



Partnering with the Community to Craft Locally Appropriate, Culturally Competent Responses to Health Problems While Building the Community's Capacity to Lead and Sustain the Identified Solutions

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Abstract

Howard University College of Medicine, with funding from the Norflet Progress Fund launched "Project Resilience". This HIV prevention program targeted 100 youth between the ages of 13 and 22 residing in Wards 7 and 8 in the District of Columbia (DC). Wards 7 and 8 are the two most economically disadvantaged communities in the District of Columbia. They are also home to the highest proportion of racial/ethnic minorities – 95 percent of the Ward 7 population is Black non-Hispanic as is 94 percent of the population in Ward 8. The Project sought to identify the factors that enable some persons living with sexually transmitted diseases (STDs) including HIV, in high risk settings to remain negative while others living in the same environments contracted these diseases. We would then use the information gleaned to assist persons at risk for STDs and other HIV to remain negative. At 2%, and despite a positive downward trend, HIV in Washington, DC continues to meet the World Health Organization's definition of a generalized epidemic i.e. over one percent of the population being infected. Similarly "The statistics cited above, coupled with the high rates of STDs among our youth and which are often viewed as precursors to HIV infection, the driving force behind Project Resilience.

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Researchers created and implemented a locally-driven, culturally competent, prevention education and social marketing campaign that stressed the assets that youth in these communities have that enable them to stay HIV negative. Strengthening partnerships and establishing working relationships with community stakeholders, researchers conducted intensive recruitment drives to publicize the training and engage the target population. Each training session lasted two hours and involved a mix of didactic mini-lectures, role plays, question and answer, and other interactive features. Additionally an HIV/AIDS peer education curriculum which covered HIV 101 – a summary of the basic facts about HIV prevention, transmission and treatment as well as a discussion points of some of the common myths about HIV that circulate within the target population. A total 382 African American seronegative youth aged 13 to 22 and residing in Wards 7 and 8 in DC were trained as HIV peer educators. The cohort included 235 females and 147 males. A full 100% of the trainees reported that they are still seronegative at the end of the eighteen month intensive effort. Almost 85% of those who are sexually active report using a condom consistently and correctly when having sex. The project was well received and most importantly, yielded a positive impact on STDs including HIV.

Introduction

Howard University College of Medicine, with funding from the Norflet Progress Fund launched "Project Resilience". This HIV prevention program targeted 100 youth between the ages of 13 and 22 residing in Wards 7 and 8 in the District of Columbia (DC). The Project sought to identify the factors that enable some persons living with sexually transmitted diseases (STDs) including HIV, in high risk settings to remain negative while others living in the same environments contracted these diseases. We would then use the information gleaned to assist persons at risk for STDs and other HIV to remain negative. The District of Columbia has the largest number of HIV/AIDS cases and highest HIV/AIDS mortality rate in the nation. As of December 2015 [1], 2.0 percent of the District's population, reflecting a 33% reduction over a decade remains infected with HIV. Despite this positive downward trend, HIV in Washington, DC continues to meet the World

Health Organization's definition of a generalized epidemic i.e. over one percent of the population being infected. And, over 80 percent of the mortality and morbidity occurs amongst the District's African American residents with most HIV/AIDS cases and new infections concentrated in the most disadvantaged communities such as Wards 7 and 8. And while the city's AIDS/HIV rates are declining, DC still has some of the highest STD rates in the country. So high, in fact, that according to one report [2] DC "requires its own scale due to its very high rate of STDs, with peak rates of gonorrhea more than three times higher than the peak rate among the 50 states." In addition to HIV between 2000 and 2013, DC ranked number one for STDs like Chlamydia, gonorrhea, syphilis, and hepatitis. Reports showed, for example, that gonorrhea (average rate of 421 cases per 100,000 residents); syphilis (average of 75.54 per 100,000 residents); and HIV (179.56 per 100,000). For Chlamydia, DC ranked at number two with an average of (570.40 cases per 100,000 residents) [3]. The report also found that the areas with "the most new STD cases were states surrounding DC". Although blacks account for just under half (47.4%) of District residents, they account for three quarters (75.0%) of all HIV cases living in DC. And black youth between the ages of 15 and 24 (61%) are disproportionately represented among these cases as are residents of Wards 7 and 8 (42%). The statistics cited above, coupled with the high rates of STDs among our youth and which are often viewed as precursors to HIV infection, the driving force behind Project Resilience.

Methodology/Experience

By creating partnerships and establishing working relationships with all the community stakeholders, Howard University was able to conduct intensive recruitment drives to publicize the training and engage the target population. Each training session lasted two hours and involved a mix of didactic mini-lectures, role plays, question and answer, and other interactive features. To this end, the Project exceeded its original Project objective of training 100 youth between the ages of 13 and 22 to serve as peer educators. The high level of interest expressed by the youth in Wards 7 and 8 necessitated that the Project arrange for additional training sessions and ultimately resulted in almost four times the original target being trained.

An HIV/AIDS peer education curriculum was developed in an effort to educate the youth in the Wards 7 and 8. The curriculum covered HIV 101 – a summary of the basic facts about HIV prevention, transmission and treatment as well as a discussion points of some of the common myths about HIV that circulate within the target population. The overarching goal of the Project was to create and implement a locally-driven, culturally competent, prevention education and social marketing campaign that stressed the assets that youth in these communities have that enable them to stay HIV negative.

Results/Good Practices

A total 382 African American seronegative youth aged 13 to 22 and residing in Wards 7 and 8 in DC were trained as HIV peer educators. The cohort included 235 females and 147 males. A full 100% of the trainees reported that they are still seronegative at the end of the eighteen month intensive effort. Almost 85% of those who are sexually active report using a condom consistently and correctly when having sex. The strategy [4] most commonly cited by youth to keep HIV-free was: consistent condom use (65%); abstinence (15%); honest communication with one's partner (8%); and monogamy

(5%).

Social determinants of health

Wards 7 and 8 are the two most economically disadvantaged communities in the District of Columbia. They are also home to the highest proportion of racial/ethnic minorities – 95 percent of the Ward 7 population is Black non-Hispanic as is 94 percent of the population in Ward 8. The literature identifies low socioeconomic status; isolation from the broader population; limited access to health care [5]; and time spent in a correctional institution [6] and/or the incarceration of one or both parents [7] as factors associated with disparities in STD infection rates among youth. These factors are characteristic of the lives of youth in Wards 7 and 8. For example, based on most currently available data, 41 percent of children in Ward 7 live in poverty as do 49 percent in Ward 8 [3]. Youth who participated in Project Resilience related that the Anacostia River, which separates Wards 7 and 8 from the rest of the city, serves as a real and psychological barrier that creates two different cities of haves and have-nots; not only with respect to healthcare but other services and amenities. Project Resilience participants, particularly females, told us that the desire to escape poverty and to access what "the haves" possess or sometimes just to survive leads some youth to engage in risky, transactional sex that increases the likelihood of contracting an STD [8]. Their observations are confirmed in the literature [9]. Wards 7 and 8 have been identified as being medically underserved and lacking the primary care infrastructure that would support comprehensive STD prevention integrated with primary care [3]. Wards 7 and 8 residents perceive that there is very little emphasis on preventive care and many, even those who have insurance, use the emergency department of hospitals, none of which are located in the Wards, for routine care [10].

Wards 7 and Ward 8 youth recounted experiences to Project Resilience staff about providers who "just assume we are promiscuous because we're from Southeast" and prevention messages that "don't speak like we do." The youth in this program spoke at length about the lack of social support and parental involvement as key reasons for risky sexual behavior among their peers. Whether due to incarceration or other reasons, fathers tend to be largely absent from the lives of children and youth in Wards 7 and 8 where over 80 percent of the households with children are headed by a female [11]. Youth left to their own devices may not only engage in risky sexual behavior but other behaviors that result in incarceration. Not surprisingly, the majority of youth who are arrested in DC are residents of Wards 7 and 8 [12].

The literature states that among youth early sexual debuts, frequent unprotected sexual encounters with multiple partners typically selected from a dense sexual network; limited knowledge of HIV and STD transmission; and limited self-efficacy to refuse unwanted sex or to insist on condom or contraceptive use increase the risk of STD infection [13,14]. Of the 382 participants, between 13-22 years of age the overwhelming majority (88%) is sexually active and two thirds (64%) had had more than one partner. One alarming finding was that almost a third (31 %) of the participants reported having been in a violent intimate relationship. Of that number 58% were female and 42% were male. Females overwhelmingly reported that many arguments and violent incidents revolved around being forced to have sex. Participants responding to being exposed to intimate partner violence were provided with referral support to clinical professionals and encouraged participate.

Conclusions/Recommendations

The impact of Project Resilience was two-fold. Project Resilience raised Howard University's profile in two highly disadvantaged DC communities as an institution that is committed to partnering with the community to craft locally appropriate, culturally competent responses to problems that plague the community while building the community's capacity to lead and sustain the identified solutions. Distrust of the health care system, a legacy of unethical health experiments carried out in the past in the Black community; as well as systems and providers that perpetuate culturally incompetent care, stigma and discrimination exacerbate the difficulties of conducting effective STD prevention among the target population. Despite this, results of this project showed the importance of careful planning rooted in a profound awareness and understanding of the cultural and other factors shaping the sexual and reproductive health needs of young adults in the community. With the community participating in the intervention and the University's willingness to listen and then design and deliver a highly culturally competent educational program the outcome was impactful. The project was well received and most importantly, yielded a positive impact on STDs including HIV.

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