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IDENTIFYING THE MOTIVATIONS OF AFRICAN AMERICAN VOLUNTEERS WORKING TO PREVENT HIV/AIDS

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Community-based organizations that are engaged in HIV/AIDS prevention and support services often rely on volunteers. This article describes the development of a 22-item inventory that measures the motivations of volunteers who deliver HIV prevention education in the African American community. In a statewide survey of volunteers ($N = 102$), the two strongest motivations for volunteer activity were concern for the African American community and a desire to understand the causes and consequences of the epidemic. These motives predicted the frequency that volunteers held discussions about HIV/AIDS with members of their community. Discussion focuses on the relevance of the results for the recruitment, training, and retention of volunteers.

The HIV/AIDS epidemic in the United States has hit the African American population particularly hard. For example, from July 1998 to June 1999, 41% of AIDS cases among male adult/adolescents and 62 % of AIDS cases among female adult/adolescents occurred in African Americans (Centers for Disease Control and Prevention, 1999). To make a difference in the epidemic, it is apparent that prevention programs for African Americans must be implemented on a broad scale with the help of volunteers. The research described in this article sought to identify the motivations of African Americans who volunteered to participate in a culturally specific HIV/AIDS prevention program in their community.

Successful prevention programs must be culturally sensitive, gender relevant, and focused on skill building (DiClemente & Peterson, 1994; DiClemente & Wingood, 1995; Jemmott & Jemmott, 1994; Jemmott, Jemmott, Fong, & McCaffree, 1999; Reeder, Pryor, & Harsh, 1997; Wingood & DiClemente, 1999). In addition, the communicators who deliver HIV prevention messages and the venues in which these messages are presented must be credible to the African American community (American Red Cross, 1999; Jemmott & Jones, 1993). Venues for reaching African Americans

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include prevention programs in schools, churches, and community based-organizations. Many of these organizations receive insufficient financial support to pay staff to implement programs on a large scale. Consequently, volunteers must carry the weight if these programs are to have far-reaching effects. Unlike more spontaneous forms of helping behavior, volunteering tends to be a planned activity, involving a considerable commitment of time and energy (Snyder, Clary, & Stukas, 2000). This kind of commitment requires strong motivation on the part of volunteers. It becomes important, then, to identify the types of motivations that lead individuals to volunteer for HIV prevention programs.

There are two broad goals to the present research. The first goal is to develop a measure of the various motivations that underlie HIV prevention work among African American volunteers. Although past research on motivations (Clary et al., 1998; Penner & Finkelstein, 1998) has focused on contexts that are of generic relevance to volunteerism—including volunteering to care for cancer patients, the physically handicapped, and doing a variety of service projects in the community—the precise motivations that underlie HIV prevention efforts among African Americans remain to be elucidated. A second goal of the research is to examine the predictive validity of the measure as it relates to engaging in HIV/AIDS prevention activities. For example, when volunteers are trained in HIV prevention programs, what motivations predict whether volunteers will disseminate their prevention message to family, friends, and other members of their community?

To address this question, we turned to research on the functional bases of attitudes (Katz, 1960; Smith, Bruner, & White, 1956). This approach assumes that attitudinal messages will succeed in producing persuasion to the extent that they engage the motivations that are most relevant to the target audience. According to one influential theorist, attitudes serve the motivations of acquiring knowledge, expressing values, protecting the ego (ego-defense), and the utilitarian motive of obtaining social rewards and avoiding punishment (Katz, 1960). Recent research has adopted the functionalist approach to study attitudes that underlie prejudice toward people with HIV/AIDS (Herek, 1999, 2000; Reeder & Pryor, 2000). This approach is also relevant to the psychology of volunteerism: To the extent that research can identify the motivations of volunteers, program planners will be in a better position to design recruitment efforts, training modules, and support strategies (Omoto & Snyder, 1993, 1995; Snyder et al., 2000).

Using functional theory as a guide, Omoto and Snyder (1995) developed a 25-item scale that identified five motivations underlying AIDS volunteerism: general values ("I enjoy helping other people"), understanding ("to learn how to prevent AIDS"), personal development ("to get to know people who are similar to myself"), community concern ("I worry about the future of my community"), and esteem enhancement ("to feel needed"). The scale is highly reliable and is predictive of duration of service among volunteers who provide support services to persons with AIDS (PWAs). This scale served as the springboard for our own research.

At the outset, however, we suspected that a different motivational profile might be present in our volunteers compared with those studied by Omoto and Snyder (1995). Their research differs from ours in two important respects. The first difference concerns the research participants. The majority of the participants in Omoto and Snyder's (1995) research were white, male, and gay or bisexual. In contrast, the participants in our research were primarily African American, female, and heterosexual. The limited research that has been conducted with African American volunteers is de-

scriptive in nature and does not directly address the motivations that underlie involvement in HIV prevention education activities (Davison, Reeder, & Teverbaugh, 1999). Research on broader cultural issues does suggest, however, that African American females tend to be relatively more collectivistic, as opposed to individualistic (Gaines Jr. et al., 1997; Watkins et al., 1998). African American culture emphasizes cooperation, sharing, and social responsibility (Akbar, 1991; Asante, 1988; Martin & Martin, 1985; Schiele, 1998). The self is "expanded" to include the family and collective. The African proverb "I am because we are and because we are, therefore I am" (Mbiti, 1970, p. 141) captures this idea. The collectivistic orientation among African Americans led us to expect that the motive of community concern would be especially important among our volunteers and would predict their level of involvement in prevention activities.

Our research also differed from that of Omoto and Snyder's (1995) in terms of volunteer training and the subsequent activities of the volunteers. Their volunteers, who worked in AIDS service organizations, mainly provided social support to PWAs (e.g., became a "buddy" to a PWA). In contrast, the training and subsequent activities of our volunteers dealt almost entirely with prevention. The volunteers attended a 24-hour educational program with a focus on preventing the spread of HIV. Consequently, we predicted that the goal of attaining understanding would be important to the volunteers and would predict their level of involvement. Finally, our volunteers were trained to hold discussions about HIV/AIDS and present programs about the importance of using condoms and sterilized needles. These roles provide opportunities for meeting new people, exerting social influence, and practicing leadership skills. Thus we expected that motivations related to personal development and esteem enhancement (in addition to community concern and understanding) would be important.

DEVELOPMENT OF THE INVENTORY

As a first step in scale development, we rewrote the items on the Omoto and Snyder (1995) scale so as to reflect our concern with prevention activities among African Americans. For example, an item such as "because of my sense of obligation to the gay community" was rewritten to read "because of my sense of obligation to the African American community." We also added five new items in an attempt to identify unique motives in our population. Several of these items focused on motivation related to knowing someone who had contracted HIV/AIDS. The 30-item pilot scale was then administered to 48 African American college students at a large midwestern university. Most of the students were engaged in volunteer activities. The participants were asked to rate each item on the pilot inventory according to how important it would be as a reason for their volunteer activity.

The data from the pilot study was subjected to a principal components analysis with a varimax rotation. The analysis revealed support for three of the five motivational factors identified by Omoto and Snyder (1995): understanding, personal development, and esteem enhancement. The resulting factor structure, however, differed from that reported by Omoto and Snyder in two important respects. First, items from the General Values scale and the Community Concern scales tended to load on the same factor. In other words, volunteering because of "a humanitarian obligation to help others" tended to be highly related to volunteering because of "a sense of obligation to the African American community." This result makes sense in light of differences between the two types of communities being studied. Among Omoto and Snyder's participants, general values toward helping might easily differ from more

specific feelings toward the gay community. Yet, among African Americans, it is difficult to conceive of general values as separable from feelings toward a community that includes their family and friends of both sexes. At this point in the research, however, we believed that it was premature to eliminate items from any of the scales. Consequently, we added new items to both the values and community scales and both scales were included in the main study.

A second diverging research result is that we identified a unique motivational factor concerned with knowing a PWA. This result also made sense in light of differences among the participants in the two lines of investigation. Given that most of Omoto and Snyder's (1995) participants were gay men residing in large cities, and given that the HIV epidemic has devastated the gay population, it seems likely that the vast majority would have close relationships with PWAs. Therefore motivation deriving from this factor might show little variance in the population. In contrast, the prevalence of AIDS cases in the general African Americans population (although high) is lower than that in the gay community. Consequently, a factor related to having close relationships with PWAs may account for greater variance in helping motivation. Based on this initial pilot data, we revised our instrument to include a new scale designed to measure volunteer motivation that derives from knowing a PWA.

Finally, we added items designed to assess barriers that might cause prospective volunteers to hesitate to become involved in prevention efforts. For example, prospective volunteers might be wary of becoming associated with the stigma of HIV/AIDS (Herek, 1999, 2000; Pryor, Reeder, & Landau, 1999). The 46-item instrument included in the research, then, was designed to assess the following seven motives: community, understanding, personal development, esteem, values, knowing a PWA, and barriers. We expected that motives related to community, understanding, personal development, and esteem would be rated most important and would be most predictive of volunteer activities.

METHOD

PARTICIPANTS AND PROCEDURE

The names and addresses of 151 participants were identified from a variety of sources, including a list of volunteers provided by an American Red Cross HIV/AIDS Statewide Network. Participants also were identified by one of the authors, who is a certified instructor trainer in the American Red Cross African American HIV/AIDS Prevention Education Program. The program "trains individuals to facilitate factually accurate, nonjudgmental, and culturally appropriate HIV/AIDS prevention education sessions in African American communities" (American Red Cross, 1999, p. 6). Copies of the motivational inventory were mailed to these 151 individuals. We took several steps to encourage a high response rate. The first mailing of the survey was accompanied by a letter of support from the Illinois statewide coordinator of the American Red Cross. With this mailing, we also included an Afrocentric bookmark as a gift and attached African American history postal stamps. If the survey was not returned within a few weeks, a reminder was sent along with another copy of the survey. In addition, 14 participants were asked to complete the motivational inventory at the time they received training by the Red Cross. We received 102 of the motivational questionnaires back, representing a 62 % response rate. The participants were predominately African American (84 %), female (81 %), and heterosexual (96 %). The median age was 35 years. Approximately two thirds of the volunteers resided within central Illinois,

with the remainder living throughout the state of Illinois. The sample was well educated (69 % had a bachelor's degree) and middle class; most were employed full time.

Three months after the motivational questionnaire was completed, we attempted to contact these 102 volunteers a second time to survey them about their prevention activities. We began by attempting to interview the volunteers over the phone. However, because of problems identifying current phone numbers, these efforts resulted in only 35 completed surveys. We attempted to contact the remaining volunteers by mail.[1] Again, we took steps to raise the response rate. In addition to a letter of support, the survey was accompanied by a new dollar bill. If the survey was not returned within a couple of weeks, a second survey was sent along with a second dollar bill. We received 24 additional surveys through the mail. In total, 59 volunteers responded to the prevention activities survey, representing a 58 % response rate of those who completed the motivational questionnaire. The demographics of this subgroup did not differ significantly from those who failed to complete the prevention activity survey in terms of ethnicity, age, gender, sexual orientation, education, income, employment, religion, or location of residence. Those who completed the prevention activity survey, however, were somewhat more likely to be married/cohabiting (41% vs. 21%) and somewhat less likely to be separated/divorced (8% vs. 26%), $\chi^2(3) = 7.80, p = .05$. Thus the demographic profile of those who completed the prevention activity survey is quite similar to the original group.

INITIAL MOTIVATIONAL INVENTORY

The initial 46-item motivational inventory included items designed to tap the five motives identified by Omoto and Snyder (1995): community (e.g., "because I consider myself an advocate for issues in African American communities"), understanding (e.g., "to learn more about how to prevent AIDS"), personal development (e.g., "to gain career-relevant skills, abilities and/or experiences"), esteem (e.g., "to feel better about myself"), and values (e.g., "because people should do something about issues that are important to them"). In addition, the inventory assessed motivation related to knowing a PWA (e.g., "because I know someone who has AIDS"). Participants rated each item in terms of its importance in motivating them to become a volunteer for HIV prevention. A final set of items inquired about barriers (e.g., "because volunteering for HIV prevention might hurt my career prospects"). Each of the seven scales was represented by six to eight items. Participants rated the importance of the items on a 7-point scale (1= "not at all important" to 7 = "extremely important").

PREVENTION ACTIVITY SURVEY

The volunteers were asked about their prevention education activities over the last 3 months. The primary aim of the Red Cross prevention training was to encourage volunteers to initiate informal conversations and discussions on the topic of HIV/AIDS with acquaintances, close friends, family members, and sex partners. Accordingly, the first part of the questionnaire asked separate questions about the number of times

1. Mode of survey administration may affect measurement error, particularly when there are differences in respondent anonymity (Catania, Gibson, Chitwood, & Coates, 1990). Neither the telephone interview nor the mail survey, however, allowed for respondent anonymity. Given such equivalence, we did not expect that mode of administration would have a significant effect on the data.

such interactions occurred with each of these conversation targets ("never, once, twice, 3-5 times, 6-10 times, 11 or more times"). The second part of the survey asked about more formal educational activities, which were defined broadly as presentations, talks, or programs. Although the training program did not stress these formal activities, we suspected that at least some of the volunteers would engage in them. Accordingly, participants indicated the number of times such presentations were given to (a) local acquaintances, in the neighborhood, place of worship, or workplace; (b) unknown people in the neighborhood, place of worship, or workplace; (c) nonlocal persons who were previously unknown ("people who live more than 50 miles away"). Participants indicated the frequency of these presentations ("never, once, twice, 3-5 times, 6-10 times, 11 or more times").

RESULTS

Our initial analyses focused on identifying items that tapped motivations relevant to volunteering. These analyses had the aim of identifying subscales on the motivations questionnaire that were relatively small (i.e., no more than four items) and homogeneous. To accomplish this goal, two strategies were employed: maximum likelihood factor analysis and hierarchical clustering of questionnaire items. The results of these two procedures were compared to identify subsets of items that consistently clustered together in both analyses. Once these subsets of items were identified, Cronbach's α was used to evaluate the internal consistency or homogeneity of these items. In the case where more than four items overlapped, the Cronbach's α-sans-item statistics were used in conjunction with the structural analyses to select the best three or four items.

FACTOR ANALYSIS

A maximum likelihood factor analysis was obtained for the 46 items, and varimax rotation was used to identify a simpler structure.[2] The rotated factor loadings are presented in Table 1 for those items selected, as described below. Six of the original seven factors were retained: community, understanding, personal development, esteem, knowing a PWA, and barriers. Replicating a result that we observed in our pilot study, the values scale did not emerge as an independent factor. Collectively, the six retained factors accounted for 56.4% of the variance in the 46 items.

HIERARCHICAL CLUSTERING

As an alternative analysis of the structure of this questionnaire (and a prudent one given the relatively small sample), a complete-linkage hierarchical clustering of the questionnaire items was conducted using a squared-euclidean distance measure of the dissimilarity of pairs of items.[3] This analysis yielded seven, rather than six, clusters; although one of those clusters was inconsistent and uninterpretable, the other six clus-

2. The varimax rotation is a widely used orthogonal rotation method that aims to rotate the initial factors loadings such that a variable loads high on one factor, but close to zero on other factors. In contrast, oblique methods of rotation relax the requirement of orthogonality (independence) of the factors. Because we had no a priori hypotheses concerning relationships among the factors, the varimax rotation was considered to be the more conservative solution. Moreover, even when oblique rotations were examined, the overall fit to the data was not significantly improved.

3. The dendrogram has not been reproduced here to save space but may be obtained from the corresponding author.

ters corresponded unambiguously to factor analytic results, adding further support to the identification of these six factors as subscales.

INTERNAL CONSISTENCY

Finally, the two above analyses were compared for overlap, and we note that all six factors contained at least three or four items in common with the clustering analysis. These overlapping items were examined for internal consistency, and when more than four items were identified in common from the two analyses, the best four items were selected to maximize internal consistency. The scale means, standard deviations, and Cronbach's αs are presented as summaries for each factor in Table 1. The table reveals that the resulting 22-item inventory has adequate psychometric qualities. For example, Cronbach's αs for the six scales ranged between .75 and .91. Prior to conducting the study, we predicted that scales relevant to community, understanding, personal development, and esteem enhancement would be most important. The mean importance ratings obtained for these scales provide some support for these expectations. Understanding and community were rated most important ($M = 5.49$ and 5.33, respectively), followed by personal development ($M = 3.82$), knowing a PWA ($M = 3.09$), esteem ($M = 2.26$), and barriers ($M = 1.26$). The selected items are displayed in Table 1 and were used to generate equally weighted subscale scores that were employed in the analyses described below (items on the barriers scale were reverse coded).

PREDICTORS OF VOLUNTEERS' PREVENTION EDUCATION ACTIVITIES

A major goal of the research is to determine if volunteers' motivations predict the nature and extent of their volunteer activity. As described earlier, we focused on two broad types of prevention education activity: informal activity (conversations and discussions on HIV/AIDS) and formal presentations (talks, programs, workshops on HIV/AIDS). The vast majority of participants engaged in at least some informal activity (e.g., 93 % held at least one conversation with an acquaintance). To obtain a summary index of the frequency of informal activity, we standardized and then combined measures of informal activities with acquaintances, friends, family, and sex partners. Not surprising, formal prevention activities were less frequent, such that only 48 % of the participants reported having engaged in such service. To obtain a summary index of formal activity, we standardized, and then combined, measures of formal activities presented to people whom the respondent knew in the community, unknown people in the community, and unknown people outside the community. The correlations between these two types of activities and the six motivation scales are displayed in Table 2. Supporting our predictions, the motives of community concern, understanding, and personal development were significantly related to informal activities. Thus volunteers who indicated higher levels of these motives indicated that they more frequently engaged in conversations and discussions about HIV/AIDS. Contrary to our expectations, however, motivation relevant to esteem enhancement did not predict any of the volunteers' activities. It is also important to note that the total scale score was highly predictive of informal activity ($r = .44$, $p < .001$). Finally, none of the motivational scales was significantly associated with formal activities.

The intercorrelations among the scales ranged from -.14 (between esteem and barriers) to .60 (between community and personal development). As a means of examining the independent contributions of the motivational scales, we conducted a stepwise mul-

Table 1. Factor Loadings, Percentage Variance, Means, Standard Deviations, and Cronbach's α for Individual Motivations

Items	Community	Understanding	Esteem	Knowing A PWA	Barriers	Personal Development
Because of my concerns about African American communities	0.89					
Because of my sense of obligation to African American communities	0.85					
Because I consider myself an advocate for issues in African American communities	0.83	0.22				
To help members of African American communities	0.80					
To learn about risk factors related to AIDS		0.91				
To learn more about how to prevent AIDS		0.71				
To understand AIDS and what it does to people		0.61	0.26			
To make my life more stable			0.85	0.20		
To raise my self-esteem			0.84		0.20	
To feel needed			0.73			
To feel better about myself			0.68			
Because I feel close to someone who has AIDS				0.81		
Because a friend or family member has AIDS				0.77		
Because I know someone who has AIDS				0.76		
Because I have previous experience caring for a person with AIDS		0.26		0.65		
Because some people will then associate me with something dirty					0.99	
Because some people will think I use drugs					0.98	
Because some people will think I am a homosexual					0.94	
Because some people will assume I am infected with the virus					0.89	
To gain experience dealing with emotionally difficult topics	0.23		0.34			0.60
To get to know other people who are similar to myself			0.40			0.54
To develop a network of professional contacts	0.28		0.39			0.42
% Variance Accounted For	9.20	5.30	13.30	4.70	20.80	3.10
Means	5.33	5.49	2.26	3.09	1.26	3.82
SDs	1.63	1.39	1.44	1.82	0.96	1.53
Cronbach's α	0.91	0.79	0.86	0.82	0.96	0.75

Table 2. Correlations Between Motivations and Volunteer Prevention Education Activities

	Type of Activity	
Motivation Scale	Informal	Formal
Community	.42**	.12
Understanding	.34**	.13
Personal Development	.38**	.16
Esteem	.18	-.03
Knowing a PWA	.25*	.15
Barriers	.05	-.03
Total Scale	.44***	.14

*$p = .05$. **$p < .01$. ***$p < .001$.

tiple regression analysis. In this analysis, the index of informal activities was regressed on the six motivation scales. The Community scale entered the equation on step 1, $B = .42$, $R^2 = .18$, $F(1, 57) = 12.10$, $p = .001$. The Understanding scale entered on step 2, $B = .25$, $R^2 = .23$, $F(2, 56) = 8.58$, $p < .001$. It appears, therefore, that concern for the African American community and the motive to gain understanding of HIV/AIDS issues made independent contributions to volunteers' informal prevention activities. No other scales made significant independent contributions. We also conducted analyses with the frequency of formal activities as the dependent variable. One set of analyses treated formal activity as a continuous variable, whereas another set of analyses treated formal activity as a dichotomous variable (e.g., engaged in at least one formal activity vs. did not engage in at least one formal activity). However, neither type of analysis revealed a significant effect of the motivation scales on formal activity. A final set of analyses examined the relationships between demographic variables (e.g., marital status) and the six motivational scales. In general, demographic variables had little impact on the findings, and, consequently, these analyses are not reported in detail.

DISCUSSION

The research in this article represents a first step toward identifying the motivations that underlie the HIV/AIDS prevention education activities of African Americans. The 6-factor motivational inventory developed in the course of the research did a good job of predicting the informal prevention activities of the volunteers. Motives related to community concern and a desire for understanding received the strongest support. First, the volunteers rated these motives as more important than motives such as personal development, esteem enhancement, and knowing a PWA. Second, motives of community and understanding were the best independent predictors of the volunteers' prevention-related activities.

On the whole, the scales adapted from the Omoto and Snyder (1995) inventory received support in our research. The General Values scale identified by Omoto and Snyder, however, proved to be an exception. General values did not emerge as an independent motive. Among African Americans, abstract helping values may not be separable from worries and concerns about the African American community. Our inventory also identified a barriers scale that aims to predict reasons why African Americans might avoid HIV/AIDS volunteer work. In our sample, however, the items on the Barriers scale were rated as unimportant determinants of volunteering, and this scale did not predict the activities of the volunteers. These negative results are, per-

haps, due to the fact that our sample was already engaged in volunteer activities. Having already overcome most of the barriers, our volunteers could reject these barriers as unimportant. Nevertheless, the possibility remains that the Barriers scale might have greater predictive power if applied to a sample of prospective volunteers who have yet to commit themselves to HIV/AIDS prevention education activities.

Before discussing any differences between our research findings and those of past researchers, a note of caution is in order. Our sample of African American volunteers differs from previous samples in a number of respects, including ethnicity, gender, and the nature of the volunteers' activities. Not surprising, then, some differences were found in the predictive utility of the identified motives. For example, in their study of mostly white, male, gay volunteers, Omoto and Snyder (1995) reported that motives of personal development and understanding were the most important predictors of length of service in AIDS organizations. Omoto and Snyder viewed these two motives as representing primarily selfish concerns. Understanding emerged in our study as an important motive, as well. Yet the best single predictor of our African American volunteers' prevention activities was community concern (see also Penner & Finkelstein, 1998), which appears to represent a more altruistic motive. In this context, our volunteers' motive to understand HIV/AIDS might be viewed as a felt obligation to learn about the epidemic in order to better serve the needs of the African American community.

Concern about the African American community was a primary motive for many volunteers. Such concern is certainly justified by high rates of HIV infection. Yet the collectivistic values of our predominantly African American, female volunteers may represent a more fundamental motive (Gaines et al., 1997; Watkins et al., 1998). Afrocentric models stress involvement with family and responsibility to the community as central values (Akbar, 1984, 1991; Asante, 1988). More generally, the findings from this research support a culturally specific approach to HIV prevention (Butler, 1992; DiClemente & Peterson, 1994; Jemmott & Jones, 1993; Mays & Cochran, 1988; Simon, Sturmer, & Steffens, 2000). Volunteers with different cultural backgrounds are likely to be motivated by different values.

The identification of volunteers' motivations has the potential to further HIV/AIDS prevention efforts in several respects. For example, the 22-item motivational inventory might be used to identify strategies for the recruitment, training, and retention of volunteers (Omoto & Snyder, 1995; Snyder et al., 2000). First, prevention planners may increase the likelihood of attracting African American volunteers to their programs by developing brochures and marketing campaigns that appeal to the motives of community and understanding. Second, training programs for volunteers should focus on Afrocentric cultural values such as cooperation, social responsibility, and spirituality (Asante, 1988; Schiele, 1996, 1998). Training also should include detailed information that furthers understanding of the causes and consequences of the HIV epidemic. Finally, retention efforts should keep volunteers apprised of the latest research developments and point out their relevance to the African American community.

It is important to consider the diversity within the African American culture (Martin & Martin, 1985). Popular stereotypes of African Americans often focus on street culture (hip-hop) or an image of materialistic professional athletes. This strand of African American culture is decidedly individualistic. Yet because of a history of oppression dating back to slavery, there is also a more traditional value system centered around concern for the extended African American family. The volunteers who participated in this study appear to represent this collectivistic strand of African American culture. A potential limitation of the research is that only 58 % of the origi-

nal group of respondents provided data on their prevention activities. It is also important to note that this relatively small sample of volunteers was selected from a single organization within a single state. A study that utilized volunteers with different backgrounds and interests might reach different conclusions. Thus cross-validation of the present findings on a larger and more diverse sample would increase our confidence in the findings. On the other hand, the American Red Cross African American Prevention Program is nationally certified and aimed at the broader community, unlike its counterparts, which focus on more specific populations. It is also worth noting that the community sample included participants of different ages, educational backgrounds, and locale within a large state.

In an effort to encourage a high response rate to our motivational survey, we included an Afrocentric bookmark as a gift and we attached African American history postal stamps. These procedural aspects represent another possible limitation of the research. In particular, these procedures may have increased the salience of concerns for the African American community among the respondents. Moreover, potential respondents who were concerned about African American issues may have been more likely to participate in the motivational survey and the subsequent survey of prevention activities. In the future, researchers need to explore avenues for increasing participant response rate without providing potentially biasing cues.

Finally, although the motivational inventory predicted the informal prevention activities of the volunteers (holding discussions about HIV/AIDS), it did not predict more formal prevention efforts (giving talks, programs, and workshops). In part, this finding may be due to the low base rate of formal activities. As noted earlier, less than half of the volunteers who were trained by the American Red Cross Program actually went on to engage in formal prevention activities. Formal activities may require more extensive training and, in some cases, relevant occupational credentials.

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