Letter from the Editor

As public health practitioners, we are constantly inundated with changing policies, socio-cultural and physical environments that impact how we approach health promotion on individual and population levels. As always, new policies from the federal government can cause widespread discourse and require adaptations to our student populations. This year alone has given rise to budgetary reductions, if not removal in total, of unplanned/unintended pregnancy and teenage pregnancy programs. Changes like this are likely to greatly impact MSI student populations. As public health practitioners, we must remain aware of these changes and create comprehensive wellness programs that provide our students with the behavioral and structural interventions they will need to thrive while matriculating in academic institutions.

Systems-based approaches to health promotion and disease prevention involve our pivotal responsibility to disseminate effective programs and interventions. This issue of the International Journal of Ethnic College Health continues to provide insights on college-attending emerging adults as a unique sub-population, and efforts to impact their health behaviors and structural underpinnings as they enter adulthood. Contributing authors’ subject matters span from innovative approaches impacting social interactions between students to addressing HIV, HCV and substance abuse in metropolitan settings.

We are certain each article contains important attributes contributing to knowledge on improving health status, health outcomes, program design, implementation and evaluation for student populations. We welcome your review and infusion into your partnerships, collaborations, and programming efforts. Heartfelt thanks to our Contributing Editors whose expertise and willingness to participate are priceless in this effort.

Be well,

Dr. Tralonda Triplett, Editor-in-Chief
Content Synopsis

Thank you for your interest in the International Journal of Ethnic College Health, here is a brief synopsis of the contents of the journal to guide your use and reference.

Types of Articles

❖ Feature Articles
Theoretical, scientific, and research manuscripts detailing original research on data collected within the past five years at MSIs.

❖ Rising Stars Spotlight
Highlights biographical sketches and unique accomplishments of health professionals and community stakeholders committed to progressing health promotion and disease prevention among emerging adult populations at MSIs.

❖ Perspective
Perspective is a forum for opinions on ethical, social, institutional, professional, or historical issues affecting application and implementation of health promotion programming at MSIs. Also, articles submitted in this category will focus on maintaining life-work balance, comprehensive wellness and community leadership among health professionals.

❖ Building Blocks
Building Blocks provides insights on innovative approaches to technical and operational aspects of health promotion and disease prevention program design, implementation, service delivery, collaboration, budget management, staff training/supervision and evaluation at MSIs.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEATURE ARTICLES</strong></td>
<td></td>
</tr>
<tr>
<td>Take Charge Project: An HIV/HCV and Substance Abuse Initiative for African-American Young Adults in Metro Atlanta</td>
<td>4-11</td>
</tr>
<tr>
<td>By: Clarissa Francis, MA, Ronald Braithwaite, PhD, Rhonda Conerly Holliday, PhD, Tiffany Zellner, MPH, and Jean Bonhomme, MD</td>
<td></td>
</tr>
<tr>
<td>Morehouse School of Medicine</td>
<td></td>
</tr>
<tr>
<td>It's Complicated: Black College Women Dating Experiences</td>
<td>12-21</td>
</tr>
<tr>
<td>By: Maudry-Beverley Lashley, PhD¹, Vanessa J. Marshall, PhD², and TyWanda L. McLaurin-Jones, PhD²</td>
<td></td>
</tr>
<tr>
<td>Medgar Evers College (CUNY)¹ &amp; Howard University²</td>
<td></td>
</tr>
<tr>
<td>Knowledge and Attitudes Towards Counseling Service on an HBCU Campus</td>
<td>22-29</td>
</tr>
<tr>
<td>By: Anisah Bagasra, Ph.D.</td>
<td></td>
</tr>
<tr>
<td>Claflin University</td>
<td></td>
</tr>
<tr>
<td><strong>PERSPECTIVES</strong></td>
<td></td>
</tr>
<tr>
<td>The Perceived Risk Hierarchy Theory (PRHT):™ A New Framework for Understanding Health Risk and Reality among African American Emerging Adults</td>
<td>30-34</td>
</tr>
<tr>
<td>By: Lorece V. Edwards, DrPH, Ian Lindong, MD, Lawrrrence Brown, PhD, Sabriya Dennis, DrPH, Alvin Moody, Everse Pullen, BA, and Marcus Henry</td>
<td></td>
</tr>
<tr>
<td>Morgan State University School of Community Health &amp; Policy</td>
<td></td>
</tr>
<tr>
<td><strong>RISING STARS SPOTLIGHT</strong></td>
<td></td>
</tr>
<tr>
<td>Dr. Terrence Thomas, Professor</td>
<td>35-38</td>
</tr>
<tr>
<td>North Carolina A&amp;T State University</td>
<td></td>
</tr>
<tr>
<td><strong>CONFERENCES AND MEETINGS</strong></td>
<td></td>
</tr>
<tr>
<td>National &amp; International Conference Listings</td>
<td>39-40</td>
</tr>
</tbody>
</table>
FEATURE ARTICLE
Take Charge Project: An HIV/HCV and Substance Abuse Initiative for African-American Young Adults in Metro Atlanta
By: Clarissa Francis, MA, Ronald Braithwaite, PhD, Rhonda Conerly Holliday, PhD, Tiffany Zellner, MPH, and Jean Bonhomme, MD
Morehouse School of Medicine

Morehouse School of Medicine (MSM), located in Atlanta, GA, was founded in 1975 and became an independently chartered institution in 1981. MSM is among the nation’s leading educators of primary care physicians and was recently recognized as the top institution among U.S. medical schools for its social mission. MSM faculty and alumni are noted in their fields for excellence in teaching, research and public policy.

Abstract

Take Charge is an outreach project that provides sexual health education, substance abuse risk reduction, HIV and Hepatitis C Virus (HCV) testing and linkage to care for residents and college students in Atlanta, Georgia. This project prioritizes the development and implementation of strategies which prevent and reduce substance abuse and the transmission of HIV and HCV primarily among African American young adults ages 18-24. Research has shown that strategies to reach this high-risk population are desperately needed. Therefore, Take Charge aims to combat challenges to prevention among this population such as lack of awareness of HIV and HCV status, limited access and availability of condoms among those who are sexually active, lack of knowledge on transmission routes of HIV, HCV and the role that substance use plays on decision making. The purpose of this article is to present findings, outcomes, and efforts of the Take Charge project. This project is in the process of collecting data to meet goals by the end of the final grant year. To date, the Take Charge project has tested 1,809 individuals for HIV and HCV. Most individuals were African American (93%), between 18-24-years-old (91%), single (90%), and identified as heterosexual (76%). Most participants (90%) had not previously had an HCV test, while 38% had never been previously tested for HIV. The most common sexual risk behaviors reported were having sex with multiple partners (50%), having unprotected sex (66%), and having sex with someone of an unknown HIV status (40%). The most commonly reported substances used were alcohol (59%) and marijuana (47%). Based on these results, we are encouraged to continue this work, including, testing initiatives, educational workshops, and condom distribution to our population to raise awareness and increase prevention and risk reduction strategies.
Introduction

According to the Centers for Disease Control and Prevention (CDC) HIV 2016 Surveillance Report, there were 1,472 new HIV cases in Atlanta, GA in 2015 (CDC, 2017). According to the CDC report, Atlanta, Georgia ranks 5th among metro areas for new HIV cases with a rate of 25.8 new diagnoses for every 100,000 residents. That is more than twice the national rate of 12.3 for the same population. According to the same CDC report (CDC, 2017), 84% of new HIV cases in Atlanta are men. Of new cases of HIV, 22% occur in youth and adults ages 13-24. These numbers are exacerbated by numerous disparities in income, education, household composition, lack of adult health insurance, and access to care. The increased disease burden experienced by African Americans can be linked to greater rates of AIDS in populations of men who have sex with men (MSM) and intravenous drugs users (IDU) (CDC, 2016).

Furthermore, African American youth continue to be one of the groups most-impacted by HIV infection. Young African American men, particularly gay and bisexual men, as well as African American heterosexual women remain severely impacted. Among males ages 13 to 24, the rates of HIV infection among African American males is 11 times higher than white males and four times higher than Hispanic males (CDC, 2016). In a study of 21 major US cities in 2008, 21% of African American Men who have Sex with Men (MSMs) under age 30 were HIV-infected, and more than 70% of those infected were unaware (Cooley, et. al., 2014).

Young African American women are far more affected by HIV and AIDS than young women of other races. AIDS cases in women in Georgia increased from 4% to 22% between 1984 and 2014 (CDC, 2017). Many African American youth are diagnosed late during the course infection, when it may be too late to fully benefit from life-prolonging treatment.

Three of the top ten zip codes with the highest rates of HIV include and surround the two HBCUs in Southeast Georgia included in this project. Research has shown that strategies to reach these high-risk populations are desperately needed (CDC, 2017 and CDC, 2016). Furthermore, the strategies used should be culturally-tailored to the population to maximize efficacy (Francis et. al., 2016, Holliday et. al., 2017, Zellner et. al., 2017). In response to this need, the Take Charge project was created. This project aims to combat challenges to prevention such as lack of awareness of HIV and Hepatitis C Virus (HCV) status, access and availability of condoms among those who are sexually active, lack of knowledge of transmission routes of HIV, HCV and the role that substance use plays in decision-making.

Study Goals & Program Design

The purpose of the Take Charge project was to build upon the expertise of project personnel and community partners to develop and implement strategies which prevent and reduce the transmission of HIV/HCV and substance abuse among African American young adults ages 18-24 in metro-Atlanta on college campuses and the surrounding communities. The core strategies of this project include: HIV and HCV testing, linkage to care, prevention education, and condom distribution.
Goals outlined for the project are as follows:

1. Raise awareness of HIV status among at-risk young adults ages 18-24 to reduce the transmission of HIV,
2. Raise awareness of HCV status among at-risk young adults ages 18-24 to reduce the spread of HCV,
3. Increase the number of unduplicated HIV-positive and HCV-positive young adults linked to appropriate medical care,
4. Increase the number of unduplicated high-risk young adults linked with substance treatment as a strategy for reducing HIV risk, HCV and continued substance use,
5. Increase awareness and provision of peer-led HIV/HCV education and prevention,
6. Increase awareness of Alcohol, Tobacco, and other drugs (ATOD) among campus and community residents,
7. Increase access to evidenced-based prevention education that facilitates condom use among campus and community residents, and
8. Increase condom availability among sexually active young adults ages 18-24 to reduce their risk of HIV transmission.

HIV testing was accompanied with a sexual health and substance use risk assessment which allowed the tester to tailor risk reduction information to the participant. For goal four, high-risk participants were linked to substance abuse treatment. To achieve goal five, we partnered with the health peer organizations on two campuses to train students as health peer educators.

Take Charge personnel provided educational training and workshops focusing on sexual health and substance use in health centers, residential living spaces, and campus-wide events to provide information on HIV, HCV, ATOD, and condom use to achieve goals six and seven. The health peer educators were also responsible for maintaining the social media pages (Facebook, Instagram, and Twitter) as a strategy to encourage their peers to reduce substance abuse and HIV risk behaviors. Workshops and programming have been executed on two campuses [in the Atlanta University Center].

Goal nine—to increase condom availability—was achieved by providing condom dispensers on two participating campuses in strategic locations such as residential halls, student center, and health centers. The condom dispensers were monitored by the health peer educators. Participants were also given safer-sex kits (condoms, lubricant, and condom use steps) after completing HIV testing and when attending a Take Charge sponsored event. All condoms were provided at no cost to the students. Research recommends Historically Black Colleges and Universities searching for innovative ways to disseminate condoms on their campuses may consider the use of condom dispensers (Braithwaite et. al., 2016).
The project is still in progress with anticipated completion by the end of September 2018. The goals of condom dissemination, HIV testing, and education will continue throughout the semester of the academic year.

Some barriers experienced throughout the project included:

- Inconsistent scheduling of workshops on campuses and in the community on the increased risk of transmission of HIV and HCV of following risky sexual behaviors;
- Inconsistent availability of condoms on campus;
- Availability of students’ preferred condom brands and educating them on the benefits and efficacy of other brands;
- Need for additional focus groups to learn reasons for unprotected sex and how to increase condom use among youth;
- Additional strategies for youth to encourage sexual partners to be tested prior to sexual contact; and
- Low involvement of youth peers and administration to encourage and support testing among youth.

**Evaluation Design**

Take Charge used a mixed-methods approach to collect data on the progress and success of the project’s initiatives. The sexual health risk assessment offered, along with HIV/HCV testing, is in the format of a survey consisting of questions about demographics, income, education level, history of HIV and HCV testing and status, criminal history, Alcohol, Tobacco and Other Drugs (ATOD) use, and participation in risky sexual behaviors. Focus groups were used to better understand campus environments and students’ preferences about condoms. The focus groups consisted of topics discussed about condom preferences and sexual practices among students on the campuses. Evaluations were completed by students who participated in training or workshop facilitated by a Take Charge personnel and community partners. Condom dispenser tracking data collection is an environmental/structural intervention aimed at increasing students’ access, availability and acceptance of condoms.

**Results**

Participants (1,809) were recruited from college campuses (37%) and surrounding community locations (63%) including barbershops, malls, convenience stores, and community centers. Most individuals reported that they were African American (93%), between 18-24 years old (91%), single (92%), and identified as heterosexual (76%). Most participants reported that they were unemployed students (43%) with annual incomes of $0-$9,999 (75%).

**Substance Use Risk Behaviors**

Participants did not largely identify as being heavy drug users or engaging in criminal activity. Most of the participants had never been to jail (91%), had not used injection drugs within the last 12 months (99%), and 98% had not used cocaine, methamphetamine, heroin, ecstasy, or non-medical use prescription drugs (See Table 2 below). Participants were also not heavy users of tobacco, as 66% reported never smoking part or all of tobacco products including cigarettes, snuff, chewing tobacco, cigars or cigarillos, pipe tobacco/hookah, or electronic cigarettes. Participants were also asked about binge drinking, and 35% of males reported drinking five or more drinks in one
sitting, while 23% of females reported drinking four or more drinks in one sitting. The substance most frequently reported by participants was marijuana with 45% reporting using within the past thirty days.

Table 1. Reported Substance Use Risk Behaviors

<table>
<thead>
<tr>
<th>Substance Use Risk Behaviors</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>No Jail</td>
<td>91%</td>
</tr>
<tr>
<td>No Injection Drugs Past 12 Days</td>
<td>99%</td>
</tr>
<tr>
<td>No Other Drugs</td>
<td>98%</td>
</tr>
<tr>
<td>No Tobacco Products</td>
<td>66%</td>
</tr>
<tr>
<td>Males binge drinking</td>
<td>35%</td>
</tr>
<tr>
<td>Females Binge Drinking</td>
<td>23%</td>
</tr>
<tr>
<td>Marijuana past 30 days</td>
<td>45%</td>
</tr>
</tbody>
</table>

Sexual Risk Behaviors

Most participants reported engaging in activities within the past 30 days that put them at risk for HIV (49%) and HCV (46%). Most participants (90%) had not previously had an HCV test, and 38% had previously never been tested for HIV. Six percent (6%) of participants were diagnosed with an STD within the last 30 days and 12% within the last 12 months. Participants were asked to identify high-risk sexual behaviors that they engaged in including having anal sex with a male (13%), anal sex with a female (5%), sex with a transgender person (1%), sex with an HIV-positive person (1%), sex with men who have sex with men (10%), and sex with anonymous persons (11%). The most common sexual risk behaviors reported were having sex with multiple partners within the last 12 months (50%), having unprotected sex (66%), having sex with someone with an unknown HIV status (40%), and sex while high on drugs or alcohol (26%).

Table 2. Reported Sexual Risk Behaviors

<table>
<thead>
<tr>
<th>Sexual Risk Behaviors</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Risk Activity of HIV</td>
<td>49%</td>
</tr>
<tr>
<td>Risk Activity for HCV</td>
<td>46%</td>
</tr>
<tr>
<td>No Previous HCV Test</td>
<td>90%</td>
</tr>
<tr>
<td>No Previous HIV Test</td>
<td>38%</td>
</tr>
<tr>
<td>Diagnosed with an STD 30 days</td>
<td>6%</td>
</tr>
<tr>
<td>Diagnosed with an STD 12 months</td>
<td>12%</td>
</tr>
<tr>
<td>Anal sex with Male</td>
<td>13%</td>
</tr>
<tr>
<td>Anal sex with Female</td>
<td>5%</td>
</tr>
<tr>
<td>Sex with Transgender</td>
<td>1%</td>
</tr>
<tr>
<td>Sex with HIV+ Person</td>
<td>1%</td>
</tr>
<tr>
<td>Sex with Men who has sex with Men</td>
<td>10%</td>
</tr>
<tr>
<td>Sex with anonymous person</td>
<td>11%</td>
</tr>
<tr>
<td>Sex with Multiple partners</td>
<td>50%</td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>66%</td>
</tr>
<tr>
<td>Sex with someone with unknown HIV status</td>
<td>40%</td>
</tr>
<tr>
<td>Sex while high on drugs or alcohol</td>
<td>26%</td>
</tr>
</tbody>
</table>

Eight individuals tested positive for HIV (0.5%). Of those eight individuals, all were males (100%), and seven (88%) identified as gay/bisexual. The risk behaviors reported most by this group...
included having sex with multiple partners (63%), having sex with a person with an unknown HIV status (75%), and having unprotected sex (75%). There have been no positive test results for HCV.

Table 3. Positive HIV Test Results

<table>
<thead>
<tr>
<th>Tested Positive for HIV</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>100%</td>
</tr>
<tr>
<td>Identified as gay/bisexual</td>
<td>88%</td>
</tr>
<tr>
<td>Sex with Multiple Partners</td>
<td>63%</td>
</tr>
<tr>
<td>Having sex with a person with unknown HIV status</td>
<td>75%</td>
</tr>
<tr>
<td>Having unprotected sex</td>
<td>75%</td>
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</table>

Focus Groups and Workshops

Two focus groups were conducted by Take Charge personnel to find out the condom preference and usage among college students at both institutions. The focus groups revealed that the students prefer Trojan condoms, preferably Magnums™, for comfort and for the image. Male students reported the pressure to use Trojan Magnum condoms because it implied that their genitalia were larger than average and the belief that the other brands are ineffective and low quality.

Two focus groups on healthy relationships among female college students revealed that students were more likely to report consistent condom use with casual sexual partners than in monogamous relationships or long-term non-monogamous sexual relationships. The participants discussed their relationship status is determined by the level of commitment and expectations from their partner, which are categorized as follows: “talking” (casual communication, text messaging, and spending time together), “dating” (semi-official relationship status, become more familiar with each other, going out on “dates” to movies, restaurant, etc.), and “in a relationship” (exclusive relationship, expect a title and monogamy). Students reported sexual activities may occur regardless of the title or relationship status. Participants mentioned the confusion of the relationship status with their partners because of communication primarily in text messaging and social media.

Three workshops and trainings were facilitated by Take Charge personnel and were evaluated by a total of 55 young adult participants. Over 90% of the participants which attended the educational workshops reported an increase in HIV/HCV and substance abuse awareness. They also expressed a desire to decrease the risky behaviors in which they [currently] engage.

Condom Dispenser Tracking and Dissemination

Approximately, 2,000 condoms were distributed per month through condom dispenser machines on two participating campuses and through safer-sex kits given to individuals at time of testing on the college campuses.

Subsequent Steps

The main goals of the project aim were to increase HIV and HCV testing, increase awareness of HIV, HCV, substance abuse awareness, and increase condom dissemination among our target population. Based on the reported information about HIV and HCV testing, to increase HIV/HCV testing
among college-attending emerging adult populations, the following steps are recommended:

- Development of strategies for young adults to encourage sexual partners to be tested prior to sexual contact; and
- Increase involvement of young adult peer-led education and buy-in from administration, faculty, and staff on college campuses to encourage and support testing among young adults.

To increase educational awareness among youth on HIV, HCV, and substance abuse:

- Maintain a consistent schedule of workshops on campuses and in the community;
- Offer more educational workshops linking increased risks of transmission of HIV and HCV following risky sexual behaviors: use of drugs and alcohol are involved during sexual acts (26% reported), multiple sexual partners (50% reported), and unprotected sex (66% reported).

To increase condom availability on campus, the recommendations include:

- Increased consistent availability of condom on campus (condom dispensers were not consistently filled and tracked on both campuses);
- Include availability of condom brands preferred by students and educate on the benefits and efficacy of other brands (students verbally shared their preference for Trojan Magnum condoms and female condom demos were offered); and
- Facilitate additional focus groups to learn reasons for unprotected sex and how to increase condom use among youth (66% reported; focus groups revealed that for some, condom usage was determined by relationships status).

Funding for the Take Charge project ends September 2018. To encourage sustainability, the following initiatives will continue at the partnering institutions: a) HIV testing will be administered by Student Health Services’ staff, Morehouse School of Medicine residents and students, and community partners (b) trained health peer educators will continue to receive training from Morehouse School of Medicine personnel and community partners to continue disseminating information and other resources to their peers, (c) condom dissemination will continue on both campuses and in the community by student health personnel and community partners.

References


FEATURE ARTICLE
It’s Complicated: Black College Women Dating Experiences
By: Maudry-Beverley Lashley, PhD\textsuperscript{1}, Vanessa J. Marshall, PhD\textsuperscript{2}, and TyWanda L. McLaurin-Jones, PhD\textsuperscript{2}
Medgar Evers College (CUNY)\textsuperscript{1} & Howard University\textsuperscript{2}

Located in Brooklyn, NY, Medgar Evers College has the distinction of being the youngest of the four-year senior colleges in The City University of New York. Since the early 1960’s, the Central Brooklyn community and continues to be an important force in the life of the College. Students leave Medgar Evers College with a new understanding of themselves and a commitment to social justice which reflects the legacy of civil rights leader Medgar Wiley Evers. Established in 1867, Howard University has a long and storied and an enduring commitment to the education and advancement of underrepresented populations in America and the global community. Howard University’s unique mission represents an unwavering commitment to its core values of leadership, excellence, truth and service.

Acknowledgment
This research was supported by the National Institute on Drug Abuse of the National Institutes of Health (NIH) under Award Number R24DA021470.

Abstract
The college experience presents many opportunities for dating, partnerships, and intimacy that have implications for sexual health. Yet, there is limited research about the dating experiences and influential risk and/or protective factors among racial/ethnic college students. This study employed a qualitative content analysis to investigate the perceptions of 100 Black college students aged 18-25 and their dating and intimate relationship experiences. More specifically, young Black college women at a Historically Black College and University (HBCU) were asked about their definitions of dating, expectations and actual experiences of dating, and their experiences of having a monogamous relationship. Data from 13 focus groups were aggregated and six themes were identified. Generally, college women had varied definitions of dating and experiences were shaped by perceptions of the male to female ratio. The complications of dating by Black college women presents a complex dating environment coupled with their experiences as they seek intimate relations are highlighted.
Introduction

Romantic relationships are an important part of youth development as adolescents and young adults explore sexual behaviors, expectations, and values (Florsheim, 2003; Furman & Schafer, 2003). College campuses have been described as “markets for romantic and sexual partners” (Uecker & Regnerus, 2010). The literature suggests that partnering among college students results from dating (identifying, initiating, and arranging an event where individuals socially interact), hooking-up (sexual behavior without consideration of a future commitment), and romantic (committed, sexually exclusive) relationships (Mongeau, Jacobsen & Donnerstein, 2007; Allison, 2016; Jackson, Kliener, Geist & Cebulko, 2011; Collins, Welsh, & Furman, 2009). The partnerships formed have important implications for sexual health, as sexually transmitted infections (STIs) among youth remain a public health concern.

Adolescents and young adults aged 15-24 years acquire nearly half of the 20 million new cases of STIs and account for 22% of new HIV diagnoses each year (CDC, 2017a; CDC, 2017b). Black college students in particular are disproportionately affected. In a national sample of college students, Blacks are twice as likely to report an STI within the last school year (Buhi, Marheka, & Hoban, 2010). Furthermore, Black students attending Historically Black Colleges and Universities (HBCUs) are four times more likely to report an STI than White students attending Predominantly White Institutions (Hou, 2009).

However, few studies have examined the dating experiences of Black college students. Ferguson and colleagues (2006) found that the gender ratio imbalance (more women and less men enrolled in college) at mixed-gender institutions greatly impacted the dating environment of HBCUs. The ratio imbalance creates an environment where heterosexual men have the option of having multiple female partners and heterosexual women have limited choices of male partners. (Ferguson, Quinn, Eng, & Sandelowski, 2006). This type of environment may put women at an increased risk of STIs/HIV (Ferguson et al., 2006). Additional research by Hall, Lee and Witherspoon (2013) found that the gender ratio imbalance influenced (1) perceptions of mate acceptability, (2) prevalence of casual relationships and hook-ups, and (3) lowered expectations of committed relationships.

Study Goal & Theoretical Framework

The current study sought to extend existing literature by examining the dating experiences of Black women attending an HBCU. The study is guided by intersectionality which postulates that individuals have multiple social identities (racial, gender, ethnicity, national) that
operate reciprocally to construct our experiences (Collins, 2015). Intersectionality grew out of the field of Black feminism which argues that the experiences of Black women were mutually constituted and could not be understood or ameliorated by approaches that treated race and gender as distinct categories (Crenshaw, 1989). Of particular importance is the notion of unjust power relations that add to the complexity of race, class, and gender (Hill-Collins, 1998). Bauer (2014) notes that Intersectionality has the potential to enrich population health research through improved validity and greater attention to both heterogeneity of effects and causal processes that may produce health inequalities, including sexual health. This paradigm allows for an examination of how young adulthood, Black identity, female gender, and college enrollment intersects with establishing a healthy romantic relationship.

The goal of this study is to expand our existing knowledge of dating among Black college women and to identify characteristics that contribute to their beliefs, attitudes and perceptions of dating at an HBCU.

Target Population

One hundred college women attending an HBCU were recruited for a study of factors related to condom use and dating relationships (IRB# 12-MED-56). Women were invited to participate if they met the following criteria: (1) self-identified as Black or of African descent; (2) were enrolled in college at least part-time; (3) between the ages of 18 and 24; (4) identified as heterosexual; (5) were sexually active within the last 90 days; and (6) reported alcohol or drug use in the previous 30 days.

The sample included 74% Americans, 19% Caribbean, and 7% Africans. The average age was 20 years and included 10% freshmen, 24% sophomores, 29% juniors, and 37% seniors.

Study Design

A qualitative study design, based on the phenomenological approach, was utilized to achieve the study goal. Phenomenological qualitative research is useful in understanding the meanings and experiences within the context in which the experience takes place (Giorgi & Giorgi, 2003). We utilized focus groups to create an environment that encouraged sharing viewpoints without pressuring participants to reach consensus (Krueger & Casey, 2015).

Interview Guide

For this study, a semi-structured interview guide was developed in advance to facilitate a series of focus groups. The interview guide ensured consistency across groups and to center the discussion on four factors impacting college women’s sexual health i.e. romantic relationships, alcohol/ drug use, risk perception, and condom use. The current analysis presents key questions from the romantic relationship section of the interview guide: (1) How do you define dating? (2) Before coming to college, what were your expectations about college dating? (3) Since your arrival to campus, what has been your experience with dating? and (4) What are your thoughts about monogamous relationships and the college experience?

Procedures

Participants were scheduled for a 3-hour group session. Focus group membership was based on
the participant’s availability to attend the session. Thirteen (13) focus groups were conducted in all with, on average, eight (range 6 to 11) women per group. Written informed consent was obtained by the third co-author, who also facilitated each group. Participants chose a “pseudo-name” to safeguard their identities. Participants received a $50 Visa gift card for reimbursement of time spent in research activity.

Data Analysis
Focus group audio recordings were transcribed by an independent transcription company. Transcription accuracy was verified against the original recordings and participants were sent a copy of their groups’ transcript for feedback and additional verification. An inductive thematic analysis of the transcripts was conducted based on work of Braun and Clarke (2006). This approach involves (1) familiarization of the data, (2) generating initial codes and coding transcripts, (3) sorting coded segments into themes, and (4) reviewing themes, and (5) defining and naming themes. Any discrepancies between researchers were resolved through discussion until consensus was reached (Ulin, Robinson, Tolley, & Speizer, 2005). Exemplary quotations were selected from the data that illustrated common themes and are presented within the original context to add richness (Ponterotto & Geiger, 2007). The thematic analyses that emerged were based on patterns of responses from participants in the focus groups.

Program and Statistical Outcomes
The thematic analysis provided insight into the dating experiences within the context of an HBCU. Five themes were observed across all group discussions: non-exclusive vs. exclusive dating, not meeting Mr. Right, ratio imbalance, getting caught in a situation, and Male Choice.

Theme: Non-exclusive vs. Exclusive Dating
One of the most prominent phenomenon captured was that participants defined dating differently. Some women defined dating as non-exclusive. Non-exclusive dating represented perceptions that dating involved multiple partnerships. This level of partnering was viewed as a way of getting to know the person without being sexually intimate. Accordingly, some women felt that it was appropriate to date several people at once, as revealed by the following excerpts.

“It’s more than sex. It’s like going out and getting to know the person... while you are dating, you are seeing other people... it’s just getting familiar, whether it’s going to the movies, going out, spending time on the phone, studying, just getting to know the person more than just physically.”

“I think you could be dating multiple people at once. I don’t think when you’re dating you need to be intimate, but dating is just like a series of getting to know someone, and doing it in a public setting, or just meeting up with another person, like the objective is getting to know them, in a more intimate way, but not necessarily physical, but like personally.”

Some women also used the term “talking” when describing non-exclusive dating. These women discussed the financial cost associated with dating. They reported that college students engaged in getting to know each other through talking on the phone, texting, or hanging out with each other without placing emphasis on
dating venues that cost money. One participant explains:

“There’s a lot of broke people in college. Like the dating experience, I feel like it’s not the real dating experience, I guess. But that’s why I make the distinction of just talking....like probably just texting and hanging out more so than actually going places and doing things. Like obviously involves that a little bit, but I feel like not as much.”

In contrast, other participants defined dating as exclusive. Exclusive dating represented perceptions that dating involves only one partnership at a time. In addition to being with one person, the level of partnership involved intimacy and commitment. The following excerpts showed:

“ Dating to me, is somebody that you are intimate with, and you go on actual dates, like movies, out to eat, and you guys are seeing each other, so dating.”

“To me, dating is someone you’re seeing exclusively – just you and him or you and her, and you go out on dates. You’re intimate with your – that’s – you tell them everything – getting to know them.”

“Dating is pretty much being in a commitment with one other person and you’re only seeing that person and you guys pretty much have a relationship emotionally, physically and mentally.”

Furthermore, many women believed that non-exclusive dating was a pathway to exclusive dating. These beliefs are consistent with traditional beliefs that dating is a ritualistic activity that may progress to a serious relationship (Jackson, Kleiner, Geist & Cebulko, 2011). This is demonstrated by the following:

“I think one is just the foundation for the other. You’re going to first start at the casual dating. “Oh, do I like you? Let’s see.” And then once you figure out, “Hey, I only want to date you and no one else,” then you go into the exclusive dating, and it’s just me and you and we want to work and build on things together.”

“I think that dating – I think like, dating is like, pre-steps more so to like an actual relationship, because you can go out date someone, you can be exclusive with them and you could just start talking to them, but until you all actually decide this thing is actually – we’re actually going to claim each other as boyfriend and girlfriend, I think that dating is kind-of like – it’s like a step in between a relationship, but I mean, there’s a relationship within dating but I don’t think it’s the same thing as actually being in a relationship.”

“Like dating is the step before an exclusive relationship. Like, some people, they date, and they may be with this one person, but the other person may not want to be in an exclusive relationship with them, or they could just be dating, going out on dates with different people and say, “I’m dating,” but they’re not in any one relationship with any of them.”

**Theme: Not meeting Mr. Right/Reality Check**

When comparing expectations with actual experiences, not meeting Mr. Right/reality check emerged as a major theme. This theme
includes expressions about initial expectations of finding a lasting committed relationship during college years, but the expectation was not met. This was captured in the following exemplar:

“I thought it would be—I always heard, “I found my husband at college...I had that expectation.”

“Everyone says you’re gonna find your husband in college. So I thought I’d be in a more serious relationship, or guys would be looking to be more committed.”

The initial expectations of finding a husband appear to be influenced by family and peers. Participants shared that parents met during college and felt that they too could find their future spouse. These views are consistent with other findings that demonstrate that Black women often view college as providing many opportunities including establishing a long lasting romantic relationship and/or ultimately finding a husband (Henry, 2008). As part of the precursor to dating or having a courtship relationship, some participants felt the importance of bringing the prospective mate home to meet the family before going on a serious date. This view was captured in the following exemplar:

“Where I’m from it’s like you have to meet my parent, like we could be like talking or whatever, but before we date you have to know my parents, you have to like got through all these steps with my parents. Then you take me out, all this other stuff, then we get together.”

Theme: Gender ratio imbalance
Perceptions of finding a mate and availability of mates presented a problem for participants who shared their experiences with dating since their arrival to campus. The theme that emerged was gender ratio imbalance. The gender ratio imbalance theme reflected responses about the number of women on campus in comparison to the number of men on campus, which resulted in more dating opportunities for men. As a result, this perceived image of a shortage of men, the dating culture becomes even more complicated. In discussing their experiences with dating, several participants identified having to deal with the gender ratio imbalance as follows:

“Our ratio is very slim for us females, so the options are also very slim... it’s kind of rare to find an individual that may be ready for the serious relationship we might be looking for.”

“...so like guys have more of an opportunity to date one girl, and, you know, the girls, they’re kind of trying to focus on getting to know a guy, and kind of getting serious with that guy, but he’s just in heaven, because just a million girls he could date...”

The literature supports that Black female students make up the majority of the student population on most HBCU campuses (Gasman, Abiola & Freeman 2014) which may be due to history of lower academic achievement among Black males, disproportionate rates of incarceration, and other socio-economic factors that impact college enrollment among Black males (Harknett, 2008; Jordan & Cooper, 2001). The ratio imbalance has implications for mate selection (Andrasik, Nguyen, George & Kajumulo, 2014; Hall, Lee & Witherspoon 2014).
In contrast, some participants revealed having a long-distance relationship or dating in the local area buffered them from competing for the same pool of mates as follows:

"...like I’m in a long-distance relationship but my freshman year a lot of boys didn’t respect it. I was wearing my boyfriend class-ring from high school and they would see it and still come talk to me...that make me not even want to date anybody on this campus that would be disrespectful of my relationship."

Theme: Hook-ups
Another theme that emerged was hook-ups. The hook-up theme reflects perceptions related to sexual intimacy without commitment. Particularly, this behavior was observed among men who were not looking for a lasting romantic relationship and was influenced by the gender ratio imbalance. This phenomenon complicated the dating experiences of some women who were looking for a more stable relationship. Some participants explain:

"I feel like since I've been here, I've noticed a lot of men get too used to the fact that it's so easy to hook up with someone, instead of being in a serious monogamous relationship."

"I kinda thought it was gonna be more actual dating going on. I feel like it's just a lot people sleeping with each other, more so than actually dating and getting to know each other."

The phenomenon captured is supported by current trends that college students may engage in sexual behavior without an interest in developing a future commitment (Allison, 2016; Jackson, Kliener, Geist & Cebulko, 2011). Fielder, Carey & Carey (2013) found that hook-ups occur more frequently during the start of the academic calendar which could be attributed to peer influence or the proximity of other youths.

Theme: Situation-ship
In discussing their actual experiences, some participants shared that they found themselves in situations in which the man and the woman had different agendas. The situation-ship theme involved women’s descriptions of a predicament where women perceived an exclusive relationship, but men perceived a non-exclusive relationship. The theme of situation-ship that emerged was described:

"A situation-ship is like especially like when you’re talking to somebody and maybe having sex or not but you think – it’s basically when you think you’re in a relationship, but y’all aren’t."

"...you think you’re with someone, but then you guys – you know you’re with him, but you guys are really not together. So like if he does something, that’s when they hit you with the like, ‘oh, but you’re not my girlfriend.’ But then they expect like girlfriend things from you. So basically what it is, is just like they want everything that they – you both want everything that you can get, but you know, like, it’s not a relationship. That’s really all it is. You’re doing things you shouldn’t be doing for this person because you guys are in a relationship, but it’s not a relationship whatsoever."

"I feel like girls have it in their head like that’s their boyfriend, but that’s definitely not the case. Like y’all are not
committed to each other. And I feel like people get comfortable in that.”

Such a relationship may offer the female an opportunity to decide whether they want to remain or leave the situation for a more stable relationship. Hall, Lee & Witherspoon (2014) suggested that women were more likely to accept undesirable behaviors from males in exchange for a different type of a relationship.

Theme: Male Choice

Another consequence of the gender imbalance relates to decision-making power. In our study, male choice emerged as a major theme. The male choice theme represented expressions related to males making the decision in selecting the type of relationship and determining whether they wanted to be with a particular woman [monogamously]. Participants felt that they had no choice but to acquiesce to the male’s decision. This theme is echoed in the following excerpts:

“But I still feel like it’s your choice; you make the decision to be with me; you make the decision to go and be with somebody else while you’re with me or you’re making the decision to not be with anybody at all. So I think that for me personally a relationship could work, it’s just depending upon the person’s maturity.”

Division of power between male and female facilitates the perception that men have more power in a relationship particularly in sexual decision making and behaviors (Hall et al., 2014). This perception of inequity of power resulted in women having lower expectations regarding commitment and monogamy.

Subsequent Steps

Mate availability within the socio-environmental context of an HBCU may offer men more negotiation power where there is a surplus of women (Hall et al., 2014). Therefore, Black women may experience dating and relationships based on this power dynamic. Our findings have significant implications to address dating perceptions and attitudes of Black women on an HBCU campus. The importance of seminars during freshman orientation that will empower Black college women on ways to navigate the dating experience is paramount. Strategies should include: being prepared to explore and go out on dates and have an open view; not being focused primarily on meeting “Mr. Right” during the freshman year; establishing friendship as opposed to having an immediate romantic relationship.

Included in next steps are explorations of ways to intervene the phenomenon of dating experiences and its risk factors on HBCU campuses. Colleges may wish to consider the importance of encouraging high expectations in shaping healthy perceptions in dating relationships. More prevention and intervention programs are needed at college/universities’ health centers to develop and evaluate
healthy behaviors involving relationships and sexual health. The development of these programs should take into consideration additional environmental factors of the institution, including setting (rural vs. urban), proximity to other universities and military installations that may impact the pool of available mates and dating experiences. Future research may wish to consider comparisons among HBCUs, private and public institutions regarding attitudes that shape dating/romantic experiences.

References


FEATURE ARTICLE
Knowledge and Attitudes Towards Counseling Service on an HBCU Campus
By: Anisah Bagasra, Ph.D.
Claflin University

Founded in 1869, Claflin University is a comprehensive institution of higher education affiliated with the United Methodist Church and located in Orangeburg, SC. Claflin is committed to providing students exemplary educational opportunities in its undergraduate and graduate programs grounded in cutting-edge research, experiential learning, state-of-the-art technology, community service, and lifelong personal & professional fulfillment.

Abstract

Minority students’ underutilization of mental health services can impact their abilities to learn and thrive in the college environment. Underutilization has often been tied to attitudes toward counseling and counselors. Previous research found that African American college students were more likely to possess a negative attitude toward counseling, and view counseling as a sign of weakness or potential source of embarrassment. The purpose of this study is to examine knowledge of, and attitudes towards, campus counseling services on an HBCU campus. One hundred twenty-seven (127) students responded to an online survey. Eighty percent (80%) of participants were aware of counseling services, but eighty-nine percent (89%) never used the services. The majority of participants had a positive attitude toward counseling but there was also fear of stigma attached with seeing a counselor. Twenty-six percent (26%) disagreed or strongly disagreed that they would feel safe using the campus counselor. Three focus groups were then conducted, exploring student perceptions of barriers to using counseling services. Results suggest stigma, rather than knowledge or attitudes toward counseling, may have a larger impact on the usage of counseling services by African American students on an HBCU campus.

Introduction

The underutilization of mental health services by racial and ethnic minority students has often been attributed to cultural beliefs, stigma associated with mental illness, lack of knowledge about available services, and mistrust of service providers (Masuda et al., 2009; Anglin et al., 2004; Duncan & Johnson, 2007; Nickerson, Helms & Terrell, 1994). At the same time, the rate of college students experiencing mental health problems has increased, with some studies showing 50% of students with a diagnosable disorder (Zivin et al., 2009). Studies focusing specifically on attitudes toward counseling have found that African Americans typically possess a negative attitude toward counseling, viewing counseling as a sign of weakness and as a potential source of embarrassment (Williams & Justice, 2010; So, Gilbert & Romero, 2005; Walter, Yon, & Skovholt,
Minority student populations often underutilize mental health services for many of the same reasons as the general community (Nam et al., 2010), with stigma being a major factor (Cheng, Kwan, & Sevig, 2013).

When students do choose to seek help, common reasons include symptoms of anxiety and depression, drug or alcohol use, and grief and adjustment issues (Mitchell, Greenwood, & Guglielmi, 2007). This research suggests that students may only seek help when they are experiencing issues that have a significant impact on daily functioning. Studies have demonstrated that reducing stigma related to counseling can increase service utilization (Egisdottir et al., 2011) and prior experience with counseling can predict use of university counseling services (Kahn & Williams, 2003).

Target Population & Study Goal

The purpose of the present study is to examine knowledge and attitudes toward campus counseling services among African American students attending a Historically Black College and University (HBCU). The study also seeks to examine under what circumstances students feel they would most likely seek help from counseling services. The goal of this research is to better understand the help seeking preferences and patterns within the study population to design evidence-based interventions to increase counseling utilization. The study uses a mixed-methods approach consisting of an anonymous internet-based survey of students, and a series of follow-up focus groups to develop a more holistic view of student perceptions of campus counseling services.

Research Methods & Objectives

Survey

The survey instrument consisted of a demographic section, questions on knowledge of counseling and usage of services, and a scale on attitudes toward counseling. The instrument consisted of 18 statements that asked students to indicate their level of agreement on a six-point Likert scale. The survey also listed 15 items such as depression, excessive alcohol use, and difficulty sleeping, and asked students to indicate the likelihood that they would seek counseling for those problems. After approval from the university Institutional Review Board the survey was posted on the survey site ClassApps. A description of the survey with a link was emailed to the student body once per week for four weeks. The survey was completely anonymous and did not record any identifiable information. It took about 15 minutes for students to complete.

Focus Groups

The goal of the focus groups was to gain a deeper insight into attitudes toward counseling, with a specific goal of understanding what students feel are the main barriers to seeking help. Five broad questions were developed based on the results of the survey. These questions focused on four themes: knowledge of services, perceived access and availability of services, expectancies regarding counseling, and situations that might trigger help-seeking behavior.

Focus group participants were solicited by campus email and students signed up on a first come, first serve basis. Three homogenous focus groups consisting of eight students each were conducted; two all-female and one all-male. This was based upon the current gender
demographic of approximately two females to every one male. Participants signed a consent form agreeing to participate prior to the start of the focus group. Focus groups took about one hour each and were held in a small conference room. The digital audio file from the focus groups was transcribed into a Microsoft Word file, and participants were assigned a code to maintain anonymity.

Results

One hundred and twenty-seven (127) students responded to the online survey (Male =20, Female = 107). Nineteen percent (19%) were freshman, fifteen percent (15%) were sophomores, twenty-eight percent (28%) were juniors, thirty one percent (31%) were seniors, four percent (4%) were graduate students, and three percent (3%) were continuing studies students. Sixty-seven percent (67%) of students reported that they live on campus and thirty-three percent (33%) live off campus.

Eighty percent (8%) of students stated that they were aware of counseling services on campus. The remaining twenty percent (20%) said they did not know about campus counseling. Eighty-four percent (84%) had never been referred to campus counseling while twelve percent (12%) reported being referred and the remaining four percent (4%) were not sure if they had ever been referred for counseling. Eighty-nine percent (89%) never used campus counseling services and eleven percent (11%) did use counseling services.

Fourteen (14) students responded to an open-ended question asking why they had sought counseling services. Reasons ranged from falling behind in classes and other academic issues to stress, anger issues, personal issues, and sleeping problems.

Attitudes toward Counseling & Help-Seeking

Based upon the results of the survey most students had a positive attitude toward counseling. The majority felt that counseling can be a good idea and can be useful for dealing with personal problems. The participants also expressed that they would follow advice given by a counselor. They did express, however, some fear of stigma attached with seeing a counselor and discomfort at the idea of speaking with a counselor. In addition, twenty six percent (26%) disagreed or strongly disagreed that they would feel safe using the campus counselor (See Table 1 below).

Students were asked to respond to the likelihood that they would seek counseling for a variety of problems. Students were most likely to seek help if they were using too much alcohol, feeling depressed or anxious, anger issues or experiencing grief. They were less likely to seek help for weight issues, sexuality issues, problems with friends, and trouble sleeping (See Table 2 below).

Focus Group Compilation

Three focus groups consisting of eight students each were conducted; two all-female groups and one all-male group. When asked about knowledge of campus counseling, approximately eighty percent (80%) of the students in the focus groups said they knew that counseling services were available on campus. Some students stated that they knew who the campus counselor was. Most students learned about counseling through their syllabi. Other sources were walking by the door, an email, or viewing information in the dorms.
However, many focus group participants felt that the services needed to be advertised more.

One of the major barriers that emerged was the issue of confidentiality. More than half of focus group participants felt the counseling area was too crowded, or that information shared with the campus counselor is not kept private. One focus group participant stated: “My freshman year I was going through something and I was going to talk to [the counselor] about it, but I heard that she tells people who come to her business, and I did not want my business to get out.” Students felt that counseling needs to be in a better, more private location away from crowded areas.

The second major barrier that emerged was stigma. One student stated that “People think that if you go to [the counselor] you are either failing or slow. Another stated: “I wouldn’t want nobody to see me going to her.” Respondents felt that counseling services were too closely tied to other student support services. One participant stated: “Also she is over early warning so if you go to her people might think you’re failing.” Students expressed a fear of being judged. A few participants expressed concerns that they could not relate to the campus counselor due to differences in age and life experiences.

Participants said that it is time to seek professional help if experiencing suicidal thoughts, low motivation, inability to focus, stop going to class, and too much stress. Other sources of help that students identified and felt comfortable seeking included a family member, friends, professors, RAs, dorm managers, the chaplain, God, or a pastor.

**Discussion**

Twenty percent (20%) of participants in the study had no knowledge of campus counseling services. This finding suggests that unlike previous studies, the lack of knowledge of available services may account for some of the underutilization of services within this student population. A persistent barrier to student utilization of counseling services is the stigma around both mental health and academic issues in addition to the stigma associated with seeking counseling.

**Implications & Recommendations**

Based upon the results of the survey and focus groups, it is recommended that counseling services be advertised more widely on campus. Students mainly reported knowledge of counseling services through email and syllabi. Expanding advertising to include presentations during orientation and posters on campus, especially in dorms and high traffic areas could increase knowledge of available services. Information could also be emailed weekly, and descriptions of services offered can be clearly defined. Along with these efforts, pamphlets or other advertising materials can be developed: educating students, faculty, and staff about issues that can be addressed through counseling services.

The location of campus counseling services in a high traffic area was of concern for many focus group participants. This suggests that campus counseling should be located in areas perceived by students as more private where it will be harder to distinguish what services a student is seeking. One suggestion made by students was to move the counselor to the student health center so that people will not
know if you are going to see the nurse or the counselor. This will reduce stigma and remove counseling services from a crowded area.

Regarding issues of stigma, focus group participants associated counseling with failure and academic issues. Fear of being judged by both the counselor and other students served as a major barrier for help-seeking in this study. Students mentioned RAs, dorm managers, and professors as other sources of help for dealing with mental health problems. It is recommended that RAs, other student support staff, and faculty receive more training in dealing with mental health issues and when to refer to counseling services. Staff and faculty should receive workshops and training that discusses mental health concerns such as depression, suicide, coping with grief, and other problems that students are likely to experience. Mental Health First Aid training is one type of training that can be made available to faculty and staff at HBCUs to increase knowledge and better prepare faculty and staff to handle mental health concerns.

In summary, campus counseling services need to be perceived as private, confidential, and with a focus on handling mental health issues, grief, trauma, and other adjustment issues that may or may not be impacting academic performance. Students also need to be made aware of what situations and feelings can be handled in counseling and made to feel that no issue is too small to seek help. Faculty and staff need to receive regular training regarding mental health to meet the needs of students who may seek their help, and to assist students while also referring them to the professional counselor.

Limitations of this study include a relatively small sample size (the existing sample size represented about 7% of the student population), and the study sample consisting of students from only one HBCU campus. This study did not seek to examine gender, age, or classification differences in attitudes toward counseling and help-seeking preferences. Increasing the sample size and conducting the study across multiple HBCU campuses will strengthen the research and help campuses determine the degree to which attitudes towards counseling may be impacting service utilization to design evidence-based interventions.
Table 1. Student Attitudes Toward Counseling

<table>
<thead>
<tr>
<th>Perception</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeking help with a counselor last option</td>
<td>11%</td>
<td>28%</td>
<td>27%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Uneasy discussing emotional problems</td>
<td>11%</td>
<td>30%</td>
<td>25%</td>
<td>23%</td>
<td>11%</td>
</tr>
<tr>
<td>Would dread explaining problems to counselor</td>
<td>12%</td>
<td>43%</td>
<td>19%</td>
<td>19%</td>
<td>7%</td>
</tr>
<tr>
<td>Would never seek help from counselor</td>
<td>34%</td>
<td>39%</td>
<td>16%</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Would be embarrassed if friends knew</td>
<td>34%</td>
<td>34%</td>
<td>15%</td>
<td>13%</td>
<td>3%</td>
</tr>
<tr>
<td>I would feel safe</td>
<td>9%</td>
<td>17%</td>
<td>38%</td>
<td>26%</td>
<td>10%</td>
</tr>
<tr>
<td>Consulting counselor good idea</td>
<td>1%</td>
<td>0%</td>
<td>18%</td>
<td>45%</td>
<td>36%</td>
</tr>
<tr>
<td>Major effort for me to schedule</td>
<td>11%</td>
<td>23%</td>
<td>22%</td>
<td>34%</td>
<td>11%</td>
</tr>
<tr>
<td>Would follow advice from counselor</td>
<td>1%</td>
<td>1%</td>
<td>26%</td>
<td>59%</td>
<td>13%</td>
</tr>
<tr>
<td>Would be intimidating</td>
<td>16%</td>
<td>43%</td>
<td>27%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Dealing alone is better</td>
<td>15%</td>
<td>34%</td>
<td>38%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Afraid to discuss</td>
<td>16%</td>
<td>44%</td>
<td>23%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Counselor would be a good resource</td>
<td>3%</td>
<td>6%</td>
<td>32%</td>
<td>45%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Table 2. Health-Seeking Behaviors of Students

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very Likely</th>
<th>Likely</th>
<th>Neutral</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive alcohol use</td>
<td>23%</td>
<td>26%</td>
<td>12%</td>
<td>18%</td>
<td>21%</td>
</tr>
<tr>
<td>Relationship problems</td>
<td>4%</td>
<td>22%</td>
<td>21%</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>Concerns about sexuality</td>
<td>7%</td>
<td>20%</td>
<td>17%</td>
<td>23%</td>
<td>34%</td>
</tr>
<tr>
<td>Depression</td>
<td>34%</td>
<td>32%</td>
<td>11%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>Conflict with Parents</td>
<td>11%</td>
<td>22%</td>
<td>22%</td>
<td>23%</td>
<td>22%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>21%</td>
<td>37%</td>
<td>22%</td>
<td>9%</td>
<td>11%</td>
</tr>
<tr>
<td>Weight Control</td>
<td>10%</td>
<td>18%</td>
<td>21%</td>
<td>23%</td>
<td>29%</td>
</tr>
<tr>
<td>Problems with roommates</td>
<td>7%</td>
<td>29%</td>
<td>18%</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>Grief over death of close</td>
<td>29%</td>
<td>26%</td>
<td>16%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td>12%</td>
<td>20%</td>
<td>18%</td>
<td>25%</td>
<td>26%</td>
</tr>
<tr>
<td>Drug Problems</td>
<td>23%</td>
<td>23%</td>
<td>13%</td>
<td>17%</td>
<td>24%</td>
</tr>
<tr>
<td>Difficulty with Friends</td>
<td>9%</td>
<td>12%</td>
<td>19%</td>
<td>36%</td>
<td>25%</td>
</tr>
<tr>
<td>Academic Problems</td>
<td>19%</td>
<td>32%</td>
<td>20%</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>15%</td>
<td>21%</td>
<td>22%</td>
<td>23%</td>
<td>19%</td>
</tr>
<tr>
<td>Anger Issues</td>
<td>25%</td>
<td>32%</td>
<td>16%</td>
<td>10%</td>
<td>16%</td>
</tr>
</tbody>
</table>
References


PERSPECTIVES
The Perceived Risk Hierarchy Theory (PRHT): A New Framework for Understanding Health Risk and Reality among African American Emerging Adults
By: Lorece V. Edwards, DrPH, Ian Lindong, MD, Lawrence Brown, PhD, Sabriya Dennis, DrPH, Alvin Moody, Everse Pullen, BA, and Marcus Henry
Morgan State University School of Community Health & Policy

Located in Baltimore, MD, and founded in 2005, the Morgan State University School of Community Health & Policy’s mission is to develop a corps of health professionals committed to transforming urban communities by promoting health and reducing health inequities.

Abstract

The human immunodeficiency virus (HIV) has had a significant impact on minority emerging adults, who have faced pronounced health disparities compared to their non-minority peers. Emerging adults ages 13 - 24 accounted for more than one in five new HIV diagnosis in 2015. Emerging adults today have limited knowledge of the earlier toll of HIV when it was identified as a death sentence. The Get SMART Project/Intervention aimed to prevent/reduce alcohol, substance use and acquisition of HIV/AIDS among at-risk African American emerging adults. To meet the unique needs of this population, the goals included: establishing partnerships with community-based organizations to provide integrated substance use, Hepatitis-C, and HIV screening and services and provide re-purposed prevention education to the target population. Of concern, it was recognized that prevention screenings that have been made significantly more convenient and accessible compared to traditional testing and screening modalities were not being utilized due inadequate incentives for participation. HIV testing rates were low as emerging adults believed that they were unlikely to have been exposed to the virus, even when engaging in high-risk behaviors.

The Perceived Risk Hierarchy Theory (PRHT) is a new framework for understanding health risk, trauma and survival expectations among African American emerging adults. The PRHT was developed by public health scholars to explain the lack of concern [by these populations] for preventive health screenings for early detection of communicable/infectious diseases. Recognizing and making the collective experiences of urban young adults must become a priority. Robust restorative practices are important steps that will aid in building trust, healthy-relationships, resolve conflicts, and minimize the barriers to learning, remembering, and applying re-purposed preventive education. Bearing in mind the political landscape, return on investment (ROI) alone is no longer an option to measure effectiveness or feasibility of these efforts. The PRHT, allows one to recognize the competing factors associated with improved outcomes and implement the appropriate strategies.
Introduction

The human immunodeficiency virus (HIV) has had a significant public health impact on minority emerging adults, who have faced pronounced health disparities compared to their non-minority peers. Emerging adults ages 13 to 24 accounted for more than one in five new HIV diagnosis in 2015 (CDC, 2015). Importantly, emerging adults today have limited knowledge of the earlier toll of HIV when it was identified as a death sentence. In the early days of the epidemic, most people diagnosed with HIV rapidly progressed to AIDS and later died. Fast forward to today: African Americans continue to be disproportionately affected by HIV, and HIV is greatest among sexual and racial minority populations (Koenig et al., 2016).

Background/Significance

Emerging adults in the United States today have never known a world without HIV (Koenig et al., 2016). They have no vision or reflection of times when HIV automatically equated to premature mortality. The high prevalence of HIV in African American communities among social and sexual networks alone has increased the risk for contracting HIV. Studies have shown consistently that African American emerging adults are more likely to engage in risky sexual behavior, engage in sex with multiple partners, use condoms inconsistently, and have sex under the influence of alcohol and/or drugs (e.g., marijuana, which is sometimes called the sex drug) (Morgan et al., 2016). As HIV rates continue to escalate among this population, especially young black men who have sex with men, Historically Black Colleges and Universities (HBCUs) are essential partners in the many efforts to reduce HIV among this unique population.

Target Population

African American emerging adults are particularly affected by HIV due to high-risk behaviors. Of the nearly 21,000 infections estimated to occur each year among African Americans, one-third (34%) are among people aged 13 to 24 years (Morgan et al., 2016). In 2014, an estimated 9,731 youth aged 13 to 24 were diagnosed with HIV in the United States; 81% (7,868) of diagnoses among youth occurred in people aged 20–24. Among those aged 13–24 diagnosed with HIV, African American males have the higher rates of infection among all race/ethnicity groups as well as gender (CDC, 2014).

African Americans, who make up 12% of the U.S. population, account for 44% of new infections overall (CDC, 2014) and 57% among youth (CDC, 2016).

Young, same gender-loving (SGL), African American men are at highest risk of acquiring HIV (as much as 11 times more than young White males) (CDC, 2012). HIV incidence in this subgroup is multifactorial [and exceeds individual risk behaviors]; higher rates of sexually transmitted infections (STI), stigma, internalized homophobia, alcohol and substance abuse, socioeconomic status, and unknown HIV status, are likely to escalate HIV incidence rates. More than 70% of HIV-infected SGL young African American men are unaware of their HIV status. The problem is magnified by the low rates of care and treatment (21%) and controlled viral load (18%) of those diagnosed with HIV.
(Morgan et al., 2016). Most alarming for some, HIV is not seen as a health threat or risk (VanHandel et al., 2016). The competing conditions of daily life and circumstances in which people are born, live, play, and die makes HIV acquisition a distal threat for African American emerging adults (Edwards, 2017).

**Program Goals/Objectives**

The Get SMART Project/Intervention aimed to prevent and reduce alcohol, substance use and transmission of HIV/AIDS among at-risk African American emerging adults. To meet the unique needs of this population, the goals included establishing several partnerships with community-based organizations to provide integrated substance use, Hepatitis-C, and HIV screening and services.

Selected objectives included provision of repurposed prevention education to the target population. Of concern, it was recognized that prevention screenings that have been made significantly more convenient and accessible compared to traditional testing and screening modalities were not being utilized [presumably due to lack of adequate incentives for participation]. HIV testing rates were low as emerging adults believed that they were unlikely to have been exposed to the virus. Adult surveys revealed engagement in several high-risk behaviors. While monetary incentives were offered for participation, testing rates remained low. It became a concern that our efforts at risk reduction of HIV may have been over-shadowed by a lack of attention to collective experiences, neighborhood threats, and community violence exposure.

Many interventions focus on changing individual-level behaviors rather than addressing the larger contextual and structural landscapes within which young people are born and live. The Perceived Risk Hierarchy Theory (PRHT) is a new framework for understanding health risk, trauma and survival expectations among African American emerging adults. The PRHT was developed by public health scholars to explain the lack of concern for preventive health screenings for early detection of communicable/infectious diseases (e.g., HIV, STI, and HCV). The PRHT, posits that youth and emerging adults’ perception of health risk or severity is attenuated by what they perceive as more imminent and immediate risks such as matters of perceived threats, exposure to community assaultive exposure, excessive police violence, homelessness, and perceived survival expectations. The PRHT provides a highly plausible explanation of the behaviors/attitudes of this population towards disease prevention as they prioritize risk their risk daily to dodge a host of social pathologies (Miller & Rowe, 2017).

**Figure 1. The Perceived Risk Hierarchy Theory**
Program Outcomes

The fundamental components of the PRHT evolved through prevention intervention studies and outcomes over the past five (5) years examining observations that documented the following among youth and emerging adults: (1) indifference to STI, HIV and HCV prevention screenings, that have been made significantly more convenient and accessible compared to traditional testing and screening modalities, (2) a low perception of STI, HIV, and HCV risk despite engagement in high-risk behaviors, and (3) knowingly engaging in these behaviors despite knowledge of perils and potential detrimental outcomes. These observations led to the proponents of the PRHT and arrived at an assumption that many young African Americans exist in high-riskscapes - urban-settings where residents live every day on high alert for perceived threats and are in a constant state of mobilizing for fight, flight, or suspense as they anticipate the next assault. These individuals are faced with powerful proximate challenges that impose barriers to their abilities to concentrate, learn, recall, perceive a future orientation, and delay immediate gratification.

As a result, they are more likely to absorb and minimize distal health risks that are otherwise real and with deleterious impact. In other words, HIV and adverse health conditions are a distal threat. Socio-environmental factors are perceived as daily challenges for this population. Arguably, one of the most significant problems facing young African Americans is the feeling of hopelessness about the future. A public health consequence strongly suggests the need for new/innovative theories and conceptual frameworks to address emerging public health challenges (Galea & Vaughan, 2016). Additionally, theory also invites metaphorical thought, and to see the dots even before they are connected or address potentially causal processes.

Subsequent Steps

The PRHT is a public health framework for risk-perception priorities. For example, the first tier of the pyramid postulates that excessive police violence is a significant risk priority for African American emerging adults and has the greatest potential to impact morbidity and mortality. In ascending order (community assaultive violence exposure, environmental factors, including education inequality and homelessness) are the remaining identified risk priorities in chronological order. Each are a part of their risk-portfolio and included in personal processes for decision-making. At the tip of the pyramid is HIV. HIV is identified as a distal threat and not perceived as significant because it is unlikely to occur. Recent research proffers, that perceptions of HIV acquisition are low among this population (Camacho-Gonzalez, 2016; El Bcheraoui, 2013). While the PRHT is a new emerging theory, it provides a clear schematic pointing out the importance of prioritizing the social and structural determinants of health and the shaping health for urban African American emerging adults on campus (non-residential) and in the community.

When designing and implementing interventions and programs for this population, it is imperative to consider a trauma-informed approach. It’s important to recognize the widespread effect and impact of trauma and toxic stress most likely found in urban neighborhoods. Now is the time to shift the conversation. Recognizing and making the collective experiences of urban youth/emerging adults must become a priority.
Robust restorative practices are important steps that will aid in building trust, healthy relationships, resolve conflicts, and minimize the barriers to learning, remembering, and applying re-purposed preventive education. Re-purposed education starts with making the learning personalized by conducting a formative assessment, meeting the needs of the learner and their specific interest. In the current political landscape, return on investment (ROI) alone is no longer an option to determine feasibility and effectiveness of such efforts. The PRHT, allows one to recognize the additional competing factors [along with individual risk behaviors] strongly associated with improved outcomes.

References


The International Journal of Ethnic College Health is honored to salute Dr. Terrence Thomas, professor, North Carolina A&T State University, for his vision and tenacity to become principal investigator of a grant to relieve Northeast Greensboro’s long-term, community-wide issue of existing in a food desert. Committed to helping the community’s plight, Thomas wrote the grant which satisfied the goal of NC A&T School of Agriculture and the Agriculture Research program: to support the development of communities and small farmers. For his selfless, tireless efforts, IJECH salutes Dr. Terrence Thomas.

Dr. Terrance Thomas, 70, arrived at North Carolina A&T State University (NC A&T) in 1998 after a storied career in agriculture spanning more than four decades in his homeland of Jamaica. A native of Lluidas Vale, a settlement located 45 miles outside of the capital city, Kingston, Thomas combined an early fascination with agriculture, with education and experience to endeavor his rich career. Following a degree earned in Agriculture from the University of West Indies Trinidad campus in 1974, Thomas took on a series of professional challenges. Beginning at the Jamaica School of Agriculture, to academic appointments ranging from vocational school vice principal in rural Western Jamaica to acting dean, and ultimately to president at the College of Agricultural Science & Education in Eastern Jamaica, Thomas was quite accomplished. His professional pursuits and affiliations encouraged and led him to earn higher education in the United States, a Master of Science in Continuing and Vocational Education, University of Wisconsin-Madison, in 1981 and a Doctor of Philosophy in Vocational Education, Louisiana State University Eunice campus, 1989. Also an entrepreneur and engaged in the community, Thomas operated a prosperous 10-acre dairy farm early in his career, and grew Jamaican Blue Mountain Coffee in the latter prior to leaving the country. Thomas’s final governmental lead connected him to become Executive Director of the Environmental Foundation of Jamaica, an Enterprise for the Americas Initiative (EAI), a program for the US to further invest and to relieve debt for countries in Latin America and the Caribbean. In this capacity, Thomas developed environmental conservation projects; funded and spurred community development, along with child development projects. It was during this period, 1993-1997, that North Carolina A&T had a project in Jamaica that needed funding. Through the foundation, Thomas was able assist the project; thereby, assisting Jamaican residents.

Colleagues from that project later contacted Thomas about an available position at North Carolina A&T University. Thomas took the position in 1998. The assignment also put Thomas in proximity to his loving wife Joan, who had...
been married to Thomas for 20 years by this point.

As fate would have it, the only supermarket in the university’s community of Northeast Greensboro closed its doors the same year Thomas arrived. The absence of Winn-Dixie created a food desert, defined by the United States Department of Agriculture (USDA) as an area where at least 500 people or at least 33 percent of the population reside more than a mile from a grocery store. To date, 17 such areas have been reported in the city. Despite community organizers efforts, a new grocery retailer could not be secured for the area. With agricultural, public and private sector experience, Thomas wanted to help relieve the problem and to help improve the health status of the community.

“Nutrition is an essential part of life and lifestyle,” said Thomas. “A lot of residents in underserved minority communities fall prey to diseases that could be avoided if people adapted a healthy lifestyle. That’s not possible in food deserts. You find higher rates of chronic diseases, lifestyle diseases, which lead to morbidity. What you eat says who you are. Good health starts with what you put in your body. I have an interest in anything related to that.”

The solution to the food desert along Phillips Avenue was filled with road blocks.

“We organized to get another grocery store,” said Councilwoman Goldie Wells, who founded Citizens for Economic and Environmental Justice and was on the steering committee of Concerned Citizens of Northeast Greensboro (CCNEG), both community-based organizations to address the ills of the community. We were unsuccessful.”

Insufficient auto traffic in the area; the lack of a traffic light; less than $20,000 in median income were all reasons given to Wells and other community gatekeepers as why another major grocery retailer would not return. This was despite the fact that the previous Winn-Dixie store had been profitable, according to reports. “We suffered for 15-16 years after Winn-Dixie closed,” said Dr. Robert Davis, president of CCNEG and retired NC A&T professor. “We had no access here. We worked with our elected officials. You had to go outside of your community to access fresh groceries.”

With the obstacles clearly defined, Thomas began the solution by writing a grant to the USDA. The project was funded for $1.3 million over four years to upstart and maintain an urban farm to grow fresh fruits and vegetables in the community, along with interactive, hands-on nutrition training classes and research activities. “I established an urban farm and nutrition education training at the same time for the community,” said Thomas. “If people are not accustomed to including fresh fruits and vegetables in their diet, they will not purchase them. You have to show them how it will improve their health status. The workshops are conducted at [The Children’s Museum] a facility where they can cook and taste. We are engaging all of their senses. It increases the willingness to practice what they’ve learned.” Students from NC A&T assist with the planning and coordination of the nutrition classes, said Thomas. Planning began in 2013, and lasted for two years. Planting began in 2015.

“You must get the support of the community and to build their enthusiasm: their understanding of it and how they will benefit from it,” said Thomas regarding the planning to
planting process. “You need that to sustain it. There is a lot of background work needed to get it to that stage.”

Working in partnership with CCNEG, and with NC A&T the lead agency, the urban farm was constructed as a 90-feet-by-30-feet, plastic covered high tunnel structure that allows light to filter through, staying cool in summer and warm in winter, which extends the growing season. Initial crops included cucumbers, followed by lettuce, bok choy (Chinese cabbage) and spinach; the following spring tomatoes and sweet peppers, said Thomas.

Just as Thomas showed up at NC A&T when the food desert began, the citizens of Northeast Greensboro solved their own need for a grocery retailer. In 2015, they opened their own grocery store, the Renaissance Community Cooperative (RCC). The two initiatives, among other community efforts, have been able to restore fresh and nutritional foods to the area. “We gave donations to the community co-op,” said Davis, whose Doctor of Philosophy is in sociology. “Concerned Citizens set up a stand at neighborhood monthly meetings, for about 11 organizations, and people took what they wanted for donations.”

While the sowing and reaping part of the grant was going quite well in the community, the nutritional classes were also well-received by residences. Offered in eight-week intervals, with classes convening weekly on Tuesday evenings and Saturday afternoons, the program took off. To date, 72 participants have been trained. In 2018, the class capacity was reduced from 20 to 15 people due to budget constraints. Participants initially received $20 per class as incentive for participation; however, budget cuts have reduced the incentive to $15 per class. Initially monetary, which was better received by participants, the incentive was changed to a gift card for the same amount at the RCC, said Thomas.

“People express appreciation for what they learn. As we train more people, word of mouth will travel. It will become a value in the community to attend the workshops on nutrition, to eat healthier, and to shop healthier in the community.” Yet, Thomas is not disillusioned about the task at hand. “We’re fighting against the billions of dollars of Madison Avenue advertisers, who tell people to buy things that are not good for them,” said Thomas. “A one-shot project will not do it. You have to impact values. It has to become ingrained in their culture. It must spread like a virus.”

Future plans for the urban farm include more student and community involvement. Thomas’s fall Local Foods Marketing class will use the farm as a laboratory for NC A&T students. Course learner objectives will include how to establish a local farm and product distribution. This summer through fall, Northeast Greensboro residents will be invited to grow a garden in the urban farm’s open spaces. Plans are underway to create another urban farm nearly three miles from the current location. Young adults from the area will be invited to run the farm like a business to increase the fresh fruits and vegetables in the region, along with providing jobs opportunities. Market channel development and a food safety plan are underway for the current Phillips Avenue location to increase sell and distribution of its produce. Proceeds will be utilized to maintain the farm, which costs nearly $20,000 per year to operate, according to budget reports.
Thomas anticipates the future challenges and encourages other Historically Black Colleges and Universities (HBCUs) to do more to assist the communities in which they reside. “I’m a firm believer in that,” said Thomas regarding HBCU outreach. “When it comes to that you can call me a zealot. Education can’t be of any public good, unless we serve the less fortunate among us. Science must be socialized so that poor people can benefit from the technology. The average person needs to benefit from it directly. We have poverty in this country because we’re socialized where the science does not benefit the poor. We need to extend land grant universities; HBCUs should focus more on the issue of poverty and development.”

For more information about Dr. Thomas and addressing food deserts, please contact him at twthomas@ncat.edu.
CONFERENCES & MEETINGS

Professional development must remain a priority for public health leaders and diverse workforces and collaborative partners. The Institute for Successful Leadership accepts no responsibility for the content or implementation of any event or activity listed. Readers are encouraged to review and select events at their own discretion and only after compiling adequate due diligence.

JUNE 2018

- **2018 Health System Symposium**  
  June 5-6, 2018; Peachtree City, GA. (Georgia Department of Public Health)

- **The Effects of Incarceration on the Health and Well-Being of People and Communities of Color**  
  June 6, 2018; Philadelphia, PA. (National Academies of Science, Engineering, and Medicine (NASEM))

- **Public Health Humanities: Audience, Engagement, and Social Justice**  
  June 6-9, 2018; Hiram, OH. *(Hiram College)*

- **Saving Ourselves Symposium**  
  June 6-10, 2018; Birmingham, AL. Symposium addresses the health and wellness of the Black LGBTQ community in the South, focusing on HIV and other health disparities.

- **13th Annual Tribal Leader Scholar Forum**  
  June 5, 2018; Kansas City, MO. (National Congress of American Indians (NCAI) US)

- **Urban Health Summer Institute**  
  June 18-24, 2018; Philadelphia, PA. The Summer Institute offers short courses in urban health research and practice opportunities for students, researchers, public health and allied professionals. (Drexel University, School of Public Health)

JULY

- **NACCHO Annual 2018**  
  July 10-12, 2018; New Orleans, LA. (National Association of County and City Health Officials (NACCHO))

- **International AIDS Conference 2018**  
  July 23-27, 2018; Amsterdam, Netherlands. (International AIDS Society (IAS))

AUGUST

- **2018 Community Health Institute & Expo**  
  August 24-28, 2018; Orlando, FL. (National Association of Community Health Centers (NACHC))

- **2018 NACHC Community Health Institute & EXPO**  
  August 26-28, 2018 Orlando, FL. (National Association of Community Health Centers (NACHC))

- **International Conference on Emerging Infectious Diseases**  
  August 26-29, 2018; Atlanta, GA. (Centers for Disease Control and Prevention (CDC), HHS)

- **2018 STD Prevention Conference**  
  August 27-30, 2018, Washington, DC. (Centers for Disease Control and Prevention (CDC), HHS)
SEPTEMBER 2018

- **2018 United States Conference on AIDS (USCA)**
  September 6-9, 2018; Orlando, FL.
- **2018 Hawaii Health Workforce Summit**
  September 8, 2018; Honolulu, HI.
- **National Conference on Health Communication, Marketing, and Media**
  September 11-13, 2018; Atlanta, GA. (Centers for Disease Control and Prevention (CDC), HHS)

OCTOBER

- **2018 Interdisciplinary Association for Population Health Science Conference**
  October 3-5, 2018. Washington DC
  October 4-6, 2018; Phoenix, AZ. (Public Health Law Association)
- **East Coast Migrant Stream Forum**
  October 4-6, 2018; Portland, ME. (North Carolina Community Health Center Association)
- **Root Cause Coalition 3rd Annual National Summit**
  October 8-9, 2018; New Orleans LA
- **2018 South Carolina Rural Health Conference**
  October 8-10, 2018; Myrtle Beach, SC.

NOVEMBER

- **National Trans Health Conference**
  November 8-10, 2018; Atlanta, GA.
- **National Network for Oral Health Access (NNOHA) Annual Conference**
  November 11-14, 2018; New Orleans, LA. (National Network for Oral Health Access (NNOHA))
- **STD ENGAGE 2018**
  November 13-16, 2018; Orlando, FL. (National Coalition of STD Directors)
- **Integrating Primary and Behavioral Health Care through the Lens of Prevention**
  November 14-16, 2018; Charleston, SC. (University of Oklahoma)
- **15th International Congress of Behavioral Medicine**
  November 14-17, 2018 Santiago, Chile.

DECEMBER

- **2018 National Ryan White Conference on HIV Care & Treatment**
  December 11-14, 2018; Oxon Hill, MD.
CALL FOR ABSTRACTS & NOMINATIONS:

If you have a feature article, nomination for Rising Stars Spotlight, points for discussion in Perspectives, lessons learned for Building Blocks or meeting/events you would like listed in the International Journal of Ethnic College Health, please visit www.THEIS4Uonline.com for additional submission guidelines or email pertinent event information to IJECHonline@gmail.com. We appreciate you joining this international movement to improve standards of health promotion and disease prevention at Minority-Serving Institutions worldwide.