

2017

# Designing and Evaluating an Educational Initiative Promoting Condom Use Among HIV+ Hispanic Men

Gilberto Andino  
*Walden University*

Follow this and additional works at: <http://scholarworks.waldenu.edu/dissertations>

 Part of the [Graphic Design Commons](#), and the [Nursing Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Health Sciences

This is to certify that the doctoral study by

Gilberto Andino

has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. Eileen Fowles, Committee Chairperson, Health Services Faculty  
Dr. Cheryl Reilly, Committee Member, Health Services Faculty  
Dr. Faisal Aboul-Enein, University Reviewer, Health Services Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2017

Abstract

Designing and Evaluating an Educational Initiative Promoting Condom Use Among

HIV+ Hispanic Men

by

Gilberto Andino

MSN, Towson University, 2008

BSN, Howard University, 2007

ADN, Sacred Heart University, 1986

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

July 2017

## Abstract

In 2013, the Centers for Disease Control and Prevention estimated that between 252,000 and 312,000 Hispanic men and women in the United States were unaware of their risk for transmitting HIV/AIDS. Guided by the logic model and Leininger's theory, the purpose of this project was to design a culturally sensitive HIV/AIDS educational program for HIV+ Hispanic males and to evaluate the program content with the staff at a medical center in South Florida, with the goal of implementing the program at that center. The educational program content focused on increasing the knowledge of Hispanic HIV+ men on the effectiveness of proper condom use. In addition to presenting the educational program content, the format for delivering this content was presented to 10 members of the clinic staff. The staff responded to 8 open-ended evaluation questions developed by the student, focusing on identifying gaps in service and education needs for their Hispanic HIV+ men. Responses were summarized and themes identified. Participants indicated that there is a lack of culturally sensitive HIV/AIDS education and that a bilingual HIV/AIDS educational initiative is needed to meet the needs of this vulnerable population. If the clinic staff decide to implement this educational program, the program has the potential to influence nursing practice, reduce the transmission of HIV/AIDS, and create social change within the clinic by providing practitioners with culturally sensitive resources about HIV/AIDS and the importance of effective and consistent condom use, thus improving health care delivery to HIV+ Hispanic men.

Designing and Evaluating an Educational Initiative Promoting Condom Use Among

HIV+ Hispanic Men

by

Gilberto Andino

MSN, Towson University, 2008

BSN, Howard University, 2007

ADN, Sacred Heart University, 1986

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

July 2017

## Dedication

I dedicate this dissertation to God and his Mother, the Virgen Mary. They were there day and night providing me the light, faith and confidence to undergo until the completion of this project.

## Acknowledgments

I would like to thank the members of my committee: Dr. Eileen Fowles, Dr. Cheryl Reilly and Dr. Faisal Aboul-Enein for their time and dedication in helping me complete this project. I particularly wish to thank Dr. Fowles, the chair of my committee for her tireless dedication and commitment in contributing to my success. Her words of inspiration, passion and experience, as a researcher, were the pillars that inspired me throughout this journey. Therefore, I will always be eternally grateful to her.

I would also like to thank my best friend Preston Keeler, who was there providing emotional support. Thanks Preston for believing in me, your words of encouragement kept me strong. Also, my 3 dogs, Mico Lia and Lucky for sitting next to me providing companionship, I love you all!

## Table of Contents

Section 1: Introduction.....	1
Introduction.....	1
Problem Statement.....	1
Purpose of the Study.....	3
Significance to Practice.....	6
Summary.....	8
Section 2: Background and Context .....	10
Introduction.....	10
Concepts, Models, and Theories.....	10
Relevance to Nursing Practice .....	15
Incidence of HIV.....	18
Local Background and Context for an Educational Initiative on Condom Use .....	20
Role of the DNP Student.....	21
Summary.....	22
Section 3: Collection and Analysis of Evidence.....	24
Introduction.....	24
Operational Definitions.....	25
Sources of Evidence.....	26
Staff Evaluation of the Educational Initiative.....	29
Protection of Human Subjects .....	30
Analysis and Synthesis .....	31



Summary .....	33
Section 4: Findings and Recommendations .....	35
Introduction.....	35
Findings and Implications.....	36
Components of the Educational Program .....	36
Step 1: Recruitment to Educational Initiative.....	38
Step 2: Initial Knowledge Assessment .....	39
Step 3: Additional Content for Focus Group Sessions .....	39
Step 4: Educational Initiative Assessment.....	40
Responses of the Clinic Staff to the Open-Ended Questions.....	41
Strength and Limitations of the Project .....	47
Recommendations for Future Projects.....	48
Section 5: Dissemination Plan .....	51
Dissemination .....	51
Analysis of Self.....	51
Summary .....	53
References.....	55
Appendix A: Open-Ended Questions.....	59
Appendix B: Knowledge about HIV Survey .....	60
Appendix C: Flyer for the Clinic in English.....	64
Appendix D: Flyer for the Clinic in Spanish .....	65

## Section 1: Introduction

### **Introduction**

There are many reasons why the HIV/AIDS epidemic continues to grow in Hispanic communities, especially in Hispanic men. The Centers for Disease Control and Prevention (CDC, 2012) reported that half of new HIV infections in the United States are among young men under the age of 30. According to Valenzuela (2009), nationwide, the Hispanic community accounts for 18% of the people living with HIV/AIDS. The CDC (2015) reported that Hispanics/Latinos accounted for almost one quarter of all estimated new diagnosis of HIV infection in the United States despite representing about 17% of the total U.S. population. The proportion of all newly diagnosed adult HIV infection cases among Hispanics residing in the state of Florida increased from 21% in 2005 to 27% in 2014 (Florida Department of Health, 2014). Therefore, developing initiatives in Spanish and culturally appropriate health promotion educational program that could reduce the spread of HIV among the Hispanic population has the potential for positive social change.

### **Problem Statement**

Hispanics in the United States include a diverse mixture of ethnic groups and cultures. With more than 25 million Hispanics, the United States has the fifth largest Hispanic population in the world, following Mexico, Spain, Argentina, and Colombia (Stepler & Brown, 2016). Infectious diseases (IDs), particularly the HIV infection, are a threat to the Hispanic community residing in the United States, especially men. In addition to being a population affected by HIV, Hispanics continue to face challenges in

accessing health care, prevention services, and treatment (CDC, 2012). In 1960, for example, among the 55.4 million of Hispanics living in the United States, 81.1% were of Mexican origin, a historic high. Since then, the origins of the nation's Hispanic population have diversified as growing numbers of immigrants from other Latin American nations and Puerto Rico settled in the United States (Stepler & Brown, 2016). These findings stress the need for providing culturally sensitive educational HIV/AIDS prevention programs for Hispanic men, however there is a lack of these programs

Hispanics, specifically men, inflicted with HIV/AIDS, may greatly benefit by receiving medical care tailored to their needs. In addition to being a population affected by HIV, Hispanics continue to face challenges in accessing health care, prevention services, and treatment (CDC, 2013b). The CDC (2015a) estimated that Latinos represent approximately 17% of the U.S. population, but account for an estimated 21% of people living with HIV (263,900 persons in 2013) and an estimated 21% of new infections (9,800 in 2010) in the United States each year. In order to effectively address this health issue of increase number of Hispanic living with HIV/AIDS, it is imperative to develop educational programs tailored specifically to this population. HIV+ Hispanic men need to receive education on effective ways to reduce the spread of HIV/AIDS by the consistent use of condoms.

There is a significant increase in the number of Hispanic men with HIV/AIDS in a Southeastern state of Florida. The number of people living with HIV/AIDS in a county in a Southeastern state has increased by 23% from 2004 to 2014 (Florida Department of Health, 2014). Hispanics, while they make up 67% of the county's general population,

represented 51% and 44% of HIV/AIDS cases reported in 2013, respectively (Florida Department of Health, 2014). As of January 31, 2014, this county ranks number one in the state of Florida for number of new HIV cases and AIDS cases (Florida Department of Health, 2014).

In Florida, of those living with HIV/AIDS, the top transmission rate includes men who have sex with men (MSM) at 43% and heterosexual contact at 34% (Florida Department of Health, 2014). Hispanic men, in particular the HIV/AIDS community, continue to encounter difficulties in receiving interactive, culturally sensitive education. Providing culturally sensitive education to Hispanic men is an essential component to addressing the HIV/AIDS epidemic. Educational programs that foster adherence to condom use are imperative (CDC, 2014). HIV/AIDS has the ability to mutate and integrate itself into the human genotyping, while persisting and hiding in every organ of the body (Neimark, 2014). This plague has taken the lives of many in communities across the country, specifically Hispanic males.

The outcome of this project has the potential to influence nursing practice by increasing nurses' awareness and participation in promoting and developing health programs and policies that are culturally tailored to Hispanics. In addition, providing an outline and format for an educational program can assist nurses working in the outpatient health care setting in their efforts to reduce HIV+ transmission.

### **Purpose of the Study**

The purpose of this educational initiative project was twofold. First, I designed a culturally sensitive HIV/AIDS educational program and planned for implementing the

educational program in a medical center in South Florida for HIV+ Hispanic males. The second purpose was to assess the appropriateness of the content of the educational program and implementation plan by the staff at the targeted medical center.

Practice focused questions for this project were the following:

1. What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?
2. What evaluation methods are needed to determine the effectiveness of the educational program?
3. What opportunities or challenges could influence the implementation of this educational program?

The goal of this educational initiative project was to design an educational program and plan to assess the effectiveness of the health education program to help Hispanic males improve their knowledge and make behavioral changes regarding condom use. The meaningful gap in practice that this educational project addressed was the lack of a culturally sensitive HIV educational program in the medical center.

#### Nature of the Doctoral Project

This project consisted of two components: designing a culturally sensitive HIV/AIDS educational program and plan for implementing the educational program and an assessment of the appropriateness of the content of the educational program and implementation plan by the staff at the targeted medical center. In order to meet the purpose of this educational initiative project, a review of the literature and information

provided by internal stakeholders were used to assist me in developing the content of the educational program. The evidence from internal stakeholders was obtained by discussing with clinic staff the need of a culturally sensitive program in their clinic. Furthermore, community assessment was vital for identifying strategies for conducting the educational sessions, such as focus groups. The literature was reviewed for content related to condom use, such as proper placement, assessing for expiration date, the impact of body heat and pressure, and assessing for intact status. The clinic space and policies were reviewed before designing the implementation plan for the educational program.

Recommended components of this implementation plan included a recruitment flyer and suggested recruitment procedures, educational content, format for delivering content, an evaluation tool, and a procedure for comparing the potential results obtained from an evaluation tool with evidence-based literature and policies and data obtained from reviews on culturally sensitive HIV/AIDS education to Hispanic men.

The objectives for this culturally sensitive educational initiative project were to (a) propose system-related health recommendations; (b) translate evidence into practice as it relates to increasing knowledge regarding the effectiveness of wearing condoms; and (c) educate patients on the importance of consistent and effective condom use and its relationship with decreasing STDs, specifically, HIV/AIDS.

Hispanic men and the HIV/AIDS community continue to encounter difficulties in receiving interactive culturally sensitive education. Culturally sensitive education to Hispanic men has been vital in identifying the educational components to address since the HIV/AIDS epidemic began, specifically regarding adherence to condom use, which is

imperative when providing health education (CDC, 2013). The project question was used to connect the gap in practice to the literature with a gap in sufficient knowledge about the effectiveness of culturally sensitive education to HIV Hispanic males regarding condom use in preventing other STDs (Marin, Gomez, & Tschann, 2015). Also, the purpose of the study determined if an increase in the frequency of condom use was actually achieved and whether it decreased the individual's risk of acquiring HIV and other STIs (Marin et al., 2015).

### **Significance to Practice**

Stakeholders impacted by addressing the lack of culturally sensitive HIV/AIDS education were the health care staff including the medical director, registered nurse case managers, certified HIV specialists, pharmacists, administrative assistants, and phlebotomists. This project has the potential to enable the clinic staff to work collaboratively with the community to advocate for implementing educational projects tailored to different cultures (such Hispanics), to provide evidence-based care for this population, and to work with other disciplines to provide cohesive and coordinated care. Primary prevention efforts may focus on culturally sensitive education and individual behavior to decrease the spread of HIV/AIDS. Secondary prevention efforts, the focus of this culturally sensitive educational project, may help limit the morbidity and mortality associated with the HIV/AIDS diagnosis. In addition, it is imperative to connect patients who have HIV/AIDS with high quality medical care, social services, and other professional services to provide exceptional, comprehensive, community-based care.

To effectively collaborate in decreasing the transmission of HIV/AIDS, timely connection to HIV/AIDS-related care services is imperative, as is providing culturally sensitive education (Garland et al., 2013). Hispanic men are at a highest risk of becoming infected with STDs for a variety of factors, such as poor physical health and adverse socioeconomic outcomes (i.e., diminished long-term health) and limited use of health care services and increased personal costs. Perhaps the most studied of these outcomes is HIV infection (CDC, 2014).

In addition, various socioeconomic problems associated with poverty, including limited access to high quality health care increases the risk for HIV infection. Recent immigrants face additional challenges, such as lack of information about HIV/AIDS and social isolation, which may increase their risk of exposure to the virus (CDC, 2014). These findings demonstrate the importance of providing high quality care to immigrants, specifically, HIV+ Hispanic men. The educational information currently available about HIV/AIDS is not culturally sensitive, therefore, it is difficult for them to clearly understand the intended message regarding prevention of HIV/AIDS.

In order to successfully adhere to condom use, Hispanic men need to have a clear understanding of the significant increase in HIV/AIDS infections in their community. The Hispanic male population has a lack of understanding regarding the effectiveness of proper condom use in reducing the spread of STDs, including HIV/AIDS, which is recognized in the literature (Marin et al., 2015). There is a large proportion of Hispanic men who have multiple partners. Therefore, health care providers should recommend that Hispanic men carry and use condoms (Marin et al., 2015). According to the CDC (2014),



the majority of HIV/AIDS cases continue to occur among males in the MSM category. These findings show that there is need to educate Hispanic men regarding effective and consistent condom use. The MSM Hispanic community specifically, will benefit from receiving education regarding condom use and its relationship in decreasing the spread of HIV/AIDS.

This educational initiative project may contribute to social change by aiding in reducing the morbidity and mortality associated with HIV/AIDS in the Hispanic community, specifically men. It is imperative to educate and connect men inflicted with HIV with high quality medical centers that offer education that is culturally sensitive. It is important that MSM receive medical care and education from an interdisciplinary team that can conduct interviews and assessments in the participant's native tongue. The participants may obtain a broader knowledge of the medical issue, managing it effectively, resulting in positive social change. This culturally sensitive educational project provided guidance to the clinic staff to educate Hispanic males inflicted with HIV/AIDS in promoting the use of consistency and effective use of condoms, thereby enhancing the ability to assess a condom for malfunctioning and evaluate its expiration date. This culturally sensitive educational initiative project provided the clinic with tools to potentially slow the rate of new cases of HIV in Hispanic males.

### **Summary**

Hispanic men, in particular the HIV/AIDS community, continue to encounter difficulties in receiving interactive culturally sensitive education. Since the HIV/AIDS epidemic began, providing health education has become imperative, specifically

regarding adherence to condom use. The development of this culturally sensitive educational initiative project emphasizing and recommending effective steps leading to culturally sensitive education to Hispanic men has been vital in identifying the components to address. The majority of HIV/AIDS cases continue to occur among males in the MSM category. In addition, the overall racial and ethnic minorities, specifically Hispanic males, are still the groups most affected by the HIV/AIDS epidemic. From 2001 to 2004, the majority of new cases shifted to Hispanics (20%), and MSM had the highest transmission rates at 44% (CDC, 2013b).

In Section 2, I will discuss the theoretical model used to guide this educational initiative project designed to increase awareness to HIV+ Hispanic men regarding effective and consistent condom use, protecting themselves by not engaging in high risk and to help prevent the virus from spreading.

## Section 2: Background and Context

### **Introduction**

The purpose of this educational initiative project was twofold. First, I designed a culturally sensitive HIV/AIDS educational program and planned for implementing the educational program in a medical center in South Florida for HIV+ Hispanic males. The second purpose was to assess the appropriateness of the content of the educational program and implementation plan by the staff at the targeted medical center.

In this section, I address the theoretical models guiding the project, the incidence of HIV/AIDS (specifically in Hispanic men), and different approaches to assessing the knowledge of Hispanic men regarding effective and consistent condom use.

The following practice-related questions guided the educational project:

1. What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?
2. What evaluation methods are needed to determine the effectiveness of the educational program?
3. What opportunities or challenges could influence the implementation of this educational program?

### **Concepts, Models, and Theories**

The logic model (Hodges & Videto, 2011) and Leininger's theory of cultural Care (Leininger, 2013) guided the goals of this educational initiative project. Leininger's theory of cultural care was used to guide the development of the culturally specific

content and components for the educational program. The logic model was used to guide the development of a plan for implementing the educational program at a medical clinic in south Florida. Elements of each model and its application to this project will be discussed.

The logic model promotes changes, utilizing this framework, will assist me to evaluate the effectiveness of the project, specifically, the increased knowledge of adherence to condom use in HIV+ Hispanic men. Logic models are helpful to demonstrate the events for bringing about expected change or results and to determine how the program is supposed to work (CDC, 2014). A logic model is also known as a program model and a theory of change addressing how a program or intervention is expected to produce desired outcomes. It shows the relationships among the inputs and resources available to create and deliver an intervention, the activities the intervention offers, and the expected results (Hodges & Videto, 2011). A useful logic model can be used to identify the intermediate and ultimate outcomes of the intervention and the pathways through which intervention activities produce those outcomes (Hodges & Videto, 2011). In addition, it shows the interrelationships among intervention components and recognizes the influence of external contextual factors on the intervention's ability to produce results.

Logic models help evaluators and program implementers to understand complex interventions and the mechanisms through which they work. The model is a complex intervention with multiple interacting components that function on multiple levels (e.g., practice, patient, and community; Hodges & Videto, 2011). Logic models can serve as a

guide for the development of measures of critical intervention inputs, processes, and outcomes. By laying out the relevant components and inner workings of an intervention (the proverbial “black box”), a logic model serves as a road map for data collection aiding in decisions about the aspects of the intervention that merit evaluation and ensuring that evaluators identify indicators of all elements critical to the intervention theory. According to Hodges and Videto (2011), logic models help evaluators identify the questions to be answered and guide evaluation priorities and allocation of resources. Designing data collection to align with a logic model allows evaluators to examine and test the intervention logic and provides an explanation for the hypothesized causal mechanisms if desired outcomes are attained (Hodges & Videto, 2011). If an intervention does not achieve desired outcomes, an evaluation based on the intervention’s logic model will help reveal why. For example, tracking outputs can help evaluators determine whether ineffectiveness is the result of (a) insufficient inputs or other implementation challenges or (b) other issues such as unavoidable external factors or incorrect logic (if the intervention was implemented with fidelity but did not have the intended effects; Hodges & Videto, 2011). These findings will assist in evaluating the effectiveness of the focus groups. I will be able to assess if the focus groups provided an avenue for the participants to discuss their concerns and fears regarding condom use.

Once the clinic staff decides to start the program, the goals and objectives of the program will be reviewed, utilizing the logic model as a road map. According to Hodges and Videto (2011), a logic model can help intervention planners reach consensus about their goals and uncover gaps in the intervention logic. Considering these issues at the

outset of intervention development enables planners to further specify or modify resources and activities before full-scale implementation. For example, planners might address questions such as the following: Does a Patient Centered Medical Home (PCMH) intervention to increase access contain sufficient communication with patients about newly available after-hours care so they begin to use this care? Does an intervention to improve preplanning of chronic care visits remind practice staff in advance of the scheduled visit to review the patient's record and order needed tests? (Hodges & Videto, 2011). These findings indicate that after evaluating the content of the program, the logic model could provide guidance to incorporate changes or modification of certain activities tailored to HIV+ Hispanic men. These findings aligned with practice related question #1: What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?

A logic model provides a framework for evaluators (and implementers) to monitor operations and track how the intervention evolves over time. Tracking indicators for each step in the logic model helps determine whether resources are sufficient and whether activities are being implemented according to plan. This process can be used to identify areas for program refinement, midcourse corrections, and/or technical assistance to support ongoing implementation. For example, the logic model may posit that providers will use health information technology to document patient interactions during office visits, while evaluation data may show that some providers are unable to do so effectively because they do not fully understand how to use the new software, thus highlighting a need for additional provider training (Hodges & Videto, 2011). These

findings indicates that by utilizing the logic model, the clinic staff will be able to effectively implement the components of the educational program. They will have the tools to document each event and how it impacted the participants' knowledge.

According to the logic model framework, the medical center's stakeholders, at a glance will be able to assess the program's usefulness i.e., what activities the intervention provided and what the intervention intended to achieve, emphasizing the link between the two. For instance, after the program presentation, the clinic staff's knowledge regarding the effectiveness of culturally education program and its relationship with decreasing the spread of HIV/AIDS by the effective and consistent use of condoms was assessed by their responses to open-ended questions.

Lininger's cultural care theory was used to guide the development of the culturally specific educational components to ensure that care measures are in harmony with the HIV+ Hispanic men's cultural beliefs, practices, and values. According to Leininger (2013), the purpose of care is to assist others with real or anticipated needs in an effort to improve a human condition of concern. Caring is an action or activity directed towards providing care. Culture refers to learned, shared, and transmitted values, beliefs, norms, and lifeways of an individual or group that guide their thinking, decisions, actions, and patterned ways of living. Cultural care refers to multiple aspects of culture that influence and enable a person or group to improve their human condition or to deal with illness. Cultural care diversity refers to the differences in meanings, values, or acceptable modes of care within or between different groups of people (Leininger, 2013). Utilizing the Logic model as a framework for this project will provide the clinic staff the effective

tools they need to tailor the educational project to meet the needs of HIV+ Hispanic men base on their cultural beliefs. These findings help to support the fact that showing the act of caring to this population, will increase the desire to participate in the program as they will feel part of it and may decrease the stigmatism which is an issue hindering this population from receiving care.

Stakeholders providing care to this HIV/AIDS Hispanic population possess an understanding of and value the practice of culturally competent care and are able to effect positive changes in health care practices. Sharing a cultural identity requires a knowledge of transcultural nursing concepts and principles, along with an awareness of current research findings. Caring is the core of nursing. Culturally competent nursing guides the nurse to provide optimal holistic, culturally-based care (Leininger, 2013). These practices also help the client to care for himself and others within a familiar, supportive, and meaningful cultural context. Continual improvement and expansion of modern technologies and other nursing and general science knowledge are integrated into practice, if they are appropriate. Nurses are faced daily with unprecedented cultural diversity because of the increasing number of immigrants and refugees (Leininger, 2013). These findings suggest that showing caring by the clinic staff may increase participants' engagement, thereby enhancing participation as they will feel comfortable sharing their concerns and past experiences with the use of condom.

### **Relevance to Nursing Practice**

Advanced practice nurses have the professional obligation to advocate and facilitate evidence-based treatment for HIV+ patients. Also, they should work



collaboratively with other disciplines providing consistent and organized care. This culturally sensitive educational initiative project could be used to evaluate the services available to Hispanic men inflicted with HIV/AIDS in the Southern area of Florida. If implemented, educational initiative outlined in this project could improve the quality of the care that is given by the provider and will, hopefully, increase patient satisfaction as well as improve retention and compliance rates among HIV+ Hispanic men enrolled in the clinic. DNP-prepared nurses have a professional responsibility to advocate for treatment and develop educational projects tailored to different cultures (such as Hispanics) and to provide evidence-based care for this population, as well as to work with other disciplines to provide cohesive and coordinated care.

Primary prevention efforts may focus on culturally sensitive education and individual behavior to decrease the spread of HIV/AIDS. Primary prevention is the nature of this project because the focus of this culturally sensitive educational project may reduce the risk of new exposure to and transmission of the HIV virus that can lead to the spread of HIV/AIDS and help limit the morbidity and mortality associated with the HIV/AIDS diagnosis. In addition, it is imperative to connect patients who have HIV/AIDS with high quality medical care, social services, and other professional services to provide exceptional, comprehensive, community-based care.

Scholars have addressed the effectiveness of educational programs on condom use. Bashook et al. (2014) noted that effective skills taught to individuals inflicted with HIV/AIDS, such as correct condom placement, are essential according to current CDC recommendations and that recommendations are driven based on the most recent

evidence-based guidelines. Kudo (2013) discussed a program that increased knowledge relating to HIV/STDs and self-efficacy of condom use and reduced resistance to condom use. Holmes, Levin, and Weaver (2014) conducted a systematic review of the scientific evidence on the effectiveness of condoms in preventing sexually transmitted infections, including HIV. Holmes et al. (2014) concluded that condoms were effective in protecting against transmission of HIV to women and men and in reducing the risk of men becoming infected with gonorrhea. These findings suggest that culturally sensitive educational programs can decrease the spread of infectious diseases such as HIV/AIDS. Developing programs tailored to meet specific cultural needs is essential.

Condom-promotion interventions decrease self-reports of unprotected sex; but, scholars have not examined the impact of such programs on the actual incidence of STIs, including HIV infection (Holmes, Levin & Weaver, 2014). For STDs, male condoms remain the most widely available and commonly used barrier method of prevention. When used consistently and correctly, male condoms reduce the risk of most STDs, including HIV. Furthermore, interventions promoting condom use efforts to target condom education to specific settings and populations (Warner & Stone, 2013). Pinkerton and Abramson (2014) suggested that condoms are 90 to 95% effective when used consistently (i.e., consistent condom users are 10 to 20 times less likely to become infected when exposed to the virus than are inconsistent or nonusers).

The medical center targeted for this project is an outpatient practice located in the Southern area of Florida that focuses on primary health care services as well as special health care and preventative services for HIV and hepatitis for lesbian, gay, bisexual, and

transgender (LGBT) patients. The medical center sees 25-30 HIV+ males daily; at least 15-20 (80%) of these men are Hispanics. The staff working at the medical center are Hispanic, and their native language is Spanish. They are fully bilingual and communicate with the patients in Spanish.

I used Cumulative Index to Nursing and Allied Health Literature (CINAHL) as the main database to review the existing literature on topic. The online Journal of Cultural Competence in Nursing and Healthcare was also reviewed. In addition, ERIC database articles were used for the last main section of the literature research about HIV education; the articles were primarily located by using the terms HIV, condom use, and Hispanic men. For the statistical information regarding population and HIV in Hispanic men, the CDC was the main source used. Furthermore, Florida State Health Department websites were used for the epidemiology data.

### **Incidence of HIV**

In June of 1981, the Morbidity and Mortality Weekly Report (MMWR), described what became known as HIV/AIDS and one of history's worst pandemics (CDC, 2014). An epidemic, as defined by the CDC (2014), is when a disease or virus affects many individuals at once by being spread from person to person. A pandemic then occurs when an epidemic spans across a large geographic location, possibly crossing continents (CDC, 2014). Hispanic MSM had the highest transmission rates at 44% followed by heterosexual contacts at 34%, injection drug use at 17%, the combination of MSM and injection drug use at 4%, and perinatal transmission at 0.6% (CDC, 2014). These findings suggest that the incidence of spreading the HIV/AIDS virus continues to increase.

Therefore, implementing a program for HIV+ Hispanic men will provide education targeting the MSM population.

Most HIV/AIDS cases continue to occur among males in the MSM category. However, the overall number of all HIV/AIDS cases has increased from 25% (1981-2000) to 27% (2005-2013) for females (CDC, 2014). In addition, from 2005 to 2012, the majority of new cases shifted to Hispanics (20%; CDC, 2014). According to the CDC (2014), approximately 40,000 cases of HIV/AIDS were diagnosed annually in recent years. Furthermore, MSM had the highest transmission rates at 44% followed by heterosexual contacts at 34% (CDC 2015). Hispanic men are at a highest risk of becoming infected with STD' for a variety of factors, such as poor physical health and adverse socioeconomic outcomes (i.e., diminished long-term health and reduced use of healthcare services and increased personal costs).

To improve practice, advance nursing practice have the professional obligation to facilitate treatment and provide evidence-based care for patients as well as to work with other disciplines to provide cohesive and coordinated care for Hispanic treated for HIV/AIDS. To address the practice gap, it is imperative to connect these HIV+ Hispanic men with high quality culturally sensitive educational programs with the focus of this project. This will assist in decreasing the morbidity and mortality associated with the HIV/AIDS diagnosis and in providing community-based care.

In addition, various socioeconomic problems associated with poverty, including limited access to high quality health care, increase the risk for HIV infection. Recent immigrants face additional challenges, such as lack of information about HIV/AIDS and

social isolation, which may increase their risk of exposure to the virus (CDC, 2015). These findings show that immigrants are vulnerable to HIV/AIDS infection. This is because they lack the knowledge and do not have the resources to obtain educational information in their native language. An HIV educational program in Spanish may be the bridge this population need to connect with information they can easily comprehend and apply to their lives.

### **Local Background and Context for an Educational Initiative on Condom Use**

There is an alarming increase in the number of people infected with HIV/AIDS in a county in Florida due to lack of culturally sensitive HIV/AIDS education promoting effective and consistent condom use. The number of people living with HIV/AIDS in a county in a Southeastern state has increased by 23% from 2004 to 2014 (CDC, 2015). Hispanics, while they make up 67% of the county's general population, represented 51% and 44% of HIV/AIDS cases reported in 2013, respectively. As of January 31, 2014, this county ranks number one in the state of Florida for number of new HIV cases and AIDS cases (CDC, 2015). In Florida, of those living with HIV/AIDS, the top transmission rate includes MSM with men at 43% and heterosexual contact at 34% (Florida Department of Health, 2014). These findings reflect the need to develop educational programs tailored specifically to Hispanic men. The urgency to provide training and the necessary tools to outpatient clinic's staff is evident to assist enhancing the knowledge of condom use and decrease the incidence of HIV/AIDS transmission.

The number of Hispanic men inflicted with HIV/AIDS in the state of Florida continues to grow rapidly. A total of 25 HIV/AIDS cases of HIV+ Hispanic men were

reported to the Florida Department of Health (Florida Department of health 2014). This total included newly diagnosed cases and people who were previously diagnosed in other states and had moved to Miami during 2014. The latest report, completed on December 31, 2013, showed that there were 227 people known to be living with HIV/AIDS in Florida (Florida Department of Health, 2014). Sixty-eight percent of all HIV/AIDS cases diagnosed in Miami between 1984 and 2009 were individuals between the ages of 25 and 49 (Florida Department of Health, 2014). These findings demonstrate that to effectively decrease the number of new HIV/AIDS cases in a Southeastern of Florida, participants need to be connected to and retained in health care services that are tailored to their specific needs i.e., focus groups. The findings also support practice- related question #3, what opportunities of challenges could influence the implementation of this educational program?

The Hispanic male population possesses a lack of understanding regarding the effectiveness of proper condom use in reducing the spread of STDs, including HIV/AIDS (Marin et al., 2015). There is a large proportion of Hispanic men who have multiple partners. Therefore, health care providers should recommend that Hispanic men carry and use condoms (Marin et al., 2015). These findings support the existing gap on culturally sensitive educational program in promoting the use of consistent and effective condom use.

### **Role of the DNP Student**

For this culturally sensitive educational initiative, I developed the content and format for the educational initiative, the plan to implement the educational initiative, and

the evaluation component. I also presented the program to the clinic staff for their feedback. Eight opened-ended questions were developed as an evaluation method to assess the need of a culturally sensitive program in the clinic based on the clinic staff responses. Currently, I do not have any responsibility to provide direct care to the clinic clients because my main practice role is in the outpatient clinic at the local veteran's administration hospital. However, I voluntarily offer my time to the staff at the clinic. Within the context of this project, my role was to develop the educational content and format for the educational initiative and the implementation plan and then present the project to the administrators at the medical center. I did not have any relationship with the clinic prior to this project. My motivations for this educational initiative were to educate the clinic staff on the importance of providing culturally sensitive education to HIV+ Hispanic men and to increase the knowledge and adherence of this population on condom use.

DNP graduates possess a wide array of knowledge gleaned from the sciences and have the ability to translate that knowledge to benefit patients in the daily demands of practice environments and implement change. Preparation to address current and future practice issues requires a scientific foundation of nursing practice that has expanded and includes a focus on both the natural and social sciences (American Association of Colleges of Nursing [AACN], 2006).

### **Summary**

The Hispanic male population possesses a lack of understanding regarding the effectiveness of condom use in reducing the spread of STDs including HIV/AIDS and

this is the gap that needs to be addressed. According to Marin et al. (2015), because of the large proportion of Hispanic men who have multiple partners and the severity of the STD epidemics in the Hispanic community, health care providers should recommend that Hispanic men carry and use condoms and assess and teach basic sexual health information and safe sex practices in that group.

Applying a theory like cultural care and the logic model for this educational initiative project presentation assisted me in developing a needs assessment culturally appropriate project to address the significance of condom use in Hispanic men. Such a project was then evaluated in terms of outcomes by assessing impacts on enhancing condom use in Hispanic males.

In the next section, I will describe the methods for developing the content for the educational program and assessing the feasibility of implementing the program at the target medical clinic.



### Section 3: Collection and Analysis of Evidence

#### **Introduction**

The purpose of this educational initiative project was twofold. First, I designed a culturally sensitive HIV/AIDS educational program and planned for implementing the educational program in a medical center in South Florida for HIV+ Hispanic males. The second purpose was to assess the appropriateness of the content of the educational program and implementation plan by the staff at the targeted medical center.

In this section, I addressed the practice-focused questions, sources of evidence, and how it was obtained. In addition, the approach that was used in this project to organize and analyze the evidence will be also presented.

The following questions guided the educational project:

1. What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?
2. What evaluation methods are needed to determine the effectiveness of the educational program?
3. What opportunities or challenges could influence the implementation of this educational program?

The first purpose of this project was to design an HIV/AIDS culturally sensitive educational program in a medical center in South Florida for HIV+ Hispanic males, which aligns to the practice-focused questions. The overall goal of this educational project was to design a plan to assess the effectiveness of the health education program to

help Hispanic males make changes and improve their knowledge of condom use. My goal was to develop the content and format for the educational initiative, design a plan to implement and evaluate the initiative in a target medical clinic, and to present the components of the educational initiative to the administrators and staff at the medical center for their evaluation and feedback. The meaningful gap in practice that this initiative educational project addressed is the lack of a culturally sensitive educational program in the medical center.

### **Operational Definitions**

*AIDS*: Clinical syndrome caused by HIV infection. Criteria for AIDS include a CD4+ count below 200 cells/mm<sup>3</sup> and or more opportunistic infections such as *Pneumocystis carinii* pneumonia, wasting syndrome, candidiasis, or cytomegalovirus (CMV). Once HIV progresses to AIDS, the chances of recovery decrease and death from an opportunistic infection is likely within months (CDC, 2015)

*HIV*: A retrovirus that primarily infects the CD4 “helper” cells (a T-cell subtype) of the immune system, eventually causing destruction of the immune system and death (CDC, 2015).

*Hispanic Americans and Latino Americans*: An ethnolinguistic group of Americans with genealogical origins in the countries of Latin America and Spain. More generally it includes all persons in the United States who self-identify as Hispanic or Latino, whether fully or partially. Hispanics form an ethnicity sharing a language and cultural heritage, rather than a race. American Hispanics are predominantly of Mexican,

and to a lesser extent, Neomexicano, Puerto Rican, Cuban, Salvadoran, Dominican, Guatemalan, and Colombian ancestry (Passel & Taylor, 2013).

*Infectious disease:* Infectious diseases are the invasion of a host organism by a foreign replicator, generally microorganisms (often called microbes) that are invisible to the naked eye. Microbes that cause illness are also known as pathogens. The most common pathogens are various bacteria and viruses, though other microorganisms, including some kinds of fungi and protozoa, also cause disease. An infectious disease is termed contagious if it is easily transmitted from one person to another (Mayo Clinic, 2015).

### **Sources of Evidence**

Sources of evidence for the development of the educational program will be discussed first followed by a discussion of sources of evidence for the staff evaluation of the educational initiative and implementation plan. As a source of evidence for the development of the educational program, a community assessment was essential to identify educational needs and strategies for delivering the educational content. In order to assure the integrity of the information in the educational program, it was imperative to conduct a review of the literature and obtain information from internal and external stakeholders. This information assisted me in developing the content and format for the educational initiative.

To successfully design the implementation program, it was important to consider the space in the clinic, the staff, and clinic policies. When developing the content for the educational program, I relied upon the MMWR in June of 1981 published by the CDC, as

a source of evidence, describing what was known as HIV/AIDS and one of history's worst pandemics (CDC, 2015) as well as the evidence based literature addressing the following: (a) information about content on appropriate condom use, (b) format for presenting the content for this educational initiative, and (c) review of clinic policies related to providing educational programs to clients

The recommended setting to conduct the educational initiative project presentation was a natural setting. According to Grove, Burns, and Gray (2013), a natural setting or field setting is an uncontrolled, real-life situation or environment. Conducting culturally sensitive studies in a natural setting means that the researcher does not manipulate or change the environment for the study (Grove, Burns, & Gray, 2013). A conference room was used for the presentation which lasted 2 ½ hours.

The medical center is an outpatient practice located in South Florida. The medical center focuses on primary health care services as well as special health care and preventative services for HIV, hepatitis for LGBT patients. The medical center sees 25-30 HIV+ males daily, at least 15-20 of these men are Hispanics. The patients are seen for comprehensive exams and medication management. Case manager services are available with laboratory and psychology services providing counseling as needed.

To assess and address the impact the effectiveness of appropriate condom use (i.e., proper placement, assess for expiration date, the impact of body heat, and pressure and intact status), I developed a plan for implementing a culturally sensitive HIV/AIDS education program recommending the necessary steps needed to provide health promotion education to Hispanic men enrolled in the medical center. One of the steps in

the plan was to encourage the men to share their beliefs, myths, and knowledge they have regarding the relationship between correct use of condoms and decreased incidence of STDs, in particular HIV/AIDS, within small focus groups at the clinic.

Thus, I developed an evaluation tool (see Appendix B) as a component of the educational initiative to evaluate potential participants' knowledge regarding the importance of consistent and effective condom use. Although valid and reliable research questionnaires addressing condom use are available, these tools were designed for research purposes and did not support the quality improvement nature of this project. Therefore, I developed an evaluation tool for this educational initiative. The questions in the evaluation tool were designed to address the clinic's staff knowledge of condom use as it relates to the content that was to be presented in the focus group, if the staff decided to implement the educational initiative. In order to construct and select the items for the evaluation tool, I conducted a literature review regarding condom use knowledge, condom use education tailored to HIV+ Hispanic men, and talked to the clinic staff to ensure that their needs regarding effective ways to provide educational content to HIV+ Hispanic men were addressed. No formal testing or validation of the evaluation tool has been conducted at this time. Validity and reliability testing of the tool will be conducted if the program is implemented and real data are collected. The questions on the educational initiative evaluation tool were designed to provide informal, formative information for the clinic staff and to obtain answers to questions and concerns that the clinic stakeholders felt were needed in this setting, so that the content presented in the focus groups may be adapted to effectively address potential participant needs.

Hispanic men in the HIV/AIDS community continue to encounter difficulties in receiving interactive culturally sensitive education. Culturally sensitive education to Hispanic men has been vital in identifying the components to address since the HIV/AIDS epidemic began, specifically regarding adherence to condom use, which is imperative when providing health education (CDC, 2014).

### **Staff Evaluation of the Educational Initiative**

I developed a series of open-ended question to present to the clinic staff during their staff meeting presentation (see Appendix A) to assess their perceptions of the appropriateness of content in culturally sensitive HIV educational program aimed at HIV+ Hispanic men, effectiveness of the educational program components, and of the challenges that could influence the implementation of this educational program. The target sample for the evaluation of components of the educational initiative project was the medical clinic staff. According to the logic model, input from stakeholders is essential to ensuring the program success (Hodges & Videto, 2011). For this project, the stakeholders were the health care staff at the target outpatient medical center who have direct interaction with HIV+ Hispanic men patients. There were 10 health care staff including the physician medical director, registered nurse case managers, certified HIV specialists, pharmacists, administrative assistants, and phlebotomists. Secretarial staff was excluded. In order to avoid interruption of clinic operations, the program was presented to the participants during a monthly meeting. The clinic policy regarding staff participation in new projects was reviewed with the clinic manager. The participants were

selected because they expressed the desire to be part of the development of interactive HIV/AIDS education to Hispanic men on appropriate and effective condom use practice.

As stakeholders, they were asked to respond to open-ended questions (see Appendix A) that I developed. The questions were designed to address the practice-focused questions for this project. The open-ended questions addressed the accuracy of the content in the educational program, the process for implementing the educational project, and evaluation tools and data gathering strategies to determine the effectiveness of the educational project. Staff responses to the open-ended questions were summarized and major themes identified (Hsiu & Shannon, 2015). The results of the analysis of their responses were compared to the evidence-based literature about the effectiveness of education on condom use, and components of the educational project were revised.

### **Protection of Human Subjects**

This educational initiative presentation was conducted with the clinic staff; but, I assured confidentiality and privacy and protection from discomfort or harm. The clinic staff received reliable information about the educational initiative project, background information, procedures, voluntary nature of the study, risks and benefits of being in the study, and privacy prior to participation. Prior to participating in the project, the medical staff was informed that this project was voluntary and that everyone will respect their decision of whether or not they chose to be in the study and their right to withdraw from the project at any time without retribution from staff at the center if they decide not to be in the study.

Approval for this staff evaluation component of the educational initiative was obtained from the Institutional Review Board (IRB) of Walden University prior to the implementation of the project. The approval number that was assigned by the IRB for this educational initiative was 05-19-160390170. The medical director and the clinic site coordinator provided oversight of the project. The project included review of policies and data obtained from reviews on culturally sensitive HIV/AIDS education to Hispanic men, discussion of the components of the education program, responses to open-ended questions addressing the accuracy of the content in the educational program, review of proposals for implementing the educational project, and evaluation tools and data gathering strategies to determine the effectiveness of the educational project. In order to obtain the staff consent, they were asked to answer the open-ended questions in the group, if they feel they understood the study well enough.

### **Analysis and Synthesis**

My approach for developing the open-ended questions was initiated by discussing with the clinic staff regarding the development of a culturally sensitive program in their clinic, specifically for Hispanic men afflicted with HIV/AIDS. According to Farrell (2016), the most important benefit of open-ended questions is that they allow the researcher to find more information than he or she anticipates, such that people may share motivations that he or she did not expect and mention behaviors and concerns that they are not aware existed. When researcher ask people to explain things to him or her they often reveal surprising mental models, problem-solving strategies, hopes, fears, and much more. In this approach, the strategies outlined by Shaweno and Teklet (2013) guided the



analysis of the medical clinic staff's responses to each question. Participant responses to the open-ended questions were summarized, and I identified common themes in the responses that included the need for a culturally sensitive educational program; enhancing knowledge of condom use was needed; health fairs could be conducted in Spanish; family involvement is needed; increasing self-reports of condom use; and current and easy to read materials are needed.

The results of the analysis of their responses were compared to the evidence-based literature about the effectiveness of education on condom use, and components of the educational project were revised. I then organized the data by question evaluating all respondents and their answers to identify common themes. A volunteer person recorded each answer from every participant during the program presentation to stakeholders and their responses to the open-ended questions. Code numbers were assigned to participants to protect their identities. Written responses are being stored in a locked cabinet in my home. Data will be stored for 5 years after which time the written responses will be shredded.

The following list presents how each of the open-ended questions aligned with a practice-focused questions that guided this project:

**Question 1.** "How do you think developing an educational project promoting condom use to Hispanic men will benefit the clinic?" aligned with practice-related question #3

**Question 2.** “What other strategies/activities to promote education to HIV/AIDS Hispanic men do you consider should be included?” aligned with practice-related question #1

**Question 3.** “Why do you think focus group sessions may assist assessing the participants’ knowledge regarding the effectiveness of condom use decreasing the spread of HIV/AIDS?” aligned with practice-related question #1

**Question 4.** “What challenges do you perceive may be faced during or after the development of this educational project?” aligned with practice-related question #3

**Question 5.** “What is that you would like to see accomplished among Hispanic men 6 months post educational project implementation?” aligned with practice-related question #2

**Question 6.** “What is the most important priority to you regarding the educational project? Why?” aligned with practice-related question #1

**Question 7.** “How do you plan to measure the success of this project besides what has been recommended?” aligned with practice-related question #2

**Question 8.** “What are your comments regarding the appropriateness of the content in this educational project?” aligned with practice-related question #1

### **Summary**

An important factor in decreasing the transmission of HIV/AIDS involves becoming an active advocate for this community and linkages to care with internal and external stakeholders. Community involvement improves the effectiveness of a range of

behavioral HIV/AIDS interventions. HIV/AIDS-affected communities need to take control of the epidemic occurring within their communities (Campbell & Cornish, 2014). Challenges to access HIV/AIDS-related care to Hispanic males residing in Miami, Florida are affected by the lack of culturally sensitive HIV/AIDS services available. A lack of services and specialty providers may lead to uneven care for patients in this area. There was a need for this study in the medical center located in South Florida.

In the next section, I will describe the findings and recommendations from this project.

## Section 4: Findings and Recommendations

### **Introduction**

The purpose of this educational initiative project was twofold. First I designed a culturally sensitive HIV/AIDS educational program and planned for implementing the educational program to the staff in a medical center in South Florida designed for HIV+ Hispanic males. The second purpose was to assess the appropriateness of the content of the educational program and implementation plan by the staff at the targeted medical center. As of January 31, 2014, a southeastern state county ranks number one in the state of Florida for number of new HIV cases and AIDS cases. In Florida, of those living with HIV/AIDS, the top transmission rate includes men who have sex with men at 43% and heterosexual contact at 34% (Florida Department of Health, 2014). The project question connects the gap-in-practice to the anticipated findings as based on the clinic staff responses, i.e., there is a need at their clinic of a culturally sensitive program for HIV Hispanic men. In addition, the literature reiterates that there is a gap in the number and availability of culturally sensitive education programs to HIV Hispanic males regarding effective and consistent condom use in preventing other STDs (Marin et al., 2015).

The following questions guided the educational project:

1. What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?
2. What evaluation methods are needed to determine the effectiveness of the educational program?

3. What opportunities or challenges could influence the implementation of this educational program?

Guided by information obtained from community stakeholders and the evidence-based literature, an educational initiative addressing appropriate condom use in HIV+ Hispanic men was developed consisting of recruitment flyers and procedures, content outline, strategies for delivering the educational information, and an evaluation tool. The components of this educational initiative were then presented to the clinic staff. Clinic staff responses to open-ended questions evaluating components of the educational were summarized.

## **Findings and Implications**

### **Components of the Educational Program**

This educational initiative was designed to assess the effectiveness of the education program for making changes in the knowledge of condom use. My role was to develop the content for the educational initiative, develop an implementation plan for delivering, and evaluating the educational initiative and obtain feedback from the clinic staff on all the information. If the staff decides to implement the program in the future, they could use the information in this educational initiative to educate Hispanic men on the importance of effective and consistent use of condoms.

The objectives for this culturally sensitive educational initiative were to propose system-related health recommendations to the outpatient clinic staff; translation of evidence into practice as it relates to increasing knowledge regarding the effectiveness of wearing condoms, self-efficacy, and its relationship with decreasing STDs, specifically,

HIV/AIDS; and demonstrate to the staff methods they can use, if moving forward with the initiative. The educational initiative project would need to be conducted by 10 fulltime clinical staff and would use a flyer (in Spanish and English) with information regarding the project and how to participate (see Appendix C). I recommended keeping the flyer in the examination rooms. The clinic staff would be encouraged to talk to the participants about the project (i.e., purpose and goals prior to distributing the flyer).

Components of the educational initiative that were recommended and presented to the clinic staff for their consideration include an initial 1:1 interaction between the clinic staff and the HIV+ Hispanic men for enrollment into the educational initiative. Also, the clinic staff will encourage the potential participants to ask any questions regarding the initiative.

Subsequently, potential participants would engage in four monthly focus group sessions. The participants would be provided with a 4-week schedule regarding different activities for each date and time. The participants will also be able to view educational videos regarding proper condom placement and 1:1 interaction on promoting condom use. The clinic staff would encourage the participants to voluntarily share experiences they may have with condom use with each other.

I also recommended that the clinic staff administer the forced-choice evaluation tool during the first and at last focus group meeting. The goal will be to complete the evaluation tool in 30 minutes.

Also, it was recommended to the staff that the data collected from the evaluation tool be measured by the 10-item Likert-type scale. Furthermore, Grove et al. (2013)

recommended the use of a forced choice questionnaire, which eliminates the neutral category and requires that the participants make a clear choice. The Likert scale is most commonly used to assess agreement, evaluation, or frequency (Grove et al., 2013). I also recommended the clinic staff asking the participants to rate their knowledge regarding the use of effective and consistent use of condoms on a 5-point scale that includes *Strongly Agree, Agree, I am not sure about this, Disagree, or Strongly Disagree*. It was recommended to the clinic staff that, if they move forward with the study and after collecting the answers from the participants, the evaluation tool needed to score from 1-5 to calculate a summative score and an average score for items in the evaluation tool. The higher score corresponds with the higher level of condom use knowledge.

The statistical analysis approach recommended to the staff was to conduct a descriptive analysis of the demographic data using the Statistical Package for the Social Science (SPSS) software package and to use a conduct the paired *t*-test to compare the same variables at two different points in time (Polit, 2010) to determine if a change in behavior exists regarding effective and consistent condom use in Hispanic males.

### **Step 1: Recruitment to Educational Initiative**

I encouraged the clinic staff to place informational flyers (see Appendix D) in each exam room and the main waiting area. The purpose of these flyers is to inform the participants about the study during their scheduled clinic visit and, if interested, the clinic staff will provide additional information on how to participate. Contact information is provided on the flyer. The clinic staff will encourage patients to take a flyer home, review the information, and if interested, stop by the clinic at their convenience Monday thru

Saturday from 10:00 a.m.-2:00 p.m., or call me or clinic staff to schedule an appointment for a 1:1 educational session to review the flyer and answer any questions. If the client agrees to participate, he would sign up to attend a focus group.

### **Step 2: Initial Knowledge Assessment**

It was recommended to the clinic staff that, during the first focus group session, have the focus group participants meet in a private room to provide confidentiality. The pre-evaluation tool will be provided to participants to evaluate their knowledge regarding effective and consistent condom use and self-efficacy and its relationship with decreasing STDs, specifically HIV/AIDS. Participants will have 30 minutes to complete the evaluation tool. Following the pre-evaluation assessment, participants will watch a 10-minute video on the appropriate use of and condom placement. Immediately after the video, the participants will have the opportunity to ask questions and discuss what they learned. Participants will then receive education regarding the statistical data of HIV/AIDS in Hispanic males, specifically in Florida for 20 minutes.

### **Step 3: Additional Content for Focus Group Sessions**

The participants will be allowed time to ask any questions they have from the previous section. Educational material, including a video on how to demonstrate different types of condoms and proper placement, will be demonstrated. A table showing different types of condoms will be exhibited, and participants will have the opportunity to practice hands-on. Thirty minutes will be provided for participants to review what was learned about condoms and to answer questions.



**Step 4: Educational Initiative Assessment**

Participants will have time to ask any questions they may have from the previous section. During the final focus group session, participants will receive education regarding the ability to assess a condom for malfunctioning and evaluate for expiration. There will be a 30-minute section for the participants to share their experience in assessing condoms for malfunction and expiration dates. I recommended to have an infection disease RN from the clinic to demonstrate how to effectively assess a condom for malfunction and look for expiration dates. The participants will have time to practice what they learned. The clinic staff will provide a summary of the four sessions. Lastly, the evaluation tool assessing participant's level of knowledge after attending educational sessions will be distributed and completed by the participants. These data will then be analyzed and compared to participants' initial responses.

This educational initiative provided information to the outpatient clinic staff which, if they decide to implement the project in their clinic, may assist Hispanic men in enhancing their knowledge regarding effective methods to decrease the spread of STDs, specifically, HIV/AIDS. Advances in health care, research, and medicine have contributed to the understanding, prevention, and treatment of HIV/AIDS in the last 50 years (Dieffenbach & Fauci, 2013). Despite these advances, approximately 2.5 million persons are still being infected with HIV/AIDS each year (Dieffenbach & Fauci, 2013). HIV/AIDS-affected communities need to take control of the growing epidemic occurring within their populations (Campbell & Cornish, 2014). Community empowerment helps to increase the likelihood that community members will engage in health-enhancing

behavioral changes, such as health prevention, health promotion, health care, and appropriate health treatments. Health care professionals are responsible developing useful tools, such as culturally sensitive programs that provide HIV/AIDS education to HIV Hispanic males, and assist them in changing their behavior and lifestyles leading to an overall improved health.

### **Responses of the Clinic Staff to the Open-Ended Questions**

The target recipients for the content of the educational initiative were the medical clinic staff at the targeted medical clinic. The content of the educational initiative was presented and evaluated during a medical clinic staff meeting. Attending this presentation were 10 health care staff including the assistant of physician medical director, three registered nurse case managers, two certified HIV specialists, one pharmacist, the administrative assistant and two phlebotomists. The clinic medical director, who is a physician, was not able to attend because he was assigned to report to another clinic that day; however, his assistant attended the presentation instead. The program was presented to the participants during a monthly meeting to avoid interruption of clinic operations. The clinic policy regarding staff participation in new projects was reviewed with the clinic manager.

The open-ended questions addressed the accuracy of the content in the educational initiative the process for implementing the educational materials and evaluation tools and data gathering strategies to determine the effectiveness of the overall educational initiative. Staff responses to the open-ended questions were summarized and major themes were identified (Hsiu & Shannon, 2015). The identified themes included

the need for a culturally sensitive educational program; enhancing knowledge of condom use was needed; health fairs could be conducted in Spanish; family involvement is needed; increasing self-reports of condom use; and current and easy to read materials are needed. Results of the analysis of their responses were compared to the evidence-based literature about the effectiveness of education on condom use, and components of the educational project were revised.

The open-ended questions were also designed to address the following practice-related questions:

1. What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?
2. What evaluation methods are needed to determine the effectiveness of the educational program?
3. What opportunities or challenges could influence the implementation of this educational program?

A summary of the clinic staff responses to the open-ended questions and their link to the practice-related questions are discussed below.

**Question 1.** “How do you think developing an educational project promoting condom use to Hispanic men will benefit the clinic?” addressed practice-related question #3

Overall, the responders feel that this project is greatly needed in the clinic; it will enhance the knowledge of condom use in this population, and will assist the clinic in

becoming a pioneer with this type of culturally sensitive education. It was recommended that Hispanic women be encouraged to participate in the program. These answers confirmed that culturally sensitive education to Hispanic men has been vital in identifying the key components to address since the HIV/AIDS epidemic began. It is specifically imperative when providing health education that adherence to condom use be addressed (CDC, 2012).

**Question 2.** “What other strategies/activities to promote education to HIV/AIDS Hispanic men do you consider should be included?” addressed practice-related question #1

The participants suggested that another strategy to promote HIV/AIDS education to Hispanic men can be health fairs in Spanish. They also recommended that families be involved during the 1:1 interaction, as this strategy has been effective during medical treatment and it is supported by the literature. Prevention efforts must include educating those most affected with culturally appropriate methods. HIV/AIDS is among diseases that disproportionately affect the youth Hispanic community, and has a particularly devastating effect on them (Holtgrave & Pinkerton, 2014). Furthermore, the literature reiterates that the identification of a community’s capacity and strengths can point towards intervention strategies that may be more successful, or resources that can be used to address health problems (Bartholomew, Parcel, Kok, & Gottlieb, 2013).

**Question 3.** “Why do you think focus group sessions may assist assessing the participants’ knowledge regarding the effectiveness of condom use decreasing the spread of HIV/AIDS?” addressed practice-related question #1

The participants believe that focus group sessions will allow the men to share their frustrations and fears with others who can relate to their issues. Also, the interaction they will have during group sessions, will provide an opportunity for these men to learn from each other; enhancing their knowledge regarding ways of HIV/AIDS transmission. Based on the literature most HIV/AIDS cases continue to occur among males in the men having sex with men category. However, the overall number of all HIV/AIDS cases has also increased for females from 15% (1981-1995) to 27% (2001-2004) (CDC, 2004).

**Question 4.** “What challenges do you perceive may be faced during or after the development of this educational project?” addressed practice-related question #3

The main challenge stakeholders perceived during or after the project development was keeping the participants motivated and engaged. Furthermore, they emphasized the importance of keeping the sessions inspiring to secure the success of the project. In order to maintain active involvement of participants, the Logic Model was utilized as a framework for this educational project presentation. Logic Models help to demonstrate interested events for bringing about expected change or results, and to determine how the program is supposed to effectively work (CDC, 2014).

**Question 5.** “What is that you would like to see accomplished among Hispanic men 6 months post educational project implementation?” addressed practice-related question #2

The stakeholders indicated how important is for them to see an increase of self-reported condom use by these men, a steady increase with medical treatment, and a decrease of HIV/AIDS cases presenting to the clinic. Kudo (2013) discussed a program

used in the study that increased knowledge relating to HIV/STDs and self-efficacy of condom use, and reduced resistance to condom use. Holmes et al. (2014) conducted a systematic review of the scientific evidence on the effectiveness of condoms in preventing sexually transmitted infections, including HIV. The review concluded that condoms were effective in protecting against transmission of HIV to women and men, and in reducing the risk of men becoming infected with gonorrhea.

**Question 6.** “What is the most important priority to you regarding the educational project? Why?” addressed practice-related question #1

Stakeholders value the importance of providing educational material that is current, concise, and easy to read, and maintaining participant involvement through engagement and discussions during focus groups. It has been demonstrated that community involvement improves the effectiveness of a range of behavioral HIV/AIDS interventions. HIV/AIDS-affected communities need to take control of the epidemic occurring within their communities (Campbell & Cornish, 2014).

**Question 7.** “How do you plan to measure the success of this project besides what has been recommended?” addressed practice-related question #2

Stakeholders identified participant self-reported condom use as a tool to measure they will utilize to measure the success of the project. They will also assess the number of new HIV/AIDS infected Hispanic men reporting to the clinic, and will ask the participants questions regarding the importance of condom use. Many studies have shown that condom-promotion interventions decrease self-reports of unprotected sex; fewer

have examined the impact of such programs on the actual incidence of STIs, including HIV infection (Holmes et al., 2014).

**Question 8.** “What are your comments regarding the appropriateness of the content in this educational project?” addressed practice-related question #1

The stakeholders’ overall impression regarding the appropriateness of the content was positive. They stated that the information on the flyers and evaluation tool were current, informative, and educational. They mentioned that the educational flyers are ‘appealing and are perceived as a volunteer educational project.’ The literature indicated that in order to effectively collaborate in decreasing the transmission of HIV/AIDS, up-to-date material and timely connection to HIV/AIDS-related care services is imperative as is, providing culturally sensitive education (Garland et al., 2013).

In summary, themes identified from staff responses to open-ended questions related to the first practice-question (What is the appropriate content to include in a culturally sensitive HIV educational program aimed at increasing the correct use of condoms in HIV+ Hispanic men?) revealed the need of a culturally sensitive educational program in their clinic that includes focus groups in order to enhance knowledge of Hispanic men regarding the importance of consistent and effective condom use. Also, providing educational HIV/AIDS material that is up-to-date and easy to read.

Themes identified from open-ended questions related to the second practice-related question (What evaluation methods are needed to determine the effectiveness of the educational program?) revealed that the evaluation tool developed by author is appropriate for this population as it is easy to read and culturally specific. Also, asking

the participants after they enrolled in the educational project to share their knowledge regarding the importance of condom use, will be a method the clinic will use to determine the effectiveness of the program.

Themes identified from staff responses to open-ended question related to the last practice-related question (What opportunities or challenges could influence the implementation of this educational program?) revealed that the main challenge stakeholders perceived that could influence the implementation of the program was keeping the participants motivated and engaged. Furthermore, they emphasized the importance of keeping the sessions stimulating to secure the success of the project. As an opportunity, it was identified developing a program tailored specifically for Hispanic men, providing them time to discuss issues among themselves such as HIV stigma, and learn from each other different techniques to effectively deal with this issue.

The finding from this project may contribute to social change by emphasizing how innovated educational HIV/AIDS programs tailored to Hispanic men, can strengthen ways communities, specifically, outpatient clinics manage and educate this population. Furthermore, the findings from this project may also provide strategies needed to effectively deal with social drivers of HIV susceptibility and risk such as HIV/AIDS related stigma which is an issue that affects Hispanic men inflicted with HIV/AIDS.

### **Strength and Limitations of the Project**

A major strength of this sensitive culturally program was having bilingual staff in the medical center during the presentation. Having bilingual staff to help develop this educational program on the importance of effective and consistent condom use to the



HIV/AIDS patients minimizes language barrier issues by helping individuals inflicted with the virus to focus on health promotion and prevention techniques for the community.

This culturally sensitive educational project had some limitations. First, the small number of the clinic staff working in the clinic limited the generalizability of the project findings. Having a larger sample would have strengthened the educational project findings. Second, the project was exclusively offered to the medical center clinic staff. In addition, key informants were the clinic medical staff who practice solely in the southern part of the state. Including participants from other areas of Florida may have provided insights about the statewide issues related to lack of culturally sensitive HIV/AIDS educational programs for Hispanic men, rather than limiting the findings to one county region

### **Recommendations for Future Projects**

To potentially address the gap- in- practice, further projects could be aimed at trying to expand the educational project, including a larger sample size. A broader participant base would gain insight about the importance of developing culturally educational programs to HIV+ Hispanic men in other counties of the state. Furthermore, the addition of other healthcare professionals from other clinics in Florida that provide care to HIV/AIDS Hispanic men would allow for a wider base of data to be included. The use of open-ended questions in similar projects will provide guidance to the researcher on specific areas to emphasize when initiating any culturally sensitive educational program.

DNP-prepared nurses have a professional responsibility to advocate for treatment and develop educational projects tailored to different cultures, such as Hispanics, and to provide evidence-based care for this population, as well as to work with other disciplines

to provide cohesive and coordinated care. This educational project presentation was able to provide HIV/AIDS education to clinic staff focusing on culturally sensitive education and individual behaviors to decrease the spread of HIV/AIDS. The results of this project presentation increased awareness to the clinic staff regarding the importance of providing culturally sensitive education to Hispanic men. Furthermore, this type of education provided the necessary tools to effectively assist this vulnerable population with limiting the morbidity and mortality associated with the HIV/AIDS diagnosis. In addition, it is imperative to connect patients who have HIV/AIDS with high-quality medical care, social services, and other professional services to provide exceptional, comprehensive, community-based care.

The literature supports what the clinic staff feel is lacking in regards to services needed for HIV+ Hispanic men, specifically culturally sensitive services. The data supports the stakeholders' responses of the open-ended questions regarding the appropriate methods needed as an opportunity that could influence the implementation of a culturally sensitive HIV program in their clinic, enhancing the knowledge of condom use. Evidence supports that there are gaps in the current healthcare system when comes to providing culturally specific education to Hispanics, and this issue has been confirmed by the clinic staff by their responses. In order to decrease the spread of the HIV virus, and to ensure quality of care for HIV/AIDS Hispanic men, the gaps need to be linked. The outpatient clinic lacks the infrastructure to fill the gap, therefore, the staff needs to become together as a group and initiate this needed change. The needs have been identified for which the clinic now needs to address. Various socioeconomic problems

i.e., limited access to high quality health are challenges that could influence the implementation of this educational program as this is an issue facing Hispanic men residing in a county in a Southeastern state. Recent immigrants face additional challenges, such as lack of culturally sensitive information about HIV/AIDS, which may increase their risk of exposure to the virus (CDC, 2014).

This educational initiative addressed in this paper provided an outline of the educational content, delivery format and evaluation strategies to improve appropriate condom use in HIV+ Hispanic men that could be implemented in an outpatient health care facility. The clinic staff felt that the components of the educational initiative were instrumental and appropriate for this population. Implementing this program has the potential to reduce sexual risk behavior among HIV+ Hispanic men by focusing on prevention efforts tailored specifically to this population. Also, this program may assist the clinic staff identifying the need for new strategies to effectively manage HIV/AIDS.

## Section 5: Dissemination Plan

### **Dissemination**

I plan to disseminate the findings of this culturally sensitive project via presentations to the Hispanic Nurses Association and The Florida Health Department. In addition, a manuscript will be submitted to the Journal of Transcultural Nursing; a professional journal in which the results of the program can be published. The audience I am planning to reach through these journals are nurses, specifically, Hispanic nurses around the globe who are aware of the need to provide culturally sensitive education to patients. The dissemination of the findings may assist them to guide clinical practice. The worldwide shortage of nurses and the global migration of both nurses and populations have heightened the need to educate nurses to deliver culturally competent care for an increasingly diverse patient population, regardless of geographic location (Miller, Sak, Kirby, & Bierman, 2013).

Also, the peer-reviewed journal, the Hispanic Healthcare International Journal, the official journal of the National Association of Hispanic Nurses, is an avenue that could provide a valuable forum for disseminating results. *Hispanic Health Care International* serves as an interdisciplinary forum for the dissemination of information for clinical practice, education, research, and policy on issues concerning Hispanic/Latino populations in the United States (Peragallo & Provencio-Vazquez, 2014).

### **Analysis of Self**

Nursing leaders have many responsibilities related to the implementation of advanced practice nursing roles (Bailey, Jones, & Way, 2008). During the development of

this culturally sensitive program, my role as scholar has manifested in the role as a leader actively collaborating with internal and external stakeholders in the development of cultural sensitive education.

I developed leadership skills through this practicum by being a representative of the Hispanic men enrolled in the Infectious Disease (ID) clinic. My efforts included; communicating effectively with management the goals and objectives of the project and how they are aligned with the vision of the organization.

The completion of the project was the beginning of a new journey. Throughout the entire process, I encountered different challenges but had gained insights from each one of them. For instance, a main challenge was obtaining approval from the Walden IRB. Their recommendations on how to effectively protect the participant's identity have been memorable. Furthermore, advocating actively for this population regarding the need for the development of culturally sensitive education is a skill the author has mastered. Networking with other hospitals in Florida has also been a rewarding experience.

The practicum experience has enhanced my responsibilities as a community advocate and nursing leader, and helped me to augment advanced practice nursing roles, including providing adequate community resources. I truly believe that the extra time, energy, and resources needed to ensure stakeholder participation has been worth the effort, and will assist with my continued professional development. Furthermore, the leadership strategies i.e., being an internal and external active HIV/AIDS advocate has optimized successful role integration. My long-term goal is to become a recognized national HIV/AIDS advocate for the Hispanic community, especially for men. As a leader

and practitioner, I will identify patients and community needs, engaging stakeholders, communicating clear messages to increase HIV/AIDS awareness the role of the organization, creating networks and facilitating mentorship for those in these roles, and negotiating role expectations with physicians and other members of the healthcare team. Additionally, to efficiently evaluate care delivery approaches to meet current and future needs of patient populations, i.e., Hispanic men inflicted with HIV/AIDS.

I believe that to effectively manage change efforts in any organization, specifically, health care organizations, it is important to help administration and staff understand what the change will be, and the reasons behind the change. The more detailed the communication about the vision for the change, the better employees understand the need, and the less resistant they will be to the change.

### **Summary**

Similar to mental health illness and substance abuse, it is imperative to understand that HIV/AIDS is a cultural issue, a political issue, an economic issue, and a personal issue highly affected by stigma. HIV positive Hispanic men experience cultural challenges, such as stigmatism, which could contribute to the expanding HIV/AIDS epidemic in Hispanic men.

As a healthcare practitioner, possessing knowledge and skill regarding culturally sensitive education are essential to ensure that the appropriate care is being delivered to Hispanic men with HIV/AIDS according to the current recommendations driven based on the most recent evidence-based guidelines (Bashook et al., 2014).

Data supports what the medical staff have verbalized are lacking in regards to educational services for this population. The data also supports that the staff feel that in order to effectively decrease the spread of the HIV virus in Hispanic men, to increase knowledge regarding the importance of condom use, and to ensure quality of care for this population, the gaps of fragmented services related to health education need to be eliminated. The clinic located in southeastern Florida lacks the basis to fill the need. Therefore, it is imperative to start development of culturally sensitive projects in other facilities to educate Hispanic men about the importance of condom use and its correlations with preventing the spread of the HIV virus.

## References

- American Association of Colleges of Nursing. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- Bartholomew, L. K., Parcel, G. S., Kok, G., & Gottlieb, N. H. (2013). *Intervention mapping: Designing theory-and evidence-based health promotion programs*. Mountain View, CA: Mayfield.
- Bashook, P. G., Linsk, N. L., Jacob, B. A., Aguado, P., Edison, M., Rivero, R., Schechtman, B., & Prabhugate, P. (2014). Outcomes of AIDS education and training center HIV/AIDS skill building workshops on provider practices. *AIDS Education and Prevention*, 22(1), 49-60. Doi:10.1521/aeap.2014.22.1.49.
- Campbell, C., & Cornish, F. (2014). Community mobilization supplementary issue towards a “forth generation” of approaches to HIV/AIDS management: Creating contexts for effective community mobilization. *AIDS Care*, 22(2), 1569-1579. doi: 104007/s10461-014-0748-5.
- Centers for Disease Control & Prevention. (2013). National vital statistic system
- Centers for Disease Control & Prevention. (2013a). Condoms and their use in preventing HIV infection and other STDs, Atlanta, GA. *MMWR*, 5(2) 589-592.
- Centers for Disease Control & Prevention. (2014). Evaluating working groups. Retrieved from <http://www.cdc.gov/eval/steps.htm>
- Centers for Disease Control & Prevention. (2015). *HIV/AIDS surveillance report 15(27)*. Retrieved from <http://www.cdc.gov/>



- Centers for Disease Control & Prevention. (2015a). *Male Latex Condoms and Sexually Transmitted Diseases*, Atlanta, GA. *AIDS education and Prevention*, 22(1) 49-60. Retrieved from <http://www.cdc.gov/>
- Dieffenbach, C. W., & Fauci, A. S. (2013). Thirty years of HIV and AIDS: Future challenges and opportunities. *Medicine and Public Issues*, 154(11), 766-770.
- Farrell, S. (2016). Open-ended questions vs. closed-ended question in user research. *Evidence-Based User Experience Research Training, and Consulting*. Retrieved from <https://www.nngroup.com/articles/open-ended-questions/>
- Florida Department of Health. (2014). HIV/AIDS surveillance. *Monthly Surveillance Reports*, February 2014. Retrieved from [http://www.floridahealth.gov/%5C/diseases-and-conditions/aids/surveillance/\\_documents/msr/2014-msr/MSR0214.pdf](http://www.floridahealth.gov/%5C/diseases-and-conditions/aids/surveillance/_documents/msr/2014-msr/MSR0214.pdf)
- Garland, P. M., Valverde, E. E., Fagan, J., Beer, L., Sanders, C., Hillman, D. et al. (2013). HIV counseling, testing and referral experiences of persons diagnosed with HIV who have never entered HIV medical care. *AIDS Education and Prevention*, 23(3), 117-127. Retrieved from [https://www.ghdonline.org/uploads/Garland.HIV\\_CTR\\_and\\_LTC.AIDS\\_Education\\_and\\_Prevention\\_2013.pdf](https://www.ghdonline.org/uploads/Garland.HIV_CTR_and_LTC.AIDS_Education_and_Prevention_2013.pdf)
- Grove, S. K., Burns, N., & Gray, J. R. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence* (7th ed.). St Louis, MO: Saunders Elsevier.
- Hodges, B. C., & Videto, D. M. (2011). *Assessment and planning in health programs*. Sudbury, MA: Jones & Bartlett.

- Holmes, K., Levin, R., & Weaver, M. (2014). Effectiveness of condom in preventing sexually transmitted diseases. *US National Library of Medicine Journal*, *16*(2), 232-247. doi: 10.1590/s0042-96862014000600012.
- Holtgrave, D. R., & Pinkerton, S. D. (2014). Updates of cost of illness and quality of life estimates for use in economic evaluations of HIV prevention programs. *Journal of acquired immune syndrome and human retrovirology*, *16*(1): 54-62.
- Hsiu, F., & Shannon, S. (2015). Three Approaches to Qualitative Content Analysis, *15*(9), 1277-1288.
- Kudo, Y. (2013). Effectiveness of a Condom Use Educational Program Developed on the Basis of the Information-Motivation-Behavioral Skill Mode. *Japan Journal of Nursing Science*, *10*(1), 24-40.
- Leininger, M. (2013). Culture Care Theory: A Major Contribution to Advance Transcultural Nursing Knowledge and Practices. *Journal of Transcultural Nursing*, *13*(6), 189-192.
- Marin, B., & Gomez, C., & Tschann, J. (2015). Condom use among Hispanic men with secondary female sexual partners. Retrieved from [http://www.researchgate.net/publication/14933052\\_Condom\\_use\\_among\\_Hispanic\\_men](http://www.researchgate.net/publication/14933052_Condom_use_among_Hispanic_men)
- Mayo Clinic. (2015). Infectious Diseases. Retrieved from <http://www.mayoclinic.org/diseases-conditions/infectious-diseases/basics/definition>
- Miller, S. R., Sak, R. B., Kirby, E., & Bierman, P. R. (2013): Neogene rejuvenation of central Appalachian topography: Evidence for differential rock uplift from stream

profiles and erosion rates. *Earth and Planetary Science Letters* 369-370:1-12.

doi: 10.1016/j.epsl.2013.04.007

Passel, J., & Taylor, P. (2013). Who's Hispanic? *Pew Research Center*. Retrieved from

<http://www.pewhispanic.org/2009/05/28/whos-hispanic/>

Peragallo, N., & Provencio-Vazquez, E. (2014). Hispanic Healthcare International Care.

*Journal of the National Association of Hispanic Nurses*. Retrieved from

<http://www.nahnnet.org/NAHNJournal.html>

Polit, D. E. (2010). *Statistics and data analysis for nursing research* (2nd ed.). Upper

Saddle River, NJ: Pearson Education.

Shaweno, D., & Teklet, K. (2013). Validation of the Condom Use Self-Efficacy in

Ethiopia. *BMC International Health & Human Rights* (13) 22.

Steppler, R., & Brown, A. (2016). *Statistical Portrait of Hispanics in the United States*.

*Pew Research Center*. Retrieved from <http://www.pewhispanic.org/2016/04/19/>

[/statistical-portrait-of-hispanics-in-the-united-states-key-charts/](http://www.pewhispanic.org/2016/04/19/statistical-portrait-of-hispanics-in-the-united-states-key-charts/)

Warner, L., & Stone, K. (2013). *Male Condoms Behavioral Interventions for Prevention*

*and Control of Sexually Transmitted Diseases*.

## Appendix A: Open-Ended Questions

1. How do you think developing an educational project promoting condom use to Hispanic men will benefit the clinic?
2. What other strategies/activities to promote education to HIV/AIDS Hispanic men do you consider should be included?
3. Why do you think focus group sessions may assist assessing the participants' knowledge regarding the effectiveness of condom use decreasing the spread of HIV/AIDS?
4. What challenges do you perceive may be faced during or after the development of this educational project?
5. What is that you would like to see accomplished among Hispanic men 6 months post educational project implementation?
6. What is the most important priority to you regarding the educational project?  
Why?
7. How do you plan to measure the success of this project besides what has been recommended?
8. What are your comments regarding the appropriateness of the content in this educational project?

## Appendix B: Knowledge about HIV Survey

“Knowledge about HIV” survey

Evaluation Tool

Herramienta de Evaluacion

“Conocimiento acerca de HIV” encuesta

What age group are you in?

[20-29] [30-39] [40-49] [50-59] [60-69]

Rate your knowledge about the use of effective and consistent use of condoms.

Mark with a circle the corresponding.

En que grupo de edad esta usted?

[20-29] [30-39] [40-49] [50-59] [60-69]

Evaluate su conocimiento en cuanto al uso efectivo y consistente del uso de condones.

Marque con un circulo el numero correspondiente

Strongly agree (1), Agree (2), disagree (3), I am not sure about this (4), Strongly disagree (5).

Fuertemente de acuerdo (1), de acuerdo (2), no de Acuerdo (3), no estoy seguro de esto (4), fuertemente en desacuerdo (5).

		1	2	3	4	5
1	I do understand the meaning of Culturally AIDS education.	1	2	3	4	5
	Yo entiendo el significado de education Cultural de SIDA.					
2	The consistent and effective use of condom is important to me, especially being HIV+.	1	2	3	4	5
	El uso consistente y efectivo del condom es importante para Mi, especialmente siendo VIH+.					
3	The previous services and information I have received about condom use after being diagnosed have helped me.	1	2	3	4	5
	Servicios anteriores que he recibido de uso del condom me han ayudado.					
4	I consider using a condom as a measure to Prevent STD's, specifically HIV/AIDS.	1	2	3	4	5
	Yo consider el uso del condom como medida preventiva de STDs, especificamente VIH/SIDA.					

---

5      Because my CD4 count is normal, I do not      1      2      3      4      5  
have to use condoms at all times when having Sex because the chances of  
transmitting the HIV viral are very low.

por que mi cuenta de CD4 es normal, yo no tengo que usar condones todo el  
tiempo debido a que la transmission del virus de VIH es bajita.

---

6      I know how to put a condom on and test it for      1      2      3      4      5  
Manufacturing malfunction issues such as leaking, expiration date, etc., prior to  
having intercourse.

Yo se como ponerme un condom and verificar problemas de manufactura como  
liqueo, dia que espira, ect antes de tener sexo.

---

7      When a condom breaks during sexual intercourse, I      1      2      3      4      5  
know what to do and where to call for professional advice.

Cuando el condom se rompe durante penetracion sensual, yo se que hacer y a  
quien llamar para consejeria professional.

---

8      I feel confidence talking to me sexual partner      1      2      3      4      5  
5 regarding wearing a condom and the possible consequences of not wearing it.  
Me siento confidente hablando con mi pareja de la importancia de usar condones

y las posibles consecuencias de no usarlo.

---

- 9 I value the importance of having a conversation 1 2 3 4 5  
about HIV/AIDS and ways of preventing the spread of Sexually Transmitted  
Diseases (STD's), specifically HIV/AIDS to the person I am contemplating  
having sex with.
- Yo valoro la importancia de tener una convesacion acerca de VIH/SIDA y modos  
de prevenir la contaminacion de enfermedades transmitidas sensualmente  
(STD's), especificamente VIH/AIDS con la persona que contemple tener sexo.



Appendix C: Flyer for the Clinic in English

HIV+ HISPANIC MALES NEEDED AS VOLUNTEERS FOR AN  
EDUCATIONAL PROGRAM PROMOTING CONDOM USE AMONG HISPANIC  
MEN

**We are inviting to attend an educational program regarding the importance of consistent and effective condom use.**

The purpose of this educational program is to provide culturally sensitive information making changes in the knowledge of condom use.

If you choose to participate in the educational program, you will be asked to attend 4 focus group sessions once a month, which includes:

- Meeting with a clinic staff for a 1:1 educational session to review flyer and answer any questions.**
- Completing a survey regarding the use effective and consistent condom use, self-efficacy and its relationship with decreasing HIV/AIDS.**
- Watching a 10-minute video on appropriate use and condom placement.**
- Education regarding the statistical data of HIV/AIDS in Hispanic males residing in Florida.**
- Completing a post knowledge about HIV survey to assess the effectiveness of the education program.**

Being part of this educational project is voluntary. Everyone will respect your decision of whether or not you choose to be in the educational program. No one at Midland Medical Center will treat you differently if you decide not to be in the program. If you decide to join the program now, you can still change your mind later. You may stop at any time.

Being in this program would not pose risk to your safety or wellbeing. Participants will not receive financial compensation for this program. Any information you provide will be kept confidential. Your personal information will not be used for any purposes outside of this program. Also, your name or anything else will not be included that could identify you in the educational program reports. Thank you!

Appendix D: Flyer for the Clinic in Spanish

**VARONES HISPANOS QUE SON VIH + SE NECESITAN COMO VOLUNTARIOS PARA UN PROYECTO EDUCATIVO PARA PROMOVER EL USO DE CONDONES ENTRE VARONES HISPANOS.**

**Te estamos invitando a participar en un programa educativo sobre la importancia del uso consistente y efectivo del preservativo.**

El proposito the este programa educacional es proveer informacion culturalmente sensitiva relacionada al conocimiento de uso del condom.

Si te decides en participar es este programa educacional, te vamos a pedir que participes en 4 secciones de grupo de enfoque una vez al mes, esto incluye:

- Reunirte con un empleado de la clinica para un 1:1 seccion educative para revisar el circular y contester cualquier pregunta.**
- Completar un cuestionario relacionado al uso efectivo y consistente de uso del condom, eficacia propia y su relacion com disminuir al HIV/AIDS.**
- Ver un video de 10 minutos de como ponerse un condom y su uso apropiado.**
- Educacion relacionada a la estadistica de HIV/AIDS en hombres Hispanos viviendo en la Florida.**
- Completar una post encuesta acerca de HIV para analizar la efectividad del programa educativo.**

Ser parte de este proyecto educativo es voluntaria. Todo el mundo va a respetar su decisión de si o no usted elige estar en el programa educativo. Nadie en Midland Medical Center se trate diferente si decide no participar en el programa. Si decide participar en el programa ahora, todavía se puede cambiar de opinión más adelante. Usted puede parar en cualquier momento.

Estar en este programa no suponen un riesgo para su seguridad o el bienestar.

Los participantes no recibirán compensación financiera para este programa.

Cualquier información que proporcione será confidencial. Su información personal no será utilizada para ningún propósito fuera de este programa. Además, su nombre o cualquier otra cosa no se incluirán que podría identificar en los informes de los programas educativos.

¡Gracias!