

HIV Prevention Programs for Racial and Ethnic Minority Communities

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Article Info

Received: March 16, 2023

Accepted: March 30, 2023

Published: May 01, 2023

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Citation: Frank Hawkins, Derrick Reed. (2023) "HIV Prevention Programs for Racial and Ethnic Minority Communities". International Journal of Epidemiology And Public Health Research, 3(1). DOI: <http://doi.org/04.2023/1.1043>.

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Abstract:

According to the Delaware HIV Surveillance Report for cases diagnosed through December 2019 a total of 3,483 Delawareans were known to be living with Human Immunodeficiency Virus (HIV) and of those, 2,020 had progressed to stage 3 HIV, also known as Acquired Immune Deficiency Syndrome (AIDS). The cumulative number of HIV/stage 3 (AIDS) cases ever diagnosed in Delaware reached 6,210 that same year. As noted in the Centers for Disease Control and Prevention's (CDC) HIV Surveillance Report of 2019, Delaware's HIV incidence rate for 2018 (11.2 per 100,000 persons) was the 16th highest in the United States.

Keywords: HIV, AIDS

Statement of Need

According to the Delaware HIV Surveillance Report for cases diagnosed through December 2019 a total of 3,483 Delawareans were known to be living with Human Immunodeficiency Virus (HIV) and of those, 2,020 had progressed to stage 3 HIV, also known as Acquired Immune Deficiency Syndrome (AIDS). The cumulative number of HIV/stage 3 (AIDS) cases ever diagnosed in Delaware reached 6,210 that same year. As noted in the Centers for Disease Control and Prevention's (CDC) HIV Surveillance Report of 2019, Delaware's HIV incidence rate for 2018 (11.2 per 100,000 persons) was the 16th highest in the United States.

African Americans are disproportionately affected by the HIV/stage 3 HIV (AIDS) burden. While 22% of Delaware's total population is African American, this group accounts for 65% of all HIV/stage 3 HIV (AIDS) cases ever diagnosed in the state. This racial disparity is more pronounced in Delaware compared to the general U.S. population and persists. Of all persons living with a diagnosed HIV infection, African Americans account for 41% in the U.S. and 58% in Delaware.

COVID: When the coronavirus hit the world in March 2020 it was clear that messaging needed to be disseminated to the African American with urgency. Research indicates that social determinants of health such as the places individuals live and work, their access to quality health care, and the resources to lead a healthy lifestyle play a major role in determining health status and health outcomes. It was imperative that the information come from respected leaders from the community. As a result, barbershop and beauty salon owners were summoned to assist with spreading the word about Covid testing, masking, and other precautions.

AIDS DELAWARE'S RESPONSE: Do The Right Thing 4LIFE (DTRT4L)

In response to the apparent need for services and programs that specifically target African Americans in high-risk areas in Delaware, AIDS Delaware developed Do The Right Thing 4LIFE (DTRT4L) in 2000. DTRT4L is an innovative, culturally sensitive non-traditional outreach program designed to educate African Americans about HIV/AIDS and its prevention methods.

Strategic Approach: The Popular Opinion Leader Model

The DTRT4L program utilize Popular Opinion Leader (POL) model, designed by the Center for Disease Control and Prevention, a community level peer-based outreach strategy. POLs deliver education and prevention messages to community members who they encounter daily through their everyday jobs. POLs in the DTRT4L program are owners of the barbershops and beauty salons that serve as venues for the program's

activities and services. These venues are culturally specific depending on the population being targeted and are selected for their ability to attract large numbers of community members daily. POLs provide informal, one-on-one HIV prevention messages to others in their salon/community. Education messages include endorsing healthy behaviors, dispelling myths, and discussion of risk reduction methods.

A key component of the DTRT4L program is “educational parties”. POLs invite their consumers to attend these events, hosted at the salons, where AIDS DE staff facilitates educational presentations in a fun and culturally sensitive manner.

Some of the shops that have assisted and supported AIDS Delaware are: HIS IMAGE, Infinity Hair Design, Salon Ollae along with many others.

Results

African Americans consistently need to hear and see messages about safer sex and abstinence. Due to the creativeness with the DTRT4L program we can reach individuals that may not ordinarily attend “conferences”, “workshops” or “seminars”. By providing the community with information in a way they can easily understand, their fears and misconceptions around HIV/AIDS can be dispelled.

The program has reached over 6,000 individuals. When the program began there were only 5 salons involved. Currently there are 32 salons involved in the program. As a result of the messages given by POL’s AIDS Delaware has seen a dramatic increase in HIV testing numbers. Through the DTRT4L program 1, 124 people have been tested. To date there have been no positive results at our testing sites.

Programmatic Challenges

Chief among the challenges AIDS Delaware has encountered in implementing the DTRT4L program is the inability of community members to attend the educational parties or workshops. Too often individuals have conflicts around work, childcare, or other obligations that prevent them from participating in the program. The program’s target constituency, African Americans, is seldom able to afford or secure reliable sources for childcare, making it difficult for them to attend DTRT4L program events regularly.

AIDS Delaware has sought to make the DTRT4L program easily accessible to the target population. As the program’s POLs are themselves community members and interact daily with program participants, they can monitor barriers individuals may encounter in participating in the DTRT4L program. AIDS DE will also work to locate or refer individuals to childcare providers and assist program participants in locating transportation and covering costs.

Lessons Learned

Through this program we have learned that a program must consider all the needs of it’s target population. POLs or members of a specific community are sometimes more “qualified” to reach the intended audience. African Americans have their own therapeutic advisors, barbers, or beauty salon stylist.

NEW HORIZONS

Health Havens: Historically barbershops and beauty salons have

been a hub for people to congregate to discuss various topics and many years ago, receive minor medical treatment. The “barber pole” was a symbol that the “barber-surgeon” could perform a minor procedure and the pole was given to the person to squeeze to allow the vein to pop up.

Studies highlight the effectiveness of utilizing models of barbershop-based health services, interventions, and education programs. With adequate training and support, barbers and stylist can serve as effective frontline public health workers like community health workers whereby their trusting relationships enable them to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural awareness of health care.

Recommendations

Public health research shows that in comparison to their counterparts, African Americans are more likely to be uninsured or underinsured and as a result have lower access to quality healthcare and tend to receive lower quality healthcare. Due to many social and economic factors, African Americans are disproportionately affected by several conditions such as asthma, diabetes, serious heart conditions, chronic kidney disease and severe obesity.

To proactively assist individuals with engaging in responsible healthcare, training barbershops and beauty salon owners as “health professionals” serves a conduit towards receiving proper healthcare treatment and finding a “health home”. For this model to be effective, funding must be allocated for:

- Training
- Community nurses
- Space in shop
- Medical equipment i.e., blood pressure cuffs etc.