INCREASING HIV AWARENESS THROUGH COMMUNITY-CENTERED EDUCATION
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INTRODUCTION
As of today, worldwide, there are over 1 million Americans living with HIV, and 1.2 million innocent children living with HIV. We are currently experiencing an epidemic that demands a renewed commitment, increased public attention, and leadership. I began my internship with a number of premium goals: reducing the number of people who become infected with HIV each year through community education; decreasing HIV-associated health inequalities; and boosting the availability of care and cultivating better health outcomes for those with HIV. In the United States, HIV affects individuals from all demographics regardless of gender, age, race etc. Out of the 1 million+ people in the United States living with HIV, 1 in 8 of them are undiagnosed. According to the most recent statistical data, in 2013 there were over 4,000 people living with HIV in Nashville. There were roughly 158 new diagnoses the following year. This may often be due to a number of reasons from stigmatization of a positive diagnosis, fear of rejection from family, or even mistrust of medical professionals. I believe a big part of this is the lack of community education on the virus. While HIV knows no boundaries, numerous studies have shown that HIV disproportionately affects gay and bisexual men. Among gay and bisexual men, African American men, especially those who are younger, are the group most disproportionately affected by HIV. Street Works is one of Tennessee’s leading HIV service organizations, providing free, confidential HIV testing and supportive services to persons living with HIV in the Nashville/Middle Tennessee area since 1993. In carrying on with the mission of Street Works, the goal of my project is to decrease various stigmas associated with the HIV virus and to increase the overall diversity of the field of medicine through enrichment, education, and counsel. The aims of my project were to access the emotional health of various members, both diagnosed and undiagnosed. According to the most recent statistical data, in 2013 there were over 4,000 people living with HIV in Nashville. There were roughly 158 new diagnoses the following year. This may often be due to a number of reasons from stigmatization of a positive diagnosis, fear of rejection from family, or even mistrust of medical professionals. I believe a big part of this is the lack of community education on the virus. While HIV knows no boundaries, numerous studies have shown that HIV disproportionately affects gay and bisexual men. Among gay and bisexual men, African American men, especially those who are younger, are the group most disproportionately affected by HIV. Street Works is one of Tennessee’s leading HIV service organizations, providing free, confidential HIV testing and supportive services to persons living with HIV in the Nashville/Middle Tennessee area since 1993. In carrying on with the mission of Street Works, the goal of my project is to decrease various stigmas associated with the HIV virus and to increase the overall diversity of the field of medicine through enrichment, education, and counsel. The aims of my project were to access the emotional health of various members, both diagnosed and healthy, of Street Works programs through surveys to implement strategies for improvement, to increase the number of people in the Nashville community educated on HIV prevention and treatment and to educate the community on having safe and supportive relationships with those who are HIV positive.

STUDY DESIGN

HIV LECTURE SERIES COMPONENTS

Figure 1. To increased HIV Awareness I conducted a four part lecture series on various topics centered around the Human Immunodeficiency Virus.

LECTURE SERIES ASSESSMENT FINDINGS

Table 1. Lecture Series Assessment Findings

<table>
<thead>
<tr>
<th>LECTURE SERIES COMPONENTS</th>
<th>Number of Correct Assessment Responses</th>
<th>Cumulative Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part I: The-Ins &amp;- Outs</td>
<td>250/300</td>
<td>83.37</td>
</tr>
<tr>
<td>Part II: P. T. Party</td>
<td>269/300</td>
<td>89.61</td>
</tr>
<tr>
<td>Part III: (+) Love</td>
<td>257/300</td>
<td>85.71</td>
</tr>
<tr>
<td>Part IV: A Brighter Future</td>
<td>280/300</td>
<td>94.35</td>
</tr>
<tr>
<td>Cumulative</td>
<td>1056/1200</td>
<td>88%</td>
</tr>
</tbody>
</table>

Figure 2. Each part of the lecture series was accompanied by an assessment that was used as a tool to determine efficacy of a particular part of the lecture series. The goal was to achieve 70% correct assessment responses; the actual outcome was 88% correct assessment responses.

HIV STIGMA PRE-SERIES vs. POST SERIES

Figure 3. Pre- and Post- surveys were used to ascertain whether participants would be okay with various members of the post-HIV world. Figure 1. Shows the distribution of participants responses. While only 1% of participants felt comfortable with a parent being HIV positive, 9% of participants felt that they would not feel comfortable if one or more of the people listed above were HIV positive, and about 10% were still indifferent about the possibility of one or more of the people above being HIV positive.

ACKNOWLEDGEMENTS
I would also like to give a special thanks to my mentor at Street Works, Brandon Dykes, and his staff for assisting me every step of the way.

REFERENCES


For more information, please see the attached reference list.