

# The Caribbean/West Indies Cultural Competency Program for Florida Nurses Implications for HIV/AIDS Prevention and Treatment

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**OBJECTIVES:** *The Caribbean region has the second highest incidence of HIV/AIDS in the world. Studies of HIV-positive women and minority patients' satisfaction with HIV/AIDS hospital care in South Florida revealed that cultural competency of providers was a concern (Jones, Messmer, Charron, & Parns, 2001; Jones & Messmer, 1998). Therefore, the Caribbean/West Indies Cultural Competency Training Program for nurses and nursing students was developed and implemented.*  
**METHODS:** *A three-hour program was held twice in 2003 at annual District and State meetings. The program background and curriculum are presented. Survey data on perceived health care needs and barriers to care for Caribbean/West Indian clients were collected from a sample of 60 participants following the program.*  
**RESULTS:**

*Participants identified four priority health care needs, all related to primary care including HIV prevention education. Barriers to care that were identified included financial constraints, fear of the health care system, distrust of providers, language and multiple island dialects, cultural differences, and lack of Caribbean/West Indian health care providers.*  
**CONCLUSIONS:** *Implications for nurses and other health care professionals who work with immigrants from the Caribbean/West Indies are presented, with particular emphasis on HIV/AIDS prevention and treatment.*

**KEY WORDS:** **Barriers to Care; Caribbean/West Indies Immigrants; Cultural Competency; Health Care Needs; HIV/AIDS Prevention and Treatment.**



**K**nown for their beautiful beaches, balmy climates, and crystal-clear waters, the tropical region called the Caribbean/West Indies is a chain of 1,000 islands in the Caribbean Sea that extends from the tip of Florida to the northern corner of South America. The islands consist of three major groups—the Bahamas, the Greater Antilles, and the Lesser Antilles—but reflect numerous and culturally-diverse populations.

Each island has its own distinct heritage, history, culture, and language and is symbolized by its own unique, colorful flag. However, the Caribbean region shares a common health concern: HIV/AIDS (Jones, 2000a, Jones, 2000b).

HIV/AIDS infection rates in the Caribbean are among the highest in the world, second only to sub-Saharan Africa. National HIV prevalence rates have reached or exceeded 1% in 12 countries in the Caribbean basin (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2003). While Cuba has a national HIV prevalence rate well under 1%, the island of Barbados has a prevalence rate of 1.5%; the islands of Trinidad, Tobago, and the Bahamas have rates of 3%; and the rate in Haiti is 5.6%, the highest rate outside of Africa (UNAIDS, 2004). Unlike other regions of the world, the most common route of HIV transmission in the Caribbean is heterosexual contact, except for Puerto Rico, where injecting drug use is the leading mode of transmission (UNAIDS, 2004).

South Florida, known as the “Gateway to the Americas”, is an epicenter for Caribbean immigration to the U.S. (Patsdaughter, Dyer, & Riley-Eddins, 2004). The racial/ethnic minority demographics of HIV/AIDS in Florida reflect immigration patterns from the Caribbean islands. Hispanic HIV/AIDS cases in Florida, reported by

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country of birth, revealed that U.S. born Hispanics make up only 23% of the cases, while 25% of the Hispanic cases were born in Cuba and 14% in Puerto Rico (Florida Department of Health, 2004). Immigration patterns are also noted in reports of Black HIV/AIDS cases in Florida, with 14% of all Black cases from Haiti, 2% from Jamaica, and 1% from the Bahamas. Thus, immigration from the Caribbean is a component of the multifactorial problem of HIV/AIDS and health disparities in South Florida (Dyer, 2003).

Persons born in the Caribbean comprised part of the sample for a study of HIV-positive minority patients' satisfaction with South Florida hospital care (Jones, Messmer, Charron, & Parns, 2002). Although study results were for the most part positive, several areas of dissatisfaction were noted. Focus groups with HIV-positive women had previously disclosed concerns regarding cultural competency of South Florida health care providers (Jones & Messmer, 1998). These studies revealed the need for further health care provider education on caring for persons from the Caribbean/West Indies. However, no current media resources that discussed caring for persons from the Caribbean/West Indies were found in a review of audiovisual resources used for cultural competency education and training for nurses.

To address the need for current and updated information, a program "The Islands of the Caribbean: We Are Not All the Same!" was developed by the Florida Nurses Association's (FNA) Cultural Diversity Task Force and presented at the 2002 FNA Annual Convention in Orlando, FL. Program participants included nurses from throughout the state of Florida. Program evaluations indicated that the program was extremely applicable to clinical practice, and participants requested further programs on caring for persons from the Caribbean/West Indies. In response to these requests, a proposal was developed to create and implement "The Caribbean/West Indies Cultural Competency Program for Nurses and Nursing Students". The Aetna Foundation provided funding in 2003 to develop the curriculum and implement the program during two scheduled FNA activities.

### **The Caribbean/West Indies Cultural Competency Program**

The goal of the training program was to educate nurses about working with diverse client populations from the various islands of the Caribbean and West Indies in order to improve delivery of culturally and linguistically competent care (Jones & Jorda, 2003). Nurse leaders born in the Caribbean Islands who were currently residing in South Florida were asked to participate in curriculum development. Since the Caribbean Islands represent diverse racial and ethnic groups, it was decided to present the Islands in terms of their primary language: the

English-speaking islands, the Spanish-speaking islands, and the Creole-speaking island of Haiti. Program objectives included the following (Jones, 2003b):

1. To discuss major health issues, such as HIV/AIDS, affecting the Caribbean/West Indies islands.
2. To describe the racial/ethnic makeup of persons from the Caribbean and West Indies.
3. To compare and contrast social and formal languages used in the Caribbean Islands, such as Creole/Patois, Hindi, Afro-Jamaican, and Hispanic and types of common cultural communication patterns.
4. To describe the historical background and spiritual beliefs of Caribbean religions, such as Rastafarian, Shango Baptist, Obeah, Vodou, Santeria, and Catholicism and identify how these beliefs may affect health care practices.
5. To explain the impact of family values on health care beliefs and practices.
6. To discuss how health care is traditionally accessed and delivered within communities and barriers to care that occur when persons from the Caribbean migrate to the United States.
7. To list common acculturation and assimilation patterns and discuss how they may affect acceptance of health care teaching.
8. Using a case study approach and new knowledge learned during the program, to discuss nursing strategies and health promotion interventions that could be used to provide culturally competent health care for the case study client.

Nursing research and education have described and utilized various definitions of cultural competency and cultural care models such as Leininger's Culture Care theory ("Sunrise Model"), the Giger-Davidhizar Model of Transcultural Nursing Assessment (Davidhizar, Dowd, & Giger, 1998; Davidhizar & Giger, 2001; Giger & Davidhizar, 2002; Leininger, 2002; Smith, 2001), and the Purnell Model For Cultural Competence (Purnell & Paulanka, 2003). For purposes of this program, cultural competence was described as a combination of three factors: nursing knowledge, skills, and personal qualities (Grossman, 2003).

Knowledge comprised an understanding and appreciation of the history and traditions of the diverse Caribbean cultures, along with individual differences within these groups. Knowledge for nurses also included understanding Caribbean islanders' family dynamics and roles as well as resources that exist within their communities. Skills involved nurses' ability to utilize ethnically oriented skills in intervention and service delivery to clients from the Caribbean/West Indies, to communicate effec-

tively with diverse Caribbean clients, and to employ empowerment concepts in working with Caribbean/West Indies clients and their communities. Personal qualities involved nurses' awareness of their own personal values regarding cultural differences; their abilities to understand and articulate how their personal values might hinder or strengthen the nurse/client relationship; and their abilities to incorporate genuineness, honesty, and empathy in building positive relationships with clients from the Caribbean/West Indies.

Since the program was planned to be delivered within scheduled FNA sessions, the faculty determined that the program content and objectives could be covered in an intensive 3 hour session. After faculty discussion, the program outline was developed to include: (a) a half-hour discussion of health issues in the Caribbean/West Indies and the importance of cultural competency for nurses; (b) a half-hour session on the Kreyol-speaking island of Haiti; (c) a half-hour session on the Spanish-speaking islands; (d) a 15-minute break; (e) a half-hour session on the English-speaking islands, and (f) a 45-minute interactive case study presentation by the program faculty.

### **Overview of Caribbean/West Indies Culture**

The program content was designed to meet program objectives and enhance nurses' knowledge of the diverse Caribbean cultures. More specifically, the presentation on the English-speaking Caribbean Islands described the racial and ethnic diversity of these islands. For example, school children on the islands of Aruba, Bonaire, and Curacao (i.e., the ABC islands that are off the coast of Venezuela) learn three languages: Dutch, English, and Papiamentu, a unique language that is only spoken on the ABC islands. Papiamentu is believed to be a Portuguese-based Kreyol dialect, reflecting the multi-ethnic origins of the Dutch islands.

Racial mixture is prevalent in the islands of the West Indies and includes Blacks, East Indians, Chinese, and Whites. Cultural communication patterns vary widely among these groups. Cultural communication patterns used by Afro-Caribbean persons from the West Indies are highly verbal and expressive (Delpech, 2003). West Indians use body language, have very demonstrative facial expressions, and maintain eye contact when speaking. However, West Indians are private persons and do not use or prefer physical contact in their cultural communication patterns.

West Indians appreciate humor and storytelling. Famous proverbs and sayings are used to teach morality, values, and codes of conduct. They are also used as colloquial illustrations in social situations. For example, the saying "de higher de monkey climb, de more 'e show 'e tail" denotes the fact that persons who are prone to "show off" are more likely to either show their faults or reveal themselves as fools. Many immigrants are known as "birds of passage", meaning that they have come to the

U.S. on a temporary basis in order to seek higher wages or higher education.

The church is an important component of the Afro-Caribbean community (Gibson, 2001). West Indians combine spiritual/religious beliefs with health beliefs. Illness is directly related to evil or the devil and is a separation between God and man. Illness can be caused by a supernatural being, a curse, or a jealous person. A common health care practice would be to initially seek help from an older family member and to use home remedies made from herbs, spices, and roots. If these remedies do not work, help would be sought from the pastor for "a laying of the hands" or from a spiritual healer. When all else fails, then the doctor is consulted. West Indians who immigrate to the U.S. may be distrustful of American doctors and, if able, may return home to the Islands for health care.

Immigration to the United States from the Spanish-speaking islands of Cuba, Puerto Rico, and the Dominican Republic has been associated with socioeconomic and political conditions. Although all Islanders speak Spanish, local dialects or "slang" may differ and have various meanings among the different islands.

Unlike West Indians, Hispanic islanders use touch and physical contact as an important part of common cultural communication patterns (Pasaron, 2003). Spanish islanders value respect and courtesy and prefer to have health care providers address them by their last names, unless otherwise stated. Along with physical contact, human interaction is very important. There are strong family ties, and the family may be highly involved in healthcare decisions. Gender roles are very traditional, and males are the dominant members of the family. For Spanish-speaking immigrants, language barriers may affect compliance and success of care plans. Additionally, the concept of time is loosely structured, which may mean that appointment times are not strictly followed.

Although folk medicine is used, there are differences between islanders in the frequency and use of these remedies. Religious and spiritual beliefs are interwoven with health beliefs. Life and health are controlled by divine will and fate. These beliefs can range from a "fatalistic view" in which the individual has little or no control over his or her health to strong optimism rooted in religious hope (Pasaron, 2003). Santeria reflects a blend of religion, Christian saints, supernatural forces, and gods from various dieties. By attributing the cause of illness to supernatural forces, Santeria explains why some people stay well while others get sick (Pasquali, 1994).

Like the other Caribbean islanders, immigration to the U.S. from the Creole-speaking island of Haiti has been associated with socioeconomic and political conditions (Colin, 2003). Haiti is one of the poorest countries in the Western Hemisphere. Life expectancy is 56.2 years for women, and 51.4 years for men. Less than half of the population is literate. All Haitians speak Creole, and approximately 15% also speak French.

Good health for Haitians is considered to be the ability to achieve an internal equilibrium between hot (*cho*) and cold (*fret*) (Colin, 2003). Health is interrelated with good nutrition, personal hygiene, prayer, and good spiritual habits. Illness can be related to a supernatural cause, brought about by an angry vodou spirit, or can be considered a punishment. Like the West Indians, Haitians will seek home treatments and folk healers and will also consult vodou healers. For Haitian immigrants, adherence to treatments prescribed by health care practitioners depends upon the patient perception of the gravity of the illness, their immigration status, and their socioeconomic conditions. Unlike the Hispanic islanders, eye contact may not be maintained during a conversation; this is valued as a sign of respect or deference to a superior or authority figure (Colin, 2001).

To enhance the factual material presented, faculty used a variety of multimedia resources, including music, art, and pictures of Islanders at work and play. After presenting program content, the faculty interacted with attendees through case study presentations in order to enhance culturally competency skills.

The program was initially presented during the 2003 District Five (i.e., metropolitan Miami) FNA Annual Nurse Week Celebration and Awards Luncheon. Program evaluations were outstanding, and the program was again presented at the 2003 Annual FNA Convention held in Daytona Beach, FL. The program met the primary goal, which was to assist nurses and nursing students in enhancing knowledge of the Caribbean culture, particularly in relation to health care beliefs and practices. Case studies were used to increase cultural competency skills of attendees. To further enhance personal qualities and skills, participants were asked to participate in a survey to identify what they perceived to be priority health care needs and major barriers to care for Caribbean/West Indies clients based on their own personal experiences and within their own health care setting.

## METHOD

A 7-item researcher-developed survey was distributed to program participants. The survey items included demographic questions and two open-ended questions:

1. What do you perceive as priority health care needs of clients from the Caribbean/West Indies living in Florida?
2. What do you perceive as barriers to health care for clients from the Caribbean/ West Indies living in Florida?

The survey was distributed at the end of the program, and participants were asked to respond to survey questions based on knowledge gained during the program as well as their own personal clinical experiences.

## RESULTS

The culturally diverse sample included 60 nurses and nursing students. Six (10%) of the participants were age 25 and under, 7 (11.7%) were ages 26 to 35, 12 (20%) were ages 36 to 45, 24 (40%) were ages 46 to 55, and 11 (18.3%) were age 56 and older. Of the 60 participants, 8 (13.3%) were undergraduate nursing students and 16 (26.7%) were enrolled in master's or doctoral programs. A majority of the sample was female. Slightly over half of the attendees were born in the United States ( $n = 31$ , 51.7%), while 48.3% of the attendees were born in other countries (e.g., the Philippines, Haiti, Jamaica, Trinidad, Dominican Republic, Cuba, Canada, Pakistan). The mean level of acculturation, or mean length of time in the U.S., for the foreign-born participants was 24 years (range = 11-45 years).

In response to the first question, attendees identified four priority health care needs, all of which were related to primary health care: (a) immunizations, (b) maternal-child and prenatal care, (c) health screenings and annual physical examinations, and (d) health promotion/disease prevention education (e.g., HIV, diabetes, hypertension, cancer).

In response to the second question, attendees identified six major barriers to access to care: (a) financial constraints, (b) fear of the health care system, (c) distrust of health care providers, (d) language and multiple island dialects, (e) cultural differences between clients and providers, and (f) lack of Caribbean/West Indian health care providers.

## IMPLICATIONS FOR HIV/AIDS PREVENTION AND TREATMENT

The nurses' perceptions of priority health care needs and barriers to care found in this project reflected the reality of health disparities endured by many immigrants to the U.S. Preventive primary care may not be readily available to immigrants. These findings have important implications for HIV prevention and treatment for Caribbean/West Indies immigrants. Improving HIV/AIDS prevention and treatment can impact on a number of primary health care goals, including vaccination, family planning, and health promotion as well as enhance confidence in public health and medicine (Walton et al., 2004).

With regard to health promotion and disease prevention, HIV prevention interventions will need to take into account cultural context when planning and implementing interventions for Caribbean immigrants. Messages that work for American audiences may not be successful with other culturally-diverse populations. For example, Neely-Smith and Patsdaughter (2004) noted that HIV prevention strategies adopted from other countries were

not effective in decreasing HIV transmission in the Bahamas. Malow, Cassagnol, McMahon, Jennings, and Roatta (2000) have reported the need to determine and target motivations for safer sex practices within the Haitian sociocultural context in order to effectively reduce sexual risk behavior in Haitian women.

Additionally, health care providers must be cognizant of the intermingled spiritual/religious causation theories of disease. In a study of 76 HIV-positive Puerto Ricans (i.e., 58 males and 18 females) living in the United States, 48% of the participants believed that spirits had a causal role in their infection, either alone or in conjunction with the AIDS virus, and two thirds of the respondents engaged in folk healing and either spiritualism or santeria (Suarez, Raffaelli, & O'Leary, 1996). In order to integrate these beliefs into effective prevention programs, it is incumbent upon providers to work with priests or leaders of the major Caribbean religions in order to educate believers in a manner that they can hear and understand about HIV acquisition and transmission to uninfected partners.

Effective HIV education programs must be created in collaboration with key information-givers and implemented in respected places where people from the Caribbean immigrant community gather such as workplaces, markets, churches, or schools (Jones, 2000c). The church plays a central role in Afro-Caribbean and Hispanic communities. Church-based programs on HIV education, enacted in partnership with church and spiritual leaders, can be effective HIV interventions for minority communities ("Church Becomes Leader," 2003; Ndiwane, 2000).

With regard to HIV care and treatment, clinicians must carefully assess clients' use of folk remedies when prescribing HIV antiretroviral therapy. Caribbean islanders commonly use herbs and roots for self-care. However, many HIV medications, particularly the protease inhibitors, have drug-food interactions due to the mechanism of the cytochrome-P450 metabolic pathway. For example, St. John's wort, an herbal agent, is contraindicated with HIV protease inhibitor drugs because of interactions (Jones, 2003a). Therefore, clinicians must carefully monitor HIV CD4 and viral load to determine if folk remedies are interfering with prescribed HIV drug therapy.

Of extreme concern are the barriers to access to care described by nurses in this study, such as cultural differences, language differences, finances, and immigration status. There is obviously a need for more health care providers who are from the Caribbean or of Caribbean origin. Therefore, recruitment and retention of Caribbean students needs to be a priority in schools of nursing. Additionally, the Caribbean community residing in the U.S. can be enlisted and involved more effectively to assist with care activities. A successful project conducted in Haiti and Boston used community health promoters or

*accompagnateurs* to assist Haitian patients with HIV medication adherence by direct-observed therapy (DOT). In addition to assisting with medication therapy adherence, the *accompagnateurs* successfully offered psychosocial support and linked patients to clinical staff and available resources (Behforouz, Farmer, & Mukherjee, 2004).

Immigration and financial issues of Caribbean individuals and families must be addressed. Persons who have entered the U.S. by various routes are afraid to seek care because they may be deported. This lack of access to care further exacerbates existing health problems and can be a detriment to early testing for HIV and entry into treatment if positive results are found. Nurses must be advocates for access to health care to all persons residing in the U.S. Additionally, an effective national HIV prevention plan necessitates that all people receive health education for the prevention of HIV infection and treatment of HIV disease, regardless of immigration status.

Lastly, all of HIV risk reduction interventions and treatment for AIDS should be provided in a culturally and linguistically appropriate manner. Implications for nursing care of Caribbean immigrants include being willing to listen to their stories; knowing what country they migrated from; asking about what or who they believe caused their illness; asking about folk practices; encouraging them to seek professional health care while understanding their reasons to also use traditional health care providers; and talking to them in a respectful, non-condescending manner (Delpech, 2003).

The educational intervention described in this article is a useful beginning to increase health care providers' cultural awareness of the needs of Caribbean immigrants. Research studies are needed to determine the impact of such educational endeavors and to identify the most effective teaching strategies and methods for promoting cultural competence. Given the multiple issues surrounding HIV/AIDS (e.g., fears related to disclosure, stigma, theories of causation, myths regarding certain groups), Caribbean/West Indies cultural competency in this arena is a topic that needs to be integrated into basic nursing school curriculums. Audiovisual resources are needed that describe current issues and health care needs of Caribbean immigrants to assist health care providers to better understand their patients. Additionally, continuing education modules that can be easily accessed by health care practitioners, such as Internet-based modules, would be a cost-effective strategy to deliver this type of cultural competency training to large and geographically diverse groups of practitioners. Finally, health care providers must listen to, learn from, and become partners with individuals, families, and communities if culturally competent HIV prevention and treatment are to become realities with Caribbean/West Indian immigrants as well as members of other culturally diverse groups.

## REFERENCES

- Behforouz, H. L., Farmer, P. E., & Mukherjee, J. S. (2004). From directly observed therapy to accompagnateurs: Enhancing AIDS treatment outcomes in Haiti and in Boston. *Clinical Infectious Diseases*, 38(Suppl.5), S429-436.
- Church becomes leader in mobilizing others. (2003). *Aids Alert*, 18(12), 155.
- Colin, J. M. (2001). Voices of hope: Hearing and caring for Haitian adolescents. *Journal of Holistic Nursing*, 19(2), 187-211.
- Colin, J. M. (2003, September). *Caring for persons from Haiti*. Paper presented at the 2003 Florida Nurses Association Annual Convention, Daytona Beach, FL.
- Davidhizar, R., & Giger, J. N. (2001). Teaching culture within the nursing curriculum using the Giger-Davidhizar Model of Transcultural Nursing Assessment. *Journal of Nursing Education*, 40(6), 282-284.
- Davidhizar, R., Dowd, S. B., & Giger, J. N. (1998). Educating the culturally diverse healthcare student. *Nurse Educator*, 23(2), 38-42.
- Dyer, J. G. (2003). The black cloud over the Sunshine State: Health disparities in South Florida. *Journal of Cultural Diversity*, 10(20), 50-55.
- Delpech, P. (2003, September). *Caring for persons from the English-speaking Caribbean/West Indies*. Paper presented at the 2003 Florida Nurses Association Annual Convention, Daytona Beach, FL.
- Florida Department of Health (2004). *HIV/AIDS by country of birth*. Retrieved August 16, 2004, from [http://www.doh.state.fl.us/disease\\_ctrl/aids/trends/slides/slides.html](http://www.doh.state.fl.us/disease_ctrl/aids/trends/slides/slides.html)
- Gibson, S. E. (2001). The American way through hazel eyes: A look at the Caribbean Black family. In P. L. Munhall and V. M. Fitzsimons (Eds.), *The emergence of family into the 21<sup>st</sup> Century* (pp. 293-304). Boston: Jones and Bartlett.
- Giger, J. N., & Davidhizar, R. (2002). The Giger and Davidhizar Transcultural Assessment Model. *Journal of Transcultural Nursing*, 13(3), 185-188.
- Grossman, D. (2003, May). *Why the need for cultural competence?* Paper presented at the 2003 Annual District Five Florida Nurses Association Nurse Week Celebration and Awards Luncheon, Miami, FL.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2003). *AIDS epidemic update, 2003*. Geneva, Switzerland: Author.
- Joint United Nations Programme on HIV/AIDS (UNAIDS). (2004). *2004 report on the global AIDS epidemic*. Geneva, Switzerland: Author.
- Jones, S. G. (2000a). Symposium confronts dilemma of AIDS in the Caribbean. *Nursing Spectrum*, 10(14FL), 14, 19.
- Jones, S. G. (2000b). AIDS in Aruba: The Caribbean experience. *The Florida Nurse, Official Bulletin of the Florida Nurses Association*, 48(3), 27-28.
- Jones, S. G. (2000c). HIV and minorities. *NUMEX*, 3(1), 58-59.
- Jones, S. G. (2003a). Appendix D: Medications. In C. Kirton (Ed.), *ANAC's Core Curriculum for HIV/AIDS Nursing* (2<sup>nd</sup> ed.) (pp.369-417). Thousand Oaks, CA: Sage.
- Jones, S. G. (2003b, November). *The Caribbean/West Indies Cultural Competency Program*. Paper presented at the 16th Annual Conference of the Association of Nurses in AIDS Care, New York City, NY.
- Jones, S. G. & Jorda, M. L. (2003, October). *Programa de Competencia Cultural de Las Islas Del Caribe Para Enfermeras (Caribbean/West Indies Cultural Competency Training Program For Nurses)*. Poster presented at the 2<sup>nd</sup> Central American and Caribbean Nursing Conference on STDs, HIV/AIDS, and Other Communicable Diseases, Havana, Cuba.
- Jones, S. G, Messmer, P. R., Charron, S. A., & Parns, M. (2002). HIV-positive women and minority patients' satisfaction with inpatient hospital care. *AIDS Patient Care and STDs*, 16(3), 127-134.
- Jones, S.G., & Messmer, P. (1998, April). *Living With HIV: Voices of South Florida women*. Paper presented at the 6<sup>th</sup> Annual Conference, Canadian Association of Nurses in AIDS Care, Ottawa, Canada.
- Leininger, M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13(3), 189-192.
- Malow, R. M., Cassagnol, T., McMahon, R., Jennings, T. E., & Roatta, V. G. (2000). Relationship of psychosocial factors to HIV risk among Haitian women. *AIDS Education and Prevention*, 12(1), 79-92.
- Ndiwane A. N. (2000). Community health, media, and policy in sub-Saharan Africa: A primary prevention approach to the AIDS crisis. *Association of Black Nursing Faculty (ABNF) Journal*, 11(4), 83-7
- Neely-Smith, S. L., & Patsdaughter, C. A. (2004). The influence of self-esteem and self-silencing on self-efficacy for negotiating safer behaviors in urban Bahamian women. *Journal of Multicultural Nursing and Health*, 10(1), 15-26.
- Pasaron, R. (2003, September). *Caring for persons from the Spanish-speaking Caribbean islands*. Paper presented at the 2003 Florida Nurses Association Annual Convention, Daytona Beach, FL.
- Pasquali, E.A. (1994). Santeria. *Journal of Holistic Nursing*, 12(4), 380-390.
- Patsdaughter, C. A., Dyer, J. G., & Riley-Eddins, E. A. (2004). Miami: Gateway of the Americas, crossroads for the world. *Journal of Multicultural Nursing and*

- Health*, 10(1), 5-6.
- Purnell, L. D., & Paulanka, B. J. (2003). The Purnell Model for cultural competence. In L. D. Purnell & B. J. Paulanka (Eds.), *Transcultural health care: A culturally competent approach* (pp. 8-39). Philadelphia: Davis.
- Smith, L. S. (2001). Evaluation of an educational intervention to increase cultural competence among registered nurses. *Journal of Cultural Diversity*, 8(2), 50-63.
- Suarez, M., Raffaelli, M., & O'Leary, A. (1996). Use of folk healing practices by HIV-infected Hispanics living in the United States. *AIDS Care*, 8(6), 683-690.
- Walton, D. A., Farmer, P. E., Lambert, W., Leandre, F., Koenig, S. P., & Mukherjee, J. S. (2004). Integrated HIV prevention and care strengthens primary health care: Lessons from rural Haiti. *Journal of Public Health Policy*, 25(2), 137-58.

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