THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

HIV Intervention for the DC Community

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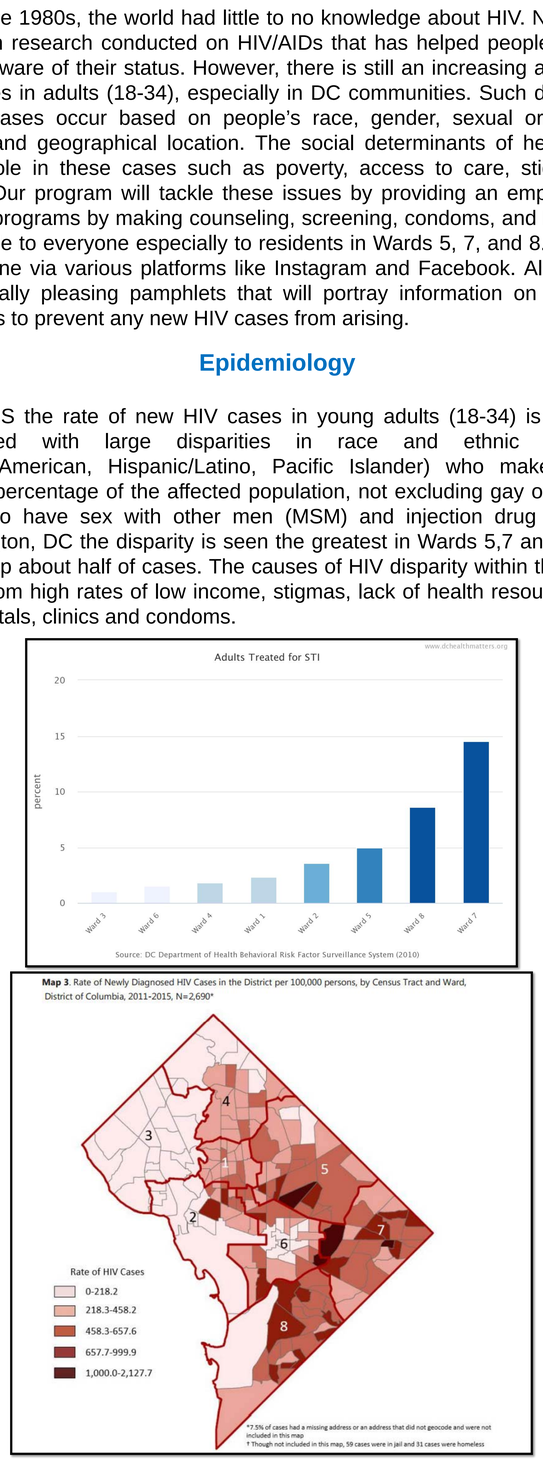
Abstract

Before the 1980s, the world had little to no knowledge about HIV. Now there has been research conducted on HIV/AIDs that has helped people prevent and be aware of their status. However, there is still an increasing amount of HIV cases in adults (18-34), especially in DC communities. Such disparities in HIV cases occur based on people's race, gender, sexual orientation, income and geographical location. The social determinants of health also play a role in these cases such as poverty, access to care, stigma and racism. Our program will tackle these issues by providing an emphasis on existing programs by making counseling, screening, condoms, and HIV tests accessible to everyone especially to residents in Wards 5, 7, and 8. This will all be done via various platforms like Instagram and Facebook. Also, using aesthetically pleasing pamphlets that will portray information on HIV and strategies to prevent any new HIV cases from arising.

Epidemiology

In the US the rate of new HIV cases in young adults (18-34) is unevenly distributed with large disparities in race and ethnic minorities (African/American, Hispanic/Latino, Pacific Islander) who make up the greater percentage of the affected population, not excluding gay or bisexual men who have sex with other men (MSM) and injection drug users. In Washington, DC the disparity is seen the greatest in Wards 5,7 and 8 which makes up about half of cases. The causes of HIV disparity within the District range from high rates of low income, stigmas, lack of health resources such as hospitals, clinics and condoms.



Program Implementation

There is a much higher prevalence of new HIV cases in Wards 5, 7, and 8 in comparison to the rest of DC. With the implementation of our program, we hope to increase awareness and educate these communities on HIV/AIDS and decrease the rate of new cases in these areas in the next two years. We hope to address this issue by promoting attendance at existing health programs and clinics in these communities. By doing so, we will hopefully encourage people who aren't aware of these resources to take advantage of them.

First Goal: Reducing Stigma

- Encourage people to learn about the disease
- Distribution of pamphlets
- Use of social media to appeal to young adult population

Second Goal: Reducing Rates of New HIV Cases

- Promote people to attend existing clinics
    1. *DC Health and Wellness Center*-Ward 6
    2. *Brentwood Health Center*-Ward 5
    3. *Unity HealthCare-Parkside Health Center*-Ward 7
- Promote the use of PrEP
- Aid in providing info about HIV testing kits
- Everybody loves free condoms!

On the social media platforms we use, we will also advertise HIV group information sessions hosted at local community centers to further educate those about the HIV epidemic going on across the river. We hope to partner with some of the medical school programs in the DC area and use volunteers who are either healthcare professionals, medical residents, or medical students to direct these sessions.

DC Health and Wellness Center

Theoretical Grounding

Our intervention utilizes the Health Belief Model (HBM). The purpose of the HBM is to explain and predict health behaviors by focusing on the beliefs of individuals. The constructs of this theory are perceived barriers, perceived benefits, perceived severity, perceived susceptibility, cues to action, and self-efficacy. In the intervention we have to learn and understand the barriers and beliefs of the young adults in Wards 5, 7 and 8 of DC to better help prevent new cases of HIV in these areas.

Program Evaluation

The intermediate goal of our program is to monitor and ensure that knowledge and awareness has spread by the use of oral and online surveys. The long-term goal of our program is to decrease the prevalence of new HIV cases of those ethnic minorities ages (18-34) mostly in Wards 5, 7 and 8. We want to keep track of how well we educated and properly informed others on HIV as well. Also, to keep track of how often people access the website, and check HIV surveillance data every year to see a decrease in the rates of new cases.

Conclusion

There are a few limitations to the program that we would like to implement. Some people may not have access to transportation, may be embarrassed or afraid to know their HIV status, experience discrimination and lack of awareness about HIV. Within low-income communities that have a higher prevalence of HIV could also undermine the success of our program. If they are considered at high-risk, these fears may discourage them from taking action. Our program has the potential to be implemented into the DC community. In Wards 5, 7, and 8, we will make pamphlets, have HIV screenings, condom giveaways, and sponsor clinics. By following the goals we set for ourselves, we will hopefully not only reduce the stigma behind HIV but we will also have reduced the rate of new HIV cases by 2020.

Acknowledgements

First,, we would like to thank anyone that was a part of DC HAPP this last month. Thank you to the GW School of Medicine & Health Sciences for giving us a space to effectively learn and enjoy our time at DC HAPP. Thank you to the GW Health Workforce Institute for providing us with future experiences that we will greatly appreciate. Thank you Ms. Jinny for organizing this entire program and filling our time here with many enjoyable experiences. Thank you to both Dean Haywood and Dr. Henry for believing in us and teaching us about how to have proper etiquette as a professional. Thank you Dr. Batra for being a great role model during this time and encouraging us to be our best selves. Thank you to Tsion, Kevin, and Aida for being great mentors and great teachers to all of us. Last but not least, thank you Kat for helping us with this entire project and being very helpful with all the work we've done this month.

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