

Addressing HIV/AIDS Among Latinos Living In Utah

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Executive Summary

More than 56,000 Americans become infected each year with HIV/AIDS (CDC, 2009). Every 9½ minutes someone becomes infected with HIV (CDC, 2009). HIV/AIDS is a topic that is not discussed by certain ethnicities/races. Latinos are one ethnicity/race that is affected more than others. In 2008, more than 111,400 Latinos died from AIDS in the US (CDC, n.d.). One in 36 Latino men and one in 106 Latina women will be diagnosed with HIV in their lifetime (CDC, n.d.). In 2011, Latinos were the second largest growing ethnicity making up 13.2% in Utah (US Census Bureau, 2012). That same year, Utah reported 94 HIV infections and 31 AIDS diagnosis cases among all ethnicities/races in Salt Lake County. (Utah Department of Health, 2011). Prior years show a steady increase among Latinos. In 2009, 13.4% of the total HIV/AIDS infections were among Latinos in Utah (CDC, n.d.). In the following year 2010, infections increased to 18.3% (CDC, n.d.). AIDS diagnosis cases increased 22% from 2010-2011 (CDC, n.d.). 83% were male in 2011 (CDC, n.d.). The largest age group increases were the ages of 20-29 year olds (CDC, n.d.). Information was not available for the 2012 year at the time when this project was started.

Latinos are disproportionately affected due to socioeconomic and cultural factors. Some socioeconomic factors may include poverty, migration patterns, limited or no access to health care, and other reasons. Latinos avoid testing, counseling, or treatment due to fear of discrimination and perceived threat of deportation. Latinos tend to have stronger traditional gender roles. All these factors make discussing HIV/AIDS in the Latino community more difficult.

Latinos are less likely to know about their HIV/AIDS status than other races (Rios-Ellis, et al., 2010). The HIV/AIDS infection rates continue to increase with the current educational programs in Salt Lake County. The purpose of my project is to develop an educational module for Comunidades Unidas (CU) and Centro Hispano utilizing peer educators to increase HIV/AIDS awareness among the Latino population.

HIV/AIDS peer education has been well documented as an effective means for increasing HIV/AIDS-related knowledge and promoting safe behaviors among persons at risk for infection (Khoat, West, Valdiserri, & Phan 2003). Community based interventions such as peer education are an effective way to disseminate information about HIV/AIDS to the Latino community in the Salt Lake County using community members.

The objectives of my project will be to identify and build relationships with community organizations specific to the Latino population, inform the general Latino population about the rising HIV/AIDS statistic among the ages of 20-29 year old Latino men (gay, bisexual, and men who have sex with other men- MSM), and disseminate basic information regarding HIV to the larger Latino community. An article written in Spanish addressing the increasing HIV/AIDS rates among Latinos will be submitted to a local Spanish newspaper in the Salt Lake area to further disseminate HIV/AIDS awareness and information.

The Doctor of Nursing Practice Scholarly Project committee includes:

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Problem Statement

The most recent statistic shows that an estimated 111,438 Latinos died in the United States from AIDS in 2008 (CDC, n.d.). One in 36 Latino men and 1 in 106 Latina women will be diagnosed with HIV in their lifetime (CDC, n.d.). According to the U.S. Census Bureau in 2011 Latinos were the second largest growing ethnicity making up 13.2% in the state of Utah. The facts regarding HIV/AIDS are alarming and needs to be addressed in the Latino community.

In 2011 the state of Utah reported 94 HIV infections and 31 AIDS diagnosis cases among all races and ethnicities (Utah Department of Health, 2011). The total lifetime treatment cost for HIV/AIDS was \$46 million for 125 newly diagnosed patients in 2009 (CDC, 2012). Latinos who see their primary care provider are more likely to get appropriate care and treatment. Many Latino individuals do not have health insurance, lack transportation, fear stigmatization, or have other reasons that keep them from seeking care from healthcare providers. Further, HIV/AIDS is a topic that is rarely discussed and not fully understood by many in the Latino community. In Salt Lake County, Utah, there is no effective organized community information to address HIV/AIDS transmission, prevention, treatment, misconceptions, or stigma. To prevent increasing infections, the Latino community needs to be educated and armed with an understanding of HIV/AIDS knowledge.

The main objective of my doctoral project is to educate the Latino community about HIV/AIDS in a way that makes an impact using peer educators. Without education, testing, or treatment the rates will continue to rise. The problem decreases quality of life and can be fatal. The media for relaying information will consist of settings where a majority of Latinos gather, and will provide verbal instruction and education. Few articles have been written about HIV/AIDS and what it encompasses among Latinos in Utah.

Clinical and Policy Implications

The total lifetime treatment cost for HIV/AIDS was \$46 million for 125 newly diagnosed patients in 2009 (CDC, 2012). That is about \$370, 000 per patient. Consequences include poverty, drug abuse, further violence and high-risk sexual behavior (Ortiz, 2005). Consequences not only affect individuals but families, communities, and economics. With the progression of HIV/AIDS, the infection can affect individuals physically and mentally. Missed days of work, loss of jobs, and inability to work submerge individuals further into poverty. This leads to a poor quality of life.

In 2010, President Barack Obama addressed HIV/AIDS problem in the U.S. and developed the National HIV/AIDS Strategy (NHAS). The NHAS had 3 primary goals. The National HIV/AIDS Strategy (NHAS) includes reducing new HIV infections, increasing access to care and improving health outcomes of people living with HIV, and reducing HIV-related health disparities (U.S. Department of Health & Human Services, n.d.). Under the third goal, Latinos were specifically mentioned and the focus was to reduce their viral load. These goals are planned to be reached in 2015.

HIV/AIDS is a topic that is rarely discussed and not fully understood by many in the Latino community. In Salt Lake County, there is not an effective organized community information source to address HIV/AIDS transmission, prevention, treatment, misconceptions, or stigma as evidenced by the increasing HIV/AIDS rates.

Objectives

The main objective of my DNP project is to educate the Latino community about HIV/AIDS in a way that makes an impact. The media for relaying of information will consist of settings where a majority of Latinos gather, providing written informational pamphlets that can

be available at primary care settings or health fairs, and presenting an educational module that is catered to the Spanish-speaking population.

The purpose of the project is to provide concise and accurate information to the Latino population and develop an education informational module for Comunidades Unidas (CU) utilizing peer educators to increase HIV/AIDS awareness and education among the Salt Lake City Latino community. The project will address the importance of knowing one's HIV/AIDS status and understanding the methods of HIV/AIDS prevention and transmission in this population.

The objectives are to:

- Identify a location to implement a training/educational HIV/AIDS program for the Latino population at the community level.
- Inform the general Latino population about rising HIV/AIDS statistic among Latino men (gay and men who have sex with other men- MSM) by utilizing 5 peer educators.
- Disseminate basic information regarding HIV to the larger Latino community.

Currently the Utah Health Department website offers helpful information on testing and resources. The information is outdated from 2001. Centro Hispano located in Provo focuses on condom distribution and refers to Utah Health Department for testing and further follow up.

Literature Review

Background

New diagnoses of HIV/AIDS cases have decreased from previous years with education, outreach programs, and the media-wide influence for safer sex practices, needle exchange programs, and getting tested for HIV/AIDS. However, certain ethnicities and the female gender are still more susceptible than others. Rios-Ellis, et al. stated that Latinos are less likely to know

about their HIV/AIDS status than other races (2010). Latinos living with HIV are among the U.S. racial/ethnic groups most likely to delay HIV testing and treatment (Pollini, Blanco, Crump, & Zuniga, 2011).

Nationally, an estimated 111,438 Latinos died in the U.S. from AIDS in 2008 (CDC, n.d.). One in 36 Latino men as well as 1 in 106 Latina women will be diagnosed with HIV in their life-time (CDC, n.d.). According to the 2011 U.S. Census Bureau, Latinos were the second largest growing ethnicity making up 13.2% (2012).

Of 46 states surveyed, there was a higher population among Hispanics with newly diagnosed HIV infections. The US was geographically divided into four areas and Utah was labeled under “West” along with other states. Utah along with other states in the West came in second with 32.1% of new HIV/AIDS diagnoses among Hispanics (CDC, 2012). Hispanics make up a large part of the U.S. population and have more of an impact in Utah. Both genders showed the highest increases between the ages of 20-29, and out of all those new infections 83% were male (Utah Department of Health, 2011). Overall the Utah Department of Health reported a 7% increase in the rate of HIV infections and a 22% increase in the rate of AIDS diagnosis (2011.).

Latinos who have a primary care provider are more likely to get appropriate advice in the prevention and screening of HIV/AIDS. Many Latino individuals do not have health insurance, lack transportation, face stigmatization, or have other reasons that keep them from seeking care from healthcare providers. Isolation, discrimination, older age, being foreign-born, having less than a high school education, and preferring to communicate in Spanish are additional reasons why Latinos delay testing and further treatment (Pollini et al., 2011). Large populations of Latinos are not being tested for HIV/AIDS due to the fear of jeopardizing their future legal status (Rios-Ellis, et al., 2008).

Latinas are having an increased rate of HIV/AIDS infection through heterosexual transmission (Rios-Ellis et al, 2008). Risk factors include being a young heterosexual foreign-born Latina female with a lower education and lacking insurance (Wohl, Tejero, & Fry, 2009). The major significant risk factor identified in Latina females was having unprotected sex. Other barriers for Latina females included the lack of cultural and social support, the knowledge or skills needed to effectively and assertively communicate in a sensitive manner about sexual topics and being aware of their male partners' high-risk behaviors that includes drug use and MSM (men having sex with other men) contact (Rios-Ellis et al., 2008). Misconceptions on how HIV/AIDS is transmitted included a mosquito or animal bite, using public facilities, and kissing someone on the cheek (Ritieni, Moskowitz, & Tholandi, 2008). Furthermore, HIV/AIDS is a topic that is rarely discussed and not fully understood by many in the Latino community. Machismo and marianismo play a role in the Latin culture. Machismo is the overall male dominance and marianismo is the perception that women are to be submissive to their male partner's will and desires. Familismo refers to the concern of family well-being and how this could motivate Latino men and women to reduce their risky behavior. The familismo mentality is that families deal with the HIV/AIDS disease on their own. The cultural aspect plays a huge role in the HIV/AIDS realm in the Latino community.

In Salt Lake County, there is not an effective organized community-based information program that addresses HIV/AIDS transmission or treatment. A. Moya, the past Latino Outreach Coordinator at the Utah AIDS Foundation states that the turn out rate when HIV/AIDS outreach is done publicly or in an area that strictly advertises HIV/AIDS education is very low (personal communication, August 21, 2013). He goes out into the community and attends social gatherings and spreads the information this way, which he states is more effective. Social and news media

helps convey messages as well (A. Moya, personal communication, August 21, 2013). Edwin Espinel the Coordinator for HIV Counseling & Testing, Partner Services, and Community Planning for the Utah Department of Health states, “that there is no organization at this time doing a specific HIV/AIDS work targeting Latinos.” (E. Espinel, personal communication, September 30, 2013)” To prevent increasing infections, the Latino community needs to be educated and armed with an understanding of HIV/AIDS transmission and prevention.

Community-level programs have shown success in promoting norm and risk behavior reductions within gay community populations (Ross & Williams, 2002). Opinion leaders can encourage and educate on safe sex practices and the basics of HIV/AIDS. A prior study showed that there was an increase from 45% to 67% condom use when engaging in intercourse when opinion leaders were used (Ross & Williams, 2002).

HIV/AIDS education can be effectively learned as well as HIV/AIDS knowledge effectively taught by peer educators (Ross, Harzke, Scott, McCann, & Kelley, 2006). Peer education for HIV/AIDS education has been well documented as an effective means for increasing HIV/AIDS-related knowledge and promoting safe behaviors among persons at high risk for HIV infection (Khoat, et al., 2003). Compared to the high costs of a medical care system, peer education programs are fairly inexpensive. Successful HIV/AIDS prevention programs should be based on real and specific needs and on community planning, be culturally competent, be aimed at targeted audiences with clear objectives and well defined interventions, be based on behavioral and social science theory and research, be of high quality, use evaluations and have sufficient resources (Khoat et al., 2003).

“Existing research supports the role of peers as an important influence on risk behaviors (Ott, Evans, Halpern-Felscher, & Eyre, 2003)”. Data that supports the behavioral model reduces

HIV/AIDS in adult gay men. High-risk sexual behaviors decreased following the implementations of peer educators in two separate cases in the U.S. (Elford, Sherr, Bolding, Serle, & Maguire, 2002). Peer education not only includes education but communication and interpersonal skills that encourage the reduction of HIV/AIDS patterns. The change of behavior diffuses in the community and becomes the societal norm.

Community outreach programs reach hard to reach populations. The natural community settings create a sense of security and familiarity that encourages connectedness and builds meaningful relationships. Certain HIV/AIDS outreach education approaches such as peer education significantly reduce HIV/AIDS risk-taking behaviors among young gay men (Poon, Ho & Wong, 2001).

Rhodes, Yee, & Hergenrather said the rates of HIV/AIDS risk behaviors among gay men remain high, and racial/ethnic differences indicate the need for targeted and customized prevention strategies (2006). Barriers such as language, limited clinic hours, lack of public transportation, and reliance on traditional medicine and folklore are some reasons why HIV/AIDS disproportionately affects Latinos (Rhodes, Yee, & Hergenrather, 2006).

Consequences

The consequences of HIV/AIDS include poverty, drug abuse, further violence and high-risk sexual behavior (Ortiz, 2005). The consequences affect not only individuals themselves but also families, communities, and economics. With the progression of the HIV/AIDS the infection can affect individuals physically and cause them to miss days of work or lose their jobs and further submerge them into poverty or deepen their socioeconomic status. The rising costs of healthcare make it even more difficult to manage the disease.

Education programs can be created that involve community members to take an active role in educating others about the consequences of having sex with others who might not know their HIV/AIDS status. Studies show that people living with HIV/AIDS depend on personal relationships for their information (Veinot, 2009). Individuals who know about their HIV/AIDS status are less likely to transmit the disease.

Weiss, Dwonch-Schoen, Howard-Barr, and Panella developed a community-based participatory action project that educated community members, both young and old, on HIV/AIDS and on ways to decrease its transmission (2012). This project took place in St. Luce County, Florida, once consensus was reached that there was an HIV/AIDS dilemma. Methods to disseminate information involved passing out educational DVDs, having comprehensive sex education in schools, and further discussions from leaders within the community. Once people realized a change was needed and were motivated to address the HIV/AIDS issue, a plan was followed and results proved significant (Weiss, et al., 2012). Communities are interwoven and will react collectively and with greater momentum if given the tools. In this case the problem was the lack of knowledge: not knowing that HIV/AIDS rate is on the rise and not knowing what it encompasses.

Other methods to reduce the risk of HIV/AIDS include wearing condoms during sexual intercourse and not having sex under the influence of alcohol or other drugs. Individuals who participate in intravenous drug use should not share needles and should exchange them for clean needles. The best method to prevent HIV/AIDS is to know your status.

Outcomes

The total lifetime treatment cost for HIV/AIDS was \$46 million for 125 newly diagnosed patients in 2009 (CDC, 2012). Latinos can have a better quality of life when they are given the appropriate education and the resources to rely on. HIV/AIDS was once a terminal disease and now it is a chronic disease that requires extensive follow up leading to high costs of healthcare.

Theoretical Framework

The rate of HIV/AIDS continues to increase in the state of Utah among the Latino community. Lack of proper consistent education, misconceptions, and cultural barriers make it difficult to address this issue. The Health Belief Model (HBM) is a psychological model developed in the 1950's that attempts to explain and predict health behaviors that influence individuals and communities (University of Twente, 2013). It focuses on the concepts of susceptibility, severity, benefits, barriers, action plan, and self-efficacy.

If individuals do not think they are at risk (susceptibility), their behaviors (self-efficacy) will not change (the benefit). These are three core understandings of the HBM. This means that Latino individuals must feel that a negative health condition can be avoided. The second understanding is that if Latinos follow recommendations, they will minimize the negative health outcome (University of Twente, 2013). In this case the rate of HIV/AIDS can be decreased. The overall goal is to have the rate disappear among Latinos with proper education about basic pathophysiology, screening, and management. The last understanding is that Latinos can take their knowledge received from the education program and apply it.

The HBM explains and supports why a community-based education HIV/AIDS program can benefit the Latino community. The Latino community lacks education regarding HIV/AIDS transmission, misconceptions, and the basic foundation of the disease. Latino community

members can educate and address the concerns once they become trained and competent in the subject matter. Adjustments and changes can be made to the intervention once the program starts and the need is seen. The Latino community will be able to follow and sustain the education program to make a bigger impact since it will be addressed within a community and discussed further at home, where the settings will make it more comfortable to talk about the HIV/AIDS topic.

Implementation Plan

The implementation of this project began with an extensive literature review to examine the increasing HIV/AIDS rate among Latinos, evidence-based interventions to increase HIV/AIDS awareness, and current resources available to organizations and individuals who were interested in addressing the rising concern. The primary objective of this project is to increase HIV/AIDS awareness and inform the Latino population of the rising HIV/AIDS infection rate within their own community using community members. Some community members are volunteers at these local organizations.

I contacted two community organizations (CU and Centro Hispano) to present the training/educational module I developed. Content experts and my project chair reviewed the content of the educational/training module before presenting it to the organizations and to peer educators. The target audience was aimed at volunteers and health promoters ranging from 16 years to 65 years of age, male and female. Peer educators consist of volunteers and/or health promoters from the organization who are bilingual. Volunteers are not paid. Unlike the volunteers, some health promoters do receive a small stipend to help with materials and other miscellaneous supplies that they might need when discussing healthcare topics in the

community. The term peer educators will describe both volunteers and health promoters when referring to CU throughout the paper.

Peer educators completed both pre and posttests. These tests consisted of 10 questions ranging from true/false, multiple choice, or fill in the blanks. Ten to- 15 minutes were allowed for each pre- and post-test. I incorporated five important points that will be emphasized in the presentations. They are as follows:

1. The HIV/AIDS infection rate is increasing in Utah specifically in Salt Lake City.
2. Latinos are disproportionately affected.
3. Peer education works.
4. What can be done to prevent HIV/AIDS?
5. Knowing one's HIV status.

Presentations were 20-25 minutes in length. Presentations were interactive and peer educators were encouraged to ask questions at any time during the presentation. The length of the program was under one hour, around 50-55 minutes. Two presentations were done, one at CU in West Valley City and the other Centro Hispano in Provo. With time allowing, more presentations can be done at other community organizations. Questions and comments were allowed before, during, and after the presentation. The outline of the presentation was made available as a hard copy (paper handout) and given as a PowerPoint presentation. Both organizations are going to be given permission to use the PowerPoint presentation along with the Word document that went with the presentation for their use and education. Both are attached in appendices. Revision will be done per organizations, volunteers, and peer educator's feedback. An editor reviewed manuscript for grammatical errors before submission.

The presentation explained why peer education works. Peer education focuses on communication and interpersonal skills that encourage the reduction of HIV/AIDS patterns. The presentation covers the basics of HIV/AIDS such as statistics, pathophysiology, transmission, misconceptions that exist, management, and prevention. The presentation concluded with a summary of what kinds of implementations can be done to decrease the HIV/AIDS rate among Latinos living in Utah.

Implementation of this project will be completed by:

1. Developing a relationship with community organizations to create an effective message about HIV/AIDS.
2. Developing an educational module for CU and Centro Hispano utilizing at least 5 peer educators to increase HIV/AIDS awareness among the Latino population.
3. Developing a pre/post test to evaluate effectiveness of presentation.
4. Developing 5 criteria to evaluate the effectiveness of the educational module presentation given to the peer educators.
5. Presenting module to CU, Centro Hispano and other community organizations that work with the larger Latino population.

An article was submitted to the local Spanish newspaper “La Bala” addressing the rising concern of HIV/AIDS among the Latino population to disseminate further information.

Evaluation

Content experts and project chair first approved the educational/training module before it was presented at CU and Centro Hispano. A pre- and post-test were administered. The pre-test provided a baseline of what is already known about HIV/AIDS. The posttest evaluated

effectiveness of the presentation and how much information was retained. There were no ethical considerations. IRB was exempt.

I presented the HIV/AIDS training/educational module on February 13, 2014 following an informational session on the health topic of Human Papilloma Virus (HPV). Attendees were volunteers and health promoters for CU. Other things that were discussed were the need for mammograms, diabetic screening, etc. among the Latino community. The presentation took place in the conference room located on the second floor of CU in West Valley City, Utah. Six volunteers were present and were interactively engaging in the discussion. Evaluation was done through pre- and post-tests that had the same questions. Six completed pre- and post-tests were answered completely.

I gave a presentation on Saturday, March 8, at 130 pm at Centro Hispano in Provo, Utah. I met with the new HIV director, Joel Loreda. I discussed my project with him and briefly presented it. I spoke with him for an hour and half. No volunteers were present at the Centro Hispano location. I was able to present to 1 volunteer at a public area in Provo. Pre- and post-tests were done. The presentation was done in 50 minutes.

Results

Peer educators were informed that the highest age group increases are among 20-29 year old Latin men---gay, bi, or men who do not identify their sexual orientations such as men who have sex with other men. The first presentation was given to 6 volunteers/health promoters who were interested in the module.

Findings from the pretest presentation at CU concluded that more education is needed. One volunteer missed 2 questions, while the average number of correct answers was 6 questions out of the 10. 6 out of the seven pre-tests had one fill in the blank question not answered. The

results from my volunteer from Centro Hispano showed that the presentation was effective and be the volunteer able to retain the information to complete the post-test. The pre-test was filled out and the volunteer was not able to answer any of the questions correctly.

Findings from both presentations were as follows:

- Half of the participants were only able to answer correctly that AIDS is diagnosed when immune cells fall below 200.
- Most of the participants were not able to identify all the misconceptions that Latinos believe how HIV/AIDS is spread.
- Each participant was able to answer all the posttest questions correctly after the presentation.

Various questions were asked about misconceptions and HIV/AIDS transmissions that lead me to believe those misconceptions and the lack of education still exists.

I had some difficulty with my first presentation at CU. I had rehearsed the presentation in English and when I arrived to present I was asked to present in Spanish. When initially starting my presentation and project I asked the volunteer director and executive director if all the volunteers and health promoters were bilingual and I was told they were all able to speak English and Spanish. I was not prepared to give it in Spanish but with some assistance from the volunteer director I presented. Translating the PowerPoint presentation was difficult. The presentation lacked flow and consistency due to not being prepared to present in Spanish. Coordinating times to present with both organizations, - CU and Centro Hispano, was difficult. I was not able to present at the conference sponsored by CU due to time constraints and lack of communication between coordinators. Discussing what implementations are being done to increase HIV/AIDS

awareness between the two community organizations should be encouraged and their partnerships tightened.

The module was presented to CU and Centro Hispano directors and will be given to them for their use to educate the Latino community using their volunteers. The module was also presented and given to Edwin Espinel who is the coordinator for HIV counseling and Testing at the Utah Department of Health for increasing education and awareness. The module is feasible, sustainable, and effective.

Recommendations

The project can be continued and supported in other community settings. Translating the material into Spanish can be a more effective means of disseminating the information in public. I offered to help translate material after the completion of the project. There was some difficulty in understanding the questions that could have altered the results and understanding. A baseline English proficiency test could have been administered before pre- and post-tests to know each of the volunteers' or health promoter's' English ability. I would have enjoyed more participation on my first presentation but it was difficult to answer questions that were rehearsed in English and present them back into Spanish. More time could have been allocated and further information to discuss misconceptions, the mentalities of machismo, familismo, and marianismo, and overall the Latino culture in relation to the topic of HIV/AIDS. Few articles and studies about HIV/AIDS and Latinos were limited to the Salt Lake City area and Utah. This can minimize or hide the problem.

More active involvement is needed from the organizations to present and make changes in the material with new up-to-date information and ongoing community participation.

Per the HIV coordinator at Centro Hispano, it is difficult to recruit volunteers at the organization. They require volunteers to have a health science background, volunteer for at least 8 months, and attend training. The HIV coordinator said it is difficult to recruit at colleges and/or universities because it involves discussing sex. This could be due to high numbers of the prominent religion there and the mentality that goes with that.

Conclusion

The HIV/AIDS rate is increasing in the state of Utah among Latinos. Community-based interventions are the key to disseminate information about HIV/AIDS. An example of this is using peer educators to educate the general Latino population about HIV/AIDS. The Salt Lake community should have educational modules/programs that are feasible, sustainable, and effective to address questions and concerns about HIV/AIDS aimed at the Latino community.

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Appendix A

The Health Belief Model Diagram

The Health Belief Model

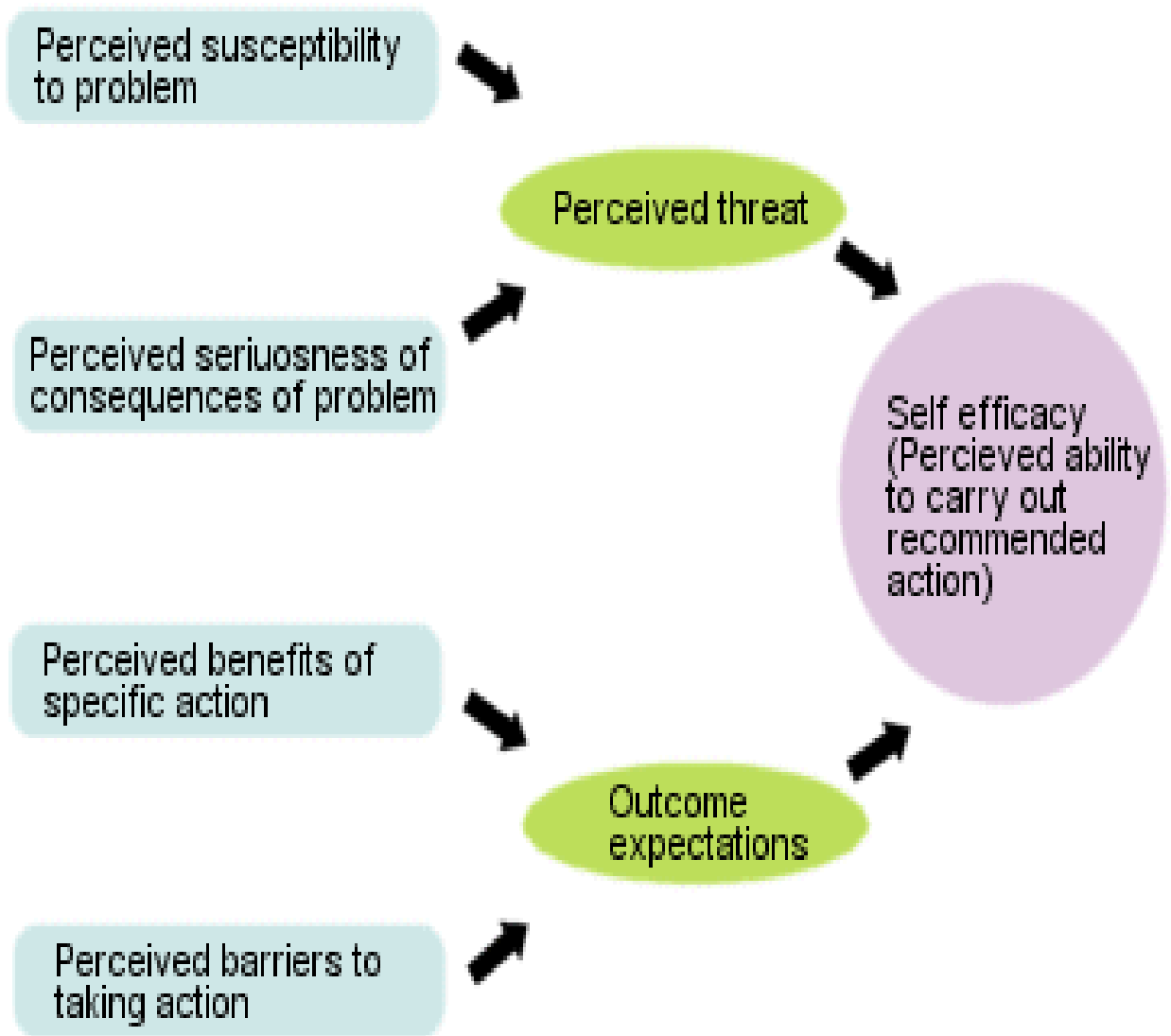


Figure 1. Health Belief Model. Reprinted from (n.d.). *Major Elements of the health Belief*

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Appendix B

HIV/AIDS:

A Training/Educational Module For Peer Educators

(Word Document)

Not completely understanding how a disease starts or spreads has a great impact on individuals or communities that do not understand the basics of a certain disease and its process.

The purpose of my project is to develop an educational module for Comunidades Unidas (CU) and Centro Hispano utilizing peer educators to increase HIV/AIDS awareness among the Latino population in the Salt Lake City area. The educational module will examine and explain the basics of HIV/AIDS.

Peer educators will educate the Latino community on the basics of HIV/AIDS by using the educational module. The educational module will complement existing information such as informative pamphlets, brochures, posters, online information sites and other media that is available on HIV/AIDS at different settings or organizations. Numerous pamphlets and other material on HIV/AIDS are available but the language or vocabulary is not always easy to understand or concepts are not made simple to understand. The module will be easy to understand, easy to read, and easy to use to explain HIV/AIDS. It will cover pathophysiology, transmission, misconceptions, treatment, and prevention in simple terms. There will be a large emphasis on knowing one's HIV/AIDS status.

HIV/AIDS peer education has been well documented as an effective means for increasing HIV/AIDS-related knowledge and promoting safe behaviors among persons at risk for infection

(Khoat, et al., 2003). Community-based interventions such as peer education are an effective way to disseminate information about HIV/AIDS to the Latino community in Salt Lake County.

The objectives of this HIV/AIDS educational module will be as follows:

- To explain the basic pathophysiology of both HIV and AIDS.
- To educate peers and other members of the community about disease process, prevention, testing, and management.
- To identify and build relationships with community organizations specific to Latino population.
- To inform the general Latino population about the rising HIV/AIDS incidence statistic among 20-29 year old Latino men (gay, bisexual, and men who have sex with other men- MSM).
- To disseminate basic information regarding HIV to the larger Latino community.
- To communicate to the Latino population the importance of knowing one's HIV/AIDS status.

The rates of HIV and AIDS are increasing in the Salt Lake City area. The race/ethnicity that is most affected is the Latino community. In 2008, an estimated 111,438 Latinos died from AIDS in the United States (US Department of Health and Human Services, n.d.). One on 36 Latino men and 1 in 106 Latina women will be diagnosed with HIV in their lifetime (CDC, n.d.). In 2011, Latinos were the second-largest ethnicity in Utah making up 13.2% of the Utah population (US Census Bureau, 2012). That same year, Utah reported 94 HIV infections and 31 AIDS diagnosis cases among all ethnicities/races in Salt Lake County. (Utah Department of Health, 2011). Prior years show a steady increase among Latinos. In 2009, 13.4% of the total

HIV/AIDS infections were Latinos (CDC, n.d.). In the following year 2010, that figure increased to 18.3% and in 2011, it reached 22% (CDC, n.d.). The HIV infections rate increased 7% from the years 2010-2011 (CDC, n.d.). AIDS diagnosis cases increased 22% from 2010-2011 (CDC, n.d.). 83% were male in 2011 (CDC, n.d.). The largest age group increase was among 20-29 year olds (CDC, n.d.). Information was not available for the 2012 year at the time of the project.

Latinos are disproportionately affected due to socioeconomic and cultural factors. Socioeconomic factors include poverty, migration patterns, lower education, inadequate health insurance, limited access to health care, and the language barrier. Latinos avoid testing, counseling, or treatment due to fear of discrimination, stigmatization, deportation or harm to their immigration status. Latinos tend to have stronger traditional gender roles- machismo, marianismo, and familismo. All these factors make discussing HIV/AIDS more difficult among Latinos.

Latinos are less likely to know their HIV/AIDS status than other races (Rios-Ellis, Espinoza, Bird, Garcia, D'Anna, Bellamy, & Scolari, 2010). The HIV/AIDS infection rates continue to increase with the current programs in Salt Lake County.

HIV/AIDS Basics

HIV and AIDS are different. HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS if HIV is not treated. This is a disease that affects the immune system and attacks those cells that protect the body (CD4 cells) from infection. A person will become more prone to infections. When CD4 cell numbers drop below a certain number (below 200) a person is clinically diagnosed with AIDS. AIDS stands for Acquired Immunodeficiency Syndrome. HIV/AIDS is thought to have come from chimpanzees when humans ate infected meat.

HIV/AIDS was once considered a terminal disease but with pharmaceutical and technological advancements, it is now considered a chronic disease.

Pathophysiology

A virus can only exist when it has a host. A host in this case is the human body. HIV is only able to stay alive within the body. Initial symptoms are similar to the flu. The human body is able to fight off most flu-like cases or illnesses that are viral in nature but with HIV the body becomes weaker until HIV spreads throughout. The human body becomes susceptible to infection. Healing takes longer and with even further complications include pneumonia, wasting syndrome, and tuberculosis.

Transmission

More than 56,000 Americans become affected each year with HIV/AIDS (CDC, 2009). Every 9-1/2 minutes someone becomes transmission becomes infected with HIV (CDC, 2009). HIV/AIDS is transmitted through blood (transmission though blood transfusion is not seen now due to high-quality testing), intravenous drug use (IVDU), and semen and vaginal fluids (through sex--heterosexual, homosexual, and men who have sex with other men [MSM] relationships), and breast milk (mother to child).

Treatment

There is no vaccination or cure for HIV/AIDS at the present time. Medical research is being done to further understand the disease process in hopes of finding a cure. Treatment includes a regimen of different medications such as antivirals (multi-class combination, non/nucleoside/nucleotide reverse transcriptase, protease, and integrase inhibitors). The total lifetime treatment cost for HIV/AIDS was \$46 million for 125 new diagnosed patients in 2009 (CDC, 2012).

Misconceptions

The lack of understanding in the Latino culture leads to misconceptions. Some believe HIV/AIDS can be transmitted by a mosquito or animal bite, using public facilities, or kissing someone on the cheek (Ritieni, Moskowitz, & Tholandi, 2008). HIV/AIDS is not passed on through spitting, biting or sharing utensils. There are many misconceptions that exist.

Different mentalities also lead to misconceptions and make it difficult to bring up the topic of HIV/AIDS. These mentalities include machismo, marianismo, and familismo. Machismo is the thought and attitude that men have to be masculine and aggressive. In the HIV/AIDS perspective, one way to acquire the disease is through heterosexual or homosexual relations. Men are men and in the Latino community, the homosexual community is not a subject that is discussed openly. Marianismo is the social behavior of women that allow them to put up with their husbands unfaithfulness with heterosexual or homosexual high-risk behavior outside their marriage. That high-risk behavior increases the risk for HIV/AIDS. Women believe they are the strong foundation of the family and tend to give off an image that the family is stable. Familismo is the belief that the complications and struggles that come with HIV/AIDS can be handled within the family. This means that the family does not talk about it or refuses to talk about it.

Prevention

There are multiple methods of HIV/AIDS prevention. One of the most important ways is for individuals to know their HIV/AIDS status. Testing can be done through an oral swab or a small blood sample. There are multiple locations in the Salt Lake City area that offer testing. Most testing is free. The locations are as follows:

- Utah AIDS Foundation. Mondays and Thursdays from 5 p.m. to 7 p.m. (except holidays).

- Salt Lake Valley Health Department. Mondays through Fridays, 2 p.m. to 5 p.m.
- University of Utah. 230 p.m. to 630 p.m. Fee: \$10 (free on first Tuesday of the month)

World AIDS Day is a day dedicated to increasing awareness and providing a day when people unite to support efforts to combat HIV/AIDS. This is a great way to know about what is going on in the area regarding HIV/AIDS such as outreach and education programs.

On the national level in 2010 president Obama addressed HIV/AIDS problem in the United States and developed the National HIV/AIDS Strategy (NHAS). NHAS has three primary goals. They are to reduce new HIV infections, increase access to care and improve health outcomes for people living with HIV, and reduce HIV-related health disparities (U.S. Department of Health & Human Services, n.d).

Other measures for prevention include using condoms for protection during sex, and not using drugs or alcohol when engaging in sex. Do not share needles, razors, or objects that might have blood on them.

The best method to prevent HIV/AIDS is to know one's status.

In summary, the HIV/AIDS rate is increasing in the state of Utah among Latinos. Community based interventions are the key to disseminate information about HIV/AIDS. An example of community-based interventions is developing and implementing an educational programs/modules, like this aimed at the Latino community that will address questions and concerns about HIV/AIDS.

Questions/comments?

Appendix C

HIV/AIDS:

A Training/Educational Module For Peer Educators

(PowerPoint Presentation Outline)

HIV/AIDS:

A Training/Educational Module For Peer Educators

By: Victor M Montes, BSN, RN

Purpose

- To develop an educational/training module for Comunidades Unidas (CU) and Centro Hispano utilizing peer educators to increase HIV/AIDS awareness to the Latino population in the Salt Lake City and surrounding areas

Why Peer Educators?

- HIV/AIDS peer education has been well documented as an effective means for increasing HIV/AIDS related knowledge and promoting safe behaviors among persons at risk for infection (Khoat, West, Valdiserri, & Phan 2003)
- Complement existing information
- Know your status

Objectives

- To increase understanding of the basic pathophysiology of both HIV and AIDS

- To educate peers and members of the community about disease process, prevention, testing, and management
- To identify and build relationships with community organizations specific to the Latino population
- To inform the general Latino population about the rising HIV/AIDS incidence among the ages of 20-29-year-old Latino men (gay, bisexual, and men who have sex with other men- MSM)
- To disseminate basic information regarding HIV to the larger Latino community
- To communicate to the Latino population the importance about knowing one's HIV status

Topics To Be Covered

- Pathophysiology
- Transmission
- Misconceptions
- Treatment
- Management/Prevention
- Summary

Statistics

- Every 9 ½ minutes someone becomes infected with HIV (CDC, 2009)
- In 2008 an estimated 111,438 Latinos died from AIDS in the US (Department of Health and Human Services, n.d.)

- 1 in 36 Latino men and 1 in 106 Latina women will be diagnosed with HIV in their lifetime (CDC, n.d.)

Pathophysiology

- What is HIV?
- HIV is the virus that causes AIDS. This is a disease that affects the immune system and attacks those cells that protect the body from infection. When CD4 levels drop too low (below 200) a person is clinically diagnosed with AIDS

Transmission

- HIV is transmitted through the blood (transmission by blood transfusion is not seen now due to high quality testing, IVDU), semen and vaginal fluids (through sex including heterosexual, homosexual, and MSM relationships), and breast milk (mother to child)

Misconceptions

- The lack of understanding in the Latino culture leads to misconceptions
- Misconceptions on how HIV/AIDS is transmitted include by a mosquito or animal bite, using public facilities, and kissing someone on the cheek (Ritieni, Moskowitz, & Tholandi, 2008)
- HIV/AIDS is not passed on through spitting, biting or sharing utensils

Management/Prevention

- No cure or vaccination exists at this time.
 - only medications
- Know your status
- Testing sites in SLC area
- Condoms
- Do not use drugs
- Other suggestions?
- Know your status

Conclusion

- The HIV/AIDS rate is increasing in the state of Utah among Latinos
- Community based interventions are the key to disseminate information about HIV/AIDS
- Develop education program(s) that will address questions and concerns about HIV/AIDS aimed at the Latino community
- Know your status

- Questions/Comments?

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Appendix D:

HIV/AIDS PRETEST/POST-TEST QUESTIONS

1. True or False. AIDS is diagnosed when cells that fight infection reach 200.

2. True or False. HIV/AIDS originated from homosexual activity.

3. How often is someone infected with HIV?
 - a. About every 20 minutes
 - b. About every 30 minutes
 - c. About every 10 minutes
 - d. About every 40 minutes

4. Which statements about HIV/AIDS are true?
 - a. 1 in 36 Latino men will be diagnosed with HIV in their lifetime.
 - b. 1 in 106 Latina women will be diagnosed with HIV in their lifetime.
 - c. The age group with the largest increase in HIV/AIDS diagnoses in the Salt Lake City area was 20-29-year-olds.
 - d. HIV/AIDS rates continue to decrease among Latinos in the Salt Lake City area.

5. Name at least three ways that Latinos are disproportionately affected by HIV/AIDS.
 - a.
 - b.
 - c.

6. Circle all the misconceptions that Latinos commonly believe regarding how HIV/AIDS is spread.

- a. A mosquito bite
- b. Kissing someone who is infected
- c. Using public facilities (i.e. bathrooms)
- d. Sharing utensils

7. Name the four methods by which HIV/AIDS is spread/transmitted.

- a. _____
- b. _____
- c. _____
- d. _____

8. Where can someone get tested for HIV/AIDS in the Salt Lake Area?

9. True or False. There is a vaccination at this time for HIV/AIDS.

10. How does someone protect themselves and others from HIV/AIDS?

HIV/AIDS PRETEST/POST-TEST ANSWERS

1. False. AIDS is diagnosed when those cells that fight off infection drop below the 200.
2. HIV/AIDS is thought to have come from chimpanzees in West Africa when humans ate the infected meat.
3. c. About every 10 minutes. Someone is infected with HIV every 9½ minutes.
4. All statements are true except d. HIV/AIDS rates continue to increase among Latinos in the Salt Lake City area.
5. Latinos are disproportionately affected due to socioeconomic and cultural factors. Socioeconomic factors include poverty, migration patterns, lower education, inadequate health insurance, limited access to health care, and the language barrier. Latinos avoid testing, counseling, or treatment due to fear of discrimination, stigmatization, deportation or harm to their immigration status. Latinos tend to have stronger traditional gender roles.
6. All are misconceptions that Latinos believe. The lack of understanding in the Latino culture leads to misconceptions. Misconceptions on how HIV/AIDS is transmitted included by a mosquito or animal bite, using public facilities, and kissing someone on the cheek . HIV/AIDS is not passed on through spitting, biting or sharing utensils.
7. HIV/AIDS is transmitted through sex via vaginal or seminal fluids. It is also spread through blood such as sharing needles in intravenous drug use. With the improvement of meticulous healthcare screening the risk of getting HIV/AIDS through blood transfusions is nearly 0 percent. The last method is through breast milk such as mother to child. This method is frequently overlooked.
8. Utah AIDS Foundation. Mondays and Thursdays from 5 p.m. to 7 p.m. (except holidays). Salt Lake Valley Health Department. Mondays through Fridays 12 p.m. to 5 p.m.

University of Utah. 230 p.m. to 630 p.m. Fee: \$10 (free on first Tuesday of the month)

9. Currently there is not a vaccination or cure for HIV/AIDS at the present time. Medical research is being done to further understand the disease process in hopes of finding a cure.

Treatment includes a regimen of different medications such as antivirals (multi-class combination, non/nucleoside/nucleotide reverse transcriptase, protease, and integrase inhibitors).

10. Most important, is to know your HIV/AIDS status. Other methods include wearing condoms during sexual intercourse. Do not have sex under the influence of alcohol or other drugs. If you do participate in intravenous drug use, do not share needles and exchange them for clean needles.

The best method to prevent HIV/AIDS is to know your status.

Appendix E

Proposal PowerPoint Presentation

Addressing HIV/AIDS Among Latinos Living in Utah

Victor M Montes, BSN, RN

In partial fulfillment of the requirements for
the Doctor of Nursing Practice degree
November 8, 2013

Background

- More than 56,000 Americans become infected each year with HIV/AIDS (CDC, 2009)
- Someone becomes infected with HIV every 9 ½ minutes (CDC, 2009)
- 2008- An estimated 111,438 Latinos died in the US from AIDS (Department of Health and Human Services, n.d.)
- 2011- Latinos were the 2nd largest growing ethnicity making up 13.2% in Utah (US Department of Commerce, 2012)

Background

- 2011- Utah reported 94 HIV infections and 31 AIDS diagnosis total cases among all ethnicities/races (Utah Department of Health, 2011)
- Trends in Salt Lake County
-2009, 2010, 2011
- Socioeconomic factors
- Cultural factors

Problem Statement

- Latinos are less likely to know about their HIV/AIDS status than other races (Rios-Ellis, Espinoza, Bird, Garcia, D'Anna, Bellamy, & Scolari, 2010)
- The purpose of my project is to develop an educational module for a local community organization utilizing peer educators to increase HIV/AIDS awareness to the Latino population

Clinical Significance & Policy Implications

- The total lifetime treatment cost for HIV/AIDS was \$46 million dollars for 125 new diagnosed patients in 2009 (CDC, 2012)
- Consequences include poverty, drug abuse, further violence and high-risk sexual behavior (Ortiz, 2005)

Clinical Significance & Policy Implications

- National HIV/AIDS Strategy (NHAS)
 1. Reduce new HIV infections
 2. Increase access to care and improve health outcomes for people living with HIV
 3. Reduce HIV-related health disparities

(U.S. Department of Health & Human Services, n.d.)

Objectives

1. Identify a location to implement an educational HIV program for the Latino population at the community level
2. Inform the general Latino population the rising statistic among the ages of 20-29 year old Latino men(gay and men who have sex with other men- MSM) about HIV/AIDS by utilizing 5 peer educators
3. Disseminate basic information regarding HIV to the larger Latino community

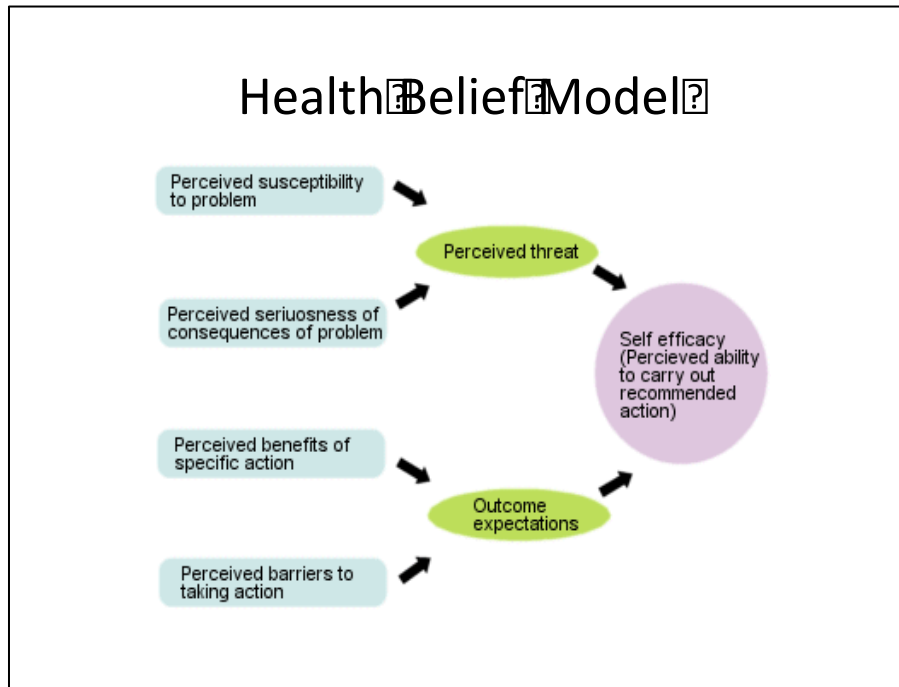
Literature Review

- What is HIV?
- Latinos living with HIV are among the US racial/ethnic groups most likely to delay HIV testing and treatment (Pollini, Blanco, Crump, & Zuniga, 2011)
- HIV/AIDS is a topic that is rarely discussed and not fully understood by many in the Latino community

Literature Review

- Peer education for HIV/AIDS has been well documented as an effective means for increasing HIV/AIDS related knowledge and promoting safe behaviors among persons at risk for HIV infection (Khoat, West, Valdiserri, & Phan 2003).
- “Existing research supports the role of peers as an important influence on risk behaviors” (Ott, Evans, Halpern-Felscher, & Eyre, 2003).
- Certain HIV/AIDS outreach education approaches such as peer education significantly reduce HIV/AIDS risk-taking behaviors among young gay men (Poon, Ho & Wong, 2001).

Theoretical Framework



Objectives, Implementation & Evaluation

Objectives	Implementation	Evaluation
Objective #1 Identify location to implement an educational HIV educational program for the Latino population at the community level	Develop a relationship with community organizations to create an effective message about HIV/AIDS	Contact made with 2 community organizations

Objectives, Implementation & Evaluation

Objective	Implementation	Evaluation
Objective #2 Inform the general Latino population the rising statistic among the ages of 20-29 year old Latino men (gay and MSM) about HIV/AIDS by utilizing peer educators	Develop an educational module for CU utilizing 5 peer educators to increase HIV/AIDS awareness among the Latino population Develop a pre/post test to evaluate effectiveness of presentation Develop 5 criteria to evaluate the effectiveness of the educational module presentation given to the peer educators	Content revised by content experts and chair advisor

Objectives, Implementation & Evaluation

Objective	Implementation	Evaluation
Objective #3 Disseminate basic information regarding HIV to the larger Latino community	Present module to CU, Utah Health Department and other community organizations that work with the larger Latino population	Editor will review my articles for grammatical errors before submission Content will be evaluated by content experts

Summary

- The HIV/AIDS rate is increasing in the state of Utah among Latinos
- Community based interventions are the key to disseminate information about HIV/AIDS
- Continually have an education program in effect that will address questions and concerns about HIV/AIDS aimed at the Latino community

Acknowledgments

Chair Advisor: Gillian Tufts, DNP, APRN, FNP-C

PCNP Program Director: Dianne Fuller, DNP, APRN, FNP-C

MS/DNP Program Director: Katie Ward, DNP, WHNP, ANP

Content Experts:

Dr. Harry Rosado-Santos, FACP, is an Infectious Diseases provider at the University Hospital Clinic 1A

Dr. Karl Brown, FACP, is an Infectious Disease provider at one of the nation's largest healthcare system

Edwin Espinel, BA, CPM, is the HIV Counseling & Testing Coordinator for the Utah Department of Health

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Appendix F

Defense Poster Presentation

Addressing HIV/AIDS Among Latinos Living in Utah

Victor M. Montes, DNP-student, BSN, RN

Committee: Project Chair Gillian Tufts DNP, FNP-C. Content Experts Dr. Harry Rosado-Santos, FACP, and Dr. Karl Brown, FACP

- Each year more than 56,000 Americans become infected with HIV
- HIV/AIDS is a topic that is not discussed by certain ethnicities/races
- Latinos are less likely to know their HIV/AIDS status than other races
- Latinos living with HIV are among the U.S. racial/ethnic groups most likely to delay HIV testing and treatment

- 1/36 Latino men and 1/106 Latina women will be diagnosed with HIV in their lifetime
- In 2011, Latinos were the 2nd largest growing ethnicity making up 13.2% in Utah's population
- In Utah, the incidence of HIV in the Latino population is increasing, especially in males aged 20-29

Background

- HIV is a virus that attacks the body's immune cells
- AIDS is a complication of HIV infection
- Several factors reduce new cases of HIV infection:
 - Media influence on use of safe sex practices
 - Needle exchange programs
 - Education and outreach programs
 - Knowing your HIV status
- Peer education is well documented as an effective means to increase HIV/AIDS knowledge and promote safer sex behaviors

Methods

- Purpose was to increase the Latino community's knowledge of HIV/AIDS. Implementation completed by:
- developing a relationship with community organizations
 - developing a training/educational module based on 5 criteria to increase HIV/AIDS awareness in community organization peer educators
 - developing a pre/posttest to evaluate presentation
 - presenting module to Comunidades Unidas (CU) and Centro Hispano directors

References available upon request

```
HIV/AIDS PRETEST/POST-TEST QUESTIONS
1. If true or false, HIV/AIDS is diagnosed when the
  that is the infection that leads to AIDS.
2. If true or false, HIV/AIDS is diagnosed from
  homosexual activity.
3. How often do men become infected with HIV?
  a. About every 20 minutes
  b. About every 30 minutes
  c. About every 40 minutes
  d. About every 50 minutes
4. About every 30 minutes
5. Which statements about HIV/AIDS are
  true?
  a. 1. In the US, men are more likely to be diagnosed with
  HIV than women.
  b. 2. In the US, men are more likely to be diagnosed
  with HIV than women.
  c. The age group with the largest increase in
  HIV/AIDS is people aged 18-24.
  d. HIV/AIDS continues to increase among
  young Latinos in the Salt Lake City area.
6. HIV/AIDS rates continue to increase
  among Latinos in the Salt Lake City area.
  a. True
  b. False
  c. No
7. Which of the following is NOT a method by which
  HIV/AIDS is spread/transmitted?
  a. Sharing needles
  b. Using public facilities (e.g. Bathroom)
  c. Sharing items
  d. Sharing needles
8. Where can someone get tested for HIV/AIDS
  in the Salt Lake area?
  a. CU
  b. Centro Hispano
  c. Salt Lake Community College
  d. All of the above
9. If true or false, there are no vaccines for HIV
  infection/AIDS.
  a. True
  b. False
  c. No
10. How do Latinos protect themselves
  and their families from HIV/AIDS?
  a. Safe sex
  b. Education
  c. All of the above
```



Results

- CU had 6 volunteers and Centro Hispano had 1 volunteer. Pretest findings included:
 - Only 1/2 of the volunteers were able to answer that AIDS is diagnosed when immune cells fall below 200
 - Most volunteers were not able to identify the misconceptions on how HIV/AIDS is spread
- Volunteers were able to answer all the posttest questions correctly after the presentation
- More education is needed on HIV/AIDS, done through submitting article to local Latino newspaper

Conclusions

- The HIV/AIDS rate is increasing among Latinos in the state of Utah
- Community based interventions are the key to disseminating information about HIV/AIDS. An example is using peer educators to educate the general Latino population about HIV/AIDS
- The Salt Lake community should have an education module/program aimed at the Latino community that is feasible and effective to address questions and concerns about HIV/AIDS

Appendix G

Article Submission

“Let's talk about sex baby. Let's talk about you and me...”

By: Victor M Montes

“Let's talk about all the good things. And the bad things that may be. Lets talk about sex.”

This is a great song that encourages dialogue about sex.

Now that I have your attention I would like to address the increasing HIV/AIDS rates among Latinos in Utah. First, let's look at the big picture. More than 56,000 Americans become infected each year with HIV with every 9 ½ minutes someone becoming infected with the virus. In 2008, more than 111,400 Latinos living in the US died from AIDS. 1 out of 36 Latino men and 1 out of 106 Latina women will be diagnosed with HIV in their lifetime. Latinos are less likely to know about their HIV/AIDS status than other races. These statistics are alarming. How does this affect Latinos living in Utah? In Utah, the Latino population is the most affected by the HIV infection and the HIV complication, AIDS.

The US Commerce reported that Latinos were the second largest growing ethnicity in Utah, making up 13.2% of the total population in 2012. Let's look at the rates of HIV infections in Utah. In 2009, 13.4% of the total HIV infections were Latinos. In the following year, 2010, infections increased to 18.3%. And in 2011, the number of new HIV infections in the Utah Latino population increased further to 23%. AIDS diagnosis cases increased 22% from 2010 to 2011 and 83% of those with AIDS were male. The largest age group increases was among Latino males among the ages of 20-29 year olds. There was no information available on HIV/AIDS rates for the 2012-year at the time when this project was underway.

Why is this a problem among Latinos? Latinos are disproportionately affected due to socioeconomic and cultural factors. Socioeconomic factors may include things like poverty, immigration status, and limited or no access to health care. Latinos avoid testing, counseling, or treatment due to fear of discrimination and perceived threat of deportation. As a group, Latinos fail to bring up the topic and more so fail to talk about HIV/AIDS. Latinos tend to have stronger traditional gender roles. Machismo might include having many sexual encounters with the opposite sex with or without protection. Marianismo is the belief that women are to be subservient and not question the man's sexual behavior outside the family and maintain the family atmosphere. Familismo refers to the family and how the family will deal with problems in their own setting that mostly consists of avoiding conversations about those topics. Although normal in our culture, these lead to misconceptions, make discussing HIV/AIDS in the Latino cultural more difficult.

Sex is one of the ways HIV/AIDS can be spread; heterosexual or homosexual relationships can spread HIV/AIDS if someone is infected with the virus. Sharing needles through intravenous drug use and bodily fluids such as sperm, vaginal fluid, and breast milk can also spread the virus. It is not spread though kissing, sharing the same bathroom with someone who is infected, or by mosquito bites. HIV use to be spread by blood transfusions but has not happened since the late 1980s due to high quality testing and detection.

HIV is the virus that causes AIDS. The concern with HIV is that the virus infects the infection fighting cells, eventually reducing the person's ability to fight infections. When the level of these infection-fighting cells drops below 200 an individual is diagnosed as having AIDS. The individual is now more prone to infections. Medications help to increase the number of the infection-fighting cells, which helps to prevent the often life-threatening infections of

AIDS. The medications control symptoms of the disease, and help people live longer with a better quality of life. No vaccination exists at this time.

I am not encouraging people to avoid having sex but rather to engage in safer sex practices and be aware that HIV and AIDS is on the rise. Safer sex practices include getting tested to know your status and know your partner's HIV status, use condoms, and avoid using drugs and alcohol when having sex. Arming oneself with knowledge is the best defense! Knowing about HIV/AIDS gives you the foundation to build on, to understand HIV better, and reduce your risk of getting the virus. Overall, the goal is to lower the rate of new HIV infections in the Latino population.

Testing sites include:

Utah AIDS Foundation: Mondays and Thursdays from 5 p.m. to 7 p.m. (except holidays)

1408 South 1100 East in Salt Lake City, Utah. Fee: no cost

Salt Lake Valley Health Department: Mondays through Fridays, 2 p.m. to 5 p.m.

2001 South State Street in Salt Lake City, Utah. Fee: \$20-25

University of Utah. 230 p.m. to 630 p.m.

555 Foothill Dr. in Salt Lake City, Utah. Fee: \$10 (free on first Tuesday of the month)

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