The Family to Family program: a structural intervention with implications for the prevention of HIV/AIDS and other community epidemics

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Objectives: To describe a case study of a community-based intervention located in the Harlem community of New York City, one of the oldest African–American communities in the United States. Although not specifically designed to prevent HIV infection, the program, 'Family to Family', exemplifies a 'structural intervention' that was created to strengthen family functioning and to strengthen the bonds that connect families to each other. By fostering strong relationships within and between families in a community with high rates of violence, drug abuse, and HIV infection, the program seeks to improve the quality of neighborhood life and influence the social determinants of individual risk behavior.

Social capital: Family to Family was created specifically to develop the 'social capital' that is available to children and families in the Harlem community. Social capital refers to resources that result from social relationships, and that enhance an individual's or a group's ability to function and achieve a given set of goals and objectives. In addition to fostering closer relationships between children and their parents, this program also works to help participating families develop closer relationships with other participating families and with Columbia University student and faculty volunteers. Finally, Family to Family is sustained through the efforts of volunteers; it receives no grant support and is entirely self-supporting.

Conclusions: Family to Family has the potential to change the social dynamics that promote HIV risk behavior in communities such as Harlem. Should it prove successful in improving the relationships between families and children, and in increasing the social capital available to all of its participants, it may become an important asset to public health prevention specialists concerned about preventing the spread of HIV.

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Introduction

The hyperconcentration of poor people of color in segregated, inner-city communities has been associated with extreme social disadvantage [1,2], and with high rates of morbidity and mortality [3,4]. In New York City, which has reported more cases of AIDS than any other city in the United States, predominantly poor African–American communities such as Central Harlem in the borough of Manhattan or the South Bronx report rates of AIDS cases that are five to seven times those of other communities in the city, and dramatically higher than almost all similar communities of color nationwide [5].

The cause for this intense concentration of AIDS in this particular region of the nation has been the subject of considerable speculation. Wallace et al. [6] have pointed out that in the Bronx, the dissemination of HIV probably had its origins in a series of catastrophic fires that destroyed much of the community's housing and displaced many of its poorest residents. In the early 1970s, the city reduced its firefighting workforce and closed firehouses in 33 poor neighborhoods as a cost-saving strategy. As a result, between 1972 and 1976, a series of devastating fires resulted in the loss of 55–81% of the occupied housing units in the central portion of the South Bronx. Large segments of the borough's population were forced to move into already crowded neighboring communities. Included in this series of migrations were large numbers of needle-sharing injection drug users, some of whom were quite likely to have been infected with HIV during the early 1970s. As formally stable networks of needle sharers were broken up and re-established throughout the borough, an effective engine for seeding the HIV/AIDS epidemic in an ever-expanding number of communities throughout the Southwest Bronx was created [5–7].

HIV was by no means the only consequence of this pattern of what Wallace (7) describes as "contagious housing destruction". "In such times, the social controls that permit large numbers of people to live together in densely packed neighborhoods are greatly disrupted. Behaviors, most notably violent and criminal activities, that would not have been tolerated by residents in a previous period, are more likely to appear as the preventive influence of stable social networks and associated economic opportunities disappear" [6].

Families were particularly hard hit. Such community upheavals damage social networks and impair neighborhood organizations that help usher children and teenagers into adult life. As Krivo et al. [8] have pointed out, as neighborhoods become increasingly composed of poor families, residents also lose their connections to mainstream institutions and mainstream resources. Wilson [9,10] has suggested that children in these communities are at particular risk to grow up with little or no appreciation for education or for the importance of preparing for the world of work. Without the adults who are able to provide them with connections to the world beyond the immediate confines of the neighborhood, many young people fall prey to drug use, drug dealing, or a general pattern of involvement in criminal activities [6]. Not surprisingly, young people in these settings are particularly prone to engage in the behaviors that will promote HIV infection.

A central theme that we will propose in this article is that the prevention of HIV/AIDS in such commu-

nities must encompass a broader set of interventions than those that teach individuals to use condoms or clean injection drug equipment. The social determinants of such behavior must also be influenced, particularly in neighborhoods where drug use and related risk behaviors are prevalent. Accordingly, we will present a case study of a community organizing project that was directed at strengthening one of the essential building blocks of the social and cultural milieu of the community: its families. The principal objective of this intervention is to increase the 'social capital' available to families and children in these communities.

Social capital

Coleman [11] was one of the first sociologists to define social capital. "What I mean by social capital in the raising of children is the norms, the social networks, and the relationships between adults and children that are of value for the child's growing up." Social capital, then, might be described as the sum of personal, interpersonal, and community resources that can be used to enhance an individual's social development and functioning. In communities where social capital is abundant, children are strongly supported in their efforts to adopt positive adult roles by their interactions with family members, neighbors, teachers, and the adults with whom they will have contact.

Coleman [11] observes that since the beginning of the industrial age, there has been considerable erosion in the social capital available to all children in the United States, a trend that results largely from increasing demands on adults to devote their time and energy to making money. The economy's gain has been a net loss for the nation's children. Nowhere has this erosion of social capital been more evident, however, than in poor African-American communities that have been especially hard hit by the increasing poverty and economic disadvantage of their residents. As more and more members of these communities fall into poverty, their isolation from the social and political mainstream of American becomes more pronounced.

The availability and use of social capital is, not surprisingly, also affected. Kelley [12] provides one of the most significant investigations into the function of social capital in an inner-city community. She examined family organization (including gender relationships), income-generating strategies, and perceptions of cultural and social values in an ethnographic study of 50 impoverished families in West Baltimore, an

urban community typical of those that have been adversely affected by the changes in inner-city poverty since the 1970s. Her principal objective in the study was to clarify the manner in which social and cultural capital are created and used in the midst of communities that have undergone extreme social isolation and poverty during this period.

Kelley's focus on one young woman, who is given the pseudonym 'Towanda Forrest', was used to examine how family and kinship networks influence teen pregnancy. The author notes that Towanda is able to function as a mother because she has the support of a variety of individuals within these networks. Towanda succeeds in achieving adult status among family and peers, and others in her social network by virtue of becoming a mother, but not without costs. "A problem with Towanda's social network is that, although it is loaded with strong family and friendship bonds, it lacks bridges to other social networks that control access to a larger set of opportunities and meanings. The prescription is to expand the social networks of impoverished children by bringing them into regular contact with those who, by virtue of class and circumstance know a different, richer reality than Towanda does" [12].

In subsequent sections of this paper, we examine an intervention, 'Family to Family', that was designed to achieve just such a set of goals in a poor African–American community in New York City.

Family to Family

Family to Family grew out of an ethnography undertaken by one of the authors (L.G.) during a number of years of living in the Harlem community and observing the actions and interactions of individuals and families [13,14]. The violence of community life and the struggle of many families to make a way in the midst of crushing poverty were seen as enormous obstacles to family functioning, with children being at a particular disadvantage.

In a quest to identify strategies to strengthen family functioning, Family Home Evening, a practice of members of the Church of Jesus Christ of Latter-day Saints (often referred to as Mormons), provided an unexpectedly apt model. Since the 1950s, Mormons have been urged to spend one night a week each week that is entirely devoted to family. Family members pray together, discuss family business, play games together, and focus special attention on the children. These evenings are a cornerstone of community and religious practice.

The Church of Jesus Christ of Latter-day Saints in New York City was contacted, and their assistance was requested in finding materials that would help adapt this program for use in a secular, distinctly nonMormon setting in Harlem. The Church was more than cooperative. Four young families from the Church volunteered to assist us in the development of this adaptation. Teamed with four Harlem families in 1996, the current form of Family to Family evolved through a series of interactions in which Harlem families and Mormon families met together once a month in a group meeting. In addition, each team, composed of one Harlem and one Mormon family, met to exchange information. The Mormons imparted what they knew about Family Home Evening, while the Harlem families offered insights into the inner workings of inner-city life and culture in Harlem.

Families that had participated in these group and individual meetings recruited other families to join the program. By mid-1999, the program had served over 200 families. In its current iteration, families are committed to conduct Family Home Evening in their own homes and to attend a gathering once a month for a 'Family Reunion Dinner', in which 40–50 people are likely to be involved.

These evenings consist of a group meal, an opening meditation (usually a prayer or poem), a song (typically one that requires little skill), a lesson (highlighting some behaviors useful for strong family functioning), a game (which must be capable of being played, and even won, by children of any age) and a closing meditation. Children are always at the center of these activities. Their vigorous participation in these meetings is particularly important because many African–American families value the practice of having children who are 'seen but not heard'. Giving children a major role in the evening's proceedings has been especially significant, therefore, because many family members have cited the eagerness of their children as the principal factor in the family's continued involvement in the program.

In 1999, the program evolved to become an entirely volunteer enterprise, and continues without the support of extra-mural funding. The program depends on participants to cook meals, plan each month's agenda, and run each community meeting. Significantly, the program is not focused on HIV or HIV risk behaviors. It is, however, concerned with the processes that enable families to become and to remain strong. Group meetings reinforce the perception that families are important and that family members, particularly children, are valued. These meetings also serve to connect families to each other and to foster the kinds of 'neighborly behaviors' that strengthen neighbors and connect children to other adults in the community.

Family to Family represents an example of a 'structural intervention' because it seeks to alter the social milieu, not just individual behaviors. The long-term goal of the program is to create and sustain a process for reknitting the social networks that decades of neglect, abandonment, crime, and ill health have destroyed. For these reasons, each time families attend a reunion or hold Family Home Evening, the program succeeds.

The evaluation of Family to Family

Family to Family is, as one of its members described it, 'a work under construction'. Participating families devote considerable time and energy to discussing the features of Family Home Evening, and how to make these gatherings more interesting and more engaging for both young people and for fathers (the two groups that the program's organizers freely acknowledge to be extremely difficult to involve and to keep engaged). At the monthly meetings, open discussions are held in which families are encouraged to talk about their experiences with Family Home Evening, with a special focus on what appears to succeed and what appears to fail.

These discussions serve as an ongoing, process evaluation of the program. The observations of participants provide us with important qualitative data about the progress individual families are making, and the quality of the communication between and among program participants.

Preliminary findings, based on a review of almost 4 years of conversations with participants, suggest that families who persist in the program and who report holding Family Home Evening sessions on a regular basis feel that: (i) they communicate with each other more frequently and more freely; (ii) they are less likely to fight among themselves, with fewer expressions of hostility and anger than before coming into the program; (iii) they set aside more 'family time' with one another; and (iv) family members look forward to spending time together.

Technology transfer

Interest in this program in the New York Metropolitan area has been increasing as family participants, student volunteers, program founders and others have been invited to discuss the program, and to extol its virtues to local groups and organizations. In numerous presentations about the authors' work with HIV/AIDS and substance abuse, descriptions of Family to

Family have been followed by enthusiastic requests for more information. Harlem and Bronx residents with whom we have contact have typically listed 'helping families to be stronger' as one of the community's top priorities, and the program has been widely hailed by community residents as an idea whose time 'is long overdue'.

At present, a major technology transfer project is being planned that would bring Family to Family to mothers in drug-treatment programs who are working to return to their families 'clean and sober'. Because many of these mothers have either lost their children to child-welfare agencies or to the courts, there is a pressing need to assist these mothers to reconnect with their families. These mothers often report that they need more than 'parenting skills'. What they require, as well, are the skills that will make it possible for children and adults caught up in the process of reconnecting to experience themselves as a family again.

Providing such families with scripted activities that are fun and that re-open channels of communication has already been lauded by participating Family to Family mothers who are in recovery from an addictive disorder. They have commented that 'when they work the program', they enhance their sobriety by strengthening their capacity to know joy through their ties to their children.

Beyond these preliminary observations, there are other, important questions. How does such a volunteer effort sustain itself? How, in the long run (if at all), are children affected by their participation? Will child involvement increase the likelihood that they will have positive experiences in school, and reduce the likelihood that they will engage in any of a variety of risk behaviors? These are merely a sample of the questions that we plan to explore in a more formal, summative evaluation that is currently being designed.

We are also mindful of the fact that, through their contact with university student volunteers and with us (as representatives of the larger university community), the isolation from mainstream institutions that so often characterizes life for families in Central Harlem is, at least partially, reduced. Hopefully, such connections will also contribute to enhancing and increasing the social capital available to the participants.

Conclusions

As a structural intervention, Family to Family was created to achieve a set of modest but significant goals

and objectives. First, it seeks, as Kelley [12] recommended, to expand the social networks of families and children in this impoverished community. Second, it seeks to create and expand the social capital available to participants. Third, it seeks to function and sustain itself through the efforts of volunteers. Given the scarce economic and political resources available to the community, 'self-help' interventions such as this are increasingly important strategies for community development and improvement. Finally, it provides an opportunity for research institutions and public health professionals to play a role in improving community life. Urban universities such as Columbia have suffered for years with strained 'town/gown' relationships, and are in need of strategies that can help them become good neighbors to the poor communities on their borders.

These interventions cannot obscure the responsibility that mainstream America has to eliminate the conditions which make Family to Family so necessary. An over-reliance on self-help programs can easily evolve to a pernicious form of 'benign neglect', in which community residents are left to struggle alone to improve the conditions in which they live. The ideal would be to develop partnerships in which the efforts of groups such as Family to Family are complemented by efforts of mainstream institutions and concerned individuals who are interested in improving the quality of life for residents of these communities. Members of such communities must be encouraged to take an active role in efforts that will revitalize neighborhood life and reduce the risks posed by epidemics of drug use, crime, violence, and HIV/AIDS. But these risks exist because, as a nation, the United States has allowed the creation of poor, isolated communities where such conditions flourish. As Greenberg and Schneider [15] conclude: "Americans are going to have to face the reality that their economic and political systems have contributed to the construction of deadly marginal environments. When and if that reality becomes widely accepted, the United States will face the sobering choice of whether to drive around marginal areas and pretend they do not exist or make an earnest effort to commit real resources to a more equitable landscape."

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