

The Adult Health & Development Program: Bridging the Racial Gap

Catherine M. Welch, BA¹

¹University of Maryland, CMW@WAM.UMD.EDU, (301) 277-6379, Received May 20, 1998; revised June 7, 1998.

Abstract

The methods inherent to the Adult Health & Development Program (AHDP): Physical and social activities, health education, and the pairing of member and staffer, are a unique means to reduce racial and ethnic stereotyping. This was only one lesson learned in my work in the AHDP that are described in this article.

Introduction

First, let me say that the Adult Health & Development Program is a living tribute to the power of love.¹

My member, John Smith^{2, 3} was on December 10, 1918. He received his Bachelor's degree at Lincoln University and his Master's at New York University. John entered the Army after receiving his Master's degree. During this time he traveled throughout Europe and spent ten "unforgettable" days in Paris.

Then John and his wife settled down and began to start their family. He has two daughters and several grandchildren. While his daughters were still young, the family moved to Miami, Florida where he was the principal of a junior high school. This was the same school where his wife taught home economics. It was also in Miami where John's wife became very ill and passed away. After fifteen years of marriage John became a widower and single father of two young girls. Concluding that these girls needed all of his love and attention, he made a deliberate choice not to seek out a new wife and raised his daughters on his own. He also decided to move his family up to Atlanta where he was offered another position as principal. The

decision was made mostly because he wanted to get away from the associations of his wife's death.

John never learned how to swim but made a special effort to make sure his daughters had swimming lessons. They often traveled to Martha's Vineyard where he bought a vacation home just steps from the beach. Today, the family still goes to Martha's Vineyard. While his daughters and grandchildren swim around in the ocean, John enjoys stepping into the water at waist deep.

His grandson is 25 years old and has a degree in engineering. Education is extremely important to John, who made a special effort to send his two daughters and all of his grandchildren to college. Everyone in his immediate family has their Bachelors and many have a Master's. It is hard to judge his economic status by his apartment - a mid-size bachelor pad complete with the sink full of dishes. His family is very close. John's daughters and several of the grandchildren live in the area. They play an active role in his life and shower him with affection. His oldest daughter, Sara, is also a member in the Program.

Although a physical therapist visits John three times a week, his daughter thought the Program would be good way to combine exercise and satisfy his need for socialization.

Making the Assessment

Assessing⁴ John's physical capabilities was difficult in the beginning. Part of me assumed he could do little while the other part took basic movement functioning for granted. An example of this was his effort in getting off the floor-mat episode. Although it was clear John had trouble getting into and out of

¹This Final Analysis Paper was written by a first semester staffer enrolled in the Adult Health & Development Program at the University of Maryland at College Park, during the spring 1998 semester. Editing was minimal.

²Actual names have been changed.

³John is a member of the Community Group of members. Other groups are the "Foreign-born" (always matched with bi-lingual staffers), people with developmental disabilities, and VA Nursing Home residents.

⁴The A(ssessment), C(reativity), A(ction), E(valuation), M(odification) concept is useful in focusing the staffer upon his or her member's needs and desires, and to subsequently develop an individualized program of physical and social activities, and health education.

chairs, I allowed him to get down on the mat for the physical fitness test. After taking the test, it became evident that his getting up would be no simple matter. Twenty minutes and two senior staffers later he was up – and I was distressed. “My first day and I broke him!” Well, that getting up was more fun and felt better than anything John had done in a long time. Lesson I learned: don’t judge something as being bad for the member just because it is not easy.

Working With John

One of the first activities to catch John’s attention was lifting the hand weights. After vocalizing a noticeable difference in the quality of his right arm, we agreed to start the day with warm up and weights. This activity lasted two weeks, then he lost interest and began playing basketball and riding the bicycles. Although I thought the weights would be a good high-quality, low-impact activity to start the off with, I decided this was John’s day, and he would call the shots.

What was most amazing about John is his patience and determination. These characteristics became abundantly clear the first time he picked up a basketball. The tips given by senior staff members [Group Leaders, Associate Directors, and Director] during training on how to coach our member were very helpful during John’s basketball career. The first time he tried to shoot the ball it was nowhere near the net. But through my gently advising him to “move closer,” “try shooting it underhand,” and “you come close when you aim for the center of the square,” my man was all net in forty minutes. Because the advice produced results, John responded well to the coaching and never questioned, ignored or resented it. Playing basketball with other members was enjoyable for John. They were his teammates, cheerleaders and coaches - fluid roles he accepted graciously.

He was very good at sharing the ball and cheering and coaching other members. His gentleness with one very frail member was particularly touching. Most of the time we played with more agile members who catered to John’s abilities. But through playing with this frail member, the roles changed and John got the chance to be the cheerleader and coach.

Another activity John enjoyed very much was riding the bikes [adult size tricycles]. This was something he could do while waiting for me to arrive. He said it made his legs feel like there was circulation – and you could see it in his face that he loved the

attention he received from other members and staffers (and camera men⁵) as he cruised around the gym.

My notation on my *Individual History Report* for the second week of the AHDP said, “learned not to underestimate him.” Unfortunately, the reason why it took the third week – and Mark’s suggesting – to ride the bike was because I didn’t take my own advice. Seeing that John had difficulty getting into and out of chairs, I assumed he would have difficulty with the bike. Not to get him on the bike was a bad modification of my erroneous assessment and showed no creativity.

By the time John was ready for bowling he had already mastered basketball. He carried his new-found confidence with him from the court to the lanes. His success rate at bowling (although he did make one strike!) was not as high as basketball. As his frustration grew, the importance of the social support by other bowlers became apparent. Their constant praise, and willingness to coach him through each try kept his spirits up helping to increase the enjoyment of the activity. Also, it was apparent that everyone loved and admired him as they pampered the hell out of him by offering their seats and kind words.

In the first five minutes it was obvious how social John was. Not a person got past him without a “hello, how are you doing?” If he didn’t know someone’s name he would make one up. He always greeted his fellow members and staffers with a smile.

During the five sessions John was physically active, he grew tremendously both physically and mentally. The first noticeable difference was the absence of his cane by the fourth session. By week five he was walking notably faster, and was more nimble getting into and out of chairs. He was also better at tackling the curbs and steps. In basketball, the distance between him and the net increased by three steps backward, and he was able to shoot the ball from either side of the hoop.

The increased confidence in his physical abilities can be almost directly attributed to his success in basketball. The importance of making a shot was evident in his eyes and conversation. He looked forward to the time when he could surprise his

⁵A television crew attended many of the AHDP sessions to produce a documentary and training videotapes.

grandson with his new skills, and he spoke frequently of planing to demand a net where he lived.

AHDP's Theoretical Framework

How the theory related to the practice broke down into two categories: "present usefulness" and "reflective usefulness." The ACAEM paradigm falls into the present usefulness category. As it was happening, there was constant assessing, modifying and working creatively with each activity. If John couldn't make the basket maybe he needed to move closer and change his shooting style.

Sometimes it was important to know when to give his arm a rest and shoot some baskets myself. Then little goals of distance or angle change were created to keep it the activity inspiring. Playing basketball also included using the *coaching model*, the second theory in the present usefulness category. By cheering on baskets and near misses, enjoyment of the activity remained high. Also quality coaching was key to achieving personal goals.

Symbolic Interaction Theory falls into the reflective usefulness category. Only through observation and reflection upon actions over a period of time can a staffer assess their member's interpretations of things. If the staffer doesn't know the member well enough, or the member is very closed, then the staffer risks mis-reading the symbolic interactions. An example of this is the comparison of the relationship between John and I, and John and the male African American staffer.

Because it takes an amount of time to see how the member's social ties support his ability to handle stress, the *AHDP's Psycho-Social Stress Model* also falls into the reflective usefulness category. Some instances were quicker to assess, like the value of the social connections during the bowling. But until I learned more about his family, witnessed them rallying around him during his surgery, and saw a direct correlation between their support and his health improvement, a sound application of this stress model could not be made. This is a big picture theory needing time and information for an accurate evaluation.

My Group

The time broken down into small groups with the leaders was valuable. Mark and Mehdi were understanding, flexible, constructive and caring Group Leaders. These qualities created a safe environment for a few of us to cry due to feelings of anxiety or ineffectiveness. They gave everyone a chance to talk,

making sure the talkative ones didn't dominate the quieter group members. They created an atmosphere void of any judgement validating the emotions and questions that come with creating a quick and intense relationship.

The only negative with the group sessions was that too much time was taken with filling out the forms. There needed to be more time for talking so staffers could feel the release that came with the exchange of ideas and sharing of events.

Lessons Learned About Race and Other Matters

The one characteristic that stood out in John's social interactions was his close sense of kinship with other African Americans. With both members and staffers, he made a special point of starting up conversations and being around them. On the third week John was wearing a shirt from his black fraternity. All day we did our activities, talked and had fun – but there was a bit of a distance very different from weeks past. Just as I was ready to attribute his reserve to a possible medication side effect, an African American staffer came up to talk to us. This staffer knew the fraternity and had a friend who was involved in it. John's eyes lit up as they talked at length about the fraternity, its history and John's experiences. This exchange enlightened me to the importance of sharing a common heritage, and the resulting camaraderie.

Our friendship took on a new dynamic after John's surgery. Up to session five, I assessed that John – at best – liked me, most likely tolerating this white girl who knew nothing about fraternities. But for me it was love at first sight! He never left a session without lots of hugs, smooches and words of praise. It wasn't until visiting him during the first week out of the hospital that I learned about his feelings. In a revealing introduction to his neighbor, he said I was, "his girl," "part of the family" and "the light of his week."

The #1 lesson learned from my AHDP experience with John was to stop stereotyping African Americans. Although I consider myself somewhat enlightened, the 11 years spent living in the south had a small influence on my judgement of skin color. It wasn't that I thought badly of African Americans, I just didn't think about them. But no matter under what circumstance or degree an African American and I make contact, I now see them as carrying a piece of John inside them. There is now a time delay – a memory-driven interception – between seeing and

judging. These classmates, fellow metro riders, business people aren't some media, fear and ignorance-driven stereotype. They are intelligent, enlightened and beautiful people whose race and history deserve more respect than is given. (Intellectually this was understood, John just put a name, face and feeling to the concept.)

This lesson will serve me well as I develop television shows for the aging baby boomers. It helped me understand another culture, which in turn will help me write to this culture. And it will serve as a reminder to give various ethnic groups a voice in the media.

Conclusion

Witnessing the love and sharing on a mass scale, and the relationship with John, over the past seven weeks has marked my soul forever. As the poet *e.e. cummings* once wrote, "the ears of my ears awake and now the eyes of my eyes are opened." There is no going back to the person I was before starting the Program. Caring for another individual, and watching so many others do the same is an great tool to help people step out of themselves and connect with the world. And it is this connecting that make life the special gift it was intended to be.

Copyright © 1998 IEJHE