Use of Culturally Tailored Media to Increase HIV Screening Among African Americans

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Use of Culturally Tailored Media to Increase HIV Screening Among African Americans

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April 21, 2016
Dedication

This work is dedicated to my family and friends that have supported my pursuit of the Doctor of Nursing Practice degree. Mom, you have been a continuous source of support, encouragement and love. Thank you. Martha, you have always encouraged me to reach a little higher and give a little more. Thank you for always seeing greatness in me and pushing me to achieve it. I know that Dad is smiling down on us, in awe of how you have helped me blossom in his absence. I hope to follow your example and be an inspiration to my daughter, Maya. Dionjé, words cannot express my gratitude to you for the sacrifices you have made to allow me to pursue my dream. Thank you for everything that you have done to keep our family afloat over the past four years. I could not have done this without you. I am so blessed to call you my husband, partner, and friend, and forever grateful for your unconditional love.
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Abstract

Over one million people in the United States have HIV with a substantial portion of these individuals being African American. Innovative approaches to improving the HIV disparity among African Americans have been encouraged by the federal government. Culturally tailored HIV risk reduction interventions have been noted as effective in several studies in reducing risk behavior. The purpose of the intervention was to determine if the use of culturally tailored HIV risk reduction media would result in an increase in HIV screening among African Americans. A one-time community based intervention with no control group was utilized to determine impact of media. Screening rates were measured over a pre-determined time frame and compared to prior months and year’s rates. Use of culturally tailored media did not result in an increase in HIV screening rates among African Americans. While the selected media was very well prepared, several barriers to successful distribution were identified. Recommendations for better distribution are identified.

Keywords: culturally tailored media, HIV, African American, HIV screening
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Executive Summary

With over one million people in the United States living with HIV and a substantial portion of these individuals being African American, innovative approaches to improving the HIV disparity among African Americans are necessary. This scholarly project final report details the use of culturally tailored media as one evidence-based innovative method of increasing HIV screening rates among African Americans. Background information on the significance of HIV among this population as well as the evidence supporting the use culturally tailored media is provided in this report. A description of the application of three conceptual models, including the Health Belief Model, the Plan-Do-Study-Act Model and Burke and Litwin’s Causal Model of Organizational Performance precedes a thorough organizational assessment of a community-based organization. This final report also includes a detailed project plan, project outcomes and practice implications. Additionally, an evaluation of project outcomes and recommendations for future targeted efforts to increase HIV screening among African Americans follows. Project outcomes and recommendations were disseminated during a digital poster presentation in April 2016.
Introduction and Background

More than one million individuals in the U.S. are currently living with HIV, which has prompted identification of HIV as an epidemic and a public health crisis (Kaiser Family Foundation, 2014; United States Department of Health and Human Services [HHS], 2013). HIV is a preventable disease; yet more than 50,000 new cases of HIV are diagnosed each year (HHS, 2013). Further, the HIV epidemic in the U.S. continues to affect racial and ethnic minorities such as African Americans at disproportionate rates (Kaiser Family Foundation, 2014). African Americans account for only 12% of the U.S. population but comprise approximately 44% of all new cases of HIV (Centers for Disease Control and Prevention [CDC], 2014). Prevalence of new HIV infection is eight times greater for African Americans than for whites. African American women have rates of infection 20 times that of white women and near 5 times the rate of Hispanic women. African American men presently account for 70% of all new infections among African Americans with an infection rate that is three times that of African American women, twice the rate of Hispanic men, and seven times the rate of white men (CDC, 2014).

The National HIV/AIDS Strategy emphasizes the importance of reducing the number of people who become infected with HIV and of reducing HIV-related health disparities (Office of National AIDS Policy, 2010). The updated National HIV/AIDS Strategy for the United States details the importance of collaboration between researchers, service providers, and the African American community in impacting HIV rates in this population (Office of National AIDS Policy, 2015). Further, emphasis is placed on the importance of utilizing culturally appropriate models of care to reach groups at highest risk of HIV infection such as African Americans (Office of National AIDS Policy, 2015).
One of the key factors contributing to the HIV epidemic in the U.S., particularly among African Americans, is lack of HIV screening. Approximately 16% of individuals infected with HIV are unaware of their status, which contributes to more than 50% of new cases of HIV annually (HHS, 2013). Since 2006, the CDC has recommended routine HIV screening in healthcare settings for all individuals ages 13-64 years, with repeat screening annually for those at high-risk (Branson et al., 2006). However, all healthcare settings have not implemented routine screening, emphasizing the need to utilize collaborative efforts between the African American community and local community-based organizations. The proposed evidence-based intervention utilizes culturally tailored media to increase HIV screening rates among African Americans.

**Problem Statement**

HIV is impacting the African American community at disproportionate rates, prompting the need for tailored and targeted efforts to increase screening rates in this population. The proposed intervention is guided by the question: how will the use of culturally tailored strategic advertising materials increase HIV testing rates among African Americans? Culturally tailored media, including print media and a public service announcement, will be utilized via targeted distribution to increase awareness and to advertise available screening times and locations at a local community based organization.

**Evidence-Based Initiative**

African Americans should be targeted for HIV prevention with culturally tailored prevention efforts. Ardley and Sileo (2009) emphasize that socioeconomic, social and structural factors all contribute to higher rates of HIV among African Americans as they impact access to high-quality health care and prevention education. As many African Americans live in urban
communities, they are more likely to experience poverty, unemployment, increased rates of sexually transmitted infections, and alcohol and drug use (Ardley & Sileo, 2009). These mediators may directly and indirectly increase the risk of contracting HIV for African Americans. These factors in addition to various cultural and religious views regarding sexuality and perceptions of HIV risk may impact decisions to engage in risky behaviors for this population, supporting the need for culturally tailored HIV prevention education (Ardley & Sileo, 2009).

Rikard, Thompson, Head, McNeil and White (2012) emphasize that low levels of health literacy may be a significant factor in the disparity in HIV rates among African Americans. Low health literacy has been associated with poor HIV knowledge, which relates to inadequate prevention and treatment information (Rikard et al., 2012). Rikard et al. (2012) emphasize that sufficient health literacy is key to avoiding risky behaviors and utilizing available preventative measures. Cultural tailoring is recommended to increase health literacy in populations with high risk of HIV such as African Americans (Rikard et al., 2012). Rikard et al. (2012) note that despite varying levels of cultural beliefs and values within the African American community culturally tailored messages help to “frame HIV/AIDS information to capture the shared culture and diversity within the community” (p. 627). Culturally tailored health messages have been noted as more effective than generic messages and are an appropriate strategy for communicating health information (Rikard et al., 2012). Further, Rikard et al. (2012) emphasize that effectively tailored printed health media components should focus on prevention, visually engage the target population, proactively recruit participants and contain messages based on theoretical concepts such as social responsibility and self-efficacy. Culturally tailored prevention strategies are an essential component of health promotion. Tailored HIV/AIDS interventions
should address low health literacy levels as well as dispel myths, identify risk-taking behavior and aid in health decision-making (Rikard et al., 2012).

A literature review was conducted to evaluate the existing evidence regarding the provision of culturally tailored HIV risk reduction media among African Americans. Multiple databases were searched including Cumulative Index of Nursing and Allied Health Literature (CINAHL), PubMed and Proquest utilizing the key words African American and culturally tailored media and HIV. The search was limited to English language articles published in scholarly peer-reviewed journals. Criteria for inclusion in the review were articles published within the last ten years and studies conducted in the U.S. After exclusion of duplicate articles, only three articles met criteria for inclusion in the review. A secondary search was performed using keywords African American and culturally tailored media. Seventeen articles were found in this search, after exclusion of duplicates, four articles met criteria for inclusion in this portion of the review. The search criteria were further broadened to obtain additional relevant literature by utilizing keywords African American and culturally tailored intervention and HIV. This search yielded two additional articles that met criteria for inclusion. No additional articles meeting inclusion criteria were obtained from the reference lists.

Culturally Tailored HIV Risk Reduction Interventions for African Americans

While the literature supports the need for culturally tailored HIV risk reduction interventions for African Americans, there are limited numbers of culturally tailored interventions that have been rigorously tested in this population. Tobin et al. (2012) conducted a randomized controlled trial of a culturally tailored pilot HIV prevention intervention among 147 African American men who have sex with men (MSM) in Baltimore Maryland. Participants were recruited between August 2007 and August 2008 from various bars, clubs, cafes, restaurants and
college campuses (Tobin et al., 2012). Additional recruitment efforts included newspaper advertisements, referrals to agencies providing services to MSM and internet-based recruitment among sites catering to African American MSM (Tobin et al., 2012). An intervention advisory board (IAB) consisting of advocates and professionals who served African American MSM in the community and community members met twice monthly and provided input for tailoring the intervention. Tobin et al. (2012) noted that in order to tailor the intervention to African American MSM the intervention must address homophobia, stigma and discrimination as these factors influence behavior in this population.

The goal of this randomized controlled trial was to evaluate efficacy of a previously designed social network HIV prevention intervention, Unity in Diversity (UND). The intervention group received six group sessions and one individual session and the control group received a single HIV prevention session. The intervention consisted of videos featuring African American men and group activities using visuals featuring pictures of African American men. Videos and activities aimed to increase HIV risk and testing knowledge and increase motivation to engage in preventive behaviors (Tobin et al., 2012). Two African American male facilitators delivered materials. Efficacy of this program was based on participant sexual risk and self-efficacy in communicating about HIV testing and condom use (Tobin et al., 2012). The UND program aimed to teach about HIV risk, establish norms for HIV testing and condom use, increase condom use, improve communication skills for reducing HIV risk with partners and encourage information sharing to participants’ social network members (Tobin et al., 2012). Results indicated that this intervention was effective in decreasing the number of male sexual partners and marginally effective on condom use with male partners (Tobin et al., 2012).
Aronson et al. (2013) utilized a treatment group only design to pilot test a culturally and contextually congruent HIV prevention intervention, Brothers Leading Healthy Lives, among African American male college students. The purpose of this pilot study was to increase condom use among 64 heterosexual African American male college students. Aronson et al. (2013) note that the intervention was designed through community-based participatory research performed in collaboration with African American college students, university faculty and staff and community partners in HIV prevention. A formative research phase also guided researchers in exploring factors such as the relationship between masculinity and other social, cultural and psychological factors that impact behavioral risk for HIV (Aronson et al., 2013). Previous research by Aronson et al. (2013) noted that an imbalance in masculine expression impacted engagement in protective behaviors for African American men. This information directed the cultural tailoring of the intervention to address black masculinity and masculine expression.

Outcome measures were assessed at baseline, immediately after the intervention and three months post intervention (Aronson et al., 2013). Study results indicate the intervention significantly impacted outcome measures which included reduction in unprotected sex, increase in protection during last intercourse and a decrease in condom use errors (Aronson et al., 2013). Knowledge, attitudes, intentions and condom use self-efficacy also improved from baseline to follow-up at three months post intervention (Aronson et al., 2013).

Culturally Tailored HIV Risk Reduction Media for African Americans

Romer et al. (2009), Sznitman et al. (2011), Hennessey et al. (2013) and Kerr et al. (2015) reported the effects of culturally tailored HIV risk reduction media among African American adolescents over time. Romer et al. (2009) created messaging for both radio and television advertisements after in-depth interviews with low-income African American youth in
cities where the media messages would be aired (Romer et al., 2009). Information gained from these interviews assisted in conceptualizing barriers to safer sex for these youth and identifying strategies to resist pressure to engage in risky behavior. Romer et al. (2009) developed narratives to enable youth to reject arguments that support engagement in risky behaviors and created dramatic depictions of youth modeling use of these narratives. An adult community advisory board made suggestions on the media content. Media messages were pretested to an audience of African American adolescents and modified based on their feedback about effectiveness and appropriateness of the message (Romer et al., 2009).

Sznitman et al. (2011) examined the long-term effectiveness of the culturally and developmentally appropriate mass media messaging developed by Romer et al. (2009) to improve HIV preventive behaviors and reduce risk among African American adolescents. Sznitman et al. (2011) reported findings based on the 18-month follow-up period with study participants. Television and radio messages were delivered over a three-year time period to adolescents age 14-17 years (Sznitman et al., 2011). The intervention was described as dramatic vignettes depicting adolescents resolving issues related to safe sex and resisting pressure to engage in sex. Mass media advertisements played after school hours and on weekends and ran for an average of three television and three radio spots per month. The mass media intervention resulted in improved condom usage and increased sex refusal among the adolescents (Sznitman et al., 2011). Study participants completed assessments at baseline, 3, 6, 12 and 18 months and were tested for sexually transmitted infections (STIs) at 6, 12 and 18 months (Sznitman et al., 2011). A decrease in unprotected sex was noted among adolescents that tested positive for STIs at baseline, after exposure to the mass media. Between 48% and 87% of adolescents reported having seen intervention television advertisements and 22% to 50% reported having heard the
radio advertisement (Sznitman et al., 2011). Sznitman et al. (2011) noted that consistent culturally tailored mass media messages delivered over time might potentially support changes in HIV preventative behavior and reduce HIV risk. Hennessy et al. (2013) reported three year follow up results from the Sznitman et al. (2011) study among 1139 African American adolescents. Hennessy et al. (2013) noted that effects of the intervention on behavior change among these adolescents were sustained 18 months after completion of the mass media intervention.

Kerr et al. (2015) conducted a randomized controlled trial (RCT) among 1613 African American adolescents to determine the effectiveness of a risk-reduction strategy in addressing stigma, as HIV related stigma has been noted to interfere with HIV prevention, testing and treatment. The Kerr et al. (2015) sample consisted of adolescents ages 14-17 from four mid-sized cities, based on longitudinal data from the Sznitman et al. (2011) study. Participants from two of the four cities received a culturally tailored television and radio media intervention in addition to sexual risk reduction education or general health curriculum (Kerr et al. 2015). Details on the culturally tailored media used are described above in Romer et al. (2009). Kerr et al. (2015) conducted the RCT with three goals: (a) examining the effectiveness of Project iMPPACS, a culturally tailored HIV risk reduction mass media campaign, in reducing HIV stigma, (b) to determine the long-term effectiveness of the Focus on Youth (FOY) program in reducing stigma and (c) to determine effectiveness of Project iMPPACS in reducing stigma among those in the FOY program. This study utilized longitudinal data available from Project iMPPACS, a repeated measure RCT (Kerr et al., 2015). Media messages were placed on television and radio channels that were popular among youth and played after school hours, on evenings and weekends (Kerr et al., 2015). Messages played over the 16-month recruitment phase of the study as well as
during an 18-month follow-up period. Participants completed questionnaires at baseline, 3, 6 and 12 months (Kerr et al., 2015). Kerr et al. (2015) noted an increase in knowledge scores among both groups, and while stigma decreased for both groups, there was a modestly significant decrease in stigma for the group exposed to media messages.

**Other Culturally Tailored Media for African Americans**

As only few studies have examined the use of culturally tailored media for HIV risk reduction among African Americans, it is pertinent to examine other uses of culturally tailored media to improve health among African Americans. Risica, Gans, Kumanyika, Kirtania and Lasater (2013) reported findings of a culturally tailored weight control intervention delivered via cable television to African American women. Risica et al. (2013) noted that given the significant obesity rate among African American women and the fact that most weight loss programs without cultural contexts are reported as less effective among African American women than white women, adapting programs to cultural contexts is appropriate for this population. This program was designed to be culturally appropriate based on formative research conducted among over 500 African American women in Boston (Risica et al., 2013). Risica et al. (2013) conducted a randomized controlled trial of a cable television weight control program titled SisterTalk.

SisterTalk consisted of 12 one-hour television programs, written education materials, biweekly mailings and access to a toll-free number to call for additional support during the television broadcast (Gans et al., 2003). The television program was hosted by a social worker, registered dietician and an exercise physiologist, all of whom were African American women. SisterTalk was designed based on social action theory, community partnerships and formative research. Twenty-eight focus groups were conducted among 193 African American women to develop broad themes for the program (Gans et al., 2003). Telephone surveys were conducted to
assess attitudes and behaviors noted as themes from the focus groups (Gans et al., 2003). Risica et al. (2013) utilized a five group design with a comparison group and a 2x2 factorial comparison of (a) interactive vs. passive programming and (b) telephone social support vs. no telephone social support with 12 weekly cable TV programs followed by four monthly booster videos. Surveys on diet, physical activity, and Body Mass Index (BMI) were conducted at 3, 8, and 12 months from baseline via telephone and in-person (Risica et al., 2013). Risica et al. (2013) noted improvements in BMI, diet and physical activity among women exposed to the cable television intervention at three months. Differences in dietary fat intake persisted at 8 and 12 month evaluations but there were no longer differences in BMI or physical activity (Risica et al., 2013). This indicates short-term success of the intervention but encourages further research to determine what factors contributed to lack of long-term success.

Similarly, in a qualitative study, James, Pobee, Oxidine, Brown and Joshi (2012) utilized the Health Belief Model to develop culturally appropriate weight-management materials for 50 African American women. James et al. (2012) conducted seven focus groups formed by convenience sampling and noted that participants felt that their culture and genetics predisposed them to obesity. James et al. (2012) also noted that lack of success for African American women in weight loss programs might be related to programs that lack cultural considerations such as body image, beauty and traditions. A qualitative approach was selected as researchers believed that perceptions about weight, and knowledge and attitudes about obesity and weight management could not be fully explored in a quantitative survey format (James et al., 2012). Participants were recruited from salons, churches, sororities, a college campus and low-income housing. Focus groups consisted of six to nine women and lasted approximately one and a half hours. Topics included healthy weight, obesity, overweight, perceived consequences of obesity,
barriers and motivators to weight loss, information needed to lose weight and dieting sources (James et al., 2012). Based on information from thematic analysis, James et al. (2012) noted that participants seemed to be in a struggle between accepting their bodies as they were and having motivation to make lifestyle changes to manage their weight and improve health outcomes. James et al. (2012) also noted that African American women were less likely to perceive themselves as overweight or obese and may need help in assessing their weight as it relates to health risks. Researchers noted that culturally tailoring the program increased self-efficacy, which is a necessary component to successful weight management.

Joseph, Keller, Adams and Ainsworth (2015) conducted a randomized pilot to examine the promotion of physical activity among African American women using print or culturally tailored Facebook and text messages. Joseph et al. (2015) randomly assigned 29 participants ages 24-49 years, to one of two eight-week physical activity interventions: a culturally relevant intervention delivered by Facebook or through a text message, or a non-culturally tailored print-based intervention of promotional brochures mailed to subjects’ homes. Culturally tailored materials were developed for this study based on previous research by the authors (Durant et al., 2014). Nominal group technique was used to determine features to include in a website to promote physical activity among African American women. African American women were asked, “what features of the website are most important to include in a physical activity promotion website for overweight and obese African American women?” (Durant et al., 2014). Themes were identified based on these responses and used to develop a guide for the focus groups. Responses from the focus group led to development of a culturally relevant internet-based physical activity promotion tool (Durant et al., 2014). Accelerometers were used to measure physical activity. Greater increases in light to moderate physical activity were noted
among the Facebook/text message intervention group as compared to the print intervention group (Joseph et al., 2015). The Facebook group also had higher satisfaction, family social support for physical activity, self-regulation of physical activity and decreased sedentary time (Joseph et al., 2015). Interestingly, there were no significant increases in moderate to vigorous physical activity for either group. Overall, the intervention was perceived as acceptable and feasible which supports further inquiry in culturally tailored media interventions for this population.

Another example of the use of culturally tailored media is provided by DiClemente, Murray, Graham, and Still (2015) who utilized a culturally tailored media intervention to overcome barriers to human papillomavirus (HPV) vaccination among African American girls. African American female adolescents are disproportionately affected by HPV, marking the need for prevention strategies specifically targeting this population. The need for culturally targeted interventions is further directed by the fact that African American adolescents are less likely than whites to initiate and complete HPV vaccination series (DiClemente et al., 2015). Formative research using both focus groups and individual interviews among mothers, health providers and adolescents was used to identify knowledge, attitudes and perceptions about HPV vaccination (DiClemente et al., 2015).

DiClemente et al. (2015) then conducted a randomized placebo-controlled trial to test efficacy of a theory based computer delivered media intervention, Girls OnGuard. Researchers hypothesized that a larger number of female adolescents participating in Girls OnGuard would receive the first HPV vaccination and complete the series of three vaccination doses (DiClemente et al., 2015). A total of 216 African American female adolescents participated in the study. The Girls OnGuard group participants viewed a 12-minute culturally appropriate interactive computer-delivered media presentation on HPV vaccination (DiClemente et al.,
2015). The comparison group viewed a culturally appropriate health promotion media presentation on physical activity and nutrition. DiClemente et al. (2015) found that few participants (19.5%) perceived they were at risk for cervical cancer while 75% of the sample reported being sexually active. However, more participants in the Girls OnGuard intervention group perceived that they were at risk for developing cervical cancer and reported that they would be likely to get an HPV vaccine than those in the comparison group (DiClemente et al., 2015). Long-term results indicated that only 12% of all participants in either group received the HPV vaccine, however, intervention group participants were more likely to complete the vaccine series.

**Literature Synthesis**

African Americans, as a population disproportionately impacted by HIV/AIDS, should be targeted for HIV prevention with culturally tailored prevention efforts. Factors such as health literacy, socioeconomic status, and other social and structural factors contribute significantly to this populations’ access to quality health care and to appropriate prevention education (Ardley & Sileo, 2009; Rikard et al., 2012). Culturally tailored HIV risk reduction interventions have demonstrated efficacy in reducing the number of sexual partners and increasing condom use among African Americans (Aronson et al., 2013; Tobin et al., 2012). Additionally, mass media efforts to decrease HIV risk have demonstrated efficacy in improving HIV risk behavior, increasing HIV prevention knowledge and decreasing HIV related stigma (Hennessey et al., 2013; Kerr et al., 2015; Sznitman et al., 2011). Culturally tailored media has also been effectively utilized to improve weight management, physical activity and HPV vaccination series completion rates among African Americans (DiClemente et al., 2015; James et al., 2012; Joseph et al., 2015; Risica et al., 2013).
The literature supports use of culturally tailored media for health promotion efforts targeting the African American population. Culturally tailored media are evidence-based tools that may be used to increase awareness and HIV screening among African Americans. Print/digital campaigns were reviewed from the CDC, HHS, the National Institute of Allergy and Infectious Diseases (NAID), National Institute on Drug Abuse and U.S. Department of Veteran’s Affairs. For the purposes of this DNP scholarly project, culturally tailored media that are visually engaging and promote self-efficacy and social responsibility will be used to target African Americans in a mid-sized mid-western city for HIV screening efforts (Rikard et al., 2012). Based on these criteria, print/digital media were selected from the CDC’s (2015) “Let’s Stop HIV Together” campaign.

**Conceptual Models**

Several conceptual models were used to best describe the phenomenon of interest, project implementation and to adequately assess the organization. The Health Belief Model was selected to frame key concepts of the phenomenon of interest, HIV prevention behaviors. The Plan-Do-Study Act Model was used to guide implementation as this model is designed to assist with quality improvement projects. Burke and Litwin (1992) Causal Model of Organizational Performance and Change was selected to adequately assess all components of the selected organization.

**Health Belief Model**

The Health Belief Model (HBM) underpins the phenomenon of interest as it has been utilized extensively in research of HIV prevention behaviors and behavior modification (Becker, Haefner, Kasl, Kirscht, Maiman, & Rosenstock, 1977). The HBM asserts that behavior change begins with individuals developing a sense of urgency or perceived vulnerability and the belief
that they are capable of behavior control (Brunswick & Banaszak-Holl, 1996). Behavior control can be explained as self-efficacy, or having control over the activities that put a person at risk of contracting the illness (Brunswick & Banaszak-Holl, 1996). Brunswick and Banaszak-Holl (1996) emphasize that this sense of self-efficacy is necessary before the individual will stop engaging in the risky behaviors. This phenomenon is driven by perceived seriousness and perceived susceptibility (Brunswick & Banaszak-Holl, 1996).

The project aimed to impact HIV screening rates among African Americans utilizing culturally tailored media to increase this population’s perception of the severity of HIV as well as perception of susceptibility to contracting HIV. Rewards and benefits (knowing one’s HIV status) of changing the risky behavior (unprotected sex) must be perceived as greater than what is obtained from engaging in the behavior (receiving a HIV test). Utilizing the HBM, perceived barriers to HIV risk reduction are also explored. For this population, access to care, health literacy level, and socioeconomic level are a few issues that may be perceived as barriers to getting tested for HIV. Stigma is also an important component of the HBM in relation to this phenomenon and population, as it may serve as a threat, preventing a person from making the decision to receive a HIV test. Brunswick and Banaszak-Holl (1996) also note that knowledge is often included in the HBM. Several components of the HBM relate to this phenomenon of HIV among African Americans. Efforts directed to HIV risk reduction among this population must increase awareness to the vulnerability of the African American population to HIV, emphasize that HIV is preventable, encourage self-efficacy and explore perceived barriers to HIV risk reduction measures.
Plan-Do-Study-Act Model

The Plan-Do-Study-Act (PDSA) model for improvement guided this project implementation (HHS, 2011; W. Edwards Deming Institute, 2016). The PDSA model is depicted in Appendix A. Utilizing this model the proposed project began in the plan phase with identification of the process that is in need of improvement, HIV screening among African Americans. The amount of improvement required is to increase the screenings of minorities (African American and Hispanics) from 20% of total screenings to 50% of total screenings (the new grant requirement of the selected organization). The change to be implemented is the addition of culturally tailored media and the effect will be measured based on screening rates. Next, in the “do” phase, culturally tailored media was distributed and HIV testing rates among African Americans were monitored over a three month period. Project evaluation occurred in the “study” phase (HHS, 2011). The organization was presented with recommendations based on information gathered in the “study” phase to allow entry into the “act” phase in which the organization may consider additional changes they may need to make to meet desired outcome measures.

Causal Model of Organizational Performance and Change

Burke and Litwin’s (1992) Causal Model of Organizational Performance and Change was utilized to examine current functioning of the organization and to gain a better understanding of how change occurs. In order to design and implement a practice change it is necessary to understand how the organization functions in its current state. Based on general systems theory, the Burke and Litwin (1992) model demonstrates a feedback loop between the external environment (input) and the individual and organizational performance (output). This feedback loop represents the idea that organizational performance affects the system’s external
environment through services provided, yet the external environment may also impact the organization’s performance. In addition, the model depicts organizational variables at both a total system level and a local unit level (Burke & Litwin, 1992).

These variables are organized in the model based on the transformational and transactional dynamics. Transformational factors include (a) the mission and strategy, (b) leadership, and (c) organizational culture. Transactional variables are factors that are primarily altered through short-term reciprocity among people or groups. These factors all influence the individual and organizational performance and include, (a) work climate, (b) management practices, (c) structure, and (d) systems (Burke & Litwin, 1992). Together these transformational-transactional variables impact motivation. This model may be used to gain a better understanding of organizational performance, and factors that will influence effectiveness of organizational change.

Principles of Burke and Litwin’s (1992) Causal Model of Organizational Performance and Change were used in conjunction with Principles and Practices for Nonprofit Excellence in Michigan: An organizational assessment and planning tool for Michigan nonprofits, to conduct an organizational needs assessment (Michigan Nonprofit Association, 2009). This tool was selected as its guiding principles align well with the concept of transformational-transactional interactions. Each of Burke and Litwin’s (1992), variables were assessed, guided by questions from the Principles and Practices for Nonprofit Excellence in Michigan tool.

Mission & strategy. Burke and Litwin (1992) describe the mission and strategy as what management believes and has declared as the mission and strategy and what employees believe is the purpose of the organization. This organization’s overlying mission is to educate the public and to provide all individuals access to resources that save lives. The mission includes the
statement, “we envision a world in which everyone has access to the health related services that they need, when and where they need them.” This statement is pertinent as it relates to the organization’s desire to meet the needs of all individuals regardless of race or ethnicity. Management and employees both agree on and are able to verbalize this mission. Both management and employees agree that ongoing procedures are in place to evaluate the organization’s programs, procedures and outcomes and to ensure that these continue to align with the mission. Additionally, management and employees agree that the organization advocates publicly on behalf of its mission and values. These factors support the transformational-transactional nature of this organization’s mission and strategy.

**Leadership.** Leadership is defined as executives providing organizational direction and serving as behavioral role models for employees (Burke & Litwin, 1992). Employees of this organization agreed that the organizational leadership (the board) is comprised of individuals representing the best interests of the organization who receive no monetary compensation for their services. The board represents diversity of perspective that minimizes opportunity for conflicts of interest (Michigan Nonprofit Association, 2009). The board’s racial/ethnic composition resembles that of the organization with two board members being of racial/ethnic minorities. The board provides organizational direction and reviews the bylaws and mission statement, amending them to reflect organizational growth and development.

**Culture.** Burke and Litwin (1992) describe culture simply as the way things are done in an organization. Culture includes a collection of overt and covert rules, values, and principles that guide organizational behavior. In order to gain a better understanding of this organizations’ culture the Michigan Principles and Practices tools was utilized to specifically examine the areas of organizational communication, transparency and accountability and planning (Michigan
Nonprofit Association, 2009). In the principle of planning, the organization ranked quite high with items such as a clearly defined mission and actively seeking community input for activities. Areas that this organization lacked were a written communication plan and a written strategic plan for implementation of activities. The current culture is one of getting things done, though there may not always be a written plan in place to support activities. However, this organization is very transparent with staff in regards to allocation of resources and is held accountable through annual reporting to maintain grant funding for programming. This organization is also transparent in identifying its historical lack of adequate minority representation within the organization as a factor that may have influenced the organization’s ability to connect with communities of color such as African Americans.

**Structure, management practices & systems.** Structure is defined as how people and organizational functions are arranged into specific areas and levels of responsibility, decision-making authority, communication, and relationships which support and aid in implementation of the organization’s strategic mission (Burke & Litwin, 1992). Management practices are what managers do utilizing both human and material resources to carry out the organization’s strategy (Burke & Litwin, 1992). This organization is comprised of nine board members diverse in ethnicity, age, sex, and background. The organization employees 13 staff members with positions including executive director, director of HIV program services, HIV testing-linkage-care (TLC) program manager, HIV TLC program assistant, two HIV case managers, two patient navigators, director of overdose prevention, development and volunteer coordinator, recovery coach, client services coordinator, and tobacco reduction specialist. Each staff member has a specific role and designated responsibilities related to his or her role. However, staff also note that sometimes their roles may include other components depending on the current events/needs.
of the organization. Formal systems in place to facilitate role and responsibility designation include the use of the board matrix, employee handbook and individual employee job descriptions. Management practices are not as clearly defined because each area of programming has separate goals, objectives and funding.

It is worth noting that the organization has undergone several changes in structure over the months just prior to and during this intervention. Poor staff retention has negatively impacted some organizational functions. This impact is visible in programs such as the HIV testing program, which has had a recent decrease in available hours for testing. Remaining staff have taken on additional responsibilities to assist with programming during the transitional period. Additionally, newly hired staff are working to become acclimated with the organization’s functioning and individual roles.

**Climate, individual skills/abilities, individual needs/values & motivation.** Burke and Litwin’s (1992) factors of climate, individual skills, individual needs and motivation are closely linked and will be further delineated in terms of this organization. Climate is the collection of expressions and feelings that staff members have about their work relationships. In this organization staff have close-knit relationships, work well in teams and feel supported in their efforts to meet organizational goals. Staff are skilled in the areas of their job titles, many are graduates of social work programs and also are passionate about their target work area. As staff are passionate about their work areas (some due to personal history within the program area in which they work), overall motivation is high and staff are eager to utilize programming to make a difference to the community they serve.
Need and Feasibility Assessment of the Organization

This 501(c)(3) non-profit organization, located in the southeast section of a mid-sized mid-western city, serves the surrounding county by providing the resources for HIV harm-reduction and thus improving the health of the community. This organization provides several services in the community including, but not limited to, HIV and Hepatitis C testing, syringe exchange services and overdose prevention. This organization’s programs are well established and have demonstrated effectiveness, however, the organization reports a need to expand HIV outreach services in an effort to serve a more diverse client base. The testing, linkage and counseling (TLC) program has several working objectives that must be met in order to maintain state grant funding. One of the program’s measurable objectives is that at least 50% of the individuals tested by the agency are racial/ethnic minorities and the service area of the agency has high HIV prevalence. Areas of high HIV prevalence are defined as those with a rate of >1%. In the years prior, the grant requirement for the organization was to test 20% African American and 15% Hispanic of the total number of individuals tested. It is noteworthy, that the organization has had challenges in meeting this goal in the past. The expected outcome for the 2015-2016 reporting year is that more than 50% of the individuals tested will be African American or Hispanic. With the dramatic increase in the requirement for testing among minority populations, the TLC program has identified a need to expand current programming to reach more individuals from these populations. In addition, a recent grant was awarded to this organization for use in strategic advertising to increase HIV awareness and education among African Americans and Hispanics in a mid-sized mid-western city.

The organization has decided to focus initial efforts, for the current reporting year, specifically on the African American population as staff and resources are not currently aligned
to mobilize efforts in the Hispanic community. The project is feasible as it meets these described organizational needs. In addition, timing of this project is appropriate given the recent receipt of grant funding for outreach efforts in the African American community and the organizational need to screen 50% African Americans or Hispanics. The TLC program manager and assistant are stakeholders in this project as the outcome relates to grant requirements. Additionally, organizational leadership and staff are all stakeholders as they have verbalized a need to expand their reach in the African American community. The major barrier to implementation currently is testing capacity. The organization has recently experienced turnover of the entire TLC team and the new team members are now facing state mandated changes in the documentation for HIV screening in addition to adapting to their new roles. The organization has recently cut back walk-in testing hours during this transitional time. This may be a barrier as this project aims to increase advertising for testing as well as ultimately increased testing among minorities; however, the organizational leadership and staff are in support of this project as it meets an organizational need.

Project Implementation

This project was a community-based one-time quality improvement intervention to increase HIV screening rates among African Americans in a mid-sized mid-western city. Best evidence noted in available literature was used to determine appropriate elements of culturally targeted media. Print media was selected from available CDC culturally tailored media based on these results. Following the determined theme, a public service announcement was recorded. The plan was to distribute media via social media and print media with an emphasis on distribution among African American networks/businesses. The distribution was planned for February 2016, as this coincided with National Black HIV/AIDS Awareness Day. Organization volunteers were
to distribute print materials on 12 walking routes. Due to inclement weather and lack of volunteer assistance only two of the planned twelve routes were covered for distribution. Media included information on available HIV testing times and locations in the community. The number of African Americans tested for HIV by this community organization was tracked for one month. The initial plan was to compare data for March 2016 to March 2015, however, March 2015 data were not available due to a change in the organization’s data tracking system. Due to this change data were not available prior to October 2015. Data from March 2016 were compared to January and February 2016. Additionally, data from January-March 2016 were compared to data from October-December 2015. Results and recommendations for future efforts using culturally tailored media within the African American community were compiled and will be provided to the organization.

**Purpose of Project with Objectives**

The purpose of this DNP scholarly project was to implement the use of culturally tailored media HIV risk reduction media to increase HIV screening among African Americans in a mid-sized mid-western city. This project was supported by national data indicating an immense disparity in HIV rates among African Americans and the need for innovative efforts to address this disparity. In addition, the project was supported by a mutually identified organizational need to increase screening rates among this population. The objectives of this project included (a) to disseminate culturally targeted media (print, television and social media) to African Americans in a mid-sized mid-western city and (b) to monitor HIV testing rates at the organization’s testing sites among African Americans in a mid-sized mid-western city over a one month period compared to testing over one month the prior year in this population. The latter objective was changed as noted above.
**Type of Project**

This Doctor of Nursing Practice (DNP) scholarly project was a quality improvement project focused on systematic actions over time that may lead to an improvement in health status for African Americans (HHS, 2011). Improvement in health status for this population was to be measured by an increase in HIV screening rates as compared to HIV screening rates among this population in the prior months and year.

**Setting and Resources Used**

This project took place in a mid-sized mid-western city community. HIV screening was offered at the local community organization’s office in this city as well as the organization’s community screening sites. Trained HIV test counselors, both staff and volunteer, completed the HIV screening based on the organization’s screening guidelines. Culturally tailored materials were selected from the CDC’s “Let’s Stop HIV Together” campaign, which aims to raise HIV awareness and decrease stigma (CDC, 2015). This campaign was selected from many as it encompasses a wide range of ages and targets both male and females. The CDC does have other campaigns but culturally tailored campaigns, available at the time of selection, targeted either African American women or African American MSM. The CDC co-branded the materials free of charge with the organization’s logo and contact information. The materials were received electronically from the CDC and used for printing posters and on social media. These co-branded materials were distributed throughout the community focusing on areas highly concentrated with African American residents based on data obtained from racial dot map, which indicated a core of African Americans in this mid-sized mid-western city from Division to Fuller Avenue between Burton and Wealthy Streets (Weldon Cooper Center for Public Service, 2012).
Design for the Evidence-based Initiative

The intervention was a one-time community-based intervention with no control group.

Participants

Project participants included the DNP student, community site mentor, organization volunteers, staff certified as HIV test counselors and African Americans in the surrounding community. No sampling or recruitment strategy was necessary as the aim was to increase HIV screening among the described target population.

Measurement: Sources of Data and Tools

As the aim of this project was to determine if the use of culturally tailored media resulted in an increase in screening among African Americans, the outcome measure was the number of African Americans screened in a designated timeframe. This organization currently tracks these data for the purposes of grant reporting and available data were used to meet the DNP project objectives.

Steps for Implementation of Project, Including Timeline

1. Culturally tailored media collected from current HIV risk reduction campaigns (Fall 2015)
2. Permission obtained from Centers for Disease Control for use of campaign materials (Fall 2015)
3. Materials co-branded by CDC to reflect the organization contact information and local screening availability (Fall 2015); See Appendix B
4. Materials printed (Early February 2016)
5. Plan for distribution was developed using racialdot.map (Early February 2016)
6. Materials distributed through social media and print media (late February-March 2016)
a. Materials shared through social media sites including Facebook and Twitter

b. Print materials were distributed to local businesses, emphasizing those that target the African American population

7. HIV public service announcement recorded (Early February 2016)

   a. Distribute via social media in addition to GRTV distribution

8. After one month of print and social media distribution, evaluate outcome measure of increased testing in target population (Early March 2016, data compared to January and February 2016 data; January- March 2016 compared to October-December 2015)

**Budget**

The costs associated with this project were covered in the Mars Hill Grant received by this organization in the amount of $2,000 for strategic advertising among the African American population. The cost for print media was approximately $550. Distribution of materials was completed by this student to avoid additional staffing cost. Staff and volunteers performed HIV testing during normal testing hours to avoid additional costs associated with paid staff time. Distribution of materials via social media did not incur any cost. The public service announcement was recorded by GRTV with no cost to the organization. This project was completed under the allowed budget, which will allow funding for additional efforts at strategic advertising based on recommendations included below.

**Ethics and Human Subjects Protection**

This project was submitted to the GVSU Human Research and Review Committee (HRRC) and approved as a non-research project effective March 9, 2016 (Appendix C). No organizational approval was required. HIV testing followed current organizational guidelines for
maintaining client privacy and confidentiality. No questions were asked of clients regarding HIV status. No additional ethical considerations were noted as testing would remain anonymous.

**Project Outcomes**

The proposed scholarly project had one outcome measure: the number of African Americans screened for HIV in a one-month time frame (March 2016). Data for March 2016, noting percentage of African Americans screened for HIV is available in Figure 1. Table 1 reflects the number of African Americans this organization screened in January and February compared to March 2016. A greater percentage of African Americans were screened in January of 2016 compared to February and March 2016, as the total number of HIV screenings completed were greater in February and March 2016. In addition, there was no increase in the percentage of African Americans screened between February and March 2016. Use of culturally tailored media did not result in an increase in the percentage of African Americans screened for HIV during March 2016.
Figure 1. Percentage of HIV screenings performed each month based on race in first quarter 2016

Table 1

<table>
<thead>
<tr>
<th>Month</th>
<th>African American n (%)</th>
<th>Asian n (%)</th>
<th>White n (%)</th>
<th>More than 1 Race n (%)</th>
<th>Unknown n (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>5 (26)</td>
<td>0 (0)</td>
<td>13 (68)</td>
<td>0 (0)</td>
<td>1 (5)</td>
<td>19</td>
</tr>
<tr>
<td>February</td>
<td>12 (22)</td>
<td>1 (2)</td>
<td>33 (61)</td>
<td>6 (11)</td>
<td>2 (4)</td>
<td>54</td>
</tr>
<tr>
<td>March</td>
<td>12 (22)</td>
<td>2 (4)</td>
<td>33 (60)</td>
<td>5 (9)</td>
<td>2 (5)</td>
<td>55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29 (23)</strong></td>
<td><strong>3 (2)</strong></td>
<td><strong>79 (62)</strong></td>
<td><strong>11 (9)</strong></td>
<td><strong>6 (5)</strong></td>
<td><strong>128</strong></td>
</tr>
</tbody>
</table>
Data for the first quarter of 2016 (January-March) was compared to the last quarter of 2015 (October-December). These data were consistent with the above analysis, indicating no increase in the percentage of African Americans screened between January-March 2016 as compared to October-December 2015. Similar to the above noted observation, a greater number of screenings were performed between October 2015-December 2015 than between January-March 2016. Detailed data related to this quarterly comparison is available below in Figure 2 and Table 2.

![Figure 2. Percentage of HIV screenings performed each quarter based on race.](image)
Table 2

Number of HIV Screenings Performed Each Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>African American n (%)</th>
<th>Asian n (%)</th>
<th>White n (%)</th>
<th>More than 1 race n (%)</th>
<th>Other n (%)</th>
<th>Unknown n (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2015-December 2015</td>
<td>46 (26)</td>
<td>5 (3)</td>
<td>106 (59)</td>
<td>0 (0)</td>
<td>6 (3)</td>
<td>16 (9)</td>
<td>179</td>
</tr>
<tr>
<td>January 2016-March 2016</td>
<td>29 (23)</td>
<td>3 (2)</td>
<td>79 (62)</td>
<td>11 (9)</td>
<td>0 (0)</td>
<td>6 (5)</td>
<td>128</td>
</tr>
<tr>
<td>Total</td>
<td>75 (24)</td>
<td>8 (3)</td>
<td>185 (60)</td>
<td>11 (4)</td>
<td>6 (2)</td>
<td>22 (7)</td>
<td>307</td>
</tr>
</tbody>
</table>

While this intervention did not impact the percentage of African Americans screened for HIV during March 2016, it did serve as the first step in an organizational practice change to target African Americans for screening. In order to see a significant increase in HIV screenings among African Americans, the organization will need to continue to make targeted efforts. In addition to this change to more targeted efforts, the organization also has created additional ties to the African American community, such as a local African American community health organization, which should prove useful for future HIV screening event planning.

Implications for Practice

A substantial disparity exists among the African American population in rates of HIV, with a significant number of HIV cases related to low screening rates. The federal government has challenged providers and community based organizations to develop innovative high-impact preventative approaches to target high-risk populations such as African Americans. This approach at prevention was relatively low cost and had demonstrated efficacy based on review of the literature. However, there were challenges in implementation of this project, which ultimately impacted its success in increasing HIV screening among African Americans.
Summary of Important Successes/Difficulties

In the course of project implementation, culturally tailored media was electronically obtained from the CDC, co-branded with the organization’s logo and printed as 11x17 and 8x13 size posters for a relatively low cost. Current screening days/times and the organization’s contact information was added to each poster intended for use during this project implementation. Racial.dot.map and Google walking routes were used to plan 12 routes for poster distribution to local businesses, however, not all 12 routes were covered due to decreased organizational volunteer capacity and decreased capacity to perform additional screening according to the organization. Other factors that contributed to inadequate distribution of print media included weather because snow and frigid temperatures in early March decreased likelihood of volunteers distributing materials on foot. Despite mutual goals between the organization and this intervention, these targeted efforts to increase screening were not made a priority within the organization. Social media distribution of the public service announcement and the electronic posters with current screening times was conducted successfully using Facebook and Twitter.

Project Strengths/Weaknesses/Sustainability

Based on current literature, this project had potential to effectively increase the number of HIV screenings performed among African Americans in a mid-sized mid-western city. Project strengths included relatively low cost and potential ease of implementation. However, a weakness of this project was that it relied on organizational volunteer capacity and HIV screening program capacity. Both of which were limited at the time of implementation. Continued advertisement using both social media and print media targeting African Americans will be necessary to continue to impact the screening rate among this population. The
organization will need to commit to dedicating resources to these screening efforts in order to improve and sustain efforts of this project.

Specific recommendations for future work within this organization include improving organization of volunteers for media distribution. For example, with 12 routes selected for distribution, one to two volunteers should be assigned to each route selected for distribution. Volunteers assigned to distribution should be pooled from volunteers with an identified interest in HIV awareness and screening efforts to ensure continued engagement and commitment. Additionally, the organization will need to continue efforts to establish sustainable relationships with African American community organizations, which will improve the network and reach within the African American community. To continue relationship building, organizational staff should keep track of local African American community organizations events and plan to attend and offer assistance when possible. This will aid in continuing to establish and build sustainable relationships within the African American community. This organization’s leadership has noted that improving this relationship will require on-going efforts and hopes to utilize the remainder of grant funding to begin additional efforts necessary for sustaining increased testing among the African American population.

**Relation to Other Evidence/Healthcare Trends**

To improve and sustain efforts to increase HIV screening among African Americans in a mid-sized mid-western city additional targeted marketing efforts will be necessary. This organization should consider the value of expanding targeted marketing via the internet as the evidence supports efficacy and this method requires fewer organizational resources. African Americans, in particularly millennials, have been noted as the most intense users of the internet-based on time and frequency (Meyers & Morgan, 2012). This emphasizes the appropriateness of
using online advertisements to reach this target population. Meyers and Morgan (2012) examined the role of race in online advertising to determine if a race-specific website or race-specific model influences an individual’s perception of a product, an advertisement and intent to purchase a product. Targeted marketing is based on the premise that a stronger affinity to a product or brand is formed when a target is specifically catered to by a marketing effort.

Advertisements that use African American models have been found to promote higher recall for the African American audience (Meyers & Morgan, 2012). Additionally, among African Americans more positive attitudes are formed from engagement through targeting media and advertisements (Meyers & Morgan, 2012). When assessing African American millennials, Meyers and Morgan (2012) found that ethnically targeting websites have no impact on marketing outcome, however, race of the featured model in an online ad does positively impact marketing outcomes among African American consumers.

This organization should also consider use of additional grant funding to pursue other mass media methodologies to reach more individuals. In a social marketing campaign to increase awareness of the African American infant mortality disparity, Rienks and Olivia (2013) used ads on buses, bus stops, cards, brochures, handouts, church fans and public service announcements on the radio. Media should also be distributed to more locations such as churches, convenience stores, beauty supply stores, barbershops and beauty salons. In assessing the impact of these media, Rienks and Olivia (2013) noted that bus advertisement was the most frequently reported form of exposure to the campaign followed by radio advertisement, posters, and handouts/church fans.

Davis, Uhrig, Bann, Rupert, and Fraze (2011) explored perceptions of African American women exposed to a social marketing campaign to promote HIV testing and noted that women
favored radio advertisement and booklet as compared to a billboard. Davis et al. (2011) also noted perceived ad effectiveness was a significant predictor of HIV testing intentions at 6 and 12 months, further supporting the need for culturally tailored social marketing campaigns. Recommendations to the organization include the need to expand methods of advertisement and to consider the value of the addition of radio advertisements and a bus advertisement.

**Limitations**

In addition to the need to expand forms of marketing used, another limitation of this intervention was lack of tailoring of the intervention to the specific needs of the African American community in this mid-sized mid-western city. To tailor the media to the targeted audience, focus groups aimed at gaining information from individuals living in the target areas noted on racialdot.map may be appropriate. Wilson et al. (2013), in a qualitative developmental study among low-income African American adults, conducted focus groups in two underserved communities to tailor their social marketing campaign for walking. Focus groups were also used by Romer et al. (2009). Wilson et al.’s (2013) focus group participants were recruited through local neighborhood associations and from a local school. Wilson et al. (2013) utilized community partners to provide a list of contacts for neighborhood associations and recruited staff from the local school. The focus group’s input was useful in determining how and where to implement the walking group and to assess behaviors that influenced walking in the neighborhood. In relation to HIV testing, information could be gained through focus groups regarding HIV-testing related knowledge, attitudes, beliefs and behaviors (Davis et al., 2011). This information would provide useful insight on the choice of social marketing campaign as well as appropriateness of media methods. Further, focus group insight could assist in determining where to distribute media and appropriate screening locations for this population. A
final limitation in data comparison also existed as different quarters in 2015 and 2016 were compared. Several factors may have influenced the project findings based on different organizational screening events and different weather events at different times of year.

**Reflection on Enactment of DNP Essentials Competencies**

The DNP essentials are the foundational competencies to advanced practice nursing roles; however, it is important to note that focus of these competencies will vary based on the role or project of the individual Doctor of Nursing Practice student. Enactment of several of the DNP essentials was a critical factor in planning and implementation of this project. Essential I, scientific underpinnings for practice was demonstrated through use of nursing science to determine the significance of HIV for the African American population in a mid-sized mid-western city. Additionally, Essential I, challenged the student to examine the health care delivery system in the community health setting and to evaluate outcomes related to a new practice approach, use of culturally tailored media.

Essential II, organizational and systems leadership for quality improvement, was the core of this project as the project aimed to tackle the health disparity of HIV rates among African Americans. Advanced communication skills were used to lead this quality improvement project. Principles of finance and economics were used to select a cost-effective evidence-based intervention. Essential II also emphasizes the need to demonstrate sensitivity to diverse organizational cultures and populations. This was another key factor in this process as the organization consists of a diverse population and aims to serve a population that reflects that diversity.

Essential III, clinical scholarship and analytical methods for evidence-based practice, was demonstrated through extensive literature review to compile best existing evidence on culturally
tailored media use with African Americans. Essential III, also supported the intervention design, an efficient quality improvement project. Best evidence was used in an effort to improve current practice for the community organization.

Principles of Essential IV, information systems/technology and patient care technology for the improvement and transformation of health care, aided in use of social media as a platform for distribution of culturally tailored electronic media. Essential IV, was also useful in establishing communication between other organizations such as the CDC, local community health organizations and businesses for printing materials.

Essential V, health care policy for advocacy in health care was particularly relevant as this intervention was grounded in the health disparity of HIV and inequity in screening rates among the African American population. This community setting is one of the many arenas in which advocacy and targeted efforts are necessary to decrease the HIV disparity for this population.

Essential VI, interprofessional collaboration for improving patient and population health outcomes, was a critical element of project planning and implementation. Use of effective communication and leadership skills allowed the student to integrate within a community-based organization and lead in a practice change. However, project shortcomings also relate to Essential VI as ineffective communication during the implementation phase contributed to inadequate distribution of printed culturally tailored media.

Examination of epidemiological data was a key step in selecting the project focus and identifying a population in need of HIV prevention efforts (Essential VII). In this instance, screening serves as a health promotion effort as it decreases disease transmission and ultimately improves the health of the identified population. With efforts in a community setting, the DNP
prepared nurse practitioner is challenged to utilize conceptual and analytical skills to examine common threads between organizational, population and policy issues. This project required examination of these common threads to understand the need for interventions beyond traditional healthcare settings to improve patient outcomes and prevent HIV transmission (Essential VIII). The DNP prepared nurse practitioner is ideal for implementing this type of intervention as the DNP prepares the practitioner to consider innovative approaches to improve health outcomes while using therapeutic partnerships within the affected communities.

**Dissemination of Outcomes**

The results of this project were disseminated to the professional nursing community via digital poster presentation on April 21, 2016. Project outcomes and recommendations were shared with the organization following project evaluation. The organization was presented with a digital toolkit containing all 23 CDC co-branded images available for future use in culturally tailored advertising efforts, results of community survey, distribution lists of local organizations/businesses targeting African Americans and recommendations for future efforts to reach the African American population.

**Conclusion**

Culturally tailored media is one evidence-based innovative approach to improving the HIV disparity among African Americans. While available literature supports efficacy of the use of culturally tailored media, it was not effective in this intervention at increasing HIV screening among African Americans. Several factors may have contributed to the lack of efficacy, including minimal material distribution and weather. Attempting distribution in the spring or summer with a core of dedicated volunteers may improve impact of materials. Additionally, other mediums should be explored such as bus and radio advertisements for greater impact.
Finally, additional screening venues should be considered with community input on prospective locations for screening that may appeal more to African Americans in this community.

Despite project shortcomings, the process of assessing an organization, reviewing the best available evidence and applying conceptual models to develop an intervention resulted in an increase in knowledge and awareness for this Doctor of Nursing Practice student. The DNP degree inspires the student nurse practitioner to embrace the idea of working with and within the community to improve health outcomes for populations most impacted by illness and disease. Applying knowledge and skills gained from the DNP degree beyond traditional healthcare settings will allow the DNP prepared nurse practitioner to lead in the transformation of healthcare.
References


Appendix A

Plan-Do-Study-Act Cycle

Appendix B

Co-Branded CDC HIV Media
Appendix C

IRB Determination Letter

4/27/2016

Grand Valley State University-IRB Board Action

Leda Evans <tumortt@mail.gvsu.edu>

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IRBNet Board Action

To: Torrey Horness <no-reply@irbnet.org>
Reply-To: Torrey Horness <honesto@gvsu.edu>
To: Sandra Spoelstra <sandra.spoelstra@gvsu.edu>, Andrea Bostrom <bostroma@gvsu.edu>, Leda Evans <tumortt@mail.gvsu.edu>

Wed, Mar 9, 2016 at 10:30 AM

Please note that Grand Valley State University Human Research Review Committee has taken the following action on IRBNet:

Project Title: [877249-1] Use of Culturally Tailored Media to Increase HIV Screening Among African Americans
Principal Investigator: Leda Evans

Submission Type: New Project
Date Submitted: March 4, 2016

Action: NOT RESEARCH
Effective Date: March 9, 2016
Review Type: Administrative Review

Should you have any questions you may contact Torrey Horness at honesto@gvsu.edu.

Thank you,
The IRBNet Support Team

www.irbnet.org
Appendix D

Permission to Use Plan-Do-Study-Act Cycle

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