

**The African-American Men Community
Moore County**

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

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Executive Summary

Moore County is located in the southern part of North Carolina, and is well-known for its status as a golf, resort, and retirement community. African-Americans constitute 14.9 percent of the population of Moore County. There is a growing concern within the county regarding the health and lifestyle needs of African-American men.

An Action-Oriented Community Diagnosis of the African-American men's community of Moore County was conducted by five graduate students from the Department of Health Behavior and Health Education within the School of Public Health at the University of North Carolina at Chapel Hill. The purpose of an Action-Oriented Community Diagnosis (AOCD) is to involve community members and service providers in identifying the community's strengths and resources as well as its needs and challenges and to create action to address the identified needs. The Moore County AOCD involved three steps: 1) collection of secondary data about the health and needs of African-American men; 2) collection of primary data through interviews with service providers and community members; and 3) presenting the findings to the community in a community forum.

The student team conducted interviews and focus groups with 56 service providers and community members; the data analysis showed nine recurrent themes: community activism and politics, education, employment, healthcare, living situation, race relations and segregation, recreation, religion and churches, and youth and family.

A Forum Planning Committee was formed from service providers and community members to help plan the forum. The Committee selected five themes for discussion at the forum: education, employment, healthcare, race relations and segregation, and youth and family. The Committee advised the team on issues including the forum schedule, publicity, speakers, and

materials. They also committed to continuing with action steps proposed in the forum, and elected two co-chairs to lead the continuing committee and to serve as ad-hoc members to the Moore Health Board.

The community forum “Coming Together for Moore” was held on April 12, 2007. Nearly 150 service providers and residents of Moore County attended the event. The students presented the overall findings and the five selected themes to the forum participants, and invited participants to take part in discussion sessions on the theme of their choice. Student team members facilitated each discussion session with the aim of moving participants from identifying challenges to developing concrete action steps.

Education: The education session focused primarily on the lack of emphasis placed on education for African-Americans by parents, teachers, and the youth themselves, with discussion on the issue starting in the home and through cultural values. The two action steps proposed were:

- Discuss the importance of education with all community members
- Form a committee of concerned individuals to attend all school board meetings.

Employment: The employment session focused primarily on the lack of availability of jobs other than service jobs. Scarcity of job opportunities was discussed, as was the lack of job training and skills. There was also mention of employers not giving a chance to applicants with less education and skills or a criminal record. The two action steps proposed were:

- Increase job training availability and publicity
- Support the creation of African-American-owned businesses.

Healthcare: The healthcare session focused primarily on the fact that many men are not insured and do not have access to healthcare. Discussion included mistrust of doctors and men’s

attitude towards seeking medical care, especially given fear of diagnosis and cost for those uninsured. The four action steps proposed were:

- Collaborate with pastors to increase awareness about the need for healthcare
- Increase health education
- Increase dissemination of healthcare services available
- Form partnerships with health organizations.

Race Relations and Segregation: The race relations session focused primarily on the segregation that is perceived to exist between the White and African-American communities, and included discussion of incidents of racism and the existing racial divide. The four action steps proposed were:

- Create dialogue with government officials about criminal justice for African-American men
- Bridge the gap between Caucasian and African-American church leaders
- Teach children appreciation of African-American culture and history
- Create a committee to work on racial problems and segregation.

Youth and Family: The youth and family session focused primarily on the lack of mentoring for youth. Various cases were discussed including single parent families, changing moral values, and lack of support for parents. The six action steps proposed were:

- Begin a movement of collective responsibility for youth
- Teach children and parents about self-esteem
- Talk to children about appropriate values
- Develop workshops for parents and youth
- Support mentoring programs

- Network within youth organizations

The action steps generated were presented to all of the forum participants at the conclusion of the discussion sessions. For each theme, one or more participants in that session agreed to be responsible for working on the identified action steps in collaboration with the continuing committee.

At this time, the continuing committee members and volunteers from the forum are still meeting to work on generating community action.

Introduction

The purpose of an Action-Oriented Community Diagnosis (AOCD) is to involve community members and service providers in identifying the community's strengths and resources as well as its needs and challenges (Eng, 1991). The AOCD process is a community-based participatory research technique developed at the University of North Carolina at Chapel Hill. This process entails collecting information about a community through qualitative interviews and secondary data research. The information that emerges from the AOCD process is intended to serve as a means of prompting community dialogue and action to address the identified needs (Eng, 1991).

Throughout the 2006-2007 academic year, an AOCD was conducted in the Moore County African-American men's community. The AOCD process was carried out by a team of five graduate students from the Health Behavior and Health Education Department at the University of North Carolina at Chapel Hill's School of Public Health, with the assistance of two preceptors from FirstHealth of the Carolinas, Community Health Services Department. Through interviews and focus groups with 58 community members and service providers, the team identified nine recurrent themes about the needs and strengths of the African-American men's community. With the collaboration of the forum planning committee, the team selected five major themes: education, employment, healthcare, race relations and segregation, and youth and the family. On April 12, 2007, the team presented the findings at a community forum and facilitated discussion to generate action steps on the five chosen themes.

This document is a summary of the AOCD conducted in Moore County, and details its process and its findings. It contains five sections: the community, methods, community forum,

themes, and conclusion. The document also includes an appendix of documents related to the Moore County AOCD.

The Community

History

Moore County is located in the Sandhills region of south central North Carolina. It is bordered by Cumberland, Harnett, Hoke, Scotland, Richmond, Montgomery, Randolph, Chatham, and Lee counties, with a total area of 705.49 square miles (Moore County Government, 2007). Moore County was officially established in 1783, following the American Revolution. It was named after Alfred Moore, an American Revolution colonel and US Supreme Court Justice. Following the rebuilding period after the American Revolution, industry such as a carriage factory in Carthage and a gun factory in Robbins stimulated the economy in the northern part of the county (Moore County Government, 2007).

After the physical and economic destruction that the Civil War brought to the area, the Raleigh and Augusta Railroad helped bring more people to the county. Arguably more important in Moore County's economic history, however, was the 1895 completion of the Pinehurst resort in southern Moore County. Founded by the Tufts family, Pinehurst was designed as a vacation destination for northern families hoping to escape the cold. Today, Pinehurst is one of the most famous golf towns in the United States, made popular through hosting large golf tournaments such as the USGA Women's and USGA Men's Open (Moore County Government, 2007).

Moore County consists of ten townships, including: Carthage, Bensalem, Sheffields, Ritter, Deep River, Greenwood, McNeill, Sandhill, Mineral Springs, and Little River. Cities and towns in the area are: Aberdeen, Cameron, Carthage, Foxfire, Pinebluff, Pinehurst, Robbins, Seven Lakes, Southern Pines, Taylortown, Vass, and Whispering Pines. Key attractions in Moore County include Pinehurst golf resort, horse farms, handmade pottery from the rich clay

dirt in the area, antiques, and golf. Many retirees are drawn to the area because of the small-town atmosphere, ample golf courses, and mild temperatures (Moore County Government 2007).

Community Demographics

Population size

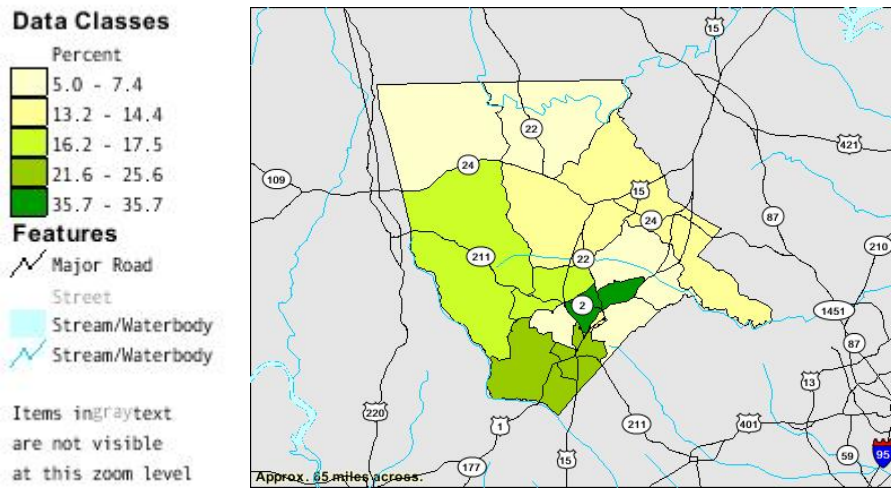
Moore County's estimated population was 81,685 in 2005. This is a 9.3 percent increase since 1990, in comparison to a 7.9 percent increase for North Carolina. (US Census Quick Facts, 2007).

Moore County is well known as a retirement community; senior citizens made up 21.4 percent of county residents in 2005, greater than 12.1 percent in North Carolina. The county's median age was 42 in 2000, with a median age of 34 for African-American residents (American Factfinder, 2007).

Race

African-Americans made up 14.9 percent of the county's population, compared to 21.8 percent of the North Carolina population in 2005. The highest concentration of African-Americans is found in Southern Pines. (See the table below for a depiction of the concentration of African-Americans in different areas of the county) (US Census Quick Facts, 2007).

Distribution of African-American Residents in Moore County, 2000



(US Census American FactFinder, 2007)

Hispanics made up 5.1 percent of the 2005 county population, slightly less than their 6.4 percent share at the state level. The percentage of foreign-born persons in the county was also lower than the state rate, at 4.2 percent versus 5.3 percent in 2000. Similarly, non-English speakers were less common in the County than the state, with rates of 6.0 percent versus 8.0 percent. (US Census Quick Facts, 2007).

Education

The county had an 82.6 percent high school graduate rate as compared to the state's 78.10 percent rate in 2000. Similarly, 26.8 percent of Moore citizens were college graduates, greater than North Carolina's 22.5 percent (US Census Quick Facts, 2007).

Economy

The 1999 per capita income was \$10,907 for African-American residents, \$23,377 in all of Moore County, and \$20,307 in North Carolina (American Factfinder, 2007). In 2000, 28 percent of African-American residents lived in poverty, versus 11 percent of Moore County residents overall. This overall poverty rate increased to 12.2 percent in 2003, as compared to 13.4 percent of all North Carolinians (American Factfinder, 2007).

Living Situation

The County's 2000 homeownership rate of 78.7 percent exceeded the state's 69.4 percent. The 2000 median value of owner-occupied housing was \$131,000 in the county, 21 percent greater than the \$108,300 value at the state level (US Census Quick Facts, 2007).

Crime

In 2005, Moore County's crime index rate was 30 crimes per 1,000 residents, 39.1 percent less than North Carolina's rate. The index rate includes both violent crime and property crime (Moore County Partners in Progress, 2007).

Transportation

Moore County has a 22.8 minute average travel time to work compared to a 24 minute average for the state in 2000. Only 0.1 percent of Moore residents reported commuting to work

by public transportation in 2000. Moore County has 107.1 persons per square mile, less than the 165.2 state average (US Census Quick Facts, 2007).

Community Resources

Moore County has many health, social, welfare, and recreational opportunities available to its residents. Those identified through interviews and secondary data as particularly pertinent to the African-American community include: local religious organizations, the Douglas Community Center, which hosts community gatherings in Southern Pines, the Boys and Girls Club, the Sandhills-Moore Coalition for Human Care, which provides emergency relief and employment support, Together4Moore, a youth mentoring program, the Moore County Free Health Clinic, the Employment Security Commission, and numerous other agencies. An important healthcare resource is FirstHealth of the Carolinas, the largest employer in the county. A list of contact information for important resources was distributed at the community forum (E6).

Methods

Defining the Community

The impetus for an AOCD of Moore County came from collaboration between FirstHealth Community Health Services and the University of North Carolina at Chapel Hill in developing a Men's Health Report Card to raise awareness of health disparities among men in North Carolina. FirstHealth Community Health was particularly interested in health disparities among minority men in Moore County, and decided to host a student team to conduct an AOCD.

The project was thus initially defined as including all men of color in Moore County. The two largest racial minority groups in Moore County are African-American and Latino (14.9 percent and 5.1 percent of the county population, respectively). The student team decided to narrow the focus of the AOCD specifically to the African-American male community.

This decision was reached by interviewing service providers and community members about the feasibility of conducting an AOCD within both racial groups. The team decided to exclude Latino men from the diagnosis for several reasons concerning access to the Latino community: lack of clear “gatekeepers” (prominent Latino men who would serve as contact points and organizers), the logistical complications of interviewing in Spanish, and the concern that some Latinos would be unwilling to participate given their legal status. Also, there were numerous differences between the two communities that would make it infeasible to hold a single joint forum, including differing health and welfare concerns, geographical division (Latinos largely concentrated in northern Moore County and African-Americans largely concentrated in southern Moore County), a seeming lack of interaction between the two groups, and language dissimilarities. Finally, the team considered it important to focus its efforts and time on achieving more in-depth research on a single community.

Thus, the team finally defined the community as African-American men over the age of 18, living or working in the geographical boundaries of Moore County. Although African-American women were not included in the definition of the community, their opinion was sought and they were interviewed as sources for the African-American men’s community. Throughout the remainder of this paper, the term “community member” is used to refer to an African-American male who is over the age of 18.

Gaining Entrée

The initial phase for the student team in the AOCD process was familiarizing themselves with the geography, personality, and communities of Moore County. The first step was a windshield tour, or driving tour, of Moore County. The preceptors showed the team members important geographic locations including health and social service agencies, recreation areas,

housing developments, neighborhoods, businesses, churches, and other points of interest for the African-American community.

To become further acquainted with the community throughout the seven month project, the team attended and volunteered at various community activities, including church services, conferences, recreation events and art performances. While visiting Moore County, the team ate at local restaurants and toured local sites.

These activities helped to guide the student teams' research and interview process, by providing a deeper understanding of community life and community issues, and by connecting the team with members of the community.

Development of Materials

In order to begin the process of conducting interviews and gathering primary data on the community, the team developed an open-ended interview guide. The guide was developed using *Qualitative Evaluation and Research Methods* (Patton, 1990) and other interview guides used in community diagnoses of previous years. The guide helped the team form the relevant questions to ask and how to phrase them, how to sequence questions, when and where to probe for further information, and how long to make the interview.

First, the student team created a list of questions by sub-topics. The team identified several important issues it wanted to explore through the qualitative process, specifically African-American men's health, employment, politics, and demographics. Among the types of questions asked were experience/behavior questions, opinion/values questions, feeling questions, knowledge questions, sensory questions, and background/demographic questions. The team developed two guides: one for service providers and one for community members (Appendix A). The service provider guide (A1) focused on questions about the services provided by the

agency and the needs from a provider perspective. The community member guide (A2) focused on questions about living in the community and the needs from an insider's perspective.

Once the interview guides were compiled they were pre-tested. The service provider interview guide was pre-tested with one of our preceptors, and the community member interview guide was pre-tested with an African-American male member of the community. Additional changes and suggestions were marked for revisions. Throughout the interview process, the guides were updated and altered to include topics and issues that were not anticipated.

Other materials the team developed for the interview process included a brochure explaining what an AOCD is and the interview process to be given to interviewees (A4), a demographic form to collect basic data on those interviewed (A8), and a contact information form to obtain address and phone numbers of interviewees to facilitate further communication (A7). These materials were adapted from materials used by other AOCD projects.

Additional materials included information for the forum (Appendix E), including flyers (E2), publicity materials (E1), and the forum program (E5). Again, these were developed with the assistance of previous AOCD documents, as well as with input from the student team, preceptors, community members, and the forum planning committee.

All of the documents used in the Moore County AOCD are contained in the appendices.

Data Collection

Primary Data

The objective of the qualitative data gathering process is to identify strengths and needs of the African-American men community. To obtain this information, the student team sought out service providers and community members and invited them to participate in the AOCD process either through an interview or a focus group.

The team identified potential service provider interviews largely through collaboration with the preceptors at FirstHealth. During one of the initial trips to Moore County, the team attended the MooreHealth Board meeting, where the team was introduced to key service providers working within the community. The team narrowed down the list of service providers to interview based on suggestions from the preceptors and how relevant the providers' services were to African-American men. These persons were then contacted by phone or e-mail, and if they were willing, an interview was set up with them. In addition to providing qualitative data, interviewees were asked to provide contacts for other individuals to interview, including service providers and community members. The majority of service providers were identified through this process of referrals from preceptors and other providers.

To identify potential community member interviews, the team used this process of referrals, as well as contacts made through attending events within the community. The team sought out community members who were identified by others as local leaders, familiar with and active in the community. These community members then served as a point of referral for other community members.

The team also found groups or clubs who were influential in the community, and contacted these groups for participation in focus groups. The objective of conducting the focus groups was to consolidate the shared experiences and perspectives of these individuals, and to provide a broader discussion on important issues presented and points of difference. Individual interviews were also conducted with some members of the focus groups, to expand upon the information they provided within the focus group.

Some of the service providers interviewed were also community members. However, if the person provided a service within the community, they were interviewed using the service

provider guide, as their perspective on community issues reflected their role as an agency or organizational employee. Their opinion as a community member was also sought, and the distinction noted in the data obtained. Although the interview guides were different, the same interview procedure was used.

Interviews were conducted by two members of the student team. One of the students was the primary interviewer and facilitated the interview and the other served as a note-taker. All interviews were confidential; participants were informed of this and were given the option to be tape-recorded or not. Interviews were tape-recorded to facilitate transcription and review of the data by team members not present, if the interviewee was willing. At the end of the process, the tapes of the interviews were erased and all hard data connecting names to information were destroyed.

At the beginning of the interview, the students explained the AOCD process, and asked for consent to use the information provided in the interview anonymously for the community forum. Each interview was roughly 60 minutes in length. At the end of the interview, the participant was asked for referral information for future interviews and if they would like to participate on the Forum Planning Committee. They were given the team members' contact information if they had further comments or questions.

The interviews were held at the location of the interviewees' choice; most service provider interviews were conducted in their place of business, whereas many of the community member interviews were conducted in restaurants, churches, or their homes. All of the interviews and focus groups were conducted between November 2006 and April 2007. Sixteen service provider interviews, 12 community member interviews, and two community member focus groups were completed, 14 and 16 people respectively, including a total of 58 people.

Secondary Data

Secondary Data were gathered throughout the AOCD process from various sources. Data on the history, politics, economics, and demographics of Moore County were drawn primarily from the internet and published documents. Data on health information and health disparities were also obtained from FirstHealth Community Health.

Other sources of secondary included the local newspaper, *The Pilot*, which was read on a weekly basis, and other news and media reports. Additionally, team members attended events related to minority men's health, including FirstHealth's presentation of the North Carolina Men's Health Report Card, the Annual Minority Student Caucus's Minority Health Conference, and lectures such as "Growing Joblessness among African-American Men: Health Disparities."

All of these secondary data sources served both to inform the process of approaching and understanding the community, as well as to supplement the themes discovered through the qualitative research.

Data Analysis

After the interview process, the note-taker checked over the transcript of the interview notes to fill in any missing information. Two members of the student team then read through the interviews and identified the ideas that were recurrent across the interviews. In discussion with team members, the students coding the data created a list of nine themes, including: employment/economy, health and access to health care, environment/living conditions, race relations/segregation, recreation, community activism, churches/religion, family, and education.

The program used to assist in qualitative analysis was Microsoft Word. In reviewing the interview transcripts, each statement or comment was classified as one or more of these themes, if applicable. A table was created listing the themes and all of the ideas or topics associated with that theme. Each time a new topic was presented, it was summarized and listed in the table

under its corresponding theme; each time that topic was repeated in other interview transcripts, a tally mark was placed next to it.

The interview data was divided into nine major themes and then divided into similar topics within each theme; using the tally system, the results were quantified to examine the number of time interviewees raised a particular theme or topic. This table and the tallies were used as a means of clearly delineating which issues were most important to service providers and to community members, and to compare between the two groups.

The coding tables including all themes and topics tallies are included in Appendix C.

Team Roles and Limitations

Numerous factors affected the design of the Moore County AOCD. Previous AOCD projects set a broad example for question choice, materials design, report format and lessons learned. The questions chosen by the team also influenced participants' comments. In particular, chosen questions on employment, access to health, and the role of local organizations may have biased interview comments. Nevertheless, the frequent mentions of leading topics, as well as their selection by the Planning Committee, both suggest that the primary topics were genuinely prioritized by the community. The team also used qualitative interviewing, with open-ended questions and flexible follow up. This technique was chosen to respond to participants' interests; however, it limits the ability to quantitatively compare responses (Patton, 1990).

Also, interview responses could have been influenced by "social desirability bias," or providing responses that the interviewee perceived that the interviewer wanted to hear or based on social pressure (Wikipedia, 2007). This issue may have been particularly prevalent regarding the sensitive issue of racism. However, the genuine and earnest commentary provided by participants suggests that many of the responses may not have been influenced by social desirability bias.

As newcomers or outsiders to Moore County, the student team had limited ability to identify and understand local issues. The team depended on local residents for information and introductions. Outsiders' involvement in the community can establish a reputation with residents and encourage receptivity, and can raise new questions about the community (Eng, 2005).

As outsiders, the team relied upon a system of referrals to find persons to interview for the AOCD process. Given the limited time period for conducting interviews, the student team was unable to reach out to all of the organizations and community members in Moore County. This resulted in a study population that was not completely representative of Moore County, a point raised by several attendees at the forum, where the large audience may have been more representative of Moore County than those interviewed. An initial emphasis on churches in Southern Pines provided some clergies in the area with a strong representation in the study. Since these participants then referred other neighboring participants, neighborhoods outside of Southern Pines were not well represented in the study. Economically disadvantaged groups also were not well-represented, nor were men younger than the age of 30.

Likewise, the Forum Planning Committee was not necessarily representative of the entire county. Membership was voluntary and self-selected, and drawn from those interviewed. Thus, the committee had few young African-American men. Also, the selected afternoon schedule for committee meetings may have deterred the participation of men who worked during those hours. After the forum, the committee discussed including young men in future meetings. The next meeting time was also adjusted to allow new members to attend during lunch.

The team consisted of students learning how to enter communities and conduct community-based research as part of the curriculum for the Health Behavior and Health Education master's program at the UNC School of Public Health. While the students brought

experience from their varying personal and professional backgrounds, the process was not conducted by professional researchers. The results were inevitably influenced by the students' personalities and ability to judge and balance community needs, educational goals, and course requirements.

Coming Together for Moore: The Community Forum

Forum Planning

A Forum Planning Committee was organized to ensure that the forum best met local demands. After each interview, community members and service providers were asked if they would like to join a planning committee. Numerous interview subjects joined the committee, and some invited residents from outside the research. Members of the Forum Planning Committee included 10 members of the African-American community, four service providers, and two preceptors. Three members were women, and three were Caucasian. To respect confidentiality, individual committee members are not named in this document. The student team nevertheless wishes to acknowledge the significant guidance and leadership the Committee contributed to designing an effective and appropriate forum.

Committee members were introduced to the basics of the AOCD research process, forum plans and the end date of the student team's involvement. The Committee's first and primary responsibility was to choose five main issues for the discussion sessions at the forum. These themes were to be chosen based on the criteria of an issue that was both important and changeable in the community. Employment and education were chosen by open vote, with each member casting three votes. To determine the remaining three themes, a "dot" voting system was used. Members were allocated 14 votes each to the remaining seven themes drawn from the research. They placed sticky dots on posters labeled by theme, each casting their votes for at least four topics while casting no more than half of their 14 votes on any one theme. The three

themes chosen by the dot voting system were race relations, youth and family, and healthcare. For each theme, the major topics associated with that theme during the interviews were presented to the committee, which then voted by anonymous ballot on which specific topic(s) within each theme should be addressed during the forum discussion.

The Committee helped design the forum's promotional flyer and approved its final draft. The Committee members also offered their services of transportation from different locations throughout Moore County to the community forum. Several committee members took on the responsibility of finding transportation. One committee member provided his own van for transportation on the day of the event.

The Committee's concern about sustainability prompted the committee members to commit to working on the issues raised by the research beyond the completion of the AOCD. Committee members proposed further meetings and chose two co-chairs. To address members' concerns about what additional meetings could accomplish, the Committee discussed opportunities to access local decision makers, volunteers, funding and public support. The preceptor significantly supported this effort by connecting the Committee with the MooreHealth Board, a consortium of local service providers and community leaders. The committee co-chairs chose to adopt two ad-hoc memberships on the Board, ensuring access to local service providers and a tax structure for seeking grants.

Forum Publicity

Event publicity was a concern for the Committee and student team. There was no clear estimation of how many people were going to participate in the forum, but diverse attendance was prioritized by the committee. Flyer distribution at area businesses and establishments was accompanied by media coverage on the radio and in local newspapers. Rose Highland-Sharpe interviewed student team members and a preceptor for broadcast on her weekly television show

and Sunday morning radio show. Felton Capel also publicized the forum on his local Sunday radio show. In addition, Tom Embrey from *The Pilot* wrote an article that was printed the day before the community forum with a follow-up story printed the next week (Appendix E9). *The Fayetteville Observer* also covered the event.

Forum Participation

“Coming Together for Moore: Moore County Community Forum” was held in Van Dusen Hall, rooms 102 and 103, at Sandhills Community College. This location was chosen by consulting with service providers and community members; it was recommended due to its wide recognition and central location in the community. The event was held from 6:30 p.m. to 9 p.m.

A total of 147 Moore County residents and service providers registered at the event; more than this number may have attended, but did not register. The schedule for the evening included registration and dinner. The opening consisted of speeches from preceptor Roxanne Leopper and community member Fred Walden as well as a PowerPoint presentation by the student team about the AOCD process and a description of the five themes (included in Appendix E7). The large group then broke into discussion sessions on these five topics. Finally, the closing session concluded with presentation of action steps, dessert, a raffle of prizes provided by local businesses, and closing remarks. The forum program is also included in Appendix E5. At the forum, preceptors, committee members, and student team members were publicly introduced. In addition, childcare was provided for those who brought their children.

The discussion sessions were held in classrooms on the second floor of Van Dusen Hall. These sessions were 45 minutes in length, and were facilitated by a member of the student team and a volunteer student note-taker. Forum participants attended the session that was of most interest to them, and each session had no fewer than 20 persons in attendance. For more information on the specific discussion groups, see the following section on themes.

At the conclusion of the discussion sessions, the participants returned to the main room for dessert and presentation of the action steps. Volunteers from each discussion group presented their action steps to the rest of the forum attendees. These or other representatives from each discussion session then became new members of the ongoing committee. To conclude the forum, a Forum Planning Committee member gave closing remarks, encouraging participants to follow through with their action steps.

Forum Evaluation

Participants were encouraged to fill out an evaluation form. The 85 evaluations collected revealed a variety of positive comments and suggestions. The three main ways people learned about the event were through a friend, at church, and through newspaper coverage (Appendix E8). People enjoyed the discussion session, seeing the community come together, and felt that the topics chosen were informative and educational (Appendix E8). The majority of people felt that there needed to be more time for the discussion sessions, and a larger room.

Furthermore, a debriefing with Forum Planning Committee members was held a week after the event. Members reported that participants wanted more time for the discussion sessions. They interpreted the request for more time as an indication of strong public interest in the chosen topics. The Committee suggested an all-day forum in the future to allow participants to attend multiple discussion sessions. In this final meeting with the student team, the Committee was given the names of representatives for each theme, the rosters of forum and discussion session attendees, and the attendee evaluations. These materials are now the property of the Committee.

The first Committee meeting incorporating new representatives was held April 25, 2007, when members began discussion of priorities, outreach, and identification of relevant organizations.

Themes

There were many ideas and sentiments about life in Moore County that were recurrent across the interviews and focus groups. Many of the interviewees spoke of the positive aspects of living in Moore County, including that it is a quiet place to live with beautiful countryside. They also spoke of the tight-knit community and Southern hospitality in Moore County, and expressed that it was a nice place to raise a family.

In addition to these strengths, there were nine recurrent themes that emerged. The five themes selected for discussion at the forum are included in this section with a description of the results of the secondary data analysis, interviews, the discussion sessions and the action steps. The four themes that were not selected (community activism and politics, living environment, recreation, and religion and churches) are included in Appendix D.

EDUCATION

Secondary Data

Moore County has a total of 21 schools, with 12,294 students; 14 are elementary with 5,555 students, 4 are middle with 2,903 students, and 3 are high schools with 3,836 students (Moore County Schools, 2007). Additionally, there is one alternative school, Pickney Academy, and a community college, Sandhills Community College. Approximately 21 percent of students in elementary, middle, and high schools are African-American, 8 percent are Hispanic, 67 percent are White, and 4 percent are “other” (Moore County Schools, 2007).

Approximately 40.1 percent of African-Americans in Moore County have a high school diploma, compared to 58.9 percent of the general population; 4.08 percent of African-Americans in Moore County have a bachelor’s degree or higher, compared to 19.2 percent of the overall Moore County population (US Census, 2000).

Student Team Perspective

The team observed that many of the African-American community members the team encountered were retired teachers or participated in tutoring youth. The student team noticed that during church services, there was often a special time reserved in the program for educating youth.

Service Provider Perspective

“‘No Child Left Behind’ is not working. We are leaving a lot of kids behind.”

Service providers cited the dropout rate as a key problem for African-American youth. They also noted the problems associated with high school dropouts, including fewer opportunities for well-paying jobs, as well as an increased likelihood of going to prison. One service provider discussed issues in her own neighborhood, saying that young men in the community who drop out of school often encounter trouble with the law.

The second most pressing issue as identified by service providers was the lack of emphasis on the importance of education. Some service providers agreed that there was not enough value placed on obtaining an education by parents, teachers, and the children. Also raised was the idea that people seem to always want to help the “smart” kids, rather than the students who don’t seem to care but are often very bright. In large classrooms especially, this can lead to some African-American children “falling through the cracks.”

Community Member Perspective

“A lot of the parents focus on having their kid be a superstar, in basketball or football, and they don’t push them to succeed in school.”

Many community members demonstrated concern about the quality of education for African-American children in Moore County. One of the top educational issues identified during interviews was the need to build a stronger overall education system to improve learning for all students. Although several community members interviewed agreed that change was needed at the structural level, several others noted the importance of more individualized approaches for

improving education. One community member discussed a “buddy” program in the schools and stressed the importance of tutoring programs like these, but said that they need to be made available on a larger scale, through cooperation between schools, churches, and the community.

Another major concern among community members is the lack of emphasis on education by parents, teachers, and the students themselves. One community member expressed worry that values are misplaced among many youth, and stated that “They feel a lot of times that they need to have certain things – the hottest CD, laptops, new clothing, jewelry.”

This lack of importance on education can lead to students dropping out of school, another problem raised by members of the community. Members of the community noted that individuals who drop out of high school have fewer opportunities for getting a good job, which can lead them to negative activities such as selling drugs to make money. Several community members showed concern that African-American males are spending time in prison, often as a result of getting into trouble after dropping out of high school.

Summary

Both community members and service providers raised similar issues on the topic of education. Community members felt that the lack of emphasis on education, along with a need for tutoring, was the primary issue, while service providers listed it as second. The main issue identified by service providers was that of high school dropouts, while it was the second among community members. Concerns about education for young African-American boys were raised more often by community members than by service providers. Overall, there is noted concern about lack of emphasis on education and high school dropouts in Moore County.

Forum: Discussion Session

The small group discussion was facilitated by a member of the student team, while another student served as the note-taker. There were approximately 20 individuals in attendance, with the majority being African-American women, a few African-American men, and one White man. The session began with the facilitator distributing a “trigger” photo and quote among group participants to generate discussion, using the SHOWED group discussion technique (Appendix F3). SHOWED is a discussion method used to initiate critical thinking dialogue and move discussion for personal level to social action (Wallerstein, 2001).

Group participants had a variety of strong feelings about educational issues in Moore County, but most agreed that African-American children are not getting the education they need. Some group members expressed worry that the combination of lack of familial support, low teacher expectations, and apathy among students leads to substandard education for young African-American men, which precedes a lack of opportunities in life. Most agreed that education starts in the home, and that parents need to become more involved in, and aware of, their children’s academic work.

One group participant stressed the concept that the problems in education are cultural, and from what young African-American men see and hear from their social environment, education has taken a backseat to other issues. Others stated that more people in the community need to communicate with each other in order to encourage parents to place a higher value on education for their children. The idea that “it takes a whole village to raise a child” surfaced, and many agreed that the community needs to do more as a whole about educational issues.

The importance of collective action was discussed as a much more effective way to address educational issues in schools, rather than parents trying to change things in schools on their own. The group also acknowledged that children have different learning styles, and that

teachers should work to better accommodate those differences, in order to provide every child with an equal education.

Action Steps

The group discussion generated several ideas about how to potentially change education in a positive way for young African-American men, leading to the identification of two feasible concrete action steps, which were:

- Discuss the importance of education with all community members
- Form a committee of concerned individuals to attend school board meetings

Several community members expressed interest in working on these action steps, and one community member agreed to responsible for working on these action steps.

EMPLOYMENT

Secondary Data

Unemployment has dropped in Moore County from 3.1 percent of the labor force in 1990 to 2.5 percent in 2000. However, the type of work in Moore County has changed as manufacturing jobs have become less common. In 1990, nondurable and durable manufacturing provided 27.1 percent of County resident jobs, versus 16.7 percent of resident jobs in manufacturing in 2000. (Moore County Government, 2007)

Meanwhile, the County's large service sector is shown in high sales per capita in accommodation and food service. The County's sales per capita reached \$2,161 in 2002, far greater than North Carolina's \$1,294 sales per capita (US Census Quick Facts, 2007). Training for job transition is supported locally by the Employment Service Commission. The Employment Service Commission provided job assistance to 5,421 US citizens in Moore County, during the month of March, including 2,162 African-Americans (Customer Report, 2007).

Student Team Perspective

The team noticed several issues concerning employment. Changes in the local economy were seen in the contrast between closed manufacturing plants and recently opened golf courses. The County's shift from a manufacturing to service jobs seems to especially affect African-American men. The team saw a high proportion of African-American men working service jobs in local restaurants and stores. A lack of African-American business managers and owners was also noticed.

Service Provider Perspective

"I would love to see some high-paying jobs...not another restaurant that pays \$2.00 an hour plus tips. Something that could give people a decent income and living. Most people have to pay for insurance and they are barely making enough to pay for rent and utilities."

Employment was the most frequently mentioned topic by service providers, accounting for 28 percent of all issues mentioned. Service jobs were cited as the most common issue for employment. The low pay of these jobs and lack of benefits caused particular concern. The related decline in local manufacturing and lack of job training and resources, were also mentioned frequently. One service provider connected these issues by emphasizing re-training for former manufacturing workers. Others frequently mentioned the sell of drugs as contributing to unemployment and there was also the perception of African-American jobs being displaced by Latino immigrants.

Community Member Perspective

"Service jobs are common here in restaurants, golfing, hotels, yard work...It pays just above minimum wage, \$6-\$7 an hour but you need \$10-12 an hour."

Employment was also the most frequently mentioned topic by community members, accounting for 26 percent of all issues mentioned. Two employment issues were most common. First, service jobs were again a leading concern. These low-paying jobs were blamed for a lack of health insurance among African-American men, which force men to work several jobs. Moreover, according to one community member, men do not have the time and money to return

to school. Second, many community members said the difficult employment situation encouraged men to make a living by selling illegal drugs. One community member said although selling drugs pays well, a job with benefits is better. Other frequently mentioned issues were young men's focus only on money, and the unavailability of jobs or good jobs.

Summary

Community members and service providers generally agreed on both the high importance of employment and the related issue of service jobs. Community members specifically stressed lack of jobs while service providers highlighted the lack of training and resources. Community members also placed greater emphasis on the relationship between the lack of well paying jobs and the increased numbers of young men selling illegal drugs.

Forum: Discussion Session

The small group discussion on employment attracted over 40 participants. Attendees were mostly African-American, and included men of various ages and at least one local service provider. Discussion was facilitated by a student team member, using the SHOWED technique; the session began with a discussion of "trigger" images of closed manufacturing plants and the McDonald's emblem (Appendix F4).

Discussion participants spoke about manufacturing jobs going overseas and local low-paying jobs. The mentioned result was working two jobs to survive, or leaving Moore County to be successful. One of several mentioned causes was a lack of education and training. In particular, there were comments contrasting African-American high school dropouts with the need for technical skills in a modern economy. One participant said that local employers do not give a "first chance" to job applicants without skills. Another participant said employers do not give a "second chance" to men with criminal records. Many participants agreed finding work with few professional skills or a criminal record was especially hard for African-American men.

A popular response was for African-American men to start their own businesses, providing men more control over their jobs and matching their skills. Several participants said this is difficult because of a lack of support for African-American men, the difficulty of obtaining loans without savings, and the need for relevant education and experience.

Action Steps

To overcome these obstacles, participants proposed two types of action steps:

- Increase job training
 - Provide more training opportunities
 - Make training easy to access with flexible times and locations
 - Publicize training opportunities
- Support the creation of black-owned businesses
 - Publicize funding support for black-owned businesses
 - Identify business opportunities surrounding the Base Realignment and Closure (BRAC) military base opening

Six representatives of the discussion session stepped forward to follow through on these action steps in cooperation with the forum planning committee.

HEALTHCARE

Secondary Data

The overall adjusted mortality rate¹ in Moore County for 2001-2005 was 7.8 per 1,000, compared to North Carolina's adjusted mortality rate, which was 9.1 (State Center for Health Statistics, 2006). Rates in Moore County exceed the rates for North Carolina in lung cancer incidence, colorectal cancer incidence, prostate cancer incidence, and syphilis rate (State Center for Health Statistics, 2006).

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¹ Adjusted mortality rates refer to rates which would be expected if the age, sex, and race composition of Moore County were the same as the standardized rate of North Carolina. These rates are used so that a more accurate comparison of county and state can be conducted.

In examining overall Moore County death rates in comparison to rates specific to minority men, minority men have higher rates in all causes of death except suicide and Alzheimer's Disease. The top two leading causes of death among minority men in Moore County are from diseases of the heart, and cancer (State Center for Health Statistics, 2006). Furthermore, African-American men in Moore County are disproportionately affected by disease in comparison to the general population of Moore County (US Census Quick Facts, 2007).

In North Carolina, 22 percent of African-Americans were uninsured compared with only 14 percent of Whites. As the cost of health care increases, secular employer-based insurance has declined, causing the numbers of uninsured to spike to about 1.3 million in North Carolina in 2004; about a 17.2 percent rate (Holmes, 2005). North Carolinians without health insurance are less likely to get preventative screenings, are more likely to be diagnosed with severe health conditions, more likely to be hospitalized for preventable conditions, and less likely to receive major health interventions (State Center for Health Statistics, 2006). Comparatively, in Moore County, 17 percent of residents below age 64 lacked health insurance in 2005. Those residents over the age of 65 were assumed to be covered by Medicare and were thus excluded (Holmes, 2005). Demographic information such as age, sex, and race of the uninsured were not available at the county level.

Student Team Perspective

Our team noticed an absence of African-American men accessing health care services. The team noted that there were no African-American men present at the free health care clinic, the Moore Free Care Clinic. This might be due to the location of the clinic, in a town approximately 15 miles from where African-Americans predominately reside. With no public transportation available, accessing this service may be a challenge. Also, health was clearly

perceived as an issue of concern for the community, as church sermons often referenced the role of faith in resolving health problems.

Service Provider Perspective

“Lack of insurance and money to access healthcare is a big concern.”

Some health concerns service providers felt were prevalent in the African-American men community included diabetes, low self-esteem, depression, and substance abuse. Service providers mentioned the need for health literacy and education in order to create an understanding of health for African-American men. Moreover, several other health issues such as hypertension, heart disease, and high blood pressure were raised. A few service providers mentioned access to health care as an issue for African-American men. They stated that relatively few African-American men took advantage of health care services that were available, such as the Moore Free Care Clinic.

Lack of insurance was commonly cited as a barrier to health care. Lack of insurance was either due to expense, or employers not offering their employees insurance. One common reason was that those without insurance are men who earn minimum wage. In addition to lack of insurance, cost of services and medications was considered an impediment to accessing health services. One service provider remarked that some people earned too much to be considered for free services yet could not afford insurance, creating a group with needs that were unmet.

Community Member Perspective

“A lot of times it’s too late before they [African-American men] start getting treatment; men don’t go to the doctor until it hurts.”

Some community members felt that lack of awareness of health issues in conjunction with a culture where men do not go to the doctor exacerbates poor health conditions among African-American men. A select number of interviewees felt diabetes, prostate cancer, and diet were important health issues among African-American men. One community member felt a need

for an increase in dissemination of health education information among the African-American community.

In addition to the health problems facing this population, community members expressed a concern with access to health care. Of the community members interviewed, most felt that African-American men did not go to the doctor unless the pain prohibited them from working. They felt that since the man is viewed as the provider of the family, missing work for a doctor's appointment was something they could not afford to do. This coupled with the lack of health insurance and fear of the cost creates a greater barrier to access healthcare. Furthermore, community members mentioned that there was a lack of general information about the healthcare services available to men. Many were not aware of the free health clinic available in the county or the different outreach programs provided by FirstHealth. One community member mentioned that this was due to a disconnect that exists between the African-American community and the White healthcare providers.

Summary

Health issues were a more commonly noted concern for service providers than for community members. Service providers feel a need to improve the quality and access of health care among the African-American male community through promotion and awareness. Community members agree that an increase in health education will help increase consciousness of health issues and access of health care.

Forum: Discussion Session

A total of 22 people, community members and service providers, chose to attend the discussion group. The majority present were older African-American male community members. A member of the student team facilitated the group discussion using the SHOWED technique. The discussion began with a newspaper article to trigger conversation (Appendix F5).

During the discussion session, people spoke of a mistrust of doctors that exists in the African-American community due to experiences like the Tuskegee experiment and the attitude that men have towards seeking medical health. Women and families were mentioned as a strong source in motivating men to seek healthcare and churches were cited as a source for disseminating healthcare information. Many also felt that there is a gap between those eligible for free healthcare and those who can afford private insurance, making it more difficult to access healthcare.

Action steps

The discussion group decided to form the following action steps:

- Collaboration among the different pastors in the community to increase awareness among their congregation of the need for healthcare among the African-American male community and the push for women to play a larger role as health advocates for their men.
- An increase in health education.
- Dissemination of healthcare services available, such as free medical check-ups, through different avenues: the churches, the radio, and the television.
- Form a partnership with available resources, such as FirstHealth.

One community member volunteered to take on the role to ensure that these action steps are followed through.

RACE RELATIONS AND SEGREGATION

Secondary Data

The majority of residents in Moore County are White and comprise 82.8 percent of the population, while 14.9 percent of Moore County residents are African-American. According to a 2004 report, Moore County is residentially divided by race (Parnell, 2000). A racial divide exists

between different communities and neighborhoods with pockets/neighborhoods that are predominantly African-American (Parnell, 2000). There are also economic disparities noted between African-American and White neighborhoods in Moore County. African-American neighborhoods are less affluent and prosperous when compared to White neighborhoods (Morgan, 2005).

Jackson Hamlet, an African-American neighborhood on the outskirts of Pinehurst, is in need of basic services such as sewer and water. The Pinehurst Township, however, has not provided this neighborhood of 600 residents with these basic utilities. A report has attributed it to exclusion on the basis of race (Morgan, 2005). Several small predominantly African-American communities around towns such as Pinehurst have not been annexed (Morgan, 2005).

Student Team Perspective

On the windshield tour, the team noticed the physical separation between the different communities. In driving through neighborhoods, the team observed that people sitting on the front porch or walking around in a neighborhood were either mostly African-American or mostly White. During other visits to Moore County, the team also did notice that the White communities seemed more affluent than the African-American communities. Homes in mostly White neighborhoods were large and lawns were well-kept, while several homes in the African-American communities were smaller with a few homes appearing neglected.

Service Provider Perspective

"[We need to]...strengthen the bridge that exists between African-Americans and Whites of the community. We haven't gotten totally beyond color."

Some service providers acknowledged that there was segregation in Moore County. A few stated that there was a lack of interaction between African-American men and the larger White community. The need for more racially mixed schools and for an increase in minority teachers was also raised. Additionally, some service providers felt that issues of race had been

ignored by Moore County residents. A few White service providers were reluctant to speak about race and segregation in Moore County, expressing that racism existed in Moore County as it would in any other community.

Community Member Perspective

“There is still a separation in Moore County. We can’t get the resources that we should get. We have to fight for what we need...Our community is divided. Our churches are divided. You need to find out, why are we divided?”

Two prominent issues arose from interviews conducted with community members. The first issue was that there was a lack of involvement of Whites in the African-American community. Community members gave examples of segregation by neighborhoods. One community member spoke of the economic differences that could be seen even on different sides of the railroad tracks. The second point that community members raised was discrimination faced by African-American business owners. Some community members felt that it was difficult being the owner of an African-American business and that often their businesses did not attract White clientele.

Community members raised the importance of criminal justice for young African-American men. Some felt that African-American men were treated differently by law enforcement officers. There were sentiments that African-American men were often incarcerated more so than Whites. Many community members also mentioned facing discrimination from various services in the area. As the quote above mentions, people feel that they are unable to get the resources that are needed. There were viewpoints expressed that certain resources might be made readily available to members of the White community but not to members of the African-American community.

Summary

Community members and service providers mostly agreed that race relations and segregation were an issue in Moore County. Community members noted several consequences resulting from the lack of integration between Whites and African-Americans in Moore County. They offered specific instances of facing discrimination. Service providers stated that color lines were apparent in the larger Moore County community. Both groups conceded that race relations could be improved in Moore County. As one community member reflected, “There needs to be a coming together, African-American and White, and that starts within the community.”

Forum: Discussion Session

Approximately 35 people chose to attend the breakout sessions on race relations and segregation in Moore County. The majority of the participants in the discussion were African-American; three White community members also attended the session. The group included several community members and service providers, a local pastor and other religious leaders. The facilitator of the discussion was a member of the student team and another student served as a note-taker. The facilitator used the ORID method (similar to the SHOWED technique) and began with a trigger—a picture used to prompt discussion about race relations and segregation in Moore County (Appendix F6). The picture elicited several responses from participants. For some people, it brought up memories of the past and for some it reminded them of the current segregated state of their communities. Common responses centered on the fact that separation still existed in Moore County and people were curious as to what could be done to bridge the two communities.

Many participants from different areas in Moore County shared personal stories and experiences about racism and segregation. One woman spoke of the fact that a highway actually acted to separate the communities. People felt that action needed to be taken in order to change

the current state of race relations. Several people felt that unification needed to take place between the different races.

Action Steps

Four action steps suggested by participants were decided upon at the conclusion of the breakout session:

- Begin to create dialogue with government officials about criminal justice for African-American men.
- Bridge the gap within the White and African-American church leaders in Moore County.
- Teach children appreciation for African-American history and accomplishments.
- Create a committee to address the racial problems and segregation between White and African-American in Moore County.

Four volunteers from the session decided to be in charge of a specific action step and one volunteer offered help and support with the various steps. A committee of these five volunteers was formed to target the action steps that arose from discussion.

YOUTH AND FAMILY

Secondary Data

For the African-American population in Moore County, persons aged 18 and under comprise about 30 percent of the population. The average household size for African-Americans was three persons (as compared with two persons for the entire population of Moore County), and the average family size was also three persons (U.S. Census Bureau, 2000).

Among the households in Moore County, 29.1 percent were married couple households. The percent of African-American children living in single father homes was 3.7 percent and 30.1 percent lived in single mother homes. The number of households with no husband present fell from 2,338 to 886 in 1990-2000 in Moore County. Twenty-nine percent of these female-led

households lived in poverty, and this percentage remained unchanged over that decade (US Census Quick Facts, 2007). Of African-American women aged 15 and older, 71.3 percent were single, separated, divorced, or widowed.

Of the total pregnancies in Moore County in 2005, 73.4 percent of pregnancies among minority women were to unmarried women (in comparison with only 33 percent of pregnancies among White women). The teen pregnancy rate for minority women in Moore County was 56.8 per 1,000, slightly higher than the statewide rate of 53.6 (North Carolina Health Statistics by County, 2005).

Student Team Perspective

Team members had few opportunities to observe family and youth interactions in the community or homes. However, the team frequently attended church services in Moore County, and observed that some men and women would attend with their children but without a spouse or partner in attendance. Whether this is indicative of a trend of single-parent families is difficult to assess from such casual observations.

The team noticed the dedication the community had to youth and youth issues within the African-American community. During some church services, there was often a special time for youth instruction. Also, many of the community members the team met were involved in tutoring or mentoring programs. Additionally, although most of the community members interviewed were older, they often expressed that their primary concerns were for the youth in the community.

Service Provider Perspective

“Unfortunately for whatever reason, most black men don’t have fathers in the home with them. They lack that role model and they lack a lot of positive role models. They are with their mother and the influences in their lives are not from their families.”

Concerns about youth and family were expressed infrequently by service providers; youth and family and recreation were the least emphasized of the themes. Service providers who did speak of youth and family noted primarily the concern of single parent families, usually acknowledged as single mothers, and the lack of positive male role models for African-American male youth. Some were concerned about the lack of structure in the home due to this lack of parenting and supervision, and its effect upon youth.

Community Member Perspective

“A lot of them [African-American men] didn’t grow up in a house with a strong male role model, had mothers that were working; they need some strong role models and mentoring. For some people, they never knew what to do. They just learned from their buddies on the street.”

Many community members referenced the importance of youth and family dynamics as problem areas for African-American men; it was the sixth most commonly mentioned theme. During the focus groups conducted, one of the main topics of discussion was concerns for youth, in education, employment, family situations, and recreation. Community members also acknowledged that single parent families and the absence of fathers and male role models were predominant concerns. They mentioned poor parenting skills as a problem and expressed a need for more parenting classes.

They also discussed the perceived changing values and morals of modern youth, who were expressed to have negative attitudes toward work and education. Low self-esteem in African-American youth was a frequently cited health-related problem. Community members also connected youth’s drug use, violence, and dropping out of school with family relationships.

Summary

While community members were significantly more concerned with youth and family issues than service providers, both agreed that single parent families and lack of mentoring is a problem within the African-American community. Youth concerns were also noted in

connection with many of the other themes, including education, employment, recreation, and health.

Forum: Discussion Session

The topic of youth and family was introduced in the data presentation to the entire forum. For the theme of youth and family, the selected topics for discussion were single parent families, the lack of male role models, and the lack of mentoring for youth. Twenty-seven community members and service providers attended the session on youth and family. This number included service providers from health, education, religious, and criminal justice organizations, community members and several youth under the age of 18.

The facilitator, a member of the student team, introduced the session and established the basic ground rules for the discussion. The discussion was facilitated using the SHOWED technique with a “trigger” of two photos of youth with differing levels of mentoring and support from adults (Appendix F7), and asked to contrast what they saw in the photos, and how it may relate to youth and family in Moore County.

Many members of the discussion group spoke of how the lack of support and love for youth is a contemporary problem in African-American communities in Moore County. The consensus, confirmed by several comments, was that youth were getting into trouble. Many voiced the concern that the youth were spending time on the streets, dropping out of school, and getting involved in violence, drugs, and sex. The participants generated a list of potential reasons why they felt youth in Moore County were in trouble including lack of programs and places to go, divorce and single parent homes, and lack of support for parents. Community members and service providers alike felt that all persons in the community hold a responsibility for playing a role to assist the youth.

Action Steps:

Building upon these perceived causes and suggested roles in addressing the problems of youth, the discussion group generated six action steps to create tangible changes in these issues:

- Everyone plays a role in the collective responsibility for our youth: start a “Save our children” movement about through churches, emphasizing mentoring and community responsibility
- Teach children and parents about self-esteem
- Talk to children, particularly daughters, about what kind of language they accept for referring to them
- Develop workshops:
 - For parents – parenting classes
 - For youth – tutoring, career day
- Support the Real Rap and other youth programs mentoring young men and their educational and social needs
- Network with other organizations/groups to decrease overlap in youth services, bond together for common action

After creating action steps, one group member volunteered to present them back to the forum. Another volunteered to be the contact person, and was provided with the names and phone numbers or e-mails of those who attended the session, so that she could make contacts and solicit support for initiatives within the group.

Conclusion

Throughout the AOCD process, the student team developed relationships with community members, service providers, and community organizations in Moore County. This provided the team with multifaceted perspectives on strengths and concerns facing African-

American men in Moore County. When analyzing the interviews, it was apparent that service providers and community members felt strongly about particular issues (i.e. employment and education) but might have disagreed on the level of importance on other topics. Differences may have been due to perspectives that naturally exist between people who are insiders (community members) and outsiders (service providers). Due to these differences, it was important that the Forum Planning Committee comprise of both insiders and outsiders to ensure a variety of viewpoints on the themes. The primary issues that did emerge are interconnected and beginning work on one area may subsequently affect another area.

The forum served as an opportunity for the student team to present their findings to Moore County and to also facilitate action steps for change. During the forum, diverse individuals from the community were able to engage in discussion and offer their own insight and experiences on the selected themes. The forum was an important step in bringing community members, local leaders and agencies together for the purpose of dialogue and collaboration on community needs. As previously mentioned, a committee has been formed which includes planning committee members and forum participants that expressed interest in further work on action steps for the chosen topics. The student team hopes that individuals in the community will continue to engage in dialogue and community members, service providers and local organizations will continue to establish partnerships and collaborate towards social change for the African-American men community in Moore County.

Recommendations

The purpose of the AOCD process in Moore County was to not only gain insight on the African-American male community but to also initiate community organizing for social change. Both secondary data and primary data collected from key informants were essential in providing the student team with an overview of important issues to African-American men in Moore

County. The following is a list of recommendations for community members and service providers who wish to generate further community action and work with the African-American men community:

- Contacting local prominent African-American community leaders may assist in increasing community involvement and action.
- The church is defined by the community to be a source of support and provides information on various issues. Collaboration with local churches may be important in educating individuals about pertinent community concerns and disseminating information on available resources.
- Several organizations (i.e. Together4Moore, Real Rap) have begun to work on youth mentorship and tutoring, building upon the strengths of these organizations can lead to positive outcomes.
- Providing opportunities for social networking within the African-American community can serve as a way to distribute information on employment and educational training resources.
- It is important to reach out to African-American youth in order to hear their voices and gain their perspectives on decisions that may affect youth.

These recommendations are based on the experiences and observations of the student team while working within Moore County. They are intended to compliment the work currently being done by local community organizations and community members and to also foster the action steps proposed during the community forum.

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Appendix A: Interview Forms

A1

Service Provider Interview Guide

Opening

Thank you for taking the time to meet with us today. We know that your time is valuable and we're glad that you're here. We are graduate students from UNC School of Public Health. (There are additional members of our team who are not here with us right now). One of our program requirements for UNC is that we work with a community to assess its strengths, its needs and areas of improvement. We are interested in learning more about African-American men in Moore County. The information we gather will eventually be shared with the community during a community forum we hope to have in the Spring. The purpose of the forum will be to create action for what we find while doing this project. Your name and identity will not be linked to any of the statements you make.

Confidentiality

We want to hear your thoughts, experiences and views. There are no right or wrong answers to our questions. If you feel uncomfortable answering any of the questions we have for you please let me know. You can stop this interview at any time you wish. We will take notes and use a tape recorder during this interview. What we get from the tape recorder will only be for the purpose of recollecting information. After we have finished using the tapes for class, the tapes will be erased. If you feel uncomfortable at any time during this interview and would like to end the interview please let me know.

I will now begin by asking a few questions about yourself and your job responsibilities.

Service Provider Interview Guide

Introductory Questions

- Where do you live? How long have you lived there? Have you ever lived in X community?
- How long have you worked in this community? Why did you choose to work here?
Probe: Can you explain in detail your job responsibilities?
- What services do you provide to community members?
- What are some challenges you face in your work?
- Who in the community is in the most need for your agency's services?

- Please tell me about the types of people who access your services.

- What barriers exist for African-American men living in Moore County for accessing your services?

- Do you feel that there are some community needs that are not being met by any organizations in Moore County?

African-American men in the Community

- What do you feel are some of the strengths of African-American men in your community?
- What do you feel are some needs of African-American men in the community?
- What is the relationship of African-American men with the larger community?

Employment

- What do people in your community do for a living?
- What jobs do African-American men have in the community?
- Is there much unemployment? What contributes to this unemployment?

Politics

- How are African-American men in Moore county involved in politics?
- Who are the main political leaders in the community?
- If you were going to try to solve a community problem, whom would you involve to make it a success?

Final Questions

- Is there anything else you would like us to know?
- How can our community assessment and forum be most useful to the service your organization provides?
- As mentioned earlier, we plan to conduct a forum this spring in order to share what we find from the community; would you like to be involved with this event?
- Can you tell me what day or time you feel would be best to have the forum?
- Do you have any ideas on what we can do to increase attendance at the forum?

Closing

Thank you for your time today. Please let us know if you have any questions or concerns.

Community Member Interview Guide

Opening

Thank you for taking the time to meet with us today. We know that your time is valuable and we appreciate you taking the time to participate. This interview will last for about an hour.

I am _____ and will be leading our interview today. This is _____ and she/he will be taking notes and assisting me during the discussion. We are graduate students from UNC School of Public Health. (There are three additional members of our team who are not here with us right now). One of our program requirements is that we work with a community to assess its strengths, needs and areas of improvement. We are interested in learning more about minority men in Moore County, specifically African-American and Latino men. The information we gather will eventually be shared with the community during a community forum we plan on having in the spring.

Confidentiality

We want to hear your thoughts, experiences and views. There are no right or wrong answers to our questions. If you feel uncomfortable answering any of the questions we have for you, please let me know. You can stop this interview at any time you wish.

We will take notes and use a tape recorder during this interview. The tape recorder will be used solely for the purpose of recalling and collecting information. Your name and identity will remain confidential and undisclosed to anybody outside of our team. After we have finished using the audio tape for the requirements of our class, it will be destroyed.

Ground Rules

If you feel uncomfortable at any time during this interview and would like to end the interview please let me know. Again, we appreciate your time.

Interview

I'd first like to share a few pointers to keep in mind throughout the interview:

1. Please speak in a voice as loud as mine (due to the tape recorder).
2. There are no wrong answers, just different opinions. We're looking for different points of view from community members, so feel free to say whatever is on your mind.
3. We value your opinions, both positive and negative, and we hope you choose to express them during the interview.
4. Everything said is confidential and will not be linked to you in any way.
5. We are interested in your perspective as a community member in Moore County, so please keep that in mind during the interview.

6. If you have any concerns about this project, or your rights as a research participant, do not hesitate to contact us. We will give you a card with our contact information on it.

Questions?

Do you have any questions about anything I've said?

With your permission, we'll begin **(turn on tape recorder)**.

Community Member Interview Guide

General Questions

- In which town do you live? How long have you lived there?
- Can you describe what it's like to live in Moore County? In your community?
- Can you tell me about some of the strengths of Moore County? How about your community?
- Are you employed within the community? Why did you choose to work here?
Probe: Can you explain in detail your job responsibilities?
- What are some challenges you face in your work?
- What kind of jobs do people in the area have?
- What do people in the area do for fun?

Resources for Minority Men in the Community

- What resources (i.e. health care, transportation, services, etc.) are available to men in the area?
- What resources should be made available to men in the area?

Organizations

- What are some of the major organizations or community groups in your area?
- What are some of the major organizations that serve minority men in your area?
- Can you tell me about the types of community committees on which you serve, if any?

- What are some challenges faced by minority men in your community?
- What needs do you feel are important specifically for minority men to address in your community?
Probe: What are some ways that these needs could be addressed?
- What are some health issues faced by minority men in the community?
- What do you feel could be done by the community to improve health for minority men in the community?

Final Questions

- How would you like to see your community change within the next five years?
- Are there people/organizations with whom you recommend we should speak?
If so, are you willing to ask them if we could contact them?
Probes: who are they, why is their opinion useful?
- Is there anything else you would like us to know?
- We plan to conduct a forum in April where we will present the information we gather during the community assessment. Would you like to speak at this event or be involved in some other way?

Closing

Thank you for your time today. Please let us know if you have any questions or concerns.

Focus Group Question Guide

Opening

Thank you for taking the time to meet with us today. We know that your time is valuable and we appreciate you taking the time to participate. This focus group will last for about an hour.

I am _____ and will be leading our focus group today. This is _____ and she/he will be taking notes and assisting me during the discussion. We are graduate students from UNC School of Public Health. (There are three additional members of our team who are not here with us right now). One of our program requirements is that we work with a community to assess its strengths, needs and areas of improvement. We are interested in learning more about minority men in Moore County. The information we gather will eventually be shared with the community during a community forum we plan on having in April.

Confidentiality

We want to hear your thoughts, experiences and views. There are no right or wrong answers to our questions. If you feel uncomfortable answering any of the questions we have for you, please let me know. You can stop participating in this focus group at any time you wish.

We will take notes and use a tape recorder during this focus group. The tape recorder will be used solely for the purpose of recalling and collecting information. Your name and identity will remain confidential and undisclosed to anybody outside of this room. After we have finished using the audiotape for the requirements of our class, it will be destroyed.

Ground Rules

If you feel uncomfortable at any time during this focus group and would like to leave please let me know. Again, we appreciate your time.

Focus Group

I'd first like to share a few pointers to keep in mind throughout the focus group:

- Please speak in a voice as loud as mine (due to the tape recorder).
- There are no wrong answers, just different opinions. We're looking for different points of view from community members, so feel free to say whatever is on your mind.
- We value your opinions, both positive and negative, and we hope you choose to express them during the interview.
- Everything said is confidential and will not be linked to you in any way.
- We are interested in your perspective as community members in Moore County, so please keep that in mind during the focus group.
- If you have any concerns about this project, or your rights as a research participant, do not hesitate to contact us. We will give you a card with our contact information on it.

Questions?

Do you have any questions about anything I've said?

With your permission, we'll begin (**turn on tape recorder**).

Focus Group Guide

General Questions

1. Please go around and say:
 - a. Your name
 - b. What neighborhood you live in
 - c. How long you've lived there
 - d. Where you work
2. Tell me what it's like to live in this area? Probe: What about your town?
 - a. What are some differences between your town and the rest of Moore County?
 - b. What are good aspects of living there?
 - c. What are bad aspects of living there?
3. Outside of work, what kind of activities do people in your area do?

African-American Men in the Community

- We would now like to switch our focus to questions about African-American men.
1. What are some services and organization used by African-American men in the area? (i.e. healthcare, education, jobs, transportation, services, etc.)
 2. What are some strengths of African-American men in this community?
 3. What are some challenges faced by African-American men in this community?
 4. Which of these are the most important to address?
 5. What are some ways that these needs could be addressed?
 6. What are some health issues faced by African-American men in this community?
 7. Anything else you want us to know?
 8. What leaders in your community best represent African-American men in this community?

Final Questions

- Is there anyone willing to be interviewed individually?
- Are there people/organizations with whom you recommend we could interview?
If so, are you willing to ask them if we could contact them?
Probes: who are they, why is their opinion useful?
- Is there anything else you would like us to know?
- We plan to conduct a forum in April where we will present the information we gather during the community assessment. Would you like to be invited as an audience member to this event?
-

Closing

Thank you for your time today. Please let us know if you have any questions or concerns.

Service Provider Consent Information



WHAT IS AOCD? AOCD means Action-Oriented Community Diagnosis. The purpose of an AOCD is to learn more about the strengths and needs of the Moore County minority men community. We hope to do this by talking to you and other people about the experiences of community members and service providers.

WHY ARE YOU PARTICIPATING IN AOCD?

Someone identified you as a person who can talk about the Moore County minority men community. We want to hear your thoughts and opinions about community members derived from your interactions with them.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in one interview with team members from the UNC School of Public Health. We will ask you questions about being a service provider to the community. For example we will ask, “In what capacity do you work with the minority men community?” There are no wrong answers or bad ideas, just different opinions.

The interview will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure we do not miss anything. Only members of our team will listen to the tapes. The tapes will be erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the Moore County minority men community. We hope that the information will lead to improved services for you and members of the community. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?

The risk to you for taking part in this project is small, as we will be asking you general questions about life for members of the Moore County minority men community. Some questions, such as those about problems or needs in the community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.

The only cost for you is the time it will take to complete this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report that will be made available to members of the community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

You do not have to participate in this project. You also do not have to answer any of the questions asked during the interview. You are free to stop participating in the project at any time, for any reason.

Any information that you provide will remain confidential. Your name will not be linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to attend the community forum.

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

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

Information such as age and sex may be gathered during the interview. We will only use this information to help summarize our findings. We may use quotes when we present our findings, but we will not link your name or any identifying information to your responses and comments. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interviews at any time. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the University of North Carolina.



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

If you have any questions, please feel free to contact us by calling 919-966-5542 or toll free at 866-610-8273.

We are completing this project as a class assignment under the supervision of our faculty advisor, Kate Shirah. You can call Ms. Shirah, collect if you wish, at her office at the UNC School of Public Health at 919-966-0057, or toll-free at 866-610-8272.

Before the interview begins, we will ask you to provide us oral consent to use the information you provide us for our project. We will also ask you to fill out a contact information sheet, so that we can get in touch with you in the future, if you are willing.

After the interview, we may ask you to provide us with some information about you (your age, your job, etc.). We appreciate any information you feel comfortable giving us.

Thank you!

A5

Community Member Consent Information



WHAT IS AOCD? AOCD means Action-Oriented Community Diagnosis. The purpose of an AOCD is to learn more about the strengths and needs of the Moore County minority men community. We hope to do this by talking to you and other people about the experiences of community members.

WHY ARE YOU PARTICIPATING IN AOCD?

Someone identified you as a person who can talk about the Moore County minority men community. We want to hear your thoughts and opinions your community.

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in one interview with team members from the UNC School of Public Health. We will ask you questions about being a member of your community. For example we will ask, “What is it like living in Moore County?” There are no wrong answers or bad ideas, just different opinions.

The interview will take about 60 minutes of your time. If you agree to participate in the interview we will record your responses on a piece of paper. Also, we would like to tape record the interview to make sure we do not miss anything. Only members of our team will listen to the tapes. The tapes will be erased after our project is over. You can ask us to turn off the tape recorder at anytime.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

You will have the opportunity to share your thoughts about the future of the Moore County minority men community. We hope that the information will lead to improved services for you and other members of the community. You will not be paid to participate in this interview.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT? WHAT ARE THE COSTS?

The risk to you for taking part in this project is small, as we will be asking you general questions about life for members of the Moore County minority men community. Some questions, such as those about problems or needs in the community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.

The only cost for you is the time it will take to complete this interview.

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

Our team will summarize what we learn about the strengths and needs of your community. At the end of the project, we will hold a community forum to share this information. We will also include this summary in a written report that will be made available to members of the community.

YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

You do not have to participate in this project. You also do not have to answer any of the questions asked during the interview. You are free to stop participating in the project at any time, for any reason.

Any information that you provide will remain confidential. Your name will not be linked to any of your responses. We will only use your name and address, if you provide it to us, to invite you to attend the community forum.

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

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

Information such as age and sex may be gathered during the interview. We will only use this information to help summarize our findings. We may use quotes when we present our findings, but we will not link your name or any identifying information to your responses and comments. All notes and audiotapes containing your interview responses will be stored in a locked cabinet at the School of Public Health and will be destroyed in May 2007 when the project is over.

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. Taking part in this project is up to you. You have the right to refuse to answer any question or stop taking part in the interviews at any time. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the University of North Carolina.



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

If you have any questions, please feel free to contact us by calling 919-966-5542 or toll free at 866-610-8273.

We are completing this project as a class assignment under the supervision of our faculty advisor, Kate Shirah. You can call Ms. Shirah, collect if you wish, at her office at the UNC School of Public Health at 919-966-0057, or toll-free at 866-610-8272.

Before the interview begins, we will ask you to provide us oral consent to use the information you provide us for our project. We will also ask you to fill out a contact information sheet, so that we can get in touch with you in the future, if you are willing.

After the interview, we may ask you to provide us with some information about you (your age, your job, etc.). We appreciate any information you feel comfortable giving us.

Thank you!

A6

Focus Group Consent Information



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

WHY ARE YOU PARTICIPATING IN AOCD?

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

WHAT WILL YOU BE ASKED TO DO?

You will be asked to participate in a focus group (a small group assembled to identify and discuss key issues in the community) with team members from the UNC School of Public Health. The interview is made up of a series of questions about life in the Moore County minority men community. An example of a general question is, “What is it like to live in your community?” There are no wrong answers or bad ideas, just different opinions. The focus group will be one-time only and will take about 60 minutes of your time. If you agree to participate in the interview we will record your response on a piece of paper. Also, if you do not object, we would like to tape record the discussion to make we do not miss anything. Only members of our group will listen to the tapes. The tapes will be erased after our study is over. You can ask us to turn off the tape recorder at anytime.

If you decide to participate in this interview, you will be asked to sign an “informed consent/fact sheet” form. Being read the questions on the form means that you understand the purpose of the AOCD project and what you will be asked to do during the project. It also means that you understand that you can stop taking part in the project at any time you want to.

WHAT WILL YOU GET OUT OF BEING IN THIS PROJECT?

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

WHAT WILL WE DO WITH THE INFORMATION THAT WE GATHER?

The team will summarize the information gathered from interviews and focus groups and present it both written and verbally to your community.



YOUR PARTICIPATION IS VOLUNTARY AND CONFIDENTIAL.

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

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

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

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

CAN YOU REFUSE OR STOP PARTICIPATION?

Yes. If you agree to participate in this study, please understand that your participation is voluntary (you do not have to do it). You are free to stop participating at any time. You can refuse to answer any questions. During the interview you may ask that the recording be stopped at any time.

Whether or not you participate in the research will have no effect on services obtained in the community or any relationship with the UNC.

WHAT ARE THE RISKS OF TAKING PART IN THIS PROJECT?

The risk to you for taking part in this project is small, as we will be asking you general questions about life in your *community*. Some questions, such as those about problems or needs in your community, may cause you to feel uncomfortable. Therefore, you can skip over any question which you do not wish to answer.



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

If you have any questions, please feel free to contact us by calling 919-966-5542 or toll free at 866-610-8273.

We are completing this project as a class assignment under the supervision of our faculty advisor, Kate Shirah. You can call Ms. Shirah, collect if you wish, at her office at the UNC – School of Public Health at 919-966-0057, or toll-free at 866-610-8272.

Before the focus group begins, we will ask you to provide us oral consent to use the information you provide us for our project. We will also ask you to fill out a contact information sheet, so that we can get in touch with you in the future, if you are willing.

After the focus group, we may ask you to provide us with some information about you (your age, your job, etc.). We appreciate any information you feel comfortable giving us.

Thank you!

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Contact Information

Printed Name _____

Date _____

Address _____

Phone _____

E-mail _____

Can we use this information to contact you about the community forum?

- YES
- NO

Thank you!

Demographic Form

Please take the time to help us answer some demographic questions. You do not have to answer any question that you do not want to. **None of these responses will be connected to your name.** Thank you for your help!

1. Gender:

- Female
- Male
- Do not wish to respond

2. Race:

- Black/African-American/African
- White/Caucasian
- American Indian or Alaskan Native
- Asian
- Other _____
- Do not wish to respond

3. Age in Years:

- less than 25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- More than 75
- Do not wish to respond

4. Health Insurance:

- None
 - ____ Employer offers, but declined enrollment
- Employer offers, and accepted
- Private
- Medicare/Medicaid
- Other _____
- Do not wish to respond

5. Completed Education:

- Less than high school, some high school
- High school graduate (Diploma, GED)
- Technical or vocational school
- Some college
- College graduate
- More than 4 years of college
- Other _____

- Do not wish to respond

6. Employment

- Employed
 - Place of employment_____
- Self-Employed
- Unemployed
- Retired
- Do not wish to respond

Appendix B: Interview List

B1

DESCRIPTION & TABLE: Demographics of Interviews Conducted

Service Providers (Outsiders)

A total of sixteen service providers have been interviewed and areas represented include department of corrections, health care, and social services. Five of the providers were male and twelve were female. Four service providers were African-American and thirteen providers were White.

Community Members (Insiders)

Thirty-nine African-American men were interviewed and identified as community members.

Community Members & Service Providers (Outsiders/Insiders)

Three persons were interviewed that identified as both community members and service providers. All three were males.

| Descriptor | Male | Female | White | Black |
|-------------------------------------|-------------|---------------|--------------|--------------|
| Community Members | 39 | 0 | 0 | 39 |
| Service Providers | 5 | 11 | 14 | 2 |
| Community Members/Service Providers | 3 | 0 | 0 | 3 |
| Total | 47 | 11 | 14 | 44 |

Appendix C: Coding Tables

C1

Service Providers

| DOMAIN | THEMES/WORDS | TALLY |
|--------------------|---|----------------------|
| Employment/Economy | Service jobs | III III I |
| | Seasonal jobs | I |
| | First Health largest employer | I |
| | Availability of well paying jobs | I |
| | Service jobs do not pay well | II |
| | Availability of service jobs | I |
| | Manufacturing has decreased | III |
| | Benefits with manufacturing | I |
| | No longer use caddies | I |
| | Companies closed, people retrained in health care and service industry | I |
| | Many people in transition of retraining | I |
| | Employers unwilling to give a chance or train | I |
| | Leave Moore and make money elsewhere | II |
| | Difficult to open predominantly minority operated business | I |
| | Latinos displacing blacks | III |
| | Unemployment | II |
| | 6% unemployment rate | I |
| | Low unemployment rate | II |
| | No jobs for black men | III |
| | No racism in hiring | I |
| | Fewer black professionals | I |
| | People don't want to let industry in | I |
| | No resources (training, employment services) for black men | III |
| | Unemployment clinic offers classes on interviewing, on the internet, applications | I |
| | Convincing employers to train | I |
| | Bring employers and educators together | I |
| | Selling drugs | III |
| | Acquire jobs through word of mouth and newspapers | I |
| | AA men out of the loop or network for jobs | I |
| | Taking care of families on limited income | I |
| | Lack of awareness of available services | I |
| | Lack of career focus, goals | I |
| TOTAL | | 55 |
| Health | Depression | I |

| | | |
|---|---|----------------|
| | Low-self-esteem | I |
| | Diabetes | III |
| | Low health education | I |
| | Low health literacy | I |
| | Bad hypertension | III |
| | Sickle cell | I |
| | High cholesterol | I |
| | Heart disease | II |
| | Unhealthy eating | II |
| | Eating of “weird” things: clay, coffee grounds, ashes | I |
| | Obesity | I |
| | Live shorter lives | I |
| | Substance abuse | III |
| | Mental health | I |
| | Low medication adherence | I |
| | STDs in males | I |
| | HIV/AIDS (some, lots in offenders) | II |
| TOTAL | | 27 |
| Living situation | Expensive (rent, cost of living) | III I |
| | Taxes | I |
| | Black neighborhoods neglected | I |
| | -Jackson Hamlet – H2O, sewer | I |
| | Poor black neighborhoods are Taylor Town and Jackson Heights | I |
| | Substandard housing/initiatives | II |
| | Homeless men | III |
| | Need shelters for men | II |
| | People living in poverty | I |
| | Socioeconomic status | I |
| | People above poverty line have difficulty getting services but don’t make enough to pay for services on their own | I |
| | Retirement community | III |
| | Resort community | II |
| | No public transportation | III III |
| TOTAL | | 32 |
| Access to/ availability of health care | Access (not accessing) | II |
| | Cost (services, drugs) | II |
| | Males do not seek help on their own | I |
| | Lack of support systems for males | I |
| | No funding for males | II |
| | Actively participate in care | I |

| | | |
|---------------------------|--|------------|
| | Health only priority when sick | I |
| | People make too much for free service but cannot afford health insurance | I |
| | Racism | I |
| | Rural doctors going bankrupt | I |
| | Insurance/insured/uninsured | III |
| | No public transportation | III |
| | Lack of education | I |
| | Minority men use free health clinic least often | I |
| | Emergency care only | II |
| TOTAL | | 24 |
| Race relations | Not in hiring | I |
| | In access | I |
| | Latinos/blacks/native Indians not relating | I |
| | Whites donate money to AA causes | I |
| | Whites do not get involved with the AA men community | II |
| | AA men need to determine where they fit into community | I |
| | People ignore issues with race | I |
| | Haven't gotten beyond color | I |
| | Racially balanced communities | I |
| | Need better racial mixing in schools, white flight is a problem | I |
| | Elementary school located in Taylor Town, but whites say it is located in Pinehurst, don't want to associate children going to school in Taylor Town | I |
| | Line drawn between the white wealth and poor black | I |
| | Need more minority teachers | I |
| TOTAL | | 14 |
| Recreation | Lack of things to do | I |
| | Basketball leagues available | I |
| | Recreation available, transportation real problem | I |
| | Have strong recreation | I |
| | Recreation needed for youth | I |
| TOTAL | | 5 |
| Community activism | People don't want to rock the boat | I |
| | People don't want change | I |
| | Black men not involved in politics, community | II |
| | Church partnerships exist | I |
| | Need mentoring | II |
| | Lots of people who care | I |
| | Good communication about needs | I |

| | | |
|--------------------------|--|-----------|
| | Need teen area | I |
| | NAACP theme: get out and vote | I |
| | Need different agencies working together | I |
| | Lots of retired teachers | I |
| TOTAL | | 13 |
| Churches/religion | Churches respond to needs of people | I |
| | Churches adopt families | I |
| | Church oriented activities can improve access to health care | I |
| | Get churches involved | I |
| | Increase communication between church and services | I |
| | Use churches to educate | I |
| | Strong faith community | II |
| TOTAL | | 8 |
| Education | Lack of job training | I |
| | More offenders who do not have HS education | I |
| | Lack of education for AA | I |
| | High(er) dropout rate | II |
| | Lot of people going back for GED | I |
| | Equal education opportunity | I |
| | Teacher and facility shortage | I |
| | Drugs underlying issue | I |
| | Importance not stressed in black community | II |
| TOTAL | | 11 |
| Family | Single mothers, no male role models | II |
| | Single fathers | I |
| | Parents are not there | I |
| | Abuse/neglect | I |
| | Parenting classes targeted to women not men | I |
| | Lack of family structure | I |
| TOTAL | | 7 |

C2 Community Members

| DOMAINS | THEMES/WORDS | TALLY |
|---------------------------|---|----------------|
| Employment/Economy | Low paying jobs | III |
| | Service jobs | III II |
| | Unavailability of high paying jobs | III |
| | Hospitality oriented jobs | II |
| | Drug problem | III III |
| | Availability of jobs/businesses | III |
| | Lack of economical growth | I |
| | Economy has worsened | III |
| | Unavailability of jobs | III |
| | Hard for AA men to get jobs | I |
| | Types of jobs AA men get is limited | I |
| | Locking up young people/incarceration | III |
| | More black men incarcerated | II |
| | Caddies are Caucasian now | I |
| | Can't get a job with a criminal record | III |
| | Lack of entrepreneurial spirit | III |
| | Can't find dependable employees | I |
| | Youth focused only on money | III |
| | Youth too prideful to work service jobs | II |
| | Selling drugs as a job (bad) | III |
| | Textile jobs are gone | I |
| | Need resources, teach people with and without criminal record how to get employed | I |
| | Hard to stay out of debt | I |
| TOTAL | | 59 |
| Education | Availability of mentoring for adults & kids | II |
| | Dropouts | III |
| | Tutoring needed | III I |
| | Self evaluation program | I |
| | Diff level for AA (imply racism) | I |
| | Education on Black leaders/history | I |
| | Need stronger education system | III I |
| | More emphasis needed on education | III |
| | Good education system | I |
| | Never too late for an education | I |

| | | |
|-------------------------|---|------------|
| | Youth not seeking out an education | I |
| | Getting education challenging for AA men | I |
| | Need resources so people know about availability | I |
| | Need seminars about starting businesses | I |
| TOTAL | | 27 |
| Family | Single parent families | III |
| | Lack of father | III |
| | Lack of role model | III |
| | Parenting skills needed | III |
| | Lack of communication between old and young | I |
| TOTAL | | 15 |
| Health | Diabetes | I |
| | Lack of awareness of health | II |
| | STDs (Youth – having oral sex) | I |
| | Health education needed | I |
| | Support groups | I |
| | Youth have low self esteem | III |
| | Men do not go to doctor | III |
| | Prostate | I |
| | Relational/family involvement | II |
| | Need better diet/dieting classes | II |
| | Recreational use of prescription drugs (by youth) | I |
| TOTAL | | 18 |
| Living Situation | Working class in Aberdeen and smaller towns | I |
| | Northerners moving in | III |
| | Upper class in Pinehurst & Southern Pines | I |
| | Cost of living | III |
| | Need two or three incomes | I |
| | Transportation | II |
| | Affordable childcare | I |
| | More apartments being built | I |
| | Housing development/barricades in Southern Pines | I |
| | Retirement place/community | II |
| | Resort area | III |
| | Poverty | II |
| | Beautiful place to live | I |

| | | |
|--|--|---------------|
| | People are friendly | I |
| | Low crime rate | I |
| | Quiet place to live | II |
| | Expansion with military community | I |
| | Lots of development | I |
| | Togetherness in small towns | I |
| TOTAL | | 32 |
| Access/Availability of Healthcare | Minority men go to urgent care | I |
| | Lack of health insurance | III I |
| | Knowledge on availability | II |
| | Affordability of healthcare | II |
| | Can't afford to provide insurance | II |
| | Need to understand value of insurance | III |
| | Can't afford doctor (fear of cost) | III |
| | Fear of doctor's diagnosis | II |
| | Doctor won't see you if you don't have insurance | I |
| | Lack of job that offers insurance | I |
| | No resources unless you're dying | II |
| TOTAL | | 24 |
| Race Relations | Hispanics moving in | I |
| | Racism/service | I |
| | Mexicans uncomfortable mixing | I |
| | Interaction w/Mexicans and Asian business not social | I |
| | Racism/authority | I |
| | Segregation | III |
| | Racism against black business owners, employees | III |
| | Racism in hiring | I |
| | Racial slurs at jobs | I |
| | Racism at hospitals | I |
| | Need more fairness | I |
| TOTAL | | 15 |
| Recreation | Available recreation for younger kids | III |
| | Adults activities, go to Raleigh or Cary, Fayetteville | II |
| | Unavailable recreation for high school kids | III II |
| | Lack of recreation for adults | II |
| | Need YMCA or gym | I |

| | | |
|------------------------------------|--|--------------|
| | Recreation only a pacifier for problems | I |
| TOTAL | | 15 |
| Community activism/Politics | Town government | I |
| | Need community togetherness | II |
| | Community division | II |
| | Republican county, no longer Democratic | I |
| | Need person-to-person communication, not legislation | I |
| | Need to address immediate needs to get attention | I |
| | Low minority participation in gov't/politics | I |
| | Black men not involved | I |
| TOTAL | | 10 |
| Churches/Religion | Local strength | III I |
| | Getting attention on healthcare issues | I |
| | Division among churches | II |
| | As available recreation | II |
| | Ministers have impact on community | I |
| | Spirituality gives guidance | I |
| | Low youth attendance | I |
| TOTAL | | 13 |

C3

Summary of Themes and Topics

This is a summary of the coding table, listing the themes from most to least mentioned, and then the main topics for each theme, again ordered most to least mentioned. Those highlighted are the themes and topics that were selected by the forum planning committee for discussion at the forum.

1. Employment/Economy

1. Most African-American men work service jobs (poor wages, lack of insurance, require several jobs)
2. African-American men turning to selling drugs to make money
3. Lack of availability of (good) jobs
4. Lack of job training and resources

2. Living Situation

1. High cost of living
2. No public transportation
3. Area is defined by resorts
4. Homelessness

3. Healthcare

1. Men are un/underinsured
 2. Lack of knowledge of resources-lack of health resources for men
 3. Fear of going to the doctor (result, cost)
- Health conditions:*
1. Diabetes
 2. Hypertension
 3. Youth have low self-esteem/depression
 4. Substance abuse

5. Education

1. Tutoring needed for youth
2. Stronger education system needed
3. High dropout rates
4. Education not emphasized as important for African-American youth (both by parents and teachers)

6. Race Relations

1. Segregation
2. Racism against African-American business owners/employees
3. Whites do not get involved in the African-American community

7. Community Activism/Politics

1. Need for community togetherness/community division
2. African-American men do not get involved in community activism

8. Family

1. Single parent families
2. Lack of a male role model, mentoring

9. Religion/Churches

1. Strong faith community/local strength for organizing

10. Recreation

1. Lack of recreation opportunities for young African-American men (15-30)

Topics which were pervasive across the themes:

1. Racism
2. Concern about youth/need for youth support & mentoring

Appendix D: Additional Themes

D1

COMMUNITY ACTIVISM AND POLITICS

“I wish more black men would get involved in community issues, like the school system and meetings that we have. I would like to see a community center where we had regular meetings on certain issues.”- Community Member

Secondary Data

There was little definitive data available on the level of involvement of African-Americans in diverse areas of leadership.

Student Team Perspective

Team members did not have much opportunity to experience community activism beyond church organizations. The team encountered many African-American men who were leaders in the community, but consistently heard from the community that these men were the minority, rather than the majority.

Service Provider Perspective

Community activism was mentioned by a majority of the service providers, representing two diverse viewpoints on the level of activism of African-American men in Moore County. Some felt that men were not very involved in community leadership, specifically politics, and spoke of Moore County as a whole not wanting to create change or “rock the boat.” However, many also noted that there was strong leadership from African-American men, and many educated retired teachers, numerous organizations working together, good communication about needs, and activism around voting.

Community Member Perspective

While community activism was the most infrequently mentioned theme by community members, the comments made were uniformly about areas needing improvement. Community members primarily expressed a feeling of division between communities and a lack of

togetherness; they also felt that African-American men are not involved in politics, town governments, or in community events as a whole.

Summary

While service providers had mixed perspectives on the level of activism within the African-American and Moore County communities, both agreed that African-American men were not involved enough in local politics and governance, and community members expressed a feeling of division and lack of community togetherness.

D2 LIVING SITUATION

“This is a resort area...As there is growth, the rent rises quickly; it is very hard for people in the service industry making minimum wage...In order to pay less than 30 percent on housing, people need to make 24,000/year – to do this on minimum wage, [one] must work 90 hrs/wk. Many residents live at or below poverty level.”—Service Provider

Secondary Data

Census Bureau data (2003) reports that 12.2 percent of the population in Moore County are living below the poverty level. The median household income is approximately \$40,000. A racial breakdown for both sets of data was unavailable. (<http://www.fedstats.gov/qf/states/37/37125.html>). However, predominantly black communities in Moore County tend to have a lower median household income when compared to communities with a higher percentage of whites (Wikipedia).

Student Team Perspective

The student team did notice that African-American neighborhoods in comparison to Caucasian neighborhoods were less affluent. The team also observed that section 8 housing seemed to be occupied by African-Americans.

Community Member Perspective

Community members spoke about the growth and development of Moore County from Northerners. They acknowledged that the cost of living in Moore County was high and there was a need for two or three incomes in order to support their families. This was attributed to the fact that Moore County is a resort area and a retirement community, leading to high rent costs and service industry with low wages.

Service Provider Perspective

Service providers identified living situation to be an issue for African-American men. Additionally, some service providers mentioned affordable housing, high cost of living, and homelessness as a problem for African-American men. They also stated that black neighborhoods in Moore County were poorer than White neighborhoods and some were neglected.

Summary

Community members and service providers were in agreement about the living situation in Moore County. Both groups noted that Moore County was a resort area and retirement community and thought that this contributed to the high cost of living and need for more affordable housing in the area.

D3 RECREATION

“There’s one thing I would love to see come to this area. Our young people... there is nothing to do. They may play basketball at a little small court but we need a big court. We need several things that will give our young people something to do.”—Community Member

Secondary Data

Moore County Parks and Recreation offers a variety of activities for both youth and adults. The activities include both indoor and outdoor sport leagues, day camps, and arts and craft activities. Furthermore, there are other parks and recreation departments in different communities in Moore County (www.sandhillskids.com).

Student Team Perspective

The student team did notice some recreational events available to African-American youth. The team did also note that transportation could have contributed to African-American youth not being able to engage in certain activities. Apart from the Southern Pines Boys & Girls Club, the team did not see a YMCA center or other places of recreation such as a bowling alley or skating rink.

Community Member Perspective

Community members expressed the need for recreational opportunities for African-American high school youth who could no longer go to the Boys and Girls club. Some community members felt that although some recreational opportunities were present, it was for the Caucasian community and not African-American youth. Community members were concerned that if the youth did not have a center such as a YMCA to go to, they would be more likely to engage in unsafe behaviors and activities.

Service Provider Perspective

Service providers did not state that recreation was a problem in the African-American community. However, when asked if they felt it was an area of concern, service providers demonstrated mixed views regarding the issue. Although some service providers felt recreational opportunities were available, there was mention of transportation as a hindrance. On the other hand, a few service providers did state the need for recreation for African-American youth.

Summary

There was some consensus on the lack of recreational opportunities for specific age groups among community members and service providers. However, some service providers mentioned that Moore County had strong recreation available. Community member seemed mostly concerned about the risky activities African-American youth would engage in without ample recreational activities. Secondary data did show that Moore County offers recreational activities, perhaps lack of time, transportation and cost, as well as a lack of activities targeted toward older youth and young adults may be issues for accessing these activities.

D4

RELIGION AND CHURCHES

“Churches help out a lot. At our church, if they know someone is in need, they try to get the word out.” - Community Member

Secondary Data

Although the majority of residents of Moore County do not claim any religious affiliation, nearly 41 percent consider themselves a member of a religion, of which the majority are mainline Protestants, evangelical Protestants, or Catholics. The most popular denominations within these categories include Presbyterians, Southern Baptists, and United Methodists (The Association of Religion Data Archives, 2000).

The Moore County Yellow Pages includes listings for 153 churches in Moore County; or about one church for every 530 residents.

Student Team Perspective

The team members gained the majority of their introduction to Moore County through attending church services. Team members, in order to get to know the community better, attended church several times in different areas and denominations to worship, learn, and meet different members of the community. The importance of the church and faith for the African-American community was clear, as was the dedication of the various faiths to promoting the health and welfare of the community.

Service Provider Perspective

Churches were mentioned by service providers, generally in response to questions about what organizations were important to involve in order to solve community problems. Service providers spoke of activities churches were engaged in to adopt families and to respond to the needs of the people. They also spoke of the increased need to strengthen liaisons between churches and other service organizations.

Community Member Perspective

Community members largely referenced spirituality, religion, and the churches as a primary strength of the African-American community, and a place to get people involved in community action.

However, some community members noted the separation between churches, both among different races and within the African-American community, and felt that the large numbers of churches were often divisive instead of promoting collaboration for the larger community.

Summary

Both white and African-American citizens spoke of the importance of church and religion as central to Moore County, and as a point of gathering and action for the African-American community. They were perceived as a local strength and a point of activism for positive change, although some felt that the differing denominations could be divisive.

Appendix E: Community Forum Documents

E1

Invitation Letter

March 25, 2007

Dear _____:

Our team, along with the Forum Planning Committee, would like to personally invite you to attend the Moore County Community Forum. We are very excited about the information we have gathered over the past few months, and we look forward to sharing our findings with you in a useful way. We will be celebrating the strengths as well as discussing the important issues affecting the African-American men in Moore County.

The event will be held on Thursday April, 12th 2007 from 6:30 p.m. until 9 p.m. at Sandhills Community College, Van Dusen Hall. Please see enclosed Forum flyer for further details. We will be providing free of charge:

- **Dinner,**
- **Entertainment,**
- **Door Prizes,**
- **Childcare, and**
- **Transportation.**

We encourage you to take advantage of this opportunity to hear the perspectives of community members you may have never heard from before, as well as to voice your own opinions about the past and future of Moore County Men. A committee of Moore County community members played a large part in the planning and preparation for this event so that it can be a meaningful and enjoyable evening for everyone. Please come out and join us! We look forward to seeing you there.

Sincerely,

The Moore County Student Team

Enclosed: Community Forum Flyer

E2

Coming Together for Moore

To discuss the African-American family and community, with emphasis on the issues facing African-American men



MOORE COUNTY COMMUNITY FORUM

WHEN: Thursday, April 12th 2007
WHERE: Sandhills Community College
103 Van Dusen Hall
TIME: 6:30 p.m.—9 p.m.

**Free Dinner, Entertainment, Prizes,
Childcare and Transportation!**

For transportation please call

ALL CONCERNED CITIZENS ARE INVITED

(Men, women, mothers, sisters, and children)

Questions? Call Toll Free at 1-866-610-8273 or (919) 966-5542.

E3

Fundraising Letter

August 16, 2007

Dear Friend in Moore County,

We are graduate students at the University of North Carolina at Chapel Hill School of Public Health in the Department of Health Behavior and Health Education. As part of an academic course, we are on a team of 5 students conducting a community assessment in Moore County. Over the past several months, we have been speaking with a variety of individuals in the area about strengths and challenges specific to the African-American male community in Moore County.

On Thursday, April 12th, we will be presenting our findings at a community forum that will be held at Sandhills Community College. Because local establishments are an integral part of this community, we would like to have your business represented at the forum. We are requesting a donation from your business to be given away as a door prize to local residents. At the forum, we will provide a list of donors for all attendees. This will give you recognition throughout the community, and publicly credit your business as a generous one.

Your donation is eligible for a tax deduction. The Federal Tax ID number for UNC-CH is 56-600-1393. Should you have any questions, please do not hesitate to contact us by phone at (919) 966-5542 or toll-free at (866) 610-8273.

We thank you for your donation, and hope you can join us Thursday, April 12th at the community forum.

Kind Regards,

Manuela McDonough
Community Forum Planning Committee, Chair

Kelly O'Daniel
Community Forum Fundraising Committee, Chair

E4

List of Forum Donors

Thank you to the following local businesses for helping to make our forum a success!

Applebees – 2 free desserts
Arctic Chill Creamery – “buy one get one free” desserts
Basil’s Restaurant – \$15 gift certificate
Broad St. Bakery & Café – free lunch for two
Carmen’s Flower Shop – flower basket
Chik-fil-a – 10 free chicken sandwiches
Curves Gym – three-in-one tracker
El Vaquero – 2 \$5 gift certificates
Gap Creek Handcrafted Candles – 2 candles
Golden Corral – 4 “2 free buffet” cards
Gold’s Gym – 3 month gym membership
Lonestar Steakhouse – 2 certificates for “free dinner for 2”
Mary Contrary Gifts for the Garden and Giving – doll
Moe’s – \$30 gift certificate
Panera – 2 cards for free sandwich or soup or salad
Par 3 Car Wash – 3 free car washes
Rock-Ola Café – \$25 gift certificate
Sandhills Bowling Center – 10 free games
Sandhills Cinemas – 2 movie posters
San Felipe Mexican Restaurant – two combo plates and two soft drinks
Sonic – 8 “2 free combo” cards
Sweet Basil Café – \$20 gift certificate
TCBY/Beriyo – coupons for 6 free coffee drinks, 6 free waffle cones
The Barn – \$25 gift certificate
The Christian Bookstore – Bible study book
The Flower Stall – flower arrangement
The Little Toy Shop – stuffed animal
The Squire’s Pub – \$10 gift certificate
Tripps – \$20 gift certificate

Food/goods for the forum

Arby's – 25 roast beef sandwiches

Bojangles – 8-person tailgate special (8 pieces of chicken, biscuits, coleslaw, macaroni-and-cheese, sweet tea)

Botanicals Fabulous Flowers and Orchids – plant

Celebrations – 45 balloons

Domino's Pizza – 5 pizzas

Fresh Market – \$25 gift certificate

Food Lion - \$15 gift card

Giovanni's – pizzas, tray of lasagna, salad trays

Harris Teeter – \$10 gift certificate

Lowe's Foods – \$10 gift certificate

Nia's Pizza – 4 large pizzas

Panera – 4 boxes of coffee

Papa John's – 3 large pizzas

Pizza Hut – 2 large pizzas

Rhett's Personal Chef & Catering – 100 stuffed mushrooms

Smithfield's – 30 person “party pack” (barbecue, coleslaw, potato salad, hushpuppies)

Starbucks – free pastries (for dessert)

COMING TOGETHER FOR MOORE



Moore County Community Forum

**April 12, 2007
6:30pm — 9pm
Sandhills Community College
Van Dusen Hall**

**Discussing the African-American community with emphasis on the issues
affecting
African-American men**

Thank You

We would like to thank all the members of the Planning Committee for their dedication and hard work that helped make this forum possible.

Acknowledgments and Thanks

We would like to give special thanks to our preceptors, of FirstHealth of the Carolinas Community Health, for their commitment, devotion, and assistance on our project:

Roxanne Leopper

&

Chris Miller

Action-Oriented Community Diagnosis

Process

As graduate students at the University of North Carolina at Chapel Hill School of Public Health, our coursework includes a community assessment. Our assessment focused on the strengths and needs of African-American men in Moore County. Since November of 2006, we have been interviewing service providers and members of the community to gather information on issues of importance to African-American men.

We are excited about the opportunity to share the results of our study with the larger Moore community. The purpose of the forum is to present our findings to the community and to bring together individuals who are committed to making a difference within the community of Moore County.

To access our final report, titled
“The African-American Men Community of Moore County. An Action-Oriented Community
Diagnosis: Findings and Next Steps of Action”,
please visit the following link after June 31st, 2007:

http://www.hsl.unc.edu/phpapers/phpapers_moore.cfm

Moore County Community Forum

Agenda

- :30-6:35** **Blessing of the food**
- 6:35-7:00** **Registration & Dinner**
-
- 7:00-7:05** **Welcome and Introduction**
Roxanne Leopper
- 7:05-7:10** **Words from a Community Member**
Fred Walden
-
- 7:10-7:15** **Recognition of the Planning Committee**
Kelly Keisling
- 7:15-7:25** **Presentation of Findings**
Afa Jatau
Meg Kays
-
- 7:25-8:25** **Breakout Sessions**
Education-Room 202
Employment-Room 204
Healthcare-Room 207
Race Relations/Segregation-Room 208
Youth & Family-Room 211
-
- 8:25-8:35** **Dessert and Raffle Drawing**
-
- 8:35-8:50** **Discussion of Action Steps**
-
- 8:50-8:55** **Closing Remarks**
Cynthia McDonald
-
- 8:55-9:00** **Final Raffle Drawing**

Breakout Sessions

Themes at a Glance

EDUCATION

Education is a key issue in the community, particularly as it applies to African-American men and youth. The need for education to be seen as important to and meaningful is important to community members and service providers.

“Education is always the key, really, without that you’re not going to get very far.”

EMPLOYMENT

Both community members and service providers feel that African-American men in Moore County work mostly in service jobs. Many would like to see African-American men in higher-paying jobs.

“Service jobs are common here in restaurants, golfing, hotels, yard work. It pays just above minimum wage, \$6-\$7 an hour but you need \$10-\$12 an hour.”

Breakout Sessions

Themes at a Glance

HEALTHCARE

Many community members and service providers agree that access to health care is an issue for African-American men mainly due to lack of insurance and cost of benefits.

“Access is limited because of economics. [African-Americans] don’t have the money to pay for insurance; therefore they don’t get the regular check-ups they need. There is lack of knowledge of prevention.”

RACE RELATIONS / SEGREGATION

Community members feel that there is a separation between the White community and the African-American community in Moore County. Some African-American community members feel that there is a lack of involvement from Whites in their community.

“[We need to]...strengthen the bridge that exists between African-Americans and the Whites of the community. We haven’t really gotten totally beyond color.”

YOUTH & FAMILY

Family is an important part of the African-American community. Some community members raised single-parent families and changing family values as a concern, and feel that children could benefit from mentoring and positive role models.

“Unfortunately for whatever reason, most black men don’t have fathers in the home with them. They lack that role model and they lack a lot of positive role models...”

Raffle Prizes

We would like to thank the following businesses for donating door prizes

Applebees
Arctic Chill Creamery
Basil's Restaurant
Broad St. Bakery & Café
Café Sonoma
Curves Gym
El Vaquero
Gap Creek Handcrafted Candles
Golden Corral
Korner Kitchen
Lonestar Steakhouse
Mary Contrary Gifts for the Garden and Giving
Moe's
Panera
Par 3 Car Wash
Rock-Ola Cafe
San Felipe Mexican Restaurant
Sandhills Bowling Center
Sandhills Cinemas
Sonic
Squire's Pub
Sweet Basil Café
TCBY/Beriyo
The Barn
The Christian Bookstore
The Flower Stall
The Little Toy Shop

Thanks

We appreciate the donations we received from the following businesses

**Arby's
Celebrations
Chick-Fil-A
Food Lion
Giovanni's
Harris Teeter
Lowe's Foods
Papa John's
Pizza Hut
Rhett's Personal Chef & Catering
Starbuck's**

Thanks

We appreciate the publicity received from the following locations

**Rose Highland-Sharpe, host of
TV show "Talk Town" on Sandhills TV3
&
WEEB Radio Show Sunday Gospel**

**Felton Capel, host of
WEEB Radio Show Sunday mornings at 9am**

**Tim Kelly, host of
WEEB Radio Show, weekdays**

E6

List of Resources

Moore County Schools

P.O. Box 1180
Carthage, NC 28327
(910) 947-2976
www.mcs.k12.nc.us

Sandhills Community College

3395 Airport Road
Pinehurst, NC 28374
(910) 692-6185
(800) 338-3944
www.sandhills.cc.nc.us

FirstHealth of the Carolinas – Community Health Services

155 Memorial Drive
P.O. Box 3000
Pinehurst, NC 28374
(910) 215-1922
www.firsthealth.org

Moore County Health Department

705 Pinehurst Ave
PO Box 279
Carthage, NC 28327
(910) 947-3300
www.co.moore.nc.us

Moore Free Care Clinic

705 Pinehurst Ave
P.O. Box 1656
Carthage, NC 28327
(910) 947-6550

Sandhills Center for Mental Health, Developmental Disabilities, and Substance Abuse Services

1120 Seven Lakes Drive
P.O. Box 9
West End, NC 27376
(910) 673-9111
www.sandhillscenter.org

Friend to Friend Crisis Services

P.O. Box 1508
Carthage, NC 28327
(910) 947-3333

Moore County Chamber of Commerce

10677 Hwy 15-501
Southern Pines, NC 28387
(910) 692-3926
www.moorecountychamber.com

Moore County Job Link Career Center & Employment Security Commission

245 Shepherd Trail
Aberdeen NC 28315
(910)944-7697

Sandhills – Moore Coalition for Human Care

1117 W.Pennsylvania Ave
Southern Pines, NC 28387
(910) 693-1600

Moore County Department of Social Services

1036 Carriage Oak Drive
P.O. Box 938
Carthage, NC 28327
(910) 947-2436
www.moorecountync.gov

Boys and Girls Club

160 Memorial Park Court
Southern Pines, NC 28387
(910) 692-0777

Together4Moore

P.O. Box 923
Aberdeen, NC 28315

United Way

375-D S.E. Broad Street
P.O. Box 207
Southern Pines, NC 28388
(910) 692-2413
www.unitedwaymoco.com

Moore County Literacy Council

P.O. Box 1966
575 SE Broad Street(Suite11)
Southern Pines, N.C.,
28388
(910) 692-5954

Vocational Rehabilitation Services

300 Blake Road
Pinehurst NC 28374
(910) 295-1530



Coming Together for Moore

Community Assessment Results

April 12th 2007



Goals for the Forum

- To present what we have heard from the community in the past 5 months.
- To hear your concerns and thoughts about your community.
- To create action steps for issues concerning the community.

Community Assessment

- One-on-one interviews
 - 16 service providers
 - 12 community members
- Focus groups
 - 2 groups including 30 people
- Attended community events
- Analyzed interviews to identify major themes

Life in Moore County

- Beautiful countryside
- Quiet place to live
- Tight-knit community
- Southern hospitality
- Nice place to raise a family





Themes

- Employment/economy
- Living situation
- Health and access to health care
- Education
- Race relations/Segregation
- Community activism and politics
- Family
- Religion and churches
- Recreation



Selected Themes

- Education
- Employment
- Healthcare
- Race Relations/Segregation
- Youth and Family

Education

- Strength

- Education important to African-American community



- Concerns

- Not emphasized for African-American youth by families, youth, and teachers
- High drop-out rates
- Need for tutoring

Employment

- Strength

- Jobs are available in Moore County

- Concerns

- Mostly low paying service jobs
- African-American men may sometimes turn to selling drugs to make money
- Lack of availability, knowledge and use of job training and resources



Healthcare

- Strength
 - Many health services available in the community
- Concerns
 - African-American men are not insured
 - Lack of health resources for men
 - Lack of health knowledge
 - Fear of cost and outcome



Race Relations / Segregation

- Strength
 - Community aware of divide between the two communities and the importance of reducing the divide
- Concerns
 - Some discrimination against African-American businesses and employees
 - Lack of involvement of whites in the African-American community



Youth & Family

- Strength
 - Family is very important within the African-American community
- Concerns
 - Difficulty of raising children in a single-parent family
 - Lack of a male role model
 - Lack of mentoring for youth



Small Group Discussions

- How do we feel about the issue?
- How does it affect our community?
- Action Steps: What can we do about this issue?
- Come back and present Action Steps



Breakout Sessions

Education – Room 202 (Kelly O.)

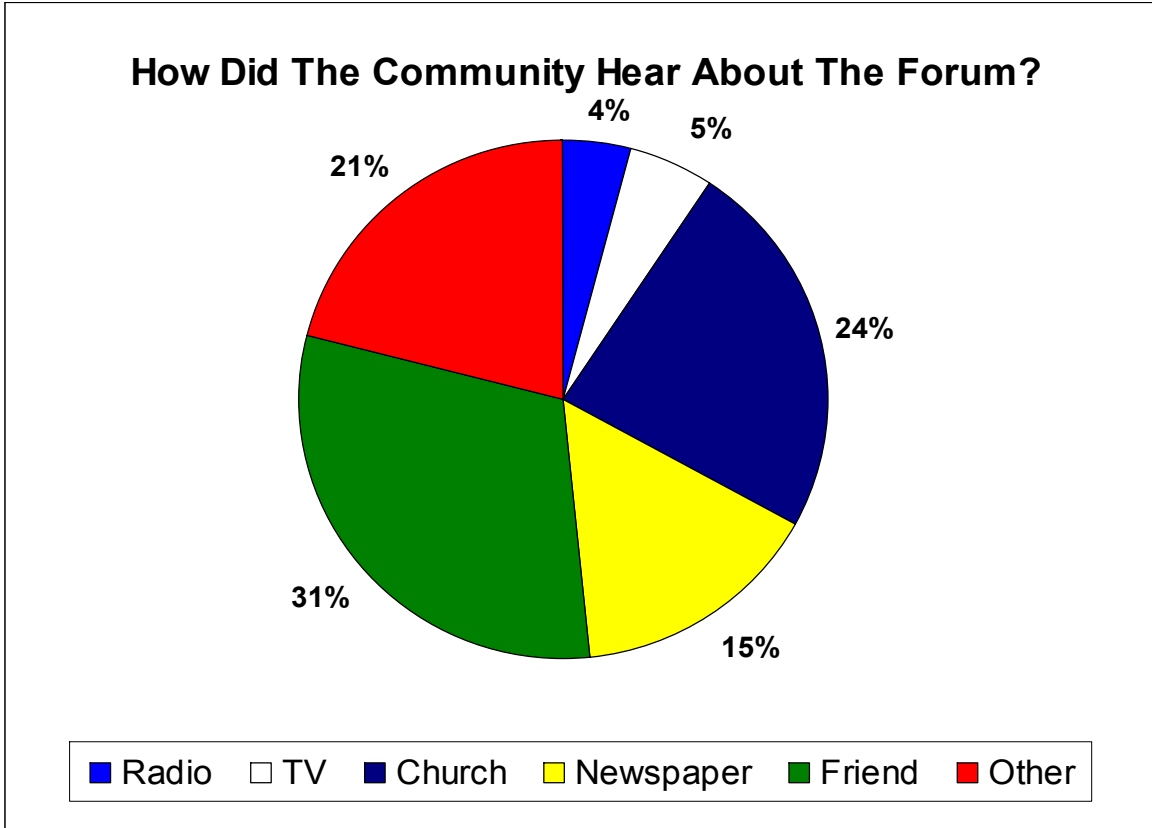
Employment – Room 204 (Kelly K.)

Healthcare – Room 207 (Manuela)

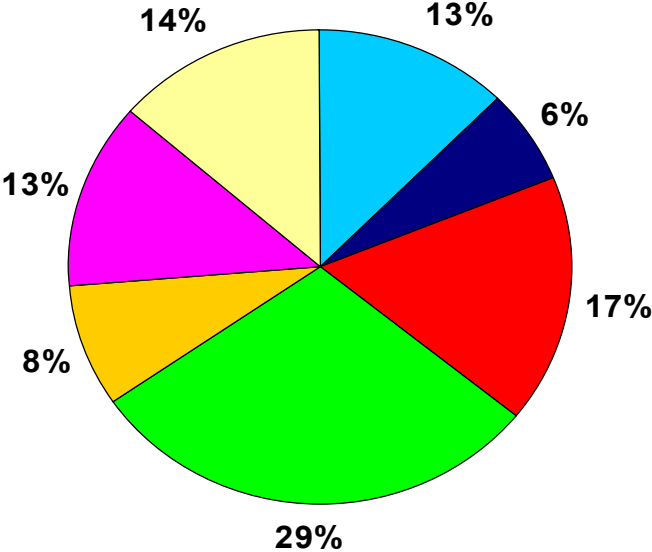
Race Relations / Segregation – Room 208 (Afa)

Youth & Family – Room 211 (Meg)

Forum Evaluation Diagrams



What Did People Like About The Forum?



- Community Coming Together
- Turnout
- Organization
- Breakout Session
- Informative
- Discussion
- Other

NEWSPAPER ARTICLES ON THE FORUM

THE PILOT:

Forum to Address Issues Facing Blacks in Moore

BY TOM EMBREY: STAFF WRITER

A lack of resources, education and job training opportunities are just some of the issues facing black males in Moore County.

After five months of research, graduate students from the University of North Carolina-Chapel Hill School of Public Health will reveal and discuss their findings during "Coming Together for Moore: Moore County Community Forum" from 6:30 to 9 p.m. Thursday in room 103 in Van Dusen Hall at Sandhills Community College.

"We found you have to look beyond the statistics and listen to the voices of the people in the community to get a better perspective of what is really going on," said Manuela McDonough, a member of the five-person survey team that has gathered information in Moore County since November.

McDonough, who is a graduate student, said the forum is open to all residents of the community.

"We are addressing topics that can help the community change for the better," McDonough said. "We can't accomplish that with just members of the black community or the white community, it takes everyone."

The survey or community assessment focuses on the strengths and needs of black males in Moore County. It centers on five themes: education, employment, health care, youth and families, and race relations/segregation. The purpose of the forum is to discuss these topics and to create action steps to address the issues that can be taken immediately.

The group's preceptor, Roxanne Leopper of FirstHealth of the Carolinas Community Health, said she is excited to hear the findings because the students got great participation from the community.

"We've tried to do health fairs and community events in the past, but we never seemed to get the participation that the students got," Leopper said. "I think they took the time to get to know the community and its members. They attended church with them and went to community events; they earned the trust of the community."

The assessment included two focus groups, each comprised of 15 health-care professionals and local residents, and interviews with 25 individuals.

Among those surveyed were Moore Health Board members, local residents, church leaders, law-enforcement officers and other health professionals in Moore County.

"I was surprised how open and receptive the community was," said Kelly Keisling, a graduate student and survey participant. "We really depended upon referrals from participants. They really drove the process by introducing us to Moore County."

McDonough said the assessment has been conducted in parts of Moore County in previous years, but this was the first time it has covered the entire county.

Graduate students at the UNC Chapel Hill School of Public Health performed similar assessments in other counties in North Carolina. The assessments, or Action-Oriented Community Diagnoses, were part of the students' course work.

Conducting the survey with McDonough and Keisling were Meg Kays, Afa Jatau and Kelly O'Daniel.

The students formed a group of 12 local residents and four service providers to plan the event and decide its themes.

The forum Thursday night will feature a presentation on the group's findings, dinner and breakout focus groups to discuss each topic.

"We are handing over the baton," McDonough said. "The community members need to take ownership of these findings and work together if this is to be a positive, sustainable change for the community."

Leopper said she hopes that the results of the forum will lead to community cooperation when dealing with the issues discussed during the forum.

"I am hopeful that this will lend itself to larger partnerships within the health community," Leopper said.

Child care and raffle prizes will be provided. Those needing transportation are asked to call (919) 357-6309 or (910) 639-9414 before 5 p.m. Thursday.

For those interested in the findings but cannot attend, the students will be writing a paper about the forum. The paper will be posted on the UNC Web site at www.hsl.unc.edu/phpapers/phpapers_moore.cfm

THE PILOT

Panel Formed to Address Issues Facing Black Males

BY TOM EMBREY: STAFF WRITER

Spurred by the research of five graduate students and the success of a recent community forum, Moore County is ready to address issues facing black males.

An action committee comprising 10 to 15 members will meet Friday with the goal of setting a date, time and place for a community event that will discuss implementation of the students' recommendations.

"I think these are issues that we can work on in a constructive way that will benefit Moore County and the African-American community in Moore County," said James Gaddy of Southern Pines, co-chairman of the committee.

The graduate students from the University of North Carolina at Chapel Hill made their recommendations during "Coming Together for Moore: Moore County Community Forum" on April 12.

The findings and recommendations were based on five months of research. It focused on issues facing black males in the county such as education, lack of resources and job opportunities. A key component of the forum was an action plan for change.

"We got a tremendous response from the community," Gaddy said. "I haven't seen the data compiled from the forum, but I was very impressed with some of the responses and questions I heard from the community during the forum.

A larger crowd than expected attended the community forum.

"We were planning for about 100 to show," said Manuela McDonough, who is a member of the graduate student research team. "We had to bring in extra chairs and more deserts, but thankfully we had enough food."

McDonough said those who attended the event participated positively and seemed grateful for the opportunity to hear and address the issues.

"We definitely had people coming up to the student team saying how great this was and how thankful they were," McDonough said. "I am grateful we could bring these people together and start discussions. I hope they will follow through with our recommendations."

The forum was part of a graduate school project done by McDonough, Kelly Keisling, Meg Kays, Afa Jatau and Kelly O'Daniel. The forum, or community assessment, included two focus groups of 15 health-care professionals and local residents, and interviews with 25 community members.

FirstHealth of the Carolinas, Community Health, assisted with the forum.

Among those surveyed were Moore Health Board members, church leaders, law-enforcement officers, and other health professionals in Moore County.

The group's presentation and recommendations will be posted by June 30 on the UNC Web site at www.hsl.unc.edu/phpapers/ph_papers_moore.cfm.

Appendix F: Discussion Group Facilitation Materials

F1

Description of SHOWED

The SHOWED discussion method uses six stages: See, Happening, Our, Why, Evaluation/Empowerment, and Do, prompting participants to reflect upon a trigger (a photo, drawing, quote, cartoon, video clip, etc.) and relate what is happening in the trigger to their own lives and situations.

Concrete Questions

SEE

Q: Literally, what are you *seeing* in this picture or hearing in this poem?

HAPPENING

Q: What's *happening* in this picture? (How do people feel about this?)

Q: When we see this, what is happening?

Q: How do people (who experience this) feel about the situation?

Personalizing Questions

OUR

Q: How does this relate to *our* lives? (How do we feel about it?)

Q: Have you had experiences when this has occurred in your life?

Q: Have you known other people in your community who have experienced this?

Q: What other situations have you experienced like this?

Q: Is this common? Could this happen to others?

Q: How do you feel about it?

Q: What problems are related to this?

Analytic Questions

WHY

Q: *Why* does this exist or happen? What are the root causes?

Q: What causes this?

Q: But why?

Q: How does it impact our families and communities when this happens?

Q: Who benefits/wins when this happens?

Q: Who loses?

Q: Who is responsible for perpetuating this situation?

Problem-posing Process Questions

EVALUATION/EMPOWERMENT

Q: How can we become *empowered* with our new social understanding?

Q: How are we part of the problem?

Q: How can we be part of the solution?

Q: What are some reasons that we let this persist?

Q: What are some causes of letting this persist?

Problem Solving Questions

DO

Q: What can we *do* about these problems in our lives:

Q: Given what we see is going on and how we are a part of the problem and solution, what can we do?

F2

Description of ORID

The ORID-focused discussion method has four consecutive stages: Objective, Reflective, Interpretive and Decisional. It is a logical series of questions that probes the natural sequence humans use to think about an issue. As the facilitator of this discussion, your job is to develop a series of probing questions, in sequence, which help group members explore (discuss) their common experience.

The Process:

1. Objective discussion – draws out the facts about the experience or event. As a facilitator you would ask questions like:
 - What did you observe?
 - What words, phrases, colors or scenes do you remember from the trigger?
 - What are some key ideas or images in the trigger?
2. Reflective discussion – enables the group to discuss how they felt about the event.
 - What was your first response?
 - What excited, angered, intrigued or frightened you?
 - What surprised you?
 - How did you feel when that happened?
 - What was a high point of the presentation for you?
3. Interpretive discussion – enables the group to consider the meaning and value of the event, its significance and usefulness to the group?
 - What were the presenters saying?
 - What was this about?
 - What were the most significant events?
 - Why were they important?
 - What issues does this dialogue bring up for you?
 - What are some of the deeper questions we could explore?
4. Decisional discussion – enables the group to make a decision or respond to the experience.
 - What would you say about this event to someone who was not there?
 - What change is needed?
 - What can we do here about these issues?
 - What actions can we take?
 - What would be our first step?

Useful Tips for ORID:

Open-ended questions that require specific examples and illustrations work best. The discussion is informal and should flow naturally from one stage to the next. You may need to be patient and wait for responses. Silence is OK. It lets people think. You should not force anyone to speak, but gently ask those that have not contributed what they have to share.

The group does not need to know the theory behind this technique for it to be effective. To help the group remember and consider key points, you may wish to record some of the discussion on a flipchart.

Education Trigger

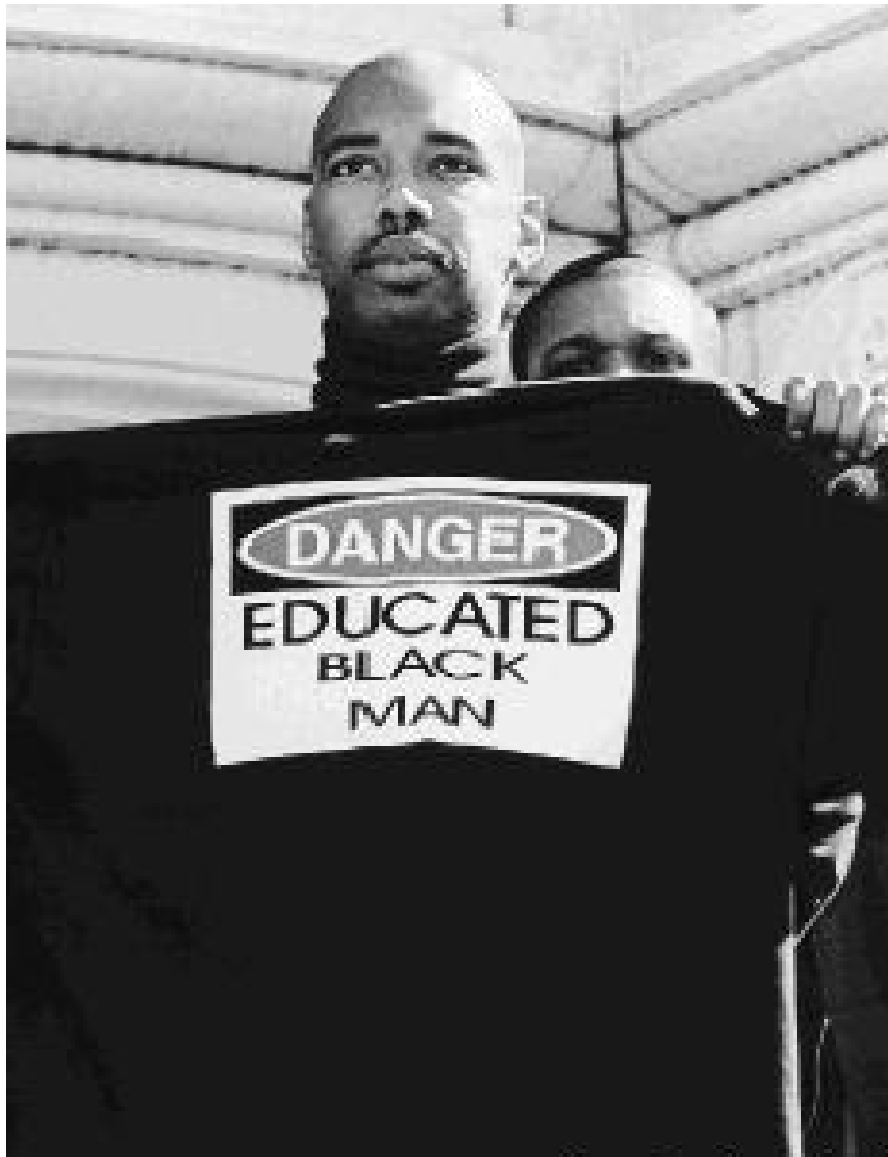


Photo by Rick Reinhard

The effort to improve the educational background of black men has to begin very early. It's extremely difficult to turn a high-school dropout into a college graduate. This effort can succeed on a large scale only if there is a cultural change in the black community.

SHOWED – Education

SEE

1. What do you see in this picture?

HAPPENING

2. What's happening in the picture?
3. How do you feel about this?

OUR

4. How does this picture relate to you in your life?
5. Have you had experiences like this?
6. Do you think this attitude/type of thing is common in the community?
 - a. Who thinks this?

WHY

7. Why is this type of situation happening?
8. How can you be part of the solution?
 - a. Who else should be involved in creating a solution?

DO

9. What can you do about these types of problems?
10. What action steps can you take? Who is going to take responsibility for making sure they are carried out?

F4

Employment Trigger



The SHOWED questions are as follows:

1. SEE/ HAPPENING:

a. What places do you see in this picture?

2. OUR:

a. Are there places like this around here?

b. How are these places connected to each other?

c. How does this affect your life and your career?

3. WHY:

a. Why did the economy change this way?

b. Why does it affect your lives in this way?

4. EVALUATION/EMPOWERMENT:

a. What control do we have over the economy? And over your own jobs?

b. What part of this problem do people here have the power to fix?

c. If people have that power, why is it difficult to fix?

5. DO:

a. What is the most important or simplest part of the problem to fix?

b. What specific steps can people here take to make that happen?

c. How can we make that an action plan? Something to present to the (city/employers/etc) as a solution?

F5

Healthcare Trigger

His Last, Best Cause

Activist Who Neglected His Health Warned Other Black Men in Final Days

By Darryl Fears

Friday, October 6, 2006; A01

Damu Smith looked handsome in his coffin.

His face, with its high cheekbones and sharp jaw, seemed full again. His hair had a soft sheen, having been freshly oiled and woven into small, braidlike twists by his beautician at the funeral home the night before. His unblemished skin was the brown of a honey graham cracker.

The women who loved him most sat on the wood pews at the front of Plymouth Congregational United Church of Christ, a few steps from where he lay. His sweetheart, Adeleke Foster, lovingly touched his face one last time. His sister, Synchronic Williams, dabbed at tears until her tissue was soaked. His 13-year-old daughter, Asha, stared blankly ahead with sad, dry eyes.

In his final days, as he underwent grueling chemotherapy, Smith said he was fighting for Asha -- "I've got to see the man she marries," he cried. But in the end, he was no match for colorectal cancer -- or his own failure to seek medical treatment.

Smith, 54, like many other black men, died before his time. Black men have a life expectancy of 69 years, six years less than white men and far shorter than men of other ethnic groups. They are more than twice as likely to die from cancer as white men, according to the National Cancer Institute, and nine times as likely as white men to die of AIDS. They suffer from lung disease, heart disease, hypertension, stroke, diabetes and other chronic illnesses in disproportionate numbers that alarm health-care professionals.

The SHOWED questions are as follows:

1. See
 - a. How would you describe this article to someone else?
 - b. What of the article particularly strikes you? What strikes you about the photograph, the title, the article?

2. Happening
 - a. How is Damu Smith feeling?
 - b. What do you think was happening with Damu Smith?

3. Our
 - a. How does Damu Smith's story relate to your experiences?
 - b. How is it difficult for African-American men to access health care?

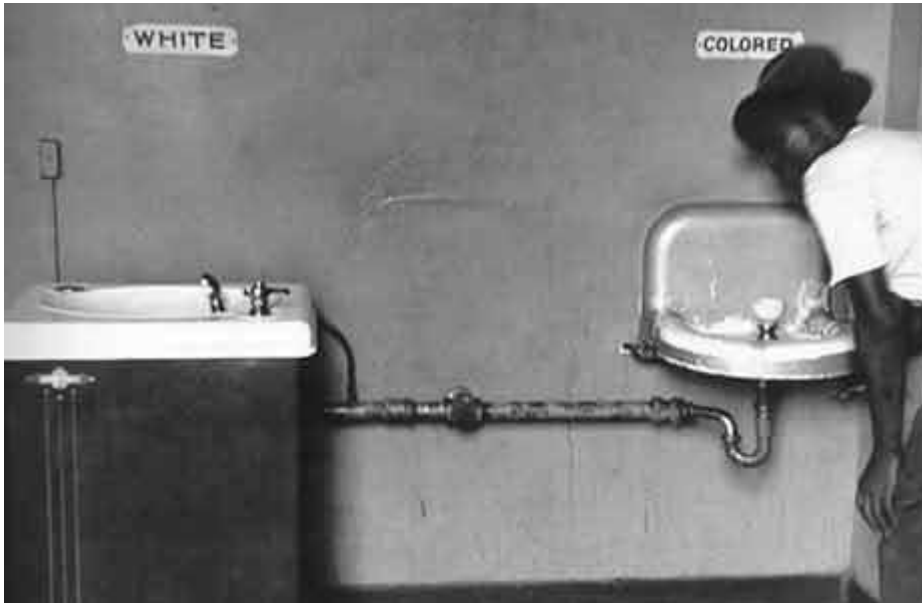
4. Why
 - a. Why do you think this situation is occurring?
 - b. What makes it difficult for African-American men to get treatment?
 - c. Why don't African-American men seek health care?

5. Empower/evaluation
 - a. How can we evaluate this experience? What insights does this story offer us?
 - b. What are the "take home" messages?
 - c. Understanding that racism exists, how are we a part of this health care/access problem?
 - d. What are some reasons this is occurring?

6. Do
 - a. What are some things we can do TODAY?
 - b. What can we do differently as a result of this newspaper article?
 - c. Let's think of some concrete action steps that we can start implementing TOMORROW?

F6

Race Relations and Segregation Trigger



ORID Discussion: Race Relations/Segregation

ORID

Objective (getting the facts) Reflective (emotions, feelings, association), Interpretive (values, meanings, purpose), Decisional (future resolves).

Everyone is in here because this is an important and passionate topic to them; unfortunately we only have 40 minutes to discuss this topic. So it would be great to hear from everyone. We have some ground rules to get us started in order to have a great discussion. Is there anything else we can add to this?

To get everyone involved and on the same page, I thought we'd start with a picture. *(Pass out picture)*

Objective

We are going to start the discussion by just getting the facts about this picture.

What do we see in this picture?

Reflective

Now let's talk about getting the facts about this picture.

What is your first response to this picture?

How do you feel when you look at this picture?

Interpretive

We are going to move on now and talk about the meaning of this picture?.

What is this picture about? *(Probe: What are some of the issues here?)*

How does this picture relate to your lives? *(Probe: What issues does it bring up for you? for your community?)*

What are some possible causes of segregation in Moore County?

Why do you think Whites do not get involved in the Black community?

Why do you think the two communities do not interact?

Do you think it is by choice?

What exactly do you want Whites to do in your community?

Why do you want White involvement?

How would that make things different than they are now?

Decisional

We are going to talk about action steps now.

What change is needed? *(What is your vision of race relations in Moore County?)*

What steps can we take to create this change? *(Probe: Of these steps, which are the most important and changeable?)*

What will be our first steps?

Whom might we ask to help?

Thank you for sharing all your thoughts, ideas, and opinions. Is anyone willing to start working on the first step? Does anyone want to be contact if others are interested in helping move forward in this process?

F7

Youth and Family Trigger



Photo by Jason Yarrington, courtesy of Linda Burton

Children who are poor or black are more likely to be raised in single-parent families than those who are middle-class or white.



Corbis.com

The SHOWED questions:

1. See
 - What images do you see in the top photo? The bottom photo?
 - What differences are there between these two pictures?
 - How would you describe these two photos to someone else?
 - What stands out to you about these photos?

2. Happening
 - What do you think is happening in the top photo, in comparison to the bottom photo?
 - How do you think the family in the top photo feels? In the bottom photo?

3. Our
 - How do these photos relate to your experiences?
 - Are these things that are happening in your lives?

4. Why
 - Why do you think this situation is occurring? What are some reasons this happens?
 - What has caused this change in families and values and youth?

5. Empower/evaluation
 - How does this situation affect the youth? How does it affect the African-American community as a whole?
 - In what ways are we part of this problem? What role do we play?

6. Do
 - What are some things that we can do starting today to change the impact on youth?
 - Create action steps