after-school programs provide significantly more engaging and sufficient learning and social contexts for students than the school

day, according to student surveys. In addition, this finding was particularly greater for African American male youth. Thus, it seems that for African American students, as many of the above studies have found for multiracial populations, structured, adult-led after-school programs help young people develop academically and socially.

In line with much of the research reviewed, our data analysis attempts to explore further programs specifically designed to develop positively academic, social, and personal maturity among African American males. More specific for our purposes was the need not only to identify programs that have been successful in their efforts to work with Black males and achieve positive outcomes, but also to understand in a detailed way how/why these programs work. Thus, the remainder of this paper pushes the analysis of what youth do in their after-school time further by examining programs that specifically target African American men and boys. In addition, the following discussion highlights the important structure of the programs, as well as how their services are delivered.

We return here to the "Black Box" analogy as we attempt to move from vague ideas or notions to a specific, systematic understanding of the processes whereby Black males develop positive outcomes. An important goal of our cluster evaluation of the African American Men and Boys Initiative was to identify elements, practices, philosophies, and procedures common across programs that are proven successful in their work with African American men and boys. In addition, we hoped to identify exemplary examples or programs that represent "best practices" in this area of endeavor. Models that will facilitate the replication of these activities in other African American communities across the country can come from this specific and concrete information. Lessons learned from these programs can also help to inform other communities as they face the challenges of bringing their young of various economic levels, race, ethnicity, and gender into productive roles as adults and citizens.

Based on our review of the published literature, we developed six research questions to be examined in this paper:

1. What is the relationship between youths' length of time in the program and their time doing high-yield activities?
2. What is the relationship between youths' perceived support

from parents, school, kin, and friends with youths' personal development?

3. What areas of personal development correlate most strongly with educational aspirations and achievement?
4. What is the relationship between variables measuring youths' weekly time in relationships with program volunteers and other caring adults with the youths' personal development?
5. What is the relationship between program leaders' efforts/strategies to acquire money and volunteers with the ratio of youths-to-adults in the program?

Data and Methodology

This study of programs in the W.K. Kellogg Foundation African American Men and Boys Collaborative consisted of three main phases: a pilot study, a pre-test, and a post-test. The primary goal of the first pilot study was to provide baseline information on program participants. This study asked, "What are the characteristics of program participants? How did they learn about these programs? What attracted them to these programs? What activities and services did the program provide? In what ways did the program affect the participants' lives?" Results from this study are summarized in an unpublished report (Allen et al. 1997).

In a second phase of our work (Allen et al. 1997), we developed a shorter form of the instrument for a preliminary (pre-test, Time 1) survey of program participants funded by the African American Men and Boys Initiative. This short-form survey provided a means for dynamic assessment of program process and participant outcomes. For the third phase of our work (Allen and Clark 1998), the design incorporated a pre- and post-"treatment" data collection approach. Program participants completed the survey at the beginning of the program and then again after having been involved with the program for a specified period (between six and ten months). Our goal was to secure empirical data on program participant outcomes. Student participants were asked to complete a weekly time-use sheet (Monday through Sunday from 6:00 a.m. until 11:30 p.m. in half-hour intervals) outlining the activities they participated in during a usual week. Comparison of results between Time 1 and Time 2 would show whether and how programs affect participants' values, activi-

ties, life goals, attitudes, and other outcomes over time.

The specifics of our data collection and data analysis procedures were as follows. Twenty-one community-based programs working with African American men and boys participated in this evaluation. Of these programs, 15 had high school populations and 14 had elementary school-aged populations. Eight of the programs overlapped in the age groups of youth enrolled. The elementary and high school students in this sample were given two paper-and-pencil surveys. Each student survey was administered by program staff familiar with the surveys and trained in their administration. A pre-test of each survey was administered in September/October 1996; a post-test of each survey was given in May/June 1997. The first survey collected demographic data from the participants as well as data designed to measure their academic, social, emotional, physical, intrapersonal, and ethical development. The second survey, an assessment of the students' time-use patterns in the previous 168-hour week, measured their involvement in twenty-six categories of activities. These categories focused on four major areas of life: learning, health maintenance, work, and leisure. In addition, project directors responded to a survey about their perceptions of each respondent's progress in the key areas over the period from pre- to post-test. The directors also responded to questions about their own social and educational backgrounds, the number of employees and volunteers working with the youth, recruitment strategies, public relations practices, involvement of parents, and fundraising efforts[7]

Data from both youth surveys were coded for all students in the sample. Responses from the Director's Survey were linked to the student cases in the data file for each student in their respective programs. For example, the director's responses from Project 2000 were linked to the eleven elementary school students and the thirteen high school students (in the sample) who participated in this program. For the preliminary analyses reported in this paper, descriptive statistics and bivariate correlations were calculated.

The current analysis includes 304 youths separated into elementary and high school sub samples. Within the elementary school aged sample (N = 131), the youth are primarily African American (96 percent) and male (82 percent). The ages of the youth within the elementary sample range from five to 15 years, with the majority (81

percent) being between 10 and 14 years of age. Within the high school sample (N = 173), the youth are primarily African American (98 percent) and male (87 percent). The ages of the youth within the high school sample range from 13 to 25 years of age, with the majority (80 percent) ranging from 14 to 17 years of age.

Who Is Being Served by the AAMB Programs?

Almost 17,000 youth were served by the thirty AAMB programs in 1996 (this sizeable number for youth served by these programs was mostly attributable to the large weekly audience of the Omega Boys Club "Street Soldiers" radio program). Appendix I shows the name and geographic locations of the programs in each of three "villages." The primary objective for the Entrepreneurial Leadership Development Village was to help participants develop job-related or business-related skills. The primary focus of the Personal and Academic Leadership Development Village was developing participants' life-management and/or literacy skills. The main objective of the Family and Community Leadership Development Village was to develop participants' skills to work effectively with agencies and/or with families in their local communities. This village distinguishes itself from the others by its emphasis on explicitly assisting participants to attain higher standards of living. It is reasonable to begin by asking, "How do the youth programs studied here deliver their services?" In response to this question, detailed descriptions of selected individual programs can be found in Appendix I.

Most programs were located in the East, Midwest, or South regions of the country. In this sense, the West is somewhat underserved. Seven programs were situated in the Entrepreneurial Leadership Village. Five Entrepreneurial Leadership programs were in East Coast cities and two in Southern cities. Fifteen programs were situated in the Personal and Academic Leadership Village. Five of these programs were in East Coast cities, four were in South/ Southeast cities, five were in Midwest cities, and one was in a West Coast city. Eight programs were located in the Family and Community Leadership Village. Three programs were in East Coast cities, two in South/Southeast cities, two in Midwest cities, and one in a West Coast city.

Results of Research Questions

In an effort to examine the research questions posited above, we conducted an exploratory analysis of these data using correlation coefficients. The findings are presented below, grouped by research question and by age/grade level of the student respondents.

Our first research question examines the relationship between youths' length of time in the program and their time doing high-yield activities. Not surprisingly, we found within the elementary age sample that youths' time in the project (1 = one year involvement or more; 2 = less than one year for youth) correlates with youth doing fewer community activities (-.246**), and with spending less than 22.5 hours per week engaged in leisure activities (-.246**). Thus, the more time a youth has spent in a program, the more time she has participated in program activities, and the less amount leisure time she has. Similarly, within the high school population, the variable measuring the time a youth has spent in a program is negatively correlated with smoking cigarettes (-.196*); positively with time spent on leisure activities (.197*); negatively with amount of sleep (-.180*); and cultural awareness increased (-.210*). The less time a youth spent in one of the twenty-eight programs reviewed, the more likely they smoked cigarettes and participated in leisure activities. They were also less likely to have sufficient sleep time and to feel they were culturally aware. In sum then, there is a positive relationship between youth participation in these community programs and healthy, well balanced personal development.

The first research question explores the relationships between variables measuring youths' participation in community-based enrichment programs and perceived personal development. Similarly, our second research question examines the relationship between youths' perceived support from families, friends, and community members and their personal development. Among the elementary age group sample, we found that the support of immediate family is correlated with higher youth ratings of progress (.214*) and with likelihood of improved school performance (.269*). Support of extended family also correlated with perceived school improvement (.278**), better attitude (.194*), and a perception of improvement in more areas (.215**). Similarly, the support of the school staff correlates with higher educational goals (.248**). Spiritual support cor-

relates with the likelihood that respondents say they are more self-aware (.216*) and with a perception that improvement has occurred in multiple areas (.214*). Perception of mentor support correlates with the number of program activities the youngster is involved in (.441**).

Along similar lines, within the high school sample we found that the support of immediate family (parents) is correlated with likelihood that participants' school performance improved (.280**). Support from siblings is correlated with less frequent drug use (.323*) and a tendency for participants to say they are a better (.201**), more self-aware (.190**) person. In addition, the support of friends/peers correlates with the likelihood that the participant will indicate they are a better person (.271**), are more culturally and self-aware (.323**, .317**) and that they are doing a better job (.223**). Friend/peer support is also correlated with reported school improvement (.178*). Support of mentors correlates with indications that participants had a better attitude (.245*), were a better person (.239*) and were more culturally aware (.284**). In addition, spiritual support correlates with lower frequency of drug use (.425*) and with higher educational goals (.282**). The exploration of question number three illustrates the relationship between the various types of support youth perceive they have and variables measuring their personal development.

The above discussion surrounding the first two research questions highlights the importance of youth participation in community programs, as well as in their perceptions of support from family and community mentors in relation to their personal development. Our third research question flows from the second research question: What is the relationship between youths' educational aspirations and variables measuring their areas of personal development. Assuming that participation in community-based programs coupled with support from family and community mentors increases youths' educational aspirations, what in turn is the relationship between youths' educational aspirations and other aspects of their personal development? Within the elementary age group, we found that the variable measuring high educational goals correlates with participants' reporting that they have a better attitude (.208*). Among the high school sample, a positive correlation was found between youth,

the variable measuring youths' educational goals, and their drug use (.498**). Thus, the higher the educational goals, the more likely the youth has not engaged in the use of drugs and alcohol.

While we are currently only conducting bivariate correlations and cannot establish the causal direction between the variables or the effect one variable has on the other, we suggest that important foundations are being established through youths' participation in these community-based programs. When youth spend time in these programs, they feel their schoolwork have improved, they have better attitudes and have higher educational and occupational aspirations. In turn, when youth have higher educational goals, they tend to be more committed to positive lifestyles.

The remaining two research questions turn focus on the structure of the community-based programs. Research question number four explores the relationships between variables measuring youths' weekly time interacting with program volunteers and other caring adults, and variables measuring their perceived personal development. For this question, we asked, "What is the relationship between variables measuring youths' weekly time interacting with program volunteers and other caring adults with the youths' personal development?" This question explores the relationship between the structure of the program and youths' personal development.

Within the elementary age group, the ratio of clients to volunteers (essentially, a measure of overcrowding in a program) is inversely correlated with the likelihood that youths perceive their schoolwork has improved (-.189*). Within the high school-aged group, the two variables measuring how long the volunteers have been involved and the total volunteer hours per year correlate with youths' reports of better attitude (.209**, 216**) and more time spent volunteering in their community (.360*, .175*). It appears that there is a moderate relationship between the numbers of youth participating in programs and the numbers of adults providing mentorship and guidance, with young people's perceptions of their personal development. The more overcrowded a program is, the less likely youth will report improved schoolwork. The less overcrowded a program is, the more likely youth will feel as if they have benefited from the program's services. Thus, the structure of the program is key. As Kahane et al. (2001) note, not all programs designed to improve

achievement and development of youth provide positive opportunities.

Our final research question asks what the relationship is between program leaders' efforts/strategies to acquire money and volunteers with the ratio of youths-to-adults in the program. Within the elementary age group, we found that the ratio of clients to volunteers is correlated with efforts to publish newsletters (-.450**), proposals submitted (-.347**), and public relations methods used (-.520**). Volunteer hours per year are correlated with public relations being done (.409**), the number of times per year a newsletter is published (.612**), the number of proposals submitted (.202*) and having more relationships with other service organizations (.312**). Similarly, within the high school age group, we found that a large ratio of clients-to-volunteers seems to have a negative relationship to recruitment strategies in the following ways. Ratios are correlated with recruitment techniques (-.152*), efforts to recruit volunteers (-.951**), and strategies used (-.313**). Volunteer hours per year are correlated with recruitment techniques used (.429**), public relations being conducted (.599**), and relationships with other service organizations (.279**). Thus, the more overcrowded a program is, the less efforts are made to publicize the program and solicit funding. Conversely, the more hours volunteers are present working within the program, the more efforts are made to submit proposals for funding, publish newsletters and publicize the program. In addition, the hours in which volunteers are active within a program, the more opportunities are forged for collaboration with other community service organizations.

These last two research questions are important to understanding how certain community-based programs are able to arrive at positive outcomes with the youth they serve. We have found that when programs are overcrowded (i.e., have a higher clients-to-volunteers ratio), then the youth perceive that they are not benefiting from the programs' services. In addition, when programs are overcrowded and have fewer hours being volunteered by mentors, the administration is less able to promote the organization through public relations and in turn receive less attention from potential volunteers or fundraising sources.

To continue the present preliminary data analysis, we conduct

t-tests to explore participants' changes in survey responses between Time 1 to Time 2. This analysis allows us to compare the significant differences between respondents' answers in the first and second surveys. Among the elementary sample (N = 131), using data from the detailed time schedule that youth were requested to complete, we found that between Time 1 and Time 2, significant increases in time were spent in structured academic activities. For example, during an average week, the youth experienced an increase of 46 minutes in tutored lessons (sig. < .01), 89 minutes in study time (sig. < .05), and 38 minutes in computer time (sig. , .05). In addition to increased amounts of time in structured activities, the youth experienced an increase of 3 hours and 45 minutes in their time with adults (sig. < .01).

Similarly, t-tests were performed within the high school sample (N = 173) and significant increases were found in the youths' time in constructive activities. We found that between Time 1 and Time 2, the youth had an average increase of 2 hours spent in school enrichment activities (sig. < .000) and 2 hours performing health activities (not including sleep) (sig. < .05). Similar to the elementary sample, the youth experienced an increase of 2 hours and 20 minutes in time spent with adults per week (sig. < .01).

While these time increases in structured activities may overlap with the time spent with adults, this overall growth in the time youth spent with adults is viewed as a positive lifestyle change — one that will contribute to the social, personal, and academic aspects of the youths' lives. This more focused analysis, along with the above literature review, suggests and reinforces the idea that positive changes in young people's lifestyles, through participation in structured adult-led community programs, can lead youth to more productive time use.

Summary, Conclusions and Implications

There is encouraging evidence that numerous community-based programs throughout the nation have been successful in their efforts to assist African American men and boys lead meaningful lives. These programs show that despite depressing statistics, dire predictions, and foreboding pronouncements, most Black males lead productive, positive lives. Nevertheless, far too many African American

men and boys continue to "crash and burn" in the negative activities of drugs, violence, incarceration, and wasted lives.

It is recognized that African American men and boys face tremendous hurdles on the way to productive citizenship. It is also recognized, however, that somehow the majority of Black men and boys have been successful in their efforts to achieve productive, positive lifestyles. Where this is the case, it is important to document the patterns, experiences, and personal relationships that made such outcomes possible. Programs funded under the Kellogg Foundation African American Men and Boys Initiative have proven records of accomplishment in achieving positive outcomes for their participants. They have shown themselves to be effective vehicles for assisting the healthy, constructive development of youth into upstanding, contributing citizens.

This study uses survey data from program participants to describe the population served by the Youth and Teen/Adult Programs. In addition to providing a baseline description of program participants, we sought to spell out in some empirical detail their experiences, goals, values, and outcomes. This is a way to understand common themes, challenges and achievements at the program and individual levels.

Among the practical lessons learned from this research, which included a systematic review of the literature examining out-of-school learning/development experiences for African American males and the analysis of empirical data from many organizations serving Black males, is that after the school bell has rung, lessons concerning public policy and lessons concerning "best practices" are found. With respect to public policy, funding needs to be available for the maintenance of existing — and the creation of — new, school- and community-based after-school centers for young people. The ideal centers will be places where youth will have the opportunity to engage in healthy and positive academic and sports-related activities under the mentorship of adults. These programs will have structured activities that focus on academic exercises such as reading, mathematics, and verbal skills. In addition, these programs will have a sports component helping to demonstrate to students the value of sportsmanship, healthy behavior, and enjoyment in exercise.

As research shows, such programs currently exist in churches, com-

munity centers, and schools across the nation. Student involvement in these programs improves students' overall academic performance, positively affects their self-concept and attitudes toward school and their family and peers, and reduces their involvement in delinquent activities. However, more funds need to be made available to attract experienced and dedicated executive directors to administer and recruit volunteers for these programs.

Extensive research on human development and common sense make it clear that rarely is human success a solo project. Rather, successful people are usually products of networks of individuals, groups, institutions, and organizations that helped them to identify, develop and exercise their capabilities. A catch phrase, drawn from African folklore and popularized by Marian Wright Edelman of the Children's Defense Fund, summarizes the point: "It takes a village to raise a child." Community-based organizations and the people who staff and/or lead them are essential elements in the "village" that, along with family and friends, embraces, nurtures, guides, and empowers successful African American men and boys. This is especially true in settings where the ability of families to nurture, guide, and protect their children has been compromised. Paradoxically, Black males who "go wrong," and the institutions that process them (e.g., the criminal justice system), receive much more attention in the media than do the greater majority of Black males who lead upstanding, decent, productive lives. Also neglected in the process are the individuals, community groups, organizations, and institutions that work effectively to produce African American men and boys who are good citizens. The fact that this is true is a sobering commentary on race, stereotypes and inequality in American society.

In order to be truly effective, efforts to repair the breach in the U.S. and to reestablish civil society and civil life must address the incredible numbers of African American males who are incarcerated. The fact that America, with nearly two million people behind bars, ranks second only to Russia in rates of incarceration, speaks volumes about the deterioration in civil life in American society. Incarceration, or enforced separation from society, is the ultimate evidence of a deterioration in the values, ideas, and commitments that should bind members of a society. The fact that African American males, who are less than 10 percent of the national population, rep-

resent just under 50 percent of the nation's prison population is an even more telling commentary on their status in American society. At the point when *polis*, civic dialogue, community institutions, family ties, collective will, and civic empowerment are weakened or fail, massive imprisonment becomes inevitable. Incarceration confirms the ultimate failure in the social contract between individuals, between individuals and the larger society, and between the races.

This paper confirms that the massive failure and incarceration of Black males in American society is not inevitable. We present systematic evidence of alternative outcomes. We also show the models and procedures that can effectively stem the tide of failure among African American men and boys. James Baldwin was quoted to say that in a racially oppressive country like America, "the wonder is not that so many fail, but rather that so many succeed." The challenge before us is to focus on those success stories, understand their underlying processes and to replicate the models.

Notes

[1] The key areas include physical self, the sexual self, the intrapersonal self, the spiritual self, the emotional/feeling self, the ethical/moral self, the mental/cognitive and linguistic self, and the social/intrapersonal self.

[2] The two studies that relied on records such as school yearbooks to indicate whether youth participated in extracurricular activities is classified as having low fidelity. These reports were not accurate and do not show the extent of involvement.

[3] The motivating purpose of the National Task Force on African American Men and Boys was to contribute to the growth and development of African American men and boys as healthy, positive, contributing citizens. To accomplish this goal, the Task Force encouraged long-term, sustained, comprehensive interventions into the lives of young men and boys who are at risk in American society (Allen and Clark 1998, p. 24).

[4] In terms of physical activity, Allen and Clark (1998) found a slight increase in the Kellogg AAMB program participants' time spent in enrichment activities, including hobbies, organized sports, educational television and working on the computer.

[5] Presumably the reason for this is that in many studies, the subjects were elementary school-aged children. The sexual self includes healthy sexuality, self-examination, awareness discussions and exploration/

intimacy. Researchers may have assumed that this aspect of children's development was not relevant at this age, or that the programs examined did not affect nor were designed to affect participant's sexual maturity.

[6] Six of the studies (25 percent) make no mention of race, or only have a sample containing white youth.

[7] Those interested in detailed information, please contact the first author.

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Appendix

Geographical Region	Entrepreneurial Leadership Village (n=7)	Personal & Academic Leadership Village (n=15)	Family & Community Leadership Village (n=8)
East Coast	The Club (Boston, MA) Champs Cookies (Washington, DC) OIC (Philadelphia, PA) Boston Health CREW (Boston, MA) Project LEEO (Roxbury, MA)	Project 2000 (Washington, DC) National Trust (Washington, DC) Ellington Fund (Washington, DC) Bridging Bridges (Cambridge, MA) Boys Choir of Harlem (New York, NY)	Institute for Resp Fatherhood (Washington, DC) Nat'l. Urban Coalition (Washington, DC) People's Church (Washington, DC)
South/SE	Pathways (Dermott, AR) Our Family Table (Atlanta, GA)	Ervin's Youth Club (Clearwater, FL) Piney Woods (Piney Woods, MS) Omega Little Brothers (Helena, AR) Keep Hope Alive Commerce, TX	Project Alpha (Atlanta, GA) Federation of South Coops. (Epes, AL)
Midwest		Youth Leadership Acad (Milwaukee, WI) University of Kansas (Lawrence, KS) Athletes Against Drugs (Chicago, IL) No Dope Express (Chicago, IL) Boys to Men (Chicago, IL)	MAD DADS (Omaha, NE) E. End Rites of Passage (Cleveland, OH)
West Coast		Al Wooten Jr. Boys to Men (Los Angeles, CA)	Omega Boys Club (San Francisco, CA)

The P.A.T.I.E.N.C.E. Model: An Approach to Recruiting African American Fathers and Sons for Behavioral Research Studies*

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Abstract

Interest in enrolling minority participants into clinical and behavioral studies has grown due in part to the National Institutes of Health requirement that minorities and women be considered for all studies sponsored by NIH. Although the number of minorities and women in clinical trials has increased in recent years, many researchers report challenges to enrolling them in behavioral research studies. The purpose of this article is to describe the P.A.T.I.E.N.C.E. model, a recruitment approach for improving African-American participation in research. The P.A.T.I.E.N.C.E. model is a multifaceted ap-

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proach to recruitment and derives its name from the acronyms of its components: Passive recruitment, Active recruitment, Training of research staff, Involving the community, Education of research participants, Nurturing participants, Commitment of staff, and Evaluation of the recruitment procedures. The evaluation of the P.A.T.I.E.N.C.E. model indicates that with careful planning and adequate staff, the model can be successfully used for the recruitment of African Americans for behavioral research studies.

Interest in enrolling minority participants into clinical and behavioral studies has grown in recent years. One reason for this increase is the National Institutes of Health (NIH) requirement that minorities and women be considered for all studies sponsored by NIH (National Institutes of Health, 1994; Seto 2001). Researchers have taken this requirement seriously and have made considerable strides in their attempts to involve minorities and women in clinical and behavioral research. While their efforts, overall, have resulted in an increase in the numbers of minorities and women in clinical trials, researchers have noted a lack of interest among African-American men and women in participating in research (Fouad, Partridge, Green, Kohler, Wynn, Nagy, and Churchill 2000). Some of this reluctance may be due to a past history of neglect and to the unfair and unethical treatment of African Americans in medical studies, notably the Tuskegee study (Freimuth, Quinn, Thomas, Cole, Zook, and Duncan 2001). However, other barriers to recruitment of minorities in clinical trails include lack of awareness of the benefits of participation among African Americans (Earl and Penney 2001), and ineffective recruitment strategies of project staff (Brown, Long, Gould, Weitz, and Milliken 2000; Outlaw, Bourjolly, and Barg 2000).

The purpose of this article is to describe the P.A.T.I.E.N.C.E. model, a recruitment approach for improving African-American participation in research. The P.A.T.I.E.N.C.E. model is a multifaceted approach to recruitment and derives its name from the acronyms of its components: Passive recruitment, Active recruitment, Training of research staff, Involving the community, Education of research participants, Nurturing participants, Commitment of staff, and Evaluation of the recruitment procedures.

Researchers developed the model over the course of several years, and three behavioral studies have successfully employed it. Most recently, investigators used the P.A.T.I.E.N.C.E. model for recruiting and enrolling African American fathers and their sons into an HIV prevention behavioral study. This article presents a description of each component of the P.A.T.I.E.N.C.E. model, which can be used in its entity or modified to suit recruitment objectives in African-American behavioral studies. It offers examples of the implementation of the components from the R.E.A.L. MEN project.

The R.E.A.L. Men Project

The R.E.A.L. (Responsible, Empowered, Aware, Living) MEN Project was an HIV prevention intervention project designed for African-American fathers and their adolescent sons 11-14 years of age. The primary objectives of the study were to teach fathers about HIV and how to discuss HIV risks and risk reduction with their sons. The project also sought to encourage fathers to talk with their sons about changes associated with puberty and issues related to sexuality. The R.E.A.L. MEN project was funded by the National Institute of Mental Health (NIMH) and conducted in collaboration with the Boys & Girls Clubs of Metro Atlanta. The Boys & Girls Clubs operate 21 centers in the Atlanta metropolitan area and offer programs for school children 6-18 years of age. These programs include tutoring, mentoring, and enrichment classes by trained staff. Prior to the beginning of the project, the institutional review board of the researchers' institution and the Boys & Girls Clubs approved the research protocol.

The R.E.A.L. MEN project was conducted at seven Boys & Girls Clubs sites. The study included both intervention and control groups and used a research design in which Boys & Girls Clubs sites, and not individuals, were randomly assigned to the intervention and control groups. The HIV intervention consisted of seven two-hour group sessions held once per week for seven weeks. The control intervention consisted of a nutrition and exercise program, also held once per week for seven weeks. Each of the seven sessions lasted for two hours.

During a two-year period, researchers recruited and enrolled 277 fathers and their sons (554 individuals) into the project. At the

baseline assessment, 70 percent of the fathers reported living with the participating adolescent. Forty-two percent of the participating adults reported being the adolescent's biological father. Approximately 17 percent reported being a stepfather or mother's boyfriend, with an additional 23 percent indicating that they were a brother, uncle, or grandfather. The remaining 18 percent fell into the nonrelative category. The vast majority of fathers (97 percent) and sons (96 percent) identified themselves as African-American. The remaining participants distributed themselves in the following categories: Caucasian, Latino/Hispanic, Asian, and other. The mean age of the father participants was 40.1 (SD = 11.7), with ages ranging from 18- to 80. The majority (64 percent) of father participants indicated that they had completed high school, trade school, or some college coursework, with 17 percent reporting less than a high school education, and 19 percent reporting a college degree or higher. For those reporting income (n=253), 21.7 percent reported income <$20,000; 34.4 percent reported income between $20,000 and $39,999; 24.1 percent reported income between $40,000 and $59,000; and 19.8 percent reported income >=$60,000. The mean age for sons was 12.8 (SD = 1.2) with the number of participants in the age category (12-14) being relatively equal. The 11-year-old age group was slightly larger with approximately 31 percent of the participants. At baseline, 24 percent, 46 percent, and 30 percent of the sons reported being in third through fifth grade, sixth through seventh grade, and eighth through tenth grade, respectively.

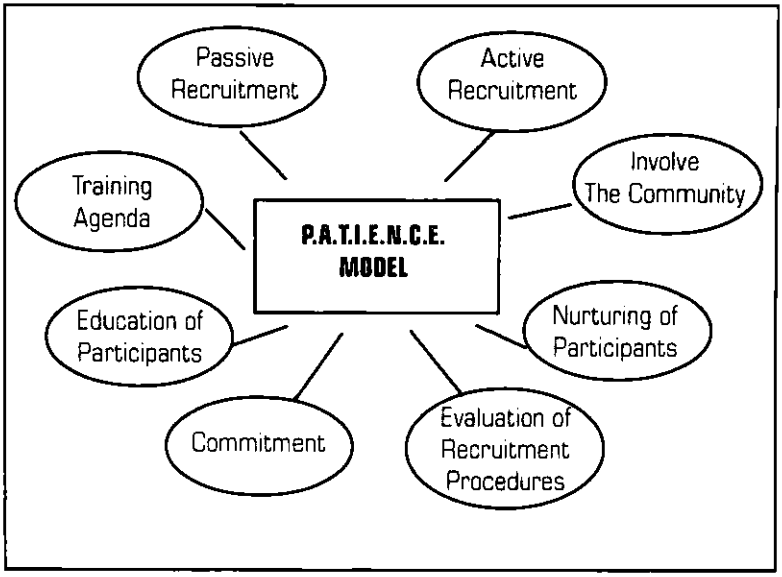
The R.E.A.L. MEN project, like other behavioral programs, presented a variety of recruitment challenges. The project sought to enroll men who, as a group, are less likely to participate in research than women are. Men are likely to maintain busy schedules with both home and work obligations, leaving little time for attending the seven required sessions. The project required men and their sons to enroll together, generating an additional challenge because many fathers did not live with their sons and failed to see them on a regular basis. In addition, the timeline of the project required 24 fathers and sons to be recruited and enrolled approximately every eight to ten weeks.

The P.A.T.I.E.N.C.E. Model

Figure 1 presents the components of P.A.T.I.E.N.C.E. A description

of the components and the model strategies as used in the REAL MEN Project follows and is summarized in Table 1.

Figure 1. The P.A.T.I.E.N.C.E. Model



The first component of the P.A.T.I.E.N.C.E. model is passive recruitment. Passive recruitment involves promoting awareness of the research to the target population through mass media and social networking (Woods, Montgomery, and Herring 2004). Woods, Montgomery, and Herring (2004) and Yancy, Miles, McCarthy, Sandoval, Hill, Leslie, and Harrison (2001) suggest that this approach ensures the dissemination of information about the project and encourages prospective volunteers to contact the investigator, therefore minimizing expenditure of staff time and effort.

For the R.E.A.L. MEN project, project staff passively recruited participants by placing posters in prominent areas in the Boys & Girls Clubs. Poster locations included the entry halls, bulletin boards, and display cabinets, where parents could see the information when they dropped off or picked up their children. In addition to posters, staff strategically placed flyers and brochures on tables inside the centers as well as in the communities where the centers were located. A flyer advertising the project was printed in black and yellow (the project

Table I
Description of P.A.T.I.E.N.C.E. Model

P –	Passive Recruitment—use of Flyers, poster, T-shirt and website
A –	Active Recruitment—being present in community, attended parent meeting, face-to-face and telephone recruitment
T –	Training of Research Staff—provide staff training that includes information on project objective, informed consent, and recruitment process
I –	Involving the Community—include the community partners at all phrases of the development and implementation of the project
E –	Education of Research Participants—education includes research procedures and the informed consent process
N –	Nurturing Participants—nurturing involves listening, are flexibility, and respect for participants
C –	Commitment of Staff—staff must be engaged in the process, knowledgeable, and supportive of the research process
E –	Evaluation of the Recruitment Procedures—involves documentation and evaluation of the recruitment process

colors) with a catchy phrase, "We are looking for a few good men!" The brochure, which contained a description of the project and the contact persons, emphasized that the project was exclusively for fathers "to listen, learn, discuss, and share experiences raising adolescent males." Trained recruiters and interviewers wore black t-shirts with the project logo "R.E.A.L. MEN" printed in bright goldenrod lettering on the t-shirt. With the t-shirt and the logo, the researchers' intent was to draw attention to recruitment staff and provide an invitation to initiate a discussion about the project. Project staff wore the t-shirt to parental sessions and community activities close to the

centers such as community health fairs and athletic events. These informal gatherings provided opportunities to describe the project and recruit participants. In addition to the passive recruitment strategy, researchers supplemented recruitment efforts with active strategies as described below.

Active Recruitment

Active recruitment begins with the identification of specific individuals or groups for whom the research is designed. Once identified, recruiters contact these individuals to explain the project and determine interest and eligibility (Prochaska, Velicer, Fava, Rosi, and Tsoh 2001). Harris, Ahluwalia, Catley, Okuyemi, Mayo and Resnicow (2003) suggested that a combination approach involving the use of both active and passive recruitment strategies may be most beneficial in recruiting participants from a broad demographic spectrum into behavioral studies.

The R.E.A.L. MEN project employed two methods of active recruitment: face-to-face recruitin, and telephone contact. The Boys & Girls Clubs gave permission for face-to-face recruitment, allowing recruiters to be present at the recruitment sites and to attend parent meetings and athletic events, where they described the project and gave parents flyers and brochures about the project. During these brief encounters, the recruiters gave potential participants information about the study, answered questions, and determined eligibility.

Because the project was designed for men, the recruiters had specific instructions to approach men. In those cases in which mothers and not fathers transported the children to the center, recruiters were required to give the same flyer to mothers asking, "If they knew of a few good men." They asked mothers to share the information with fathers.

To facilitate telephone recruitment, recruiters sent letters home with the children participating in the activities of the Boys and Girls Clubs. The letter described the project and stated that someone would follow-up with a call to the home to inquire about interest in participating. Recruiters made telephone calls in the evening between 5:00 p.m.-9:00 p.m. on weekdays, between 10:00am-noon on Saturday morning, and between 6:00 p.m.-9:00 p.m. on Sunday evening. When calling homes, recruiters introduced themselves in a manner

that quickly established rapport with potential participants. The recruiters explained how they had obtained names and phone numbers, and they reminded the parents of the letter sent home through their child. Recruiters were quick to assure parents that they were neither a telemarketer nor making "cold calls." For parents who were not home on the first call, recruiters made a follow-up call within 24 hours.

Because acceptance of the project was central to the active recruitment component of the P.A.T.I.E.N.C.E. model, recruiters emphasized the benefits of participating in the project. These benefits included opportunities to learn about topics such as adolescent development, puberty, HIV, and nutrition and exercise. Recruiters emphasized that the R.E.A.L. MEN Project was a research study and that participation included completing questionnaires four times during the year of participation. They also stressed that participation was voluntary and that participants could withdraw at any time. To enhance acceptance, recruiters listened carefully, assuring parents that they took concerns seriously.

Training of Research Staff

The third component of the P.A.T.I.E.N.C.E. model involves a detailed training agenda for the research staff. Training that conveys a sense of confidence and enthusiasm about the research project is essential for fostering commitment of the staff to the project.'The literature has very little information about the efficacy of training recruitment staff. Building a successful team, however, requires ongoing training and attention to the needs of the staff (Dennis and Neese 2000; Leonard, Lester, Borus-Rotheram, Mattes, Gwadz, and Ferns 2003). In their study of older families with cancer, Neumark, Stommel, Givens, & Given (2001) also emphasized the importance of organization characteristics for the recruitment personnel.

Training for the R.E.A.L MEN staff consisted of a five-day session covering the following key topics: (1) team building, (2) project information, (3) informed consent process, (4) recruitment procedures, and (5) participant concerns. In the team building session, trainers presented information on team development, the mission and goals, effective communication strategies, and problem solving skills. They then described the components of the R.E.A.L. MEN project and its protocol and procedures as outlined in the project

manuals, and they presented detailed information about research with human subjects and procedures to ensure appropriately obtained informed consent. Recruiters were required to read the *Belmont Report* and additional information for the IRB certification test (The Belmont Report, 1979.). Trainers and recruiters practiced all informed consent procedures using mock consent demonstrations.

The sessions on recruitment strategies included information on meeting a participant's needs in face-to-face and telephone recruitment environments using the project recruitment script as practice. Other topics included scheduling, fundamentals of data collection, conflict resolution, cultural competence, working with difficult families, violence prevention, and referrals. In addition, trainers used role-play, stories, examples, and metaphors to present information addressing potential concerns of participants. The practice exercises allowed the research staff to apply knowledge gained in the training and receive feedback from other staff members. Recruiters underwent written and oral evaluations as a final training tool, and they received retraining on skills, as needed.

Involving the Community

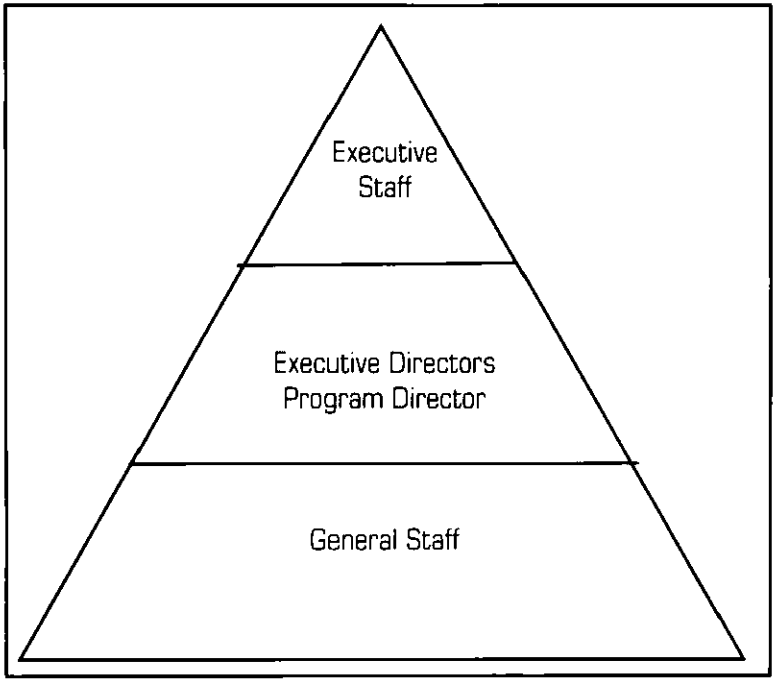
The fourth component of the P.A.T.I.E.N.C.E. model involves the community. Dennis and Neese (2000) found that failure to establish a relationship between a research team and a community was the most likely reason for inability to successfully recruit. Yancy et al. (2001) stress the importance of understanding the community, developing alliances to ensure a cooperative and collaborative environment, and using community-based organization (CBO) staff to facilitate successful recruitment.

Staff of the R.E.A.L. MEN project used a triangulation approach (Figure 2) to begin a dialogue about the project. This method involved establishing rapport first with the Boys & Girls Club's executive staff, center executive directors, and, finally, with staff at the individual club sites. This method facilitates bringing the community on board early during the developmental stages of the project and securing agreement that the project meets the real and perceived needs of all the project stakeholders.

The R.E.A.L. MEN project also involved the Boys & Girls Clubs staff as secondary recruiters to promote and encourage the partici-

pation of fathers. The Boys & Girls Clubs'staff was able to identify age-eligible adolescents and their parents to recruiters. The Boys & Girls Clubs staff also reviewed the project activities so they could give basic information about the project to interested fathers and sons. They functioned as liaisons to develop and maintain positive relationships among project staff, the community, and participants. This strong collaboration and cooperation with Boys & Girls Clubs staff encouraged parents to contact the project office or staff members about eligibility criteria, and sharing information on the research project, which also gave them ownership in the project.

Figure 2



Education of Research Participants

The fifth component of P.A.T.I.E.N.C.E. model is the education of the research participants. Dennis and Neese (2000) note that research participants often need extensive education efforts to explain what is meant by such concepts as placebo, informed consent, control group, and random sampling. Munford and Sanders (2000) discuss using media, newspapers, and education sessions to teach partici-

pants about the importance of participating in clinical research studies.

The R.E.A.L. MEN project staff arranged informational group meetings for the Boys & Girls Clubs staff and contacted each of the directors individually to discuss the project. They held additional group sessions during mandatory family meetings to give explanations about the benefits of participation and the role of the research staff, and to answer questions.

The educational session included information about the voluntary participation and the right for participants to withdraw. Recruiters approached the education of potential participants individually. However, they also made group presentations as needed. Sometimes, recruiters spent a lot of time and effort discussing the importance of participating. The effort paid off as participants considered reviewing materials about the project. Many individuals admitted that prior to the educational sessions, they were unaware of the study or its purpose.

Nurturing Participants

Nurturing is the sixth component of the P.A.T.I.E.N.C.E. model. As applied to research, the literature associated nurturing with the treatment of participants with respect, listening to participants, and addressing participants' needs (Julion, Gross, and Mclaughlin-Barclay 2000). A large body of research shows that some participants require more time and effort to be recruited into research projects, and that nurturing is an important and effective recruitment strategy for African Americans (Leonard et al. 2003). For example, Woods, Montgomery, and Herring (2004), describes how one study used "personal touch" as a form of nurturing to recruit African American men for research on prostate cancer prevention.

In the R.E.A.L. MEN project, the first approach to nurturing participants was the decision to use males rather than females to recruit study participants. The developers of the study reasoned that, since they had done some recruiting by phone, it would be a bad idea to have female recruiters call homes to speak to fathers.

Because of the possibility that many individuals approached to participate in this study were unlikely to have participated in research in the past, the study designers instructed recruiters to take adequate time to explain the study in a way that potential participants would

feel fully informed. The recruitment script began with a formal introduction of the project. Recruiters addressed each father with the title "Mr." preceding his name both at the initial contact, and throughout the project. They then gave specific information about the requirements of the study.

Personal touch was also a major aspect of the nurturing process. Nurturing included listening to each father's concerns, addressing the father's need, providing flexibility in scheduling assessment time to suit the convenience of the participant, and using appointment reminder notes, reminder calls the night before assessment day, and sometimes on the day of the assessment. Occasionally, emergencies occurred, necessitating rescheduling. In this case, recruiters tried to accommodate fathers by scheduling the interview at the participant's convenience.

Commitment of Staff

The seventh component of this model is commitment. Researchers reported that patience and sincere commitment by the project staff are important to encourage people to participate in the research program and to avoid feelings of being treated like a 'guinea pig' or feeling too much like an experiment, comments often associated with a high pressure approach (Smith-Corbie, Thomas, Williams, and Moody-Ayers 1999).

Dennis and Neese (2000) maintained that project staff must be engaged in the process, be knowledgeable, and be supportive of the research process.

To promote staff commitment to R.E.A.L. MEN, researchers established a positive working environment to promote a sense of ownership among staff. They held regular staff meetings to discuss a variety of topics related to project management and implementation.

These topics included recruitment efforts, role clarification, team process, accountability, and commitment. Flexible meeting schedules, ice-breaking activities before each meeting, and the recognition of staff members' individual goals encouraged staff involvement. In addition, the team approach pooled expertise to solve problems and improve recruitment efforts.

The team celebrated birthdays before staff meetings. The project director and principal investigator kept an open-door policy for all

staff. Building on the commitment of the project staff proved to be an essential component to the recruitment process because the recruiters were often the initial contact the fathers had to the project,

Evaluation of the Recruitment Procedures

The final component of the P.A.T.I.E.N.C.E is the evaluation of recruitment procedures. An effective evaluation includes procedures to determine if recruitment efforts result in the enrollment of the projected number of participants within the projected timeframe (Prochaska et al. 2001). If recruitment goals are unmet, the plan needs some flexibility to allow for changes in strategies to meet goals (Reed, Foley-Long, Harch, and Mutran 2003).

In preparation for the evaluation component, recruiters received instructions to record each call and its outcome on a recruitment-tracking log.

Evaluators classify these recordings into the following categories: (1) problems such as a disconnected or wrong number, (2) return call necessary because either no one answered or the phone call was answered by machine, and (3) phone numbers were missing. When recruiters successfully reached a person, they gave individuals a brief description of the study and asked for permission to screen for eligibility. Following screening, they classified individuals as either agreeing or refusing to participate. They scheduled those who agreed to participate for a baseline interview.

Table 2 presents information on the outcome of phone contact attempts.

Overall, the project had 13 recruiters who made 6,209 attempts to contact 2,871 individuals. Of these attempts, the staff recorded 1,786 (29 percent) phone problems, and return calls were necessary for 3,008 (48 percent) attempts. The callers noted missing phone numbers for 294 (5 percent) attempts. Only 12 percent of the calls resulted in the opportunity to speak to an individual, describe the study, and determine eligibility. Recruiters attempted between 63 and 2,423 contacts each with a mean of 477 contacts per recruiter. On average, it took 2.1 calls (range 1-5) to enroll one participant in the study.

Of the 2,871 potential participants, 400 (14 percent) agreed to be screened for eligibility (Table 3). Of those screened, 353 (88 percent) agreed to participate and 277 (69 percent) fathers and their

Table 2
Results of Telephone Calling by Recruiter

Total Study	Number of Phone Calls	Number of Phone Problems	Number of Call Backs	Number Missing Phone Information	Number Schediled
Recruiter 1	63	10	12	5	34
Recruiter 2	384	137	145	14	40
Recruiter 3	90	31	31	10	3
Recruiter 4	1137	302	486	123	68
Recruiter 5	74	24	32	7	3
Recruiter 6	139	35	87	9	7
Recruiter 7	458	171	194	17	32
Recruiter 8	354	105	139	13	32
Recruiter 9	180	62	96	5	8
Recruiter 10	309	119	145	11	14
Recruiter 11	21	4	4	2	9
Recruiter 12	2423	675	1321	60	125
Recruiter 13	579	111	316	18	25
Totals	6209	1786	3008	294	400

Table 3
Recruitment Outcomes by Club Site.

Site Name	Number of People	Number Phone Calls	Number Screened	Number Agreed to Participate	Number Completed Baseline
CLub 1	703	2021	82	77	61
Club 2	841	1687	109	95	71
Club 3	574	1004	71	66	51
Club 4	261	538	28	28	28
Club 5	242	457	57	52	35
Club 6	146	391	35	21	15
Club 7	104	111	18	14	13
Total All Sites	2871	6209	400	353	277

sons completed a baseline interview. The number of participants per site varied from 13 at Site 7 to 71 at Site 2.

The information also was useful in evaluating the success of the recruiters in scheduling fathers and sons for a baseline assessment. We evaluated recruiters whose phone calls to schedule ratio was significantly higher than 22:1 We gave extra training to help these staff members develop recruitment skills and decrease the number of phone calls required to recruit participants.

We also conducted site visits to evaluate recruitment efforts. The project director made random visits to each site to assure that recruiters adhered to the recruitment script and that each father had a positive experience. This process reinforces the evaluation efforts of the recruitment procedures; it is also a support mechanism to assure both recruiters and study participants that administrative backup is available if needed.

Summary

By strategically employing the P.A.T.I.E.N.C.E. model in its entirety, the R.E.A.L. MEN project recruited 277 fathers and their sons into an HIV prevention intervention project within a two-year period. The evaluation of the P.A.T.I.E.N.C.E. model revealed recurring themes among the community members in response to questions on their willingness to enroll and participate in future projects. Responses were overwhelmingly positive. Fathers within the community also affirmed their willingness to participate in another studyfor either fathers or families. Further analysis indicated that fathers particularly were satisfied with their participation in the program. Likewise, staff agreed that, although difficult at times, the process of recruiting participants into the study was a satisfying experience. The evaluation of the P.A.T.I.E.N.C.E. model indicated that with careful planning and adequate staff, the model can be successfully used for the recruitment of "hard to reach" groups for behavioral research studies.

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Participation, Culture and Identity: Engaging Young African American Men in HIV/AIDS Prevention*

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Abstract

Young African American men face particular risks and challenges related to HIV/AIDS. Properly engaged, they also provide an important resource for improving public health indicators within the African American community. This paper puts forth an intervention that engaged young minority men and their advocates. The intervention used participatory research methods and an approach that acknowledged and addressed issues related to identity, culture, and spirituality in the design and the implementation. The planning and intervention methodologies, theoretical approaches, and practical activities are explained along with a survey on HIV and general health knowledge. Survey findings, conclusions, and implications for practitioners are discussed as they concern the efficacy of this approach

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for HIV/AIDS prevention with minority populations and for broader public health applications.

Background And Need

In December 2002, the Office of Minority Health (OMH) commissioned a demonstration project to reduce and prevent the spread of HIV/AIDS in minority communities across the United States. The project was implemented through a New Minority Male Health Disparity Consortium of Historically Black Colleges and Universities (HBCUs), led by the Chivers-Grant Institute at Morehouse College. Participating institutions included Morgan State University in Baltimore, Maryland; Wilberforce University in Wilberforce, Ohio; Lincoln University in Nottingham, Pennsylvania; and Bowie State University, in Bowie, Maryland. The goal of the project was to engage hard-to-reach segments of minority populations, particularly young African American males, and provide health education programs to reduce the spread and prevalence of HIV/AIDS in these populations. Working cooperatively, the consortium institutions agreed upon specific tasks. Morgan State University's Center for HIV Prevention, Evaluation, Policy and Research (hereafter, CHPEPR) was assigned the task of developing a model for community engagement, research and education while creating an understanding or profile of the needs of young African American males for use by other participating institutions. To fulfill this assignment a pilot project, the New Minority Male Health Project, was implemented in Baltimore by CHPEPR.

Young African American males were selected because they are a hard-to-reach population, facing particular vulnerabilities and challenges with regard to their health and health behavior. Additionally, there is growing awareness of the important role of men in the achievement of family and community health. The promotion of healthier lifestyles through increased knowledge and improved health-seeking behaviors by men is an important way to reach men as well as their families and communities. This has been found true, even in contexts such as breastfeeding that traditionally are thought of as female (Sorenstein 2000; Cohen 2002).

The model developed by CHPEPR to reach young males included three activities: (1) Community engagement and profiling; (2) special event planning and execution; and (3) survey research.

All three activities were developed and conducted with two approaches in mind. First, CHPEPR would utilize Community-based Participatory Action Research (CBPAR) for engagement of a range of community stakeholders with young African American men in the process of educating about HIV/AIDS and other health issues. Second, CHPEPR would develop a model for addressing complex, interrelated issues related to identity, culture, and spirituality in order to engage young men effectively. Through this process, CHPEPR developed a participatory and culturally appropriate model through which to engage young minority males about their health, while strengthening their support systems by opening interactions with a range of stakeholders in minority communities.

Increasing Stakeholders on HIV/AIDS and African American Men

Traditionally, young men have been ignored by those health services that typically address issues related to sexuality and sexual health. This is especially so in such areas as contraception and sexually transmitted diseases, including HIV/AIDS. The result has been that sexual health services are generally inhospitable to men and geared toward women (Schultz and Hedges 1996). However, efforts to reach out to men are not new. In the 1970s, The Office of Family Planning of the Department of Health and Human Services funded a series of demonstration projects to encourage the involvement of men in such services. Title X of the Public Health Services Act was then established to assist both individuals and couples with family planning. The advent of heterosexual HIV/AIDS in the 1980s raised the stakes to involve men with renewed focus on the male protective device, the condom. In the 1990s, there was increased focus on the overall role of men in family life, through programs addressing responsible fatherhood. However, while these are important steps in acknowledging both the vulnerabilities and responsibilities of men in sexual and reproductive health, there is still little consensus on what is needed to comprehensively address the reproductive and sexual health needs of men (Sorenstein 2000).

In addition to vulnerabilities related specifically to health, young men face other challenges that affect their ability to engage in safer sexual practices. The dominant social construction of African-American masculinity in this country does not allow the availability of op-

portunities for minority males to engage in alternative lifestyles that enhance economic and social well being, or even to ask for help in accessing appropriate resources. Popular media and mainstream culture encourage and reward "macho" and "tough" persona in minority males, while discouraging sensitivity and gentleness (Miedzian 1991). In addition, mainstream institutional structures tend to punish these attitudes in minority males while glamorizing the same in white males, creating a deep ambivalence and confusion in minority males toward functional and nurturing relationships that promote healthy living. Predatory sexuality with little communication is generally the accepted norm for young men, hampering safer sexual practices. While some of the most innovative sexual health services for men come from the gay community, homophobia and fear of being labeled homosexual, prevent heterosexual, bisexual and homosexual minority males from accessing them. This fear also undermines the willingness of young African-American men to acknowledge fear or doubt with regard to sexual activity, weakening prevention strategies, which do require such acknowledgment (Schultz and Hedges 1996).

Young African American men face an additional set of social challenges. Disproportionately represented in school dropout rates and prison statistics nationwide, these young men face considerable pressures. Poverty, crime and racism color the lens through which they make choices about their sexual behavior and their general health. Historical distrust of traditional health services, reinforced by current experiences, may discourage them from accessing existing health services and information. Few health services that acknowledge and address the full range of circumstances facing this population are truly accessible. When services for young men are a part of a maternal and child health center, they are unlikely to be used by them due to the perception that the services are for women and babies, not for men. Additionally, there is little information for these young men that demonstrate the links between the range of risky behaviors they may engage in and the range of consequences they may face. Many young men do not feel at risk; most get information concerning sexual issues from their friends, pornographic industry, prejudice-laced literature and a generally hostile media. Some do not speak to anyone and no one tells them anything. Those that do speak are

often told to "act like a man" without being told, or given any opportunity to learn, what it is to be a man. Finally, with regard to either services or information, little has been offered by way of hope to this population that is so in need.

To reach effectively young African American men with the range of challenges they face and the paucity of services they can access, the net must be cast wider and deeper. There is a need for participatory and community-wide efforts to increase the range, depth and number of stakeholders engaged. Given that minority young men rarely patronize general sexual health services, there is a need for outreach beyond those traditional health settings. Given the interrelated factors that encourage risk taking by young men, be it in the areas of education, crime or sexuality, there is a need to involve players from all aspects of community life. There is also the need to critically examine and test common perceptions of the young minority male, match those with their self-perceptions and measure the results against reality in order to determine congruence and validity (Freire 1993:166). Through this kind of outreach, community participation and perceptual validity, it will be possible to demonstrate to these young men, and have them take personal ownership of, the reality that the risks they take in an area of their lives can have tremendous consequences for themselves and their community.

Epidemic Proportions and Rising: Young African American Men and HIV/AIDS

Two demographic groups have been hardest hit by the HIV/AIDS epidemic in the United States — men and African Americans — making African American men a particularly vulnerable group. According to the Centers for Disease Control and Prevention (hereafter, CDC), at the end of 2001, there had been 800,000 people diagnosed with AIDS; 57 percent of those had died and there were 363,000 persons living with AIDS in the United States. Almost 85 percent of those 800,000 people diagnosed with AIDS were male. Of these, a full third (34.3 percent) were Black or African American (not Hispanic), compared to the 12 percent of the total population made up of African Americans. In the age group 13-25, the total incident cases of AIDS in 2001 were almost 30,000, out of which over 70 percent were male. The overall AIDS rate for adult and adolescent males is highest in the Black population at 109.2/100,000. Of the 15,600 AIDS

deaths in 2001, over half (51.5 percent) were Black (Centers for Disease Control 2001).

These rates are reflected in Baltimore, Maryland, the site of the intervention. In fact, Baltimore's HIV rates are among the highest in the country, with 2 percent of all residents estimated to be infected and one out of every 20 adults known to be infected (Baltimore City Council 2002). According to the Maryland AIDS Administration, Baltimore had the third highest incidence of AIDS case reports for any major metropolitan area in the United States during 2001, with 50 cases per 100,000 people. This despite decreasing numbers of AIDS cases since the mid-1990s due to the introduction of protease inhibitor therapy.

Baltimore City is home to less than 15 percent of Maryland's population, and yet, is home to over 50 percent of its HIV cases (Maryland Department of Health and Mental Hygiene 2003). According to the CDC, there were 1,287 reported cases of AIDS in Baltimore in 2001, a 33.1 percent increase from the year 2000. While these numbers are high, they are probably conservative due to methodological challenges inherent in current surveillance systems, and the fact that the CDC estimates that one third of all persons with HIV have not even been tested. The Baltimore Commission on HIV/AIDS estimated the number of unreported cases of HIV in Baltimore to be as high as 6,000 (Baltimore City Council Commission 2003).

In 2000, males made up 58 percent of new infections in Baltimore City. At the end of 2001, African Americans represented 89 percent of all new reported cases of HIV in Baltimore, with more than 3 in 100 African American males infected. In 2001, African American men had the highest HIV rates among men in Baltimore, at 77.6 percent of those infected, and among all HIV cases, at 45.5 percent.

These rates are compounded by other health and social risk factors. The HIV rates are reflected in, and compounded by, equally high rates of syphilis, gonorrhea, Hepatitis C and substance abuse among the population; all of which indicate a prevalence of high-risk behaviors associated with HIV transmission. According to the CDC, the prevalence rates of gonorrhea and syphilis in Baltimore City, while on the decline, rank first and third highest in the country,

at 949 and 38, respectively, per 100,000 people Maryland Department of Health and Mental Hygiene 2003). These rates are eight and thirty times, respectively, the national rates.

Heterosexual exposure accounts for the majority of new HIV cases among males (45 percent) in Baltimore, signaling an important shift in the epidemic from exposure through homosexual anal sex and intravenous drug use. However, intravenous drug use remains an important means of exposure, responsible for 41 percent of all new cases among males in 2002 (Maryland State AIDS Administration 2002). Baltimore's high rates of injection drug use are reflected in the high number of emergency room visits, with an average of 195 per 100,000 people in 2001. Additionally, it is estimated that 86 percent of injection drug users in Baltimore have Hepatitis C (Baltimore City Health Department 2003). With a 138 percent rise in reported cases of Hepatitis C (from 875 in 2000 to 2046 in 2001), it is clear that intravenous drug use, a key transmission route of HIV remains a serious problem in Baltimore.

Access to testing, treatment, and other services is hampered by socioeconomic status, particularly in the African American community, as demonstrated by a range of indicators. In 1999, 22.9 percent of Baltimore residents and 18.8 percent of all families had incomes below the federal poverty level. The median household income for Black residents was $31,488 with a per capita income of $13,488, compared to $54,604 and $21,280 respectively for their white counterparts (United States Census Bureau 2000). Baltimore's infant mortality rate is almost two thirds higher than the Maryland State rate, at 13.5 infant deaths compared to 8.3 infant deaths per 100,000 live births. Similarly, the city's high low birth weight rate of 15 percent is almost double that of the state rate. With over 15 percent of the16-19 age group not enrolled in school, and not graduated from high school in 2000, education faces significant problems in Baltimore. Among individuals 25 years and older, 9.4 percent had less than a 9th grade education and 22.2 percent did not have a high school diploma. Unemployment is high, with 43.4 percent of Baltimore residents not in the labor force in 2000.

Clearly, a range of health, social and economic factors in Baltimore City facilitates the epidemic of HIV/AIDS. These factors increase the vulnerability of communities, contributing to the spread

of HIV and compounding its impact. To be effective, any HIV/AIDS intervention must address these factors and how they affect both individual and community health-related behaviors (Baltimore EMA 2003; Chunn 2002). This is especially true with those most vulnerable, such as young African American men.

Identity and Cultural Vulnerabilities of Young African American Men

Young African American men face particular risks with regard to their sexual health. These risks are interrelated with other risky behaviors in all areas of life, including family life, education, peer groups, work, and crime. Many of these behaviors have been shaped by mainstream social constructions of what it means to be male and Black in America.

As discussed previously, mainstream constructions of gender define "maleness" and masculinity in terms of strength, aggression, and lack of fear. The roles oF "protector" and "provider" underpin these expectations. These definitions often leave men with little outlet to express and address vulnerabilities and contradictions they may face, with considerable consequences for health seeking behaviors and health status. This is compounded for men of color, who must also face restrictions due to race.

Since the 1850s, scholars and writers, such as W.E.B. DuBois (1899), James Weldon Johnson (1933; 1989) and Zora Neal Hurston (1937), have expounded on the social constructions of race and gender in America and their impact on Black manhood. Slavery, freedom, the Northern migration of blacks, the Civil Rights Act, the Black Liberation Movement and more recently, gang warfare, 'buppydom' and the status of celebrity have all affected how black men are viewed in America and how they define themselves. Further, scholarship has clearly delineated how these externally imposed and internally constructed definitions impact individual behaviors and group status (Hunter and Davis 1992:464-479; Ross 1998:599-626). This body of work demonstrates the connections between race, socioeconomic status, cultural constructions of masculinity and manhood and an emerging sense (or lack thereof) of individual agency and empowerment. Generations of unresolved racism, socioeconomic disadvantage, and violence combined with alienating constructions of mas-

culinity and manhood has undermined a sense of agency in Black males. This in turn has had devastating consequences for African American communities.

Mainstream culture has presented Black males as "a reigning symbol of aggressive American manliness"' (Hunter and Davis 1992; Ross 1998). The very characteristics valued in white men — strength, invulnerability, and even aggression — are exaggerated and devalued in Black men. Society then assumes unearned justification in fearing and (at best) ignoring or (at worst) penalizing Black men. At the same time, while Black men are expected, like other men, to protect and provide for their families, they are often unable to do this. This contradiction leads to 'extreme pressures on Black males to prove they are men in a society that denies them access to acceptable routes to economic and social correlates of manhood' (Richardson 1992; Oliver 1989). The gender and racial expectations for Black men can also be isolating, placing them beyond nurturing relationships with family, community and indeed other Black men; relationships that ultimately could save them. Given these pressures and isolation, many Black males, particularly those in communities experiencing poverty, have taken up the charge of violence and destruction, to the detriment of themselves, each other, and the communities to which they could be contributing positively.

While these behaviors may conform to mainstream expectations of Black men, they do not in fact reflect many African American cultural norms and expectations. Scholars describe African American values as being rooted in various African cultures and are related to cooperation; promotion and conservation of the group around the individual; and a comfort with nurturing feminine and masculine qualities. These values are often linked to spirituality, as well as concrete and affective aspects of behavior. They provide meaning, purpose to lives, and ultimately affect other behavior (Juntunen, Nikkonen, and Janhonen 2002). Additionally, these values often contradict mainstream Eurocentric values of individuality and independence (Roberts 1994; Richardson 1992; Artazcoz 2004). It is perhaps in failing to live up to these cultural expectations that many Black men, particularly young men, lean toward exaggerated playing out of stereotypes, such as 'hoodlum' or 'player' or 'deadbeat dad' (Oliver 1989; Artazcoz 2004). For young men, the socialization process be-

comes confused and contradictory and the consequences for sexual health, and, indeed, family and community health are disastrous.

When actually asked, "What do you think it means to be a man?" Black men's conceptions have less to do with mainstream stereotypes and more to do with the African American cultural values described above. In rating attributes of "being a man," indicators such as "sense of self, " "resourcefulness/responsibility," "parenting and family," "goal oriented," and "provider," rated at the top. Qualities such as "authority," "manliness," "ownership," "sexuality," and "power" were at the bottom of the list (Roberts 1994). Whether these men could actually live by this ranking of attributes was not part of the study. What is significant is that the qualities that put so many young Black men at risk of their health, safety, and. indeed, their lives were actually rated much lower by Black men themselves, than those qualities that could contribute to healthy lifestyles.

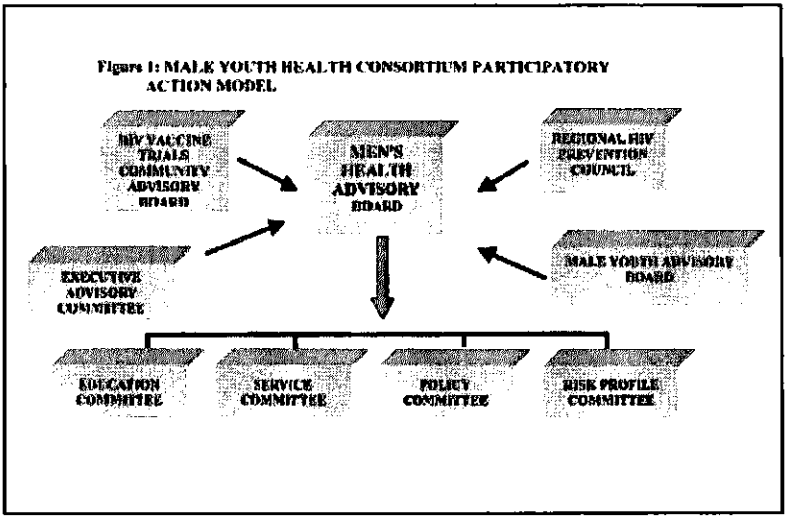
Most scholars and policy makers agree that most social policy and programs fail to address the complex interplay of factors that influence the identity, behavior, and sexuality of African American men (Hunter and Davis 1992; Ross 1998; Oliver 1989). They go on to suggest the integration of African American cultural and spiritual norms to counter destructive trends. This integration could be achieved in different ways. An example is given in the study mentioned above, where Black men were given the opportunity to define themselves (Hunter and Davis 1992; Ross 1998). Another suggested changing the ways in which Black men relate to each other (Roberts 1994). Still others suggest the creation of socialization rituals and specific values that introduce young Black men to Afrocentric principles and guidelines to live by (Oliver 1989; Juntunen et al 2002).

Little has been done to explore the utility of such approaches to health education. Given the serious risks that young Black men face, and the lack of existing services, it is crucial that new ways are sought to reach this challenged population. It is with these ideas that the CHPEPR intervention was designed. It utilized African American values such as cooperation, participation, and group well being, as well as the integration of African American and African culture, art and spirituality.

Community-based Participatory Action Research

Community-Based Participatory Action Research (hereafter, CBPAR), first developed in Tanzania, East Africa, has been used extensively in the social sciences to mobilize communities for empowerment, linking the research or information gathering process to inform concrete action and community mobilization. It is only recently that CBPAR has been applied to health issues, providing a useful methodology through which to engage and call attention to hard-to-reach populations, such as young Black men. CBPAR allows the community and practitioner to engage without intermediaries, to organize the community to identify needs and address them (Green and Mercer 2001; Carr 2001; Hull 1992). Participatory researchers must demonstrate the significance of their work for the lives, needs, and aspirations of community members; identify and understand community needs and values; and build relationships with community members (Nash 1993; Bailey 1992; Hull1992). In short, the researcher learns how to be an organizer and an activist, working with the community to identify and address needs. This can be a particularly useful approach when working with hard-to-reach populations. They generally distrust public and private sector systems, science, and academia. According to Bailey (1992), there are five necessary steps, which are cyclical, overlapping, and iterative, in using participatory research to mobilize through the development of community-based consortia:

1. Entry, which involves dialogue between researchers, community members, and other stakeholders, with the objective of developing a collaborative relationship and system for exploring the communities issues, focusing on both assets and needs;
2. Methodical data collection by a team of researchers and community members;
3. Data analysis and feedback to be conducted with the community;
4. Action planning and implementation through the development of action plans to address issues jointly identified and validated by researchers and community members; and
5. Assessment of action results by gathering additional data.



Using this framework, step one was to develop a system to ensure a participatory, engaged approach and a partnership between researchers and community stakeholders.

A Men's Health Advisory Board was convened, with several committees to drive the overall process. Existing structures, already working on HIV/AIDS in communities of color, were also engaged, including the Regional HIV Council and a local HIV Vaccine Trial Network (HVTN) Community Advisory Board (CAB). Additionally, representatives were included from community- and faith-based organizations, academia, communities, and other stakeholders in Baltimore. Efforts were made to include stakeholders working with young men in a variety of ways, not just on health or HIV/AIDS. They were recruited through a series of meetings and events. The overall system was coordinated by CHPEPR, which facilitated the designation of a variety of tasks identified by the various units within the model structure. The Executive Committee designed models and monitoring tools, including the HIV Profile Matrix and the Male Youth HIV/Health Risk Profile survey, as well as the overall research and evaluation component of the project. Meetings within this system utilized participatory methods to produce logistical, management, and project plans (Juntenen et al 2002). From these meetings, the project was designed, with a focus on engaging young

men through events centered on spirituality, culture, and art, for HIV/AIDS prevention and health promotion activities.

Special Events

Based on the community mobilization and cultural perspectives described above, a series of special events for young men and their advocates were developed and executed. These events utilized a cultural and spiritual framework to address issues such as cultural identity and manhood and their application to sexual health and HIV prevention. Using art, discussion, and sports, these events engaged young men and their advocates in a variety of ways, to provide information on HIV prevention and health promotion. Participants were recruited from *Rites of Passage Collectives* in Baltimore that works with young Black men to help them identify and define those personal attributes that can strengthen their self-identity. *Rites of Passage Collectives* is a nation-wide network of training centers that utilize Afro-centric approaches, paradigms, and spirituality to educate young men about adulthood responsibilities and duties. They utilize experiential techniques that include spiritual activities, learning from elders, and didactic information sharing as well as discussions and community participatory projects.

Through a partnership with a community-based organization,*Oyo Traditions Cultural Institute*, a spiritual and cultural event entitled *The Enlightened Warrior*, was hosted. The event brought together 150 Black men aged 9-60, from the target areas around the universities, as well as from New York City and Richmond, Virginia. The conference goal was to demonstrate and emphasize practices for personal excellence in thought, speech, and behavior. Using experiential and participatory activities, conference organizers utilized both traditional West African and current group learning methodologies, including African drum workshops, video shows of Ogun, the Yoruba divinity of technology and war, Ifa (an African traditional spiritual, medical, and service system) lecture on "omolúwàbí" (Abimbola 1976), a "well-born and raised person," and songs. Activities focused on the exploration, re-discovery, reclamation, and re-orientation of the psychosocial, behavioral, cultural, historical, and spiritual customs of West Afri-

can, Yoruba traditions in the lives of modern African American males. Through the invocation of spiritual energy, conference participants sought to explore ways to transform the lives of African American males through the daily demonstration of healthy norms and standards related to *Iwa Pele* or 'good character.'

An "Afrikan Heritage Walkathon" was organized by a community-based organization, *Afrikan Heritage Walkathon, Incorporated*, in collaboration with the CHPEPR and other community-based organizations including *Journey: African American Outdoor Sports Association*, whose goal is to provide African Americans with opportunities to enjoy nature and sports. The goals of the walkathon were to raise funds for African-centered youth education; provide HIV/AIDS prevention and health promotion materials to participants; and bring together different segments of the community to address community concerns. Participants wore African clothing and they used calling drums to draw attention to the walkers as they passed through a predominantly African American neighborhood, creating a positive and festive atmosphere. After reaching their destination, walkers participated in a "leadership and followership" discussion in the format of traditional Yoruba meetings in West Africa. Together, elders and youngsters discussed community issues, such as quality of neighborhood life and health problems, such as substance abuse and HIV/AIDS.

Finally, a weeklong series of tours, workshops, galas, and health screening activities under the title of *Heroes in the Struggle* was organized around an exhibition of African Americans who distinguished themselves in the fight against HIV/AIDS. At this event, local and national heroes' were profiled through photos and biographies in an exhibition at the Morgan State University Murphy Arts Center. Heroes featured included both men and women, and homosexuals and heterosexuals. Local political leaders and policy makers addressed the issue of HIV prevention policy and the need to strengthen the connection between academia, community and public service and policy leadership. Youth participated from schools and various youth services agencies in Baltimore City, as well as from colleges and high schools in Wilberforce, Ohio, and Lincoln, Pennsylvania. By participating in workshops on health and health screening activities, the young men were

encouraged to think of themselves as able heroes in the struggle against HIV/AIDS. One day of the week was devoted to addressing men's health issues, including sexually transmitted diseases, HIV/AIDS, prostate disease, diabetes, mental health and cardiovascular diseases as well as access to health care for inner-city men. Young men participating in vocation training and young fathers' organizations also participated and were encouraged to complete the Minority Male Health Risk Profile Survey. Another day focused on women's health issues and included presentations by the Maryland State AIDS Administration HIV Prevention Division. The seminar session focused on increased risks for heterosexual transmission and men's role in preventing transmission.

With regard to advocates of young men, activities included a Regional HIV Council Conference organized by CHPEPR. The activities brought together community- and faith-based organizations, academia, and other stakeholders to discuss status of HIV vaccine development; the priorities of the recently funded minority male project; and to review the role and responsibilities of CBOs with the objective of planning the next steps for the *Heroes in the Struggle* Campaign. Millennium Health and Human Services Development Corporation, an established community-based organization, coordinated a committee-planning meeting and facilitated the formation of the minority male youth Community Advisory Board. This meeting brought together 40 community- and faith-based organizations from the Baltimore-Washington, DC region. They applied a participatory action model (Bailey 1992; Carr 2001; Hull 1992; Small 1995; Small 1995; Chappell 2000; Roberts and Dick 2003; Horne and Costello 2004; Hammel, Finlayson and Lastkowsky 2003). Their efforts resulted in the formation of committees with mandates to devise ways to include programming and materials in policy, educational, research, and program planning efforts that would benefit Black adolescents and young adults.

Survey

As step two in the participatory process, a 24-item questionnaire was designed to evaluate participants' basic knowledge, attitudes, and behaviors related to HIV/AIDS and common causes of death within Baltimore City. The questionnaire had three sections: 1) Socio-demographic profile, 2) HIV knowledge, attitudes and behavior risk

profile, and 3) Health, knowledge and attitudes risk profile. The HIV risk profile included nine questions, some multiple choice, on HIV prevention. The Health profile included nine questions in multiple choice format, developed using CDC epidemiological data for Maryland to assess knowledge of lifestyle risk behavior factors associated with the top eight causes of morbidity and mortality in Maryland Anderson 2001). The survey questions were designed with a focus on those factors that are threatening the survival of young black men, particularly in urban communities.

The survey instrument was reviewed through the Morgan State University Institutional Review Board process and the various school systems participating in *Heroes in the Struggle* event, including the Baltimore City Public School System. The instrument was validated with a sample of participants at the *Enlightened Warrior* event. Survey respondents from schools and youth service centers were recruited during the events, as well as through school counselors, with parental approval. A database was developed and data analyzed using SPSS 11.0™. Data summaries were performed with measures of central tendency. The answered were scored such that high scores reflected lower risks for HIV/AIDS.

Findings

Lessons Learned from Community-Based Participatory Action Research

The participatory methods were useful in creating an environment and opportunities for representatives of community-based organizations and young men themselves to express their ideas and priorities in an open, non-judgmental setting. Informal discussions, as well as more structured focus groups, were utilized in the planning stages to identify issues of importance and activities that young participants might enjoy. These discussions were important in the design of the subsequent successful events. The participatory methods also provided an opportunity to assess and appreciate the relative strengths of participating organizations. This resulted in participating organizations being given tasks related to what they already did well, giving them a chance to highlight their activities during project events, and encouraging their stake in the ongoing project.

At the same time, participatory methods created several challenges for both academia and partners. Given the range and number of partners, it was sometimes difficult to ensure that all participants understood the process. This was particularly difficult given that partners came from many different sectors, not just Public Health practice or HIV/AIDS prevention, and had different priorities and different modes of operating. Communication was therefore difficult at times, necessitating an ongoing commitment to the participatory process by the research team, including developing new ways to communicate with partners, based on this commitment. For example, partners were asked for clarification on their perspectives and these were integrated into the plan, based on their feedbacks. The issues thus addressed included transportation, safety, security, and program scheduling. The researchers were therefore able to operationalize participants' thoughts with fidelity, based on resource limitations. A case in point was a Rites of Passage program for which a more conducive atmosphere was created in which sensitive information could be openly shared with compassion. Because researchers were working with a wide age range, communication had to be presented at different appropriate levels to produce access to knowledge in a supportive environment. This enabled the participants to repeat the information based on their own level of understanding and still be effective in influencing behavior for primary prevention of HIV infection transmission.

Lessons Learned from Special Events

The special events, with their focus on cultural heritage and spirituality were effective in drawing and keeping the attention of participants. Young men who would not ordinarily be engaged in health information were easily drawn to the health activities that were integrated into self-improvement workshops, sporting events and community discussions. Multi-disciplinary methodologies that drew on both traditional African values and systems and current Western values and realities gave participants a range of tools and information to draw on to create both personal and community solutions.

The *Heroes in the Struggle* event was useful in creating a connection between the profiled 'heroes' and the young participants, demonstrating the possibility of the participants themselves becom-

ing future heroes in the fight against HIV/AIDS. By focusing on both men and women's health, participants were able to learn about how their behavior directly affects their own health, as well as the health of their partners and families.

During the special events, which highlighted spirituality and art, researchers learned that information could be effectively communicated through mass media campaigns based on the spirituality and art of the community. Researchers were able to disseminate information regarding difficult issues faced by young people such as

1. Handling unwanted sexual advances
2. Identifying and managing peer and adult pressure
3. Revealing discrimination and abuse faced by young people
4. Redefining what it means to be a real man
5. Addressing popular misconceptions about adolescent men.

In addition, the art allowed researchers to highlight the contributions of Black youth to their communities. This technique motivated and energized participating youth. They began to see themselves creatively as resources for HIV prevention and care. They gained life skills for empowerment, for putting new knowledge into practice, and for making informed decisions about their health. Further, researchers were able to find common ground for engaging city leaders and policy makers, to focus attention on minority male youth and the impact of the HIV epidemic. Through this effort, city leaders and policy makers recognized the magnitude of the HIV/AIDS epidemic and set the policy agenda for legislative and executive action. Subsequently a state of emergency was declared by the city mayor.

Finally, by allowing men of all ages to come together, participants were given the opportunity to focus on themselves and their choices and behaviors in a non-judgmental environment. Many participants had not had the opportunity to come together with other men in such positive environments. By bringing men of different ages together, the events were also useful in creating inter-generational alliances to address community and health issues.

Survey Results

The survey results and methodology will be discussed in more detail elsewhere. However, the main findings, as they relate to step

three of the participatory model and as they relate to HIV/AIDS will be discussed here. The survey had 81 respondents, 43 percent from Baltimore, 37 percent from Pennsylvania, and the rest resided elsewhere. Three quarters of respondents were male and two thirds were never married. Nearly half were between 11-25 years of age, the other half were aged 26-40. Over half the respondents were in middle or high school or GED level. Almost 40 percent had been educated ablove high school. A majority of respondents were employed. However, up to 58 percent earned less than $10,000 per year. Twelve percent earned over $50,000. The sample was a small, cross-sectional and convenience sample, and thus had some methodological weaknesses. However, its utility was in providing a valid, profile of young African American men for the geographic areas covered.

Most respondents had some knowledge of the existence of, and risk factors for, HIV transmission. For example, 86 percent knew that kissing was not a means of HIV transmission and 98 percent knew that HIV was transmitted through unprotected sex. Of the respondents, 65 percent knew someone with AIDS and 58 percent knew someone being treated for HIV or AIDS while 68 percent knew where to go in their neighborhood to get an HIV test. With regard to possible risk behavior, 67 percent had had one sexual partner or less and 22 percent had used drugs in the past year. Notably, 58 percent agreed with the statement "HIV/AIDS is a disease made and spread to kill Black people."

Generally, the survey results demonstrate that respondents have considerable knowledge about the processes and risks for HIV transmission, spread and prevention. They also seemed to be familiar with people living with HIV/AIDS and were aware of services providing both testing and treatment. However, as has been amply demonstrated, knowledge of risk does not necessarily translate into behavior modification (Janz 1984). This is particularly true for already hard-to-reach populations, such as young African American men. The survey results indicate that further inquiry is necessary, in collaboration with community stakeholders, to identify what menu of services and intervention will be appropriate for the youth to take their knowledge and apply it to their behavior. This would move the consortium toward steps four and five in the participatory action research model.

Conclusions and Implications for Practitioners

There is a need for interventions that stress community engagement and participation. Community engaged participation in public health practice is an effective means of connecting with community members and ensuring the sustainability of an intervention. By involving representatives from a range of organizations, including those not working on health, the intervention was able to secure a commitment from various sectors in the community, regarding interest in the project, project implementation, and next steps.

There is a need to acknowledge and address African American experiences and cultural frameworks. The high percentage of respondents who believe that HIV/AIDS is part of a conspiracy against Black people indicates a "disconnect" between knowledge about HIV/AIDS and cultural attitudes, and the behaviors that may flow from those attitudes. For example, distrust and consequent avoidance of existing services may be the outcome of this belief. Researchers also discovered that there is a strong need to make information available and actively disseminated on a continuous basis with the position that being informed can transform those perceived to be hard to reach and unreliable into active and reliable contributors to disease prevention and health promotion efforts. These findings confirm the need for health interventions that integrate culture, particularly with hard-to-reach populations that do not utilize existing services. It also confirms the need for a participatory model made up of community stakeholders that can effectively address difficult cultural issues. Practitioners working with hard-to-reach communities should therefore view consistent and persistent cultural and participatory processes as important tools to both reveal and address difficult issues. This intervention demonstrated the utility of such a perspective.

Reach young African American men by relating to them and their interests. By creating opportunities for young African American men to come together and engage in a wide variety of activities of interest to them (cultural, sporting, spiritual, and self-improvement activities), the project was able to effectively conduct a survey and provide health screening and education. In turn, the survey process became an essential tool for engaging participants to

understand and examine their own knowledge base and engender insight into behavior change and consequent participation in prevention and health promotion efforts.

Create an expanded community network to address HIV/AIDS. By involving representatives from organizations working with young men in a variety of sectors — not only health — the project effectively expanded the number and range of stakeholders involved in HIV/AIDS prevention with young African American men. Given that many of the public health crises we face today are rooted in behavior and impacted by socioeconomic and cultural factors, public health practitioners should create partnerships with stakeholders in multiple sectors. There must be a commitment to bring people together at every level from a range of sectors – government and non-governmental, faith-based and secular, community-based organizations, industry and business, academic and research bodies, corporate and private foundations, and of course, community members, including young people. Using participatory action research modalities, these diverse and sometimes divergent sectors can be mobilized and coordinated to achieve community-set goals and objectives for an identified common cause.

Practitioners can learn from communities.

A key implication of the Participatory Action Research process is that researchers do not merely "study" a 'target community.' Rather, researchers collaborate with, and learn from, communities. Through this partnership, researchers and practitioners are able to gain insight and increase competence with regard to the knowledge, attitudes, beliefs, needs, and behaviors of community members, as well as ideas and approaches to address emerging community needs. At the same time, researchers should maintain and achieve their research tasks and objectives through organized and rigorous data collection and management. To make this shift from 'external researcher' to research partner with communities, the practitioner must become conscious of his/her own belief systems and their influence on the perception and judgment of the community under study. This includes religious, philosophical, technical, and social belief systems. Once this awareness is achieved, the practitioner is better able to engage with communities, and can effectively obtain authentic information.

Participatory action research is a continuous learning process. Through participatory action research, researchers learn to learn from rather than study a target population. This implies gaining from the community new insight and competence in knowledge, attitudes, beliefs, perceptions, and approaches to addressing community needs. While retaining the basic functional skills for implementing tasks and achieving objectives, the practitioner will need to be conscious of his or her own belief systems and views, and how these can affect the whole process of engaging the community. A practitioner's belief systems and views can cloud or pollute the true picture of the community. The most insidious of these views and paradigms are religion, philosophy, prior "technical knowledge," and one's social background. The practitioner therefore needs personal, continuous quality improvement in thought, language, and activities. One effect of this consciousness is that the community opens up to the practitioner. An offshoot of this is that the practitioner stands to obtain more useful and relevant information than was envisioned. This requires development of an organized data collection and management system for tracking the learning processes. Therefore, it is important that the practitioner develop tools from those community experiences and communications that are valid and reliable for that community.

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Children in French-Speaking African Immigrant Families: Assessing Health Disparities, Cultural Resources, and Health Services*

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Abstract

Research on African Americans in the United States assumes a native population and greater cultural homogeneity than exists. African immigrants, especially those with limited English proficiency, seem to be an *invisible* minority in research initiatives. We chose to study African immigrants because it is necessary to understand the cultural resources and practices of this population if public policies and programs are to address effectively the problem of health disparities. The present paper reports on a pilot study that focuses on the health and nutrition of children in French-speaking African immigrant families. We explored children's health implications of nu-

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trition, parents' concern with health issues, social networks, and patterns of health service utilization. Ethnographic interviews were conducted with 14 families in metropolitan Atlanta, Georgia. Preliminary findings suggest little concern for the relationship between food consumption patterns and children's health or the family's health overall. With few exceptions, culture, rather than nutrition or health considerations, dictates what the family eats and how it is prepared. Insurance coverage and eligibility for health benefits are the principal barriers to health care. In this report, we also discuss expansion and replication of such studies for other cultural groups. This kind of knowledge is invaluable for developing culturally competent methodologies and for implementing and evaluating culturally sensitive community intervention programs.Children in immigrant families are the fastest growing population of children in the United States (Research Forum 2002; FAIR 2001). The Urban Institute (2002) reports that welfare reform is reducing immigrant children's access to vital social and health services. Those with limited English proficiency are the most vulnerable (Zimmerman and Fix 1998; Fix and Passel 1999). For example, only half of the children receiving Medicaid saw a dentist in 2001, but only 30 percent of Black and Hispanic children saw a dentist in that year. In addition, more than one-third of America's children lack proper immunizations (AHRQ 1999 and 2001). These reports point to a need for studies that focus on the health disparities of children, especially those in immigrant families.

Almost 20,000 of Georgia's foreign-born population of African descent came to the U.S. in the decade between 1990 and March 2000. That is more than 65 percent of all the Black immigrants (30,608) from Africa in Georgia (USBOC 2000e). Atlanta's more recent African immigrants have greater adjustment challenges than earlier groups who came for education or business. Many have limited English proficiency or live in linguistically isolated households, or family contexts in which "all members 14 years old and over have at least some difficulty with English" (USBOC 2000a). Fourteen percent of the households in the nine-county Atlanta metropolitan area (Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry,

and Rockdale) where the household language is not English, Spanish, other Indo-European languages, or Asian and Pacific Island languages are linguistically isolated (USBOC 2000a and 2000b). These are primarily the African immigrant households. In households where all members speak a non-English language, almost 18 percent of the linguistically isolated are children between the ages of five and 17.

Some of Atlanta's African immigrants are refugees fleeing war, ethnic conflict, political repression, and economic hardship. Georgia averages about 3,100 official refugees per year (FAIR 2001; IRC 2000 and 2003). Public policies and programs must address social adjustment and health care for this population. To do this, we must also expand our knowledge of their culture and our ability to communicate with them (Research Forum 2002).

There is a dearth of knowledge about the health of the immigrant population in the United States. We have begun to see more studies, but they are still disconnected and limited in scope. Overall, African immigrants, especially those with limited English proficiency, seem to be an "invisible" minority in research initiatives. This pilot study is designed to address that gap in knowledge. Typically, research that focuses on African Americans assumes a native population and thus greater socio-cultural homogeneity than is warranted. The study examines links between culture and health, also raising the broader issue of cultural diversity within the Black U.S. population and the importance of that diversity in addressing health disparities. Within this context, our work supports two broad research goals.

The first is to expand our understanding of the impact of socio-cultural factors on health outcomes of children in African immigrant families, applying ethnographic methods and strategies of data collection and social science theories for data interpretation. We seek to locate, identify, and interpret cultural resources for good health and cultural barriers to good health. This kind of understanding marks a significant step toward mobilizing resources to improve health outcomes for vulnerable populations. The second is to advance insights for prevention and treatment models to be used in communities that have limited language skills, limited resources, or other impediments to vital information, services, preventive measures, and recommended behaviors. Particular emphasis is on children's health.

Theoretical Framework

This study applies the tools of ethnography and sociology in a framework to understand social and cultural factors related to health outcomes. Sociology brings concepts such as family functioning, protective processes and resiliency, relational resources, cognitive resources, and family ideology (Taylor et al 2000; Murry 1995, McCubbin et al 1998a and 1998b; Williams 1995; Stepick 1998; Quane and Rankin 1998; Hill 1971, Martin 1978; Stack 1997 [1971]; Clark 1983; Furstenberg, & Hughes 1995; Kibria 1994). Family functioning, rather than family size, structure, or household composition, is a fundamental concept for understanding health outcomes of children living in vulnerable environments. The theoretical framework assumes that families initiate protective measures to deal with risks. They adapt to challenges in their social environment by using cultural resources available to them to develop particular strengths or competencies to address the challenges. Research on Black families, going back at least to the 1970s, supports this assumption (Hill 1971; Stack 1997 [1971]; Martin 1978; Clark 1983; McLoyd 1990; Scott and Perry 1990; Jackson 1993; Lamborn, Dornbusch, and Steinberg 1996). These competencies, once identified, can be applied in intervention programs for at-risk children (Patterson and Garwick 1998; Taylor et al 2000; Felix-Ortiz and Newcomb 1992; Murry and Brody 1999).

Resiliency is the ability to overcome adverse circumstances in the environment or to recover from misfortune, even by families deemed fragile or fractured (Barabin 1993). It is an outcome of protective processes developed from cultural resources. Cultural resources may be cognitive, relational, or material. Identity, self-esteem, self-concept, and spirituality are examples of cognitive resources (Kamya 1997). Relational resources include social networks, voluntary group membership, and participation. Material resources refer to items from material culture such as food, technology, educational credentials, and housing. Recognition of protective processes derived from these types of resources defines the kind of research needed to inform culturally sensitive health promotion programs (Felix-Ortiz and Newcomb 1992; Furstenberg and Hughes 1995; McCubbin et al 1998; Spencer and Chen 2004). Our theoretical framework acknowledges cultural resources and the protective processes that may evolve from them.

Family ideology consists of the beliefs about family life that define the norms and expectations for internal household functioning and external relationships of the household and its members. Examples of family ideology include value constructs and definitions concerning family and non-family, obligations, rights and privileges, duties and performance standards, and patterns of authority. Studies of immigrant families (Portes, Kyle, and Eaton1992; Kibria 1994; McCubbin et al 1998a; Stepick 1998; Laguerre 2002; Gellis 2003) and other vulnerable populations such as the elderly (Johnson 1999) show that behavioral responses to certain aspects of family ideology can function as protective processes. For example, Haitian household configurations serve to integrate Haitian immigrants into the United States and continue to support needy family members back home (Laguerre 2002). Frail African American elders' expansion of kinship boundaries to include in-laws, even when the linking relative is deceased or divorced, contributes to their social anchorage and their physical and psychological hardiness (Johnson 1999). This study seeks to identify and understand cultural resources of African immigrants from French-speaking countries that are relevant to health outcomes for children.

Methodology

Context, meaning, and communication are essential to understand cultural processes that promote or inhibit positive behaviors for children's health. The ethnographic interview was our primary data collection instrument. The methodological assumption is that interviewing allows us to respond to the participants' personal and social contexts of meaning during the interview and during our analysis and interpretation. In our study, we seek to know how the participants construct their social realities and give meaning to them.Local ethnic immigrant organizations, churches, and community groups were contacted to help identify the families. A "snowball" recruitment strategy resulted in the identification of 14 families with at least one minor child in the household to participate in the study. Ten families are from the Democratic Republic of Congo, two are from Senegal, and one each from Guinea and Mali in West Africa.

After orientation and informed consent, interviews of approximately two hours each were conducted at the home of the partici-

pant family. We were sensitive to the importance of conducting the interview in a language that diminishes the disadvantage of limited English proficiency (Mishler1991). Therefore, participants were allowed to choose either French or English, whichever was most comfortable for them. Both the heads of household and the spouses were interviewed if they lived in the same household with the children. The questions were topic-focused but open-ended to allow participants to construct the contexts for meaning and communication. Topics included (1) health resources, knowledge, availability, use, and satisfaction; (2) health, diet, and nutrition practices and customs related to children's health; (3) self-assessment of personal health and children's health; (4) self-assessment of English proficiency, length of time in the U.S., and types of problems encountered since coming to the U.S.; and (5) involvement with relatives, neighbors, friends, and religious and voluntary associations. We recorded the interviews by hand and on an audio tape.

Findings

Food Choices and Preferences

Overall, families demonstrated little concern for the health consequences of eating and food preparation choices. With few exceptions, culture and affordability, rather than nutrition or health, dictate what the family eats and how it is prepared.

Staples. Eating habits are generally modeled after those from the home country. Thus, rice is preferred in West African households and, along with *fufu*,[1] it is the staple in the Congolese diet also. When the exact staple is not available, they use creative substitutes. For example, white rice, and couscous substitute for millet; instant mashed potatoes and cream of wheat substitute for cassava and corn flour to make *fufu*.

Vegetables and Fruits. Africans eat a variety of leafy green vegetables at home. Abroad, they eat the closest substitutes. All of the Congolese families cited cassava leaves and spinach as the most frequently consumed vegetables. Spinach substitutes for *lenga-lenga*, a green leaf vegetable also called *bitekuteku* in the Congo. Cassava leaves are often available in neighborhood Asian or African markets. Collard greens are also popular because their texture may be similar to squash leaves and their taste similar to another green leaf vegetable

called *muteta* in the Congo and "bitter leaf" in West Africa. Few families mentioned sweet potato leaves, possibly because of their scarcity in Atlanta markets. Other frequently consumed fresh vegetables were cabbage, green beans, broccoli, carrots, corn, tomatoes, turnip greens, okra, and potatoes. Eating raw vegetables, such as those served in salads, is rare even in urban African families. Two West African families reported that sometimes they eat salads with tomatoes, cucumbers, carrots, and avocados. Many consider eating such foods an unnecessary luxury because they do not satisfy hunger as more substantial cooked vegetables do.

Even families with limited resources eat fruits several days per week. Bananas and oranges top the list, followed by watermelon, apples, grapes, and mangoes in that order. Cantaloupe, peaches, limes, cherries, grapefruit, tangerines, pears, mandarins, avocados, pineapple, honeydew, and even coconut appeared among the wide variety of fruits consumed by these families.

Meat, Fish, and Poultry. Study families eat meat frequently but in moderate quantities. All cited chicken as the most often consumed meat, followed by beef, fresh fish, pork, goat, lamb, turkey, dried or smoked fish, liver, salted fish, and ground beef. Their priority is determined by cultural preferences, affordability, and availability

Processed Foods. Extensive consumption of processed foods, particularly canned foods, poses potential health risks because of the high levels of sodium, sugars, fats, and preservatives. Pre-cooked, frozen, and microwavable foods were rare in the diets of participating families. Even the consumption of frozen fresh vegetables is infrequent. One or two families buy frozen spinach, corn, mixed vegetables, okra, collard greens, and broccoli, but not often. The consumption of canned foods is minimal and sporadic. Together, the participants listed 16 different products that they consume from time to time. The most often cited products (tomato paste or purée, sardines, corned beef, peanut butter, green peas and beans, corned beef) figure in typical urban African recipes.

Snacks and Deserts. In Africa, snacks are usually peanuts (eaten raw, roasted, or boiled); fresh fruit such as bananas, mangoes, or oranges; boiled or grilled cassava or corn on the cob; fried plantains or bananas; and deep fried dumplings made from banana, plantain, or bean paste. America offers infinite processed snacks that can easily

be substituted for the homemade African snacks. Thus, when participants were asked to name some American snacks, they listed processed snacks such chips, cookies, crackers, popcorn, candy, gelatin, yogurt, ice cream, peanut butter, and jelly. Most families also included peanuts, an abundantly available African carryover that is inexpensive and nutritious.

Frequent consumption of processed snacks suggests a higher level of acculturation and economic security. Most participants reported that they eat snacks infrequently and irregularly Snacks are luxury foods that study families easily give up when they take away money for food that is considered essential for survival. Eight of the families interviewed are relative newcomers to America and are less secure economically. The families who eat snacks most often are headed by at least one parent who has lived for some time in the U.S. or in Europe and they are economically more comfortable. Snacks are also leisure foods. One couple stated that they did not have time for snacks because of their busy work schedules. Most of the snacks this couple listed were for the children. Participants do not usually eat deserts; if they do, it is fresh fruit at the end of a meal.

Drinks. One family indicated that the father drinks beer and the mother drinks wine. In another, family the father also drinks beer. In a third, the father drinks coffee. Parents in all families drink the recommended six to eight glasses of water. They only *assume* that their children maintain this good practice at school. Parents and children consume nonalcoholic beverages, including juices, milk, tea, and large quantities of various sweet carbonated beverages. Little consideration seems to be given to health risks that might be associated with heavy drinking of beverages that are high in refined sugars.

Cooking Styles. Water-based cooking is the main cooking style in participating families. Grilling ranks second. Frying and baking are third and fourth respectively. Sautéing, roasting, steaming, and micro-waving were rarely mentioned.

Oils. Where feasible, the families studied have kept food preferences, cooking styles, and seasoning traditions from home. Even foods that are not cooked in oil are seasoned with oil. Palm oil is very common and inexpensive in the African countries represented, but here, it is expensive and hard to find. Vegetable oils are the most

economical. They are also recommended over palm oil for cardiovascular health. Ten families listed vegetable oil and palm oil as the most frequently consumed in their households. They occasionally use corn oil, olive oil, canola oil, and soybean oil. Tradition and economics guide these choices.

Eating Out. Restaurant and carry-out foods are not popular among the African immigrant families we interviewed. Rather than running to a nearby fast food restaurant during the lunch break, they take food from home to eat at work. Even eating out with the family is rare. The few who eat out do so out of necessity rather than the desire for an enjoyable social opportunity. In any case, rarely is the choice of the restaurant or the food guided by health considerations. Only one family explained their preference for a particular buffet restaurant by the nutritional value of its foods.

Health Issues

Although not the result of *nutritionally*-informed choices, the diets and nutrition practices of the study families are overall more healthful than the typical diet of African Americans in Atlanta. However, financial constraints, inadequate insurance coverage, and hazardous working conditions introduce risks that cancel out many of the health protective effects of their diets.

Health Status of Parents and Children. In general, the parents were satisfied with their children's health. Children's immunizations are required for enrollment in school and secured yearly as required. Most parents could not provide specific information on types or schedules of immunizations, but they did know that all the requirements had been met through the school system. This attitude may pose a potential risk for younger children below school-age who also need protection from vaccine-preventable diseases.

Common children's illnesses such as colds, running nose, cough, and fever are treated at home if they do not appear serious. Children's more serious health problems included fever, nosebleed, skin and scalp rashes, ear infections, pneumonia, asthma, and eye problems (conjunctivitis). Of these health problems, only conjunctivitis was mentioned by more than one family. Parents cited a variety of health problems, including asthma, digestive disorders such as heartburn, gastritis, constipation, and hemorrhoids, dental problems, eye prob-

lems, diabetes, hypertension, heart disease, sickle cell, migraine, pneumonia, head injury, leg pain, back pain, vertigo, fatigue, and weight loss.

Four respondents, two men and two women, cited hypertension. Each of the remaining health problems was mentioned by one or two participants only. All digestive disorders were mentioned by the same individual. The person suffering from chronic back and leg pain attributed them to his job, as did the one with a head injury who cited an old work accident. In one family both parents have hypertension, but they keep it under control with diet and medication. They were aware of hypertension in the mother's family history.

Knowledge and Utilization of Health Services. We asked the study participants to identify the closest health facility to their residence. Almost all were able to name the nearest community health center or a clinic they have used or attempted to use.[2] Some health services have specialized programs. At the West End Heath Centers, for example, children under five years of age are treated free. Children beyond this age and mothers pay a minimal sliding fee based on income. Women and children in some of families have taken advantage of these services. A mother with three children aged two, five, and seven has used the services offered by this facility. She particularly appreciates the Center's inexpensive sliding fee. Another mother has received assistance through WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children.[3]

Health care for adults is based on the extent of coverage available, costs, and triage-like decisions. For example, the father and the mother in a family on Medicaid have been screened for blood pressure, diabetes, and vision. Their last physical examination was within the past six months. She has also had a Pap test, but not a mammogram. She is 35 years old and seems to estimate that the health risks that would justify a mammogram are not imminent. Likewise, she says that her teeth are in perfect condition and there is no urgency to see a dentist.

Insurance and Access. Health insurance is either nonexistent or inadequate. Sometimes the only predictable access to health care is the routine screening of children for school. The health centers listed in the Appendix have some programs for assistance to needy

women and children, but there are few programs for adult men. The men who reported going to some of these health centers were either turned down or redirected to Grady Memorial Hospital. Although this is a county facility with sliding payment scales, they reported that Grady's fees are far above their means. One participant, a father of three, had his last blood pressure check and dental examination in 1998, just before he lost his health insurance.

One family has PeachCare for Kids[4] insurance for their children. They are very satisfied with this program and with the status of their children's health. The father is in good health also, but the mother suffers from sickle cell anemia and migraine headaches. Two months before the interview, the mother had a complete physical, a mammogram, and a Pap test. The father, however, has not had a physical examination in eight years or a blood pressure check in more than two years. He has never had a dental examination, an eye examination, or diabetes screening. PeachCare is only for children 18 and under who are citizens or who have lived in the U.S. for at least five years. The father was referred to Grady Memorial Hospital for care; however, one must have a social security number to receive reduced-fee services at Grady. He does not have a social security number; neither could he pay the full bill.

A family with no insurance is satisfied with the family's health. They have recently had complete physicals but without visual and dental examinations. Another family lives close to his county Department of Families and Children Services (DFACS). He knows about the services that DFACS oversees, such as the Peach Care for Kids, which he says is affordable. His application was turned down because he had not fulfilled the five-year residency requirement at the time of the interview.

Families in the study suffer many of the hardships of refugee families, but because they are not refugees, they do not qualify for many of the services that target refugee families. Newcomers especially are excluded from indigent care because of citizenship and residency rules. For example, another participant without insurance works at the Farmers Market. He lives close to the Indian Creek Trail Health Clinic in Gwinnett County. The clinic offers all kinds of health services, including preventive services and WIC. This participant, his wife, and five children do not qualify for any of these services.

The only exception is children's immunizations that are required for school enrollment.

In another family, the father who has lived in the city for one year and eight months knows where the Chamblee-Dunwoody Health Services facility is located and what services are available there. But, he has not used them except for children's immunizations because of eligibility requirements. He is being monitored for diabetes and has been screened at Grady Memorial Hospital, but not by a specialist. He would have preferred a private facility with a diabetes specialist, but he has no insurance and he cannot afford this level of care. His wife has qualified for health insurance with her employer, but it does not cover him and the children.

Four families are insured by Kaiser Permanente. One was completely satisfied. The other three deplored the absence of specialists at the clinic, difficulties and long delays, and long distances to be seen by recommended providers. Some participants with health insurance coverage complain that they cannot leave work to go the doctor. The doctor's office hours are the same as the participants' work hours. Doctors' offices close by 5:00 pm and few have weekend or evening hours. This situation often leads their being forced to substitute the emergency room for primary care.

Social Networks

Food preferences and diet are based on cultural patterns that have persisted in the new environment. How and why do these patterns persist? Health behaviors are adaptive. Study families must obtain resources to meet needs that cannot be met with their incomes or the social services available to them. How are these resources identified and cultivated? An examination of social networks, family ideology, and family functioning may offer some explanations about the agency of culture in protective processes and resiliency.

Family Ideology and Parenting. Communal parenting, where adults informally share parenting duties, is a common practice in most African traditions.[5] Co-parenting or fostering sometimes takes the form of sending one's children away to live with relatives without any monetary compensation for their maintenance or other expenses such as school fees. The parents trust that the host relatives will take good care of their children as if they were their own.

Family and School. These parenting norms and values are transferred to similar expectations of other adults involved in caring for their children. Comparable trust is extended to teachers during school hours, and parents expect that their children will show teachers the same discipline and respect as parents and other adults. The families we interviewed in Atlanta seem to perceive American schools as going beyond the traditional African expectations. In their eyes, the immunization requirement for school enrollment is tangible evidence that schools care for their children's welfare. Most study participants were unable to name the required immunizations, but they were confident that their children were properly immunized because of the requirement. Furthermore, the school system provides transportation and meals, sometimes free or at reduced costs. Both services are perceived as excellent opportunities, without consideration of potential disadvantages or health risks, especially associated with school meals. The parents we interviewed are not concerned with the quality of food their children eat at school. They seem to trust that the schools will make the right decisions about their children's nutrition, just as they do with immunizations.

Relatives and Friends. African immigrants participate in two other important types of social networks: friendly families and religious institutions. Study participants came to Atlanta by choice. Most had learned of Atlanta from a friend or relative, from the city's association with the Civil Rights Movement, or from its reputation as the host of the 1996 Olympic Games. One family who moved to Atlanta from New York said that the city presented a better environment for rearing children. A few families came directly from Africa as students, political exiles, or winners of the immigration lottery. When they first arrived, those who helped most were people they had known in Africa or former classmates. The relatives or friends who welcomed them provided hospitality, information about job opportunities, and financial assistance. In a few cases, support included sponsorship, or even payment of travel expenses for the individual or the family from Africa to the U.S.

Old friendships persist after the newcomers establish themselves, but the number of friends and acquaintances grows as they become more active in the African immigrant community. Most of their friends are from the same country or of the same ethnic group.[6]

A few are Africans from other countries. Some have Black and White American friends who are co-workers, former classmates, or individuals they knew from Africa. However, they interact more with their African friends, particularly those from the same country or same ethnic group. Friendly families visit each other, communicate often by telephone, and sometimes e-mail. Together, they celebrate family events such as births, baptism, and graduation. They mourn together and contribute money when one of them is bereaved. When visitors come from home, the other friendly families invite them for a special dinner. Friendly families observe parenting traditions. The children in one family call the parents in the other family *uncle* and *aunt*. When parents in one family have to be away from home without their children, they leave them in the care of their co-parents. Such practices further reinforce the parenting norms of child-centered family ideologies that depend on mutual trust and confidence that the children will be well cared for.

Study participants have also assisted other African newcomers with hospitality, money, and advice. Some still have other relatives living with them. All send money home to help relatives and they maintain communication by telephone with friends and relatives in Africa. These practices help to conserve other African norms and values that may be instrumental in adapting to the new setting.

Family and Church/Mosque. Spirituality is a salient value of the study participants and their religious organizations mean a lot to them. They also exhibit a strong belief in God, including respect for the power of communal and individual prayer. All participants regularly attend religious services in churches or mosques. These associations are the source of vital cultural resources that are cognitive, relational, and material.

Most participants are Christians. Some attend American churches. Others have their own small churches, with their own pastors, their own liturgy, and their own music, although often without their own church buildings. Participants reported that the church provides a family atmosphere that is embedded in fellowship, meeting people and exchanging views. It is a forum where faith grows, is strengthened and renewed. The church gives them a deeper understanding of life events and, in general, makes their lives more meaningful. They believe that prayers can alleviate the burden of life's hard-

ships. In the church, their children learn the essentials of moral and disciplined life. It is a setting that reinforces conformity to the regulations of life in society. In addition to being a context where cultural traditions are cultivated and passed on, the immigrant church is a resource to lean on in times of need.

Some immigrants receive substantial assistance from churches. For example, through an anonymous donor, a church paid transportation from Africa for one study participant's wife and children. Pastoral care is also available on a continuous basis. Personal interventions by the pastor or influential church members have been instrumental in securing employment. They write letters of recommendation and support for housing, business permits, or other administrative actions on behalf of their members. Usually, these are mainline denominations or international churches with headquarters and branches outside Georgia.Study participants also praised their churches for non-material benefits. A mother who converted from Islam to the Unification Church praises this church for freedom from restrictions she experienced in Islam relative to age or to the role of religion in life. She also commends the church for its education of the faithful through preaching. "You learn things that may help you change your heart and your life. Now, I understand many things, thanks to the church."

The Mosque and its international community are important to the Muslim families we interviewed. It provides a sense of identity, social anchorage, and participation. "I go to the Mosque on Fridays to pray if I am not working," declares a Muslim father who has lived in Atlanta for five years. "I pray at home. At the Mosque I feel like I am back in Africa," says the mother. "At the Mosque, you see people who dress like you, you exchange news, and you meet new people." Both appreciate the fact that their mosque is close to home. "When it is time for prayer you go without difficulty." The majority of the members are African Americans. In another family, he does not go to the mosque often. She prays at home. Nonetheless, the mosque means a lot to them. They were born and grew up in the Muslim tradition. The mosque helps them keep up with that tradition. People from all over the world attend their Mosque. In another family, the father attends prayers at the Mosque on Fridays. He practices Islam because his parents practice it. His Mosque is attended by

Indians, Arabs, Pakistanis, Africans, and African Americans, but not by Whites.

Patterns of Religious Affiliation. Study participants have strong religious convictions, but they are flexible in their affiliations. Three families are Muslims and have been Muslims since childhood. Three of the Christian families have always been Catholic and two have always been Presbyterians. The remaining families reported some change of religious affiliation. A family from West Africa has converted from Islam to the Unification Church. One participant is a former Protestant who has become Catholic. In one family, the father was Catholic and the mother was Muslim. Now they are both Catholic. In another, he was Catholic; she was Presbyterian; now they are both Catholic. In a family of a former Catholic man and a former Muslim woman, both now attend a Christian non-denominational church. Of three former Catholic families, one belongs to the Unification Church, one is Methodist, and the other is Pentecostal. Another Pentecostal family is headed by a father who was Presbyterian and a mother who was Catholic. None of the families declared any association with traditional African religions of their country.

The changing patterns of affiliation and instrumental approaches to religion are not surprising. Differences are more in the packaging than in the messages. Therefore, shifting between religious affiliations often denotes nothing more than a desire to make better sense of life circumstances, consolidate networks, or take advantage of material resources rather than a disturbance in profound religious beliefs (Ndeke 1994).

Cultural Resources and Resilience

We observed a success ethic that is common to all the study participants. It is characterized by willingness to work hard even in jobs that may not be commensurate with their level and type of education and training. Some participants are college graduates, including two with a doctorate in their fields of study. They have worked as produce stockers at the DeKalb Farmers Market, as dish cleaners in restaurants, and as security personnel in variety stores.

High achievement orientation, a determination to get ahead and do well despite barriers and limitations, is another major characteristic of the success ethic. An entrepreneurial spirit is also prominent, whether it is in business or other enterprises. For example, tech-

nical skills such as cooking, tailoring, hair braiding, retail trade, and ministering have been adapted to opportunities available in Atlanta. The most impressing example of entrepreneurship is a study participant who came from West Africa with only $100 in his pocket. All he needed to get started in the pursuit of his American dream was a place to buy small items that he could sell on the street. Later, he translated a love for cooking and an aptitude for culinary arts into his current job as chef in a restaurant chain.

Formal education is highly valued. A participant who was a cofounder and assistant pastor of a small church fulfilled his ambition to start his own church. While working for the church and as a computer technician, he took classes to upgrade his knowledge and performance. Now, he is negotiating the purchase of a large facility so his congregation will not have to rent space. His goal is to have a church of their own with ample space for community meetings, social events, and service delivery.

Acculturation. Adaptive cultural change fostered by prolonged contact with the dominant culture of the host society is inevitable. Incipient signs of acculturation are evident in the behaviors of the study families. Perhaps most apparent are food choices. An optimal African meal consists of a staple food, vegetables, and meat and or fish. In the absence of preferred vegetables or the traditional ingredients for making the staple, local substitutes are readily adopted. Thus, instant mashed potatoes and cream of wheat are used as substitutes for corn flour and cassava flour in the making of the staple *fufu*. Spinach substitutes for *lenga-lenga*, a green leaf vegetable that is rarely available. Likewise, what would be considered ordinary everyday food becomes a treat when available and special foods become ordinary. For example, in the countries represented, chickens are a highly valued food item. They are killed for food only on special occasions because of their economic value for eggs and breeding supplies. In Atlanta, chicken has become a common everyday food because it is cheap, abundant, and without broader economic value.

Acculturation is also apparent in the patterns of snack consumption. Processed American snacks, such as potato chips, cookies, crackers, popcorn, and candy are gradually overshadowing traditional African snacks such as cassava, corn on the cob, and peanuts. Families who reported the highest frequency of processed snack consumption are also those who are more economically stable. Par-

ents in these families have lived longer in the United States or in Europe. In contrast, families with more limited means do without processed snacks because they cost extra money that can be used for more essential foods. These families are also relatively new to America.

Children are more susceptible to acculturative influences than the parents are. Because of their age, they are naturally more open to leaning and they receive greater exposure to the host culture at school. Learning experiences in the classroom, sports, other extracurricular activities, riding the school bus, and eating in the school cafeteria, all contribute to integrating the children of immigrants into American culture. School cafeteria food, snacks, and refreshments in school vending machines are typically American. Children develop a taste for these foods and gradually come to prefer them over foods regularly served at family meals. For example, parents in the participating families often expressed their own preferences for cassava leaves and collard greens while the children prefer salads. Children prefer breads and sandwiches over rice, the parents' preference. Parents snack on peanuts, the children on potato chips. When the parents eat *fufu* for dinner, the children have boiled potatoes.

African values are conserved primarily through culturally homogeneous social networks. Friends and relatives in the U.S. and Africa along with religious institutions help immigrant families deal with the harsh conditions of life in the U.S., giving added importance to these networks. In addition to material support and cognitive resources of spirituality and identity, relational resources that are essential for social anchorage are available through religious institutions. African family ideology characteristic of the study population endorses child-centered parenting styles. In this context, the parents' attitudes toward the school as *co-parent* enhance the power of the school as an agent of acculturation and expedite the children's assimilation into American culture.

Concluding Observations

This study was designed to identify food consumption patterns, health practices, and social networks in families of immigrants from French-Speaking African nations and residing in metropolitan Atlanta. Special emphasis is on parental behaviors relating to children's health. Parental behaviors were assessed as potential resources for, or hindrances to children's good health.

Parental choices of food, although not guided by health considerations, appear to be conducive to good health. Most participating families follow a balanced regime consisting of home cooked staple foods, green vegetables and meat in moderation. They consume fresh fruits on a regular basis. Their daily consumption of water seems adequate. Water-based cooking is the most common. These food consumption patterns are generally associated with good health. With the exception of high-sugar-content non alcoholic beverages, most study families consume limited amounts of foods deemed risky for health. Processed canned foods, snacks and deserts, frozen foods, fast foods, carry outs from restaurants, and eating out in restaurants are minimal and sporadic.

Social networks of relatives and friends are the most active in the lives of African immigrants as providers of hospitality, information about job opportunities and financial assistance. Most friends are from the same country. Home visits, telephone calls, celebrations of family events, and sharing child care when needed are common practices.

Churches and mosques offer opportunities for greater networking and social and mental adjustment. Fellowship, a deeper understanding of life challenges, increased faith, teaching children good conduct and moral discipline, pastoral care, and material assistance are among the most appreciated benefits of belonging to a church or mosque. Participants perceive them as vital contributors to the family's overall well being. The observed resilience in these families is due in large part to these networks and the cultural continuity they promote.

Particularly important for children's health is family networking with the school. The school affects children's health by requiring annual immunizations for admission, providing meals, and requiring that parents keep sick children at home until they pose no risk of contaminating other students. As with relatives and friends, parents trust that school administrators and teachers will act in the best interest of their children and tend not to monitor the quality of food their children receive from the school cafeteria.

Parents are aware of their children's health needs and knowledgeable of the available health services and ready to take advantage of the benefits that health facilities provide. Community health cen-

ters provide child and maternal health care quite adequately. Access to heath care is more difficult for women's other health needs and especially for men. Lack of health insurance or inadequate insurance coverage is perceived as a major impediment to good health.

Directions For Further Research

This pilot calls for a more comprehensive study of health disparities that disproportionately affect people of African descent in the United States. It has revealed the presence of some conditions such as heart disease, hypertension, and diabetes among the participants. However, the fourteen-family study population is too small to make generalizations about other African immigrants in Atlanta. There is a need for a larger study of nutrition and health practices including an inventory of prevalent health conditions. The inclusion of immigrants from countries where English is spoken may yield additional insights, as some problems may be related to language proficiency.

The present study was concerned more with families' behaviors and practices than with their knowledge and perceptions. It did not include questions about participants' understanding of the nutritional value of the foods they eat and the potential health consequences of these foods. A larger study is needed to investigate nutrition health literacy relative to typical foods, common diseases, and their connection to diet and cooking styles.

The study of health disparities subsumes cultural differences among social groups both in food consumption patterns, susceptibility to certain diseases, and attitudes toward diseases. Environmental factors also differ in the ways they affect different groups and in the intensity with which they affect them. A comparative study of African immigrants and native African Americans in these respects can reveal the differential impact of culture and the social environment on the two groups in the same society.

We have conducted a study of diet and health practices similar to the present study with 11 families of Salvador, Bahia, Brazil. We have also conducted a study of nutrition and health literacy with 10 Afro-Mestizo families in El Ciruelo, Oaxaca, Mexico. A comparison of the findings from these two studies and Atlanta studies on African immigrants and native born African Americans will provide a base for a better understanding of nutrition-related health dispari-

ties among people of African descent in different geographic regions of the Diaspora.

Notes

1. *Fufu* is similar to a large dumpling. In the Congo, it is most often made from cassava flour and corn flour or either flour alone. In West Africa it is made with cassava, rice, and plantain.
2. They mentioned the following centers:

Fulton County Health Center in College Park	West End Medical Center
De Kalb Women and Children Health Services	Grady Health Center in East Point
Family Medical Center, Old National, College Park	Kaiser, Crescent Northlake Mall
Kaiser Clinic	Clifton Springs Community Center
Grady Memorial Hospital	Oakhurst Community Medical Center
De Kalb Medical Center	Eggleston at Gwinnett Medical Center
Southside Medical Center – Gresham/DeKalb Office	Chamblee-Dunwoody Health Clinic, at Indian Creek Trail

3. WIC serves to safeguard the health of low-income women, infants, and children up to age five who are at nutritional risk. The program provides vouchers for milk, juices, and nutritious foods to supplement diets, as well as information on healthy eating and referrals to health care. In Georgia, the Department of Human Resources (DHR) oversees the WIC program, which is administered through the county DFACS offices.
4. Title XXI of the Social Security Act provides states with the opportunity to create programs to increase access to affordable health insurance for children. In Georgia, this program is PeachCare for Kids. It provides

comprehensive health care to children through the age of 18 who do not qualify for Medicaid and live in households with incomes at or below 235% of the federal poverty level. Services include physicians visits, preventive services such as immunizations and regular check-ups, specialist care, dental care, vision care (including vision screenings and eyeglasses), hospitalization, emergency room services, prescription medications, and mental health care.

5. In typical African villages, practically all adults take on the responsibility to monitor children's behaviors, praising good conduct, reprimanding misbehavior, and reporting it to parents who apologize for the child"s misbehavior and correct it. Adults share meals not only with their own children but also with the children of neighbors and relatives.
6. Because of population movements in the pre-colonial era and the manner in which African nations were created during the colonial era, many African ethnic groups spread across contemporary national boundaries. In this study, the participants from Guinea and Senegal were of the same ethnic group.

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