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## Senior Capstone Project : educating and empowering local women

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Senior Capstone Project  
Educating and Empowering Local Women

Keywords: HIV/AIDS, John XXIII AIDS Ministry, Education and Prevention, Harm Reduction, Women in Recovery Homes.

Abstract: This paper is about an education program designed for local women in recovery homes. Educating them on the HIV/AIDS epidemic and ways in which they can keep themselves safe; while making choices that will empower them and enable the women to pass on this information to others in the community.

## **Executive Summary**

John XXIII AIDS Ministry was founded in 1988, and carries the mission to “provide housing and related services to people living with HIV/AIDS; and to generate and foster compassionate understanding, provide HIV education, prevention and testing, activities, and emotional and end-of life services to individuals and families at risk for, or living with HIV/AIDS in Monterey and San Benito Counties, California.” [www.johnxxiii.org](http://www.johnxxiii.org)

This agency and its progressive work has been an ally for people who are infected and affected with HIV/ AIDS for nearly twenty years and has been serving the community in a multitude of ways and has continued to work hard to decrease the number of HIV infections among its community members. The education and prevention office of John XXIII is dedicated to working with its clients and works off the Harm Reduction Model; a model of work that meets the person where they are at. The Harm Reduction Coalition defines it as “a set of practical strategies that reduce negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself <http://www.harmreduction.org>”. With this type of work and services; the education and prevention office mainly works with community members who are at risk for becoming infected with HIV/AIDS or at risk for transmitting it.

In working with at risk community members, making them aware of HIV/AIDS and their level of risk can be a difficult job to do, because of their drug use, environment and mental health status. Studies recently found that “women account for 29% of all AIDS diagnosis in 2004.” The center for Disease Control shows that approximately 70% of all new cases have come from heterosexual sex and of all new HIV cases women count for 48% (Center for Disease Control and Prevention, 2006).

The problem and issues that this project addresses is that women, have been left out of the HIV/AIDS educational information because they were not seen as a risk, or carriers of the virus. With almost half of all new cases of HIV being with women, educating them and informing them on their risk is crucial. Working with the women in local recovery homes allows for support, a safe place for them to receive the test and their results as well as their minds are more clear and coherent. By providing the two local recovery homes designed for only women with an HIV 101 session once a month that covers information and statistics that relate to them, as well as time to break down the myths about sex and HIV to them they are able to take the information and apply it to their lives and the decisions that they make. Each woman was asked to fill out a pre test prior to each month HIV 101 and then a posttest right after the HIV 101 session was completed. Twice a month the women were offered HIV tests and their test disclosures; this time allowed for confidential time between the test counselor and client; in which she could ask any question, disclose information about her current status, life style and behaviors.

The outcome of this project was a success. The pre and post test scores of showed concrete evidence that the women were learning the information and able to apply it to themselves; the pre tests scores were at 26.22% of the questions were answered accurately and the post test scores were at 62.64% were answered correctly. The other piece of evidence that showed improvement was their willingness to ask for condoms and lubrication, engage in the HIV 101's and ask questions about the information being provided.

Continuing this program and working with local recovery homes is a great asset not only to those who receiving the services, but also to the general community to which these people belong to. Offering information that is applicable to a specific group and allows for them to see the need for education and prevention methods will create a ripple effect of care and education.

### **Description of the Agency**

John XXIII AIDS Ministry was founded in 1988. The mission of John XXIII AIDS Ministry is to "provide housing and related services to people living with HIV/AIDS; and to generate and foster compassionate understanding, provide HIV education, prevention and testing, activities, and emotional and end-of life services to individuals and families at risk for, or living with HIV/AIDS in Monterey and San Benito Counties, California."

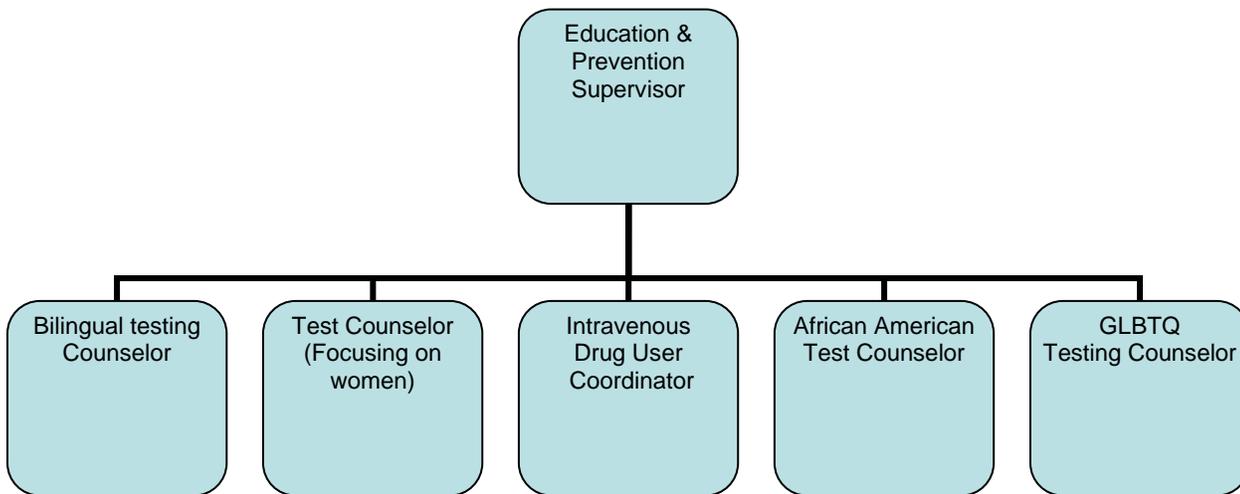
Since 1993 Monterey County has been in a state of emergency for HIV/AIDS epidemic. That year there were a record number of people who were diagnosed with HIV and record number of deaths due to AIDS. With the state of emergency and approval from the Board of Supervisors needle exchange was

started by an employee of Monterey County Needle Exchange Program (MCNEP), who did the needle exchange on his own time and away from work. MCNEP then turned into Street Outreach Services (SOS) who then in turn became John XXIII's Education and Prevention office in 2003. This office was designed to practice the harm reduction model and continues practicing harm reduction. This model meets the clients where they are at, and does not impose any beliefs or ideas of recovery, drug use or lifestyle change. The employees are there to work with the clients to reduce their harm in any way; this harm can include high-risk activities such as unprotected sex, sharing of needles for drug use and any other risk that they may take part in that can put them at risk for becoming infected or transmitting HIV/ AIDS. This includes needle exchange, supplying safer injection materials, safer drug use materials and safer sex supplies such as condoms, lubricants and dental dams as well as informational pamphlets on Sexually Transmitted Diseases, using drugs safely, symptoms of HIV/AIDS, and information on keeping ones body safe during sex and drug use.

The employees are also certified by the state of California as HIV test counselors, allowing for anyone to come in and get tested for HIV/AIDS free of charge and remain either anonymous or confidential. All services are free of charge to anyone, and there are no questions asked. The education and prevention office provides a drop in center which is open Monday through Friday 1-5:30pm, home visits occur once a week; in which an employee goes and meets clients at their homes or another place in which the client feels safe meeting, outreach is also done at bars, bathhouses and on the streets of Chinatown. This

way the employees can reach all types of people in all different communities and create awareness and provide information on HIV/AIDS and ways to protect themselves, their loved ones and the community.

The education and prevention office is a small office that works hard. With one supervisor, and five out reach workers; all scopes of work are met and the needs of the community and its people are met. Below is an organizational chart that shows the employees and their scope of work.



### **The Problem**

In June of 1981, 5 young men in Los Angeles were diagnosed with what was thought to be a type of pneumonia; unfortunately these men were infected with a disease that now has claimed more than 1 million people alone in the United States. The Human Immunodeficiency Virus (HIV) Infection and Acquired Immune Deficiency Syndrome (AIDS), “has become one of the deadliest epidemics in human history killing more than 25 million people around the world” according to the Center of Disease Control and Prevention. HIV and AIDS are

claiming lives daily. As a nation and world wide we have witnessed families losing several family members, and generation gaps have occurred due to this deadly, highly infectious disease for 25 years now. According to the Center for Disease Control, in 2004 California ranked with the 3<sup>rd</sup> largest number of AIDS cases (4,679); with New York as number 1 and Florida as number 2. And cumulatively through 2004, California has the second largest number of AIDS cases; 135,221 (<http://www.cdc.gov/hiv/>).

With, “150,000 California residents that are currently HIV positive only one in six is receiving treatment and one in four are aware of their infection.” (Monterey County Health Department, 2006). This statistic proves that there are a large percentage of people unaware that they are infected. Without the knowledge of their status, people are more likely to transmit the infection. (Center for Disease Control and Prevention, 2006) Imagine within that 150,000 California residents infected with HIV there are mothers, children, sisters, partners, and friends. HIV and AIDS effect every population, race, ethnicity, and sex. Studies recently found that “women account for 29% of all AIDS diagnosis in 2004.” But of all NEW HIV cases women count for 48%. (Center for Disease Control and Prevention, 2006) Through the years, there has been a variety of groups who are “at risk for HIV and AIDS” these groups fall under categories such as “Homosexual and Bisexual men”, “Injection drug users” and “Injection drug users who are homosexuals or bisexual” these 3 groups are at the highest risk for becoming infected; but it is important to recognize that anyone can become infected and everyone is at some risk.

In 1993 HIV/ AIDS became an epidemic in this county, with the highest number ever recorded for testing positive for HIV; 138 cases. The county Board of supervisors was made aware of the infection rate and approved the needle exchange program as a new avenue of education and prevention. Since 1993 when Monterey County declared a state of emergency we have seen the numbers significantly dropped from 138 cases of AIDS to an average of 37 cases a year. (Monterey County Health Department, 2006) John XXIII AIDS Ministry's website provides this information "At this time, our local health jurisdictions and the State Office of AIDS estimates that there are currently 1,000 to 1,200 cases of HIV infection in our community. It is estimated that one-third of the individuals are aware of their medical status and are in treatment; one-third are aware of their medical status and are not in treatment, and, one-third are unaware of their medical status. It is estimated that from 1980 to the present, more than 2,400 individuals in our community were diagnosis with HIV or AIDS. Of these, more than 450 have died <http://www.johnxxiii.org>".

By using the RAND statistics and information, the two counties that are closest in population to Monterey County (401,762) are Santa Barbara County (399,347) and Solano County (394,542). Santa Barbara County, to date has fewer AIDS cases than Monterey County at 688. Solano County has more cases than Monterey with 1,371. The last count was done in 2005 (RAND Statistics for California, 2005).

The groups of people affected by this disease have changed dramatically. In the eighties and early nineties, the groups of people infected were composed

of mostly homosexual men, bisexual men and intravenous drug users (that shared infected needles). Today, women and younger adults are becoming two populations that are becoming infected at a rapidly increasing rate. For adolescents ages 13-24, the increase is small, but still occurring. In 1999, 3.9% of adolescents were infected with AIDS and in 2004 it was at 4.2% (National Institute of Health, 2005).

According to the Centers for Disease Control and Prevention (CDC), “between 2000 through 2004, the estimated number of AIDS cases in the United States increased 10 percent among females and 7 percent among males. In 2004, women accounted for 27 percent of the 44,615 newly reported AIDS cases among adults and adolescents. HIV disproportionately affects African-American and Hispanic women. Together they represent less than 25 percent of all U.S. women, yet they account for more than 79 percent of AIDS cases in women” (National Institute of Health, 2005). One reason that women become infected at a higher rate is solely because of their biological sex and not completely because of their actions. “Women are particularly vulnerable to heterosexual transmission of HIV due to substantial mucosal exposure to seminal fluids. This biological fact amplifies the risk of HIV transmission when coupled with the high prevalence of non-consensual sex, sex without condom use, and the unknown and/or high-risk behaviors of their partners” (National Institute of Health, 2005).

### **Project Description**

When people are in recovery programs they are learning new life skills, how to live clean and sober, coping skills, and parenting skills. Part of recovery is

confronting what took place during their time of drug use and how to lead healthy productive lives. As harm reductionists, the main part of my job is in educating people on how they can protect themselves from either becoming infected with HIV/AIDS or how they cannot transmit the disease to other people. Going into the recovery homes allowed the agency and myself as an intern to work with a community of people who are making huge changes in their lives, and looking forward to their future. I created a 2 part program: The HIV/AIDS 101 informational sessions lasted about 40 minutes and covered a lot of information on how HIV is transmitted, the symptoms to look for, ways to prevent themselves as well as the window period for the virus to show while also answering any questions that anyone may have about HIV/AIDS, or other ways that we could help them out with the new changes and choices that they are making. The HIV 101 session occurred in both recovery homes once a month. To measure the amount of information that the women were taking in from the sessions and the effectiveness of our teaching tools I conducted a pre and post test each time that we provided a HIV 101 session, starting in March and ending in May. I adopted a pre and post test that was provided to me by the Santa Cruz AIDS Project, and had it translated into Spanish by Remberto Nunez, an employee of the education and prevention office. This allowed for me to see what information the women were understanding and where they were having trouble comprehending certain information.

The HIV testing was done in a closed setting with only 1 test counselor and the client, this allowed for a confidential setting where the client could tell the

truth, and ask questions that they might feel embarrassed about if they were in a group. The test and risk assessment lasts about 10-15 minutes, and the results were given in two weeks. When a test counselor returned to disclose the results to each client, it was important to go over any questions, concerns they may have. It is also crucial to ask the client what or how will they remain safe and not become infected. I worked mainly with women in the recovery homes, and since women are at such a high-risk for infection, especially these women who have been part of high-risk groups before, it is really important to reach out and be honest and supportive of them during their transition. Testing anyone while in a recovery home setting is wonderful, because if the test results come back positive they are surrounded by professionals and friends who can support them, and provide them with the attention and services that they need. The testing and disclosures took place in both recovery homes twice a month. This program started in September of 2006 and I wrapped up my time in the recovery homes in May 2007. This allowed for me to work in both recovery homes for nine months, and visit the women and build a rapport with them over this time.

This capstone project allowed for me address many parts of the problem with the HIV/AIDS epidemic. By informing the women of HIV/AIDS, risks and ways to stay safe they are now informed with factual information, not just myths and things that they hear from people. Testing the women allowed them to know their status and allowed us to work with them on either how they will deal with being HIV positive, or how they can work hard and strive not to become infected. Because recovery is not for everyone and approximately 70% of all people who

were in recovery at some time go back to using substances explains Jim Smith, the Supervisor of John XXIII's education and prevention office (personal communication, February 15, 2007). Working with the recovery homes and the women who are there allowed us to introduce ourselves and let the women know who our agency is and all the other services we can provide them, such as needle exchange, safer drug use materials, HIV tests, safer sex materials and other education and prevention materials.

Some of the women commented that it seemed wrong and rude for us to talk about all the services that John XXIII AIDS Ministry offers. As we talked about taking part in the needle exchange program, and ways to stay safe if they go back to using drugs; but with the harsh reality that most of these women will go back to using some kind of substance. Through educating and informing them we offered them tools to prevent themselves from becoming infected and remind them that they have a place to go to no matter what their choices are.

My anticipated benefits go beyond the scores of the pre and post test, but are in the belief and faith in these women to take some of the information, tools and materials we provided them with and to use them in their future. By building a relationship with these women, and relaying the message that they do matter and that they can have control of their future I think the benefits of our visits, HIV 101 sessions and HIV tests will continue on.

### **Application of Project to Academic Requirements**

Through out this learning experience and internship I have been able to apply several of the Collaborative Health and Human Services majors, Major

Learning Outcomes that come with the degree. The following major learning outcomes have played a significant role in my personal and professional growth.

- ★ Conflict Resolution, Negotiation and Mediation: by being an active listener, assessing interpersonal conflict and being free from bias thoughts when working with clients.
- ★ Cross Cultural Competency: have allowed for me to work with diverse groups who have different thoughts and values while serving them with out prejudice or anger.
- ★ Leadership: I was able to set an example for these women and other community members, taking charge and providing a great deal of services while also problem solving with clients
- ★ Personal and Professional Communication: With the presentations that I offered to the recovery homes and clients I was able to conduct myself in a professional manner and effectively communicate with them.

California State University Monterey Bay's vision statement and my capstone project share the same passion and desire to provide the integration of education and cultural diversity while promoting social justice and advocating for the rights of others. [www.csumb.edu](http://www.csumb.edu)

### **Conclusion**

The findings from my pre and posttests showed that the women gained a great deal of knowledge during the HIV 101 sessions, and were able to relay back the information. The pre tests showed a 26.22% of understanding the questions and their knowledge of HIV/AIDS. The posttest showed a great

improvement with their increased knowledge and comprehension of the material at 62.64%. In my professional opinion it is not only the improved scores on their post tests, but the changes that I was able to witness over the time I was able to spend time with them. Over time I encountered girls who went from not using condoms, or carrying condoms with them to asking me each time I came to work with them for more condoms and lubricant. I saw a change in their levels of trust and even their self-confidence. I found myself enjoying each time I went into the recovery homes, and the time I spent with the women.

John XXIII AIDS Ministry and the Education and Prevention office gained a new partnership through this project and the development of this program. By getting out and into the community, especially these recovery homes, I was able to build a new relationship and door for collaboration. These women and the women to come will be offered great services, by being provided monthly HIV 101 sessions, HIV testing and disclosures all in the comfort and safety of the recovery home. As previously mentioned, nearly half of all new cases are with women, and by reaching out to these women, letting them know about the risks and risky behaviors that can increase ones chances of becoming infected and how they can protect themselves, I have been able to provide a service to them, their families and our community.

Taking in all that I have learned through this experience and looking back, it is hard to believe that a year has come and gone. I was sad to leave the education and prevention office and the recovery homes. My skills and ability

to work with people from all different backgrounds and experiences have really increased and this internship and opportunity have really enabled me to grow and step into the real world and work force.

My recommendations for this project is that it continues; recovery homes have a constant flux of new clients who can always use our services and information, and it doesn't hurt for the other clients to hear the HIV 101 sessions over again. Repeating the HIV 101 sessions only helps them retain the information and perhaps something that they did not understand or know the previous time is something they will learn as they hear it again. By being a peer and working with these women on a professional, yet personal level made it easier; many of them come from oppressed and unequal backgrounds, and for them to know that we are there to work with them and support them makes all the difference. I used vocabulary and phrases that they were comfortable with and that were easy to understand. I think that the next person to do this program should use a dry erase board or some other kind of visuals, because the information that we provide can be overwhelming and hard to understand. I was lucky enough to get 2 grants totally almost \$700 that allowed me to buy the dry erase board for the next person, as well as I purchased incentive cards for the women. Each time they did a pre and posttest they received a \$5 gift card to a local store. This was my way of thanking them for their time and helping me evaluate the HIV 101 sessions. I guess to sum it all up; be real and be compassionate. All these women want is the chance to be heard, supported and empowered.

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