

THE STRONG AFRICAN AMERICAN FAMILIES PROJECT 2010 – 2014 Program Impact Summary¹

Over the past 10 years, carefully controlled research studies have confirmed what we all know: participation in family-centered prevention can enrich families, prevent youth risk behaviors, and assist young people in developing trajectories that lead to positive adult outcomes. These studies have resulted in *evidence-based* programs and practices that are proven to positively impact families and youth. In the real world, however, where dedicated professionals work to make a difference in their communities, implementing evidence-based programs can be a challenge. These challenges include (a) developing partnerships with community stakeholders, (b) implementing effective protocols to engage families who may benefit from family-centered programming, (c) encouraging community professionals to implement evidence-based programs, and (d) supporting professionals in maintaining high levels of fidelity to proven protocols and practices. Even when providers choose to implement evidence-based programs, these challenges often lead to implementations of programs that fail to realize their potential for enhancing the lives of children, youth, and families across Georgia.

These challenges are particularly evident in efforts to provide programs for African American families in Georgia's rural communities. Poverty and economic distress are pervasive features of life for many rural African American families. For families with little discretionary income, rural residence can be more challenging than is life in urban areas due to a restricted range of employment opportunities, a lack of public transportation systems, a lack of recreational facilities for youth, and difficulties in obtaining physical and mental health care. Many African American families in rural Georgia thus live under conditions of severe, chronic economic stress that have the potential to take a toll on children and youth. Despite the need for programs, poverty, historical patterns of discrimination, and mistrust of community providers combine to discourage African American families from participating in effective family-centered programs. The *Strong African American Families (SAAF) Project* was designed to surmount these challenges.



In 2008, the University of Georgia's Center for Family Research and Cooperative Extension System formed a partnership to explore ways to bring effective family-centered programming to rural African American families in Georgia. Drs. Gene Brody and Steve Kogan from the Center for Family Research have been partnering with rural African American families and community stakeholders for over 15 years in order to develop evidence-based prevention programs to promote positive youth development. Their efforts led to the development of the *Strong African American Families (SAAF) Program*, a seven-week family-centered intervention that has been proven to enhance family relationships and prevent substance use among African American adolescents. Drs. Ted Futris and Don Bower with UGA Cooperative Extension brought over 30 years of experience in training community providers to engage in effective outreach, engagement and program implementation practices. Together, they developed a model for bridging the divide between rural African American families and evidence-based programs for youth. The promise of this model led to the National Institute of Alcohol Abuse and Alcoholism awarding this team and the University of Georgia a five-year grant to work with local county Extension faculty, community partners, and families across eight rural counties in south Georgia.

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PARTNERING WITH COMMUNITIES TO DELIVERY FAMILY-CENTERED PREVENTION

The SAAF project team worked with local Family and Consumer Sciences and 4-H/Youth Development Extension faculty to refine protocols for outreach to African American communities. Together they developed a system to identify and train community professionals who led efforts to foster relationships with African American communities. These professionals, called *SAAF Extension Educators*:

- reached out to schools, faith-based organizations, and other community stakeholders to develop closer ties with African American communities;
- identified respected and trusted community members who were trained to implement the SAAF intervention;
- engaged African American families to participate in the SAAF intervention; and
- organized 35 implementations of SAAF that reached 465 families across eight counties in south Georgia: Coffee, Colquitt, Crisp, Mitchell, Sumter, Tift, Turner, and Ware.



The SAAF Project Team included scientists, research staff, extension professionals and community members who led the SAAF program

Throughout the project, prevention experts from the Center for Family Research (CFR) and Extension Specialists in Family and Consumer Sciences (FACS) provided technical assistance to SAAF Extension Educators (SEEs). Also, to evaluate program effectiveness, research staff visited the homes of families to collect data on youths' development and the families' experience of the SAAF program. CFR staff also collected information from SEEs and program facilitators to better understand their experience in implementing the SAAF project.

The Strong African American Families Program

As part of SAAF Project, more than 300 youth, aged 11-13, and their parents/caregivers attended the SAAF program, a seven-session, family-centered program designed to enhance the well-being of African American families and youth. The goals of SAAF are to (a) strengthen parents'/caregivers' ability to support youth goals and promote independence and (b) help youth to develop healthy goals for the future and resist temptation and peer pressure.

The SAAF project engagement and implementation approach is grounded in a set of core values that connect educators, researchers, community stakeholders, and African American families. These core values animate and bring SAAF to life:

- **Core Value 1: A strengths orientation** recognizes and *focuses* on what people do well and understands that resources to solve most problems lie within.
- **Core Value 2: A collectivist** focus embodies the concept that "we are all in this together." The recognition of interdependent lives has supported African American families throughout history.
- **Core Value 3: The core value of ownership** recognizes that SAAF was developed with respect to the lived experiences of African American families and communities. Hence, the hope is that every family member and facilitator comes to feel that SAAF *is their program*.
- **Core Value 4: The core value of social justice** recognizes that society can be a place of unequal opportunity and that



SAAF Facilitator Training (2010)

issues of race, gender, and class influence the resources people have and challenges they face. SAAF acknowledges the realities of racial discrimination in particular and discusses strategies for dealing with it in ways that support personal pride and pursuing individual life goals.

Each implementation of the 7-week SAAF program was led by a team of three group leaders from the local African American community, who received extensive training on how to deliver the program. SAAF was delivered to groups of 8 to 12 families. Caregivers and youth met in separate groups for the first hour, then met together as a family during the second hour to practice skills they are learning and enhance family relationships:

- **Parent/Caregiver Sessions** consist of presentations, role-plays, group discussions, and other skill-building activities. Video segments are used to standardize program delivery and demonstrate effective caregiver-child interactions.
- **Youth Sessions** engage youth in small and large group discussions, group skill practice, and social bonding activities. Topics are presented in game-like activities designed to engage participants and maintain their interest while learning. Video segments are used in three of the seven sessions to introduce the topic of peer pressure and to illustrate effective ways of responding to peer pressure.
- **Family Sessions** use specially designed games and projects to increase family bonding, build positive communication skills, and facilitate learning to solve problems together. Most of each family session is spent within individual family units allowing caregivers and youth to participate in discussions and complete projects together. One family session uses a video segment to demonstrate how parents/caregivers can help youth deal with temptation and peer pressure.

A brief description of the program sessions and targeted behaviors is provided in the table below.

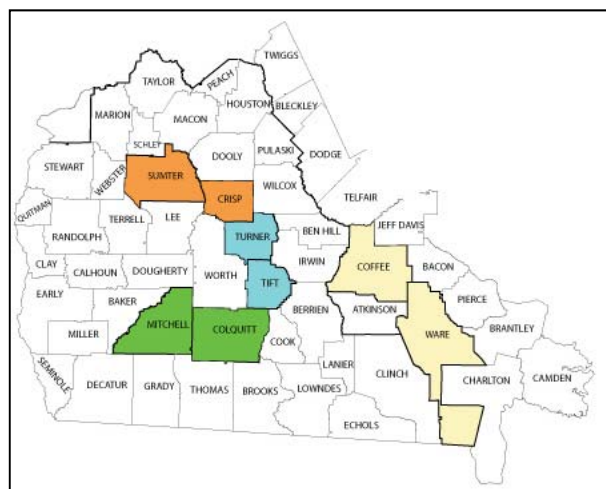
SAAF Program Curriculum Summary

Session	Parent Session Title and Targeted Behaviors	Youth Session Title and Targeted Behaviors	Family Session Title and Targeted Behaviors
1	Supporting Our Youth Identify parental fears and support youth goals and dreams	Goals for the Future Identify and visualize goals and dreams	Family Support for Youths' Goals Build nurturing, supportive relationships; enhance parental involvement
2	Making and Enforcing Rules Develop household rules; enhance consistent discipline and monitoring	Who Am I? Differentiate self from substance-using peers	Sharing Youth and Family Values Develop shared understanding of family rules and values
3	Everyday Parenting Develop everyday routines; respect youth autonomy; reinforce good behavior	Dealing with Temptations for Early Sex Understand normal adolescent development; encourage abstinence; foster resistance efficacy	Supporting Youth Development and Concerns Share views about how to reward and praise; communicate about sex; discuss parental stress
4	Helping Youth Succeed in School Promote school involvement; develop school advocacy skills	Staying True to My Values Understand peer pressure and risky situations; develop resistance efficacy skills	Understanding Each Other Identify stress relievers; discuss ways to help each other meet family goals
5	Protecting Against Dangerous Behavior Understand the prevalence of risk behaviors among youth; learn to be an effective monitor; learn to be an approachable parent	Handling Peer Pressure and Understanding Parents Learn to handle peer pressure; understand parental concerns; develop appreciation of parents	Parents and Young People Working Together Develop plans for handling peer pressure and temptation; share expectations and values about risk and friends
6	Encouraging Racial Pride Identify ways of handling discrimination; learn ways to build positive ethnic/racial pride	Dealing with Unfair Situations Learn strategies for responding to unfair situations including racism	Strengths of Black Families Identify the strengths of African American families; build racial pride in family
7	Staying Connected with Youth Preserve "family time" and connections with youth; learn to manage youth negativity; identify community resources for youth/parents	What is a Good Friend? Learn qualities of good friends; learn how to support friends; learn how to interact with positive adolescent role models	Expressing Appreciation Discuss and identify family strengths; establish a family creed that reflects strength, growth, and competence

MAKING A POSITIVE IMPACT ON FAMILIES AND YOUTH ACROSS GEORGIA

Engaging Georgia’s Poorest Families

The SAAF project took place in **8 counties in rural Georgia** where poverty and economic distress are pervasive features of life for many African American families. These 8 counties are representative of those in the “Black Belt” – a region of the Southeastern U.S. where 34% of the nation’s poor reside. The term Black Belt was first used to describe the color of the rich Southern soil on which slaves worked. Later, the term came to refer to the large African American population in this area. Because of the decline of family farms, the rural communities in the Black Belt commonly face acute poverty, population decline, inadequate education programs, low educational attainment, poor healthcare, substandard housing, and high levels of crime and unemployment; these problems disproportionately affect African American residents



Over the course of five years, **465 families** were recruited randomly from school lists of African American 5th and 6th graders. After enrolling in the project, each participating family member was asked to fill out a pre-test survey. After completing the pre-test survey, families were randomly assigned to receive SAAF immediately (“program group”) or wait one year before receiving SAAF (“wait-listed or comparison group”). Approximately two months after the program group received SAAF, all of the families were asked to complete a post-test survey. The wait-listed group of families allowed us to compare the immediate impact of the program on those who received it to those who did not.

Of the 465 families recruited, 242 families received SAAF and 223 were wait-listed. The youth ranged in age from 10-13 (Mean = 11.49; SD = 0.55) and 51% were male. The primary caregivers ranged in age from 22-81 years (Mean = 37.11; SD = 8.28) and the majority (95.9%) were female. Table 1 provides an overview of the primary caregivers’ characteristics.

The majority of youth lived in single-parent households, with their mothers or sometimes their grandmothers. Most of the mothers in these families were employed; their poverty status reflects the dominance of low-wage, resource-intensive industries in these areas. For families with little discretionary income, rural residence can be more challenging than is life in urban areas due to a restricted range of employment opportunities, a lack of public transportation systems, a lack of recreational facilities for youth, and difficulties in obtaining physical and mental health care. Thus, the families recruited into the SAAF project lived under conditions of severe, chronic economic stress that have the potential to take a toll on their children and youth.

Primary Caregiver Profile	Total Sample	Program Group	Comparison Group
	465	242 (52%)	223 (48%)
Relationship to focal child			
Biological Parent	418 (89.9%)	214 (88.4%)	204 (91.5%)
Grandparent	23 (4.9%)	16 (6.6%)	7 (3.1%)
Adoptive or Step Parent	17 (3.7%)	7 (2.9%)	10 (4.5%)
Aunt or Uncle	5 (1.1%)	4 (1.7%)	1 (.4%)
Other	2 (.40%)	1 (.4%)	1 (.4%)
Relationship Status			
Not in a relationship	162 (34.8%)	89 (36.8%)	73 (32.7%)
Married	145 (31.2%)	77 (31.8%)	68 (30.5%)
Separated	36 (7.7%)	19 (7.9%)	17 (7.6%)
Cohabiting	32 (6.9%)	16 (6.6%)	16 (7.2%)
Dating only	89 (19.1%)	41 (16.9%)	48 (21.5%)
Missing	1 (.20%)		1 (.4%)
Highest level of education			
Less than H.S	96 (20.6%)	47 (19.4%)	49 (22.0%)
H.S. graduate or GED	97 (20.9%)	50 (20.7%)	47 (21.1%)
Some college	100 (21.5%)	57 (23.6%)	43 (19.3%)
Trade school/Associate degree	133 (28.6%)	65 (26.9%)	68 (30.5%)
Bachelor’s degree or higher	39 (8.4%)	23 (9.5%)	16 (7.2%)
Poverty status			
Family below poverty	267 (57.4%)	141 (58.3%)	126 (56.5%)
Family 150% poverty	327 (70.3%)	170 (70.2%)	157 (70.4%)
Missing	39 (8.4%)	19 (7.9%)	20 (9.0%)

Family Members Attended SAAF at High Rates.

Consistent with empirically validated protocols that have been shown to increase engagement in family-centered intervention programs, every family was invited to participate in a program information visit (PIV). The PIV system was developed to surmount a number of barriers to participation that are evident when providing family-centered prevention to low SES families in general, and minority families in particular.

PIVs are conducted by the lead program facilitator either at the families' homes or in a group format with multiple families. During the PIV, family members watched a video about the program and had opportunities to ask questions. **PIVs were completed by 74.8% (n=348) of all participants.**

Implementing the SAAF project engagement protocols yielded high rates of program attendance.

- Among those in the *program* group, 150 (62.0%) families attended at least four or more sessions of SAAF, and 79 (32.6%) attended all seven sessions.
- Among the families assigned to the comparison group, even after waiting one year to participate in the SAAF program, 91 (40.8%) families attended four or more sessions, and 43 (19.3%) attended all seven sessions.

Level of Participation	N (%)
Program Group	
Number of families	242 (52.0%)
Completed PIV	204 (84.3%)
Number of Sessions Attended	
0 sessions	59 (24.3%)
1-3 sessions	33 (13.6%)
4-5 sessions	29 (12.0%)
6-7sessions	121 (50.0%)
Comparison Group	
Number of families	223 (48.0%)
Completed PIV	144 (64.6%)
Number of Sessions Attended (1 year later)	
0 sessions	105 (47.1%)
1-3 sessions	27 (12.1%)
4-5 sessions	24 (10.8%)
6-7sessions	67 (30.0%)

See Appendix A for a break down by county

These engagement rates are more than double the rates reported in similar research studies focused on the dissemination of family-centered prevention programs. We attribute this success to the development and implementation of culturally sensitive protocols for engaging rural African American families. These protocols included, but were not limited to: building positive relationships with trusted community and faith-based partners as well as local businesses who helped promote the program; engaging local community member as program facilitators that families could trust and relate with; and sharing information and resources that were applicable to the lived-experiences of rural African American families.

I enjoyed spending time with my parent and learning together. (Youth).

I liked that it brought my caregiver and me closer together. (Youth)

I enjoyed the discussions and hearing others' points of view about different situations. I also enjoyed the family session and being able to interact with my child. (Caregiver)

I really liked that the program was catered to AA families and the way it enlightened a lot of things that are going on in the household. (Caregiver)



Tift County graduating families (Fall 2011)

Family Members Enjoyed and Felt They Benefit From Participating in SAAF

At the end of the program (Session 7), caregivers and youth provided feedback on their experience with the SAAF program. As summarized below, of the 258 caregivers and 252 youth who provided feedback, the majority were satisfied with the program and would recommend it to others. *Both caregivers and youth felt they learned something from the program, gained confidence in applying what they learned, and developed stronger relationships with each other as a result of the program.*



Ware County graduating families (Fall 2010)

Participant Feedback	Very True*	Mean Scores
Caregivers		
I feel that my relationship with my child will be better after this program.	84%	4.88
I feel more confident in setting limits for my child and following through with consequences.	84%	4.82
I feel more confident helping my child handle peer pressure and stay out of trouble.	90%	4.89
I learned something in the program that will help my child in the future.	90%	4.89
Overall I am very satisfied with the SAAF Program.	98%	4.97
I would recommend this program to others.	98%	4.98
Youth		
I feel that my relationship with my caregiver will be better after this program.	64%	4.44
I feel more confident in working toward my dreams and goals for the future.	83%	4.79
I feel more confident in handling peer pressure and staying out of trouble.	66%	4.51
I learned something in the program that will help me in the future.	78%	4.63
Overall I am very satisfied with the SAAF Program.	75%	4.63
I would recommend this program to others.	66%	4.43
*Response options ranged from (1) not true to (5) very true. See Appendix B and C for a break down by county.		

Sample comments regarding what participants liked about SAAF

Caregivers

I enjoyed the program overall. The best part to me was the "family Sessions" playing games and using the question cards. It gave us the chance to bond.

The parents had diverse backgrounds, but we all could relate and come to a common agreement on how to raise our children to become responsible adults.

I enjoyed the discussions and caregiver and family sessions. I liked the task/reward jar and the take home cards.

I liked that the program provided parent/child time as for the group activities that helped bonding between me and my child. The take-home items helped provide structure to discipline in the home and they were easier adapted to our home system.

Youth

That they helped me understand my caregiver and my life better so I wouldn't do anything bad to not reach my goals for the future.

When we had kid time and then our parents would come in and have family discussion.

I got to spend time with my caregiver and ask her things I wanted to know.

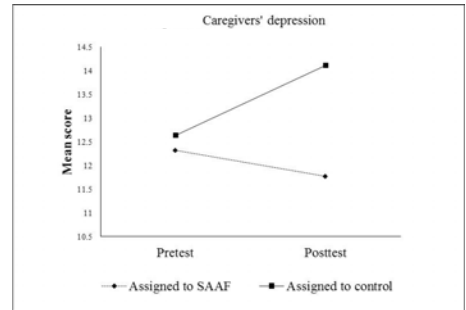
How everybody got along and the teachers were understanding when we came to them.

SAAF Empowered Rural African American Parents

After controlling for baseline level (pre-test) scores, economic stress and single-family status, the following intervention induced changes were found two months after program completion for those who were assigned to SAAF compared to those on the wait-list:

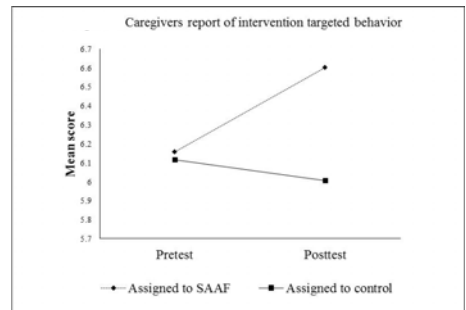
Parents exhibited fewer depressive symptoms.

We asked all parents to complete a 20-item depressive symptoms measure at pretest and posttest. We found that parents who were assigned to SAAF versus the waitlist group reported significantly fewer depressive symptoms. As the graph illustrates, parents who did not receive SAAF during the initial study period reported increases in depressive symptoms over the 6 months separating pretest and posttest; in contrast SAAF parents reported decreases in depressive symptomology during that time frame.



Parents engaged more often in the positive parenting behaviors targeted in the program.

Participating parents also completed a 12-item measure of protective parenting practices that were taught as part of the SAAF program. These include monitoring youth, helping children set goals, consistent discipline, and instilling racial pride. Study results indicated that SAAF parents reported engaging in higher levels of protective parenting than did waitlist parents.



Colquitt County graduating families (Fall 2011)



Mitchell County graduating families (Spring 2012)

Sample comments regarding what participants learned from SAAF

Caregivers

Learned how to get along with my child. I learned how to talk to my child without getting mad.

It made me see myself in a different light. I made some mistakes by not listening that I didn't realize.

I liked that it taught me how to become a more askable parent and how to set limits with consequences if they are broken.

How to respect my children more, spend time with them and let them speak their own opinion.

Youth

The fact that we learn how to walk away from friends that use drugs.

That when you are asked to do something that makes you feel uncomfortable: ask questions, suggest what could happen, try something else, or go on your way

That now I can discuss my problems with my parent and how my mother and I connect more often.

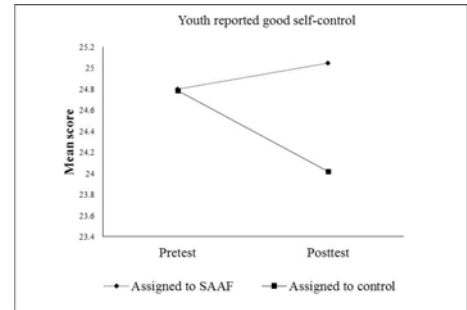
That no matter what anybody says, believe in yourself. And that we are strong young African Americans

SAAF Enhanced Youth Protective Processes

After controlling for baseline level (pre-test) scores, economic stress and single-family status, the following intervention induced changes were found two months after program completion for those who were assigned to SAAF compared to those on the wait-list:

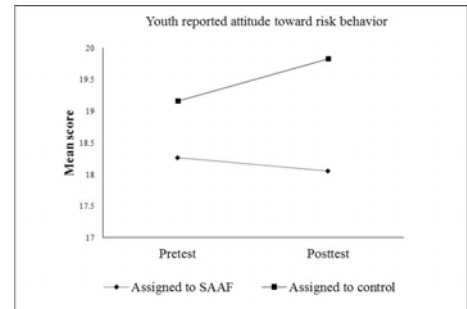
Youth maintained higher levels of good self-control.

As youth experience the transition to middle school, many will experience decrements in self-regulation - the ability to intentionally direct one's actions and avoid impulsive behavior. Youths' parents reported on their self-control with a 6-item measure (e.g., how often does your child... work toward a goal, think ahead of time about the consequences of his/her actions). SAAF youth displayed higher levels of self-control at posttest compared to wait-listed participants. As the figure demonstrates, this difference was the result of SAAF youth *maintaining* self-control whereas wait-listed youth exhibited declines in self-control processes.



Youth held less favorable attitudes toward risk behaviors.

As youth transition to middle schools, many youth are exposed to peer cultures that encourage problem behavior. SAAF is designed to protect youth from these pressures which can make problem behavior seem attractive. We thus asked youth to complete a 16-item measure of attitudes toward a range of problems behaviors such as substance use, early sexual behavior, and delinquency. SAAF youth reported less favorable attitudes towards these behaviors compared to wait-listed youth.



In addition to these intervention effects, compared to wait-listed youth, SAAF youth evidenced:

- more goals for the future
- higher levels of resistance efficacy (the ability to resist peer pressure), and
- fewer intentions to engage in substance abuse

THE PROMISE OF PREVENTION AND THE PROMISE OF PARTNERSHIPS

Across Georgia, UGA Cooperative Extension and other community partners work to enrich the lives of parents and their youth. They are working in the “trenches” where there are many competing demands for time and attention and limited resources to engage hard to reach families or implement complex resource-intensive programs. Many of our most vulnerable citizens thus never experience programs that have the potential to protect their youths' development. The SAAF project brought together scientists, program implementation experts, Extension professionals, and community members to change this dynamic. Together we developed and implemented a system that created close ties between local Cooperative Extension staff and African American communities. These ties facilitated the training of more than 30 African American community members in 8 counties who provided SAAF to 465 local families. The majority of these families lived with chronic economic stress and few were aware of or interested in family-enrichment programming. The SAAF program demonstrated that with culturally and ecologically sensitive protocols and practices community providers can engage African American families and provide programs that can change lives.



Appendix A. Level of Participation by County

	Coffee	Colquitt	Crisp	Mitchell	Sumter	Turner	Tift	Ware
Total Sample								
Number of families	40 (8.6%)	79 (17.0%)	50 (10.8%)	54 (11.6%)	74 (15.9%)	54 (11.6%)	77 (16.6%)	37 (8.0%)
Completed Program Information Visit	30 (75%)	57 (72.2%)	48 (96%)	44 (81.5%)	45 (60.8%)	38 (70.4%)	59 (76.6%)	26 (70.3%)
Number of Sessions Attended								
0 sessions	21 (52.5%)	24 (30.4%)	12 (24%)	18 (33.3%)	26 (35.1%)	21 (38.9%)	25 (32.5%)	17 (45.9%)
1-3 sessions	3 (7.5%)	12 (15.2%)	6 (12%)	6 (11.1%)	10 (13.5%)	12 (22.2%)	8 (10.4%)	3 (8.1%)
4-5 sessions	3 (7.5%)	9 (11.4%)	5 (10%)	6 (11.1%)	14 (18.9%)	5 (9.3%)	7 (9.1%)	4 (10.8%)
6-7sessions	13 (32.5%)	34(43%)	27 (54%)	24 (44.4%)	24 (32.4%)	16 (29.6%)	37 (48.1%)	13 (35.1%)
Program Group								
Number of families	22 (9.1%)	41 (17.0%)	26 (10.7%)	30 (12.4%)	39 (16.1%)	29 (12.0%)	38 (15.7%)	17 (7.0%)
Completed Program Information Visit	21 (95.5%)	31 (75.6%)	26 (100%)	26 (86.7%)	39 (100%)	22 (75.9%)	28 (73.7%)	11 (64.7%)
Number of Sessions Attended								
0 sessions	8 (36.4%)	8 (19.5%)	2 (7.7%)	8 (26.7%)	9 (23.1%)	10 (34.5%)	7 (18.4%)	7 (41.2%)
1-3 sessions	3 (13.6%)	7 (17.1%)	3 (11.5%)	4 (13.3%)	5 (12.8%)	7 (24.1%)	3 (7.9%)	1 (5.9%)
4-5 sessions	3 (13.6%)	4 (9.8%)	2 (7.7%)	3 (10%)	10 (25.6%)	1 (3.4%)	4 (10.5%)	2 (11.8%)
6-7sessions	8 (36.4%)	22 (53.7%)	19 (73.1%)	15 (50%)	15 (38.5%)	11 (37.9%)	24 (63.2%)	7 (41.2%)
Comparison Group								
Number of families	18 (8.1%)	38 (17.0%)	24 (10.8%)	24 (10.8%)	35 (15.7%)	25 (11.2%)	39 (17.5%)	20 (9.0%)
Completed Program Information Visit	9 (50%)	26 (68.4%)	22 (91.7%)	18 (75.0%)	7 (20.0%)	16 (64.0%)	31 (79.5%)	15 (75%)
Number of Sessions Attended								
0 sessions	13 (72.2%)	16 (42.1%)	10 (41.7%)	10 (41.7%)	17 (48.6%)	11 (44.0%)	18 (46.2%)	10 (50.0%)
1-3 sessions		5 (13.2%)	3 (12.5%)	2 (8.3%)	5 (14.3%)	5 (20.0%)	5 (12.8%)	2 (10.0%)
4-5 sessions		5 (13.2%)	3 (12.5%)	3 (12.5%)	4 (11.4%)	4 (16.0%)	3 (7.7%)	2 (10.0%)
6-7sessions	5 (27.8%)	12 (31.6%)	8 (33.3%)	9 (37.5%)	9 (25.7%)	5 (20.0%)	13 (33.3%)	6 (30.0%)

Note: N (Valid percentages) are presented

Appendix B. Caregiver Participant Feedback by County

	Total (n = 258)	Coffee (n = 17)	Colquitt (n = 40)	Crisp (n = 45)	Mitchell (n = 28)	Sumter (n = 37)	Tift (n = 47)	Turner (n = 19)	Ware (n = 25)
Perceived Program Impact									
I feel that my relationship with my child will be <u>better</u> after this program.	4.80 (84%)	4.88 (88%)	4.70 (80%)	4.96 (89%)	4.96 (96%)	4.81 (81%)	4.81 (87%)	4.58 (63%)	4.76 (76%)
I feel <u>more confident</u> in setting limits for my child and following through with consequences.	4.82 (84%)	4.94 (94%)	4.78 (78%)	4.82 (82%)	4.96 (96%)	4.89 (89%)	4.83 (85%)	4.79 (84%)	4.56 (64%)
I feel <u>more confident</u> helping my child handle peer pressure and stay out of trouble.	4.89 (90%)	5.00 (100%)	4.85 (88%)	4.95 (96%)	4.93 (96%)	4.89 (89%)	4.87 (87%)	4.89 (90%)	4.72 (80%)
I learned something in the program that will help my child in the future.	4.89 (90%)	4.82 (82%)	4.88 (90%)	4.91 (93%)	4.96 (96%)	4.92 (92%)	4.89 (92%)	4.84 (84%)	4.80 (80%)
Facilitator Rating									
The facilitators were excited about the program.	4.92 (93%)	4.88 (88%)	4.90 (90%)	4.91 (93%)	5.00 (100%)	4.92 (92%)	4.89 (94%)	4.84 (84%)	5.00 (100%)
The facilitators were knowledgeable about the program.	4.92 (93%)	4.88 (88%)	4.90 (90%)	4.95 (96%)	5.00 (100%)	4.92 (92%)	4.89 (92%)	4.84 (84%)	4.96 (96%)
The facilitators led good discussions.	4.93 (94%)	4.94 (94%)	4.95 (95%)	4.91 (93%)	4.96 (96%)	4.95 (95%)	4.85 (92%)	4.89 (90%)	5.00 (100%)
The facilitators were open to different points of view.	4.95 (96%)	4.94 (94%)	4.95 (95%)	4.95 (95%)	5.00 (100%)	4.95 (97%)	4.91 (94%)	4.89 (90%)	5.00 (100%)
Program Rating									
The DVDs were interesting and helpful.	4.81 (83%)	4.88 (88%)	4.75 (78%)	4.89 (89%)	4.75 (82%)	4.84 (84%)	4.81 (83%)	4.89 (90%)	4.72 (76%)
The program was in a convenient location.	4.90 (94%)	4.76 (94%)	4.95 (95%)	4.95 (96%)	5.00 (100%)	4.81 (87%)	4.85 (94%)	4.89 (90%)	4.92 (96%)
The setting was comfortable.	4.93 (94%)	4.94 (94%)	4.98 (98%)	4.96 (96%)	4.93 (96%)	4.92 (92%)	4.94 (96%)	4.84 (84%)	4.88 (88%)
The meals were good.	4.75 (82%)	4.71 (71%)	4.95 (95%)	4.91 (91%)	4.93 (96%)	4.35 (57%)	4.76 (85%)	4.53 (63%)	4.76 (88%)
I felt satisfied with the child care services.	4.92 (94%)	4.88 (88%)	4.76 (83%)	4.97 (97%)	5.00 (100%)	4.93 (93%)	4.92 (95%)	5.00 (100%)	4.94 (94%)
I felt satisfied with the transportation provider.	4.92 (95%)	5.00 (100%)	5.00 (100%)	4.97 (97%)	5.00 (100%)	4.91 (91%)	4.78 (89%)	5.00 (100%)	4.78 (89%)
Overall I am very satisfied with the SAAF Program.	4.97 (98%)	4.94 (94%)	5.00 (100%)	5.00 (100%)	5.00 (100%)	5.00 (100%)	4.96 (98%)	4.95 (95%)	4.80 (88%)
I would recommend this program to others.	4.98 (98%)	5.00 (100%)	4.98 (98%)	4.98 (98%)	5.00 (100%)	5.00 (100%)	4.98 (98%)	5.00 (100%)	4.92 (96%)

Note: Response options ranged from (1) Not True to (5) Very True. Mean scores and the percentage of caregivers who reported the statement was “very true” are presented.

Appendix C. Youth Participant Feedback by County

	Total (n = 252)	Coffee (n = 16)	Colquitt (n = 40)	Crisp (n = 43)	Mitchell (n = 27)	Sumter (n = 36)	Tift (n = 46)	Turner (n = 19)	Ware (n = 25)
Perceived Program Impact									
I feel that my relationship with my caregiver will be <u>better</u> after this program.	4.44 (64%)	4.19 (31%)	4.13 (55%)	4.53 (67%)	4.33 (56%)	4.47 (67%)	4.63 (78%)	4.68 (74%)	4.47 (74%)
I feel <u>more confident</u> in working toward my dreams and goals for the future.	4.79 (83%)	4.75 (81%)	4.78 (83%)	4.67 (72%)	4.74 (82%)	4.75 (81%)	4.89 (91%)	4.84 (90%)	4.95 (90%)
I feel <u>more confident</u> in handling peer pressure and staying out of trouble.	4.51 (66%)	4.44 (56%)	4.62 (69%)	4.30 (63%)	4.44 (67%)	4.67 (69%)	4.59 (70%)	4.63 (74%)	4.32 (74%)
I learned something in the program that will help me in the future.	4.63 (78%)	4.69 (75%)	4.65 (78%)	4.60 (77%)	4.48 (67%)	4.64 (78%)	4.80 (89%)	4.53 (79%)	4.53 (79%)
Facilitator Rating									
The facilitators were excited about the program.	4.60 (73%)	4.81 (81%)	4.53 (70%)	4.43 (71%)	4.67 (78%)	4.50 (67%)	4.80 (80%)	4.53 (74%)	4.64 (74%)
The facilitators were knowledgeable about the program.	4.64 (75%)	4.81 (88%)	4.51 (64%)	4.48 (74%)	4.74 (78%)	4.58 (69%)	4.78 (85%)	4.84 (84%)	4.52 (84%)
The facilitators led good discussions.	4.73 (82%)	4.75 (81%)	4.69 (82%)	4.67 (79%)	4.85 (70%)	4.74 (80%)	4.65 (80%)	4.84 (90%)	4.84 (90%)
The facilitators were open to different points of view.	4.59 (74%)	4.44 (63%)	4.58 (80%)	4.58 (77%)	4.67 (74%)	4.34 (60%)	4.74 (83%)	4.89 (95%)	4.48 (95%)
Program Rating									
The DVDs were interesting and helpful.	4.14 (48%)	3.88 (38%)	4.31 (56%)	4.09 (49%)	4.15 (52%)	4.11 (44%)	4.33 (56%)	4.21 (53%)	3.76 (53%)
The program was in a convenient location.	4.43 (65%)	4.47 (60%)	4.48 (73%)	4.16 (56%)	4.63 (74%)	4.39 (58%)	4.54 (70%)	4.32 (58%)	4.52 (58%)
The setting was comfortable.	4.25 (55%)	4.07 (27%)	4.36 (59%)	4.44 (63%)	4.44 (67%)	4.03 (44%)	4.44 (64%)	4.16 (63%)	3.71 (63%)
The meals were good.	4.50 (72%)	4.53 (60%)	4.63 (78%)	4.35 (70%)	4.38 (73%)	4.28 (56%)	4.87 (91%)	4.21 (63%)	4.51 (63%)
Overall I am very satisfied with the SAAF Program.	4.63 (75%)	4.56 (69%)	4.68 (78%)	4.55 (71%)	4.67 (78%)	4.64 (78%)	4.71 (80%)	4.74 (74%)	4.48 (74%)
I would recommend this program to others.	4.43 (66%)	4.56 (69%)	4.48 (78%)	4.52 (62%)	4.37 (63%)	4.58 (75%)	4.35 (63%)	4.37 (68%)	4.13 (68%)

Note: Response options ranged from (1) Not True to (5) Very True. Mean scores and the percentage of youth who reported the statement was “very true” are presented.

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