

**Theater as a Tool to Educate African Americans about HIV/
AIDS: The Role of Historically Black Colleges in Addressing
the AIDS Epidemic in the African American Community**

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Abstract

While efforts have been initiated to educate African Americans about HIV/AIDS, the epidemic continues to disproportionately impact the Black community. The current study examines the effectiveness of theater at an historically Black college (HBCU) in educating African Americans about HIV/AIDS. A play titled “Lonely Words” was conducted over a four-week period at a HBCU in the Southeastern United States. Twelve hundred people attended the play and 499 participated in the study. Data was collected using surveys and a retrospective/pre-post test design. Paired-sample t-tests were run to assess the effectiveness of theater in increasing participants’ knowledge and propensity to change behavior. Results indicate the play was effective in increasing participant’s knowledge and likelihood of behavior change. Given the historical role of Black colleges and the disproportionate rates of HIV/AIDS among African Americans, the current findings suggests that more research is needed to understand how theater can aid in addressing health disparities.

In the early 1980’s, the epidemic of human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS), arose as one of the most complex and perplexing social problems faced by modern society. The human immunodeficiency virus (HIV) is an infection that affects cells present in blood, semen, and other bodily fluids. It is passed primarily through vaginal or anal sex. The infection affects the body’s immune system, destroying infection-fighting cells called T-cell lymphocytes, leaving individuals highly susceptible to illnesses that their bodies would otherwise be able to combat (UNAIDS, 2006). This is why those who acquire HIV often develop acquired immunodeficiency syndrome (AIDS). Despite public awareness of AIDS, risk reduction behavior has been inconsistent in most affected groups in the United States.

An estimated 37.2 million adults and 2.3 million children around the world were living with HIV by the end of 2006 (UNAIDS, 2006). That year also saw some 4.3 million people become infected

with HIV and 2.9 million deaths from AIDS, a high global total despite antiretroviral (ARV) therapy which reduced AIDS-related deaths among those who received it.

Areas most heavily affected around the globe are Africa, India, and China. Currently, in Sub-Saharan Africa at least 15 to 20 percent of the population of several nations is infected (UNAIDS, 2006). Globally, around 11 percent of HIV infections are among babies who acquire the virus from their mothers; 10 percent result from infected needles used for drug injection; 5 to 10 percent are due to sex between men; and 5 to 10 percent occur in healthcare settings (UNAIDS, 2006). Sex between men and women accounts for the remaining proportion – around two thirds of new infections (CDC, 2006). Sub-Saharan Africa remains the most affected region in the world, comprising two-thirds of all people living with AIDS (UNAIDS, 2006).

In the United States, the HIV/AIDS epidemic is a health crisis for African Americans. At all stages of HIV/AIDS – from infection with HIV to death with AIDS – African Americans are disproportionately affected compared with members of other races and ethnicities (Kaiser Family Foundation, 2002). According to the 2000 Census, African Americans make up approximately 13 percent of the U.S. population, but in 2005 they accounted for almost 50 percent of the estimated 37,331 new HIV/AIDS diagnosed in the 33 states with long-term, confidential, name-based HIV reporting (Kaiser Family Foundation, 2002). During 2001, the southern U.S. had the greatest number of people estimated to be living with AIDS; although the southern U.S. has about one third of the U.S. population, it accounted for 40 percent of all U.S. AIDS cases and 46 percent of new AIDS cases (Kaiser Family Foundation, 2002). The southern U.S. also has the largest number of AIDS cases among people living in rural areas or smaller towns, with about two out of three people with AIDS in the south residing outside metropolitan statistical areas in 1999 (McKinney, 2002). Heterosexually transmitted HIV infection is greater among African Americans than White Americans, especially in the rural, southeastern U.S. (Adimora et. al., 2003).

Among African American men living with HIV/AIDS, the primary mode of transmission is sexual contact with other men, followed by intravenous drug use and high-risk heterosexual contact (Center for Disease Control and Prevention, 2001). The primary mode of transmission for African American women is high-risk heterosexual contact, followed by intravenous drug use. Approximately 61 percent of the estimated 18,849 people under the age of 25 diagnosed with HIV/AIDS are African American (Center for Disease Control, 2006). Although a number of prevention efforts have been employed to educate African Americans about HIV/AIDS, rates continue to soar. In addition, one of the main factors contributing to disparate treatment outcomes for African Americans is that many are diagnosed in the late stages of the disease, when it is often too late for medications to be effective (Valdiserri, 2002).

Prevention remains the only sure way to stop the spread of HIV; research indicates that education on prevention leads to fewer reported transmitted diseases (Brooks-Gunn & Furstenburg, 1989). One pertinent question is, “What sorts of interventions might alter the frequency of risky behavior among African Americans?”

Prevention and Education Efforts

Since the early 1980s when HIV/AIDS in America was first reported, there have been a number of efforts to educate the public about the disease. Initially, the HIV epidemic disproportionately affected gay men, particularly those living in large, urban centers. Of all adult/adolescent AIDS cases reported through 1989, almost 68 percent were men who had sex with men (MSM) (CDC, 1990). During the 1980s and early 1990s, HIV spread rapidly in these populations, even before the threat of AIDS was known. This rapid spread was due, in large part, to high-risk sexual practices that included unprotected anal intercourse and multiple sexual partnerships. Accordingly, the first prevention efforts consisted of town hall meetings in metropolitan areas (Takahashi & Smutny, 1998).

HIV prevention literature includes descriptions of a number of effective behavioral and educational intervention programs with diverse outcomes. For example, there have been interventions to increase condom use (CDC, AIDS Demonstration Project Research Group, 1999) and improve condom negotiation skills (Smith & DiClemente, 2000; Anderko & Uscian, 2000). Other programs have been shown to delay initiation of intercourse (Siegel, Aten & Enaharo, 2001), reduce unprotected anal intercourse (Kegeles, Hays & Coates, 1996), and decrease drug use (McCoy, McCoy, Lai, Weatherby, & Messiah 1999). With some exceptions, these interventions were developed for urban settings but can be adapted for implementation in rural areas. Research focused specifically on prevention outreach targeted at African Americans living in rural areas of the southeast U.S. has been limited (Brown & Brown, 2003), although some of the most successful programs have provided health education and risk reduction, condom distribution, and one-to-one client education or outreach (Smith & DiClemente, 2000).

Although individually-focused prevention strategies play an important role in HIV prevention efforts, larger scale community-level interventions are required to bring about widespread risk reduction throughout at-risk populations (Kelly, 1999). Achieving any health promotion initiative requires more than a single intervention that teaches skills and provides information to individuals. Community-level interventions do not require that individuals seek out the program; rather, the entire community is automatically served by the intervention, either directly or indirectly (Kegeles & Coates, 1996). According to Coates and Greenblatt (1988), approaches to behavior change centered around the community are aimed at providing individuals with information and skills to change behavior through channels of influence native to the community, while also providing an encouraging social environment that supports health related behaviors. One of the main aims of such interventions is to alter community norms regarding risky behavior, as well as the behaviors themselves, and thereby affect widespread and durable changes throughout the target population. Involving the community is important because it gives participants a sense of responsibility

and, because of this they are more likely to remember the skills and information attained. Communities with higher rates of HIV/AIDS often consist of uneducated, low-income people who lack access and means to medical facilities. These health promotion endeavors are key, because such communities may otherwise never get access to life changing information about HIV/AIDS and other health disparities. African American institutions can play a vital role in addressing health issues.

Role of Historically Black Colleges and Universities

The role historically black colleges and universities play in HIV prevention can extend beyond the college community into the general population. Colleges and universities have a great opportunity to impact the attitudes and behaviors of college-aged individuals about sex. Historically, HIV prevention outreach programs have not received as much attention as other health-related issues on the campuses of HBCU's for a plethora of reasons including, but not limited to, their historical religious affiliation and the stigma associated with HIV. However, with the increasing number of reported HIV cases among African Americans, and more specifically African American college students, an increase in the number of HIV prevention outreach programs is needed.

HBCUs promote HIV prevention through the following methods: small group discussions, role playing, theater, pamphlets and brochures, on- and off-campus HIV testing sites, workshops and Student Health Center websites. HBCUs also utilize social and fraternal organizations to promote awareness of HIV/AIDS. The use of rapid HIV testing on-campus is one innovative means of educating students about HIV and other consequences of risky sexual behaviors (CDC, 2005). Peer-based HIV intervention is another (McLean, 1994), as students may be more receptive to information provided by peers due to a perceived similarity in beliefs, attitudes and behaviors. HBCU campuses have created onsite organizations that specifically address HIV prevention, identifying risky sexual behaviors and their potential consequences. Some HBCUs have collaborated with programs such as Sisterlove (Guy-Sheftall, 2004)

that focus on college-aged women, a population that has been disproportionately affected by the HIV/AIDS epidemic. Given the unique role of the HBCU in the African American community, more innovative techniques are needed. One such technique is a community-based intervention that seeks to promote adoption of risk-reduction behaviors via theater performances.

Use of Theater

Media influences, in particular the use of dramatic presentation, can play an important role in shaping the attitudes and behaviors of African Americans (Alexander, 2007). Current studies conducted on the use of theater in health education consistently reveal that dramatic presentation is a powerful tool, capable of provoking positive change in behaviors related to serious health issues. Gray et al. (2000) found theater to be an effective tool in educating health care professionals about the challenges faced by men with prostate cancer. Health care providers who participated in this study became more aware of the issues facing prostate cancer patients and were better able to communicate information to them. Observed benefits included increased understanding between health care provider and patient and better opportunities for educating and training health care professionals. Theater was also used by Cueva, Kuhnley, Lanier, & Dignan (2003) to educate Alaskan Natives about cancer; participants reported an increase in the likelihood of engaging in healthier behavior. Sinding et al. (2006) also found theater to be effective in a study investigating responses to a dramatic production about life after breast cancer. The women in the study reported that the play not only eased their sense of isolation as breast cancer survivors, but also helped them validate and normalize the emotions and feelings they had been processing since being diagnosed.

Theater's ability to provide opportunities to recreate reality in a safe environment in order to explore possibilities for change makes it an excellent means of encouraging behavior modification. Through theater, individuals can experiment with different life roles and explore new behaviors in order to promote positive life changes (Gray et al., 2000).

The purpose of the present study is to assess whether theater is an effective tool in increasing knowledge, usage of information and participation in efforts to reduce HIV/AIDS in the African American community. Given theater's potential to change behaviors, further examination of its effectiveness is necessary to expand current tools utilized in battling HIV/AIDS and to make informed decisions regarding theater's future use in this endeavor (Livingston et al., 2007).

Methods

Sample Recruitment and Study Design

Participants in the study were recruited from three counties in central North Carolina through an aggressive advertising campaign utilizing radio, television, newspaper, billboards, and posters. Flyers and posters were mailed and distributed to churches, barbershops, and community centers throughout the community. All advertisements indicated that the play was about relationships in the African American community. Advertisements also indicated that the play was free of charge and would run for six nights during the month of July and six nights in October.

In an effort to assess the impact of theater in increasing condom use, knowledge, and healthy sexual decision-making within the African American community, researchers at an HBCU, members of the theater faculty, and a program evaluation specialist convened to develop a play, *Lonely Words*, with the help of a local playwright from central North Carolina. The plot of the play focused on a young man, Roof, who had been incarcerated for selling drugs. While in prison he was sexually assaulted by three men. Upon returning home and reuniting with his wife and family, he finds out his wife has HIV/AIDS. Given Roof's incarceration, Denise and her family assume he has given her the disease; to their surprise, it turns out that Roof was not responsible. The play focuses not only on risky sexual behavior, but also on the misconceptions individuals have about HIV/AIDS and its modes of transmission. The play, with the guidance and assistance of researchers, community health

professionals, and theater personnel was performed over a two-week time period utilizing student actors from a local university.

Procedures

Upon arriving at the theater, participants were seated by ushers. The play ran for about an hour and a half. At the end of the play, participants were asked to remain seated. Likert-scaled questionnaires employing retrospective or quasi-pre/post test design were administered by graduate and undergraduate research assistants. Retrospective pre-post design is a new technique and is quite effective in gathering pre-prevention, community-based data (Griner-Hill, 2005). Consistent with traditional pre/post test design, surveys asked participants to 1) indicate their level of knowledge regarding HIV/AIDS; 2) indicate their propensity to use information and; 3) indicate the likelihood they would get involved in efforts to reduce HIV/AIDS in the community both before and after the play.

Prior to the administering the scale researchers explained the nature of the study and its importance, as well as a consent form to the audience members interested in participating in the study. Participants were provided contact information if they had any questions regarding the nature of the study, and they were instructed that all responses were confidential and the data would only be handled by the research team. Participants were also informed that their participation enabled them to be placed in a drawing to win one of two \$25 gift cards. The survey took participant about 20 minutes complete. After completing the survey, participants were asked to remain seated for a discussion with a panel of nurses, university researchers, community health professionals, and people living with HIV and/or AIDS

Participants' Profile

Over 1,500 people attended the play, more than 98 percent of whom were African American. Of the attendees, 493 African American individuals aged 18 years or older elected to participate in the study. Seventy-seven percent of the sample was female; over

53 percent of the sample was between the ages of 18 and 39. The average income for participants was between \$50,000 and \$60,000. Most participants resided within a fifty mile radius of the college or university. Over 88 percent of participants reported having some college education, and 22 percent were college graduates.

More than half of the participants reported having good health, with almost a third reporting excellent health. Approximately 71 percent of participants had health insurance, while 15 percent did not. The majority reported visiting the doctor more than once a year. While 57 percent of participants reported using condoms, 27 percent reported having engaged in unprotected sex more than four times during the past year. When asked about having sex while intoxicated, 26 percent of participants answered yes. Approximately 64 percent of participants have been tested for HIV. A quarter of the participants had a family member diagnosed with HIV.

Measures

Participants were asked a series of behavioral questions, including whether or not they used condoms, the number of sexual partners they had within the past year, the number of times they had unprotected sex during the past year, and whether or not they had sex while intoxicated. To assess their insurance status, participants were asked if they had health insurance and if so, what type of health insurance.

In order to assess knowledge, awareness and the likelihood of behavior change, a modified version of the AIDS Risk Behavior Knowledge Test developed by Kelly, Lawrence, Hood and Brasfield (1989) was employed. The measure consisted of 13 items assessing participants' knowledge of basic HIV/AIDS information, sexual transmission, HIV/AIDS misconceptions, preventive behavior and risks. A Likert scale ranging from 1=disagree to 5=strongly agree was employed. Examples of items include: "Before seeing the play, I believed that a person could not be exposed to the AIDS virus in one sexual contact." and "After seeing the play, I believe that a person can be exposed to the AIDS virus in one sexual contact."

The split-half reliability coefficients were .53 (Part 1) and .46 (Part 2).

Results

The statistical program SPSS 15.0 was used to analyze the data, and 20 percent of the data was randomly reentered to assure accuracy. Frequencies and distributions were computed to assure that the data fell within acceptable ranges. Paired sample t-tests were used to investigate the impact of theater on knowledge, awareness and propensity to change behavior. Results of these tests indicate there were significant mean (M) differences in knowledge about the appearance of those who are infected and those at risk for HIV/AIDS transmission ($M=1.47$, $SD=1.07$), $t(470)=3.21$, $p\leq.01$; ($M=3.89$, $SD=1.45$), $t(459)= -2.1$, $p\leq.05$ respectively (See Table 1). Participants reported significant increases in knowledge regarding who can be infected and whether or not the disease can be transmitted through oral sex. Moreover, there were statistically significant mean differences in one's perception of engaging in risky sexual behavior ($M=1.76$, $SD=.06$, $t(467)=2.21$, $p\leq.05$) and whether or not heterosexuals were at risk for HIV/AIDS transmission ($M=1.44$, $SD=1.15$, $t(441)= -3.1$, $p\leq.01$) (See Table 1). Participants in the study reported they understood it is important to practice safe sex even in a monogamous relationship and that heterosexuals were at risk for HIV/AIDS. There was not a statistically significant mean difference in knowledge on the effectiveness of condoms ($M=2.62$, $SD=1.59$, $t(466)=.051$, $p=ns$) (See Table 1).

To assess intended change in behavior among play goers as a result of the play, paired sample t-test were performed. Results indicated statistically significant mean differences in reported efforts to become involved in community efforts to educate people about HIV/AIDS ($M=4.61$, $SD=.95$, $t(441)= -5.20$, $p\leq.01$) and to discuss sexual histories with their current sexual partners ($M=4.30$, $SD=1.24$, $t(415)= -8.491$, $p\leq.01$) (See Table 1). Table 1 also indicates statistically significant decrease in the fear of being tested for HIV after viewing the play ($M= 1.72$, $SD1.33$, $t(438)=3.52$, $p\leq.01$). No

statistically significant mean differences in pre- and posttest results were observed for limiting sexual partners.

Discussion

HIV/AIDS disproportionately affects African Americans at alarming rates (CDC, 2006). The present study assessed the ability of theater to increase knowledge of HIV/AIDS and the likelihood of sex-related behavior change within the African American community. The data indicated that the play, *Lonely Words*, was successful in increasing participants' knowledge about how HIV/AIDS is transmitted, who is at risk, the risks associated with HIV/AIDS and an understanding of HIV/AIDS testing and the results of the tests.

Participants reported an increased likelihood of using the information learned to improve their sexual choices. Play goers indicated that, after seeing the play, they were more likely to discuss their sexual past with their partners and talk to friends and family about HIV/AIDS; they also reported an increase in the likelihood of getting tested.

Overall, the play was effective in increasing knowledge and intended changes in behavior as well as stimulating dialogue among participants. Post-play discussion provided participants with the opportunity to divulge concerns and give recommendations on furthering educational efforts about HIV/AIDS in their communities. Given the disproportionate HIV/AIDS rate among African Americans, involvement in efforts to increase knowledge is critical, as it may empower families and communities to be agents of their own change.

Limitations

Although the play was successful in increasing participants' knowledge about HIV/AIDS and promoting healthy behavior, many of the participants were from middle- income and more affluent African American communities. Demographic data revealed that

approximately 50% of the sample was college educated, and 60% of the sample reported annual earnings at or well above the median income for the area. Moreover, the majority reported that they were insured. Thus, findings may not generalize to the African American community as a whole. To ascertain the long-term impact of theater, a research design employing delayed series may be more appropriate.

Theater is a resourceful way to educate African Americans about HIV/AIDS and may prove beneficial given the higher rates of media usage among this population (Alexander, 2007). HIV/AIDS prevention and intervention efforts undertaken by HBCUs can greatly benefit many African Americans, particularly those who are low-income and isolated from healthcare facilities. Since many HBCUs are located in low-income African American communities, increased efforts should be employed to educate low-income community members. While research suggests that one-to-one client education and outreach are among the most successful prevention methods (Smith & DiClemente, 2000), it could take decades to reach each person individually. Dramatic productions such as *Lonely Words* can impact hundreds to thousands at a time. University-initiated, large scale, community-level interventions are key to bringing about widespread risk reduction changes related to HIV/AIDS. The utilization of theater can aid in reducing the prevalence of HIV/AIDS, increasing discourse and dispelling myths that many African Americans may have about the disease.

Table 1.
Results of Paired Sample t-tests for Revised AIDS Risk Reduction Scale

	Before	(N)	After	SD	t	p
<i>Knowledge</i>						
1a.&b. Appearance of one with HIV/AIDS	1.63	(470)	1.47	1.07	3.21	0.001
2a.&b. Knowledge about oral transmission	3.79	(458)	3.90	1.45	-0.21	0.035
3a.&b. Exposure to AIDS	1.63	(464)	3.97	2.00	-25.14	0.001
4a.&b. Effectiveness of Condoms	2.63	(466)	2.62	1.59	0.051	0.960
5a.&b. Monogamy and safe sex	1.88	(466)	1.76	1.31	2.21	0.028
7a.&b. Risks of heterosexuals	1.30	(440)	1.44	1.15	-3.10	0.002
8a.&b. Probability of false positive	2.95	(428)	3.23	1.76	-3.29	0.001
<i>Behavior</i>						
6a.&b. Limiting sexual partners	2.14	(456)	2.14	1.38	0.102	0.92
9a.&b. Get involved in efforts to educate	4.41	(440)	4.61	0.95	-5.20	0.001
10a.&b. Talk with family and friends	4.31	(445)	4.55	0.85	-5.91	0.001
11a.&b. Fear of getting tested	1.94	(438)	1.72	1.33	3.52	0.001
12a.&b. Use of condoms	3.41	(394)	4.07	1.43	-9.17	0.001
13a.&b. Discuss sexual pasts with partners	3.79	(415)	4.30	1.24	-8.49	0.001

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