

Community-Based Nutrition Education through a Paraprofessional Model:
An Experiential Learning Perspective of Peer Education

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ABSTRACT

In community-based peer education models, it is necessary to understand the relationship between learning, context and paraprofessional identity construction. Social relations are important in community education program implementation (Merriam, Caffarella, & Baumgartner, 2007); impacting power structure within communities and organizations (Cervero & Wilson, 1994, 2006; Forester, 1989). This study explored the conceptual and practical role of *experience* in a paraprofessional educator model and focused on the situated, contextual experiences of paraprofessionals in the communities they work and live as unique, challenging, and potentially positive for learning outcomes. Schön's narrative dialogue of reflection (1983) proved to be the essential missing piece in working with community educators toward successful development and autonomy.

In-depth qualitative interviews with 19 paraprofessional community-based peer educators with a state level family nutrition program contributed to findings relevant to how social context, critical reflection, and identity development influence an understanding of experience and the ability to impact knowledge and behavior change in clients. Individual interviews and focus groups allowed narrative exploration of topics as they evolved throughout the study; giving voice to paraprofessional program assistants in a way not previously done. The findings of this study provide insight necessary for the assessment of new conceptualizations of practice for paraprofessional models in expanding community impact and highlight the need for assessment of contemporary

program delivery in a way that fosters the continual development of lay educators through reflective practice. Recommendations are made for a reassessment of historically significant program models in order to embrace paraprofessionals as more broadly defined socially mediated and socially situated influential practitioners.

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DEDICATION

I dedicate the support for this work to my husband, Andy, who is my partner in life and the one responsible for making me a Hokie. I wouldn't be here without him.

I dedicate the effort to my three amazing children, Tess, Claire and Andrew...

for not only cheering me on from the sidelines, but from all sides.

Your patience and encouragement are what got us through this.

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is the secret to eternal youth and happiness

and that one's legacy is the impression they leave on others.

“Go to the people. Live among the people. Learn from them. Love them. Start with what they know, build on what they have. But of the best leaders, when their task is accomplished, their work is done, the people will remark, ‘we have done it ourselves.’”

-Confucius

“If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning.” -Gandhi

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CHAPTER 1

INTRODUCTION

The structure of the Virginia Cooperative Extension (VCE) Expanded Food and Nutrition Education Program (EFNEP) and the Virginia educational component of the federal Supplemental Nutrition Assistance Program (SNAP-Ed), formerly known as the Food Stamp Nutrition Education Program, utilizes paraprofessional community educators to teach the target client population about issues related to nutrition. An examination of health behavior change theory, discussion of educational methodologies and implications for practice provided a basis for exploration of professional development opportunities targeted toward the paraprofessional educators themselves with the intent to serve clients better and to create long-term health behavior change.

Literature regarding the development and use of paraprofessional models is sporadic and often centered on pragmatic impacts (Miller & Shinn, 2005). Paraprofessional community-based nutrition education models are the result of a 1968 federal mandate adopted throughout the United States (Vines & Anderson, 1976) and the historical context of paraprofessional nutrition education has been documented (Willis, Montgomery, & Blake, 2008). The United States Cooperative Education System has typically implemented traditional research-to-practice models of community-based education. However, literature in more recent years has focused on community-centered models to “enable communities to use evidence-based interventions more effectively and efficiently” (Wandersman, 2003, p. 227). These newer approaches allow for effective examples of peer education in learning (Miller & Shinn, 2005). Paraprofessional

community-based educators have an opportunity to contribute to the behavior and knowledge of clients served by peer educator models.

Current nutrition and health program literature lacks an appropriate theoretical model depicting what the paraprofessional *experience* is and its contribution to paraprofessional peer educator development. This research of paraprofessional peer educator experience in community-based education programming focused on identity, social context, and reflective practice. As utilized here, “identity” encompassed the understanding and development of who the paraprofessional is as a socially mediated individual (peer educator) (Holland & Lave, 2001; Sfard & Prusak, 2005). Concepts derived from identity development in the workplace as social context (Chappell, Rhodes, Solomon, Tennant, & Yates, 2003), including social and cultural norms that contributed to identity development (Hayes, 2000) were drawn upon, allowing further attention to the role of gender and positionality in educator-client relationships (Lather, 1991; Tisdell, 2000). Reflection-in-Action (Schön, 1983), narration of self and experience (Foucault, 1980; Droegkamp & Taylor, 1995), and aspects of experiential learning (Fenwick, 1999; Usher, 2009) contributed to ideas of reflective practice and connection of constructive reflection (Jordi, 2010) to social context and ideas of identity. Fenwick (1999) challenges that: “alternative perspectives about the nature of human experience, and the relationships among experience, context, mind, and ‘learning’, raise important issues about the assumptions and values of the reflective view” (p. 1).

Implementation of community-based peer education programs must consider both the needs of the target recipient clients, and also the interest and capabilities of paraprofessional educators. Dialogue about the role experience plays in peer learning

settings is necessary. A paraprofessional model of non-formal community nutrition education provides a situation for looking at how educators with community-based programs may benefit from reflecting on identity formation and social context.

Discussion can enhance and highlight the role of critical reflection and narration for future community-centered education program development.

Situational Background

The formation of the paraprofessional model has historical context, and it has been argued that there is value in a model that utilizes individuals as link-pins between professionals and clients, functioning as informational conduits outside of the context of professional capacity (Katz & Kahn, 1978 as cited by Gehrt, 1994) and who, historically, are given no professional regard in that role. What being a paraprofessional means from the perspective of shared experience by those in that role, however, has not been well documented. The value of utilizing personnel who can meet the needs of client learners in their environment and on their terms is difficult to assess. Allowing lay practitioners to share their experiences offers an undocumented perspective that will give educators needed insight into how best to maximize the paraprofessional model in a meaningful, personal way that more greatly impacts positive behavior change in others while fostering continued development of those operating in the subjective boundary spanning role.

The client populations served by the Expanded Food and Nutrition Education Program (EFNEP) and the Supplemental Nutrition Assistance Program Education (SNAP-Ed) consist primarily of families. Teaching is geared toward both adults and children enrolled in courses taught by paraprofessionals. The paraprofessional Program

Assistants are permitted to train youth program volunteers for expanded program outreach. Nutrition content training is made available for adult program volunteers and managed by program area coordinators. Behavior change is being evaluated, although limited to an entry-exit survey assessment of participants in the program (Appendix A).

Low-income individuals and families in need of support through nutritional education define the clients of EFNEP and SNAP-Ed. They are impacted by program lessons that utilize constructs of experiential learning in order to increase knowledge and skill in areas of food selection and preparation, food safety, resource management, and the impacts that altered health behavior choices have on family. The clients are situated in communities throughout the Commonwealth, from the most rural areas to urban public housing. Despite their geographic location and relative access to other people and resources, most of the clients served experience deprivation with regard to social and economic capital (McFerren, 2007). It has also been documented that low-income individuals suffer disproportionately from obesity and other chronic illnesses when compared to average middle-class citizens (Strauss & Knight, 1999). Family breakdown, compromised physical, mental, or spiritual health, cultural differences, and economic insecurity compound issues of social isolation even when in the center of a community (Putnam, 2000).

Many of the clients are young mothers of small children, often coping with single-parent situations and a lack of child support or employment in addition to limited education and knowledge of health-related issues. Cultural nuances unique to each community the program serves are another factor that must be considered by program employees serving clients. Cultural belief and practice systems are not limited to issues

merely of race and gender, but are also influenced by socio-economic status, attitudes toward education and employment, perceptions of those from “outside,” and interest in altering any of these factors. It is essential that those who reach these clients are able to relate to them, without contributing to their feelings of isolation and disenfranchisement, and are able to build immediate rapport and long-lasting trust (Gehrt, 1994). The potential for such positive interpersonal relationships serves to empower and protect these individuals. The indigenous paraprofessional model offers the unique ability to bridge this gap (Katz & Kahn, 1978 as cited by Gehrt, 1994) and this study aims to gain insight on this bridging role as expressed by paraprofessional program assistants themselves.

The state Expanded Food Nutrition Education Program (EFNEP) is targeted to low-income families with children. The primary goal is a positive change in behaviors related to improving the nutritional quality of diets, food safety practices, and to maximizing the monthly nutritional return on food dollars. Under current federal guidelines, state SNAP agencies have the option to provide nutrition education for state residents eligible for SNAP benefits (i.e. food stamps). The goal of the Supplemental Nutrition Assistance Program Education is: “to improve the likelihood that persons eligible for the SNAP will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current Dietary Guidelines for Americans and the USDA Food Guidance System” (USDA, 2010). Collectively, these programs teach families, youth and seniors skills that demonstrate increased knowledge of healthy lifestyles. Clients are taught how to prepare more healthy and tasty meals for their families at home on a budget. Additionally, the program intends to increase client

awareness of how to determine the nutritional value of food products in order to encourage increased consumption of healthful options and to discourage consumption of highly processed and refined products. Combined with eating better and eating less, clients are encouraged to move actively more and to limit sedentary activity.

Paraprofessionals deliver curriculum content through a series of lessons for program enrollees in a variety of settings. Additionally, direct and indirect client contacts are made in public venues, such as grocery stores and the waiting areas of organizations providing health and financial services.

Through enrollment in EFNEP and SNAP-Ed lessons, clients benefit not only from the information they are provided to address diet and activity needs in their lives, but benefit from other outcomes as well. From a health promotion/disease prevention standpoint, desired and recommended changes in health behavior positively impact the high incidence of chronic disease related to obesity and lifestyle. These positive changes, in turn impact health-related costs, both direct (e.g. medical/services) and indirect (lost productivity). Further, food insecurity and poverty is an issue for many Virginia households, as it is across the United States (Nord, Andrews, & Carlson, 2005). The core lessons of FNP address home-based meal preparation and food purchasing, storage, and safety with the intent of addressing budgeting and preservation as a way to increase the likelihood food dollars are not exhausted before the end of each month.

Directly related to the goals of the FNP program discussed above, behavior change outcomes data were compiled from the state reporting system and separated by program level (EFNEP or SNAP-Ed). Outcomes data gathered at the end of a six lesson series is a calculated percentage differential between health-related behaviors assessed

upon entry in the lesson series and upon exit from the program at the conclusion of the last lesson. Questions are centered on practices and behaviors including: the use of food labels to make food choices, improvements in quality of diet, improvement in at least one food resource management practice, and retaining sufficient food dollars through the end of the month (VCE EARS report, 2009).

Additionally, training of FNP paraprofessionals to meet a certain standard with regard to understanding, and use of, educational materials has a positive impact on enrolled participants. According to the 2009 VCE FNP outcomes report, for example, 87% of adult EFNEP participants and 83% of adult SNAP-Ed participants completing a six-lesson series showed nutrition practice improvement, and 76% of adult EFNEP participants completing a six-lesson sequence demonstrated acceptable food safety practices (J. Midkiff, personal communication, January 13, 2010).

In order to impact clients in significant ways, the paraprofessional educators are assessed against a set of core competencies (Appendix B) and undergo annual job review utilizing evaluative criteria. Core competencies are self-assessed and address: establishment of relationships within and without the program, nutrition education on dietary quality, nutrition education on shopping and food resource management, understanding and recognizing diversity, teaching experiences, program management and record keeping, time management, overall programming, basic sales and marketing skills, understanding and applying technology, and personal accountability. It is anticipated in this study that exploration of identity development within the social context of workplace will be influenced by role expectations and feelings of competence. Related here is an understanding that program assistant understanding of role expectations will impact the

program managers' ability to encourage empowered operationalization of knowledge and skills (Gunden & Crissman, 1994) and, through role modeling, allow paraprofessional peer educators to work with clients successfully.

The VCE Family Nutrition Program paraprofessionals work and reside in the communities they serve, which allows them both a greater understanding of the client population and a vested interest in improving the lives and meeting the needs of community members. The paraprofessional is a critical component in a program's ability to meet clients' educational needs through holistic assessment and approach. In many instances, the paraprofessional is, quite literally, the eyes and ears of a professional organization when in direct contact with clients. It is because of this awareness of, and sensitivity to, the population of learners and community educators that it is critical to comprehend the experience of the paraprofessional as fully as possible. Through them, educational theory becomes practice and ultimately, behavior change for community-based learners.

Research Problem

Paraprofessional peer educators charged with impacting clients are situated in a learner-educator dyad, as they themselves are continually learning as they are teaching. Currently, Program Assistants (paraprofessionals) are treated as more passive agents of information transfer. It is the supposition of this researcher, however, that paraprofessionals can impact community-based clients more holistically and facilitate behavior change when viewed as instrumental to practice improvement. Paraprofessional educators and the FNP program structure can meet clients on their terms, on their turf,

within a unique and challenging context. For many clients, enrollment in Extension programs is a rare opportunity to feel wanted, valued, productive, and connected; simply, *better*. Putnam's research reveals that the more people interact, the more they trust (2000). Increasing levels of bonding and bridging social capital will make the difference between a program that struggles and one that succeeds (Kreuter, M., & Lezin, N., 2002, p. 243).

In exploring the experience of paraprofessional community-based peer educators in the Virginia Family Nutrition Program, then, an overarching question emerged. How does insight gained through critical reflection on contextual experience and role influence a Program Assistant's interactions with, and perceptions of, clients in the community? It is necessary to explore paraprofessional experience within a community-based context in order to more fully understand the implications that comprehension of this experience may hold for future practice in utilizing paraprofessional models.

Purpose and Research Questions

Published literature lacks insight into the experience of being a community-based peer educator in a paraprofessional model. Therefore, in an effort to gain insight on this type of education dissemination model from the perspective of those situated within it, this study was designed with the purpose of examining the experience of being a community-based nutrition educator and the implications that a comprehension of this experience hold for future practice utilizing paraprofessional models. Four guiding research questions served this purpose:

- 1) How do paraprofessionals view themselves in their role as community educator?
- 2) How does social context influence the experience of being a paraprofessional?
- 3) How does reflective practice influence cognitive awareness of the paraprofessional?
- 4) How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?

The above questions were assessed while being mindful of several a priori propositions:

- 1) Paraprofessionals are community-based practitioners.
- 2) The historical context of the paraprofessional model holds significance in defining the role of these participants.
- 3) Paraprofessional peer educators are responsible for teaching information to clients.
- 4) Paraprofessional peer educators are adults situated in a learner/educator dyad.
- 5) The context in which paraprofessionals live and work contributes to cognitive understanding of that experience.
- 6) The situated, contextual experiences of paraprofessionals in the communities in which they work and live are unique, challenging, and potentially positive for learning outcomes.

Importance of the Study

Careful analysis of theory within a given learning and social context is imperative to giving life and purpose to otherwise relatively abstract ideas. Necessary in this study were an understanding of both the learning situation and the social context of that

situation in exploring paraprofessional experience impacted by critical reflection and cognitive awareness of identity. Social context is an integral consideration in non-formal [adult] education for several reasons. Social system and context considerations are important in community education program implementation (Merriam, Caffarella, & Baumgartner, 2007). Further, it impacts power structure within communities and organizations (Forester, 1989). An exploration of learning and teaching in community settings, and the function of educators indigenous to a population, were important in considering implications for practice applications of paraprofessional models due to the unique social context in which they function.

The role of paraprofessionals in the communities they serve is unique and positive. These practitioners have access to clients that are, in many ways, unreachable by others. Limited social and economic capital isolates participants of the Family Nutrition Program and also creates a barrier between them and outsiders that offer information and assistance (McFerren, 2007). The indigenous nature of the paraprofessional model overcomes these barriers on multiple levels immediately (Gehrt, 1994). Insight on the experience of paraprofessionals through critical reflection on context and experience is necessary in continuing to meet the needs of these community families and individuals. A paraprofessional model of non-formal community education provides the context for examining how lay educators with a community nutrition education program may benefit from reflecting on identity formation and social context. Three observations that are necessary to identify the foundation for how this experience may be framed. First, these individuals are indigenous to the communities in which they work and are subject to the social context of those communities. Second,

paraprofessionals are learners of curriculum material and experiential reflective practice. And third, there is a unique identity associated with the role of paraprofessional community-based peer educator.

Understanding the paraprofessional experience from the perspective of those serving in the position offers insight that contributes to the body of knowledge about lay community-based educational programs, adult learners, and social populations. Although curricula have been developed and job training has been carried out in ways that organizations understand it, comprehension of the experience of those within the model is incomplete without the perspectives of those performing the task.

Definition of Terms

The following are descriptive definitions for terms used throughout the study with significant meaning to the population and consumers of this research:

The federal/state educational partnership of the Supplemental Nutrition Assistance Program (SNAP-Ed) supports nutrition education for individuals eligible for SNAP funds. The USDA Food Nutrition Service reimburses state agencies wishing to partner, half of incurred SNAP-Ed programming costs. The primary partners nationwide are land-grant institutions. Educational programming is delivered directly through group or individual learning opportunities and indirectly through print and video materials. Social marketing campaigns supplement these to deliver short messages. “Regardless of the delivery approach used, SNAP-Ed is learner-centered and behavioral-focused” (USDA National Institute of Food and Agriculture website:

<http://www.nifa.usda.gov/nea/food/fsne/about.html>).

The Expanded Food and Nutrition Education Program (EFNEP) “is designed to assist limited resource audiences in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and the improvement of the total family diet and nutritional well-being” (USDA National Institute of Food and Agriculture website: <http://www.csrees.usda.gov/nea/food/efnep/efenp.html>).

The Family Nutrition Program (FNP) in Virginia is situated within Virginia Cooperative Extension and serves as the administrative home to faculty and staff working for the state-based arms of the Expanded Food and Nutrition Education Program (EFNEP) and the educational component of the federal Supplemental Nutrition Assistance Program (SNAP-Ed).

Program Assistants (PAs) are employed by the Family Nutrition Program in Virginia to work with clientele. Primary assignments are in over 90 locations around the state and program assistants are typically classified as youth or adult, EFNEP or SNAP-Ed. A few manage split assignments. These individuals are the primary conduits through which state and federally developed curriculum is disseminated to the target audience, namely low-income adults and families, with a primary emphasis on young mothers of young children.

Historically, paraprofessionals working for the Extension service would, “under the supervision of a professional home economist, receive training in ways to teach low-income homemakers relevant aspects of nutrition and gain confidence of needy people living in his or her community” (Gehrt, 1994) and further, under Public Law 97-98, be

hired from the indigenous target population to the maximum extent practicable (U.S. Department of Agriculture Extension Service, 1983 as cited by Gehrt, 1994). Likert's Link-Pin Model (Katz & Kahn, 1978) has typically defined the practice of using paraprofessionals in boundary-spanning roles as link-pins between program professionals and the target client population in Virginia and elsewhere. Research on appropriate and inappropriate applications of this model by Gehrt (1994) resulted in the identification of various roles for paraprofessionals in community practice and provide a foundation for the need to explore this experience.

The term indigenous, in reference to the paraprofessional educators employed by EFNEP and SNAP-Ed, refers to having the same social background (e.g. ethnic or cultural), attitudes, and values as those in the target populations with whom they work (Vines & Anderson, 1976; Gehrt, 1994) and this premise carries forward into the programs of today, although there has been some movement by hiring institutions to seek more highly educated individuals into these positions with frequency not typically sought in the past.

Summary

This introductory chapter served to provide background information that supports the purpose of the study. Understanding the role of paraprofessional community health outreach educators in the Virginia Family Nutrition Program in their own words is relevant and understudied. The problem statement, research questions guiding the study, assumptions holding implications for those questions, and observations about the

population were identified. This chapter then defined terms specific to understanding aspects of the study and addressed identified limitations.

Chapter 2, the Review of Literature, will address literature surrounding the use of indigenous paraprofessional educators, the significance that being a woman in this role plays, the unique dyad of being both learner and educator, identity formation, social context, reflective practice, the role of power in influencing community-based programming and dissemination of information, and the health behavior and learning theory that contributes to an understanding of teaching at this level. Theoretical framework for the study will be identified, as will the impact this plays on selection of methodology.

CHAPTER 2

REVIEW OF RELATED LITERATURE

Literature regarding the development and use of paraprofessional models is sporadic and often centered on pragmatic impacts that allow for effective examples of peer education in adult learning (Miller & Shinn, 2005). Paraprofessional community-based educators have an opportunity to contribute to the behavior and knowledge of clients served by peer educator models. Current nutrition and health program literature lacks an appropriate theoretical model depicting what the paraprofessional *experience* is and its contribution to paraprofessional peer educator development. The purpose of this study was to explore paraprofessional peer educator experience in a community-based education program in a way that focused on concepts of identity, social context, and reflective practice. This chapter will identify and address literature surrounding the use of indigenous paraprofessional educators, the unique dyad of being both learner and educator, identity formation, women in similar roles, social context, reflective practice, the role of power in influencing community-based programming and dissemination of information, and the health behavior and learning theory that contributes to an understanding of teaching at this level. The theoretical framework for this study results from the discussion and exploration of the available literature.

An Experiential Learning Perspective

Emotion, Cognition and Critical Decision-Making

It has been suggested that although emotion has been attributed to positively contributing to learner motivation and self-esteem, “emotions are nonetheless widely

recognized as a kind of baggage that impedes effective teaching and learning” (Dirkx, 2008, p. 8). When considering this thought in the context of paraprofessional educators that are situated in a community-based environment in which they live and work, it becomes a point of both interest and controversy. It has already been established that early programmatic intention in the establishment of paraprofessional models values the fact that indigenous educators transcend social barriers with clients; in essence, making that emotional connection. Interestingly, feminist theory has been instrumental in re-visioning the role of emotion on learning. Gorton (2007) speaks of “rejecting the view of emotions as an obstacle to reason and knowledge and helping to shape a deeper understanding of the role of emotions in the development of moral judgment” (as cited by Dirkx, 2008, p. 14). Emotion, it stands to reason, becomes a tenable contributing factor in the connection between social situation and experiential impact through interaction.

The early ideas of John Dewey related to experience and education can be used to support community-based education from the standpoint of subject matter and social learning in his discussion of situation and interaction:

The conceptions of *situation* and *interaction* are inseparable from each other. An experience is always what it is because of a transaction taking place between an individual and what, at the time, constitutes his environment... The environment, in other words, is whatever conditions interact with personal needs, desires, purposes, and capacities to create the experience which is had (Dewey, 1938, pp. 43-44, italics in original).

Individualized aspects of cognitive critical thinking and decision-making are influenced by emotional links in experience and relationships with others during program implementation. Rogers discusses the idea of personal influentials or opinion leaders in his work (2003). Compared to their followers, these individuals “have greater exposure to mass media, greater social participation, higher social status, and are more innovative” (Boone, Safrit, & Jones, 2002, p. 135). They value their community role and generally support the norms. Paraprofessional leaders impact learning through experience in this way. Susan Pope (1996), in a study of working-class women, concluded that: “perspective transformation was not triggered by a disorienting dilemma but instead occurred over time and involved the development of personal power in the context of supportive relationships” (as cited by Brooks, 2000, p. 144).

In order to adopt behavior change, process of thought impacts decision. “Critical thinking, when applied to decision-making, enhances the rationality of decisions made by raising the pattern of decision-making to the level of conscious and deliberate choice” (Paul & Elder, 2002, p. 143). Decision-making revolves around goals and choices that are either rational or irrational. Working within the logic of sound decision-making, educators and clients can be taught to increase awareness of how decisions are made in order to encourage such practice. Paul and Elder list the four keys to sound decision-making as: 1) to recognize that you face an important decision, 2) to accurately identify the alternatives, 3) to logically evaluate the alternatives, 4) and to have the self-discipline to act on the best alternative (p. 147). It must be understood, however, that emotional and cognitive social context aspects will play a role in the educators’ decisions as well. If the

timing and the entirety of the situation are not accounted for, the decision deemed most logical at that particular moment may not be the most ideal or beneficial option available.

Recognition of the individual's continued cognitive development as he/she continues to age must occur in order to accurately and successfully plan educational programs for adults. Early work in adult cognitive development was grounded in the ideas of Piaget. Although his ideas have been expanded, Tennant (1988) noted that Piaget did make some salient contributions, including:

- 1) The emphasis on qualitative rather than quantitative developmental changes in cognition,
- 2) The importance attached to the active role of the person [learner] in constructing his or her knowledge (with the implication that learning through activity is more meaningful [than passive learning]),
- 3) A conception of mature adult thought (that is, formal operations) (as cited in Merriam, et. al., 2007, p. 328).

Learning environment, such as non-formal community settings, facilitate these aspects of cognitive function, as related to change over the lifespan, and build on cognitive process discussions of Bandura (1986). Consideration of this work and the ability of individuals to learn vicariously through observation and self-regulated behavior (Schunk, 2008) are critical in developing and facilitating experiential curriculum for community health education practice. Expanded understanding of cognition in adulthood is beneficial in addressing the role it plays on an adult's ability to critically reason and make decisions in non-formal settings. Rotter (1954) developed a theory in which social

situation was also seen as central. For adult learners in non-formal, community-based settings, it has been found that much learning takes place in environments that have meaning and provide social interactions (as cited in Merriam, et. al., 2007). The works of Reigel (1973) and Kegan (1994) focused on dialectical thinking and contextual factors (as cited in Merriam, et. al., 2007). Dialectical thinking allows adults, such as limited income populations, to consider and accept alternative ways of thinking about paradoxes in everyday life. The acknowledgement of contextual factors of social, cultural, economic, and political forces, allows both educators and learners to address how thinking occurs and what knowledge will be considered valuable, which is critical in working toward behavior change.

Situated Cognition and the Lifelong Learner

In expanding the idea of experiential learning as it relates to cognition, the role of situated cognition should be considered in community-based education settings.

Situated cognition maintains that learning is rooted in the situation in which a person participates, not in the head of that person as intellectual concepts produced by reflection nor as inner energies produced by psychic conflicts.

Knowing and learning are defined as engaging in changing processes of human activity in a particular community (Fenwick, 2000, p. 253).

Adult learners in limited-income, community health programs have cited negative experiences with formal, expert-novice-type educational settings, and have expressed an interest in non-formal, interactive, and participatory approaches to learning (McFerren,

2007). This insight is impactful in planning of experiential learning opportunities for behavior change that center on knowing and learning through situated participation.

Experiential learning, as discussed by Kolb, has many theoretical ties and utilizes some of the same aspects as participatory learning. Although Kolb's work has been criticized for being eclectic, it supports the premise that strong theoretical foundations are built on by the works of many, but are internally consistent, parsimonious, and usable. Rather than develop an alternate theory of learning, Kolb's intention was to "suggest through experiential learning theory a holistic and integrative perspective on learning that combines experience, perception, cognition, and behavior" (Kolb, 1984, p. 21). It can be argued that a weakness in Kolb's model is a lack of attention to the social and political contexts of the learning environment, a recognition that emotion and indirect experience can contribute to learning, and that reflection is not merely observational but, rather, should be considerate of social dialogue. Additionally, the argument could be made to enhance consideration of the learner's time and place in the learning process using phenomenological approaches.

Kolb's learning style stages of accommodation, divergence, assimilation, and convergence are experienced respectively through: learning by doing, learning by experiencing, learning by reflecting, and learning by thinking. It is a concise way to begin to understand the complexities of each area type, and Kolb further expounds each with detail about career fields, career aptitudes, personalities, brain structure, and current employment as overlapping in these areas. It would be interesting to utilize outcomes of learner-based health curriculum, using case-study type scenarios, to see not only which learning styles respond more positively to certain approaches, but also emotion-based

circumstances and messages as influential of the scenario that may alter the response quadrant depending on the social and emotional factors in the case. The use of experiential learner-centered style to both assess and acquire examples of ethical and emotional dilemmas and teach paraprofessionals and volunteer advocates how to prepare for, and address, such issues would be beneficial.

Much of Kolb's work is foundational to adult education and lifelong learning. Although it may not be applicable in its entirety to all learner groups all of the time, there are many components of experiential learning that lend great insight into the learning process and facilitation of enduring change; crucial to positive health behavior. Experiential learning is appealing to adult education, as it is learner-centered and transformational, while accounting for individual differences and unique aspects of adult-learner populations. Learner-centered approaches empower learners and educators alike, and ensure that challenge and support exist and persist. In developing health curriculum this way, it can be adapted according to the needs of the stakeholders; namely, the institution, educators, learners, and related associates or clientele. Variances in specific situated experience in these settings benefit from aspects of a given curriculum that can be emphasized based on need.

The use of participant feedback in trying to impact lifelong learning opportunities is of particular interest in the development of community-based programming. The qualitative use of T-groups and "here and now experiences" is embraced by Kolb (1984), and has potential for adult behavior change and emotion-based learning. According to Kolb's writings, the here-and-now lies in the realm of apprehension. The utilization of

critical thinking and consideration of values, dispositions, and personal internal knowledge unique to learners has great potential.

Conversely, Dewey's concept of experience into action via learning and his model of reflective thought and action is situated in the naturalistic (comprehension) realm (Miettinen, 2000). There is value in both dialects of apprehension and comprehension in addressing the needs of adult learners. Through encouraged critical reflection, participants can address strengths and weaknesses in the here-and-now and more astutely evaluate practice and effectiveness critically. This is one reason that evaluation of community initiatives must consider quantifiable behavior change and observation, as well as qualitative reflective values and emotion-based changes. The Naturalistic viewpoint of adult educational programming has a foundation in defensible judgments and justified choices. Strength is found in the values and constraints of context (Walker, 1971). This approach, however, does not substantively address affect and emotion as does the critical approach (Forester, 1989; Marsick, 1990) and also lacks attention to the role of ethics and power as people-centered approaches (Cervero & Wilson, 1994, 2006).

Schein, as cited by Kolb, outlines eight deficiencies on professional education. Most highlight a lack of autonomy in decision making and response to social issues as a result of rigid structure, but the eighth deals with ethics: "professional education generally underutilizes the applied behavioral sciences, especially in helping professionals to increase their self-insight, their ability to diagnose and manage client relationships and complex social problems, their ability to sort out the ethical and value issues inherent to their professional role, and their ability to learn throughout their careers" (Kolb, 1984, p. 184). This assertion has great potential applicability in

community health education with the lay educators. Using a learner-centered case study approach to training, practical ethical, emotional, and social issues can be addressed in a way that fosters self-insight, social management skills, and the ability to apply knowledge readily while with clients. Emotionally situating experience within professional development and program training components will make the importance of the message more meaningful for paraprofessional educators and volunteers. In this way, the level at which these individuals work and interact with clients can be heightened and complement efforts already in place to convey curricula messages in emotion-based ways.

Kolb further addresses lifelong learning as a “challenge of integrative development” (1984, p. 209). He points out that the ability to distinguish decisions and accomplishments within an emotional and ethical context is qualitatively different than the direct problem-solving approach of science. Hence, the fundamental differences in social constructivist and positivist epistemology driving the methodology with this population. Experiential learner-centered approaches will be the more holistic approach to incorporating social and moral considerations into enduring and usable learning patterns. Kolb states that: “experiential learning is not a series of techniques to be applied in current practice, but a program for profoundly recreating our personal lives and social systems” (1984, p. 18). Truly, then, learning is enduring, and the implications for health behavior change exist. Experiential learning is one component that can be used in combination with other methods to achieve a holistic program.

Teaching and Learning

Ballantyne & Packer (2008), using what they term a Productive Pedagogy model, propose 5 elements of experience-based pedagogy, namely: being in the environment, real life learning, sensory engagement, learning by doing, and local context (as cited by Tooth & Renshaw, 2009). These elements are addressed in typical Extension programming and valued by using educators within communities of target clients. Through professional development practices, paraprofessional educators can gain skill-based knowledge necessary to execute experiential learning-based activities at a practical level. In addressing the context of this study, however, it has been assumed that the paraprofessional peer educators are situated in a unique learner/educator dyad. This is coupled with the condition that they are, for the most part, contextually situated in communities to which they are socio-culturally indigenous. As such, they are further situated as socially mediated individuals. Holland and Lave (2001) express the tenant that the:

Political-economic, social, and cultural structuring of social existence is constituted in the daily practices and lived activities of subjects who both participate in it and produce cultural norms that mediate it. One central analytical intention of social practice theory lies in inquiry into historical structures of privilege, rooted in class, race, gender, and other social divisions, as these are brought to the present – that is, to local, situated practice (pp. 4-5).

In embracing the community as workplace for the paraprofessionals, it can be suggested that the “most necessary conditions for workers’ and students’ learning are related to the

feeling of ‘weness’ that arises from individuals’ active participation in the social community” (Collin, Paloniemi, Virtanen, & Eteläpelto, 2008, p. 191).

There is a word of caution in labeling those in the paraprofessional role, however. Historical link-pin models (Katz, 1978, & Gehrt, 1994) endorse a label associated with this role that differentiates these individuals clearly from both the professionals guiding them and the target client base for product and knowledge delivery. The literature has been ambiguous with regard to how “who” or “what kind of person” an individual is determined to be. It is for this reason that the foundation for this study lies in the ability of the paraprofessionals themselves to share insight about personal experience impacted by identity formation and reflective practice. Sfard & Prusak (2005) state:

Through it’s very syntax, the expression [‘being a certain kind of person’] implies that one’s present status is, in a sense, extra-discursive and independent of one’s actions. Sentences built around the idea of ‘being a kind of person’ sound timeless and agentless. Such an essentialist vision of identity is as untenable as it is harmful (p. 16).

Within allied health education, it is necessary to address ethical dilemmas that exist and strive to work with practitioners to address situations in work settings. Learner-centered pedagogy, as is endorsed by EFNEP and SNAP-Ed, can facilitate learning on various levels of individual engagement. Research done by Fornari (2006) is based on health ethics curriculum developed using Kolb’s four learning style phases that also supported the work of Perry on developmental transitions. Kolb describes Perry’s work as “outstanding” regarding its assessment of moral judgment development from absolutist

all the way to extreme relativist (Kolb, 1984, pp. 14-15). The higher stages of development are difficult for some to achieve, and pose a challenge into adulthood and levels of career and education. In order to objectively and subjectively evaluate and learn from complicated ethical scenarios, it is an astute observation on the part of Fornari to address learning styles in her consideration of curriculum development, but there was a lack of attention to the roles of emotional reaction to ethical dilemmas and the impact of cognitive development in assessing a situation and rationalizing through it. It is also interesting to note that the conduct of experiential education supports the design of a curriculum form that implements Bruner's manifesto: "Any subject can be respectably taught at any level" (cited in Kolb, 1984, p. 18). Fornari's study exemplifies the benefit of using experiential learner-centered styles to both assess and acquire examples of ethical dilemmas and teach in a meaningful way to prepare for and address such issues. Although Bruner uses the word *respectably*, this study strives to demonstrate that learning impact will be better than respectable if both formal (and non-formal) curricula are designed from the outset with the learner in mind.

The situation of the paraprofessional as both a teacher and learner becomes particularly challenging when in context of putting learner-centered pedagogy into practice. The idea of learner-centeredness implicitly alters the teacher-learner relationship, resulting power distribution, and identity formation in this context of workplace environment. Chappell, Rhodes, Solomon, Tennant, & Yates (2003) posit, persuasively, that:

The teacher-learner relationship in pedagogies of change is clearly one [that] is shifting and constantly open to negotiation. In this scenario learners seem to be

empowered in the sense that they are enjoined to be active subjects. But the accompanying self-regulation and surveillance is arguably disempowering: learners are being co-opted into managing themselves in line with both organizational and educational requirements. Thus the learner needs to be able to critique the discourse of experiential learning while paradoxically adopting this discourse. A corresponding role for the teacher is to adopt the discourse of experiential learning while simultaneously engaging in a critique of this discourse with the learners (p. 24).

This type of critical discursive analysis is challenging and requires skill. Although much reflection happens without a great deal of overt and recognizable thought, it does contribute greatly to the ideas associated with social situation in a learning or workplace context as contributing to identity development. The use of narration as a pedagogical device becomes intriguing as a way for both paraprofessionals and clients to think and value everyday experience. An alliance of narrative and reflection “is an effective means for allowing individuals to experience, understand and value for themselves the entwined and sensorial connections that exist between people and place” (Tooth & Renshaw, 2009, p. 95). How this process is fostered and navigated is of interest and becomes a reference point for this study and the ensuing discussion of reflection and narration related to contextual identity.

Reflection and Experience

As experiential learning is studied increasingly, varied theoretical perspectives have been examined. Tara Fenwick has written about these classifications and shares that

some of the more current and dominant theory surrounds the construction of meaning and critical reflection. She challenges, however, that: “alternate perspectives about the nature of human experience, and the relationships among experience, context, mind, and ‘learning’, raise important issues about the assumptions and values of the reflective view” (Fenwick, 1999). The criticism has been made that although reflection of experience as part of constructing knowledge was a premise in the work of Kolb, Merriam, and others, there was a lack of attention given to the role of emotion and cognition in this reflective process. One could contend that work needs to be done to assess and develop non-formally the ethical barometer of community paraprofessional health educators that are the eyes and ears of a program disseminated at the grassroots level.

Other researchers have conducted some work in this area. Schön (1983), in the field of adult learning, addresses proactive transformation of knowledge through reflection during or after an action, but with greater recognition of the cognitive mental processes that take place to accomplish such a task. His work in the early 1980’s addresses the role of educational practitioners in assisting students with problem solving and decision-making skills by framing and reframing situations through reflective conversation he terms “reflection-in-action” (p. 49). The resulting spiraled process of appreciation – action- reappraisal allows a reflection of past experiences to bear a unique consequence to the given problem situation. This active approach not only drives at a higher level of cognitive process than mere observational reflection but also seems relevant in working with participants to identify the emotion attached to process. Such dialogue of reflection may prove to be the essential missing piece in working with community educators toward successful development and autonomy. Jordi (2010), in his

work on reframing the concept of reflection within consciousness, experiential learning, and reflective learning practices, wrote:

Human consciousness and the mind, embodied in the human brain, are the interactive processes that constitute experiential learning. If we can conceptually engage with the complex intricacy of experiential learning with precision, than we can develop reflective practices that seek to facilitate an integration of the range of implicit and cognitive elements of our conscious experiencing. By identifying and engaging with elements that are characteristic of the integrative and meaning-making journey of experiential learning, I propose that we can develop a more expansive concept and practice of reflection (p. 15).

Further, “everyone’s experience is in some way reflective of positionality” of gender, class, or race (Tisdell, 2000). Within the context of a given paraprofessional or participant situation, it can be found in the literature that these environments serve as sites for learning, and re-learning, gender-related roles and identities (Hayes, 2000). This is particularly important in the FNP program structure and the nature of nutrition education and primary decision-making in households regarding food choices and preparation. Social contexts in which situated cognition is examined provide opportunities for “women to learn much more than subject matter or skills” and the learning opportunities are often “complex and sometimes conflicting” (Hayes, p. 51).

The emotional aspects of reflection on experience are written about readily in women’s adult education literature. In an interesting discussion of Prior Learning Assessment (PLA), Droegkamp and Taylor (1995) argue that PLA, when done well and

in a way that encourages critical reflection, can lead to personal development in women. This application of reflection on experience and the resulting dialogue of narrative have great potential with community level paraprofessional educators. As indigenous to the community in which they serve, they are in a position to benefit personally and professionally from their experiences, and increase their own capacity to serve their clientele. The authors acknowledge potential limitations of PLA, in particular when working with women who lack the technical language or cognition necessary to verbalize the impact of their experiences or in recognizing that some women are hesitant to leave what is a mental comfort zone. The implications of connecting with lay paraprofessional practitioners on this level to enhance the sense of power experienced by someone considered a programmatic “link pin” are great.

Seeing this research in action in the Extension system would be interesting. In an effort to strengthen the health of three Nova Scotia communities, Gillis & English (2010) found that critically assessing things that happened and how to change them, in the context of storytelling, was integral to group and individual learning. Their findings encourage Extension educators (such as professional level personnel in FNP) to work closely with adult educators (such as paraprofessional FNP Program Assistants) in creating participatory processes for community-based learning and development. They further suggest such informal learning strategies as:

1. Engaging experience, which encourages participants to learn from their everyday experiences of working together;
2. Promotion of dialoguing, which honors the community participants as subjects of their learning; and

3. Networking, which encourages the sharing of information and the strength of a collective effort (n.p.).

Some would argue that paraprofessional models work because those in this capacity are accountable to both supervisors and clients and can operate there without verbalized reflection. Others might argue that these women can use writing about their experience as a way to better understand self and client and greater succeed emotionally, personally, and professionally in the job. If recognized power fosters professional transition upward, then it may be believed that the program has succeeded in serving individuals on multiple levels.

There is a precautionary consideration that needs to be addressed with this form of open narrative, however. It is rooted in the work of Foucault (1980) who addresses subjugated knowledge written out of the history of marginalized groups and that social structure and power relations influence the stories we choose to tell (also cited in Brooks, 2000), like the paraprofessionals and low-income clients of the Family Nutrition Program. The ability to narrate one's life, as is suggested by Droegkamp and Taylor (1995), is limited by the language and narratives that already permeate an individual's culture and society. "A narrative is regarded as *significant* if any change in it is likely to affect the storyteller's feelings about the identified person" (Sfard & Prusak, 2005, pp. 16-17, italics in original). As such, stories describing situation in communities can be seen as significant. Sfard & Prusak (2005) go on to state:

As stories, identities are human-made and not God-given, they have authors and recipients, they are collectively shaped even if individually told, and they can

change according to the authors' and recipients' perceptions and needs. As discursive constructs, they are also reasonably accessible and investigable. Indeed, it is our *vision* of our own or other people's experiences, and the experiences as such, that constitutes identities. Rather than viewing identities as entities residing in the world itself, our narrative definition presents them as *discursive counterparts* of one's lived experiences (p. 17, italics in original).

Personal stories may conform to what is construed, consciously or unconsciously, to be acceptable. If this can be identified with those participating in this practice as a potential obstacle, narrative reflection on experience becomes a foundation for experiential and transformative learning.

Community Capacity

Capacity literature describes two divergent models, research-to-practice (RTP) and community-centered (CC). Both models emphasize the importance of capacity to the dissemination and sustainability of prevention innovations, but differ in perspective and focus. Capacity, competency, and the concept of readiness are connected to successful practice, and these concepts converge and support the importance of: "understanding the knowledge, skills, abilities, attitudes, and motivation and, importantly, focus on identifying these factors at the individual, organizational, and community levels" (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008, p. 183).

It is necessary to supplement RTP and the evolution of CC to bridge the gap between research and practice. It has been stated, "If we keep on doing what we have been doing, we are going to keep on getting what we have been getting" (Wandersman,

Duffy, et al., 2008, p. 171). Wandersman, in a study of community science, worked to better integrate science and practice with community-centered models. He defines community science as: “an interdisciplinary field, which develops and researches community-centered models that enable communities to use evidence-based interventions more effectively and efficiently” (2003, p. 227). The goal of this approach is improvement in quality of life in communities through increased quality of the practice of treatment, prevention, health promotion, and education. At a time when many agencies are rationalizing the ability of service-based programs to meet particular needs related to wellbeing, it has been advanced in the literature that Extension educators, in particular, “are in a unique position to enable people to look at the ‘big picture’ of health, especially the factors influencing overall population health and wellbeing” (Gillis & English, 2001, n.p.)

Conceptual Framework

The intent of the conceptual model for this study is the exploration of theoretical concepts driving a comprehension of the experience of being a paraprofessional peer educator in a community-based nutrition program. The idea is that three areas, namely identity, social context, and reflective practice contribute to an overall contextual experience, and those inside that experience contribute to the behavior and knowledge of the clients served by the paraprofessional model.

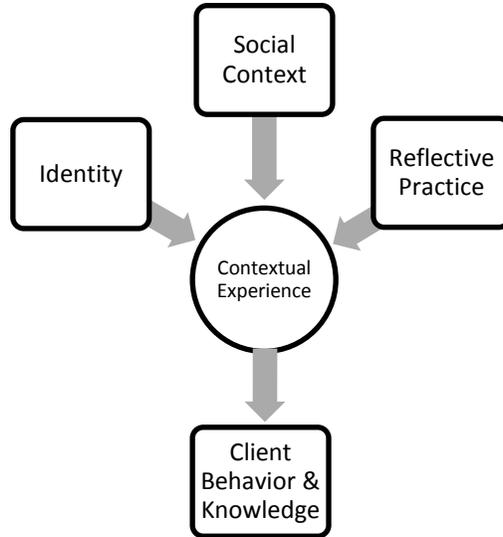


Figure 1: Conceptual Model: Identity, social context, and reflective practice as factors of paraprofessional contextual experience and subsequent impact on client behavior and knowledge.

Identity encompasses the understanding and development of who the paraprofessional is as an individual inside the role of peer educator. The Program Assistants will contribute to what will be understood about the context in which the identity formation or recognition occurs. Social Context considers aspects of being indigenous to the setting and the social and cultural norms that contribute to that view. Additionally, aspects of workplace learning contribute here. Reflection-in-Action, narration of self and experience, and aspects of experiential learning contribute to the ideas of reflective practice and the connection of constructive reflection to social context and ideas of identity. These three areas combine to influence contextual experience, and how each individual participant in this study ultimately defines that as lifelong and adult learners and educators.

Study participants play a role as both learners and educators of the topical instructional content of the Family Nutrition Program, but also of the context in which

they live and work. The intent of their job status is to impact the health behavior and knowledge of program participant clientele. Although the clients themselves are not target populations of this study, the perceived impact Program Assistants have on client health behavior and knowledge may be an outcome that presents itself throughout.

Summary

An examination of literature rooted in an experiential learning perspective included the use of indigenous paraprofessional educators, the formation of identity and the significance being a woman in this role plays, the unique dyad of being both learner and educator, the role of social context in community-based programming and dissemination of information, and other theory that contributes to an understanding of community-based education at this level. This study hopes to contribute to this vast body of work by examining the experience of learning and teaching as a paraprofessional from that perspective, and in that voice. As a result, identity, the roles of context and experience, and the relationship of reflective practice and cognition all cooperate to provide insights into producing more meaningful client interactions, experiential learning, and positive behavior change outcomes.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

The purpose of this study was to explore the experience of paraprofessional community-based peer educators and determine how insight gained through critical reflection on contextual experience and role influences interactions with, and perceptions of, clients in the community. The four major questions guiding this study were:

- 1.) How do paraprofessionals view themselves in their role as community educator?
- 2.) How does social context influence the experience of being a paraprofessional?
- 3.) How does reflective practice influence cognitive awareness of the paraprofessional?
- 4.) How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?

This study utilized open-ended qualitative interviews to explore the experience of being a paraprofessional community-based health outreach educator in the Virginia Family Nutrition Program. The participants initiate behavior change in clients through the material they teach and present, and the interpersonal role they play in client relationships. To this end, quantitative measurement has been done programmatically to assess change in topical knowledge and questionnaire-based assessment of health and nutrition choices that constitute what is understood as behavior change (Virginia Cooperative Extension, 2009). Existing qualitative work was performed to establish competencies of program nutrition educators and curriculum delivery (Baker, Pearson, &

Chipman, 2009; Hoover, Martin, & Litchfield, 2009; Wakou, Keim, & Williams, 2003). An impetus for this study, however, was a desire for an increased comprehension of the paraprofessional *experience* and implications it holds for future practice applications using a paraprofessional model. Further, a deeper exploration of the roles of identity, social context, and reflective practice as influencing paraprofessional impact on client behavior and knowledge will contribute to fill a void in current literature.

Rationale for Qualitative Inquiry Design

The particular nature of the subject matter and participant population lent itself most naturally to qualitative inquiry. With an emphasis on holism and sensitivity to context, a qualitative study allowed the researcher to capture the participant's detailed description of experiences as related to the research phenomenon: here, the experience of serving as a paraprofessional community-based nutrition outreach educator with low-income groups and individuals. McCracken (1988) wrote:

When the questions for which the data are sought are likely to cause the respondent greater difficulty and imprecision, the broader, more flexible net provided by qualitative techniques is appropriate. Qualitative research does not survey the terrain, it mines it. It is, in other words, much more intensive than extensive in its objectives (p. 17).

Qualitative inquiry emphasizes holism. The qualitative researcher strived to understand the phenomenon and situation as a whole and attempted to determine the unifying nature of the particular phenomenon. According to Rossman and Rallis (2003), "qualitative researchers' respect for context draws them to look at social worlds holistically, as

interactive, complex systems rather than discrete variables. They describe and interpret rather than measure and predict” (p. 9).

The naturalistic setting of qualitative inquiry allowed the phenomenon to be explored in context and an understanding of the phenomenon in its naturally occurring context was sought. Additionally, the inductive nature of qualitative inquiry allowed the researcher to comprehend cases without imposing preexisting expectations on the research. The specific observations built toward general patterns to help the researcher identify those that existed naturally (Patton, 2002). It was acknowledged that readers construct and reconstruct their understanding of the research findings through discourse, and sensitivity to this was essential in writing and presenting the findings (Corbin & Strauss, 2008).

Interviewing facilitated the researcher’s ability to access the perspectives of others while demonstrating respect for the interpersonal encounter. Development of rapport between interviewer and participant before and after the encounter was critical to the outcome. The researcher was in a position to address insider and outsider status (Emerson, 2001, as cited in Lofland, Snow, Anderson, & Lofland, 2006); namely, being accepted well enough by participants to be allowed to conduct the research, but not being too closely involved to lose objectivity in findings. Viewed as a democratic emancipating form of social research, interviewing is a powerful way to investigate a subject’s personal or public life. This format worked well along the lines of feminist epistemic views, thus chosen for this paraprofessional population, because of its “emphasis on experiences and subjectivity, close personal interaction, and on reciprocity of researcher and the researched” (Kvale, 2006, p. 480). Within this feminist viewpoint,

the use of narrative interviewing was found to be even more insightful than typical question/response. Responsibility of the researcher included ensuring that no harm came to those researched, however, so within consideration of interview methods there was careful consideration and reflection on situations of power. A recognized risk in designing a study this way was that the interview may not have been an emancipatory event for all involved. Although insightful and, in some ways, more potentially revealing than traditional research, Kvale (2006) further warned that “close emotional relationships between interviewer and interviewee can open for more dangerous manipulation than the rather distanced relationships of an experimenter and experimental subjects” (p. 482). Awareness of this pitfall and open disclosure of methods buffered this risk. Feminist ethnographers, however, argue *for* closeness, friendship, and mutual identification with participants and for participatory research *with*, not *on*, those being studied (Schwandt, 2007).

Research Design

An exploration of paraprofessional experience warranted a qualitative research design to be used with the selected participant group. With the theoretical framework in place for the study, plans to conduct in-depth, open-ended, one-on-one interviews followed by focus group interviews were made by the researcher and a proposal submitted to the university Institutional Review Board (IRB) for approval. A summary of the data collection procedures can be found in Table 1, which depicts a timeline spanning from IRB approval through transcription of the final focus group interviews. The number of participants involved on a given interview date are noted parenthetically in the second column.

Table 1

Data Collection Timeline

Date	Data Collection Activity
November 23, 2010	IRB Protocol approved with supporting documents
December 7, 2010	Initial email sent requesting participation
December 26, 2010	Pilot tested interview protocol
December 28, 2010 - January 5, 2011	Pilot interview transcribed and coded for potential revision to interview guide and consideration for inclusion with data
January 19-20, 2011	Phone calls made and emails sent to participants confirming response for participation and to secure date and location of Round 1 interview
January 21, 2011	Interview, Round 1 with PA (one)
January 24, 2011	Continue email confirmations for multiple Round 1 interviews
January 25, 2011	Interview, Round 1 with PA (two)
January 25, 2011	Continue email confirmations for multiple Round 1 interviews
January 27, 2011	Interview, Round 1 with PA (one)
January 28, 2011	Interview, Round 1 with PA (one)
January 31, 2011	Interview, Round 1 with PA (four)
February 1, 2011	Interview, Round 1 with PA (three)
February 2, 2011	Interview, Round 1 with PA (three)
February 3, 2011	Interview, Round 1 with PA (one)
February 7, 2011	Interview, Round 1 with PA (one)
February 10-25, 2011	Round 1 digital audio transcribed and coded by researcher.
March 9, 2011	Interview, Round 1 with PA (one)

(continued)

Table 1: Data Collection Timeline (Continued)

Date	Data Collection Activity
March 11-13, 2011	Round 1 digital audio transcribed and coded by researcher.
April 14, 2011	Email sent to each participant requesting their participation in Round 2 and Focus Group as discussed prior to Round 1 as part of study.
April 25, 2011	Interview, Round 2 with PA (three)
April 26, 2011	Interview, Round 2 with PA (three)
April 27, 2011	Interview, Round 2 with PA (five)
April 28, 2011	Interview, Round 2 with PA (two)
April 29, 2011	Interview, Round 2 with PA (three)
May 6-15, 2011	Round 2 digital audio transcribed and coded by researcher.
May 17, 2011	Researcher facilitated Focus Group with PAs (nine)
May 17, 2011	Researcher facilitated Focus Group with PAs (seven)
May 20-23, 2011	Focus group digital audio transcribed and coded by researcher.

On November 23, 2010, the research protocol and supporting documents were approved.

On December 7, 2010, the initial email requesting interested participants to respond to the study invitation was sent. Following a late December pilot interview of the Round

One questionnaire, the full range of interview rounds and focus groups with related

analysis ensued. On May 23, 2011, six month after protocol approval, the final

transcription was completed and focus group codes were added to those already collected for compilation in the theme analysis.

Preliminary Work

In order to develop interview guides with open-ended but inclusive questions, the researcher developed a set of *a priori* propositions, to which relevant literature and the research questions were aligned (Table 2). Propositions were tested and compared

throughout data collection and analysis to ensure consistent relevancy and alignment (Miles & Huberman, 1994) to the research questions. The research questions, subsequent guiding questions for both rounds of individual interviews and the focus groups, and supporting literature are fully depicted in the study alignment table (Appendix C).

Table 2

a priori propositions

Proposition	Supporting Literature	Research Questions
Paraprofessionals are community-based practitioners.	Paraprofessionals have access to clients that may be socially unreachable by others (McFerren, 2007). Learning takes place in environments that have meaning and provide social interactions (Merriam, Caffarella, & Baumgartner, 2007). Paraprofessionals are hired and trained to conduct intervention education in communities (Hibbs, 2007).	1. How do paraprofessionals view themselves in their role as community educator?

(continued)

Table 2: a priori propositions (Continued)

Proposition	Supporting Literature	Research Questions
<p>The historical context of the paraprofessional model holds significance in defining the role of these practitioners.</p>	<p>Paraprofessionals began providing community-based nutrition education, by charge of Congress, in 1969 (Vines & Anderson, 1976). Curriculum delivery by paraprofessionals is perpetually assessed (Hoover, Martin, & Litchfield, 2009). The view of behavior change in health education has evolved from being strictly individual to being enmeshed a complex system of individuals within environment (Fabiano, 1994). Paraprofessionals serve as messengers of an educational message. They are trained and supervised by Extension professionals (Hibbs, 2007) and typically are without post-secondary degrees while being from the target communities (Seevers, Graham, Gamon & Conklin, 1997).</p>	<p>1. How do paraprofessionals view themselves in their role as community educator?</p>

(continued)

Table 2: a priori propositions (Continued)

Proposition	Supporting Literature	Research Questions
Paraprofessional peer educators are responsible for teaching information to clients.	Established core competencies are used for state and local program planning, implementation, and evaluation (Baker, Pearson, & Chipman, 2009). Personal attributes dovetail competencies and are necessary for job success (Wakou, Keim, & Williams, 2003). Program Assistants are responsible for reaching adult and youth clients with curriculum designed to impact behavior change (VCE EARS Report, 2009). Peer education is an effective means of delivering messages to target populations (Sloane & Zimmer, 1993).	<ol style="list-style-type: none"> 1. How do paraprofessionals view themselves in their role as community educator? 4. How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?

(continued)

Table 2: a priori propositions (Continued)

Proposition	Supporting Literature	Research Questions
Paraprofessional peer educators are adults situated in a learner/educator dyad.	<p>Perspective transformation occurs over time in the context of supportive relationships (Brooks, 2000). Program participants have expressed interest in non-formal, interactive, and participatory approaches to learning (McFerren, 2007). It is beneficial to help professionals [paraprofessionals] increase self-insight, manage client relationships, address social problems, and learn through careers (Kolb, 1984). Transformation of knowledge can occur through reflection with recognition of cognitive mental processes (Schön, 1983). Peers serve as counselors, teachers, role modelers, and enablers of others (Sloane & Zimmer, 1993).</p>	<p>3. How does reflective practice influence cognitive awareness of the paraprofessional? 4. How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?</p>
The context in which paraprofessionals live and work contributes to a cognitive understanding of that experience.	<p>Social system and context consideration are important in community education program implementation (Merriam, Caffarella, & Baumgartner, 2007). Learning environment facilitates cognitive function (Bandura, 1986). Knowing and learning require engagement in human activity in particular communities (Fenwick, 2000).</p>	<p>2. How does the social context influence the experience of being a paraprofessional? 4. How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?</p>

(continued)

Table 2: a priori propositions (Continued)

Proposition	Supporting Literature	Research Questions
The situated, contextual experiences of paraprofessionals in the communities they work and live are unique, challenging, and potentially positive for learning outcomes.	The more people interact, the more they trust (Putnam, 2000). Experiential learning is related to situated cognition as considered in community-based education settings (Fenwick, 2000). An individual's experience is reflective of positionality of gender, class, or race (Tisdell, 2000).	2. How does the social context influence the experience of being a paraprofessional? 3. How does reflective practice influence cognitive awareness of the paraprofessional? 4. How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?

Pilot Testing

The study pilot interview was conducted approximately three weeks before individual interviews began with the study participants. As approved by the IRB (Appendix D), the Round One Interview Guide (Appendix E) was used for the pilot interview session. The individual with whom the pilot was conducted was a retired Program Assistant with the Virginia Family Nutrition Program and was selected because of potential for insight regarding paraprofessional experience accumulated over a great number of years of service. Further, a retired individual was selected in anticipation that the absence of a fear of retaliation would alleviate any hesitation to respond to potentially intrusive interview questions. A pseudonym was used and permission obtained to use interview data in the final report. The participant felt very comfortable with the final outcome of the pilot and did not hesitate during participation and response. Upon

concluding the questionnaire, the researcher debriefed the pilot participant regarding the experience of being interviewed and solicited the participant's feedback regarding questionnaire content. No changes to the questions, as written and asked, were deemed necessary, but the participant did offer some insight as to how she anticipated others might respond to certain questions. A research memo was made to remain attentive to these thoughts should they become relevant in future interviews. The researcher transcribed all digital audio from the pilot. The participant reviewed the transcriptions for verification and she made no comments or requests for changes.

Making Initial Contact with Participants

On December 7, 2010, an initial email (Appendix F) requesting participation in the study was sent to all program assistants in the state that met the selection criteria based on desired geographic region, years of experience, and level of education. Affirmative responses to the invitation email were sent to the researcher's password protected email account and a coded record of respondents was kept securely. On January 19-20, 2011, an email confirming participation and scheduled interview date was sent to each participant individually to protect the identity of those involved from each other. Attached to each confirmation email was a copy of the round one interview protocol (Appendix E) and consent form (Appendix G) for review. The body of the message contained an overview of the research procedures that would take place from consent through focus group, including their involvement with review of transcripts and identity protection from all but members of the final focus group, which would not be revealed until arrival on site for that session.

Sampling and Selection of Participants

The sample population for this study was comprised of individuals serving as Program Assistant (paraprofessional) for the Virginia Cooperative Extension (VCE) Expanded Food and Nutrition Education Program (EFNEP) and the Virginia educational component of the federal Supplemental Nutrition Assistance Program (SNAP-Ed). The sample was purposeful and chosen carefully among willing participants that met a range of criteria in a way that offered contrast and consideration for representation of a larger group (Weiss, 1994).

Three specific criteria were used to select participants. First, program assistants were grouped by region of assignment in the state to aid in selective representation of all regions in the sample. Second, the participants were determined to have an adequate level of experience with the phenomenon, based on years of experience as a paraprofessional community nutrition outreach educator. Third, the participant's level of education was noted.

All program assistants in the state with the appropriate years of service (five or greater) were identified and invited to participate. As each responded, they were further grouped by geographic region and level of education. The intended goal was to have a sample representative of the state population of program assistants across these three criteria, and selection in this manner was successful. As each participant responded and agreed to participate, it was shared that each needed to be willing to share their experiences and be able to elaborate upon their experiences in order to provide a rich, detailed description. Each participant also needed to be willing to volunteer their time to

participate in the interview, understanding the value their experiences would bring to the study. Compensation for participation was neither made by the researcher, nor requested by the participants.

The profile of participants included in the study consisted of one pilot participant and an additional 18 individual participants. Because combining two or more selection criteria in connection with a single individual could be potentially identifying, the entire group will be discussed in terms of generalities (Table 3) related to regional district assigned, years of employment with the program, and level of education.

Table 3

Sample Group by Selection Criteria

State Region	Years of Experience	Level of Education
Northern	5 years minimum	High School Diploma or GED
Central	10 years average	Some College
Southeast-Northeast		Associate's Degree
Southeast		Bachelor's Degree or higher
Southwest		

Data Collection

All data for this study was collected using qualitative interview methods, in both one-on-one settings and focus group settings. The success of this process was dependent on the comfort of all parties. The level of connectedness cannot be recreated at a different time and discomfort or lack of confidence in the situation may adversely affect the quality of data (Laferriere, as cited in Becker, 1986).

Two Rounds of Interviews

Patton's typology (2002) includes various types of interviews, including standardized descriptive, open-ended interview as used in this research project. This interview type employs the use of an interview guide developed from anticipated issues surrounding the topic that contributed to the formulation of the aforementioned *a priori* propositions. Patton also addresses various types of questions. Experience-based questions were the preferred type used to gather data during this project, and allowed participants to incorporate feelings and opinions about their experience. As an interviewer, it was important to probe in order to seek rich responses while maintaining focus on the question-at-hand. Standardized open-ended interviews allowed for new question sequences to be descriptively framed and contextualism allowed for the holistic clarification of different components of the phenomenon.

Participants engaged in two rounds of one-on-one interviews, followed by a focus group session. The duration of the interview process varied by participant and length of unrecorded additional dialogue was not reported (Table 4). Some of the additional dialogue contributed to research memos for further consideration during research analysis. Participation on the part of the paraprofessionals interviewed is also depicted by round, with some participants opting out of some portions of the entire study process.

Table 4

Interview Duration

Interviewee	Round I	Round II	Focus Group	Total Duration of Interviews per participant
Alice	76 min.			76 min.
Janet	23 min.	18 min.	67 min.	108 min.
Marty	40 min.	17 min.	67 min.	124 min.
Sam	49 min.	22 min.	67 min.	138 min.
Jasmine	42 min.	17 min.	67 min.	126 min.
Jane	28 min.	11 min.	67 min.	106 min.
Chris	37 min.	16 min.	58 min.	111 min.
Frances	53 min.	34 min.		87 min.
Stephanie	33 min.			33 min.
Martha	30 min.	24 min.	67 min.	121 min.
LeAnne	78 min.	31 min.	67 min.	176 min.
Edna	46 min.	29 min.	58 min.	133 min.
Michelle	63 min.	22 min.	67 min.	152 min.
Pauline	33 min.	17 min.	58 min.	108 min.
Cheryl	30 min.		58 min.	88 min.
Alexandra	78 min.	44 min.	67 min.	189 min.
Angie	30 min.	18 min.		48 min.
Pat	106 min.	28 min.	58 min.	192 min.
Suzanne	46 min.	12 min.	58 min.	116 min.
Total Duration of Transcription	921 min.	360 min.	125 min.	

Round One Interviews. After confirmation of those choosing to participate in the study, procedural information was shared. In an email (Appendix F) sent to each participant on January 19-20, 2011, an overview of the study procedures addressed consent and confidentiality, that there would be two interviews with a chance to review the transcript of each (Seidman, 1998), and participation in the focus group. Of course, it was reiterated that participation was voluntary and each individual's responses would be uniquely valuable to the data and valuable to the population benefitting from the study. Attachments to the email included the round one interview guide (Appendix E) and the participant consent forms (Appendix G) so that participants could review them in advance of the meeting date. When each interview was scheduled, a location to meet was suggested by each participant to enhance comfort and privacy. At the outset of each interview, time was taken to orient the participant to the process and to verify full understanding of the consent form. Two copies were signed; one each for the participant and researcher. Use of the digital recorder was discussed before the interview began. Round one interviews ranged in length from 23-106 minutes, totaling 921 minutes (15.3 hours) of recordings for transcription (Table 4). Round one interview transcripts were sent to participants for review and comment. No textual changes were made, but comments were made about feelings incurred upon reading their own thoughts and words in print (Seidman, 1998).

Round Two Interviews. Prior to the second round interviews, an email was sent to each participant with an update and information for Round Two and the Focus Group (Appendix H). Based on analysis of round one data, questions were developed for the round two (Appendix I) one-on-one interviews designed to expand on, and clarify, ideas

surfaced in the first round. Due to the anticipated length of round two and the distance, time, and expense that would be necessary for the researcher to travel throughout the state a second time, a decision was made to conduct round two over the telephone with each participant and this method of data collection was part of the IRB approved protocol. Each interview was scheduled at a time chosen by the participant that would allow for a private phone conversation. Interviews were again digitally recorded for transcription and analysis. The interviews in this second round ranged from 11-44 minutes and totaled 360 minutes (6 hours) (Table 4) of recorded data. Transcripts of each interview were returned to participants for review and comment and no comments were made after this round.

Focus Groups

Focus groups interviews were used to bring groups of participants together to discuss a range of issues. They were used in combination with data obtained using two rounds of one-on-one interviews. Collecting multiple layers and member-checking data (Lincoln & Guba, 1985, as cited in Seidman, 1998) was a key element in evaluating and analyzing findings. Careful planning, thoroughly researched and prepared questions, skillful moderation of the discussion, and thorough data analysis all were essential to successful focus groups (Schwandt, 2007). Additionally, since not all participants agreed on points of discussion, opportunities to encourage expansion of ideas and views of different perspectives on the research questions provided richer data (Lofland, Snow, Anderson, & Lofland, 2006). Two focus groups were scheduled during a Family Nutrition Program conference held for paraprofessional nutrition educators from Virginia, West Virginia, and North Carolina. Participants were notified in advance of the

meeting time and location at the hotel in West Virginia before arrival so that the identities of those participating could be concealed. Each participant chose which session to attend and was made aware that others would be present. With each group, identities were revealed as each group convened and an agreement was made to keep the participation of others confidential outside of the room. Nine women attended the first focus group and seven participated in the second. As is common qualitative focus group practice, these women were “encouraged to talk to one another, ask questions, exchange anecdotes, and comment on one another’s experiences and points of view” (Kitzinger, 2000). Digital recordings were taken of each while the researcher noted observations in a research journal throughout (Miles & Huberman, 1994). With no objections the group discussed themes that emerged from previous interview rounds. The questions used to guide discussion for this phase of the study (Appendix J) were used to clarify and expand on early themes. Additional theme analysis took place after the focus groups to incorporate with the entire data set. Transcripts from the focus groups were sent electronically to participants for review and the participants made no additional comments to the researcher.

Data Analysis Procedures

In order to adequately address paraprofessional experience as part of this dissertation study and within the ideals of social constructivism and feminist pedagogy, strategies for developing qualitative analysis appropriate for use in this research were: 1) Social Science Framing, 2) Normalizing and Managing Anxiety, 3) Coding, 4) Memoing, 5) Diagramming, and 6) Thinking Flexibly (Lofland, et. al., 2006). Qualitative open-ended interviews with paraprofessionals resulted in the development of codes and themes

from transcript data and the appropriate analysis of findings as they emerged. The researcher used an open research journal to record observations and memos during interview sessions and throughout analysis. Flexibility was maintained in order to remain open to unexpected theme emergence not directly aligned with the theoretical framework.

Audio playback of interviews was used not only for transcription purposes, but also for careful analytical reflection. The interview data in this study not only lent itself to traditional code and theme analysis, but also a more narrative representation of the experience. In order to achieve careful analytical reflection, playback occurred multiple times by the researcher in order to astutely assess nuances in the spoken word; voice inflection, changes in tone and emotion, contradictions in terminology and association (Seidman, 1998). In executing these assessments, it was possible to gather a feeling for overall themes and unexpected findings, as well to construct the initial framing for analysis.

The researcher transcribed all interviews in order to maximize comprehension of the content. These transcriptions were read multiple times with the same intention as multiple listening of the recording. Initial impressions were noted. As codes developed, identification of significant phrases related directly to the experiences was used. Several types of codes were used throughout analysis, including: descriptive codes and inferential/pattern codes (Miles & Huberman, 1994); in vivo codes and values codes (Saldaña, 2009). Each code that emerged contributed to the formulation of meanings and theme clustering of commonalities found among transcripts. Constant comparative method was also used to assemble codes and categories making it possible to analyze new codes through the lens of old data, and to identify novel and relevant information

that reinforces previously identified themes or that establishes new ones (Glaser & Strauss, 2008). The data stream consisted of 1406 minutes (23.5 hours) of audio (Table 4), 470 pages of transcribed data, and 458 primary codes. Digital Audio files were maintained in Windows Media Player© and portions of the audio were transcribed with Dragon Speak software for Mac™ after being trained to recognize the researcher's voice. Document files of the transcripts were then imported into Atlas ti © software for storage, sorting, and development of codes and categories. Thirty-nine categories and eight themes emerged from the body of codes, each with an analytically determined source of origin (Appendix K). Category origination sources relevant to this study included: participant, literature, and investigative. These are discussed in the literature as coming from the participants themselves, previously discussed in the literature and chosen for inclusion after reiteration in the data, or determined by the researcher after analysis and observation, respectively (Constas, 1992). Throughout the process of analysis, the researcher examined the data for concepts, themes, and events across different interviews (Rubin & Rubin, 2005) in order to compile a coherent representation of the material that portrayed paraprofessional insight on experience.

Evaluative Criteria

Throughout time, qualitative inquiry as a sound and legitimate method of academic research has been under scrutiny, often not embraced even by research universities as a method with as much viability and purpose as traditional quantitative methodologies (Page, 2001). As a result, aspects of qualitative research practice have been evaluated, discussed, and modified in the ongoing debate about how it fits with traditional research criteria. Dialog among leading researchers has continued about the

necessity and appropriateness of subjecting qualitative research to quantitative guidelines when remaining accountable to all epistemology and ontology driving the research question in the first place. This debate has been described as a “triple crisis of representation, legitimation, and praxis” involving a “serious rethinking of such terms as validity, generalizability, and reliability” (Denzin & Lincoln, 2000, as cited in Anfara, Brown, & Mangione, 2002, p. 28).

In a perpetual discussion by qualitative researchers about how to evaluate the science, quality of analysis, and theoretical interpretations of data, there has been disagreement regarding the terms: “*validity, reliability, rigor*, and parallel terms such as *trustworthiness, credibility, transferability, verisimilitude, relevance, plausibility, and confirmability*” (Freeman, deMarrais, Preissle, Roulston, & St. Pierre, 2007, p. 26).

Lincoln and Guba developed trustworthiness criteria in 1985 that judge quality or goodness of qualitative inquiry. These criteria were found to be more appropriate for naturalistic work than traditional epistemic criteria and procedures. The criteria and the parallel traditional criteria are as follows: 1) credibility (internal validity), 2) transferability (external validity), 3) dependability (reliability), and 4) confirmability (objectivity). Within each of these criteria, there are distinct procedures for use, such as peer debriefing, member checks, and auditing. By 1989, however, Lincoln and Guba reevaluated these criteria and increased awareness that they were focused on methodology, and not quality of outcome or negotiation within systems. Authenticity criteria, a more constructivist driven set, was advanced (Schwandt, 2007). This study employed constant comparative method to assemble codes and categories to analyze new codes through the lens of old data, and to identify novel and relevant information that

reinforces previously identified themes or establishes new ones (Glaser & Strauss, pp. 101-115). “Validity deals with the notion that what you have observed is, in fact, what really happened. In the final analysis, validity is always about truth” (Shank, 2002, p. 92 as cited in Anfara, et. al., p. 30).

In an effort to honor the need to justify and validate findings, but in a more streamlined way than used previously, Laurel Richardson and Elizabeth St. Pierre (2005) developed CAP (creative analytical processes) criteria. These are: 1) substantive contribution, 2) aesthetic merit, 3) reflexivity, and 4) impact. Rooted in their postmodern idea that validity in qualitative research is multidimensional, these criteria honor the need of researcher evaluators to have a means of structured justification and uphold the view that texts validate themselves and are open to the possibility that there is not only a single truth (Richardson & St. Pierre, 2005). Participants are viewed as provocateurs, with multiple views of reality that can be reflected within. This researcher in this study engaged in reflexive thought (researcher stance to follow), honored the words and lived experiences of the participants as aesthetic to the codes and categories and substantive to practice through the development of themes designed for impact. Participants, by being asked to read, internalize, and respond to the written transcripts of their own words, were able to further reflect on the entire experience of the interview process.

Scheurich (1993) speaks of validity as a line of acceptability of aspects of research that varies among epistemologies (cited in Freeman, et. al., 2007, p. 27). Data in information must be recognized as such, systematically analyzed, and transformed into evidence in answer to a question through a process of reconstruction of findings (Lincoln, as cited in Freeman, et. al., p. 27). Additionally, qualitative researchers either enhance or

deteriorate the quality of the work through the choice of words. Post-structural writer, Michael Foucault, encourages the use of words that are more porous than they are a mere window on objective reality (1980). Such reflective, open, transparent writing served to strengthen the meaningful validity of this qualitative work by allowing a more impactful interpretation by the reader.

Researcher Stance and Limitations of the Study

Researcher Stance

Reflexivity and Epistemology. It is critical for a researcher to take the opportunity to reflexively evaluate the position she holds within certain categorical terms and evaluate perceptions and beliefs in order to respond more perceptively to questions posed as part of qualitative inquiry. In qualitative research, it is understood that a relationship exists between the researcher and those being researched. Reflexivity enables the researcher to account for her personality, beliefs, and presence in the study (Rossman & Rallis, 2003, p. 49). Further, the researcher has an understanding of how the chosen method of research is appropriate based on epistemological and ontological assumptions held (Creswell, 2007, p. 17).

Often, people know *what* they think and believe, but don't take the time to challenge themselves to determine *why* they think and believe that way. It is a revealing exercise that invokes higher order thinking skills. Although literature supports the idea that more marginalized individuals struggle to trust others and believe in social and political systems, this researcher believes that no group of individuals is exempt from the temptation to believe in certain discursive practices, which only heightens the

responsibility of educational practitioners to serve the pursuit of betterment and truth. This happens in developing capacity of inquiry as individuals and applying it as an educational body, organization, or committee. Although it may be natural to question or inquire about the rationale used by some when making professional decisions, this must be done in a way that fully utilizes critical thinking modalities in order to capture all that is applicable to democratic learning and educational wisdom (Henderson & Kesson, 2004).

When evaluated in such a way, it becomes easier to accept and foster the strengths of all individuals as professional educators and trust the judgments of others as a product of their own knowledge and experience; trust it as the best decision that was made by that particular individual for a particular situation. This researcher also believes that to be an astute and effective professional educator, it is essential to integrate knowledge from all theoretical areas and practical applications. A holistic evaluation based on critical reasoning ensures that the information passed to others is sound and challenging and will, ideally, be applied on a deeper level with greater success. These beliefs are critical in an open evaluation of paraprofessional experience and the opportunity to reveal individual strengths and needs.

As a professional educator, it is imperative that this researcher worked within the context of the subject at hand, and perceived the relationship between content study and facilitation of self and social learning (e.g. community-based nutrition education done by paraprofessionals). Although there may be countless individual belief systems at play among educators, teaching must be done on common ground and with common good as an outcome. With learner success, achievement, and facilitation of learning as a goal,

envisioning a way to utilize the six facets of understanding (explanation, interpretation, application, perspective, empathy, and self-knowledge) in an effort to achieve democratic learning is the ultimate desire. Education can be addressed from the point of “lifeworld” rather than “systemsworld” in which there is more listening, speaking, and shared norms than procedure, technique, and efficiency. It is acknowledged that a balance of both in community-based programs that are outcomes-based is necessary.

Educational wisdom calls on us to use critical thinking skills and sound professional judgment in providing services and education that suit the most needs of the common good while also assessing and working within confines and limitations; essential with the intended population of this study. Institutional structures can be addressed by networking and increasing awareness regarding particular needs or segments of society. This research is done with an awareness that the premises of extension outreach and education are situated in an institution of higher learning and are mandated by state and federal funding structures. By enhancing this awareness, it is possible to nurture a work culture that fosters the beliefs of professionals who influence and guide paraprofessionals and initiate community betterment through the application of learning modalities developed with living in mind.

For those educators who also focus on planning, the ideals of transformative learning are vital to achieve outcomes by way of constructivist methods. It is important to note that, traditionally, much learning has been centered on educating individuals. Even with group work and projects in planning, the ultimate outcome is heavily weighted toward increased skill or knowledge of individuals within the group and as a result of some interaction, rather than a transformation of the group as a whole. Working within

the structure of a critical and educationally democratic viewpoint allows for embracing the challenge of planning that balances learning needs, styles, and expectations, as well as outcomes and planner objectives.

This researcher firmly believes that a non-formal pragmatic teaching approach with adult learners/educators involves great dialogue, questions and answers, brainstorming for preventative and curative solutions to a problem, networking among participants and perhaps the establishment of support groups, and group/team activities. The idea of teaching with this approach blends the boundaries of various groups in our diverse society and meets the needs of those individuals.

Further, from a feminist pedagogical standpoint, it is asserted that truth and knowledge is relative to each woman's sociocultural context (Merriam, Caffarella, & Baumgartner, 2007, p. 252). Maintaining this assertion is critical to truly assess the experience of female paraprofessionals with regard to teaching needs, as well as their perceptions of the learning needs of their female adult learners.

The ideals of social constructivism, experiential and transformative learning, and feminist pedagogy are appropriately applied to the paraprofessionals interviewed for this study, and they directly influence how the dissemination of information impacts learning in the program participants they serve. Additionally, self-reflection of researcher position within this theory structure allows an understanding of how others are approached and why teaching and learning are encouraged differently in certain populations.

The researcher places great value on critical reflection-in-action in both thought and practice. Reflective skills of the researcher were developed individually during her

professional education and career background, which contributed to interest in this topic but also impacts the lens through which the phenomenon in this study was observed. Ethically, as the analytical research tool for this qualitative research, the researcher continually practiced critical self-reflection in order to maintain objectivity. With a background in Nursing, the researcher also has experience with integrating nutrition education in a client population, although different than the direct emphasis placed solely on nutrition education by participants within the context of this study. The researcher also has experience as a Case Manager in a free clinic and understands of the needs of low-income individuals, such as those in the client population served by the participants of this study. Researcher experience was not discussed or revealed to the participants so that it would not influence their responses, nor was any judgment made to include or exclude data as a result of researcher positionality.

Limitations of the Study

The findings may be limited by the presence of uncontrollable factors and the influence they have on the paraprofessionals' ability to fulfill their role. The findings cannot be applied to paraprofessionals in other types of community-based education programs.

There were two types of limiting factors in doing future research on this topic that are products of the research design. The first was slight alterations in wording of probes that were a component of open-ended interview structure designed to produce responses that were as rich and detailed as possible. Effort to maintain consistency was made from one interview to the next, although the research also honored the discovery of unexpected

relevant findings and explored these occurrences. The second limitation was the selective choice of participants. Geographic location, level of education, and years of experience were considered in selection, but contributed to a more balanced approach to data collection across the state and a sample representative of the entire population.

Summary

This chapter discussed qualitative methodology and the rationale behind its use as most appropriate for the conduct of this study based on the type of participants and propositions situated in the literature and research questions. The participant selection process included the selection criteria and initiating contact. Procedural steps for data collection and analysis were complemented by a timeline for collection that highlighted collection points during interviews and focus groups with references to the interview guides. Details of analysis, from transcription through theme development offered insight to a discussion of evaluative criteria relevant to strong qualitative findings. Positionality and epistemology of the researcher, coupled with limitations of the study, provide a bridge to the study findings.

CHAPTER 4

FINDINGS: PERCEPTIONS OF SOCIALLY MEDIATED PARAPROFESSIONAL EDUCATORS

The purpose of this study was to explore the experience of paraprofessional community-based peer educators and determine how insight gained through critical reflection on contextual experience and role influences interactions with, and perceptions of, clients in the community. The four major questions guiding this study were: 1.) How do paraprofessionals view themselves in their role as community educator? 2.) How does social context influence the experience of being a paraprofessional? 3.) How does reflective practice influence cognitive awareness of the paraprofessional? 4.) How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?

In-depth open-ended narrative interviews and focus groups comprised the data collection processes of this study. Nineteen female Program Assistants participated in various stages of the process, with sixteen individuals participating in both rounds of one-on-one interviews and one of two focus groups, resulting in thirty-six primary documents for analysis. All interactions were digitally recorded and transcribed by the researcher prior to coding and analysis.

This chapter reveals findings based on the perceptions of these socially mediated paraprofessional educators. These findings were used to analyze themes, highlight aspects of contextual experience, address issues of importance to understanding the role of paraprofessional from an insider's perspective, provide persona to a job description,

and assess the value serving as a lay educator has for betterment of communities through knowledge and behavior change. The chapter is organized around eight guiding themes that emerged from over 470 pages of transcript, which are:

1. Participants have various levels of understanding and association with the components of their job role; namely, that of paraprofessional community-based peer educator.
2. Qualifications and education contribute to personal and professional development within the context of the program.
3. Life experience and personal strengths contribute to identity development as a lay nutrition educator.
4. Relationships with clients, agencies, and the greater community influence identification and understanding of social context.
5. The relationship between paraprofessional and client is based on issues related to client advocacy and needs assessment but complicated by self and societal views of the client population.
6. Teaching style is understood as influencing client receptivity and the resulting impact on knowledge and behavior change.
7. Implementation of critical reflection is limited to program-related activities and affected by evaluation procedures.
8. Programmatic expectations and structure impact perceived interpersonal relationships and ability to excel within the social context of providing service to others.

Throughout the course of data collection, participants shared a sense of accomplishment in the role they play with their clientele within the social context of each community, but have continued expectations of self and others.

Participant Definition of Job Role

Theme: Participants have various levels of understanding and association with the components of their job role; namely, that of paraprofessional community-based peer educator

Participants defined terms used frequently in the context of their programming and by program administrators at the state and federal level. Such terms include: paraprofessional, community-based, and peer. The range of connotative definitions and associations related to these identity-laden words was as varied as the demographic and social representation of the respondents.

To begin, participants were asked what the term “paraprofessional” meant to them. For the most part, responses were generally short and to the point. Although respondents shared meanings that conveyed understanding that paraprofessional is different than professional, feelings related to that understanding varied along a spectrum from acting professional in the lack of a title to feeling that it is disrespectful and devalues the important role they play. An example of the latter was Pat, when she shared that the term paraprofessional “degrades me. It really does. I think everybody does the job as a professional.” LeAnne echoed this sentiment and continued to share that all types of individuals are needed:

Actually, paraprofessional means to me you are not exactly a professional and you're kind of on the borderline of such a thing. I have not given it an extreme amount of thought, but it is basically a nice way of putting 'peon'. Which I don't mind being a peon at all. You have to have peons in order for things to work.

Other women viewed being a paraprofessional as an opportunity to behave in a professional manner and fill a void between experts and clients, and in some cases, working in collaboration with various professionals. According to Janet, "I think it means you are professional in what you do. You carry yourself in a professional way and you act in a professional way." Pauline felt the role was a title denoting someone that is executing the actions related to a job purpose:

It's just a title, but you want to know what it means to me? Basically, an in-between person between the agent and the specialist. It just basically means that we do the programming and it is hands-on. That's just what it was. I think it's just how you view what it was.

Frances shared a similar thought:

All right, to me, it means someone who is...well to me it means someone who is between the next level of what people view as a professional; someone who has a higher level education and someone who has received a certain amount of training and is able to adapt to different situations in a professional manner. And you are, in some cases, thought of as a go between the person who is the professional and the person who is receiving the subject matter and trying to understand it.

Other viewpoints similar to the idea that the term was related to training and skill-set emerged in several interviews. Suzanne shared that paraprofessional is “just what it says. I guess you just haven’t met the criteria that would make you professional yet.” Interestingly, she went on to share that she disassociates any implications the term may have on her own experience: “It doesn’t mean anything to me as far as my work experience.”

The connections to level of training continued for others. Martha stated, “I think being trained to a specific job. Like our job, we are trained to do our job and not parts of other people’s jobs.” In being trained to the best of a given person’s ability to perform the job of Program Assistant, the connection to how the term might be related to level of education emerged.

In Pauline’s understanding it “means that I am given information to go out into the neighborhood and do what it actually says to do. I don’t have a degree, but, but I’m capable of doing the job.” And to Jane, personally, “it just means you don’t have a degree. That is the first thing that pops in my mind. It means that you might be doing the same thing, but you are not considered basically like faculty because you do not have the degree.”

Similarly, to Marty, “paraprofessional would mean someone who is trained in a specific area, but not necessarily has a college degree.” Although training continues throughout time with the program in this group and serves to increase ability, however, there is awareness that level of education is also equated to the bottom line. Chris shared that being a paraprofessional is “where we pretty much know what we are doing and we

are always in the training of some sort or another but we don't have a degree or get the same pay the same way someone with a better degree would."

Participants were then asked to explore the term "community-based," and most had similar ideas about being situated in community and networking within it for the betterment of clients. For example, Martha shared:

It means you are working in your own community wherever your office is. It's like you want them to become a united family-type thing where you are helping the people and they know you and that you are there, and if they have questions they can call you and you are like a center point for your program.

In addition to being a point person, Marty expressed that by being community-based she is "someone who works with all different members of the community and travels throughout the area and does whatever is needed in the community." Likewise, Pat introduced the idea of outreach. "Community-based means you're working somewhere in the community and it means to go out and do outreach somewhere in your whole community and the community in which you work."

Embracing such an ideal also came naturally to Jasmine, who recognized that service in her role is to clients, not only agencies. She shared, "we interact with the community. We live and work in the community and get out there and do it. Not the wheelers and dealers in agencies that deal with the community, but the people that live there." For Janet, this is done in a way "that the community would understand." In reaching clients, interestingly, Frances shared that the limitation of being assigned to a

given community when there are those that desire your services can be frustrating, but that it is important to persevere:

The community-based means, to me, that you are working with different people in your community. I understand that this part of the job can get frustrating. People call you because they've heard of either what you do or, some of them, because you've been here a while, heard about what you do and that you've done a really great job or someone else gave you accolades for what you did. You can't just go to another city with the way it's structured. I do enjoy the fact that with the community part of it you can reach out to the community. Sometimes they're receptive and sometimes they're not, but we are able to go out into the community and hope that you can just make a name for yourself even though it is under Extension.

In reaching others and making an impact, reputation is built. To LeAnne, "you have to know your community to a point and try to get into the community needs and wants and that type of thing." Michelle sums these ideas simply by sharing "that we are here for the community."

This discussion led to an investigation surrounding perceptions and descriptions of how these women define "community." It was here that the findings were much more diverse. For some, community was defined as geographic location. For others, it was the people and culture in a given area and a personal situation within that frame of reference. And for a few, community was situated in social welfare. It was only with this last

association that a sense of dissociation emerged, with the Program Assistant not wanting to be coupled with the population at hand. This was obvious with Alice:

I didn't see myself as one of them. I didn't come from a background like that. I had gotten married. My husband left me. We had fallen on hard times. But I didn't view myself as, you know, welfare. I mean, I knew that me and my daughter had hard times; very hard times. We lived hand-to-mouth, but I wasn't one of the community people. Do you know what I mean? A lot of paraprofessionals, they get really pissed off when someone says they are from the community that they work with. A lot of people, the Program Assistants, get very offended by that. I want to tell you that.

Likewise, Suzanne shared an assumptive viewpoint of welfare as part of the client community, and did not include herself in that community although she has a great affinity for it:

The word community can be a little offending because I am wondering if that means client community? Are we narrowing them down and trying to define them? That was my mindset and it made me a little sad. Are we trying to call them poor people? They are clients. Some of them might not always have been low income. They're working to change their situation and their children's lives even though they are currently meeting our guidelines. They don't want to be different from where they came from by bettering their education. They need to sort of do more to share with the children. It could be schools. Going to church with other families. Whoever you're working with there could be a community.

For Chris, “the community is everyone we serve. It’s just everybody,” but the unspoken boundary between provider and other still exist. Michelle, views community as people, but situated within geography. Community is “everybody out in the town that we work in. We do have a small town. And we do reach all areas of the small area that we live in and the county from one end to the other. I just feel like it is our whole county meaning the community.” Likewise, for Janet, community is “the people that live in that area where you are trying to reach. Most of those people that you are reaching are people that communicate and know each other. And you are trying to give it out to all of the ones that live in a particular area.” Jane expands her idea of community as far beyond her location, but in the context of her role and a separation from her personal life, is quick to define it as work related.

I define community as the people in my office, the people in the neighborhood, the people in the community as far as the SNAP program, the people in the whole state of Virginia. And all the other SNAP people that are employed to do the same job I do. I consider community to be different parts in different levels of your everyday life.

For others, the idea of community is much broader, encompassing entire groups of people regardless of socially defining terms. For Pat,

Community pulls everybody together that have a common interest. It takes a village to raise a child. It takes a community and they have influences from when they were growing up in their family community. The grandmothers teach them

how to eat or do things or fix the food or maybe it was their mom or their dad or somebody else like a brother or sister.

Expanding the idea that community is about the people that live there, and that they are a part of it, came naturally to many of the interviewees. LeAnne shared,

I was just telling somebody the other day that community is just wherever you are feeling a part of. And where you are living and how you are basically referred to. I was accused of thinking that being native to this area is something special. It is something special. I ran into someone the other day I had not seen in ages and I was with someone from the food bank who wanted to know if I knew another man. I said ‘yes, he is a fellow [county] native.’ It struck me then that it is not some kind of God-given right that we are special because we are native to the area, but I do feel it is special. I was born here. And that is really what I have always wanted to do as far as giving back to my area.

Similar affinity continued. Marty stated, “I am from here. I use the same grocery stores, I run into [clients] around town, our children go to the same schools, and I really think that it is beneficial to them because they can relate to someone who is in their community.” With this embedded sense of personal and professional presence in the community served, comes a sense of responsibility. In a later interview, Marty expanded her thoughts by sharing,

I think about what you do within the community and the role you play, compared to a teacher or a doctor where there might be a separation between those they serve and themselves. One day you might go in and provide information but then

you're going to the same schools and stores and church the rest of the time. It's a fine line to walk.

The shared idea that, as paraprofessionals, these women have a unique presence and relationship with others around them, contributes to some parallel views about peers and peer education, where similar affiliations with the client population were present. Again, however, the descriptive meanings assigned terms of "peer" and "peer educator" varied greatly across the sample population. Frances shared the idea of coworker as peer:

I think of peer education in helping your peers go to another level. I am always, at least I try to, push others to the next level and that's what I think. It helps the people you're working with, my peers, grow also. Whether they are listening or not is another side, but you're just trying to help them understand and mentor them if necessary. And vice versa, they might be a peer educator to me, too.

Edna also embraced her coworkers as peers. "I work with my peers and we work together sometimes in doing programs and working together and educating each other in the work that we do." Although Pauline viewed her coworkers as peers and acknowledged that they learn and share ideas together, she recognized those she teaches as her peers as well. In her words, "a peer educator would be more like a teacher. Somebody that is given information to share with others and it is curriculum-based. It's the person who shares curriculum-based information with others." With a very singular perspective, Angie referred to her coworkers from the viewpoint of how they approach educating clients. This was alluded to in the following description after seeking self-clarification of the connection between peer and education:

What does peer have to do with the education part? I think I get it. If you want to know about peer educator, then well from what we have talked about, I think what we do is considered a peer educator, which, to me, well, I can speak for myself because I think a lot of the other PAs don't have the same knowledge that I do or knowledge of what I'm doing. So for myself, I can speak on it. With a little bit of educational background and experience with the nutrition part then I feel that they learn really good for me and pretty good for me because I just go in and talk with them about it. I can talk to some older groups about simple stuff because I am not a nutritionist or registered dietician. I work with kids because I'm good with that and am knowledgeable on that.

Several of the Program Assistants readily embrace the idea of client as peer, but acknowledge a subtle line between them in order to preserve the relationship between client and educator. Marty shared in a focus group that "you have to consider yourself one of their peers because if your appearance or airs are on they are not going to relate to you" and had shared in an earlier interview that "a peer educator would be someone who can work with, and speak with, the clientele on the same level." Alexandra said succinctly, and understandably, that peer educators are "people with similar attributes having been trained in reaching out to their peers."

It was generally acknowledged that being part of the community constituted being a peer, but socially, all similarities do not exist. Additionally, there also exists a level of mentor-mentee relationship between PA and client. Several stated that you have to "go down to their level" or "change" and Suzanne acknowledged that sometimes social or mental barriers enhance this relationship. She shared, "you really do have to be on their

level. A lot of the aspects are as a mentor. They really are. It's like with the girls in the group home I network with, to tell you the truth about it, because their mentality is about the same." Not all responses to the term peer educator indicated an affinity for the connotations of the term. Pat shared,

"Personally, I have a little bit of a problem with that. I think we are all probably peer educators in our own right but I'm not sure that that's the way it's looked upon. When they say paraprofessional and peer educator I think that they are basically assuming that you on the same level as the people you are helping. I'm not saying that I am better than anybody else but nobody is better than me.

Everybody is not in that same situation. In my case, I have my degrees. And others that may have a high school education or GED may not have any problems with it but, personally, I have a little bit of difficulty with it.

A different understanding of this term had to do with a more hierarchical relationship of peer rather than linear. For Martha, "a peer educator is somebody that is probably an adult where the kids can look up to. They can listen to your lessons and they can learn from you. When you go a few other places based on who you are and may speak on this kind of stuff, they see you as a peer educator." Jane shared a similar idea regarding respect for a peer educator. "I look at that as someone you might look up to as a peer that you have a little bit more respect for and who might go out and educate the public." And similarly, Janet thought "the peer educator is more like someone who sets an example in the way you deliver a message and the way you're educating people." Interestingly, she was referencing herself as such, where Chris took a top-down perspective on her situation as a "peer" when she said "it's probably where the state supervisors and the planners and

the unit coordinators come in and you are trained in education on what we do” and thus, placed herself as recipient of those setting the example in message delivery.

Role-Related Development

Theme: Qualifications and education contribute to personal and professional development within the context of the program

Role-related development is situated in aspects of how the participants view themselves as qualified for, and developing within, their role as a Program Assistant for FNP, as well as how they perceive qualifications and development within the social context of the role. This theme cannot be overlooked, as it is embedded in the socially mediated and contextual frame of reference from which they teach. Related to self-perceived strengths and views on personal and professional development are perceived spoken and unspoken experience- and education-based qualifications coupled with the impetus and implications for seeking the role of PA initially.

For many of the interviewees, the influence of family and friends on seeking the position as nutrition educator existed; either by actually seeing the job listing and suggesting it, or by encouraging the PA to look for a job that would improve her current situation and/or utilize a skill set. Frances shared that her mother had dreamed of working for Extension, an aspiration that went unrealized. “I thought that maybe by becoming a part of Extension I would be able to move up and fulfill that dream.” A sense of connection to a parent also motivated Sam. “My mother lives in this area and I decided to come back home and share experiences. I looked in the paper and saw a posting for the position and it said it was with nutrition.” A friend who saw it as an

opportunity for betterment encouraged Jasmine, who shared, “well, I am an introvert [chuckle]. This friend of mine said, ‘this will help you get out more.’ I also thought it would help me get around people. She wanted to broaden my horizons. She wanted to make me aware that there were more things that I could do.” Alexandra actually replaced a friend in the position. “The job was found by a friend of mine who decided it was not something she wanted to continue with. Her daughter told my daughter who told me and said ‘Mom, I think this is a job you would like.’”

Others took the job because of prior knowledge of, or exposure to, Extension programming. Edna shared exuberantly that she “decided to take it because [she] love[s] Extension” after doing some extension work in another county and enjoying the nutrition program there. Jane had an uncle that had exposed her to Extension and she shared, “I just really liked everything about Extension. It was very uplifting. I think the organization as a whole is just a really positive place to be.” She then went and shared in a later interview that, for her, “older people always seems to think that if you are a state employee that is something special. From an outside perspective coming in, it looks prestigious.” Previous experience also impacted the decision to take the job. This range included everything from coursework in education, nutrition, or home economics or having experience with service provider agencies working with a similar client population. Receipt of state health and insurance benefits was a motivator for many, and offset an income often thought to be less than hoped for.

Marty was one of several sharing this sentiment and in her words, “pay, however, is an important thing. The money in this position is just not that great. The benefits are phenomenal, but the pay would make things a lot better in my family.” Individuals like

Sam and Pat who moved back home to care for their mothers, rationalize pay that is less than ideal. Shared living situations alleviate some cost and knowing the impact on clients while being near home is considered worthwhile.

Regardless of why they took the position, participants openly shared their ideas related to the types of qualifications someone should have to do the job well. Participants of focus groups agreed widely that clients and agencies “want to know how you qualify for what you are teaching.” Although the state program provides and conducts training for new employees, and professional development takes place at conferences, several participants offered the impression that the level and intensity of training had changed over time. According to Angie,

They used to give us a lot of training, but don't give us enough now. Even though some extension agents don't seem that knowledgeable to me, I know that Program Assistants need a little more training. They really need to train the like they used to when I came in. They kind of push them out there before they know what they're doing.

Mixed levels of satisfaction with training are compounded by client confusion. Program Assistants have been asked at times about their “credentials” and other times a certain level of training or education is assumed. Frances was one of several who shared a similar experience. “Sometimes adults might refer to me as a nutritionist. I'm quick to correct them. I'm a health educator and I do talk about nutrition, but I am not a nutritionist. I try to differentiate what that is so that I won't get questions about special diets or health conditions.” Education seems like an obvious discussion point for job

qualifications and the minimum for the job of Program Assistant is High School diploma or GED. This causes some tension and confusion among the PAs. It was shared that the importance and relevance of having a college degree in impacting relationships with clients and coworkers varied depending on where in the state they worked. One focus group respondent shared, “I have found that the larger the population of the city or area, the more education they expect you to have to do the job. I guess it’s because they’re used to dealing with more professional people with different kinds of degrees. In contrast, if I am in an area where the majority of people don’t have one, they are fine with it.” In the words of another,

When people ask you what you do, it doesn’t matter that you have all that experience. You still don’t have those degrees even though you do have that experience and you are on the job doing the job. You know what went on and how it went on and how to get through it and you did get through it, that you wonder how many people have that around the state. People have lots of hands-on experience but as far as when it comes to whether or not a degree is required or not it makes a difference.

Some educators were adamant that educational background impacted public perception of the program. Angie was very vocal when she stated,

I think my strength and talent goes back to the fact that I have a degree in the field. That helps a lot. Because a lot of people I see, that I heard teaching, since all they require for this job is a high school diploma, I think myself you need more than that for this job. I have listened to them teach and it is not good. There

are a lot of people now, and I don't think they know what they're doing. But I think some of the people they're working with don't know what they're doing themselves.

The value of experience was widely recognized, with one focus group participant stating, "I think in lieu of experience, there's nobody that has a degree that could do a better job than I could." Even some participants with a degree concurred that common sense and trainability outweigh education as a job qualification. Jane shared,

I mean, you have to have common sense for this job, as with anything. But you also, you know, don't want somebody who's going to come in here and have an elementary education, don't get me wrong, I mean if you have a high school education and you have some common sense and you have some professionalism and some decency about you, then you can teach anybody how to do a job. You can teach them a skill or a lesson. I don't think that education really has that much to do with it. Of course, you do have some, but as far as high school, I think that's fine.

As Program Assistants grow and develop in their roles, both personally and professionally, they are often willing to take on additional responsibilities when it means greater opportunity for others. In some cases, however, this effort is thwarted due to policy or procedure surrounding their job title and subsequent "qualification" for the job at hand. Chris shared one such example during a focus group:

Many of the younger agents don't know anything about canning. They will come to me or someone in the area that has experience. Even though we don't deal

with canning now, they know we did in the past. I asked my supervisor if I can teach the canning classes now because I have run into people who want canning classes and I have been told that I cannot do it but my Family and Consumer Sciences agent can, and she has never canned before. That right there really makes a difference and irritates me.

Similar frustrations were voiced when it came to other client needs like family financing, or social service related needs that did not fall within the spectrum of the nutrition curriculum. Although it was acknowledged that these lay educators were hired to teach certain things, it was widely recognized that clients have other needs that are going unmet in the community.

Regardless of frustration, participants shared a variety of examples related to personal and professional development throughout their time working for the program. Multiple women felt the role enhanced communication skills, self-confidence, and self-esteem. Chris summarized the sentiments of many:

My self-esteem has improved [pause] and my personal life has improved. There are people that I normally wouldn't have interacted with under normal circumstances and now those people have become very important to me. I have just grown. If you had told me ten years ago that I would be speaking in front of a crowd, I would have gone in the corner and covered my head and cried 'no, no, no!' I never was one to do that. And now, I'm involved with teen assault teams in the counties around here. Sometimes on the spur of the moment, they will say 'our speaker didn't show up.' And I feel confident and can say, 'sure.' When

your self-esteem, pride in how you look, how you come across to other people, it makes you think about your mannerisms, your speech, the way you act in public... You have to keep it up, I'm not saying put on a full front, but don't do anything in public that you would be ashamed of for your groups to see you do. And that is what a lot of people need to remember. I know there have been some that don't seem to think that way but you know, you need to just be the best person you can be and you can grow, grow, grow.

A multifaceted and insightful response from Jasmine spoke to the essence of this theme. She alludes to her ideas of education, how her past and personal growth contribute to how she reaches others, the insight she brings to her teaching, and her ability to see inside the social context in which she operates professionally:

This experience has been great because it has put me in contact with people of all different circumstances. I was one of these people that loved educated people and was just fascinated by people who knew these things. If you had a degree, I was fascinated with you, and thought you walked on water. I have since learned better [chuckle]. I have learned better through this process. It has been enlightening for me. Just seeing the different levels of poverty that are out there. The different attitudes that are out there. And not just with my clients, that even with people who are upper folks. It is the difference in how we perceive things. It has just been absolutely enlightening for me. And, like I said, being out in the community and seeing things. When I first started, it was a huge challenge for me because I had to get out of that box; out of myself. I realized that I had to do that. I still shut down [chuckle] but it is a different person when I present to a class or have

to actually interact with someone. Do I jump up and volunteer to do things? If someone wanted to come in and showcase my class or something like that, do I want to do that? Absolutely not. I am not to that point. But I am very comfortable with getting in front of the people that I am there to provide information to.

Role-Related Identity

Theme: Life experience and personal strengths contribute to identity development as a lay nutrition educator

Life experience brought to the role of lay nutrition educator, coupled with perception of self and personal strengths, contributed to a sense of value-related identity in the role. For the majority of participants in this study, life experience both impacted the role and was similar in some way to the clients served. The ability to relate with the client population in the community was perceived as strength across the group. In some cases, the similarity was socioeconomic. In the words of Alice, “a strength in that role was because of my own life experiences that I had. Living hand-to-mouth, working class poor, and right above the poverty level. Going without a lot.” For Jasmine, the financial similarity was there but she was not aware of it until she was grown. Her background, however, gave her a sense of pride in relating to her clients and she expressed a sense of ownership in that understanding:

When I was young I never considered myself as poor. Everybody else around me was in the same boat. It was not until I hit high school that I really started to notice some differences. I understand how you have to stretch a dollar. I

understand what you need to do to take care of things and feed your family and take care of bills. But I also understand that you may not have this thing, but you have something else that brings you joy. You don't focus on what you don't have; you focus on what you do have and what is bringing joy to your family. The foundation is not what material things you have. We made it. We survived. And we didn't feel like we lacked anything. Does that make sense?

Interestingly, this survivor identity contributed to some frustration she shared later about clients that seem disinterested in the lessons or "opportunities to improve their situation" but it also inspired her to persevere in her efforts. In other cases, the similarity was in how body weight and nutrition were perceived. Sam, now a slim, health-conscious adult, shared,

I grew up overweight. And when you feel bad for yourself and you can't wear certain styles it makes it very difficult. I had two brothers and a mother with no weight problem. It was just me so they singled me out. When they were having cookies I would want just one. And I couldn't have one and they would eat the whole bag. When no one was around me, it made me want to eat more.

She uses this experience and understanding of herself to relate to her youth clientele, warning them about afterschool hours when supervision may be less present.

Aspects of how the participants view themselves become strengths in relating to clients and building mutual respect. Staying organized, arriving on time, and motivating others to persevere are examples. Additionally, putting the needs of family and others ahead of themselves contributed to a sense of identity. Pat became emotional when

recalling, “I had my whole education planned out when I was needed back at home [tearing up]. My hands were needed in the field.” She embraces her role and clients, “her people,” now, and doesn’t regret the sacrifice, although her plans for personal achievement are part of her identity and something she wants for others. In every interview, participants expressed affinity for the identity of “teacher” and the experience of teaching others. Depending on the setting, this interaction is played out in groups or with individuals, in classroom-settings or in homes. Acknowledging sense of self relates to personal strength. Alexandra stated, “I am the best in the classroom, but I enjoy it when I’m teaching it. To be honest, I guess that’s the part I enjoy the most so people respond well to that.” LeAnne smiled as she recalled,

I had a client from DSS and I went to their house. And the whole family participated which I thought was really cool. I gave them all handouts and everybody seemed real receptive to what I was offering. It was a real nice added bonus of having everyone in the household sitting there. I really felt like a teacher.

All participants acknowledged some form of identity surrounding a term similar to “nutrition lady” or “food/nutrition educator” because of the role, and Pauline acknowledged a sense of pride in providing “research-based information.” Often, the identity association of this label carried over from job into everyday life and brought recognition from others when out in the community in a way that enhanced a sense that impact on others was positive. Chris felt an association made by others connecting her to her role was helpful as she shared, “not everyone can remember our names. And we can’t remember everything. So as long as they know what we are trying to do when we

are there, that's great." For Jasmine, it was also clear that she wanted her identity with clients to deserve respect as someone "here to provide food nutrition information and lifestyle changes, not particularly just to give you food or cook for you." Although everyone interviewed could relate to this nomenclature, some, like Jane, "have different titles professionally and personally. That is a professional title." Embracing it as part of an identity, and not a total identity, helped these women find some life-work balance.

Social Context

Theme: Relationships with clients, agencies, and the greater community influence identification and understanding of social context

Literature and historical context have provided a foundation for why indigenous peer educators have influence in certain client populations, but it is important to understand how these individuals themselves perceive their situation as socially mediated within their settings. The interviews revealed a broad recognition that being from the area in which the service was provided was beneficial. This insider status contributed in multiple ways to perceived relationships. It contributed to a sense of trust and mutual respect between paraprofessional and both client and agency, enhanced a sense of comfort with the area and bolstered self-confidence in approaching clients and client sources, and led to an overall sense of pride and connection to the community and those in it. In promoting her program efforts and recruitment of clients, Alice shared,

I really built up my clientele. I was blessed. I would go to the agency and think in my mind, 'what are they looking for?' And I would make it to where I was conveniencing them and not inconveniencing them. Like, I knew that with some

of the day support programs for mentally ill, you could go in since they needed education. I would say, 'here I am. I am free of charge. I will work around your schedule and this is what I can do.' They would love it.

Connection with community businesses and recognition as socially responsible individuals enhanced participants' ability to establish client-centered service. Suzanne noted, "I have a couple, well several actually, of different businesses here that donate to me. So, if a kid is in need of a new pair of shoes, I can come back to the office or go to the garage or wherever and I can help them out. Someone even donated a car to me once since they assumed I had a client that could use it." Chris' body language was relaxed and happy when she shared of the social context in which she works,

It is just a comfortable, loving community. And most of them are just good caring country people. Sometimes you get your highfalutin people, but most of them would just do anything for you they can. They are tickled to see you come and sometimes they're happy to see you go, but they would just do anything for you they can.

The social capital that exists within the communities is enhanced through the contextual and experiential interaction. LeAnne expressed what so many interviewees felt, when she said, "the rewarding part is in giving people the knowledge they need to make changes and doing it in a manner that they will welcome. Instead of drilling and telling them they should do this or that. It's a more welcoming atmosphere, I guess. It comes from real people." Alexandra echoed this for the betterment of clients. "It is information that is real and it can work for their good."

Context-based challenges do exist and are at times related to social issues, physical issues, or both. Sam shared that with her young clients, “discipline and their home life are the biggest challenges.” Physical location and office space is critical and while being located in a food bank or centralized Extension offices with full teaching kitchens has created great program exposure for some Program Assistants, others feel hidden away in less-than-adequate spaces. Frances shared,

What I find is people not even knowing where our office is. And we don’t have a kitchen. I wish we had something, even a little kitchenette like in a hotel or motel. Instead we have a little bathroom and a cabinet. We have to use the restroom to wash dishes. If it’s really late when a program is done I’ll just take them home and wash them. You can’t wash a pot in a bathroom sink. They said in some cases the office doesn’t even have that and people have to do everything out of their home, so I guess I shouldn’t complain. I have a lot to be thankful for.

Interruptions and disruptions are something several participants deal with, especially if teaching in common areas of agency waiting rooms or community centers. This is particularly problematic depending on the group in attendance, as some are more challenging to engage than others.

The needs of clients addressed by the program exist year-round. For children, this alters the location in which they are taught. Cheryl, for example, shared, “I have one particular school that I work in right now that’s during school hours and then everything else is after school. Summertime is different. I work with a lot of other organizations that have summer programs with kids.” Being flexible in how and where to execute

curriculum delivery seems to be a common idea among these educators. Each seems to have a preference for youth or adults and individuals or groups. There are a few program assistants with split youth and adult responsibilities, but the majority is one or the other. Most of the youth work is done in groups, and adult programming is a mixture of groups and individuals. Again, as with many topics in this study, the frequency and ease with which each of these settings and contexts are employed tends to vary greatly from county to county and in each region of the state. Program expectations and Program Assistant personal strengths and preferences also factor. In LeAnne's words, "sometimes I suggest to people that I can come to their homes, they can meet me in my office, I will meet them at the library. I prefer one-on-one, but I like the groups as well so I can get it over with and we have to worry about those numbers."

The Client Relationship

Theme: The relationship between paraprofessional and client is based on issues related to client advocacy and needs assessment but complicated by self and societal views of the client population

One aspect of working with clients in a helping profession is serving as an advocate for them. Advocacy based on client needs is viewed as necessary in assisting an underserved population. At times, however, this mission is complicated by how the clients are perceived. Program Assistants must operate despite a cloud of often-negative associations and connotations of their client base, both imparted by society and at times originating within the self. When asked about being an advocate for their clients, responses were many. Among them were these: "It means that where they may not have a voice sometimes, I am the voice for them" (Jane). "If I see a need and I think I can be

part of the solution, then that would make me an advocate and I will follow through with that” (Alexandra). “You look after them. You provide information specifically for them. Just being generally concerned for their welfare and their well-being” (LeAnne). “It means I would get out there and fight for them. I will stand up for them. Being an advocate, that’s a hard one” (Pauline). Suzanne specified how she has taken action in advocating when she shared, “You need to take them out to social services and sit with them. Let them know that they don’t need to be talked down to. They don’t need to be there forever. Some of them have to use the assistance, but they don’t have to be there forever.” Pat also viewed advocacy as very personal, especially in intentionally returning to the area she was raised to help others:

I wanted to become a part of that and help the folks that lots of people didn’t understand. They don’t understand them. And I think that I do because I grew up with them. I grew up with the people. We were all in the same boat and I didn’t treat anybody any better. Nobody was better than me and I wasn’t any better than anyone else. We helped each other and there was a love. There was a love in the atmosphere so that you could trust people. All you have to do is say ‘I need this or that’ and someone would say ‘let’s go.’ It didn’t matter if you had money or if you didn’t have money. It was the person. It is the people. That’s the way I feel about it.

Many client needs were identified by the participants. In addressing these needs Program Assistants felt as though they were being helped as much as the clients. The psychosocial interpersonal reward resulting from these relationships was mutual. The participants recognized unmet needs, and necessitated a code the researcher termed

“Maslow’s Hierarchy” for obvious reasons. Suzanne shared, “I try to go out and get donations and get things that they need. This allows me to bond with them because they don’t really care about B vitamins until they have food on the table and clothes for the baby and things like that.” This observation was corroborated and added to by Jasmine’s experience. “Even people with moderate income are struggling. They have to rationalize how to spend a dollar. The need of hunger has to be met for the moment. A lot of times the clientele we work with are lower income, but also their education level is not as high and the mindset is totally different.”

Bridging the previous theme of social context is relevant here as well, when client need impacts receptivity based on location. LeAnne noted, “I’m not too susceptible to going into the DSS. I’ve been in the waiting room, but when people come in there they are worried about bills and money.” Alexandra echoed this, “To me, it’s just not the proper place to approach people about nutrition. Even if they were really interested, at that time they have got to focus on getting the bills paid and whatever else there is. Therefore, I have done a little better at the Health Department.”

Clients expect service and goods. Jasmine shared, “when you work with the larger groups, it’s almost a mentality of ‘what do you have for me?’ They want to know if you have a bag of groceries they can take home. They’re not even coming for the nutrition.” Regardless, it was acknowledged that clients need to be treated with compassion. In Janet’s words, “as far as teaching them goes, it is important to be compassionate. I like to treat others like I hope they treat me. I keep in mind how most low income have their challenges and they are all alike. That’s my number one thing.” With this type of mindset, it was recognized that often helping persists through teaching.

Edna explained, “Another part that is beneficial is when we do menu planning and food shopping and budgeting. They learn that sometimes they really can save money at the grocery store and there are some different ways to do that. I think that’s beneficial to the client.” Changing the mindset of clients dependent on a system of meeting their needs is difficult to do. Suzanne shared some frustration with her clients’ tendencies toward food stamp expenditure:

You get your food stamps and you come the grocery store the first day of the month and you spend all of it. Things like that just amaze me. I’ll tell people, for example, ‘why don’t you just spend half of it? Just because you have your food stamps does not mean you have to go to the grocery store.’ But a lot of people feel that they do. The grocery store knows exactly when you are getting your food stamps. They know exactly how to place the sales. I tried to take time to teach them. Even go to the store with them. I have had people come back and say that they have stopped shopping on the first of the month and because of that they will go in and only buy what they need and go back later for the rest. There are those that have been on the system for so long, that they think they belong there. You go out and you get the whole chicken and you demonstrate for them that for \$.99 a pound we can cut it up this way and save money. Some will actually say, ‘well, I just go and buy the boneless and skinless because I have food stamps.’ I try to explain to them that they just can’t do that because I want them to have something at the end of the month. But they’ve just been doing it that way for so long they don’t see the need to change. That’s really a challenge. Breaking

that pattern with someone that is fifth generation in the system, for example, is really hard.

Learning to assess and read clients is an acquired skill. This was honestly acknowledged by Sam:

It is amazing when you interact with clients. I never know who has enough to eat or what their home life is like and if they're getting enough rest. It took me a long time to learn all of this. I didn't really know all of the background even though I had seen similar situations before. It has taken a lot to get to know their body language and what they are doing and why they are doing it.

Fostering a sense of connection and providing a foundation for a context-based social network facilitates the clients' ability to learn from one another. Marty believes interaction benefits the clients as much as anything and proudly shared,

I had a group the other day and it was the first time they had met. They were very excited about the program and what they were going to learn, but they were also excited about meeting each other. They exchanged phone numbers and email addresses the first week so that they could keep in touch with each other on the week in-between and share recipes and talk to each other about what they had learned.

There is a sense of pride in completion of the lesson sequence for the program curriculum that should not be taken for granted. Alice encouraged others to "push for the certificate of completion with the Virginia Tech and Virginia State logos on them. For a lot of people that was really important to get. For a lot of them, it was the first certificate they

ever had.” Partnering in this learning process is essential for success. As Pauline observed, “The information has been needed for a long time. It gives them choices. They can’t change from what they are doing until they find out something they can do. When they do better, they know. When they know better, they do better.”

Some perceptions of clients have a negative impact on the population, and are upsetting to the Program Assistants charged with supporting them. Skeptical of authority and too proud to admit reliance on assistance, many clients are initially resistant to embracing Program Assistant interaction. Janet suggested, “When you go in the first time, it takes a while to get them to understand that you are not there to find out things about them. That part makes a big difference.” “Some of them are embarrassed,” shared Suzanne:

You might go down to one of the shelters and they are embarrassed they are there. Some of them are embarrassed to be in housing, even. They have a lot of pride. They really do. You have to help them and just let them realize that they have worked hard their whole life and they are in a down slump. But they may come back. You have to work with it.

It is critical to success that receiving nutrition programming is not perceived as another social constraint. A focus group revealed that:

You can’t go in there with an elitist attitude. You can’t think that you are better than they are. They have to connect with you and you must connect with them. You don’t want to put up another wall. They have enough issues without you doing that. You have to have the right attitude and the right frame of mind so that

they can see what you have for them is important. You also can't shut them down. You have to learn how to do that.

Building an open, trusting relationship with clients is an ongoing challenge for Program Assistants even while the PAs are combating social discrimination openly aimed at those they are diligently advocating for. Two glaring situational examples were shared in one focus group. Michelle spoke of hurt feelings when the husband of one of her clients came to the office to meet her in his work clothes. "When he left," she shared, "one of the FCS agents said, 'did he smell?' It broke my heart." Marty followed this account when she spoke, "at one particular office I was in I was asked to have my clients use the back door. I was told that my clients do not need to use the front door because they were disruptive, but their clients were to use the front door. My people are clients of Extension as well and it shouldn't matter who they were coming in to see. It was so unfair." The group noted this as blatant discrimination.

The Program Assistants believed the health of the relationship with client is vital. For many, the relationship they have with their clientele impacts them long term. Pat describes the necessity of building that relationship, based on sameness and context: "You have to let them know you understand. If you don't share something about yourself and let them know you've been there or done that, too, or you know someone needs to talk about getting through, then they don't care what you know. They don't care what you know until they know that you care." In Jane's assessment, "relating to the people is 98% of this job. If you cannot relate to the people, you do not need this job. If you don't like people, whether they are rich, poor, young, old, you do not need this job."

The Teaching & Learning Interface

Theme: Teaching style is understood as influencing client receptivity and the resulting impact on knowledge and behavior change

Over time, Program Assistants with the Family Nutrition Program have been trained to deliver curriculum in a more learner-centered manner compared to the lecture-style presentation methods of the past. Although the description of learner-centered delivery and practice activities was somewhat vague when shared by participants in this study, it was clear that they believe there is a strong association between how they teach, the associated experience, and how receptive the clients are. Receipt of intended knowledge is necessary in ultimately having an impact on health and nutrition behavior change; the primary desired outcome of EFNEP and SNAP-Ed. In one description of how teaching is approached, Alexandra referred to the methods used as adding value to the information and experience:

At the same time, I don't tell people what to eat. I figure I give information. I put it in their ball court and they can take that information and add it to their life. It is value-added experience. And they have more knowledge with which to raise their kids. Even the senior citizen can make their own food choices with their food.

Program Supervisors conduct trainings on learner-centered teaching methods; namely, “let the clients talk and share what they know or what they do” (Frances) by “asking questions to see how they answer” (Chris). There is an acknowledged learning curve associated with the lecture-to-learner transition. Chris, who felt she had successfully transitioned most of her lessons, noted, “I think it is hard for some people. I know that

when I started, I was more of a lecture-style person.” Other Program Assistants are openly resistant to change. Angie shared:

I have been told that I actually teach too much. I don't do enough hands-on. But my clients tell me they are eating healthy things so that means they are learning. It doesn't have to be hands-on because they said it. They were strict with us and the teachers and the school system. The kids are learning and the teachers are learning but I know I need to do more hands-on and start doing that. I do things with them, but I do more lecturing. At the end of class, I kind of review and they do really well.

A considerable skill of lay educators, acquired with time, is the ability to assess the needs of a group and not just show up to lecture a lesson. Learning style preferences of clients are determined through observation. Cheryl shared that she has clients that have different preferences related to hands-on and audio or visual presentation of material. When asked by the researcher how long it takes her to learn such differences, she stated, “Not long. You can usually figure it out by observing what it is that they like and what is interesting to them because I have experienced that a lot. You just have to learn your groups.” In some instances, Program Assistants use personal insight based on their own learning style preferences to assess the group at-hand. To Jasmine, this seemed intuitive:

I think that because I am one of these people that learn differently, I hear differently, and so I am very sympathetic to people that don't want paper pushed in front of their face. They don't want somebody standing up in front of them lecturing to them all the time. Realizing that people do learn differently does not

make them less educated or that they shouldn't have the right to be listened to. I dealt with that in school so I am very sympathetic to people in the different ways that they learn.

Stephanie also approached her clients in the way she likes to be taught. "I am more of a visual learner. If I see you doing it, and I am looking at you, I learn better. With my clients, I try to get them involved and have them do hands-on things and actually do it for themselves." In speaking of recognizing different learning needs, Pat shared,

"You have to have more than a piece of paper. Our people in our area, they need to be able to learn from visuals. If they see they can remember it. If they see it or watch you do it, they know how to do it. Sometimes they may be lacking in their reading abilities like spelling and just being able to understand what they read, but if you'll show them and if you have things to illustrate, they can take that and run with it.

The level of client responsiveness can be a challenge for Program Assistants. Responses varied some with regard to whether or not they felt groups or individuals were more actively engaged and openly situated in the learning environment. Educators serving youth clientele are able to reach groups in classroom settings, which is a relatively captive environment. Adult settings prove a bit more challenging with fluctuations in attendance rates. Alexandra shared,

I worry about client receptivity and retention. All my supervisors have been very encouraging. But to get the people and keep them in the class all the way through until the end is important. I don't mind the paperwork very much. That part

doesn't really bother me, but when people disappear on me where they don't want to stick with it, I get aggravated and frustrated. I have a lot of people who really love the program, they really do, but other people will sign up and then change their mind. When they don't want to take the classes I feel like I am held responsible for their decisions.

Amidst instances of frustration, are feelings of triumphant impact. Jasmine even surprised herself when she expressed,

I have affected someone else's life in a positive way. Even though I might only see this person for three weeks or three months, in some way they're going to touch my life again. Or my grandchildren's life, or someone in my family's life by the choices they have made and what I have imparted. Oh! What is this coming out of me this morning? Oh, my gosh! I can't believe I am speaking this way!

Marty shared a story involving the school principal and one of her youth clients:

The child said to the principal, 'I came to tell you something. I came to tell you my mommy is only cooking healthy food.' And she responded, 'That is great, [child's name]. Do you like the food your mom is cooking?' And the girl said, 'I'm just glad my mom is cooking. I don't ever remember her cooking.' They had been eating fast food or microwaving foods and in this child's memory her mother had never actually cooked for her. And now, for the last four weeks, her mother had spent time cooking. That was a really huge success.

Reflective Practice

Theme: Implementation of critical reflection is limited to program-related activities and affected by evaluation procedures

Participants shared that time taken to reflect on program practices related to delivery of content and performance did not occur with significant frequency or measurable degree of introspection. Participants shared that when they complete a lesson they reflect on how it went and what might be done to improve or modify it for another time. Notes are sometimes made in folders kept for each client or group, and other times, notes are made in the car between sites or back at the office. Sam pointed out, “What works for one class won’t work for another sometimes. Everyone has good days and bad days. I try to get them engaged any way I can. I try to gauge whatever the class knew and adapt the lesson to the class.” When asked about how she self-evaluates, Pauline referenced the computerized reporting system used for the state program:

I feel that it is a tracking mechanism. The system itself can see exactly what we’re doing as well as we ourselves. So it gives us a big change that if we didn’t do it right this time we can go back next time and do it a little differently. And as far as checking ourselves, if you didn’t do the first one right then maybe you didn’t do the second one. And information that you didn’t know, you might go back and refresh yourself on information. There’s always a new way of doing things in a different way.

Suzanne shared that sometimes the reflection and evaluation is related to the Program Assistant specifically and how they approach a client situation. “You definitely change

from one day to the next and from one client to the next. You may have to go in today in your blue jean shorts and flip-flops, but tomorrow you might have to be a little bit more upscale. I definitely think you have to have many hats.”

In part of reflecting on performance and impact related to the job role, the topic of performance evaluation surfaced. Program Assistants often felt stressed about how their efforts were being adequately quantified. Frances shared, “I understand, when working for a long time, you have to be evaluated. It is just like a hurdler or high jumper. You want to raise the bar so you can achieve more and more each year. Sometimes it just seems, what word do I want to say... it seems unfair.” When reflecting on impact on client behavior change, several participants noted that the program survey assessment does not necessarily provide an reliable description of client knowledge change or teaching impact of the Program Assistant. Jasmine summarized this well:

You really do not get to know what the long-term impact might be. I also particularly don't know about the way we [Program Assistants] do it because we have formed a relationship with these people. I go in and say, ‘this is my exit form and we're going to see what changes you have made. And so we're going to ask you the same questions we did at the beginning.’ I have formed a relationship with them. They want to make me look good. So, of course they don't sit there and say they leave their meat out on the countertop. Of course they wash their hands every time. Of course they exercise. Of course they read the labels. So, a lot of your clients do that. And then there are the ones that couldn't care less if they made any progress. I don't think I am really impacting clients to the degree that I want, though. My tax dollars are paying for this and I think, ‘how in the

world does this work?’ It may sound really awful to say it that way because this is how I get paid and this is how a lot of people get by and it is their livelihood.

But sometimes it gets frustrating when you just cannot see the change.

Even with the probability that client assessment mechanisms may not be the most valid, participants did widely acknowledge that their interaction and involvement with clients had a largely positive impact. In some instances, this was noted with very specific examples of individuals that consume less junk food or of children that teach a parent nutrition-based facts and information. In other situations, the impact was greater and on a social level resulting from the contextual experience clients had together. A focus group participant shared when thinking about the experiential difference between professionals and paraprofessionals:

We have talked about, and I haven’t had a chance to clarify, about the community. As far as the community, their community is completely different than our community. A lot of times I go in with the goal that I would like the clients to be the ones to take over in their community and have the prestige and get the community together as a whole and do things. Sometimes we’ll try to do a group setting, instead of an individual, just to show them that they can do it.

Making it three or four people that come together.

Likewise, reflecting on experiences gained as a PA, had in the role participants noted being inspired to do more with their lives. Alice stated, “It helped me reach better goals in my life. Other people were around me and I felt I was going around the community

thinking about doing things, where before I was like ‘how am I going to make it to next week?’”

Social Situation in Job Role

Theme: Programmatic expectations and structure impact interpersonal relationships and ability to excel within the social context of providing service to others

The greatest area of agreement centered on the positive impact Program Assistants had on clients and the perception that engagement with them is influenced by dynamics other than those based on the client-educator relationship. Interestingly, within this dialogue, how Program Assistants felt situated within the social context of the program varied widely, yet relational perceptions of role of self-to-others were similar. Although Program Assistants value and acknowledge an overall positive impact on community-based clients, there is a desire for advanced training to enhance credibility in the role. Many expressed an interest in continuing their education, and a willingness to commit to a specified term with the program in exchange for coursework. For others further away from a degree, a desire for some sort of certification-based training that would verify job qualifications was seen as desirable and ultimately beneficial.

Another topic that emerged in providing complete service to clients encompassed a desire to be able to provide additional information to meet needs. For example, Alice shared some frustration when she had to tell those in her classes she “could only teach nutrition and they would be begging for budgeting and begging for time management and stuff like that.” Program changes and adjustments require organization and flexibility for

the program staff to learn and implement. According to Marty, “If you are asking about changes that are requested by the administration, then we are pretty well used to that because that happens a lot. Things constantly change because the grant requirements are changing.” There are program mandates that Program Assistants would like to see implemented for both the success of the program and also to enhance impact on client understanding and behavior. One suggestion would be to “require some sort of schooling or attendance in our lessons in order to receive program monies” (Michelle). Another suggestion came from Pat, after hearing a client complain that food stamp dollars could be used to buy Red Bull and other “junk.” Some sort of incentive program for healthy food choices or other regulations would be options, in her opinion. Program assistants conveyed some understanding that these types of changes would have to occur on the federal level for state level administration, so are unlikely.

Identity perceived within Extension emerged during the research. Michelle alluded to a sentiment echoed by others in her discussion of how Program Assistants are identified within Cooperative Extension:

I don’t feel like the role I play is more or less important than someone who is considered a professional, but some people do. Sometimes the office atmosphere is that way. Sometimes, even the people in the public will come in and make a comment about it being a 4-H office. They think that’s just what it is and they don’t realize there are always other people there. I guess 4-H is more present in the community and they are just better known.

The relationships with coworkers outside of Family Nutrition Program were noted as sometimes strained and their situation within the Virginia Cooperative Extension initiated discussion. Marty shared that there was a desire for enhancing the presence of the program in the community when she stated, “It is not promoted across the state like I would think that maybe it could be. I think that from a higher level, it could be promoted from some other agencies who would share that it is available.”

There are times when reporting to a program supervisor is complicated by being assigned to a unit coordinator in an office. According to Stephanie:

Sometimes the coordinators in the office can be a little bit misunderstanding of what we are doing. In our situation, the unit coordinator of the office is just the office manager so to speak. We have another person who is in charge of us as far as our programming goes and what we are doing. Even though it would be nice for us just to let that person know what we are going to do so we wouldn't have to get approval from both. I have to get it approved in the unit and by my area coordinator for the program and the reason why I have to be off on one day because I was working late a different day to be with clients.

Relationships with other Program Assistants were often reported as positive, with activities such as working together on programming or sharing ideas and support. Program assistants share in a mentor-mentee relationship in many areas, and this is seen as beneficial and developmental for individuals in both roles. It was noted, however, that training meetings in which networking and idea exchange occur are a favorite educational and social aspect of the job. It was reported that fewer training meetings occur now than

in the past, likely due to budget restrictions and Program Assistants miss them. Those Program Assistants located in areas with few other program staff and/or recent changes in program supervision perceived the greatest sense of isolation. Jasmine offered this insight:

Feeling like you are out here by yourself is difficult. Sometimes, when changes are made, you feel as though they may have forgotten what it is we're trying to accomplish. It can be frustrating and overwhelming especially for a new person coming in. I had someone that worked really closely with me. I mean, she really took me under her wing and really got me involved and helped me out a whole lot. If I did not have that, I don't know if I would have been able to stay in the position.

Summary

This chapter provided results of the analysis of multiple narrative open-ended interviews with Program Assistants. Interviews with the selected sample population took place individually face-to-face, by phone, and in focus group settings. From the primary document analysis of the interview transcripts, eight guiding themes emerged in response to the four research questions aimed at addressing the overall problem statement and topic of this research.

First, in response to the question, "How do paraprofessionals view themselves in their role as community educator?" two themes emerged and were addressed in detail: participants' definition of the role of paraprofessional community-based peer educator and the participants' understanding of role-related identity. Interviewees offered

descriptors in their own words for each individual term in the job role nomenclature, and ideas surrounding each varied widely. Such differences were attributable, in part, to geographic location and surrounding population, prior personal history, and general understanding gained through reflection on job duties. This tied directly into a discussion in the third theme area addressing role-related identity. For the most part, the role of Program Assistant transcends the physical and temporal work/job environment. Situation in the community, with self as part of the community in service to others, contributed to a sense of oneness with the obligations associated with teaching by example. This realization was notable in an awareness of paraprofessional status that positions the participants in a more direct peer or near-peer association with clients than those in a professional role might be.

Second, in response to the question, “How does social context influence the experience of being a paraprofessional?” two themes again emerged: obviously, one surrounding social context and a second addressing role-related development. Social context and setting were investigated as a physical location for interaction with clients, but also as an interpersonal locus for relationship development. Status as a community “insider” was explored openly, with most Program Assistants embracing the knowledge that being situated in this way directly impacted the ability to build rapport with client, agency, and community in a way that would not be possible for an outsider.

Development within the role of Program Assistant was explored after first framing the Program Assistants’ rationale for seeking the role initially, how education contributed to qualification and aspiration, and expectations related to personal and professional development as a result of serving in this position.

Third, in response to the question, “How does reflective practice influence cognitive awareness of the paraprofessional?” a singular theme surrounding reflective practice emerged and included a discussion of such practices situated within program impact and outcomes and evaluation of self and client. It was clear that the reflective practices Program Assistants engage in often are related merely to program activities. There was some reflection done in anticipation and response to evaluation procedures implemented by the program. The breadth and depth of these practices was not as comprehensive as it could be, but the Program Assistants have not been taught how to engage actively in critical reflection activities.

Finally, to address the fourth question, “How does the paraprofessionals’ comprehension of contextual experience influence the perceived impact on client understanding and behavior?” there were three themes that emerged in support. The relationship between client and Program Assistant, the interface between teaching and learning, and an exploration of how a Program Assistant is socially situated within the context of the job role were addressed. Participants viewed their primary responsibility to clients as that of advocate and described in-depth what it meant to advocate on both conceptual and anecdotal levels. This was a role taken seriously, as the clients were situated within scrutiny imposed by the public and some program insiders. Level of advocacy was determined after participants assessed the needs of clients. Teaching of this client population was done in ways mandated by the program, but adjusted after reflection and observation on the part of the Program Assistants regarding learning style preferences and level of client receptivity. In some situations, personal history and understanding of learning preferences contributed to a participant’s ideas of how to

execute the teaching requirement, and exemplified an *a priori* proposition of this study that the Program Assistants are situated in a learner/educator dyad. And, finally, the paraprofessionals' comprehension of contextual experience as socially situated and mediated individuals within the program impacted how they perceive and execute the duty of impacting client knowledge and behavior change. With ideas about program strengths and areas of potential growth, as well as a sound perception of level of connectedness with others in the program, these women are operating in the best-known way toward the service of others.

CHAPTER 5

SUMMARY, DISCUSSION AND IMPLICATIONS

The development and use of paraprofessional models, while situated historically in the literature, is often centered on pragmatic outcomes that allow for effective examples of peer education in adult learning (Miller & Shinn, 2005). Paraprofessional community-based educators have an opportunity to contribute to behavior and knowledge of clients being served by peer educator models. Current nutrition and health program literature lacks an appropriate theoretical model depicting what the paraprofessional *experience* is and its contribution to paraprofessional peer educator development. The achieved purpose of this study was to explore the experience of paraprofessional community-based peer educators and to determine how insight gained through critical reflection on role and contextual experience influences interaction with, and perception of, clients in the community.

Study Summary

In order to expand knowledge related to client teaching and behavior change, an analysis of community-based paraprofessional educational programming was examined through an experiential learning perspective on peer education. An exploration of how social context, identity development, and critical reflection impact the paraprofessional experience was built around several *a priori* propositions. They were: 1) paraprofessionals are community-based practitioners, 2) the historical context of the paraprofessional model holds significance in defining the role of these practitioners, 3) paraprofessional peer educators are responsible for conveying information to clients, 4)

paraprofessional peer educators are situated in a learner/educator dyad, 5) the context in which paraprofessionals live and work contributes to a cognitive understanding of that experience, and 6) the situated, contextual experiences of paraprofessionals in the communities they work and live are unique, challenging, and potentially positive for learning outcomes. True to the methods, these propositional statements influenced how the research questions for this study were formulated. They were also reinforced with the findings, and the chosen research methods allowed for a rich compilation of data that is expressively and exclusively that of the participants.

This qualitative study examined the experience of being a paraprofessional educator in a community-based nutrition education program in a way that allowed participants to share their insights and perspectives in their own words through open-ended interviews designed to foster narrative responses. Participants selected their interview sites for comfort and privacy. Many sites were in their office space and others were off site but within the community. As the majority of their interaction with clients happens in various locations, conducting the interviews at a sample of these locations suited the purpose well. Participants were selected from the entire field of those employed as Program Assistants with the Virginia Family Nutrition Program.

The predominant majority of the state population of program assistants is women, and consequently, the sample of participants interviewed in this research consisted of all women. Eighteen primary participants and one pilot interview kept for inclusion formed the foundation of the study. Individual one-on-one interviews took place in two rounds and these were followed by two focus groups, each comprised of half of the participant group. Additionally, the women participating represented a broad crosscut of those in

similar positions across the state and were selected based on three criteria, namely, years of service to the program, level of education, and geographic location.

The purpose of this study was to explore the experience of paraprofessional community-based peer educators and determine how insight gained through critical reflection on contextual experience and role influences interactions with, and perceptions of, clients in the community. The four major questions guiding this study were: 1.) How do paraprofessionals view themselves in their role as community educator? 2.) How does social context influence the experience of being a paraprofessional? 3.) How does reflective practice influence cognitive awareness of the paraprofessional? 4.) How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?

Findings from interviews with socially mediated paraprofessional educators were used to highlight aspects of contextual experience, address issues of importance to understanding the role of paraprofessional from an insider's perspective, provide persona to a job description, and assess the value serving as a lay educator has for betterment of communities through knowledge and behavior change. Eight guiding themes that emerged from data analysis included:

1. Participants have various levels of understanding and association with the components of their job role; namely, that of paraprofessional community-based peer educator.
2. Qualifications and education contribute to personal and professional development within the context of the program.

3. Life experience and personal strengths contribute to identity development as a lay nutrition educator.
4. Relationships with clients, agencies, and the greater community influence identification and understanding of social context.
5. The relationship between paraprofessional and client is based on issues related to client advocacy and needs assessment but complicated by self and societal views of the client population.
6. Teaching style is understood as influencing client receptivity and the resulting impact on knowledge and behavior change.
7. Implementation of critical reflection is limited to program-related activities and affected by evaluation procedures.
8. Programmatic expectations and structure impact interpersonal relationships and ability to excel within the social context of providing service to others.

Throughout the course of data collection, participants shared a sense of accomplishment in the role they play with their clientele within the social context of each community, along with continued expectations of self and others.

Discussion

The value of this study was summarized nicely in an email sent to the researcher by a participant the day after the first round interview was conducted with her. It read:

It was good to see you and it was especially great to talk with you and help you with your project. It is good to know that you are looking at “us” (FNPs) for your research [smiley face]. I know you will get different responses based on who the

FNP may be, where they live, where they do programming, their education, their age, etc. Therefore, I am excited to see the final report. I just wanted to add that you gave me something to think about. For instance, who am I as a FNP, co-worker, mom, wife, and member of the community? Should I be doing more, can I do more, am I effective, plus many more questions. After speaking with you I do feel a sense of pride about my job. Of course that comes with some frustration. Just today I received an email from a contact that wants programs in a few weeks. I contacted her over five months ago, more than once, to put programs in place because I know that the schools usually study health this time of year. Such is life [smiley face].

Program Assistants with the Family Nutrition Program value their job, are proud of the effort they make, and recognize impact on the community members they reach. How this manifests itself through each individual and in each community is unique. The words and narration that emerged through the interview process revealed varied and descriptive manifestations of what was understood of terminology related to paraprofessional, community, and peer, and the identity-laden thought associated with thinking through the meaning of those terms.

Broadly, when critical reflection as a practice was discussed, it was done so superficially in ways related to the activities executed during a lesson or things that might be done to improve performance. The depth of critical reflection related to development of individuals as situated and socially mediated within the context of their roles, was found relatively non-existent. It can be said, however, based on examples like the email

excerpted above, that the process of participating in an in-depth qualitative study served as a reflective practice in, and of, itself.

Research Question One: How do paraprofessionals view themselves in their role as community educator?

It was understood at the outset of the study, in relationship to this question, that paraprofessionals are community-based practitioners (Merriam, Caffarella, & Baumgartner, 2007; Hibbs, 2007), the historical context of the paraprofessional model holds significance in defining the role of these practitioners (Vines & Anderson, 1976; Fabiano, 1994; Gehrt, 1994; Seevers, Graham, Gamon, & Conklin, 1997), and paraprofessional peer educators are responsible for conveying and teaching information to clients (Wakou, Keim, & Williams, 2003; Baker, Pearson, & Chipman, 2009). Responses associated with this research question emerged from a great level of discussion. At times, related responses lacked articulation yet were laden with meaning. Through the coding process of related passages two clearly related themes emerged: 1) participants have various levels of understanding associated with the components of the job role; namely, that of paraprofessional community-based peer educator, and 2) life experience and personal strengths contribute to identity development as a lay nutrition educator.

Interviewees described, in their own words, each individual term in the job role nomenclature. Differences in these were attributable, in part, to geographic location and the client population of the area, prior personal history, and a general understanding of job-related duties. The words paraprofessional, community, and peer were each defined

along ranges of associations related to seeing themselves as the term to viewing each word related to someone else or not defining of them individually.

Linked to that, are notions of role-related identity. The role of program assistant, as described by these women, transcended the boundaries of physical and temporal work/job environment. Most believed it much more than a duty, although it was at times muddied by the volume and pressure of responsibility to employer. Situations within the community while in service to others, contributed to a sense of oneness with the obligations associated with teaching by example. This realization was manifested throughout the research process and reified by others in the focus group settings. The reality for these socially mediated individuals as educators is a heightened awareness that paraprofessional status positions the participants in a more direct peer or near-peer association with their clients than those in a professional role might be. This finding is critical, as it supports the historical use of indigenous paraprofessional educators as valuable in relationship building. In combination with the range of understanding related the identity-laden descriptive words (paraprofessional, community, and peer) in their job title, however, it challenges other aspects of this positionality with implications for contemporary practice and how women employed in this role depict a full spectrum of associations within it.

It made sense that increased rapport and comfort attributed to non-formal educational settings that allowed those involved with FNP to gain a better opportunities for self-reevaluation without the stress of being judged by community outsiders, professionals, or formal educators, which has been documented as a source of stress in this population in the past (McFerren, 2007). Theoretically, strong intention to meet

personal standards contributes to increased behavior-related performance and, ultimately, long-term or permanent behavior change (Prochaska, Norcross, & DiClemente, 1994).

Paraprofessionals were in a unique position to build on these positive relationships and encourage modeled behavior. Indigenous lay educators in the position were acknowledged to be more sensitive of, and perceptive to, cultural nuances unique to each community (Katz & Kahn, 1978, & Gehrt, 1994). By knowing that behavior change is impacted by reevaluation of self against a reference “model” group that is admired, education can be directed in this way by using established relationships to enhance impetus for change and create and find “models” within the clients’ own community or cultural sub-group.

Research Question Two: How does social context influence the experience of being a paraprofessional?

Social context held implications on multiple levels. Lay educators are socially situated in communities and serve in teaching positions that involve being present in the here-and-now for clients. Additionally, the physical and social context of job setting and status of role were factors. These findings reinforced two *a priori* propositions, specifically, that the context in which paraprofessionals live and work contributes to a cognitive understanding of that experience (Bandura, 1986; Merriam, Caffarella, & Baumgartner, 2007), and that the situated, contextual experiences of paraprofessionals in the communities they work and live are unique, challenging, and potentially positive for learning outcomes (Putnam, 2000; Tisdell, 2000). Emergent themes for this research question were: 1) relationships with clients, agencies, and the greater community influence identification and understanding of social context, and 2) qualifications and

education contribute to personal and professional development within the context of the program.

Social context and setting were viewed as both physical location for engaged interaction with clients and as in interpersonal locus for relationship development. An exploration of paraprofessionals holding status as community “insiders” revealed that most program assistants embraced the knowledge that being situated in this way directly impacted their ability to build rapport with clients, agencies, and the broader community in ways not possible by outsiders. The program assistants’ rationale for seeking the role initially was framed through a series of questions including several related to personal experience with education. Expectations related to personal and professional development and expectations of the position were also investigated.

Utilizing a multi-theory approach to develop evidence-based interventions indicated the use of strategies appropriate for non-formal adult learners and educators working toward the goal of positive health practices and behavior change. The use of paraprofessionals as community-based educators goes beyond the dissemination of information. They are a link between research and practice and serve as role models and a source of connectedness for clients. Extension paraprofessionals, because of situation in the community context, are in a unique position to enable others in a variety of ways.

Research Question Three: How does reflective practice influence cognitive awareness of the paraprofessionals?

This study was framed on a proposition statement that paraprofessional peer educators are adults situated in a learner/educator dyad (Schön, 1983; Kolb, 1984; Sloane

& Zimmer, 1993). Additionally, it was established that the situated, contextual experience of paraprofessionals in the communities they work and live are unique, challenging, and potentially positive for learning outcomes (Foucault, 1980; Droegkamp & Taylor, 1995; Fenwick, 1999). A discussion based on the question of how paraprofessionals engage in reflective practice resulted in the emergence of a single theme: implementation of critical reflection is limited to program-related activities and affected by evaluation procedures. Program impacts and outcomes evaluations of self and client were at the forefront of most program assistants' frame of reference when asked about how they reflect on the job they do and the role they play in teaching others.

It was clear that the reflective practice engaged in by Program Assistants was often related narrowly to the execution of curriculum content delivery and related activities. Some reflection occurred in anticipation and response to evaluation procedures implemented by the program itself, and several participants noted that there is a self-evaluation piece associated with meeting program core competencies (Appendix B). The researcher anticipated that participant responses would exemplify a greater degree of critical reflection related to situation in the community and participant impact and influence on others, based on research literature surrounding narrative of self and others (Droegkamp & Taylor, 1995). The program assistants did not report receiving formal training on how to actively engage in critical reflection activities.

The use of critical thinking skills and sound professional judgment facilitates providing services and education through programming that most suits the needs of the common good while also assessing and working within confines of program limitations, thus obstacles of institutional structures may be overcome by networking to increase

awareness regarding particular needs or segments of society. For example, in the adult client population targeted in outreach health education, a lack of formal schooling and skills training may warrant a strong concern. However, the ability to critically analyze information being offered and make decisions regarding behavior change are influenced by life skills informally learned by feeding and clothing a family with limited resources and networking within a community (Merriam, Caffarella, & Baumgartner, 2007). Further, the use of paraprofessional or volunteer health advocates enhances program opportunity by providing a role model for these skill sets. Merriam, et. al. (2007) shares that non-formal indigenous community leaders are effective in helping others by “modeling exemplary leadership, practicing what they preach, and communicating with diverse groups” (p. 34).

Research Question Four: How does the paraprofessionals’ comprehension of contextual experience influence the perceived impact on client understanding and behavior?

The primary role of the paraprofessional nutrition educators is to design and deliver curriculum-based lessons and information to community-based clients with the end goal of positively impacting knowledge and eliciting behavior change. How those charged with that responsibility feel in accomplishing their goals, and how they perceive the clients’ level of response to what they are trying to achieve, is related to how well they comprehend the contextual experience of being a lay educator in a non-formal capacity. Open ended, yet semi-structured, exploration associated with this research question netted the emergence of three related themes: 1) the relationship between paraprofessional and client is based on issues related to client advocacy and needs

assessment but complicated by self and societal views of the client population, 2) teaching style is understood as influencing client receptivity and the resulting impact on knowledge and behavior change, and 3) programmatic expectations and the limitations of resources and structure impact interpersonal relationships and the ability to excel within the social context of providing service to others.

Participants viewed their primary responsibility to clients as that of advocate and described, in-depth, what it meant to advocate on both conceptual and anecdotal levels. This was a role taken seriously, as the clients were situated within scrutiny imposed by the public and some professional community service providers. Level of advocacy deemed appropriate was determined by program assistants after the needs of clients were assessed. Teaching of this client population was done with methods prescribed by the program, but program assistants were able to demonstrate initiative in making allowable yet creative adjustments to content delivery after taking time to observe clients and reflect on their understanding of client receptiveness and learning style preferences.

In some situations, it was clear that the personal history and how a participant understood her own learning preferences contributed to methods used to execute curriculum activities; thus exemplifying the associated study proposition regarding paraprofessional situation in a learner/educator dyad (Chappell, Rhodes, Solomon, Tennant, & Yates, 2003). Paraprofessional peer educators are responsible for teaching information to clients while operating in this dyad (Cervero & Wilson, 1994, 2006; Holland & Lave, 2001; Sfard & Prusak, 2005). It is further understood that the context in which paraprofessionals live and work contributes to a cognitive understanding of experience (Fenwick, 2000; Hayes, 2000) and that the situated contextual experience

through which this happens is unique, challenging, and potentially positive for learning outcomes.

Participants do comprehend that they are socially situated and socially mediated individuals when serving in the social context of peer educator. The potential this holds for resulting impact on knowledge and behavior change of clients is valued, and the reinforcement lay educators receive from clients is mostly positive. They do express the desire to be more respected within the organization and, although they embrace their roles, feel that the title under which they operate undervalues the true breadth of what they do. Participants feel they positively influence others and enable clients to better their lives and, in turn, empower others. With ideas about program strengths and areas of potential growth, as well as a sound perception of level of connectedness with others in the program, these women operate in the best-known way toward the service of others.

Limited social resources in this population led to a dependence on somewhat restricted access to family and community for support. Conflicts for the client occurred when there was a discrepancy between what the individual client believed about health behavior and the attitudes or beliefs of other principals in their social network. In support of health behavior theory, it was found that the ability of clients to work with paraprofessionals to effectively implement and adopt desired behavior change depended on: the relationship between program assistant and client, the influence of others in the group setting, and the level to which the client was self-directed (Pender, 2002). A strong relationship with a paraprofessional or supporting group within the FNP program was found to be critical in order to provide positive relevant influence and support to the client.

Implications for Practice and Future Research

Practice Considerations

Reevaluate the Practice Model. Evidence-based practice provides research data and practice recommendations for strategic planning but is sometimes “at odds with ‘bottom-up’ community development and empowerment principles” (Hausman, 2002, p. 460). Essentially, over-standardization may be in conflict with holistic community assessment, but both need to be taken into account to fulfill obligations of practice and communicate with different stakeholders and audiences. Some evidence-based intervention strategies have components applicable to community-based nutrition education and health behavior. Paraprofessionals can be considered somewhat akin to Lay Health Advisors (LHA), and much research situates them in similar roles of providing program information as well as support and motivation for ongoing participation and leading educational classes (Fleury, Keller, Perez, & Lee, 2009).

Interestingly, literature based on paraprofessional link-pin models (Katz & Kahn, 1978, & Gehrt, 1994) shares that inappropriate uses of paraprofessionals include treating them as professionals, requiring them to adopt norms of employing agencies and organizations rather than norms of the target community, and integrating them into the organization rather than keeping them deployed. The research conducted in this study revealed findings that exist in a gray area when looking at this description of paraprofessional use. Historical models also encourage employment of paraprofessionals that are indigenous to target populations in order to increase a program’s ability to build relationships within communities, and Family Nutrition Program does utilize this practice to the degree practicable. It should be clearly noted, however, that the term

paraprofessional need not be used in practice to describe the role of the Program Assistants.

The data clearly depicts that paraprofessional program assistants in Virginia think of themselves in very professional terms, desire continued professional development and correlated level of respect, and are expected to act along the norms of Cooperative Extension with regard to honoring hierarchy and procedural practices while representing the agency in a positive manner. It is an imperative recommendation on the part of this researcher that the organization revisit this dichotomy. It is recommended that the Likert Link Pin model (Katz & Kahn, 1978) be readdressed and viewed differently for implementation in contemporary practice. Although it endorses indigenous paraprofessionals as viable community practitioners, Katz & Kahn (1978) acknowledge that there are difficulties with the model from the standpoint of those within in, including: diminished voice, losing legitimate differences between groups related to technical and task orientation, complications of group decisions and reward distribution, and the situational aspects of group process that create individuals desiring opportunities to go beyond their limited directives.

In conceptualizing a revised or replacement model for the Likert Link Pin, it will be essential to consider the interests of practitioners in the middle in order to address the model's weaknesses. With a move away from the terminology of "paraprofessional" in practice, there needs to be consideration given a new term that accurately and adequately describes those in a role between client and professional or administrator, but that accounts for the skill these individuals have for critical decision making that would be further enhanced by teaching skills related to critical reflection. In this way, autonomy in

a shared voice is enhanced, the identity developed in the role of program assistant honored, and a variety of needs and interests identified within the variations across community context and situation recognized.

It was clear in the findings of this study that differences in contextual experience need to be accounted for by a model that would allow for flexibility in program administration and execution. An understanding of the factors identified in this study as influencing practice embedded in a new or revised model will contribute to enhanced impact on client knowledge and behavior change, as described by participants achieving success in their interactions with those they serve.

Identify Community Influentials. Professional development should continue with more specific skill sets enhanced for individuals desiring to increase presence as community influentials, and dialog and narrative critical reflection practices be taught so that paraprofessionals can more fully comprehend the positive impact that being integrated in a community has on both themselves as individuals and their clients.

Identifying influential leaders in a community within social context is beneficial for planners of an outreach education program. By identifying persons who have access to and control over the communication network of their followers, providing clues about the existence of specific cliques in the target public which facilitates the work of the adult educator, and effectively pinpointing influentials in the decision-making process regarding needs identification, this leadership approach is both efficient and economical (Boone, Safrit, & Jones, 2002). Professional development activities for program assistants desiring enhanced communication skills and role-related opportunities in their

communities can be done after individuals with this capacity are identified. Training can be general or specific, with consideration given to non-formal certification that would provide recognition of attained skill-related training. This type of recognition was found to be valuable and desirable to several of the program assistants in this study.

Continually Facilitate Learner-Centered Approaches. The uses of experiential learner-centered styles to both assess and acquire examples of ethical and emotional dilemmas and teach paraprofessionals and volunteer advocates how to prepare for, and address, such issues would be beneficial. Supervisor and paraprofessional training needs to address and respond to varied client learning styles and appropriate response in different social situations involving partnering agencies, clients, and the public as related to access to the target population of those served by the program. In this way, it may be possible to reach more advanced levels of learner-centered pedagogy that go beyond implementation of program activity.

Using a learner-centered case study approach to training, practical ethical, emotional, and social issues can be addressed in a way that fosters self-insight, social management skills, and the ability to apply knowledge readily when with clients. Emotionally situating experience within professional development and program training components will make the importance of the message more meaningful for paraprofessional educators and volunteers. In this way, the level at which these individuals work and interact with clients can be heightened and complement efforts already in place to convey curricula messages in emotion-based ways.

Foster Critical Reflection and Facilitation of Behavior Change.

Implementation of community-based peer education programs must consider the needs of the target recipient clients, the interests and capabilities of paraprofessional educators, and the input and influence of those involved with program leadership and administration. Dialogue about the role experience plays in peer learning settings is necessary. This study of paraprofessional non-formal community nutrition educators provided a situation for looking at how reflection on identity formation and social context may benefit other community-based programs as well. Consideration of programming to teach and enhance critical reflection skills and explore experience through narration needs to be pursued with this and similar populations, perhaps even worked in as part of group meetings and training events.

It is important to raise consciousness with clients at the point when they are either not considering or just beginning to consider behavior change. Social change theory (McKenzie, Neiger, and Smeltzer, 2005) is an appropriate strategy for use with FNP clientele. Depending on the setting of intervention, paraprofessionals may not always be able to assess what stage their clients are in with regard to behavior change, but do have tools useful in determining a level of understanding regarding nutrition knowledge and practices. The model of outreach education used by VCE allows paraprofessionals to work with clientele by providing materials that discuss nutrition and food practice-related issues relevant to target behavior. Additionally, short- and long-term goals should be identified and incorporated that would offset consequences for self and others.

The researcher acknowledges potential limitations of Prior Learning Assessment, in particular when working with women who lack the technical language or cognition

necessary to verbalize the impact of their experiences or in recognizing that some women are hesitant to leave what is a mental comfort zone. The implications of connecting with lay paraprofessional practitioners on this level to enhance the sense of power experienced by someone considered a programmatic “link pin” are great.

It is suggested that the research of Gillis & English (2010) with community health programming in Nova Scotia be considered for similar practice. Critically assessing things that happened and how to change them, in the context of storytelling, was integral to group and individual learning. Their findings encourage Extension educators (such as professional level personnel in FNP) to work closely with adult educators (such as paraprofessional FNP Program Assistants) in creating participatory processes for community-based learning and development in a way true to how community is defined by those working and living in it.

Clarify Implied/Understood Meaning of “Community”. Extension utilizes the term “community” in association with a number of different programming efforts and administrative arms at that state and national level. Given the broad fashion in which community-based practitioners defined this one word, it is recommended that Extension look at its application and meaning across the organization. Community can be a multi-faceted term and carries weight differently in various settings. It would be beneficial for program administrators and professionals to reassess its usage in their programs and address its understanding with paraprofessionals and volunteers engaged throughout the field.

Research Recommendations

Research related to the overarching question of experience through context, reflection, and identity could also be investigated utilizing program professional personnel or clients, but would have to be approached carefully and intentionally. Future research with this population may be expanded holistically by methods that use more molar forms of coding or coding categories, or even general theme analysis in a truly narrative way. The worthiness of future research and usefulness of findings will rest in how transparent the process is. The words of Mark Constan (1992) will be recalled, as he so pointedly wrote, “Since we are committed to opening the private lives of participants to the public, it is ironic that our methods of data collection and analysis often remain private and unavailable for inspection” (p. 254 as cited in Anfara, et. al., p. 29). My anticipation is that by engaging fully in the process, the evolution of how this population is studied and the empirical findings of lived experience will be productive to those that will utilize and benefit from the findings. The argument can be made that in honoring feminist and constructivist pedagogies and viewing participants as holistic beings, narrative inquiry that evolves out of interview methods may be the most appropriate way to examine the experiences in the target population.

It is also recommended that research be done to begin creating a new practice model to replace the Likert Link-Pin (Katz & Kahn, 1978) that will more relevantly address contemporary programming that hires paraprofessionals within a range of education and experience. Not all involved with this study viewed position in this role as a stepping stone to a professional position, but even individuals content with continuing

service at the same level and within the same community had a desire for continued training through either professional development workshops and networking or, in some cases, advancing their education and completing a degree. A reassessment of this practice model will also honor actions in place in the state program to encourage partnerships with other paraprofessionals and professionals to maximize client outcomes.

Further, the 1978 Link-Pin model, in keeping paraprofessionals deployed in their indigenous communities, refers to these lay practitioners as boundary spanning individuals. Referencing them in that way was simply programmatic; they literally span a distance between target population and program and serve as a conduit through which information is passed. Interesting to note in the findings of this study, however, many of the interviewed program assistants have already disassociated themselves from the target population to some degree. When they have achieved a college degree or financial stability, for example, they are no longer “one of them” but still have loyalty and affinity for serving the community they call home. In this role, they have achieved a higher social stature within the community and have gained respect, but still have the benefit of true “insider” status. It is highly recommended, therefore, that research continue with these individuals to assess linkages to modern theories of boundary spanning leadership (Ernst & Chrobot-Mason, 2011) in order to enhance the networking abilities within to bring solid nutrition education for behavior change to communities in a way that does not merely disseminate information, but builds community capacity at the same time.

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APPENDICES

APPENDIX A

Entry/Exit survey used to collect data on VCE FNP program enrollees (Used under fair use guidelines, 2012).

Virginia Cooperative Extension

Family Nutrition Program
Family Record

PUBLICATION 360-095

Complete on each family at ENTRY into FNP and again at EXIT. Program Assistant should fill in shaded items.

Name:	Age:	DO NOT WRITE IN THIS SPACE PA USE ONLY
Street:	Birth Date:	
City:	Zip:	Residence Code: F T TC S C
Phone: ()	<input type="checkbox"/> Female <input type="checkbox"/> Male Check all that apply: <input type="checkbox"/> Pregnant <input type="checkbox"/> Nursing	Highest Grade Completed CHECK ONE <input type="checkbox"/> Graduated High School or GED <input type="checkbox"/> Some College <input type="checkbox"/> Graduated 2-year College <input type="checkbox"/> Graduated College <input type="checkbox"/> Post Graduate
Household Members: List the first names and ages of people who live with you:		
First Name	Age	Monthly Household Income \$ _____
		DO NOT WRITE IN THIS SPACE PA USE ONLY Lesson Type: <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Both <input type="checkbox"/> Other
		Remarks:
		DO NOT WRITE IN THIS SPACE PA USE ONLY Subgroup Codes [] [] [] [] [] [] [] [] [] []
Check the Ethnicity you identify with (All answers are voluntary): <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		
Check the race category you identify with (You may check more than one. All answers are voluntary.): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify)		
Programs that you and your family participate in (check all that apply): <input type="checkbox"/> Free or reduced school lunch or breakfast <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) <input type="checkbox"/> Food Stamps (Cardinal Card) <input type="checkbox"/> Food Pantries or Commodities <input type="checkbox"/> Head Start <input type="checkbox"/> WIC <input type="checkbox"/> Other (please specify):		
ENTRY Date: / /	EXIT Date: / /	Number of Lessons:
PA Name:	<input type="checkbox"/> Educational Objective Met	
Group Name:	Termination Reason: <input type="checkbox"/> Returned to School <input type="checkbox"/> Took Job <input type="checkbox"/> Family Concerns <input type="checkbox"/> Staff Vacancy <input type="checkbox"/> Moved <input type="checkbox"/> Lost Interest <input type="checkbox"/> Other:	
Participant ID#	Did the Family get help from one or more of programs above, due to referral or suggestion by FNP Program Assistant? ****Please check above****	



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Virginia Polytechnic Institute and State University, 2009



VIRGINIA STATE UNIVERSITY

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This is a survey about the ways you plan and fix foods for yourself and what you think about health issues. As you read each question, think about the recent past. This is not a test. There are no wrong answers.

Circle the answer that best describes how you usually do things.

	1	2	3	4	5
1. How often do you plan meals ahead of time?	Never	Seldom	Sometimes	Most of the Time	Almost Always
2. How often do you compare prices before you buy food?	Never	Seldom	Sometimes	Most of the Time	Almost Always
3. How often do you run out of food before the end of the month?	Never	Seldom	Sometimes	Most of the Time	Almost Always
4. How often do you shop with a grocery list?	Never	Seldom	Sometimes	Most of the Time	Almost Always
5. This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?	Never	Seldom	Sometimes	Most of the Time	Almost Always
6. How often do you thaw foods at room temperature?	Never	Seldom	Sometimes	Most of the Time	Almost Always
7. When deciding what to feed your family often do you think about healthy food choices?	Never	Seldom	Sometimes	Most of the Time	Almost Always
8. How often have your prepared foods without adding salt?	Never	Seldom	Sometimes	Most of the Time	Almost Always
9. How often do you use the "Nutrition Facts" on the food label to make choices?	Never	Seldom	Sometimes	Most of the Time	Almost Always
10. How often do you and your children eat something within 2 hours of waking up in the morning?	Never	Seldom	Sometimes	Most of the Time	Almost Always
11. How often do you eat meals or snacks with one or more family members?	Never	Seldom	Sometimes	Most of the Time	Almost Always
12. Do you use low-fat (2%), very low-fat (1%) or nonfat milk?	Never	Seldom	Sometimes	Most of the Time	Almost Always
13. Do you drink regular soda every day?	Never	Seldom	Sometimes	Most of the Time	Almost Always
14. How often do you make meals that include a variety of foods from MyPyramid?	Never	Seldom	Sometimes	Most of the Time	Almost Always
15. Do you serve a variety of fruits and vegetables?	Never	Seldom	Sometimes	Most of the Time	Almost Always
16. How often do you eat low fat foods instead of high fat foods?	Never	Seldom	Sometimes	Most of the Time	Almost Always
17. How often do you use a written spending plan or budget?	Never	Seldom	Sometimes	Most of the Time	Almost Always
18. When you have the option of getting a "super-sized" portion of food or beverage, how often do you order it for just you?	Never	Seldom	Sometimes	Most of the Time	Almost Always
19. How many times a week do you eat in a restaurant?	_____ times				

FNP Picture Release Form

I give the Virginia Cooperative Extension FNP Office permission and consent to take photographs during the Virginia Cooperative Extension nutrition classes. I further give permission and consent that any such photographs may be used in Virginia Cooperative Extension's FNP promotions (brochures) and on the Virginia Cooperative Extension website.

Client's Name – printed: _____

Client's Signature: _____

Name of VCE Program Assistant/Unit: _____

Name of VCE Program: _____

Date: _____



SUBGROUP CODES					
A	EFNEP Participant	Q	Gardening Project		
B	SNAP-Ed Participant	R	SNAP Recipients		
M	20+ Pregnant/Breastfeeding	S	Not Receiving SNAP		
N	Teen+ Pregnant/Breastfeeding	T	Non-English Speaking		
O	SCYF Newsletter Participant	U	Client with Chronic Disease		
P	Internet Lesson Participant	V	Working Homemaker		
RESIDENCE CODES					
F	Farm	T	Towns under 10,000 & rural non-farm	TC	Towns & Cities 10,000-50,000
		S	Suburbs of Cities over 50,000	C	Central Cities over 50,000

APPENDIX B

Core Competencies Assessment for Program Assistants

Family Nutrition Program Assistant Core Competencies Self Assessment

Core Competency Tasks	One of My Strengths	Doing OK on This	Need to Develop This More	Definitely Need to Develop This	Doesn't Apply Right Now
A. Establish Relationships with Team Members Within and Without					
A1. Understand VCE and its mission of education to the citizens of Virginia					
A2. Understand the relationship between the federal, state and local governments for VCE and USDA and the SNAP program					
A3. Name governmental and social agencies that serve limited resource people in localities					
A4. Review policies that govern SNAP benefits and applications, and how they apply to the nutrition education program					
A5. Examine the WIC program and its food package					
B. Nutrition Education: Dietary Quality (Nutrition and Physical Activity)					
B1. Explain the importance of adequate nutrition on health					
B2. Understand the factors that affect childhood risk for overweight					
B3. Name the major classes of nutrients needed by the body, explain the functions of these nutrients classes in the body and list food sources for each nutrient class resource audiences					
B4. Name the five groups in MyPyramid, the recommended amount of food needed each day from each food group, how oils fit into the daily diet, physical activity recommendations and how discretionary calories are used to help consumers choose nutrient-dense, low-fat and low sugar foods.					
B5. Use information/major messages from the Dietary Guidelines and MyPyramid as tools in teaching about nutrition					

Core Competency Tasks	One of My Strengths	Doing OK on This	Need to Develop This More	Definitely Need to Develop This	Doesn't Apply Right Now
B6. Identify different nutritional needs at different stages of the life cycle					
B7. Explain why physical activity is important as part of a healthy lifestyle and current recommendations about amounts of physical activity as stated in the Dietary Guidelines					
B8. Understand and address concerns such as breastfeeding and vegetarian diets					
C. Nutrition Education: Shopping/Food Resource Management					
C1. Demonstrate a variety of skills in planning for food shopping and actual in-store buying					
C2. Plan nutritionally adequate meals for a family that are low in solid fat, sodium and sugar.					
C3. Demonstrate various food preparation skills and provide information on food preparation, methods and skills					
C4. Read and use information on food labels such as the Nutrition Facts panel the ingredient list and health claims to choosing healthy foods					
D. Understand and Recognize Diversity					
D1. Understand and comply with the university's civil rights compliance plan					
D2. Name events that place people in poverty					
D3. Describe common characteristics of people in poverty and events and thought processes that keep people there					
D4. Develop empathy for people who receive public assistance and refer them to community resources, including SNAP, that will enrich their lives					

E. Teaching Experiences					
E1. Based on approved curriculum, plan lessons activities, and materials appropriate to participant needs, interests, age, and abilities, as approved by supervisor					
E2. Recruit and train volunteers to lead or assist in lesson activities					
E3. Use learner-centered teaching to motivate clients to make changes in their behavior					
E4. Engage participants in hands-on learning to achieve program outcomes					
E5. Assess participants' learning styles(ways of learning), strengths, prior knowledge, and skills in order to create an effective learning environment					
E6. Create respectful learning environments in which learners feel comfortable to participate					
E7. Help participants set goals using new information and skills					
E8. Encourage participants to increase food and nutrition-related skills to achieve positive behavior change					
E9. Use positive guidance techniques to acknowledge participants' success					
E10. Using teaching observation results to focus programming and improve teaching skills/techniques					
E11. Encourage healthy lifestyle (nutrition choices and physical activity) by demonstrating and modeling good habits					
F. Program Management: Record Keeping					
F1. Understand and use the GREEN system as the resource management/data reporting database					
F2. Update the GREEN system daily					
F3. Fill out records accurately and keep them up-to-date for entries and exits					

Core Competency Tasks	One of My Strengths	Doing OK on This	Need to Develop This More	Definitely Need to Develop This	Doesn't Apply Right Now
F4. Send all records in within the two week time limit					
F5. Fill out and maintain all lesson logs for adult and youth					
F6. Submit all preapprovals correctly and on time					
F7. Submit a calendar of activities at the beginning of every month					
F8. Collect match from volunteer and organizations that are also involved in the program as documented in P112					
G. Program Management: Time Management					
G1. Plan ongoing programming at least 5 times a week for most weeks					
G2. Maintain caseload as documented in P112					
H. Evaluate Programming					
H1. Analyze client's family record responses to determine skills needed to be a more effective consumer					
H2. Achieve a full caseload as expected by program goals					
I. Basic Sales/ Customer Service Skills/Marketing					
I1. Develop a plan to initiate and follow-up on developing relationships within a community with other organizations, both public and private who serve limited resource populations					
I2. Identify target locations and organizations which need					
I3. Inform and partner with community organizations within a unit					
I4. Promote co-workers programming and encourage further participation in VCE programming					
I5. Relate to and befriend clients in order to gain referrals for future programming and clients					

Core Competency Tasks	One of My Strengths	Doing OK on This	Need to Develop This More	Definitely Need to Develop This	Doesn't Apply Right Now
J. Understands and Applies Technology					
J1. Able to use a laptop computer effectively for educating clients					
J2. Able to connect and use a LCD projector from a laptop for group classes					
J3. Able to use and update the GREEN system correctly on a regular basis					
K. Personal Accountability					
K1. Professional development training is mandatory. Schedule personal and professional time accordingly					
K2. Manage program materials and curriculum effectively and efficiently					
K3. Understand and follow the process to sign in and out for programming					
K4. Accurately record mileage for travel reimbursement					
K5. Make best use if available time and resources					

APPENDIX C

Alignment Table of Research Questions, Propositions, Interview Questions, & Supporting Literature

Research Questions	Proposition	Interview Questions Round One	Interview Questions Round Two	Focus Group Questions	Supporting Literature
1. How do paraprofessionals view themselves in their role as community educator?	Paraprofessionals are community-based practitioners.	Please describe for me what it is like to be a Program Assistant. How do you see yourself impacting your community? Describe how you feel being a member of the community in which you teach has influenced you and others.	What does the term “paraprofessional” mean to you? What does the term “community-based” mean to you? What does the term “peer-educator” mean to you?	In working in your community, did this job role influence how you felt about yourself personally and professionally? Did it change the way you thought about yourself? How might other people have viewed your position?	McFerren (2007). Merriam, et. al. (2007). Hibbs (2007). Wandersman (2003).
1. How do paraprofessionals view themselves in their role as community educator?	The historical context of the paraprofessional model holds significance in defining the role of these practitioners.	What led you to consider being a Program Assistant as a potential job? What did you, or do you, hope to achieve in this position? How have your interactions with other community	How do you identify with the name “nutrition lady?” How else would you like to be identified as it relates to your role as a Program Assistant?	Did any of you have professional reasons for taking this job? Would any of you have taken a job, or applied for a job, that would have required you to move locations? How do you view the role	Vines & Anderson (1976). Hoover, et. al. (2009). Fabiano (1994). Hibbs (2007). Seevers, et. al. (1997). Miller & Shinn (2005). Willis, et. al.

		educators, Program Assistants, and supervisors impacted your experience?		of the Family Nutrition Program and you, as Program Assistants, within Extension as a whole? Is this important?	(2008).
1. How do paraprofessionals view themselves in their role as community educator?	Paraprofessional peer educators are responsible for teaching information to clients.	What has it been like to use the materials provided to you for your job? Describe how you teach your clients in the program. Describe how the education you provide impacts your clients.	How does the program evaluate you? How do you feel when you complete different parts of your job? Is there a part at which you feel you are the best? Is there a part that benefits the clients the most?	How do you feel about whether or not a certain degree qualifies someone for this position? Do you feel it differs by location in the state?	Baker, et. al. (2009). Wakou, et. al. (2003). VCE (2009). Sloane & Zimmer (1993). Cervero & Wilson (1994, 2006).
4. How does the paraprofessionals comprehension of contextual experience influence the perceived impact on client understanding and behavior?					
3. How does reflective practice influence cognitive awareness of the paraprofessional?	Paraprofessional peer educators are adults situated in a learner/educator dyad.	Describe any other educational work you did before becoming a Program Assistant. Describe your experiences with education in general. Have you had a chance to think about how you teach?	How do you know when you need to make changes to what you are doing?	How do you know when a client is not going to respond to either you or what you are trying to teach? How might you describe other social or situational reasons that might influence their receptivity?	Brooks (2000). McFerrer (2007). Kolb (1984). Schön (1983). Sloane & Zimmer (1993). Chappell, et. al. (2003). Holland & Lave (2001). Sfard & Prusak (2005). Jordi
4. How does the paraprofessional comprehension of contextual experience influence the perceived impact on client understanding and behavior?					

(2010).

2.	How does the social context influence the experience of being a paraprofessional?	The context in which paraprofessionals live and work contributes to a cognitive understanding of that experience.	Describe how any experiences that led to your decision to be a Program Assistant impacted you personally or professionally. What do you find rewarding or challenging about teaching?	What does being an advocate for your clients mean to you? How does that make you feel?	Responses to questions about how Program Assistants perceive community varied. Please offer your thoughts freely so we may expand on that discussion.	Merriam, et. al. (2007). Bandura (1986). Fenwick (2000). Hayes (2000).
2.	How does the social context influence the experience of being a paraprofessional?	The situated, contextual experiences of paraprofessionals in the communities they work and live are unique, challenging, and potentially positive for learning outcomes.	How have you grown personally as a result of being a community educator? How have you grown professionally as a result of being a community educator?	How does where you are and whom you are teaching influence how clients respond? How does where you are and whom you are teaching influence how you feel about what you do?	If you had to think of the one most influential experience you have had, what would it be? How would you describe the relationship between you and your clients?	Putnam (2000). Fenwick (1999). Tisdell (2000). Foucault (1980). Droegkamp & Taylor (1995).
3.	How does reflective practice influence cognitive awareness of the paraprofessional?					
4.	How does the paraprofessionals' comprehension of contextual experience influence the perceived impact on client understanding and behavior?					

APPENDIX D

IRB protocol approval document



Office of Research Compliance
Institutional Review Board
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MEMORANDUM

DATE: February 27, 2012

TO: Rick Rudd, Megan Seibel

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)

PROTOCOL TITLE: Community-Based Nutrition Education through a Paraprofessional Model: An Inside Look at the Experience of the Peer Educator

IRB NUMBER: 10-1023

Effective February 24, 2012, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the amendment request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at http://www.irb.vt.edu/pages/responsibilities.htm (please review before the commencement of your research).

PROTOCOL INFORMATION:

Approved as: Expedited, under 45 CFR 46.110 category(ies) 6, 7
Protocol Approval Date: 11/23/2011 (protocol's initial approval date: 11/23/2010)
Protocol Expiration Date: 11/22/2012
Continuing Review Due Date*: 11/8/2012

*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:

Per federal regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

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APPENDIX E

Round One Interview Script (as approved by IRB, November 23, 2010)

Community-Based Nutrition Education through a Paraprofessional Model: An Inside Look at the Experience of the Peer Educator

Interview Script for Round One Interview

I would like to talk to you today about your experiences as a Program Assistant with the Virginia Family Nutrition Program. The purpose of this interview is to understand what it is like to be a peer educator in the community where you live and work. Your individual experiences and insight are valuable to Virginia Tech, the Family Nutrition Program, and others.

- I. Please describe for me what factors led to your decision to become a Program Assistant.
 - a. What led you to consider this as a potential job?
 - b. What did those experiences mean to you personally?
 - c. What did those experiences mean to you professionally?
 - d. What did you hope to achieve in this position?
 - e. Describe any other educational work you did before becoming a Program Assistant.
 - f. Describe your experience with education in general.
 - i. What was it like to be a student?
 - ii. What is it like to be an educator?
 - iii. What is it like to be a parent?
- II. Please describe for me what it is like to be a Program Assistant.
 - a. What are your strengths and talents that help you be successful as a Program Assistant?
 - b. What is/are the most challenging thing(s) about your job?
 - c. Has the experience so far aligned with what you thought it would be? Would you mind sharing an example?
- III. I would like to talk to you for a while about working with clients.
 - a. Tell me, what has it been like to use the materials provided to you for your job?
 - i. What is your opinion of the materials?
 - ii. What types of strategies have you used for presenting information?
 - b. Perhaps you could tell me the details about how you recruited a specific client.

- i. Is this similar or different to how you recruit in general? How so?
 - c. Describe how you teach your clients in the program.
 - i. How do you feel they respond to your lessons in general?
 - ii. Have you had a chance to think about how you teach?
 - 1. What have you learned?
 - iii. What do you find rewarding and/or challenging about teaching?
 - d. Describe how the education you provide impacts your clients.
 - i. What about things specific to the program purpose or content?
 - ii. Are there other things? Describe.
- IV. Now I would like to talk to you about how you view yourself in your role as a community-based peer educator.
 - a. What things about you, as an individual, impact how you view your role as an educator?
 - b. What is the most rewarding part of your job?
 - c. How do you see yourself impacting others?
 - d. How do you see yourself impacting your community?
 - e. Describe how you feel being a member of the community in which you teach has influenced you.
 - f. Describe how you feel being a member of the community in which you teach has influenced others.
- V. The next couple of questions address your experiences with others in your profession.
 - a. Describe your interactions with other community educators and Program Assistants.
 - b. Describe your experiences with your supervisor(s).
 - c. How have these interactions impacted your overall experience as a Program Assistant?
- VI. I would ask you to reflect on how you have grown during your time as a peer educator. Please share any experiences you feel are relevant as we proceed.
 - a. How have you grown personally as a result of being a community educator?
 - b. What are your personal goals?
 - c. How have you grown professionally as a result of being a community educator?
 - d. What are your professional goals?

Is there anything else that you have thought of that I should have or could have asked you about your experience as a Program Assistant? Is there anything else you would like to share?

APPENDIX F

Initial email sent to participants requesting participation in the study (as approved by IRB, November 23, 2010)

Study: Community-Based Nutrition Education through a Paraprofessional Model: An Inside Look at the Experience of the Peer Educator

Copy of email content for Participant invitation after purposeful selection.

Hello [insert name],

I want to ask you to consider participation in the study I am doing for my dissertation research. You have been told in the past of my interest in whom the Program Assistants with Virginia Family Nutrition Program are and what that experience is like. In wanting to work with PAs across the state in this project, I have chosen you to interview. I look forward to hearing about who you are, what you think about your job, what working with clients is like, and how you have grown personally and professionally.

Please consider my request. Your participation is certainly optional, and I will keep anything you share with me completely anonymous. Your experience is important not only to me, but to our entire program and other states that have similar programs. The things you share will not have any impact on your job, either, and only I will hear what you say. I will remind you of this when we talk and promise you this in writing and in person.

My hope is that you will agree to be a part of this study. I would like to spend about one hour with you for an individual interview. After that, I will share a copy of our discussion with you to review. I would like to have a second chance to talk after that to clarify or add anything to the first meeting, or finish the interview if we ran out of time before. This second conversation will either be in person or over the phone, depending on what we decide. At some point, I will also be holding focus groups around the state with those I have interviewed, so if your area is chosen for that, I request your participation. You may certainly withdraw at any time and I will destroy any record of our conversations.

Attached is a copy of the consent form so that you can review it before we meet. I will be calling you personally to follow-up on this invitation and discuss a time and place to meet that is convenient for you.

Warmest regards,
Megan Seibel

APPENDIX G

Participant Consent Form (initial content approved by IRB, November 23, 2010).
Amended Consent Form below depicts project title change as reapproved February 27,
2012)

Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: "Community-Based Nutrition Education through a Paraprofessional Model: An Experiential Learning Perspective of Peer Education"

Investigators: Megan M. Seibel and Rick D. Rudd

Purpose of this Research: The purpose of this study is to learn more about the experience of being a community-based educator in a program like the Virginia Family Nutrition Program. Your experience is unique and important and will help others understand what you do. You and up to 19 Program Assistants have been asked to participate due to the region of the state in which you work, how long you have been employed with the Family Nutrition Program, and your level of education. Please read this form carefully and ask any questions you may have before you consider taking part in this study.

Procedures: If you agree to participate in this study, the researcher in person will interview you for approximately one hour in a location we both agree upon and that is convenient to you. If necessary, there will be a follow-up interview that will be in person or over the phone, whichever method is chosen by the researcher. You will be given the transcript to read and respond to after the first interview and before the follow-up. Interviews will be digitally recorded, then transcribed and destroyed by the researcher. You may be chosen after the individual interviews to participate in a focus group session, conducted by the researcher, with other Program Assistants from your district.

Risks: We do not anticipate any risks associated with you participating in this study. Neither your decision to participate nor will have no impact on your performance evaluations. You may see the study results upon request, and everything you share with me will be kept strictly confidential and anonymous as described below.

Benefits: There are no direct benefits to you as a participant, and no promise of benefits has been, or will be, offered to you in order to encourage participation. Your ideas and experiences, however, will benefit the program and other peer educators in Virginia and other states offering education to people at the community-level. What you have experienced, as an individual, is important and valuable, and can only be shared by you and in your words.

Extent of Anonymity and Confidentiality: The content of the interviews and focus groups will be held in strict confidence by the researcher and the identity of participants anonymous. No other personnel with the Virginia Family Nutrition Program will know who has decided to participate and will only see results after they have been coded and grouped into overall themes by the researcher. You will be given the opportunity to use a pseudonym and this pretend name will be used in all transcribed material to ensure confidentiality. Only the researcher will know who you are and consent forms that have your name will be kept in the researchers locked files until the study is complete, and then destroyed. Interviews will be recorded with a digital recorder and all copies of audio recordings will be kept on the researcher's personal computer that has a locked password for protection and to ensure that ONLY the researcher has access to this information. The researcher will transcribe the audio and maintain these files on the same locked computer. Upon completion of the study, all digital and paper information will be destroyed within one year. At no time will the study be released by the researchers to individuals not working on the project without your written consent. It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research. Throughout this research process, confidentiality may be broken if instances of abuse or threat to the participant's self or others are made known.

Compensation: There will be no compensation for your participation in this study, other than personal satisfaction.

Freedom to Withdraw: Taking part in this study is completely voluntary. You may choose to refrain from participating now or at any time in the future. If you decide not to take part it will not affect your current or

APPENDIX H

Focus Group participation invitation email and update (04/14/11)

Dear _____,

Thank you again for being a part of my research study on the experience of being a Program Assistant and what it is like to be a community-based educator. The job you do is so important and I have learned so much from working with the information provided in the interview process.

I want to update on the progress to this point and ask for a quick reply regarding your involvement as we continue.

- 1) I am in the process of completing transcription on the “Round One” interviews, which was the face-to-face interview we had. I will be emailing you a copy of the transcript in the next week or so for you to review and offer input on if you wish.
- 2) I would like to set up a short follow-up interview (“Round Two”) with you for the week of April 25th, but it should be fairly short and over the PHONE. I will include details for this when I email back your transcript next week so we can pick a time.
- 3) PLEASE RESPOND to this indicating your willingness to be in the focus group. I will talk with a group of you that participated in interviews and share my findings. That way, discussion and idea sharing can be together but still confidential and your input will be included in the research. I would like to do ONE focus group with about 10 of you during the Tri-State conference. That way you don't have to worry about travel reimbursement and scheduling around the state later in May. The time for this would be TUESDAY, May 17th at 5:00 pm after your session. This is the “dinner on your own” night. I will provide snacks for you and we should only be an hour or so. If you are planning to eat with others from the conference, perhaps they can wait until 6:30 or so before heading out from the hotel. I have also been given permission to use the state vehicles to get you to where you need to be if others cannot wait. I appreciate your willingness to consider this invitation as your input if VERY VALUABLE.

If some of you prefer waiting until after dinner that night, we could do 2 groups of 5-7 ladies. Someone could suggest a time. I am only coming in for one night and do not want to take away from your break time during the day or before the Wednesday banquet. I know how precious your time is.

I look forward to your response regarding May 17th and will be back in touch with you about the phone interview.

Warmest regards,

Megan

APPENDIX I

Round Two Interview Guide

Community-Based Nutrition Education through a Paraprofessional Model: An Inside Look at the Experience of the Peer Educator

Interview Script for Round Two Interviews

Thank you for your time and agreeing to continue your participation in this research study. The questions we discuss today compliment what you have shared in the past and may give you an opportunity to share stories and experiences in a different way.

- I. To begin, the Virginia Family Nutrition Program, like most states, uses a paraprofessional community-based peer-educator model.
 - a. What does the term “paraprofessional” mean to you?
 - b. What does the term “community-based” mean to you?
 - c. What does the term “peer-educator” mean to you?

- II. Several participants have mentioned being known by others in the community as “the nutrition lady.”
 - a. How do you indentify with this term?
 - b. How else would you like to be identified as it relates to your role as a PA?

- III. How are you evaluated by the program?

- IV. How do you feel when you complete different parts of your job?
 - a. How do you feel doing different duties (e.g. preparing, conducting, or reporting your lessons?)
 - b. Is there a part you are the best at?
 - c. Is there a part that benefits the clients most?

- V. How do you know when you need to make changes to what you are doing?

- VI. What does being an advocate for your clients mean to you?
 - a. How does that make you feel?

- VII. How does where you are and who you are teaching influence how clients respond?

- VIII. How does where you are and who you are teaching influence how you feel about what you do?

Is there anything else you would like to share?

Thank you. After I add the results of this round of interviews to the data, we will discuss the themes in the focus group.

APPENDIX J

Focus Group Discussion Guide
Dissertation: Title....

Interview Script for Focus Groups

This focus group is intended as a forum to discuss topics that came up repeatedly during the first two interview rounds.

To start out, I asked in the very first round about the reason you each became Program Assistants. Most people said something related to it being different than something they were already doing, something that would better the situation they were in, or something that piqued their interest and was more suited for what they felt their skills were.

The personal material benefits I heard included things such as health insurance and flexibility in scheduling.

1. Did anyone have professional reasons for taking this job?
2. Would any of you have taken a job or applied for a job that would have required you to move locations?
3. If remaining in your area was the only opportunity or choice, did this job role influence how you felt about yourself personally and professionally?
 - a. Did it change the way you thought about yourself?
 - b. How might other people have viewed your position?

Of the things I am hearing, one of the most meaningful parts of the job are the relationships you have developed with your clients, and that those relationships often outweigh any job challenges and frustrations that you might have.

4. How do you know when a client is not going to respond to either you or what you are trying to teach?
5. How might you describe other social or situational reasons that might influence their receptivity?

When I asked about how you have reflected on your role and interactions, many mentioned learner- or client-centered learning and the degree to which many individuals reflect on their work varied somewhat. Please think about how you know when you have or have not been effective.

6. If you had to think of one most influential experience you have had, what would it be?

In round two, I asked people what the term peer educator meant to them. The question brought a variety of responses.

7. How would you describe the relationship between you and your clients?

Likewise, the question related to how you perceive community ranged from geographic area to types of people and culture in a given group.

8. Please offer your thoughts freely so we can expand on that discussion.

I have asked in the past rounds about level of education and background as contributing to the job you do as a Program Assistant.

9. How do you feel about whether or not a certain degree qualifies someone for this position?
 - a. Do you feel it differs by location in the state?

Several of you have mentioned Family Nutrition Program as part of Virginia Cooperative Extension, and some shared that they feel the public has unclear understanding of Extension and its various programs.

10. How do you view the role of the Family Nutrition Program and you as Program Assistants within Extension as a whole?
 - a. Is this important? Why?

Thank you again for your time and invaluable input. Please remember that you can contact me at any time if you have questions or concerns about this research process.

APPENDIX K

Theme List with associated coding categories and source of category origination, as discussed in the research methodology.

Categories within each Theme	Origination
Theme: Participant Definition of Job Role	
Meaning of paraprofessional	Investigative
Meaning of community-based	Investigative
Meaning of community	Participants
Meaning of peer educator/education	Investigative
Meaning of peer	Participants
Theme: Role-Related Development	
Reason(s) took job	Participants
Job qualifications	Literature
Role of education	Participants
Personal development	Investigative
Professional development	Investigative
Theme: Role-Related Identity	
Role as identity	Investigative
Strengths (personal/interpersonal)	Participants
Perception of self	Participants
PA life experiences	Participants
Reasons value role and/or feel important	Participants
Theme: Social Context	
Community “insider” status	Literature

Context/setting	Literature
Relationships within community	Participants

Theme: The Client Relationship

Client advocate	Investigative
Client needs	Participants
Perception of clients	Participants
Relationship with clients	Participants
Challenges of/with clients	Participants

Theme: The Teaching & Learning Interface

Client receptivity	Investigative
Client knowledge/behavior change	Literature
Teaching & learning style (hands-on/learner-centered)	Literature

Theme: Reflective Practice

Reflective practices	Literature
Program impact/outcomes	Literature
Evaluation of PA/Client/Program	Literature

Theme: Social Situation in Job Role

Perception of job	Investigative
Challenges with job	Participants
Job expectations	Participants
Role of other Pas/coworkers	Investigative
Mentor/mentee insights and thoughts	Investigative

Role of supervisors/management

Investigative

Program mandates/structure (state & federal)

Literature

APPENDIX L

Virginia Tech ETD Fair Use Analysis Results

VT Fair Use Analysis Results

<http://etd.vt.edu/fairuse/analyzer/results.php>

Draft 09/01/2009

(Questions? Concerns? Contact Gail McMillan, Director of the Digital Library and Archives at Virginia Tech's University Libraries: gailmac@vt.edu)

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Virginia Tech ETD Fair Use Analysis Results

This is not a replacement for professional legal advice but an effort to assist you in making a sound decision.

Name: Megan Seibel

Description of item under review for fair use: Virginia Cooperative Extension Family Nutrition Program Family Record, Publication 360-095, www.ext.vt.edu

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