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## Best practices for screening and Early treatment for HIV in the Hispanic Community

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# Walden University

College of Health Sciences

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Juliana Deboviel

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2020

Abstract

Best Practices for Screening and Early Treatment for HIV in the Hispanic Community

by

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BSN, College of New Rochelle

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

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## Abstract

The Hispanic community is among the ethnic minorities that are adversely affected by HIV/AIDS in the United States. HIV transmission rates and rates of death are high among Hispanic communities because of delays in HIV testing and late participation in HIV treatment, especially in the state where this study was conducted. However, advanced practices for screening and early treatment of HIV can improve patient outcomes and inform practice. Thus, this systematic review was conducted to identify the best available evidence for HIV screening and care in the Hispanic population in the Western United States that shares a border with Mexico. This review was organized using the modified social-ecological model, which specifies 5 layers: stage of the epidemic, public policy, network, individual, and community. The review revealed that community-based education programs using local input and lay health educators from the Hispanic community were most successful in expanding screening and treatment. Fear of cultural stigma remains a significant barrier for gay and bisexual men and needs targeted solutions. The results of the study will be presented to public health and community health workers, aiming to inform them of the best practices that can be used to effect positive social change by improving care to the Hispanic population.

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## Dedication

This project is dedicated to my best friends who provide care to patients in a caring and non-judgmental way.

## Acknowledgments

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## Section 1: Nature of the Project

### **Introduction**

The use of antiretroviral therapy (ART) has transformed HIV infection from being a terminal disease into a manageable chronic illness (Dominguez, 2017). Research indicates that ART plays a crucial role in reducing the viral load and the possibilities of secondary transmission (Leigh Brown et al., 2003). As of 2016, 17 million people living with HIV have been receiving ART, with an estimate of 20 million by the World Health Organization (2016) by the year 2020. However, most of the 35 million individuals who have been diagnosed with HIV reside in resource-limited settings (World Health Organization, 2016).

Studies indicate that health disparities exist in the Hispanic community, which is among the ethnic minorities that are adversely affected by HIV/AIDS in the United States (Centers for Disease Control and Prevention [CDC], 2016). Further, the most affected victims of the HIV/AIDS pandemic may be approximately 2.2 million children under the age of 15 living with the virus. Additionally, children constitute 13% of new infections and account for 17% of annual mortalities (World Health Organization, 2016). Two significant factors that have contributed to the prevalence of the AIDS pandemic are the reluctance to seek out testing and the barriers associated with the initiation of ART. Delays in the introduction of treatment create a lasting impact in adherence to the HIV continuum.

To address disparities in HIV treatment, some of the programs and best practices that have been effective in HIV detection and prevention include (a) linking the newly

diagnosed people living with HIV/AIDS (PHAs) to care and (b) Providing integrated and comprehensive service provision. The primary purpose of this type of program is to ensure that PHAs receive immediate care. The rationale behind this approach is that HIV infection is a significant destabilizing experience, so PHAs diagnosed with HIV are likely to struggle with trauma, stigma, and rejection (Bauman et al., 2013). Therefore, linking newly diagnosed PHAs to immediate care protects them from feeling rejected and instead provides them with support and care. Diagnosis ensures that the PHAs are stable and that they remain in treatment as well as receives help from other social programs such as employment, food, housing, and finances to facilitate their stability (Bauman et al., 2013).

Providing integrated and comprehensive services to PHAs can also be used in providing care and treatment (Charalambous et al., 2007). These services include mental health care, harm reduction services, and addiction treatment. Additionally, access to resources like financial support and housing respond to the diverse needs of the patients and helps in improving the quality of patient care. This type of program includes several components like staff training, patient counseling and education, monitoring and evaluation, and pharmacy and data management. Statistics from the CDC show that of those patients diagnosed with HIV, 98% received treatment, and providing integrated and comprehensive services programs retained 78% of the patients in treatment. The plans also reduced the HIV mortality rate by 2.3% throughout one year. The success of these programs is based on the seamless coordination of services from testing to care (Charalambous et al., 2007).

### **Problem Statement**

Rates for HIV and AIDS continue to increase in the United States among the Hispanic community. The most recent data from the CDC (2016) indicated that Hispanic individuals represented 24 % of new HIV diagnoses in 2015, and they account for 17 % of the total American population. Additionally, bisexual individuals and men who have sex with men account for more than eight out of every ten new HIV diagnoses among Hispanic men. The situation could lead to one in four Hispanic gay and bisexual men being diagnosed with HIV in their lifetime (Dominguez, 2017). The HIV diagnosis among Hispanic men is also more than three times that of White men, and the HIV diagnosis among Hispanic women in 2015 was more than three times that of White women (CDC, 2016).

Southern California has a significant Hispanic population. From 1981-2006, this population has been rising steadily to more than 30% (Department of Health, 2018). Accordingly, of all HIV/AIDS cases reported in the state, more than 25% are among the Hispanic people living in Southern California (CDC, 2007). Further, 21% of new disease infections and one in five deaths due to HIV have been reported to be among Hispanic individuals (CDC, 2016). But HIV transmission patterns between the White individual in Southern California and Hispanic individuals vary. Heterosexual transmission is the most common form for Hispanic individuals compared to White individuals who are mostly men who have sex with men (CDC, 2016). Because of the cultural stigma of homosexuality among Hispanic men, men are more likely to be having sex with men and women. It is also not uncommon for Hispanic men to have sex with more than one

woman at a time, thus increasing the risk of transmission (CDC, 2007). These trends call for a cross-border healthcare campaign to prevent the higher levels of transfer between the locals and immigrants.

Despite these rates of HIV, community health workers report that Hispanic people in the targeted Southern California communities are slow to request testing. Furthermore, even more, are hesitant to adopt ART, which research indicates helps in reducing the viral load and the possibilities of secondary transmission (CDC, 2007). Cultural norms and prejudices need to be considered when approaching education in this community, where 73% of new diagnoses occur with men who have sex with both men and women (Lopez-Quintero et al., 2016). The stigma associated with HIV and homosexuality may contribute to the higher rate of male to female transmission in the Hispanic population.

### **Purpose Statement**

The gap in nursing practice within public health teams is the lack of knowledge of best evidence-based practices with this at-risk population. There have been concerns about the high infection rate of HIV and AIDS among Hispanic individuals in the United States, especially whether these individuals are having HIV diagnosed at an early stage when compared to other races. Hispanic individuals are more likely to delay their HIV testing until the emergence of an AIDS-defining illness (Lopez-Quintero et al., 2016).

The purpose of this quality improvement project was to identify the best practices and new treatment mechanisms of HIV/AIDS. The profile of the Hispanic HIV/AIDS population on the East Coast is more likely to be associated with intravenous drug use. Again, the origins of the society are more likely to be Puerto Rican than Mexican and

Central Americans that populate the western side (Lopez-Quintero et al., 2016). The practice-focused question is, “What are the best practices and early treatment mechanisms of HIV/AIDS among the Hispanic population?” This systematic review will be presented to public health and community health workers to better inform them about ways to improve success in outreach and intervention to this population.

### **Nature of the Doctoral Project**

This study was conducted in Southern California near the U.S.–Mexico border. Online databases, including the National Institute of Health, CINHALL, EBSCO, and MEDLINE, which include Pub Med, were the primary sources of information, and peer-reviewed journals obtained from Google scholar comprised the secondary sources of information. I also looked to data to elaborate practices that are essential in identifying new treatment mechanisms of HIV/AIDS (see Scolari, 2006). The review also included information on the programs that may be reported in professional meetings or on websites that have not been published in professional journals.

The procedural steps will involve a systematic review of the literature and publicly available websites and databases. For this study, the problem revolves around the need to encourage Hispanic individuals in the Southwestern United States to get screened for HIV regularly. This can reduce the infection rate and for early treatment to reduce the probability of death due to AIDS-related illnesses.

In a systematic review, the first step consists of identifying the research question after that finding the best practices that can be implemented in community health nursing. Thus encourages Hispanics to get regular HIV screening as well as early treatment. A



systematic review will then be created, involving and the production of a review protocol template which discusses the key attributes of the research. Aspects such as conceptual discussion of the problem, review questions, search strategy, the criteria of including and excluding studies, the procedure of extracting data, data synthesis procedure, and record-keeping will be incorporated into that protocol. Studies on HIV infections, treatment, and healthcare among Hispanics will be included, while studies on HIV infection for studies conducted outside the United States and Mexico will be excluded.

The next step involved doing a literature review of sources that identify what past studies have identified on this topic. In a systematic review, references are an important source of evidence. Furthermore, a search on online databases, journals, and websites of public health programs provided adequate sources for this study. The studies were then selected and appraised based on the set protocol. This protocol enabled the identification of disagreements between different studies and also the assessment of the bias that could be exhibited by the authors of the studies. The data were extracted, analyzed, and interpreted to summarize evidence that can be utilized in practice to improve healthcare.

The final step was to analyze the data to ensure that the research question is answered according to the plan. Thorough research is significant to ensure all aspects of the topic under study are evaluated. Data were extracted from the available sources and used to deduce the best ways to encourage early screening and treatment among the Hispanic population. Additionally, I will reach out to program directors at the CDC for leads on additional projects that may be funded as well as the state health departments in California, New Mexico, and Arizona for information about on-going programs.

### **Ethical Issues**

I only researched public websites and literature, so there is no direct risk to human subjects. In this case, the study was aimed at improving HIV screening and the adoption of ART. However, I still submitted the proposal for this study to the Walden Institutional Review Board. I will be presenting the results of the systematic review of the public health community. The information obtained will not be used for any other purpose.

### **Significance**

Rates for HIV and AIDS continue to increase in the United States among the Hispanic community. The prevalence rates for the disease have continued to rise in Southern California and along the U.S. Mexican border (Strathdee et al., 2012). Given that the ART medications have helped in reducing the effects of the disease and increased lifespan for the patients, there is a need to enhance screening and adoption of ART among the Hispanic population. More screening could address the gap in nursing practice leading to patients being treated for terminal complications that could be avoided. Primary intervention can prevent further spread and avoid extensive medical treatment due to preventable complications. Therefore, this study can lead to significant social change by providing information on factors associated with success in addressing HIV testing and initiation of antiretroviral medication in the Hispanic population in the southwest. Replication of successful programs may help in reducing the prevalence of the disease among the Hispanic population and promote ART treatment for the patients at risk.

## **Summary**

Effective education and behavior change strategies are needed to address HIV/AIDS in the Hispanic population. A review of the literature and information on the effectiveness of strategies to address this health issue may provide community health professionals with strategies. They can utilize these strategies in their communities with this vulnerable population. Section 2 will review the background and context of this systematic review.

## Section 2: Background and Context

### **Introduction**

This DNP project was focused on identifying and proposing the most appropriate practices to address the prevalence of HIV/AIDS among the vulnerable Hispanic population. The purpose of this quality improvement project was to do a systematic review of the literature and the outcomes of HIV/AIDS public health programs targeting the Hispanic population in the western United States. The practice-focused question is, “What are the successful programs of HIV/AIDS public health intervention that can inform community workers on best practice for the California Hispanic population?” This systematic review will be presented to public health and community health workers to better inform them about ways to improve success in outreach and intervention to this population. This section includes the concepts, models, and theories used in this project. Additional topics include relevance to nursing practice, the historical background, and context, and the role of the DNP student.

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

It is important to have a framework that embodies the core pillars of an HIV-inclusive risk campaign promoting screening, and health care include testing, connection, and engagement. For example, the linkage is a focus of these campaigns, with success based on comprehensive mental and physical health, including the risk factors associated with testing. This is why the CDC (2009) recommends HIV testing for everyone as a part of routine screening. The other aim is to ensure that there is efficient linkage to the support and medical programs required to improve the quality of the vulnerable

population's lives (Flores et al., 2016). The pillar of engagement could be straightforward, like annual primary HIV care consultations, routine screening, and regular HIV diagnosis. It also involves the coordination or provision of support and care interventions to aid in reducing the risk of transmitting the infection. The strengths of such a model are that it is results-oriented, and all the pillars have to be fully applicable in all the settings within the identified risk spectrum. It is a way of ensuring the utilization of cost-efficient and evidence-based interventions on a required basis.

Due to the proliferation and the range of different HIV/AIDS education programs, there have been several attempts to develop a conceptual framework for categorizing and understanding the broad field of diverse applications. In new structures, four models have been identified to encompass the changing nature of HIV. The models are related to education and based on the understanding of the disease and health, enhancing the knowledge of different ideas in the management of HIV. The models vary significantly depending on the nature or status of the individuals affected. In this paper, models include the ecological model and the public health nursing model. These models enhance the understanding of the conditions and the steps that ought to be taken to facilitate management processes.

### **Ecological Model**

The modified social-ecological model is a framework that is characterized by layers that help identify the social epidemiologic risks associated with HIV (Baral et al., 2013). The model includes a five-level characterization of risks: network, individual, public policy, community, and stage of the epidemic. Each level has some association

with the other based on the context provided to understand each level and their interaction and connection among factors within the standards. These levels also work as targets that are useful in creating prevention strategies. However, there are challenges associated with using the rules. For one, the levels are porous, especially when dealing with infectious diseases (Baral et al., 2013).

Network ties define a district that includes cultures, economics, religion, geographic boundaries, and relationships between individuals, groupings, and organizations. The model also explains how a community may either promote health or be a source of stigma. The city determines the socio-cultural norms and values whose interpretation may increase or mitigate HIV infection levels. Laws and policies form the fourth layer. Systems and financial backing determine the government's provision of services to the community that is able to address community issues concerning HIV infections such as sex workers, gay individuals, and people who inject drugs. Laws and policies can address these concerns and either increase or reduce HIV in a community. A population can be significantly impacted by laws and policies, especially through marginalization (Baral et al., 2013).

The fifth and final level is the stage of epidemic found in social and sex networks, communities, and the nation. These will determine disease acquisition. Laws, policies, or individual characteristics can increase or decrease the probability of acquiring the disease. HIV incidence and HIV prevalence are the only ways of quantifying the stage of the HIV epidemic. Individual practices should be prioritized under the scene of the

outbreak as risks associated with specific methods determine the level of risk associated with acquiring HIV (Baral et al., 2013).

The ecological model often informs the research in epidemiology as well as prevention sciences, especially for populations such as men who engage in sex with men, sex workers, and individuals who inject drugs (Baral et al., 2013). In the ecological model, the researchers always develop from the existing frameworks by analyzing the multi-level risk contexts for the HIV infection as well as situating a person's HIV infection risks within a broader network, public policy context, community and the epidemic state (Baral et al., 2013). The utility of the ecological model is demonstrated by the help of case studies of HIV among affected people. The environmental model is flexible as it guides the epidemiologic studies among the population who are at risk of contracting HIV in different social-cultural backgrounds (Baral et al., 2013). According to the model, successful HIV prevention programs for different individuals require a combination of evidence-based biomedical, structural, and behavioral interventions.

### **Public Health Nursing Model**

The public health nursing model is often used to describe different practices in the field of nursing (Kozier et al., 2017). It describes the building block for public health nursing as well as delineates their relationship with each other. The model elaborates on different practices from diverse disciplines. Additionally, the model enables the identification of victims of HIV as well as those who are at risk of contracting the disease. There are different assumptions associated with the public health nursing model.

First, the model is based on the assumption that public health nursing is population-based. In many cases, nursing practice is population-based if it fulfills the criterion and procedures created by the public health nursing organization councils. Population-based nursing practices have an interest in the populations with the same health characteristics or concerns. It also relies on evaluating the health status, a significant determinant of health, and different levels of prevention, especially the primary preventive measures. Because the model is community-based, it may become helpful in identifying people living with HIV in various institutions and the community. It can also be used to determine appropriate preventive mechanisms.

The public health nursing model consists of different components: standards of practice, the essential health services to be practiced by the medical professionals, the leading health indicators, and Healthy People goals. The model emphasizes team approaches, especially in population-based nursing practices. The purpose of the model is to create conditions suitable for sustaining the life of healthy people in different communities. The public health nursing model is applicable in various institutions, including clinics, schools, jails, homes, and different hospitals. Public health nurses operate or work with communities and families as well as individuals. Additionally, they concentrate on the systems that impact different communities despite the places or institutions where public health nurses work or whom they interact with work. The work with all the public health nurses applies a diverse set of interventions to ensure the achievement of their goals.



## **Systematic Review**

A systematic review is based on formulated questions, identifying studies, and appraising the quality and relevance of the evidence using well-studied methods (Cook & West, 2012). A systematic review involves some steps in the process. Even though HIV is currently considered a chronic illness, the critical barrier is preventing further transmission and improving the quality of the infected persons' lives. The systematic review is the recommendation of best practices applicable to enhancing HIV prevention and care, which is a collective responsibility among decision-makers, health care providers, and policy-makers (Glynn-Jones et al., 2014). Best practices have been defined in the past as the activities that actively evaluate and demonstrate success as well as possess a significant effect that is replicable in various contexts. Applying appropriate intervention measures is the best way to identify the best practices that may lead to proper results. The objective of best practices is to encourage successful, creative, critical, and sustainable remedies to resolve a specific method. The concept in medical care is viewed as possessing the potential to change client results as well as boost the healthcare standards through empowering clinical guidelines.

## **Relevance to Nursing Practice**

In the past, substantial achievements have been made concerning diagnosis and treatment as well as care for people living with HIV. Thus, leading to a decrease in the number of deaths associated with AIDS and an increase in the population living with the condition. Although the revolution is a positive change, it has also posed a challenge to the endeavors targeting HIV prevention. Evidence shows that due to the possibility for

the infected persons to live healthy lives. Some persons have resumed or began engaging in activities that expose them to HIV, such as high-risk sexual behaviors as well as drug abuse (Lopez-Quintero et al. 2016). The Hispanic population is among the most vulnerable groups owing to such facts as socio-economic conditions and cultural issues. Therefore, it is necessary to identify the best practices and strategies that could be utilized by public health nurses and community healthcare workers to encourage early diagnosis and treatment.

There is a need to improve the effectiveness of the interventions in place to bridge the nursing gap. It is essential to prioritize screening and treatment of the infection through distinct and consistent practices that would facilitate management and control (CDC, 2016). The best practices should integrate advanced diagnosis as well as treatment procedures as the leading tools to fight the prevalence among the Hispanic community (Colasanti et al., 2015). Hence it is vital to think of these interventions broadly from the view that involves the assessment of the causes of the vulnerability among these individuals. The fundamental theories related to this DNP project state infected persons struggle to live with the experience and the enormous responsibility of comprehending that they can transmit the infection. The existing strategies that have been applied previously to promote control of HIV spread globally proved that there is a need to improve on the standard practices to address the complexity of this matter.

HIV education requires skills-building on counseling, interventions, disclosure, and emotional support that include screening and treatment for the infected persons. Past studies have also demonstrated the significance of best practices that are inclusive of the

services to help the affected families cope with the arising situation and equip them with the necessary nursing skills (Lyles et al., 2007). It is vital to address the need for evidence-based advanced nursing practices, including the diagnosis and treatment of STDs as well as mental health evaluation and substance abuse assessment. Other crucial facts that contribute to the vulnerability among the population involve the client's evaluation of the individual's concerns as well as related issues such as poverty, stigma, and violence. It is also clear that health workers need to view the whole person and not only drug abuse and sexual risk activities.

Best practices for HIV screening, as well as treatment, should entail services that are empowering, validating, gender positive, and efficient in enhancing the clients' healthier living. From past research models, another consideration is the need to integrate services that are culturally and linguistically competent as well as client-oriented (Lyles et al., 2007). Such practices should also involve the infected persons in matters related to organization and implementation of affirmative programs meant to encourage prevention, testing, and treatment of HIV/AIDS.

### **Local Background and Context**

Hispanics are most likely affected by the issues associated with delayed HIV diagnosis and treatment as compared to the other races living in South California. Past research proved that the majority present themselves to care about the emergence of a defining illness, with high chances that they die comparatively earlier. Public health interventions designed by scientific organizations such as CDC promote HIV diagnosis, and early treatment would be of great use to the Hispanic population (Beyrer et al., 2016).

It is evident along the US-Mexico border that the burden of HIV infection is relatively higher among Hispanics compared to other racial groups. Past studies on HIV among the community has shown the existence of some barriers to testing practices as well as intentions. The restrictions include country of birth, low level of education, poor proficiency in the language, sexual orientation, and inaccessibility to health care. The other challenges among South California's Hispanics include low-risk perception and fear of stigmatization as well as legal and social consequences associated with screening and treatment.

The factors that determine the appropriate methods to resolve the vulnerability among the population include access to health care as well as psycho-social and behavioral issues. Therefore, there is a need to integrate best practices that seek to advance the achievements of the standard interventions employed by the local health workers (Goyal et al., 2015). The Hispanic populations in this region are the most burdened with HIV infection; hence, the interventions in place should address the cause of the spread to realize substantial community health impact. The other crucial aspects to consider are the core practices that are fundamental to the support programs for this group of persons. This project will base its conclusions on scientific evidence as well as expert opinion to build a capacity to provide sustainable solutions to the existing nursing problem. There is a need to focus on this problem to ensure that there is an optimal way of implementing evidence-oriented diagnosis and treatment of HIV in clinical practice. Therefore, it is essential to come up with novel interventions that can facilitate the

application of standard methods but also require further experimentation to enhance efficacy in reality.

The significance of HIV diagnosis among sexually active people is evident in past studies (World Health Organization, 2016). The necessity for best nursing practice increases because there is an interplay of socio-cultural, biological, and structural factors. The assessment of HIV screening and early treatment behaviors among the Latina population is a concept that requires further studies to ascertain the cause of the prevalence and the importance of best practices (Günthard et al., 2016). Although there is an HIV response program set out in the region, there is a lack of population-oriented metrics set out to focus on the most vulnerable groups. Though there is scientific evidence as well as expert opinion on the standard interventions regarding HIV prevention, such practices are either underused or under-promoted. Hence in South California, it is evident that there exists a health disparity with the Hispanics being the most burdened. Due to the increased poverty and unemployment among Hispanics, they may resort to socially irresponsible behaviors. Unemployment, as well as illegal immigration, leads to a lack of health insurance. These challenges hinder the access to comprehensive HIV care, which in turn discourages the efforts for screening as well as entry into early treatment.

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

This project is core to my profession as a nurse undertaking a doctoral program since HIV screening, and early treatment are among my priorities in the field. The nursing gap is of great concern to me as a DNP student since it is essential to translate the

acquired knowledge on HIV/AIDS into practice. My role is to conduct a systematic review of the research for presentation to the public health team. In the planning phase, I will consider the type of evidence that is relevant to my doctoral project before proceeding to the actual data collection. I am expected to identify the guiding concepts, models as well as theories that would inform on the existing practice, and the necessary improvements.

Upon identifying the necessary evidence, it will also be my responsibility to come up with how the data will be collected to suit the nature of the project. I am then going to organize the acquired evidence for in-depth analysis to elaborate on the relevance of the data to the thesis. The evaluation phase would be a point of relating the existing gap in nursing practice to both the anticipated results and the current literature review. It is also my role to identify all the project stakeholders and their contributions that can aid in addressing the local problem based on the practice-focused question. It is necessary for me as a doctoral student to set objectives and the achievements anticipated through the project to expand the knowledge on the research problem (Finer & Zolna, 2016). In addition to the evidence analysis, it is essential to ensure that the impacts of the project on social change are clearly outlined. Finally, I will summarize the findings of the project in a real scenario through engagement with the local health workers and the community in question.

I am a resident of southern California, and this is one of the key motivators of the choice of this doctoral project. I grew up in the setting, and in one way or another, I have experienced the effect of being a minority group with such vulnerability. My point of

view of the thesis is built on reality, and it has a significant impact on the perspectives that I would prefer to address the problem. This is a situation that has occurred among my colleagues and even family members, and therefore I might tend to take on a negative aspect in matters regarding government involvement in resolving the issue. There is a possibility of being biased, but such instances would be addressed through the contribution of independent professional reviewers.

### **Summary**

Improved research coordination of the evaluation and implementation of science is necessary to identify and address the existing gaps as well as the progressing studies. The advancement of a particular agenda for the provision of HIV diagnosis and treatment services is essentially a step towards understanding the practice-focused question. Section three will address the collection and analysis of evidence.

### Section 3: Collection and Analysis of Evidence

#### **Introduction**

HIV/AIDS among the Hispanic community in the United States, particularly along the U.S.–Mexico border, has progressively increased despite the efforts of the state and the federal government to promote best prevention practices. The latest data released by the CDC illustrated that Hispanics make up the largest population of persons living with HIV (Higa, Crepaz, & Mullins, 2016). For instance, the number of persons infected among the men who have sex with men and bisexual men accounts for over 80% of all the newly diagnosed Hispanic men, indicating that most of this group ends up becoming infected at some point in their lives. Further, the number of HIV/AIDS cases indicates that as many as a quarter of the Hispanics living in Southern California are infected. A fifth of the deaths caused by HIV/AIDS-related diseases is also reported among Hispanic communities. The most common form of transmission among Hispanic men through heterosexual sexual activity compared to homosexual sexual activity for White men, which is a result of stigmatization associated with homosexuality in Hispanic men's cultural setting. This pattern necessitates a prevention healthcare campaign across the border to avert the increased levels of HIV transmission among immigrants and locals.

Local public health nurses and community health workers have reported that the Hispanic population in the Southern California delays screening in addition to being slow in adopting ART treatment at an early stage. Consequently, such behaviors play a role in the increased viral load as well as the chances of secondary HIV transmission. Cultural beliefs and prejudices have to be considered when addressing healthcare education



among this vulnerable community. The stigma related to homosexuality and HIV is a leading contributor to the higher frequency of heterosexual transmission among the Hispanic population living in South California.

The existing gap in the care practice within public health workers is insufficient knowledge of the most suitable evidence-based interventions with this vulnerable community. The principal focus is to answer the practice question, which attempts to inquire about the best intervention practices. Where health workers could utilize to create awareness among the community on issues of HIV screening, besides, early treatment, this project aims to present evidence-based practices that could be used in bridging the gap in the community health nursing discipline, especially among the Hispanic community (Horberg et al., 2015).

### **Sources of Evidence**

Search engines and online databases such as the National Institute of Health, CINAHL, EBSCO, and PubMed were the primary sources of literature. The bibliographic databases that are relevant to the searches made are the EMB reviews, Medline, and EMBASE. The use of webpage searches of Google may produce grey literature like reports or handbooks. It was also necessary to consider ancestry searches that contain related articles. Other sources of evidence included abstracts, citations, and life sciences research articles retrieved from Google Scholar. The study also includes information from the local health programs that have not been published in other related research literature but can be evaluated for best healthcare practices for vulnerable groups; for instance, the Southern California U.S.–Mexico Border HIV/AIDS program described by

Rhodes et al. (2016). Another consideration was review information on public health such as plans presented in either expert meetings or web pages, which are unpublished in other professional journals.

The key search terms included *HIV/AIDS treatment, therapy, Hispanic, cultural sensitivity, population health, and Southern California*. The search was restricted to works published in the past five years and only those written in the English language. Before moving to the following phase of the review, it is essential to consider the opinions of different professionals and decide on the inclusion criteria to deal with any discrepancies that may arise.

### **Analysis and Synthesis**

This project addresses insufficient knowledge of the most suitable evidence-based interventions with the Hispanic community by presenting best intervention practices from the literature. Based on this information, health workers can create awareness among the community on issues of HIV screening as well as early treatment.

Studies were reviewed with the GRADE II criteria reference, the results of which will be placed and presented in a spreadsheet. The results will then be synthesized following the ecological model such as

1. Addressing specific risks,
2. Action to address personal and social networks
3. Steps to address public policy,
4. Actions that may hinder/ promote testing and adoption of treatment, and
5. Community-level initiatives.

A vital step in the research is for individuals to analyze their results and interpret them correctly. Sometimes one can make conclusions that are not entirely in line with the results obtained. Thus, depending on the person's state of mind, and even due to a person not considering all the intrinsic and extrinsic factors. It is for this reason that GRADE was developed. GRADE is an acronym standing for Grading for Recommendations Assessment, Development, and Evaluation. This method helps to grade certainty of the evidence and that of the corresponding recommendations by ensuring a systematic and explicit approach. This method prevents errors, helps in critically appraising the decisions made, and has a positive impact on the communication of the information (Schünemann and Santesso, 2018).

Judging evidence and recommendations has been a complex process in the healthcare sector. Decision making depends on whether individuals agree on the evidence to include in outcome measurements, assessment of their quality, and even on the specific outcomes to be considered. The same adverse effects of the method are seen for those using practice guidelines. Although practice guidelines are universal, some of them differ depending on the region or the local authority.

GRADE reminds the researcher of the necessary factors to consider when determining the quality of the evidence in question. The approach finds evidence for every outcome separately because these may vary from one to the other. It reminds one to consider all the essential factors before concluding. The use of the GRADE process ensures that the process is systematic and has the necessary transparency. Effective use of GRADE requires one to employ two key concepts, the magnitude of the effect and

quality of the evidence provided. It means that I will question my confidence in the evidence obtained and their impact. For the evidence to be of reliable quality, one must be aware of what they are suggesting. Therefore, if one of the two key concepts is not considered, then the outcome will be affected.

The research will involve both quantitative and qualitative approaches. In order to avoid the low quality of evidence, a keen interest will be taken to factors that lower the quality. The first factor is the risk of bias criteria. It arises from the limits of detailed design and its execution thereof. It is likely to cause misleading results for the study. Bias can be found in allocation concealment, loss to follow-up, selective reporting, cross-over designs, or if the trial stopped conveniently early. The risk of bias assessment looks into whether it is high, uncertain, or low. Secondly, inconsistency, as a result of heterogeneity, must be avoided in the study. Consistency is vital in high-quality evidence and enables one to be clear in communication. It can be improved by preventing the heterogeneity of the evidence. For this study, inconsistency will be assessed by the use of the Quality Assessment Tool for Quantitative Studies to determine whether they decrease confidence in the results, thus the quality. Otherwise, any inconsistency observed should have a viable explanation. Divergence can be very low, low, moderate, or high. Another factor that reflects negatively on the quality of evidence is indirectness. Here, the PICO (population, intervention, comparison, and outcome) criteria are the most significant.

PICO is used to formulate the initial healthcare question and thus is used to determine whether the subject was adequately answered. Qualities observed with directness include transferability of results, generalization, applicability, and their

external validity. The fourth factor is imprecision, such as the number of participant subjects in a study, which ultimately affects confidence. Generally, larger sample sizes, more events, and narrow confidence intervals increase precision up to the Optimum Level. Publication bias also affects the quality of evidence. It is widely known that smaller negative trials are likely not to be published compared to smaller positive tests. Trial outcomes also tend to favor the sponsor who funded them (Schünemann and Santesso, 2018).

The summary of findings table presents outcomes of systematic reviews. It shows the assigned quality of the evidence, and the reasons are given for judgments passed and decisions made. The table is standardized and has information on the healthcare question, outcomes related to the PICO, number of subjects, and number of studies, relative effects, and full effects in addition to comments for an explanation.

Table 1

*Systematic Review Criteria*

| Healthcare Question   | Outcomes to the PICO  | Number of Subjects  | Number of Studies                                       | Systematic Review Process   |
|---|---|---|---|---|
| What are the best practices for screening and early treatment of HIV in the Hispanic community? | Successful, creative, and sustainable HIV infection remedies. | Early screening and early treatment impact on reducing HIV amongst Hispanic people. | The systematic review involved four scholarly articles. | <ol style="list-style-type: none"> <li>1. Definition of the research question.</li> <li>2. Identification of studies.</li> <li>3. Selection of studies.</li> <li>4. Data extraction.</li> <li>5. Data synthesis.</li> <li>6. Interpretation of data.</li> </ol> |

## **Summary**

Reframing the services provided to HIV vulnerable persons needs to be built on the knowledge of best practices for screening and early treatment of HIV-infected individuals. It is crucial to learn how to integrate HIV service delivery into the local context both effectively and efficiently. It is necessary to apply the best practices in the Hispanics communities and public health system to make informed decisions regarding the intervention choices and delivery. Section four will address the implementation, implications, and dissemination of the scholarly project.

## Section 4: Findings and Recommendations

### **Introduction**

Since the 1980s, the Hispanic population in Southern California has witnessed steady growth (Jain et al., 2016). But as many as a quarter of the Hispanic population in Southern California have been diagnosed with HIV/AIDS (Higa et al., 2016), and a fifth of the deaths caused by HIV/AIDS-related diseases in Southern California is reported among Hispanic communities (Public Health Reviews, 2016). Local public health nurses and community health workers have reported that individuals in this population delay screening and are slow to adopt ART treatment at an early stage, which leads to increased viral load as well as the chances of secondary HIV transmission. Therefore, a prevention healthcare campaign is needed to address increased and wider spread levels of HIV transmission among immigrants and locals. As part of this campaign and health education, cultural beliefs, and prejudices have to be considered (Reid, Lardier, Garcia-Reid, & Yu, 2017). For instance, the stigma related to homosexuality and HIV is a leading contributor to the higher frequency of heterosexual transmission among the Hispanic population living in South California (Diaz, 2019).

This systematic review was conducted to address the gap in public health workers' knowledge of the most suitable evidence-based interventions to utilize with this vulnerable community (Ojikutu, Mazzola, Fullem, Vega, & Landers, 2016). The project was aimed to present evidence-based practices that could be used in bridging the gap in the community health nursing discipline among the Hispanic community. The findings

can help spread awareness among the vulnerable communities concerning screening and early treatment of HIV.

### **Evidence**

The search engines and online databases such as the National Institute of Health, CINAHL, EBSCO, and PubMed were the primary sources of research. The bibliographic databases relevant to the searches are the EMB reviews, Medline, and EMBASE. The key search terms included *HIV/AIDS treatment, therapy, Hispanic, cultural sensitivity, population health, and Southern California*. The search was initially being restricted to works published in the past five years and only those written in the English language. The sources of evidence used in this research project also included secondary sources like books, journal papers, news articles, conference papers, and research papers on the subject by various health research institutions and individual researchers.

Analytical approaches were employed in studying the facts presented by the papers as far as the HIV prevalence, transmission, and treatment culture among the members of the Hispanic community is concerned. Studies were reviewed using the GRADE II criteria reference, and the results were placed in a spreadsheet. The results were then synthesized following the ecological model: (a) the status of the epidemic, (b) actions to address public policy, (c) steps to address personal and social networks, (d) actions that may hinder/ promote testing and adoption of treatment, and (e) community-level initiatives. Table 2 shows a summary of the findings that were evaluated.



Table 2

*Systematic Review Findings Summary*

| Author and Year        | Design       | Target population    | Early screening measure   | Early treatment measure                           | Summary of findings   |
|------------------------|--------------|----------------------|---|---|---|
| Collazos et al. (2019) | Quantitative | 407 Hispanics        | Education level, infrequent use of condoms, and Benzodiazepine consumption  | Availability of HIV treatment and fear of stigma. | Early screening and treatment were dependent on the level of education and the use of condoms. Those who used condoms more often were less likely to go for screening.  |
| Levison et al. (2019). | Quantitative | 341 participants     | Age, the concern of HIV, and main partner previous HIV screening encounter. | Higher education, gender, and discrimination.     | High HIV screening acceptance amongst Hispanics associated with drug abuse and mental health. Treatment declined with the level of education, gender, and age.  |
| Reid et al. (2017).    | Quantitative | 747 Participants.    | Access to HIV prevention information and informative peer networks.         | Multifaceted HIV/AIDS prevention protocols.       | The provision of prevention information is instrumental in promoting early diagnosis and treatment of HIV. Direct education, peer education, and broad-based messaging, which is culturally competent, and gender-specific can increase early screening and treatment behavior.                 |
| Ojikutu et al. (2016). | Quantitative | 10,397 participants. | Immigrant and STD history.  | None  | Many Hispanic immigrants have not undergone HIV screening, though many with previous STD history reported a greater desire to undergo HIV testing. There is a need to create measures to encourage more Hispanic immigrants to undertake HIV screening and awareness of the transmission risks. |

### **Model for Analysis**

A conceptual model can assist with understanding and promoting regular HIV screening, treatment, and discussions not only among family but also the community members. The modified ecological model and the public health nursing model support HIV-related medical programs among at-risk populations, leading discussions that can improve perceptions of the community toward those diagnosed with HIV and organizing periodic events for HIV testing and consultations. The modified social-ecological model includes five layers: stage of the epidemic, public policy, network, individual, and community. Additionally, the model of public health nursing is significantly applicable among the Latino communities of the United States (Public Health Reviews, 2016). This model suggests that the health professional with appropriate training goes to the community. The platforms include schools, markets, residents, jails, hospitals, and other social gatherings to talk to people about HIV control and prevention. Communities, families, and individuals need to be informed appropriately about taking charge of their health by leading healthy lifestyles and having regular screening.

### **Findings and Implications**

#### **Stage of the Epidemic**

The first review of the literature dealt with a better understanding of HIV risk statistics in the U.S. Hispanic population. According to the CDC (2019), the population of HIV-positive individuals within the American Hispanic population has increased since the year 2010. As identified by subsequent studies, new HIV and other sexually transmitted infections (STIs) among Latino gay and bisexual men has been a significant

contributor to the current rates. In 2017 alone, the percentage of bisexual men with new HIV diagnoses was around 26% of those newly diagnosed, which was the highest of all groups (Passel, 2019).

Further, of the approximately 252,400 American Hispanics living with the virus by 2015, only one out of six were already unaware of their condition (Centers for Disease Control and Prevention [CDC], 2016). Statistics show that 48% of the infected received a diagnosis in the later stages of their infection (Bradley et al., 2014). But only a small percentage (45%) of the Hispanic population knows that adults should undergo regular HIV screening (Bradley et al., 2014). Lack of public education and sensitization on the importance of early HIV screening may have been the cause of about 2,800 HIV related deaths among the infected community members in 2015 (Jain et al., 2016).

Factors impacting the high rates of HIV in the Hispanic community include an increasing number of undocumented Hispanics in the states that share a border with Mexico (Passel, 2019). This is compounded by the fact that most of them come from poor households, are younger with families, and have lower education levels. Many of the new immigrants seeking asylum are from Central American countries with high rates of violence and rape (Cheatham, 2019). Many do not speak English and have not access to regular medical care that can guarantee them regular HIV screening, HIV prevention services, or HIV treatment. Most members of this community reportedly seek medical care in public health clinics, federally qualified health centers, or emergency Departments (Diaz & Artiga, 2019). A recent article in the American Medical Association Journal of Ethics addressed the need for clinicians to address immigration-related fears and

anxieties, which can affect both overall health status and willingness to have screening (Bartolo, 2019). The American Medical Association has also questioned whether immigration status has protected status under HIPPA or should be documented at all in the patients' medical records (Bartolo, 2019).

### **Policy Initiatives**

Several governmental and non-governmental agencies like the CDC have developed initiatives such as Targeted Highly-Effective Interventions to Reverse the HIV Epidemic (THRIVE) and Project Pride that make HIV infection control, screening, and care activities free and within reach of all the members of the American Hispanic community. The interventions include funding over \$400 million annually for the surveillance, health education, and free voluntary HIV screening for American Hispanics, with the most emphasis on gay and bisexual men (White, n.d.). Additionally, organizations like the United Nations Program for HIV and AIDS (UNAIDS) and the International AIDS Society – Lancet Commission have been at the forefront in designing HIV prevention policies among at-risk populations. Their action plan is made up of 10 points that identify gaps in the fight against HIV infections, which include differences in political leadership, financing, legal policies, and systematic implementation of the already outlined programs in the previous years. The plan notes that for effective HIV prevention in such communities as American Hispanics, a combination of biomedical, behavioral, and structural transformation is required. They indicate that these will not only revive the global HIV response but also combat the effects of the pandemic that are currently in existence (Krishnaratne et al., 2016).

### **Action in Social Networks**

The CDC has been a significant leader in addressing HIV through its Department of HIV/AIDS Prevention. The organization has addressed the education challenge primarily by making its resources free of charge for members of the community and other organizations and health providers. Having noted that the new HIV infections in various parts of the United States have stayed stable, the CDC has encouraged all to ensure that the numbers only decrease (CDC, 2019). Moving in this path, the organization has developed an initiative dubbed “Ending the HIV Epidemic Initiative” that has been adopted by the federal government as a national plan to combat HIV prevalence among the at-risk communities such as the Hispanic community in the United States. The initiative has four key steps that target zero new infections and for retaining the infected persons under the therapy.

The main focus of initiatives like the CDC initiative is an early diagnosis of HIV infections at the grass root levels of the communities. It entails funding free, periodic, and voluntary HIV screening camps within the at-risk populations and groups for persons between the ages of 13 and 64 years. As research has shown, such a move can support the early diagnosis that enables the affected to plan their lives adequately. For instance, therapy should begin at the right time, and positive individuals should avoid further acts that can endanger the lives of others (Bradley et al., 2014). Further, proper treatment practices and facilities for HIV/AIDS are encouraged and supported by the CDC among high-risk communities such as the American Hispanic community.

## **Community Level Engagement**

HIV-positive Hispanic individuals are likely to be affected by stigma, fear, homophobia, and discrimination that can upset their healthcare-seeking behaviors (Higa et al., 2016). Local movements are seeking to make the members of the community aware of the best practice of early HIV screening (Public Health Reviews, 2016), which should start among the Hispanic communities to spearhead the fight against HIV. For instance, there is the Latino Commission on AIDS, a nonprofit organization that has been championing the health rights of American Latinos since the year 1990. Among other organizations, initiatives have been promoted to organize for HIV education among members of the community, develop methods of reaching out to the high-risk groups, and training of the community health workers to boost efforts in reaching the entire population. The commission has further collaborated with other groups such as the Latino LGBTQ communities to mobilize for an effective response on not only HIV but also other chronic diseases like STIs, hepatitis, and tuberculosis. A better understanding of the community has been achieved, leading to effective targeting of the at-risk populations using appropriate communication methods (Krishnaratne et al., 2016).

Other community mobilization efforts have also been seen. Various influential persons in the community have been brought together to form an advocacy group that has not only encouraged the solidarity of the community in the fight against HIV/AIDS but also acts as the liaison body with the government agencies to ensure better healthcare for the Hispanic community members. Community development initiatives and health policy movements such as AIDS Leadership Coalition and Setting the Agenda Coalition have

been created. These movements have been critical in raising the concerns about Latin American health situations in places such as New York City (Horberg et al., 2015). In a bid to create awareness, the organizations have introduced the National AIDS Awareness Day to sensitize the members of the Hispanic Community on the need to undergo regular HIV testing and pass educational training on the ways of preventing the new HIV infections. During 15 October each year, various advocacy groups from all over American cities usually congregate in Hispanic neighborhoods to do free and voluntary HIV testing and education on the appropriate preventive precautions.

There are a variety of community-based initiatives that have helped create not only awareness about the prevalence of HIV but also the need and ways to prevent further new infections. Community health workers have been trained from among the residents of the Latino and Hispanic communities by organizations like the CDC. They have been influential in conducting clinical care and training programs to create awareness about HIV infections while emphasizing high-risk populations such as Latino gay men. Since the local community usually knows these members, they are more open to them. Hence the community health workers more easily convince them to go for regular HIV screening, encourage the infected persons to continue with the care, and offer psychological support to such groups whenever needed (CDC, 2019).

Similar approaches have included the public health nursing models that have encouraged professional nurses and other medical personnel to work closely with the communities. According to Smith & Bazini & Barakat (2003), public health nursing models ensure communities get access to trained medical professionals easily. The

infected are always assigned to particular nurses who look into all the aspects of their lives, hence preventing new infections while limiting congestion at the health facilities. Many can access the facilities for screening and early retroviral therapy if already infected. Also, the nurses working among the communities usually ensure a constant supply of protective equipment and other pre-exposure medical solutions such as the pre-exposure prophylaxis to the most at-risk groups, thus preventing new infections due to sexual contact.

### **Actions to Promote Individual Testing and Adoption of Treatment**

The HIV research studies that attempt to study the molecular latency of the virus to identify the actual transmission networks for HIV have been conducted among the Hispanic communities. The Latino/Hispanic gay and bisexual men have been extensively targeted to provide early testing avenues and bring more infected persons to HIV care while educating them on positive living. With the research findings attributable to stigma, there have been movements for inclusive campaigns among all to advocate for prevention and control of the spread of HIV. The initiative, '*Let's Stop HIV Together*' by the CDC, aims at creating awareness to fight HIV related stigma and encouraging American Hispanics to go for regular HIV testing and accept treatment if diagnosed to be positive. It also leads to organizing talks on HIV with the gay and bisexual Latino men and signing contracts with National Hispanic Medical Association to spearhead early HIV screening, prevention, and retention in care for the infected persons.

There is a disturbing trend indicating that only about 63 percent of the infected persons had received HIV medication, while 51 percent had suppressed viral load ("U.S.



Statistics," 2019). Going by the numbers presented, the coverage is still low. It may explain why the Hispanic community leads as far as the new HIV infections are concerned (Public Health Reviews, 2016). To reverse the trend, various organizations such as the CDC have come out with programs that aim at retaining the already infected persons under viral suppression medication either in the medical facilities or just at home courtesy of the fast-spreading practice of Public Health Nursing and Community Health Workers. These efforts ensure that these groups of people live positively and, as a result, improve their quality of life amid chronic illness. They also prevent the rise of the new infection numbers.

It is noteworthy that there are groups such as commercial sex workers and Latino gay men that often cannot be entirely discouraged from acts that expose them to HIV infection. Therefore, the CDC has found workable methods to help them protect themselves, like the use of pre-exposure prophylaxis. The most at-risk groups usually take this daily pill before they engage in acts that can expose them to contracting HIV (Diaz & Artiga, 2019). Finally, the CDC emphasizes the need to respond faster to the groups that record higher rates of new infections. It holds that by doing so, the infected will be enlightened to live positively while the new infections will be reduced as people will learn to lead healthy lives by making proper use of the available prevention methods.

### **Implications**

Based on the findings of the systematic review, communities, individuals, systems, and institutions have to adopt specific new approaches to curb the rising HIV infection rate among the American Hispanic population. The government and the

humanitarian institutions need to continue to refine efforts in ensuring that the members of the Hispanic community are not only educated about the importance of regular screening and seeking medical care but also that quality healthcare services are provided to them (Idele et al., 2014). In so doing, the government should ensure that all have affordable medical cover and that the community health workers perform door-to-door free, voluntary, and regular HIV screening so that the new infections can be detected early enough and those affected to put on ART.

On the part of the communities, best practice is to form volunteer groups to ensure dissemination of information to the members of the community to adopt healthy lifestyles that do not expose them to the risk of being infected. Such campaigns should also include education of the community members on the need for regular screening for HIV infections. Individuals, especially those between the ages of 13 and 64, need to heed the call to ensure that they not only lead risk-free lives as far as HIV is concerned but also that they seek regular HIV screening so that they are not caught unaware by late diagnosis (Idele et al., 2014).

### **Potential Implications for Positive Social Change**

If the concerned authorities took proper actions in a bid to curb the surging HIV crisis among the Hispanics, much positive social change could emerge. Both the local and the federal governments are likely to direct additional financial resources either directly or through agencies like CDC to better research on HIV in the community and better health service delivery (Laurencin, Christensen, & Taylor, 2008). It will go a long way in addressing the health disparities that exist due to the discrimination among the

members of the Hispanic community. As a result, they could more easily access medical services HIV, STIs, and other chronic illnesses that appear to be more prevalent within the community. Additionally, the enhanced education on the need for regular HIV screens and the emphasis on leading a healthy lifestyle are likely to help sensitize the members of the Hispanic community. The positive social change would be to see a significant drop in the number of new HIV infections and more efficacious treatment of those with HIV.

### **Recommendations**

Several recommendations can be put forward to address the issues raised by the review of the literature and programs. There are gaps in the community nursing practices that have not encouraged Hispanics to come out for regular HIV screening and lead healthy lifestyles that can keep them safe from the HIV infection. Bisexual men and sex workers remain challenging sub-groups that require additional attention. As part of the improvement, community health providers and nurses should be trained adequately on public health. The use of the social-ecological model can promote a better understanding of how to effectively help people avoid new infections and manage the already present cases of HIV infections. Additionally, there should be a close corporation with the members of the Hispanic community by both the government and other humanitarian agencies to ensure that they have information and access to medical services at all times.

### **Grading of the Recommendations**

The recommendations are usually graded using the quality of the evidence or the recommendation grading based on the strength or weakness of the established evidence.

The grading of recommendations using the quality of evidence is the most appropriate for the above recommendations based on the evidence from the systematic review. By outcome, the recommendation for increased focus on bisexual men and sex workers is high and strongly agrees with the systematic review evidence, which shows that there is the lowest early diagnosis and treatment amongst the sex workers and the gay people. Besides, the need for close cooperation between the Hispanic population and the government and training of the healthcare providers to make them prepared to conduct screening agrees with the existing evidence of the pivotal role of the healthcare providers in the diagnosis and treatment of HIV.

### **Recommendations for Future Projects**

Once the application of the suggested public health and ecology models has been implemented among the Hispanic community of the United States of America, there needs to be follow up studies to gauge the progress. Therefore, related studies should be conducted to improve on these models and make them more efficient in ensuring that many members of the Hispanic community appreciate the need for early screening and treatment for HIV. Additionally, the projects can take into account all the other vulnerable populations like the Blacks so that similar practices can be implemented in their communities as well.

### **Strengths and Weaknesses of the Project**

The research project has several advantages. Firstly, it looked at various research materials addressing the issue of HIV prevalence, screening, and treatment among the American Hispanic community and critically analyzed them to identify the gaps. Such a

move gives the project a comprehensive perspective and ensures that all crucial issues are considered in the recommendations that act as a way forward for the topic area. Secondly, it proposes additional models like the public health and ecology models that are applicable in boosting the awareness of the Hispanics on early screening and treatment for HIV. It acts to enrich the available body of knowledge concerning initial screening and diagnosis of HIV as a way of controlling the spread of the disease. Finally, this serves to highlight the plight of the Hispanic community and other minority communities in the United States as far as healthcare discrimination is concerned (Jain, Maulsby, Kinsky, Charles, and Holtgrave & PC Implementation Team. 2016). The surging prevalence of the HIV pandemic among this community has been highlighted, including the causative factors, and developing solutions, and getting all the stakeholders involved in their implementation.

### **Limitations**

The research project had several limitations that could have had significant impacts on the findings. Firstly, the study relied majorly on secondary sources such as books, internet, research papers, statistics reports, and journals, among others. Thus, it did not apply medical and scientific approaches as could have been anticipated. Although only sources thought to be reliable were utilized in the research, some information provided could be outdated or conflicting hence not giving the right information to be relied upon for decision-making. Secondly, the study focused on only the US border Hispanic community and, as such, made use of references that focused on the neighborhood alone (Idelet al., 2014). The sample populations used in the research

papers were low. Therefore, it may not have been representative of the entire Hispanic population in the U.S.

### **Plans to Extend the Project**

Owing to the importance of the subject addressed by this systematic review, the implementation of best practices can improve the health status of members of the American Hispanic Community. As such, there are plans to publish this DNP doctoral project in a journal of public health and to submit an abstract to the American Public Health Association meeting. Such a move will not only bring out the urgency of this matter but will also provide a footprint for additional studies in the area to propose other various effective methods of addressing the same issue.

### Section 5: Dissemination Plan

This work needs to be distributed and shared across the public health nursing professionals who have been experiencing challenges in screening and early treatment of HIV. The dissemination plan will include hosting a seminar where findings are shared with the community public health agencies. I also plan to present conclusions as an abstract for the American Public Health Association's nursing subgroup and submit an article to this group or another relevant group.

#### **Analysis of Self**

As a student, I have always wanted to make a difference in the world. After choosing the nursing field, I decided to make a difference based on my concern that the HIV epidemic has not been reduced. Because the cure for the virus has not been found, I can at least minimize its prevalence and incidence in my community by encouraging and early detection of the virus. As a practitioner, I have noted that many HIV-infected patients come to know of it when it is very late in the symptomatic stage. Sometimes the viral load is very high, and treatment becomes almost impossible. Therefore, researching how to detect HIV at the initial stages and starting treatment immediately can help save lives. The short-term goal of this study is to encourage nurses to share with their Hispanic patients and community members that HIV can be detected at an early stage, and a lot of HIV-related diseases can be avoided. The long-term goal is to reduce the number of deaths associated with late HIV diagnosis.

## **Conclusion**

The purpose of this doctoral project was to enlighten the general public health nursing community on the best and most effective practices that should be used in the screening and treatment of HIV. The audience venues for this project have been identified as the general community and the registered nurses in the community public health facilities and hospitals. Some of the short-term and immediate goals that the project seeks to achieve are encouraging the members of the Hispanic communities to get tested and know their HIV status. Similarly, those found reactive to HIV are advised to seek immediate treatment from a trusted healthcare provider. The long-term goal of this doctoral project is to reduce stigma and incidence of HIV infection among the Hispanic community. The ultimate goal of the doctoral project is to minimize the number of deaths associated with HIV and HIV-related complications.



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