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Culturecology, Women and African Centered HIV Prevention

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Abstract

The Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American women is based on a theoretical conceptual framework called "Culturecology," and a model of African Centered Behavioral Change (ACBCM). Culturecology poses that African Americans culture is central to both behavior and behavioral transformation. The ACBCM indicates that behavioral change occurs through a process of re-socialization and culturalization, minimizing negative social conditions and maximizes pro-social and life-affirming conditions. N = 149 women, 105 in the intervention group and 44 in the comparison group. Findings show significant changes in participants from pre-test to post-test in (1) increasing motivation and decreasing depression and hedonistic behavior (cultural realignment); (2) increasing knowledge, positive attitudes, and self worth (cognitive restructuring); and (3) a shift toward changing sexual practices (character development). The African-centered approach demonstrates promise as a critical component in reducing and/or eliminating health disparities in the African American community.

Key Words: HIV prevention, Substance abuse prevention, Culturecology, African American Women, African Centered Behavioral Change Model, African American Culture

Culturecology, Women and African Centered HIV Prevention

Introduction

Health disparities in the African American community have been recognized in every Surgeon General's report since 1985 (Heckler, 1985; U. S. DHHS, 2008). The disparity found in HIV/AIDS is monumental. Since 1995 more African Americans were reported with HIV/AIDS than any other racial/ethnic group. Although African Americans represent only 13% of the national population, they represent more than 50% of the new cases reported. Former Secretary of Health and Human Services, Donna Shalala has declared that "AIDS in the African American community is a crisis, demanding an emergency response" (DHHS, 1999). Similarly, Surgeon-General Satcher declared HIV/AIDS to be one of nine primary disease categories for resolution/improvement for the nation by the year 2010 (DHHS, 2001). Evidence is overwhelming that African American populations should be a primary target for HIV/AIDS prevention/intervention services and strategies (DHHS, 2003; 2008).

While some biomedical and behavioral approaches to HIV prevention and treatment have proven effective, interventions that emphasize culture or integrate culture with behavior change are likely to have sustained effects with African Americans (Airhihenbuwa, DiClemente, Wingood, & Lowe, 1992; Wierenga & Wuethrich, 1995; Nobles and Goddard, 1993). HIV/AIDS prevention for the African American community requires a radical and permanent paradigm shift in the approaches used to develop, design and implement intervention programs. At the heart of this paradigm shift is the recognition of the critical role that culture plays in determining behavior and consequently behavior change. To effectively implement behavior change, programs must reconfigure the way in which the targeted population thinks and feels

about what it means to be a human being and the behavior and benefits associated with that meaning.

In this paper, we discuss the Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program (HWFD) for African American women as an innovative project that utilized and tested the efficacy of the African Centered Behavioral Change Model in the prevention of behavioral choices associated with HIV/AIDS.

Culturecology and the African Centered Behavioral Change Model

The development of models in health and human service must be consistent with the cultural meanings of human being and the definition of the person indigenous to that culture. Hence, the praxis of psychology must lead to both the understanding and support of the people's culturally consistent lived experiences. The critical task with which we are faced is one of knowledge construction to generate authentic data to inform intervention. It is the issue of authenticity which generates the need for epistemological correction. Authenticity requires the location of African American people in a cultural paradigm consistent with their cultural reality.

All health outcomes stem from the dynamic relation of person and environment, both as process (Glanz, Lewis, & Rimer, 1997). A number of psychological models are used to explain and predict changes in health behavior, including the stages of change model (Prochaska, DiClemente & Norcross, 1992), the health belief model (Rosenstock, 1974), the use of a health locus of control (Asadi-Pooya et al., 2007; Bettencourt et al., 2008), a self-efficacy model (Bandura, 1977) and a behavioral intention model (Ajzen, 1991; Schwarzer, 2008). These models include the individual's perception of being at risk, perceived benefits of change, confidence that the necessary change can be made, and the symbolic and real role healing plays in a person's life. This focus, however, has limited the possibility of change, particularly for

culturally unique groups. Even the simple act of choosing to change one's diet is guided by a complex interaction of psychological factors, pertaining to readiness, willingness, and ability to change as well as situational factors (Bromwell et al., 1995).

Lewis King and Wade Nobles working with the National Congress of Black Churches and the Centers for Disease Control and Prevention (CDC) have developed a unique health model which focuses on human relations that are grounded in both environmental and person contexts. The central argument of the King-Nobles Model is that incomplete, flawed and a historical conception of African American human relations undermines the good intentions of clinical interventions.

Inherent in the King-Nobles) articulation of model development are the principles that form the basis of an alternative approach to public health. Central and fundamental to this is the role of culture (Gergen et al., 1997; King and Nobles 1997) as the organizing framework upon which all actions rest. King and Nobles, 1997 coined the concept of "**culturecology"** to capture this cultural framing. The inviolate assumption of the Culturecology model is that human well-being is a "relational event" resulting from and defined by situational-bound units of relationships between the person (as cultural agent) and the environment (as having cultural agency). From our rearticulated "person X environment" representation, we can generate a framework which identifies the central parameters that inform health behavioral outcomes.

As such, this model of change is based on the deep respect for and careful application of the cultural wisdom traditions, precepts, norms, values, customs and beliefs unique to a particular cultural community. What people do and how they behave is largely determined by their culture and condition. The African Centered Behavioral Change Model (Nobles, 2008) is, accordingly, grounded in the fundamental notion that ideas, as manifestations of culture, are the

substance of behavior and that everything that we do (our behavior) is the result of the "choices we make" and the "chances we take." The choices we make and chances we take are based essentially on the meaning of the person; i.e., what it means to be a human being. The meaning of the person is ultimately determined by the cultural grounding of the person. Only through one's culturally grounded humanity can anyone effectively manage and maintain the business of living a productive, harmonious and healthy life. Given the historical experience of Africans in America, African culture has been devalued and seen as a source of ridicule and/or contempt.

The African Centered Behavioral Change Model specifically indicates that behavioral change occurs through a process of "culturalization" wherein the person minimizes negative social conditions and maximizes conditions that are pro-social and life-affirming. Culturalization is accomplished through the techniques of cultural realignment, cognitive restructuring and character refinement. The technique of cultural realignment is a process wherein one is re-aligned with traditional African and African American cultural values.

By realigning with our own cultural essence and integrity we are able to draw upon a source of "energy" that ignites and enhances our spiritual, mental and physical well-being and, in so doing, guarantees our human liberation, enlightenment and on-going development. An example of cultural realignment would be to shift the cultural grounding of behaviors, beliefs and attitudes from "individualism and selfishness" to "collective worth and mutual responsibility." The technique of cognitive restructuring is a process wherein one reconfigures and restructures how one thinks about self and the real world within which one is located. By restructuring how we think about self we come to a better understanding of our rightful place of rulership (i.e., how we control, manage and plan), and governance (i.e., how we govern and control our behavior) in the world, and in so doing release our limitless potentiality.

An example of cognitive restructuring would be to shift the meaning of being human or identity from the “n______ word” to being “divinely human with an African face.” The technique of character refinement is a process wherein one develops one’s own character in accordance with one’s cultural essence. Character is the mark of someone or something which signifies its distinctive quality. As such one’s character is the complex of mental and ethical traits marking a group, people or nation. The ethical traits refer to the values and virtues of a people. The mental traits refer to the attitudes and attributes of a people. Together the mental and ethical traits determine the personality attributes and behavioral disposition to act in a particular manner.

An example of character refinement would be to change the personality attributes of one’s distinctive quality from being “descendants of former chattel slaves” to being “tri-fold unfolding radiating spirits.” Through a process of ”culturalization,” the strategy used helped to reconfigure the way women think about health and well-being and enhance the development of protective factors that would make them less likely to engage in risky behaviors that expose them to the risk of being infected with HIV. In utilizing a cultural model of behavioral change, this project was designed to increase the protective factors within the Black population that retard disease and dysfunction by re-instilling traditional African and African American health promotion "cultural" values in Black women. By realigning the behavioral process of the community and the psycho–behavioral dynamics of the community to its traditional, indigenous cultural reality, one simultaneously inoculates the community from disease and encourages community homeostasis (i.e., promotes harmony and health).

The objective of this project was to provide in vivo support systems which will enhance the resilient capacity of African American women so that they are better able to mediate and/or

eliminate the "stressors" to healthy functioning in society. Human veneration provided in a culturally appropriate manner can buffer women, children and families from social and psychological effects of dealing with ill health, promote personal development and psychological well-being and stimulate positive patterns of interaction within both the family and broader environment.

Accordingly, the culturecology model places behavioral change in the context of cognitive restructuring (the way one thinks and feels), cultural realignment (what one holds as meaningful and important) and character refinement (the personality attributes and behavioral disposition to act in a particular manner). The shift from "at-risk behavior" to "health promotion behavior" was accomplished by the techniques of cognitive restructuring, cultural realignment and character refinement. Through a process of "culturalization" the HWFD project expected to transform how the participants think and feel and consequently, the way they act or conduct themselves, i.e., risk reduction.

Methodology

Research Design

We utilized a quasi-experimental pre/post-test design with non-randomized comparison groups, an intervention and comparison group. Participants were not randomly assigned to either the treatment or the comparison group. Women (17-45 years old) were recruited from agencies providing services to African American women. Upon explaining the nature and purpose of the study, those expressing a willingness to participate in the project were enrolled as the intervention group. Women participating in the agencies' regular programming were used as the comparison group. The intervention group was exposed to the HIV/AIDS and SA Prevention training curriculum and other prevention activities. *The intervention was delivered in formal*

training sessions which were held in community-based organizations in Oakland with each training session consisting of 10-12 women and lasing for 16 weeks. The overall intervention was implemented over a three-year period.. The comparison group with the same characteristics as the intervention group only received the traditional services provided by their agency and remained in the study for the same time as the intervention group.

Project Participants

The participants for this project consisted of 105 women in the intervention group and 44 in the comparison group. The majority of the women, (66%), was single/never married; had children (67%); and were unemployed (56%). The women had an average of 2.76 children and about one third (35%) had completed less than a 12th grade education. The most common living situation for the women was living with parents (29%) and living with their own children (24%). The average age of the sample was 30.26 years. In terms of demographic characteristics, there were few differences between the intervention and comparison group. Both groups had the same high levels of unemployment (55% vs 56%) and about one third of each group (36% vs 33% had less than a 12th grade education. The intervention group was slightly older than the comparison group (31.12 yrs. vs 28.17 yrs), had less children (2.67 vs 3.00) and a smaller proportion were never married (64% vs 72%).

Project Implementation

The implementation of The Healer Women Fighting Disease Integrated Substance Abuse And HIV Prevention Program consisted of a sixteen once-a-week two-hour prevention training session, led by a skilled female African centered HIV/AIDS prevention trainer. The individual training sessions were guided by specific goals, objectives, lesson plan, teaching aids and "after session" activities. Each session intentionally addressed the women as a whole "persons" in the

context of family and community (environment). At the completion of the training cycle, participants go through a "Rite of Passage Ceremony" and Achievement Celebration wherein they will receive a certificate of completion. The training experience was based on the African principle of "self-healing potential," which incorporated the following three approaches to training:

a) Insofar as possible, the act of healing (problem solving) should be as close to the problem environment as possible and by the persons and/or groups who were experiencing the problem. This meant that the trainers should simply facilitate a process of prevention (behavioral change) in such a manner that enabled the African American women to help themselves and continue to grow in their capability as healer women.

b) Recognize that the members of the "targeted group" themselves possess many, if not most, of the essential energies required to generate and sustain HIV/AIDS and SA prevention behavioral change, and

c) Understand that real change in human behavior must be addressed in order for prevention to be permanent and that permanent behavioral change occurs when the desired behavior is ritualized in ways that are congruent with the best of the cultural traditions and beliefs of the targeted group.

The logic model guiding this intervention is presented in Figure 1 below.

Insert Table 1 here

Logic Model. The logic model lays out the chain of action that guided the HWFD project. The first column lays out the environmental conditions that place African Americans at risk for self-destructive behavior (human negation, nullification and disenfranchisement). These general ecological conditions manifest themselves in individual feelings of depression, hopelessness,

poor self worth, risk taking, reckless behavior, etc. It is well known that these risk factors are linked to substance abuse and behaviors associated with contracting HIV (second column). The third column of the logic model identifies the aspects of the ACBC curriculum that was designed to reduce risk-taking behaviors and increase resiliency. The remainder of the logic model explicates the hypothesized behavioral change, outcomes and assessment measures.

Core Project Components

The Healer Women Fighting Disease Integrated Substance Abuse And HIV Prevention Program (HWFD) is grounded in "culturecology" and consists of a ten modular African Centered Behavioral Change HIV/AIDS & SA Prevention Curriculum and four additional project developed prevention components (i.e., the Zola Ngolo Healing Ritual; Self-healing Potential (Sacred Stones); the Act of Self Healing: Loving Oneself; and, Journaling). We describe these components briefly below; however, a full description of these rituals and healing components are discussed elsewhere in more detail along with qualitative findings from the journaling (Article under review). The length of this article, however, will not allow us to discuss the "Zola Ngolo Healing Ritual" and the "Self-healing Potential (Sacred Stones)" component of the intervention.

The Act of Self Healing: Loving Oneself. In bringing about behavioral change in the women one fundamental process utilized was *The Act of Self Healing, Loving Oneself*. It was through the act of consciously loving oneself (individually and collectively) that the African American women in this project were able to intentionally reflect on and adopt positive African and African American healing values and beliefs while simultaneously releasing their own "self-healing (spiritness) potential." African American women face the triple jeopardy of racism, sexism and classism. In addition they have been portrayed in almost every negative image in the

media and popular culture. As such African American women often do not recognize their deeper meaning and purpose in life. In order to counter these negative imaging patterns, the project had to create a process wherein the women would begin to heal themselves in seeing that they were worthy of self respect just by their being, and not by what they have done. The act of self-healing is a meditation practice that involves cleansing themselves through breathing exercises, affirming their destiny, grounding themselves in the historical experiences of African women and the recitation of the *Two-Fold Five Points of Self-Healing Affirmation.*

In releasing the healing potential of the women, the project used the *Two-Fold Five Points of Self-Healing Affirmation***.** By invoking the power of "Nommo", which is a call and response method, the participants gave "voice" to their own capacity to love themselves and to engage in self-healing and empowerment. As points of self-healing, Healer Women participants were guided to claim the truth of their own healing by affirming that they have the power to release all negative energy, experiences and thoughts from their being and experience and, in so doing, embrace all that is positive within the universe.

The *Two-Fold Five Points of Self-Healing Affirmation* was conducted in the African tradition of call and response in which the healer woman trainer would make a statement followed by a response from the group. For example, the healer woman trainer would call out "I am the source and experience of creativity and productivity" and the women responded "I choose to be productive and creative." Other calls and responses dealt with harmony and happiness, healthy relationship, family well-being, safety and security, peace of mind, wellness of body. These issues influence and determine the chances people take and the choices they make and have implications for health and healing. The affirmations tell the women what is proper is that which supports the growth and development of healthy lifestyles, (cognitive restructuring).

Furthermore, they remind the women of their greater purpose and higher self (character refinement) and their connection to an internal goodness/essence and the drive to achieve that which is proper and good (cultural realignment).

Journaling. In the "Journaling" process the Healer Women were encouraged to write their own thoughts, feelings, and experiences as part of the Ritual of Self-Healing. It was through journaling that the Black women in the project regained their "voice" (which has been silenced for too long) and affirmed their own essence. The concept of "Voice;" i.e., the power to express one's essence, was used to capture the "maps of meaning" (structural schemas) growing out of the Black Women's cultural grounding, historical relations and meaning as a person. In documenting their thoughts and feelings the women began to acknowledge their flaws as well as their strengths and thus created an environment and desire for change. In their own words the women reflected on their feelings, where they saw themselves and the way in which they have changed.

The African Centered HIV/AIDS & Substance Abuse Prevention Curriculum. This curriculum represents and reflects the best of African centered precepts, values and beliefs. It is grounded in the recognition that an African centered approach to health promotion and HIV/AIDS prevention must reflect in its philosophy and programmatic practice specific cultural foundations of African and African American thought and practice. Integrated around the issues of Cultural Realignment, Cognitive Restructuring and Character Refinement, this curriculum is organized in modular form. There are ten modules with eighteen teaching units. The modules represent conceptual areas within the curriculum, while the teaching units represent selected training objectives specific to HIV/AIDS and Substance Abuse prevention information and cultural realignment. The sessions were broad in context and content and cover the totality of the

women's existence by including the way in which oppressive structural forces, such as poverty, institutional racism, gender inequality, distort and weaken both collectively and individually a group sense of being and group pride. The outcome of this process was the creation of internalized oppression which manifests itself in the form of depression, disenfranchisement, a sense of fatalism, psychological dissonance and the suppression of risk and an engagement in hedonistic pleasure. The objective of the curriculum was to enable the women to reclaim their humanity, their beingness and their sense of self worth; to understand the way in which structural factors impact upon them and influence their behavior; to begin the process of regaining their voice and create a plan of action that would lead to health promotion and disease prevention. Each of the sessions has specific objectives that are presented in the Table below.

Insert Table 2 here

The sequencing of the modules was very critical to the success of the project. The first two modules provided an orientation to the African Centered Behavioral Change Model and the way in which societal factors produce behavioral outcomes that may or may not be culturally consistent. The next two modules provided the women opportunities for introspection to understand the meaning of Black womanhood, how they see themselves and what their values are. The fifth module is the bridge from personal reflection on their own lives to the discussion of HIV and its prevention. Module five was conducted by a licensed mental health professional and discussed broad mental health issues that may impact the lives of women. Modules six, seven and eight examined the current HIV/AIDS pandemic by examining some of the myths about the disease, providing the women with epidemiological data of HIV in the Black community, discussed the methods of transmission of the virus and explored the behaviors that put women at risk of contracting the virus. The final two modules then provided the women with

the tools for developing a plan of action that could lead to health promoting behavior and disease prevention.

Each session was guided by a detailed lesson plan that included time allocations for each topic covered and teaching aids that would help the trainer to deliver the information. Although times were allocated for each sub-topic within the session, the trainer had the freedom to extend the discussion of any sub-topic beyond the allocated time based on the interest, energy and participation of the women. While the project was curriculum-driven, the specifics of the sessions were dictated by the involvement of the participants in the program.

The formal training process includes a set of thinking, feeling and doing activities which were designed to enable Black females to internalize the information provided as well as stimulate the natural resilience against disorder and disease. The project used an African centered training methodology that was based on six culturally consistent training techniques: dramatic consciousness, mind modeling, image and interest discussion/dialoguing, culturally consistent problem solving; metaphoric memory and analogical thinking (cf, Nobles and Goddard, 1993) that allowed the participants to engage in a process of cultural remembering, cultural recall and cultural replication that resulted in behavioral change

Evaluation Measures

Beck Depression Inventory (BDI). The 21-item BDI (Beck, Rush, Shaw & Emery, 1979) is designed to assess one syndrome (depression) composed of three factors: negative attitudes toward self, performance impairment, and somatic (bodily) disturbance. Validity and reliability analyses were conducted and have been reported in detail elsewhere. High scores represent high levels of depression. *Beck Hopelessness Scale (BHS)*: The 20-item BHS (Beck, 1979) is a self-report inventory designed to measure three major aspects of hopelessness; feelings about the

future, loss of motivation, and expectations. The internal reliability coefficients are reasonably high (Pearson r= .82 to .93 in seven norm groups). High scores represent high levels of hopelessness.

The Crumbaugh Purpose-in-Life (PIL) (Crumbaugh, 1968). PIL test provides a measure of the extent to which an individual perceives life to be meaningful and contains two orthogonal dimensions: Despair and Enthusiasm. Reported reliabilities are adequate. High scores represent high levels of self actualization (i.e. purpose in life).

The Self Worth Scale is a 19-item psychometric scale that is designed to assess feelings of a person's abilities and characteristics. Reliability analysis for the internal consistency of the scale was conducted, using a sample of Black women and values were found to be in the high range (Cronbach's alpha coefficient of .8379). High scores represent high levels of self worth

Attitudes toward condom use were assessed by seven items, all using four-point Likert-type scales. Items either measured agreement with negative stereotypes regarding condom use, e.g., "If I ask my partner to use a condom, my partner would think I don't trust him," confidence in the effectiveness of condoms, or agreement that individuals who use condoms are responsible. The negative items were reverse coded so that higher composite scores indicated more positive attitudes towards condom use. Cronbach's alpha for the composite indicator was 0.69. The range of possible scores was 1–7, with a mean of 2.08 (standard deviation, 0.64).

HIV/AIDS Transmission and Prevention Knowledge Scale consisted of twelve items concerning modes of HIV transmission (e.g., "Do you think a person can catch HIV/AIDS from sharing drug needles?") and misinformation/myths about the modes of transmission (e.g. "Do you think a person can catch HIV/AIDS from someone infected with AIDS sneezing or coughing on you"). Respondents could designate these statements as true or false, or say they did not

know. All correct answers were scored as 1; wrong and "don't know" answers were coded as 0. The higher score represented more accurate information about the modes of transmission of HIV.

Empirical Outcomes. It was expected that the women would exhibit more effective functioning in the area of interpersonal relations and develop more responsible decision-making skills. The outcomes associated with this effort were increased women self empowerment; reduction in sense of negation, oppression, and disenfranchisement; enhancement of feelings of self-worth; enhancement of coping skills; improved life management skills; reduction in HIV risk-taking behavior; decrease in the incidence and level of drug use; positive changes in the behavioral and attitudinal indicators of the character of Black females.

Results

The following results are based on the combined data from all three years of the project. At the end of the Healer Women Fighting Disease project, the African American women who participated in the African Centered Behavioral Change HIV/AIDS prevention program experienced significant changes in the three theoretical constructs, **cultural realignment**; **cognitive restructuring and character refinement**.

Insert Table 3 here

Pre-Post Analyses. In terms of "Cultural Realignment" the participants at post-test had a significantly better or more realistic view of their present and future quality of life, a stronger sense of motivation and reductions in depression and hedonism.

In terms of "Cognitive Restructuring, the Healer Women group had increased knowledge about the methods of transmission; more positive attitudes towards HIV, and increase in their self worth which is believed to be directly related to their expanded knowledge and understanding of their philosophical, historical and cultural heritage. As an indicator of a new or

refined (for the better) "mode of being," the Healer women group showed greater feelings of control of their lives, reduction in the sense of fatalism and as a direct reflection of their choices and chances, the women felt more confident in their ability to protect themselves from HIV.

In regards to the shift or changes in their personality attributes and behavioral disposition (i.e., "Character Refinement") the Healer Women group had greater sense of veneration and authenticity and expressed strong intent to change their sexual practices. Further support of "Character Refinement" was also found in significant reductions of negative attributes of character. The healer women group at post-test had less favorable attitude towards drugs and lower likelihood of engaging in unprotected sex.

Between Group Comparisons. A comparative analysis of the project participants and the comparison group was equally interesting.

Insert Table 4 here

In terms of between group comparisons the t-test for independent samples was used with the assumption of no equal variances between the groups. The results indicate that the women who participated in the prevention program showed greater change than the comparison group in terms of the critical conceptual areas. In regards to "cultural realignment," the participants had a lower sense of disregard than the comparison group. The issue of cognitive restructuring was also significant. The Healer Women group had statistically, significantly lower levels of sense of hopelessness, greater feelings of control of life, greater sense of purpose in life and more positive attitudes towards condom use. In terms of "character refinement," The Healer women group had statistically significant stronger intention to practice safe sex; stronger intention to change sex behavior, and reduction in risky sex behavior. The overall results suggest that African American women receiving the African Centered HIV/AIDS and SA prevention treatment showed

indicators of significant behavioral change that served as inhibitors to becoming infected with HIV/AIDS.

Discussion

In this research project, statistically significant changes were achieved relative to self-destructive behaviors that place women at risk of contracting HIV/AIDS. In regards to "Cultural Realignment," from Pre-test to Post assessment, there was significant change as measured by depression, hedonism and motivation. The reduction in feelings of depression is a critical outcome as depression is often associated with self-destructive behavior. Given the intense culturalization process in the project, the data indicate that the project participants' cultural orientation was significantly modified.

Realigning the mind maps associated with the task of cognitive restructuring requires changes in the experience of environmental conditions; i.e., political oppression, racial inferiorization and cultural denigration, which requires changes in public policy. However the women in the project had begun to restructure how they think and feel about themselves and the world within which they were located. As such, they began to express greater sense of self-empowerment as indicated by their feelings of control of their life and more importantly the belief that they have the ability to protect themselves from HIV. This is critical in terms of them now making decisions that are based more on informed choices and less of chances. In spite of the constant and persistent negation of African American culture and the subtle and subliminal messages regarding racial inferiority and deviancy, changes in the character of the women were most impressive. Increased sense of veneration and human authenticity reflect the new feelings of self worth that the women experienced.

This African Centered Behavioral Change model research has shown significant changes in behavior among African American women that could lead to reduction in HIV/AIDS rates, albeit within a small community. The research clearly suggests that in regards to utilizing an African Centered Behavioral Change HIV/STD Prevention model, the state of "character refinement", "cognitive restructuring" and "cultural realignment" for African American women at risk of contracting HIV/AIDS reflected a different "mode of being" at the end of the prevention experience. The Healer Women group expressed a shift or change in their personality attributes and behavioral dispositions. The data indicate that African American women receiving the African Centered HIV/AIDS and STD prevention treatment showed indicators of behavioral change that may very well serve as inhibitors to making choices and taking chances that place them at risk of becoming infected with HIV/AIDS and other STDs. The outcome data analysis indicated great success of the project. These results point to the general utility of the model in bringing about behavioral change. The significant results indicate the impact the project had on the ideas, values and beliefs of the participants; and these changes are being manifested in terms of their behavior and character.

Limitations

A fuller understanding of the theoretical process of behavioral change relative to HIV/AIDS prevention with African American women is needed. More research is also needed with larger samples so that we can more thoroughly understand the process of behavioral change. In addition, there is the need to expand and replicate the study in other sites. Specifically,

additional research needs to be undertaken with random assignment of participants to the treatment and comparison group. Finally the study needs to be replicated in other sites across the country to ensure that the results can be generalized to other regions.

Implications for Reduction and/or Prevention of Health Disparities

In focusing on HIV/AIDS prevention, the Healer Women Fighting Disease project demonstrated the power of culturally grounded interventions in producing behavioral change in the target population. As such the Culturecology and ACBC model have critical importance for addressing the issues of health disparities among African American populations. Reduction in health disparities can only be accomplished through a significant paradigm change in how health promotion and disease prevention policies and programs are conceptualized.

The purely medical model of addressing health disparities has not been very effective. To reduce health disparities in the African American population one has to address the fundamental issue of culture and the meaning of health and well-being. Health, to African Americans, is more than the mere absence of disease. It is related to the meaning of a human being (i.e., their sense of human authenticity), the nature of their relationships to others and the environment and the access and quality of health care. To address health disparities, then, one necessarily has to address the cultural and psychological dimension of reality that promotes health and well-being among a people. The critical and missing factor in the medical approach to reduction and/or elimination of health disparities in the African American population is that behavioral change must occur in the population and for this to occur the change activities have to be grounded in the cultural wisdom traditions of the targeted population. To date models of behavioral change have largely ignored the cultural dimensions of human behavior.

Health disparities in the African American community are inextricably linked to early death, and the ten leading causes of death in the African American community (1) heart disease, (2) cancer, (3) stroke, (4) diabetes, (5) unintentional accidents, (6) homicide, (7) HIV/AIDS, (8) respiratory disease (COPD), (9) kidney disease and (10) septicemia, are preventable conditions (CDC, 2009). Clearly most of the diseases and premature deaths that affect African American people can be linked to "lifestyle choices." There is well-founded recognition that modifying risk factors associated with lifestyle (behavioral choices) offer the greatest and best potential for reducing preventable health conditions, thus the effectiveness associated with the African Centered Behavioral Change Model is compelling.

The utility of this model is that it can serve as a prototype that could be adapted to reflect the specifics of other diseases. The core of the model addresses cognitive restructuring, cultural realignment and character refinement. It is believed that these elements are essential for any behavioral change to occur. Specific activities around hypertension, smoking, cancer, violence, etc. can be addressed by the African Centered Behavioral Change Model to create a disease-specific intervention for specific target populations, much as was done for HIV/AIDS. Public health prevention strategies targeting the health disparities in the African American community would benefit from a systematic testing of Culturecology and African Centered behavioral change in meeting the goals of reducing health disparities.

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Table 1
HWFD PROGRAM LOGIC MODEL

Risk Factors	**Mechanism Theoretically Linking Risk Factor to Substance Use**	**Activities Designed to Ameliorate Risk/Increase Resiliency**	**Hypothesized Change Relating to Achievement of Program Objectives**	**Outcome Domain/ Subdomain**	**Measurement Used to Assess Change**
• Human negation (oppression) susceptibility to negative peer pressure; easily influenced by peers; impoverishment; discrimination; extreme economic & social deprivation • Nullification (Invalidation) family history of risk taking; early, persistent antisocial behavior; pro-drug use messages in media • Dis-at-ease (Disenfranchisement) friends engaged in problem behavior; early initiation of problem behavior; favorable attitude to problem behavior; availability of drugs; unemployment and underemployment	(risk factors related to feelings of depression, helplessness, hopelessness, reckless behavior, sense of fatalism, hedonism, poor self images, difficulty in taking control of one's life, inability to establish contingencies to reinforce positive behaviors, lack of ability to regulate interaction with negative peers)	• African Centered Behavioral Change HIV/SAP curriculum: Cultural realignment – provide information on African-American cultural values; Cognitive restructuring –develop different ideas of the meaning of the person, perception of themselves Character refinement – increase in feelings of control of one's life; change in sense of self, more responsible decision making • Performance of Zola Ngulo self healing ritual • Ritual development • Mental health support services – identification of impediments; individual counseling; group counseling	Participants: Women will have increased feelings of empowerment, sense of self worth; reduction in feelings of oppression, disenfranchisement, negation, depression, helplessness, more positive outlook in future, more likely to engage in long range planning, pro-social behavior Agencies: CBO's will have increased capacity to respond to HIV/AIDS & SAP with African American women	Human negation/ decrease in feelings of depression, helplessness and hopelessness Nullification/ increase in feelings of self worth, sense of efficacy, control of one's life, cultural orientation Dis-at-ease/ Increase in HIV knowledge; decrease in substance use, intention to use drugs, sex risk behavior, sex behavior intent	Cultural Orientation Scale; Sex Behavior Scale; Sex Relations Scale Self Worth Scale; Self Efficacy Scale; Behavioral Intent Scale; Beck's Depression Inventory; Beck's Hopelessness Scale; Crumbaugh's Purpose in Life Scale

Table 2
Healer Women Fighting Disease Curriculum Outline

Module	Units	Goal
I: Foundation of the African Centered Behavioral Change Model	1: Foundation of the African Centered Behavioral Change Model 2: Critical Elements of the African Centered Behavioral Change Model	To provide the participants with a thorough understanding of the foundation, assumptions, logic and framework that guides the African Centered behavioral change model
II: Cultural and Behavioral Manifestations	3: Cultural and Behavioral Manifestations 4: Creating Prevention Rituals	To provide the participants with a thorough understanding of the concept culture and its behavioral manifestations
III: The Meaning of Black Womanhood: Ain't I Woman Too	5: African American Women Interpersonal Skills 6: Capacity Building & Social Skills	To address the issues specific to African Americans at risk, understand the meaning of being a Black Women in America; African Womanhood; stereotypes of Black Women; the meaning of African womanhood and their multiple roles
IV: Values Clarification: Who Am I & What Do I Stand for	7: Cultural Realignment 8: Character Refinement	To provide the participants with a solid foundation of cultural ideas and information by which to re-cast their behavioral norms and attitudinal disposition, to assist the participants in understanding the relationship between thinking, doing and personal outcomes
V: Mental Health Dynamics and Group Issues		To provide "in vivo" support services that address the concrete conditions which impact women
VI: The HIV/AIDS Pandemic: Thinking, Knowing and Doing	9: Cognitive Restructuring 10: Building Knowledge Base	To provide participants with up to date information on HIV/AIDS
VII: The HIV/AIDS Pandemic: Transmission and Control	11: Attitudes and Beliefs 12: Methods of Transmission	To provide an understanding of the characteristic and nature of HIV/AIDS and enable participants to become more aware of the primary forms of transmission
VIII: The HIV/AIDS Pandemic: Personal Responsibility and Social Influences	13: Risk Taking Behavior 14: Social Forces – The Influence of the Media	To enable participants to become more aware of conditions and societal factors and their relationship to risk taking behavior and the transmission of the HIV/AIDS virus
IX: Health Promotion & Disease Prevention Strategies	15: Health Promotion & HIV/AIDS & SA Prevention Strategies 16: Defining and Developing a Plan for Attaining One's Prevention Goals	To provide information about strategies to promote health and prevent HIV/AIDS and SA
X: Where Do We Go From Here?: Path and Plan	17: Identifying and Claiming a Developmental Path 18: Identifying and Embracing One's Purpose in Life	To provide participants with an opportunity to identify and consider their purpose in life

Table 3
Descriptive Statistics for Measures at Pre and Post-test

Outcome	Pre-test Mean	Post-test Mean	Dispersion sd	t- Statistic	P
Behavioral Change via Cultural Re-alignment					
Depression	12.570	8.419	7.220	5.332	.001
Motivation	12.838	13.242	1.906	2.110	.037
Present quality of life	6.276	6.705	1.975	2.223	.028
Future quality of life	8.388	8.806	1.809	2.345	.021
Hedonism	5.183	5.490	1.558	2.013	.047
Behavioral Change via Cognitive Restructuring					
Self worth	40.047	41.277	4.981	2.340	.021
Fatalism	8.786	9.476	2.232	3.135	.002
HIV Knowledge	7.990	8.687	2.401	2.888	.005
Attitude towards HIV/AIDS	27.732	28.526	3.532	2.213	.029
Ability to protect self from HIV	6.673	7.087	1.459	2.890	.005
Control of life	15.206	15.763	2.541	2.158	.033
Behavioral Change via Character Refinement					
Veneration	22.400	23.118	2.666	2.481	.015
Authenticity	19.590	20.240	2.294	2.834	.006
Unprotected sex	3.489	3.255	.633	2.535	.015
Intention to change sex behavior	15.011	13.370	8.736	1.802	.075
Attitude towards drugs	39.638	40.851	5.418	2.170	.033

Table 4
Descriptive Statistics for Measures at Pre and Post-test by Condition

Construct	Intervention = 105		Comparison = 44			
	Post-test Mean	sd	Post-test Mean	sd	t	P
Behavioral Change via Cultural Realignment						
Disregard	17.157	9.29	14.905	2.497	2.257	.026
Behavioral Change via Cognitive Restructuring						
Hopelessness	2.851	3.433	4.9	5.101	2.3	.020
Control of life	15.832	2.307	14.7	2.136	2.6	.009
Purpose in life (Self actualization)	107.376	15.787	98.5	21.897	2.3	.021
Attitude towards condom use	23.900	3.326	22.3	4.488	1.9	.053
Behavioral Change via Character Refinement						
Risky sex behavior	7.2	1.075	6.7	1.293	2.3	.023
Intention to change sex behavior	13.4	5.088	17.6	6.711	3.6	.001
Intention to practice safe sex	6.6	2.979	8.4	3.738	2.7	.007