

Department of Health and Human Services Public Health Services Grant Application <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—FOR PHS USE ONLY.			
		Type	Activity	Number	
		Review Group		Formerly	
		Council/Board (Month, Year)		Date Received	
1. TITLE OF PROJECT (<i>Do not exceed 81 characters, including spaces and punctuation.</i>) Latina Perspectives on Sex, Sexuality and the Risk of AIDS					
2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (<i>If "Yes," state number and title</i>) Number: PAR-08-027 Title: Support of Competitive Research (SCORE) Pilot Project Award (SC2)					
3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR			New Investigator <input type="checkbox"/> No <input type="checkbox"/> Yes		
3a. NAME (Last, first, middle) Beaulaurier, Richard L.		3b. DEGREE(S) Ph.D. MSW		3h. eRA Commons User Name richardb	
3c. POSITION TITLE Associate Professor		3d. MAILING ADDRESS (<i>Street, city, state, zip code</i>) 11200 SW 8 th St. GL 467 Miami, FL 33199			
3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT School of Social Work					
3f. MAJOR SUBDIVISION College of Social Work, Justice and Public Affairs					
3g. TELEPHONE AND FAX (<i>Area code, number and extension</i>) TEL: 305-348-5876 FAX: 305-348-5812		E-MAIL ADDRESS: beau@fiu.edu			
4. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		4b. Human Subjects Assurance No. 4c. Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		5. VERTEBRATE ANIMALS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes		4d. NIH-defined Phase III Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		5a. If "Yes," IACUC approval Date	
If "Yes," Exemption No.		5b. Animal welfare assurance no.			
6. DATES OF PROPOSED PERIOD OF SUPPORT (<i>month, day, year—MM/DD/YY</i>) From 09/01/08 Through 08/30/11		7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD 7a. Direct Costs (\$) \$100,000		8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT 8a. Direct Costs (\$) \$300,000	
		7b. Total Costs (\$) \$139,319		8b. Total Costs (\$) \$419,319	
9. APPLICANT ORGANIZATION Name Florida Internatinal University Address 11200 SW 8 th St. Miami, FL 33199			10. TYPE OF ORGANIZATION Public: → <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State <input type="checkbox"/> Local Private: → <input type="checkbox"/> Private Nonprofit For-profit: → <input type="checkbox"/> General <input type="checkbox"/> Small Business <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged		
			11. ENTITY IDENTIFICATION NUMBER 65-0177616 DUNS NO. 071298814 Cong. District 15-21		
12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE Name Robert Gutierrez Title Director Address Florida International University 11200 SW 8th Street, MARC 430 Miami, FL 33199 Tel: 305-348-2494 FAX: 305-348-4117 E-Mail: gutierrr@fiu.edu			13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION Name Robert Gutierrez Title Director Address Florida International University 11200 SW 8th Street, MARC 430 Miami, FL 33199 Tel: 305-348-2494 FAX: 305-348-4117 E-Mail: gutierrr@fiu.edu		
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.			SIGNATURE OF OFFICIAL NAMED IN 13. (<i>In ink. "Per" signature not acceptable.</i>)		DATE

Principal Investigator/Program Director (Last, First, Middle): **Beaulaurier, Richard L.**

DESCRIPTION: See instructions. State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the **mission of the agency**). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

In addition, in two or three sentences, describe in plain, lay language the relevance of this research to **public** health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

Older Latina women are one of the least studied American demographic groups. Although HIV infection has been increasing dramatically among older Latinas, there has been little empirical exploration of their understanding of risk and protective factors, nor how culture, generation, and the aging process may impact their risk of contracting the virus.

This study will interview a group of older Latinas using an open ended qualitative format. Interviews will focus on their sexual and other risk related behavior and their understanding of the risk of contracting HIV/AIDS. This population is notoriously difficult to interview about sex and sexuality. The study will also focus on developing the approaches, techniques and language most appropriate and efficacious for engaging older Latinas in discussions about sex, sexuality and risk.

This will be useful to public health by discovering and documenting the approaches and language most appropriate for the development of prevention messages, as well as for use by health, social service and research programs interested in preventing or treating HIV/AIDS as well as other STD and sexually related conditions and disorders. See Rich 2 abstract.doc

PERFORMANCE SITE(S) (organization, city, state)

Florida International University
11200 SW 8th Street, MARC 430
Miami, FL 33199

Principal Investigator/Program Director (Last, First, Middle): **Beaulaurier, Richard L.**

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator(s). List all other key personnel in alphabetical order, last name first.

Name	eRA Commons User Name	Organization	Role on Project
Richard L. Beaulaurier	richardb	Florida International Univ.	Principal Investigator
Jonathan Tubman		Florida International Univ.	Mentor
Gil, Andres		Florida International Univ.	Collaborator
Fred Newman		Univ. of MO, Kansas City	Consultant

OTHER SIGNIFICANT CONTRIBUTORS

Name	Organization	Role on Project
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Human Embryonic Stem Cells No Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/registry/index.asp>. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

Principal Investigator/Program Director (Last, First, Middle):

The name of the principal investigator/program director must be provided at the top of each printed page and each continuation page.

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Biographical Sketch – Principal Investigator/Program Director (<i>Not to exceed four pages</i>).....	_____
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Appendix (*Five collated sets. No page numbering necessary for Appendix.*)



Check if Appendix is Included

Number of publications and manuscripts accepted for publication (*not to exceed 10*) _____

Other items (list):

I think that everything has been included, and everything is in the specified order, but I have not yet numbered all the pages. That is why some pages in the table have been left blank.

FLORIDA INTERNATIONAL UNIVERSITY PROPOSAL BUDGET SHEET

Principal Investigator/Project Director:		Beaulaurier, Richard L.		Duration		From:	09/01/08	To:	08/30/11	Period/Year #:	1
Agency:		NIH		Duration		From:	09/01/08	To:	08/30/11	Period/Year #:	1
Object Code	A. 1. Faculty / A&P / USPS Salary										
(F) = Faculty (A) = A&P (U) = USPS	(List each separately with title)										
		Base Salary	% Effort CY	% Effort AY	% Effort Summer	12 month	9 month	Summer	Total		
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	1.	Richard Beaulaurier, Associate Professor, PI	\$73,994	50%	63%	\$ 36,997.00	\$ -	\$ 15,777.80	\$ 52,774.80		
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ 10,174.18	\$ -	\$ 2,840.00	\$ 13,014.18		
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	2.		\$0			\$ -	\$ -	\$ -	\$ -		
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -		
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	3.		\$0			\$ -	\$ -	\$ -	\$ -		
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -		
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	4.		\$0			\$ -	\$ -	\$ -	\$ -		
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -		
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	5.		\$0			\$ -	\$ -	\$ -	\$ -		
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -		
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	6.		\$0			\$ -	\$ -	\$ -	\$ -		
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -		
TOTAL SENIOR PERSONNEL (1-6)										\$ 52,774.80	
FRINGE BENEFITS FOR SECTION A										\$ 13,014.18	
Object Code	A. 2. Overload / Extra State Compensation										
771550-771559	1.								\$ -		
771650-771659		FRINGE BENEFITS FOR PERSONNEL ABOVE							\$ -		
771550-771559	2.								\$ -		
771650-771659		FRINGE BENEFITS FOR PERSONNEL ABOVE							\$ -		
TOTAL OVERLOAD										\$ -	
TOTAL FRINGE BENEFITS FOR SECTION A.2										\$ -	
Object Code	B. Other Personnel - No Fringe Benefits Except Social Security (Show Numbers in Brackets) (OPS)										
771500-771549	1.	() Other Professionals							\$ -		
771500-771549	2.	1 Graduate Students							\$ 18,000.00		
771500-771549	3.	() Undergraduate Students							\$ -		
771500-771549	4.	() Secretarial-Clerical (SECRETARIAL-CLERICAL WILL REQUIRE A DIRECT CHARGE EXEMPTION FORM AT PROPOSAL TIME)							\$ -		
771500-771549	5.	() Other							\$ -		
TOTAL OTHER PERSONNEL (1-5)										\$ 18,000.00	
TOTAL FRINGE BENEFITS FOR SECTION B										\$ 1,377.00	
TOTAL SALARIES & WAGES (A+B)										\$ 70,774.80	
TOTAL FRINGE BENEFITS										\$ 14,391.18	
TOTAL SALARIES, WAGES, AND FRINGE BENEFITS										\$ 85,165.98	
Object Code	C. Expenses - In alphabetical order by category.										
773600-773699	1	Educational & Lab Supplies							\$ -		
711020-711099	2	Freight							\$ -		
773810-773819	3	Hazardous Chemicals/Waste							\$ -		
711360-711399	4	Insurance							\$ -		
711190-711199	5	Long Distance Telephone Calls							\$ -		
711900-711989	6	Miscellaneous Expenses (Other)							\$ -		
	7	Specify: recruiting expenses, software, voice recorders, transcription fees, data storage							\$ 5,132.00		
773500-773599	8	Motor Fuel & Lubricants							\$ -		
773900-773999	9	Other Materials & Supplies							\$ -		
711990-711999	10	Participant Payments							\$ 2,000.00		
711500-711549	11	Patient Care Costs							\$ -		
773100-773199	12	Printing & Reproduction							\$ -		
772100-772179	13	Professional Fees / Consultants							\$ -		
711440-711449	14	Rent Expense Buildings							\$ -		
711400-711439	15	Rent Expense Other Than Buildings							\$ -		
768300-768399	16	Scholarships & Stipends							\$ -		
772950-772952	17	Subcontracts							\$ -		
	A.								\$ -		
	B.								\$ -		
	C.								\$ -		
711210-711229	18	Travel - Domestic							\$ 6,000.00		
711230-711239	19	Travel - Foreign							\$ -		
768400-768409	20	Tuition Payments							\$ -		
TOTAL EXPENSES										\$ 13,132.00	
Restricted Expenses - In alphabetical order by category.											
RED items are part of F&A and are normally not allowed on Federal Grants. RED items will require a DIRECT CHARGE EXEMPTION FORM.											
772200-772299	21	Advertising Services							\$ -		
711330-711359	22	Bedding & Textile							\$ -		
721100-721199	23	Books & Films							\$ -		
773200-773299	24	Building & Construction							\$ -		
711170-711179	25	Cellular Phones							\$ -		
772180-772189	26	Construction Services							\$ -		
773820-773829	27	Data Processing Supplies							\$ -		
773801-773809	28	Food Products							\$ -		
711160-711169	29	Local Telephone Calls							\$ -		
711450-711499	30	Membership & Subscriptions							\$ -		
711300-711329	31	Moving Expenses							\$ -		
773300-773399	32	Office Supplies							\$ -		
711000-711019	33	Postage							\$ -		
773400-773499	34	Purchases for Resale							\$ -		
761000-761999	35	Repairs & Maintenance							\$ -		
711180-711189	36	Telephone Equipment							\$ -		
711100-711159	37	Utilities							\$ -		
TOTAL PERMANENT EQUIPMENT										\$ 1,702.02	
721200-721999	D. Permanent Equipment & Books or other library resources (list item and dollar amount for each item exceeding \$1,000) (1) computer										
Total Direct Costs (A through D)										\$ 100,000.00	
757003	F. Indirect Costs										
INDIRECT COST RATE										\$ -	
INDIRECT COST BASE										\$ -	
TOTAL INDIRECT COSTS										\$ -	
G. TOTAL DIRECT AND INDIRECT COSTS										\$ 100,000.00	

FLORIDA INTERNATIONAL UNIVERSITY PROPOSAL BUDGET SHEET

Principal Investigator/Project Director:		Beaulaurier, Richard L.		Duration		From:	09/01/08	To:	08/30/11	Period/Year #:	2	
Agency:		NIH										
Object Code	A. 1. Faculty / A&P / USPS Salary											
(F) = Faculty (A) = A&P (U) = USPS	(List each separately with title)											
		Base Salary	% Effort CY	% Effort AY	% Effort Summer	12 month	9 month	Summer	Total			
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	1.	Richard Beaulaurier, Associate Professor, PI	\$76,214	50%	63%	\$ 38,106.91	\$ -	\$ 16,251.13	\$ 54,358.04			
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ 10,479.40	\$ -	\$ 2,925.20	\$ 13,404.60			
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	2.		\$0			\$ -	\$ -	\$ -	\$ -			
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -			
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	3.		\$0			\$ -	\$ -	\$ -	\$ -			
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -			
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	4.		\$0			\$ -	\$ -	\$ -	\$ -			
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -			
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	5.		\$0			\$ -	\$ -	\$ -	\$ -			
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -			
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	6.		\$0			\$ -	\$ -	\$ -	\$ -			
771600-771649 771700-771999		FRINGE BENEFITS FOR PERSONNEL ABOVE				\$ -	\$ -	\$ -	\$ -			
										TOTAL SENIOR PERSONNEL (1-6)	\$ 54,358.04	
										FRINGE BENEFITS FOR SECTION A	\$ 13,404.60	
Object Code	A. 2. Overload / Extra State Compensation											
771550-771559	1.								\$ -			
771650-771659		FRINGE BENEFITS FOR PERSONNEL ABOVE							\$ -			
771550-771559	2.								\$ -			
771650-771659		FRINGE BENEFITS FOR PERSONNEL ABOVE							\$ -			
										TOTAL OVERLOAD	\$ -	
										TOTAL FRINGE BENEFITS FOR SECTION A.2	\$ -	
Object Code	B. Other Personnel - No Fringe Benefits Except Social Security (Show Numbers in Brackets) (OPS)											
771500-771549	1.	() Other Professionals							\$ -			
771500-771549	2.	2 Graduate Students 1 20/hr wk doctoral at \$18,000, one MSW at 10/hr wk \$6000							\$ 24,000.00			
771500-771549	3.	() Undergraduate Students							\$ -			
771500-771549	4.	() Secretarial-Clerical (SECRETARIAL-CLERICAL WILL REQUIRE A DIRECT CHARGE EXEMPTION FORM AT PROPOSAL TIME)							\$ -			
771500-771549	5.	() Other							\$ -			
										TOTAL OTHER PERSONNEL (1-5)	\$ 24,000.00	
										TOTAL FRINGE BENEFITS FOR SECTION B	\$ 1,836.00	
										TOTAL SALARIES & WAGES (A+B)	\$ 78,358.04	
										TOTAL FRINGE BENEFITS	\$ 15,240.60	
										TOTAL SALARIES, WAGES, AND FRINGE BENEFITS	\$ 93,598.65	
Object Code	C. Expenses - In alphabetical order by category.											
773600-773699	1	Educational & Lab Supplies							\$ -			
711020-711099	2	Freight							\$ -			
773810-773819	3	Hazardous Chemicals/Waste							\$ -			
711360-711399	4	Insurance							\$ -			
711190-711199	5	Long Distance Telephone Calls							\$ -			
711900-711989	6	Miscellaneous Expenses (Other)							\$ -			
	7	Specify: recruiting							\$ 500.00			
773500-773599	8	Motor Fuel & Lubricants							\$ -			
773900-773999	9	Other Materials & Supplies							\$ -			
711990-711999	10	Participant Payments							\$ 800.00			
711500-711549	11	Patient Care Costs							\$ -			
773100-773199	12	Printing & Reproduction							\$ -			
772100-772179	13	Professional Fees / Consultants							\$ 2,000.00			
711440-711449	14	Rent Expense Buildings							\$ -			
711400-711439	15	Rent Expense Other Than Buildings							\$ -			
768300-768399	16	Scholarships & Stipends							\$ -			
772950-772952	17	Subcontracts							\$ 2,000.00			
	A.	Fred Newman, Ph.D. 2 days @ \$1000/day							\$ -			
	B.								\$ -			
	C.								\$ -			
711210-711229	18	Travel - Domestic							\$ 1,101.35			
711230-711239	19	Travel - Foreign							\$ -			
768400-768409	20	Tuition Payments							\$ -			
										TOTAL EXPENSES	\$ 6,401.35	
										TOTAL PERMANENT EQUIPMENT	\$ -	
										TOTAL DIRECT COSTS (A through D)	\$ 100,000.00	
Object Code	F. Indirect Costs											
757003											INDIRECT COST RATE	
											INDIRECT COST BASE	\$ -
											TOTAL INDIRECT COSTS	\$ -
										G. TOTAL DIRECT AND INDIRECT COSTS	\$ 100,000.00	

FLORIDA INTERNATIONAL UNIVERSITY PROPOSAL BUDGET SHEET

Principal Investigator/Project Director:												
Agency:		Duration			From:	To:	Period/Year #:					
Object Code	A. 1. Faculty / A&P / USPS Salary				Base Salary	% Effort CY	% Effort AY	% Effort Summer	12 month	9 month	Summer	Total
(F) = Faculty (A) = A&P (U) = USPS	(List each separately with title)											
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	1.								\$ 114,354.03	\$ -	\$ 48,767.59	\$ 163,121.62
771600-771649 771700-771999	FRINGE BENEFITS FOR PERSONNEL ABOVE								\$ 31,447.36	\$ -	\$ 8,778.17	\$ 40,225.52
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	2.								\$ -	\$ -	\$ -	\$ -
771600-771649 771700-771999	FRINGE BENEFITS FOR PERSONNEL ABOVE								\$ -	\$ -	\$ -	\$ -
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	3.								\$ -	\$ -	\$ -	\$ -
771600-771649 771700-771999	FRINGE BENEFITS FOR PERSONNEL ABOVE								\$ -	\$ -	\$ -	\$ -
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	4.								\$ -	\$ -	\$ -	\$ -
771600-771649 771700-771999	FRINGE BENEFITS FOR PERSONNEL ABOVE								\$ -	\$ -	\$ -	\$ -
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	5.								\$ -	\$ -	\$ -	\$ -
771600-771649 771700-771999	FRINGE BENEFITS FOR PERSONNEL ABOVE								\$ -	\$ -	\$ -	\$ -
771001-771139 (F) 771140-771149 (A) 771150-771159 (U)	6.								\$ -	\$ -	\$ -	\$ -
771600-771649 771700-771999	FRINGE BENEFITS FOR PERSONNEL ABOVE								\$ -	\$ -	\$ -	\$ -
TOTAL SENIOR PERSONNEL (1-6)											\$ 163,121.62	
FRINGE BENEFITS FOR SECTION A											\$ 40,225.52	
Object Code	A. 2. Overload / Extra State Compensation											
771550-771559	1.											\$ -
771650-771659	FRINGE BENEFITS FOR PERSONNEL ABOVE											\$ -
771550-771559	2.											\$ -
771650-771659	FRINGE BENEFITS FOR PERSONNEL ABOVE											\$ -
TOTAL OVERLOAD											\$ -	
TOTAL FRINGE BENEFITS FOR SECTION A.2											\$ -	
Object Code	B. Other Personnel - No Fringe Benefits Except Social Security (Show Numbers in Brackets) (OPS)											
771500-771549	1. () Other Professionals											\$ -
771500-771549	2. () Graduate Students											\$ 42,000.00
771500-771549	3. () Undergraduate Students											\$ 18,000.00
771500-771549	4. () Secretarial-Clerical (SECRETARIAL-CLERICAL WILL REQUIRE A DIRECT CHARGE EXEMPTION FORM AT PROPOSAL TIME)											\$ -
771500-771549	5. () Other											\$ -
771660-771669												\$ 60,000.00
TOTAL OTHER PERSONNEL (1-5)											\$ 60,000.00	
TOTAL FRINGE BENEFITS FOR SECTION B											\$ 4,590.00	
TOTAL SALARIES & WAGES (A+B)											\$ 223,121.62	
TOTAL FRINGE BENEFITS											\$ 44,815.52	
TOTAL SALARIES, WAGES, AND FRINGE BENEFITS											\$ 267,937.15	
Object Code	C. Expenses - In alphabetical order by category.											
773600-773699	1 Educational & Lab Supplies											\$ -
711020-711099	2 Freight											\$ -
773810-773819	3 Hazardous Chemicals/Waste											\$ -
711360-711399	4 Insurance											\$ -
711190-711199	5 Long Distance Telephone Calls											\$ -
711900-711989	6 Miscellaneous Expenses (Other)											\$ -
	7 Specify:											\$ 5,632.00
773500-773599	8 Motor Fuel & Lubricants											\$ -
773900-773999	9 Other Materials & Supplies											\$ -
711990-711999	10 Participant Payments											\$ 2,800.00
711500-711549	11 Patient Care Costs											\$ -
773100-773199	12 Printing & Reproduction											\$ -
772100-772179	13 Professional Fees / Consultants											\$ 2,000.00
711440-711449	14 Rent Expense Buildings											\$ -
711400-711439	15 Rent Expense Other Than Buildings											\$ -
768000-768099	16 Scholarships & Stipends											\$ -
768200-768399	17 Subcontracts											\$ -
772950-772952	A.											\$ 8,000.00
	B.											\$ -
	C.											\$ -
711210-711229	18 Travel - Domestic											\$ 11,928.83
711230-711239	19 Travel - Foreign											\$ -
768400-768409	20 Tuition Payments											\$ -
Restricted Expenses - In alphabetical order by category.												
RED Items are part of F&A and are normally not allowed on Federal Grants. RED items will require a DIRECT CHARGE EXEMPTION FORM.												
772200-772299	21 Advertising Services											\$ -
711330-711359	22 Bedding & Textile											\$ -
721100-721199	23 Books & Films											\$ -
773200-773299	24 Building & Construction											\$ -
711170-711179	25 Cellular Phones											\$ -
772180-772189	26 Construction Services											\$ -
773820-773829	27 Data Processing Supplies											\$ -
773801-773809	28 Food Products											\$ -
711160-711169	29 Local Telephone Calls											\$ -
711450-711499	30 Membership & Subscriptions											\$ -
711300-711329	31 Moving Expenses											\$ -
773300-773399	32 Office Supplies											\$ -
711000-711019	33 Postage											\$ -
773400-773499	34 Purchases for Resale											\$ -
761000-761999	35 Repairs & Maintenance											\$ -
711180-711189	36 Telephone Equipment											\$ -
711100-711159	37 Utilities											\$ -
TOTAL EXPENSES											\$ 30,360.83	
721200-721999	D. Permanent Equipment & Books or other library resources (list item and dollar amount for each item exceeding \$1,000)											
TOTAL PERMANENT EQUIPMENT											\$ 1,702.02	
E. Total Direct Costs (A through D)											\$ 300,000.00	
757003	F. Indirect Costs											
INDIRECT COST RATE											0.00%	
INDIRECT COST BASE											\$ -	
TOTAL INDIRECT COSTS											\$ -	
G. TOTAL DIRECT AND INDIRECT COSTS											\$ 300,000.00	

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Richard L. Beaulaurier, Ph.D., M.S.W.		POSITION TITLE Associate Professor of Social Work Florida International University	
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Whitman College	B.A.	1978-1982	Philosophy & Psychology
University of Washington	M.S.W.	1986-1989	Social Work
University of Southern California	Ph.D.	1989-1996	Social Work

Minority Student Mentoring:

Dr. Beaulaurier has had several different kinds of mentoring roles with minority students at FIU. The most frequent form of mentoring is in the classroom. 85% of undergraduates and 65% of graduate students are minorities in Dr. Beaulaurier's department (Hayden, 2008). The most intensive form of mentoring is with Doctoral students. Dr. Beaulaurier has served as a committee member on the dissertation committee of six minority doctoral students. He has chaired the dissertation committee of one doctoral student who has recently completed her doctorate. Dr. Beaulaurier will be advising two Latina doctoral students beginning in the fall. In addition, Dr. Beaulaurier's current research older Latinas has high potential to provide opportunities to mentor Master and Doctoral level minority students.

A. PROFESSIONAL EXPERIENCE:

1987	Washington State Department of Employment Security, Interviewer / Youth Employment Coordinator, Walla Walla, WA.
1989	Consejo Counseling and Referral Service. (summer) Intake, Referral, Grant Proposal Writing, Seattle WA. 1989-1992 Consulting with NASW Washington Chapter, YWCA Walla Walla -- Computerization and budgeting
1992-1994	National Council on the Aging, Los Angeles--Managed all program operations for Los Angeles office. Responsible for staff of 45 and budget of \$1.9 Million. Represented NCOA at Local and National levels and with funding Agencies. Networked with the social service and aging communities. Performed hiring and all other personnel actions. Designed and oversaw the most comprehensive program revision in NCOA's 15 year history in Los Angeles.
1995-1996	U.S.C. Office of Civic and Community Relations--Met with community leaders, police, educators, etc. with the aim of organizing the community and improving the safety and quality of life in the University area, one of the poorest areas of Los Angeles. Assisted in the tracking and coordination of U.S.C. programs benefiting the neighborhood and regional environment. Developed computer database and spreadsheet applications to track and collect data on these programs. Other research responsibilities discussed above.
1990-1996	Research assistant: University of Southern California, School of Social Work and Office of Civic and Community Relations
1995-1996	Adjunct Assistant Professor, University of California, Los Angeles, Department of Social Welfare
1996-2002	Assistant Professor, Florida International University, School of Social Work
2002-Present	Associate Professor (with tenure), Florida International University, School of Social Work

Professional Affiliations:

- Council on Social Work Education
- Society for Social Work Research
- Gerontological Society of America
- Association for Community Organization and Social Administration
- Association for Gerontological Education in Social Work
- AIDS and Aging Task Force (Miami-Dade County)
- Human Services Coalition of Dade County (Vice President of Board of Directors)

Florida International University Research Associate:

- Center on Aging, 2003-Present
- Institute for Ethnicity and Immigration, 1998-present

- Center for Research on U.S. Latino HIV/AIDS and Drug Abuse, 2003-present.

Honors and Awards:

- Editorial board of the *Journal of Gerontological Social Work*
- Mark Moses Social Work Fellow (2008)
- National Association of Social Workers,
 - *Board member and Chair of the Washington State Chapter Continuing Education Committee 1988-1989.
 - *Founding member of the Social Workers with Disabilities Task Force, California Chapter, 1995-1996.
- *Board Member 2003-present, Vice President 2005-2006
- Matriculation Merit Award, Florida International University, Spring 2001.
- All University Predoctoral Merit Fellowship, University of Southern California, 1989-1990; renewed 1990-1991 and 1991-1992.
- Saul and Dayee G. Haas Foundation Scholarship, (for outstanding Communications Student), 1981-1982. Whitman College.

B. Selected publications

- Beaulaurier, R. L., Craig, S. L., & De La Rosa, M. (in press). Older Latina women and HIV/AIDS: An examination of sexuality and culture as they relate to risk and protective factors. *Journal of Gerontological Social Work*.
- Beaulaurier, R. L., Seff, L. R., & Newman, F. L. (in press). Barriers to help seeking for older women who experience intimate partner violence: A descriptive model. *Journal of Women and Aging*, 20(3/4).
- Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. D. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence*, 22(7).
- Butler, S. F., Venuti, S. W., Benoit, C., Beaulaurier, R. L., Houle, B., & Katz, N. (2007). Internet surveillance: Content analysis and monitoring of product-specific Internet prescription opioid abuse-related postings. *Clinical Journal of Pain*, 23(7), 619-628.
- Beaulaurier, R. L., Seff, L. R., Newman, F. L., & Dunlop, B. D. (2005). Internal barriers to help seeking for middle aged and older women who experience intimate partner violence. *Journal of Elder Abuse and Neglect*, 17(3).
- Beaulaurier, R. L. (2005). Integrating computer content into social work curricula: A model for planning. *Journal of Teaching in Social Work*. 25(1/2).*
- Beaulaurier, R. L., & Taylor, S. H. (2005). Consulting behaviors and the role of computer consultants in student learning and anxiety. *Journal of Teaching in Social Work*. 25(1/2).*
- Beaulaurier, R. L., & Radisch, M. A. (2005). Linking computer applications to recent CSWE curriculum development guidelines: A literature review. *Journal of Teaching in Social Work*. 25(1/2).*
- Macgowan, M., & Beaulaurier, R. L. (2005). Using qualitative data analysis software in teaching about group work practice. *Journal of Teaching in Social Work*. 25(1/2).*
- Beaulaurier, R. L. & Haffey, M. F. (2005). Preface. *Journal of Teaching in Social Work*. 25(1/2).*
- Walters, W. Dembo, R. Beaulaurier, R., Coccozza, J., De la Rosa, M., Poythress, N., Skowrya, K. (2005) The Miami-Dade Juvenile Assessment Center, National Demonstration Project: An Overview. *The Journal of Offender Rehabilitation*, 41(1).
- Beaulaurier, R. L. (2002). Health services social workers' activities with people with disabilities: Predictors of community practice. *Journal of Sociology and Social Welfare*, 29(4), 83-184.
- Beaulaurier, R. L. (2001). Legislators' views regarding the privatization of involuntary treatment: Implications for mental health administrators. *Administration in Social Work*, 25(4).
- Beaulaurier, R. L., & Taylor, S. H. (2001). Dispelling fears about aging with a disability: Lessons from the disability rights community. *Journal of Gerontological Social Work*, 35(2).
- Beaulaurier, R. L., & Taylor, S. H. (2001). Social work practice with people with disabilities in the era of disability rights. *Social Work in Health Care*, 32(4).
- Hahn, H., & Beaulaurier, R. L. (2001). Attitudes toward disabilities: A research note on activists with disabilities. *Journal of Disability Policy Studies*, 12(1).
- Batavia, A. I., & Beaulaurier, R. L. (2001). Financial vulnerability of people with disabilities: Assessing poverty risks. *Journal of Sociology and Social Welfare*, 28(1).
- Beaulaurier, R. L., & Taylor, S. H. (2000). Challenges and inconsistencies in providing effective advocacy for disabled people in today's health services environment: An exploratory descriptive study. *SCI Psychosocial Process*, 13(3).
- Beaulaurier, R. L. & Haffey M. F. (eds.) (2005) *Technology in Social Work Education and Curriculum: The High Tech, High Touch Social Work Educator*. New York: Haworth Press.*

* Note: The special issue of the *Journal of Teaching in Social Work* on Technology in Social Work Education (see "Journal Special Issues") has also been published as a book called *Technology in Social Work Education and Curriculum*. The chapters that have been asterisked appear in both the special issue and in the book.

- Beaulaurier, R. L., & Taylor, S. H. (1999). Self determination and consumer control: Guiding principles in the empowerment model as utilized by the disability rights movement. In W. Shera & L. Wells (Eds.), *Empowerment practice: Developing richer conceptual foundations* (pp. 159-177). Toronto: Canadian Scholars Press.
- Renz-Beaulaurier, R. L. (1998). Empowering people with disabilities: The role of choice. In L. Gutiérrez, R. Parsons, & E. Cox (Eds.), *Empowerment in Social Work Practice: A Sourcebook* (pp. 73-84). Pacific Grove, CA: Brooks/Cole.
- Renz-Beaulaurier, R. L. (1994). The role of choice in empowering people with disabilities: Reconceptualizing the role of social work practice in health and rehabilitation settings. In L. Gutiérrez & P. Nurius (Eds.), *Education and Research for Empowerment Practice* (pp. 195-205). Seattle, WA: Center for Policy and Practice Research.
- Beaulaurier, R. L. & Contreras, G. (forthcoming) The agency directors: Ambivalence in an environment of change. In Stepick and Valenzuela (Eds.) *Welfare reform in Miami and Los Angeles*.
- Dunlop, B. D., Beaulaurier, R. B., Seff, L. R., Malik, N., & Fuster, M. (2005). *Domestic violence against older women: Technical Report* (No. NCJ 212349). Washington DC: National Institute of Justice. (113 pages).

Selected Presentations

- Beaulaurier, R. L., Seff, L., Newman, F. L. (January, 2008), Giving older women who experience partner abuse the help they need and want. (paper presentation). Society for Social Work Research. Washington, DC.
- Craig, S., Beaulaurier, R. L., Newman, F. L., De La Rosa, M. (January, 2008), Voluntary HIV counseling and testing among older and middle aged Latinas. (paper presentation). Society for Social Work Research. Washington, DC.
- Beaulaurier, R. L., Craig, S. Barriers to Help-Seeking in Older Women Who Experience Partner Abuse: Outreach in a Multidisciplinary Context. (paper presentation). Council on Social Work Education, Annual Program Meeting. February, 2007 San Francisco, CA.
- Beaulaurier, R. L., Seff, L., Newman, F. L., Dunlop, B. (November, 2006), Educating non-gerontological professionals about domestic violence with older women: Implications of an exploratory study. (paper presentation). Gerontological Society of America. Dallas.
- Beaulaurier, R. L., De La Rosa, M., Craig, S. (November, 2006), HIV, AIDS and the Elderly: Educating Medical, Public Health and Social Work Professionals about the Risks of HIV/AIDS in Seniors. (paper presentation). Gerontological Society of America. Dallas.
- Beaulaurier, R. L., De La Rosa, M., Craig, S. (January, 2006). The Entry of Faith Based Services in Minority Communities: a Study of the Perspectives of Directors of Existing Social Services. Society for Social Work Research, , San Antonio TX.
- Beaulaurier, R. L., Craig, S. (February, 2006). Hidden Epidemic: The Increasing Rate of HIV/AIDS in Older Women (paper presentation). Council on Social Work Education, Annual Program Meeting. Chicago IL.
- Macgowan, M., Beaulaurier, R. L. (February, 2006). Computers, Software and Digital Video: Giving Social Group Work Education an Upgrade. (paper presentation). Council on Social Work Education, Annual Program Meeting. Chicago IL.
- Craig, S.L. & Beaulaurier, R. L., Newman, F.L. (2006, May). Health Seeking Behavior and HIV/AIDS: Cultural considerations with older Latina Women. Poster presented at The Eighteenth Annual National Conference on Social Work and HIV/AIDS, Miami, FL.
- Beaulaurier, R. L., Seff, L., Newman, F. L., Dunlop, B. (November, 2005), Domestic Violence and older Women. (paper presentation). Gerontological Society of America. Orlando.
- Beaulaurier, R. L., De La Rosa, M., Craig, S. (November, 2005), Older Latina Women and HIV/AIDS: An examination of sexuality and culture as they relate to risk and protective factors. (paper presentation). Gerontological Society of America. Orlando.
- Craig, S., Beaulaurier, R. L., De La Rosa, M., Newman, F. L. (November, 2005), Health seeking Behavior and HIV/AIDS: Cultural considerations in older Latina Women. (poster presentation). Gerontological Society of America. Orlando.
- Beaulaurier, R. L. *Seniors and HIV/AIDS: Risks and Resources* (February, 2005), Poster at the First Annual conference of the Center for Research on U.S. Latinos HIV/AIDS and Drug Abuse (CRUSADA). Miami.
- Beaulaurier, R. L., Erwin, N., Teague, G. & Mirsky, J. (February, 2003) *Avoiding landmines in social work research and practice with consumer directed organizations*. National Association of Mental Health Program Directors, Research Institute. Baltimore.
- Beaulaurier, R. L., Erwin, N., Teague, G. & Mirsky, J. (January, 2002) *Avoiding landmines in research with consumer directed organizations*. Society for Social Work Research, Annual Conference. San Diego.
- Tubman, J. G., & Beaulaurier, R. L. (January, 2002) *Brief Motivational Interventions for Workers Who Implement Interventions*. Society for Social Work Research, Annual Conference. San Diego.
- Tubman, J. G., Wagner E. F., Gil, A., Beaulaurier, R. L. (January, 2001) *Heterogeneity and Social Work Practice: Implications for Applied Research, Culturally Sensitive Interventions, and Service Provision*. Symposium at the Society for Social Work Research, Annual Conference. Atlanta.

C. Research Support:

Testing A Model of Domestic Abuse Against Older Women and Barriers to Help Seeking (Co-principal Investigator. U. S. National Institute of Justice (2006-WG-BX-0008) Fall 2006-Fall 2008)

Total Grant Amount \$469,590

This is a follow-up study to test the model developed in our Domestic Violence Against Older Women project. The study will seek to verify, and streamline the model using factor analytic and structural equation modeling techniques. Validity of the findings will be enhanced by using conducting a series of focus groups with some of the respondents.

Domestic Violence Against Older Women (Co-principal Investigator, Principal Methodologist 20%) U. S. National Institute of Justice (NIJ # 2002-WG-BX-0010) Fall 2002-Fall 2004.

Total Grant Amount: \$337,973

Most studies of domestic abuse of older women have focused on issues of neglect. One of the limitations for researchers in this area is that there is little understanding of how older women define domestic violence, and what sort of solutions to the problem they would find acceptable and utilize. This study sought in-depth knowledge of these issues, provided insights to be used in subsequent research. Dr. Beaulaurier oversaw all aspects of the methodology, data collection and analysis of data on this qualitative research project.

Consumer-Operated Human Service Programs (Co-Investigator, 40% FTE)

U. S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA grant #: SM52332-01) Spring 1998-Fall 2002.

Total Grant Amount: \$2,639,957

Provided research and technical assistance to the PEER Center, Henderson Mental Health Services and the Florida Mental Health Institute in setting up focus groups and structured interviews to explore differences in the approaches to treatment used by the PEER Center and Henderson's ACT Program. Assisted with the development of both qualitative and quantitative research protocols and instrumentation used nationwide in this study. Trained interview and research staff in FL and CA components of the study. (SM98-04). Oversaw all aspects of qualitative studies on the project, from developing protocols, to training interviewers and focus group leaders, to data analysis.

Haitian Juvenile Arrestees Prevention Intervention (Co-Principal Investigator, 25% FTE)

National Demonstration Project (Department of Justice) at the Miami-Dade Juvenile Detention Center. Completed, Spring 2002.

Total Grant Amount: \$129,708

The objective of the Haitian Juvenile arrestees Prevention Intervention Study (HJPI) was two fold: 1) to develop a profile of Haitian juvenile arrestees in the Miami-Dade area including the identification of risk factors which might expose these youth to becoming involved in criminal behavior and substance abuse and 2) to develop a community-based and culturally relevant prevention oriented intervention model for Haitian juveniles identified as at-risk. The intervention was based on the following elements: a) best practice intervention models developed and tested with other juvenile delinquent populations, and b) culturally appropriate values and attitudes that have been shown to serve as a buffer against the development of delinquent behavior in Haitian youth.

Urban Change Project (Research Associate, Institute for Ethnicity and Immigration, 25% FTE)

Manpower Development Research Corporation (Spring 1998-Spring 2001)

Total Grant Amount: \$411,066 Completed Fall 2001.

The Urban Change Project was a multi-faceted, national project to comprehensively monitor and record the effects of welfare reform. Lead the Miami institutional component, an ethnographic investigation of the impact of welfare reform on human service organizations in three of Miami's most distinct ethnic communities in Hialeah (Latino/Hispanic), Liberty City (African American) and Little Haiti. Conducted interviews, directed and trained interviewers, coded and analyzed resulting qualitative data. Assisted in writing reports and data analysis in the Miami ethnographic component which conducted and analyzed in-depth qualitative interviews with welfare recipients in the same three communities.

Breaking the Link Between Delinquency and Dependency (Co-investigator, 20% FTE)

United Way of Dade County (1999-2000)

Total Grant Amount: \$300,000. Completed Spring 1999.

This project was to design competitive RFPs in partnership with the United Way of Dade County for human services organizations that propose to ameliorate or eliminate conditions leading to delinquency. The investigators were to stipulate evaluation research design for each of the projects and evaluate the effectiveness of the efforts.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Tubman, Jonathan G.		POSITION TITLE Professor of Psychology	
eRA COMMONS USER NAME Tubman			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
University of Chicago	A.B.	1984	Behavioral Sciences
The Pennsylvania State University, University Park, PA	M.S.	1987	Human Dev. & Family Studies
The Pennsylvania State University, University Park, PA	Ph.D.	1990	Human Dev. & Family Studies
Research Institute on Addictions, Buffalo, NY	Post-Doc Fellowship	1990 - 1993	Addiction Studies
Florida International University, Miami, FL	MSW	2000	Social Work

A. Positions and Honors

Positions and Employment

9/84-6/90 Teaching and Research Assistant, The Pennsylvania State University, University Park, PA
 10/90-7/93 Post-Doctoral Fellow, Research Institute on Addictions, Buffalo, New York.
 8/93-5/98 Assistant Professor, Department of Psychology, Florida International University, University Park Campus, Miami, FL.
 5/98-5/05 Associate Professor, Department of Psychology, Florida International University, University Park Campus, Miami, FL
 6/05-present Professor, Department of Psychology, Florida International University, University Park Campus, Miami, FL
 8/00-8/04 Director, Graduate Programs in Psychology
 8/04-12/06 Chair, Institutional Review Board (IRB), Florida International University
 01/07-present Associate Vice President for Research, Florida International University
 7/01-present Assistant Editor, Journal of Adolescence
 Currently Member, Editorial Boards, American Journal of Health Behavior, Social Work Research, Journal of Child and Adolescent Clinical Psychology, Developmental Psychology, and Applied Developmental Science

B. Selected Peer-Reviewed Publications (in chronological order).

Tubman, J. G., Vicary, J. R., von Eye, A., & Lerner, J. V. (1990). Longitudinal substance use and young adult adjustment. *Journal of Substance Abuse*, 2, 317-334.
 Tubman, J. G., Vicary, J. R., von Eye, A., & Lerner, J. V. (1991). Qualitative changes in relationships between substance use and adjustment in adolescence. *Journal of Substance Abuse*, 3, 405-415
 Tubman, J. G. (1993). A pilot study of school-age children of men with moderate to severe alcohol dependence: Maternal distress and child outcomes. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 34, 729-741.
 Tubman, J. G. (1993). Family risk factors, parental alcohol use, and problem behaviors among school-age children. *Family Relations*, 42, 81-86.
 Tubman, J. G., & Windle, M. (1995). Continuity of difficult temperament in adolescence: Relations with depression, life events, family support and substance use across a one year period. *Journal of Youth and Adolescence*, 24, 133-153.
 Tubman, J. G., & Langer, L. M. (1995). "About last night": The social ecology of sexual behavior relative to alcohol use among adolescents and young adults in substance abuse treatment. *Journal of Substance Abuse*, 7, 449-461.

- Tubman, J. G., Windle, M., & Windle, R. C. (1996). Cumulative sexual intercourse patterns among middle adolescents: Problem behavior precursors and concurrent health risk behaviors. *Journal of Adolescent Health, 18*, 182-191.
- Langer, L. M., & Tubman, J. G. (1997). Risky sexual behavior among substance-abusing adolescents: Psychosocial and contextual factors. *American Journal of Orthopsychiatry, 67*, 315-322.
- Langer, L. M., Tubman, J. G., & Duncan, S. (1998). Anticipated mortality, HIV vulnerability, and psychological distress among adolescents and young adults at higher and lower risk for HIV infection. *Journal of Youth and Adolescence, 27*, 513-538.
- Windle, M., & Tubman, J. G. (1999). Children of alcoholics. In W. K. Silverman & T. H. Ollendick (Eds.), *Developmental issues in the clinical treatment of children* (pp. 393-414). New York: Allyn & Bacon.
- Gil, A. G., Tubman, J. G., & Wagner, E. F. (2001). Substance abuse interventions with Latino adolescents: A cultural framework. In E. F. Wagner & H. B. Waldron (Eds.), *Innovations in adolescent substance abuse intervention* (pp. 353-378). Oxford: Elsevier.
- Tubman, J. G., & Branscum, E. (2001). Delinquency, mental health, and substance abuse problems. In J. V. Lerner, & R. M. Lerner (Eds.), *Adolescence in America: An Encyclopedia* (pp. 191-199). Denver, CO: ABC-Clío.
- Gil, A.G., Tubman, J. G., & Wagner, E.F. (2001). Substance abuse interventions with Hispanic adolescents. In E. Wagner & H. B. Waldron (Eds.), *Innovations in adolescent substance abuse interventions* (pp. 353-378). New York: Elsevier.
- Tubman, J.G., Langer, L.M. & Calderon, D.M. (2001). Coerced sexual experiences among adolescent substance abusers: A potential pathway to increased vulnerability to HIV exposure. *Child and Adolescent Social Work Journal, 18*, 281-303.
- Tubman, J. G., Montgomery, M. J., & Wagner, E. F. (2001). Letter writing as a tool to increase client motivation to change: Application to an inpatient crisis unit. *Journal of Mental Health Counseling, 23*, 295-311.
- Tubman, J. G., & Vento, R. S. (2001). Enforcement of anti-tobacco policies in Florida's middle and high schools: Principal and teacher reports of formal and informal strategies. *Journal of School Health, 71*, 229-235.
- Barr, J. E., Tubman, J. G., Montgomery, M., & Vento, R. S. (2002). Amenability and implementation in secondary school anti-tobacco programs. *American Journal of Health Behavior, 26*, 3-15.
- Fass, M. E., & Tubman, J. G. (2002). The influence of parental and peer attachment on college students' academic achievement. *Psychology in the Schools, 39*, 561-573.
- Tarolla, S. M., Wagner, E. F., Rabinowitz, J., & Tubman, J. G. (2002). Understanding and treating juvenile offenders: A review of current knowledge and future directions. *Aggression and Violent Behavior, 7*, 125-143.
- Tubman, J. G., Vento, R. S., Barr J. E., & Langer, L. M. (2002). Teachers' perceptions of tobacco use prevention education programs in Florida: Relations with perceived barriers and other contextual factors. *Journal of Child and Adolescent Substance Abuse, 11*, 63-88.
- Tubman, J. G., Wagner, E. F., Gil, A. G., & Pate, K. (2002). Brief motivational intervention for substance abusing delinquent adolescents: Guided Self Change as a social work practice innovation. *Health and Social Work, 27*, 208-212.
- Allen, A., Montgomery, M. J., Tubman, J. G. Frazier, L. D. & Escovar, L. A. (2003). The effects of personalized assessment feedback on the rapport-building process. *Journal of Mental Health Counseling, 25*, 165-182.
- Tubman, J. G., Gil, A. G., Wagner, E. F., & Artigues, H. (2003). Patterns of sexual risk behaviors and psychiatric disorders in a community sample of young adults. *Journal of Behavioral Medicine, 26*, 473-500.
- Tubman, J. G., Langer, L. M., & Shams, S. (2003). Condom use, condom refusal, and substituted sexual behaviors among higher- and lower-risk adolescents. *Journal of Social Work Practice in the Addictions, 3*, 73-91.
- Tubman, J. G., Wagner, E. F. & Langer, L. M. (2003). Patterns of depressive symptoms, drinking motives, and sexual behavior among substance abusing adolescents: Implications for health risk. *Journal of Child and Adolescent Substance Abuse, 13*, 37-57.
- Ferrer-Wreder, L., Stattin, H., Cass-Lorente, C., Tubman, J. & Adamson, L. (2004). *Prevention and youth development programs: Across borders*. New York: Kluwer/Plenum Academic Publishers (English Language Edition)/Stockholm, Sweden: Gothia Publishing (Swedish Language Edition).
- Burrow, A. L., Tubman, J.G., & Finley, G. E. (2004). Adolescent adjustment in a nationally collected sample:

Identifying group differences by adoption status, adoption subtype, developmental stage and gender.

Journal of Adolescence, 27, 267-282.

- Gil, A. G., Wagner, E. F., & Tubman, J. G. (2004). Young adult consequences of early adolescent substance use: Substance use and psychiatric disorders in a multiethnic sample of males. *American Journal of Public Health*, 94, 1603-1609.
- Gil, A. G., Wagner, E. F., & Tubman, J. G. (2004). Developing culturally sensitive substance abuse intervention for Hispanic and African-American adolescents: Empirical examples from the ATTAIN Project. *Addiction*, 99 (Suppl 2), 140-150.
- Tubman, J. G., Gil, A. G., & Wagner, E. F. (2004). Co-occurring substance use and delinquent behavior during early adolescence: Emerging relations and implications for intervention strategies. *Criminal Justice and Behavior*, 31, 463-488.
- Tubman, J. G., Montgomery, M. J., Gil, A., & Wagner, E. (2004). Abuse experiences in a community sample of young adults: Relations with psychiatric disorders, sexual risk behaviors, and sexually transmitted diseases. *American Journal of Community Psychology*, 34, 147-162.
- Gil, A. G., & Tubman, J. G. (2005). HIV/AIDS and STDs: Trends, risk factors and preventative interventions. In L. Rapp-Paglicci & C. N. Dulmus (Eds.), *Handbook of preventive interventions for adults* (pp. 226-251). New York: Wiley.
- Wagner, E. F., Tubman, J. G., & Gil, A. G. (2004). Implementing school-based substance abuse interventions: Methodological dilemmas and recommended solutions. *Addiction*, 99 (Suppl. 2), 106-119.
- Soza-Vento, R. S., & Tubman, J. G. (2005). Tobacco use prevention education (TUPE) programs in the State of Florida: Correlates and predictors of teachers' perceptions of program effectiveness. *Journal of Health & Social Policy*, 20, 43-63.
- Burrow, A. L., Tubman, J. G., & Gil, A. G. (2007). Divergent patterns of sexual risk behaviors: Within group heterogeneity among African-American youth. *Journal of Community Psychology*, 35, 447-462.
- Burrow, A. L., Tubman, J. G., & Montgomery, M. J. (2006). Racial identity: Towards an integrated developmental psychological literature. *Identity: An International Journal of Theory and Research*, 6, 317-339.

C. RESEARCH PROJECTS ONGOING OR COMPLETED DURING LAST 3 YEARS

1999-2004 National Institute of Alcohol Abuse and Alcoholism. Co-Investigator: "Alcohol Treatment Targeting Adolescents in Need." R01 AA12180. PI: Eric F. Wagner. This study involves a randomized, clinical trial evaluating the efficacy of community-based Guided Self-Change Treatment for minority juvenile offenders who have alcohol problems.

2002-2007 National Institute of Alcohol Abuse and Alcoholism. Co-Investigator: "Treatment of Alcohol Problems for Violence Prone Youth." R01 AA13369. PI: Andres G. Gil. This study involves a randomized, clinical trial evaluating the efficacy of school-based substance abuse and violence intervention for multi-ethnic youth in alternative high schools.

2003-2008 National Institute of Alcohol Abuse and Alcoholism. Principal-Investigator: "HIV-Risk Reduction for Teens in Alcohol Treatment." R01 AA14322. PI: Jonathan G. Tubman. This study involves a randomized, clinical trial evaluating the efficacy of clinic-based HIV-risk reduction intervention for multi-ethnic youth undergoing outpatient treatment for alcohol and other drug abuse problems.

2005-2007 National Institute of Alcohol Abuse and Alcoholism. Principal-Investigator: "Treating Girls' Problems with Alcohol and Peer Violence." PI: Marilyn J. Montgomery. This study involves a randomized, clinical trial evaluating the efficacy of school-based AOD-risk reduction intervention for multi-ethnic girls attending public high schools in Miami-Dade County.

2004-2009 National Institute of Alcohol Abuse and Alcoholism. Co-Investigator: "Brief Intervention for Minority Adolescent Drinkers" R01 AA013825. PI: Eric F. Wagner. This study involves a randomized, clinical trial evaluating the effectiveness of a motivational interviewing (MI) intervention for reducing AOD-risk behavior among adolescents in the Miami-Dade County School system.

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Newman, Frederick L.		POSITION TITLE Professor	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
University of Massachusetts, Amherst, MA	Ph.D.	1966	Psychology
Kent State University, Kent, Ohio	M.A.	1963	Psychology
Allegheny College, Meadville, Pennsylvania	B.A.	1961	Psychology

A. Positions and Honors.**Positions and Employment**

1966 - 1969 Asst. Professor of Psychology, Statistics Laboratory, New Mexico State Univ., NM
 1969 - 1972 Assoc. Professor of Psychology, Psychology Dept., Univ. of Miami, Coral Gables, FL
 1971 - 1972 Fellow, Center for Advanced Study in the Behavioral Sciences, Stanford, CA
 1972 - 1979 Asst. Professor of Psychology in Psychiatry & Biostatistics in Community Medicine, Eastern Pennsylvania Psychiatric Institute, Univ. of Pennsylvania, PA
 1979 - 1981 Adjunct Asst. Professor of Psychology and Biostatistics in Psychiatry and Director of the Systems Research Unit, Eastern PA Psychiatric Institute, Univ. of Pennsylvania, Phila., PA
 1983 - 1984 Assoc. Professor of Psychiatry and Director of the Systems Research Unit, Eastern Pennsylvania Psychiatric Institute, Medical College of Pennsylvania, Philadelphia, PA
 1983 - 1986 Assoc. Professor of Psychiatry, Department of Psychiatry and Behavioral Sciences, Northwestern Memorial Hospital, Northwestern University.
 1986 - 1990 Assoc. Professor of Health Resources Mgmt., School of Public Health, Univ. of Illinois, Chicago
 1994 - 2002 Adjunct Professor, Dept. of Psych. & Behav. Sciences, Univ. of Miami School of Medicine, FL
 1994 - 2002 Senior Methodologist, Center for Family Studies, Dept. of Psychiatry & Behavioral Sciences, Univ. of Miami School of Medicine, Miami, FL
 1990-Present Professor of Health Policy & Management, Stempel School of Public Health, Florida International University, Miami, FL

Other Experience and Professional Memberships

1991-1996 Associate Editor, Journal of Consulting and Clinical Psychology
 2003 Associate Editor, Journal of Consulting and Clinical Psychology

Honors

1990 Fellow American Psychological Association:
 Division 5 (Evaluation, Measurement & Statistics),
 Division 12 (Clinical) & Division 29 (Psychotherapy)
 Fellow American Psychological Society [Charter]
 1967 Fellow AAAS
 1972 Fellow Center for Advanced Study in Behavioral Sciences
 Member Sigma Xi & Psi Chi at Florida International University
 1994 & 1999 Teaching Awards at Florida International University

1994 Research Award at Florida International University

B. Selected peer-reviewed publications (in chronological order).

1. Yates BT, **Newman FL**. Approaches to cost-effectiveness analysis and cost-benefit analysis of psychotherapy. In G. VandenBos (Ed.), *Psychotherapy: From practice to research to policy*. 1980. Beverly Hills, CA: Sage
2. **Newman FL**, Sorensen JL. *Integrated clinical and fiscal management in mental health*. 1985. Norwood, NJ: Ablex.
3. Kopta SM, Newman FL, MCGovern MP, Sandrock D. Psychotherapeutic orientations: A comparison of conceptualizations interventions and treatment plan costs. *Journal of Consulting and Clinical Psychology* 1986; 54: 369-374.
4. **Newman FL**, Kopta SM, MCGovern MP, Howard HI, McNeilly C. Evaluating trainees relative to their supervisors during the psychology internship. *Journal of Consulting and Clinical Psychology*, 1988; 56: 659-665.
5. **Newman FL**, Griffin BP, Black RW, Page SE. Linking level of care to level of need: Assessing the need for mental health care for nursing home residents. *American Psychologist* 1989; 44: 1315-1324.
6. Newman FL, Howard KI. Seeking new clinical research methods: Introduction to a special series. *Journal of Consulting and Clinical Psychology* 1991; 59: 8-11.
7. Uehara ES, Smukler M, **Newman FL**. Linking resources use to consumer level of need: Field test of the "LONCA" method. *Journal of Consulting and Clinical psychology* 1994; 62: 695-709.
8. **Newman FL**, Howard KI, Hohmann AA, Windle CD. Seeking new methods in mental health services research. *Journal of Consulting and Clinical Psychology* 1994; 62: 667-669.
9. Green RS, **Newman FL**. Criteria for selecting instruments for treatment outcome assessment. *Residential Children & Youth* 1996, 13, 29-48.
10. **Newman FL**, & Tejada M.J. The need for research designed to support decisions in the delivery of mental health services. *American Psychologist* 1996; 51: 1040-1049.
11. **Newman FL**, & Carpenter D. A primer on test instruments. In JF Clarkin & J Docherty (Section Eds.) *Psychologic and Biologic Testing: Issues for Psychiatrists*, In LJ Dickstein, MB Riba, & JM Odham (Volume Eds.) Annual Review of Psychiatry 1997; (16).
12. Butler SF, **Newman FL**, Cacciola JS, Frank A, Budman SH, McLellan AT, Ford S, Blaine J, Gasfriend D, Moras K, Salloum IM. Mathematical algorithms for deriving ASI interviewer severity rating. *Psychological Assessment* 1998; 4.
13. Green RS, **Newman FL**. Special Section: Total Quality Management in Behavior Health Care: Total Quality Management Principals Promote Increased Utilization of Client Oriented Data in Behavioral Health Care. *Evaluation and Program Planning* 1999; 22: 179-182.
14. Butler SF, Budman SH, Goldman RJ, **Newman FL**, Beckley KE, Trottier D, Cacciola JS. Initial Validation of a Computer-Administered Addiction Severity Index: The ASI-MV *Psychology of Addictive Behavior* 2001; 15: 4-12.
15. **Newman FL**, Saunders S, Feaster D. Equivalence to Normal? *Journal of Clinical Psychology* 2003; 59(7): 735-743.
16. Pantin H, Coatsworth JD, Feaster DJ, **Newman FL**, Briones E, Prado G, Schwartz SJ, Szapocznik J. Familias Unidas: The Efficacy of an Intervention to Promote Parental Investment in Hispanic Immigrant Families. *Prevention Science* 2004; 4(3): 189-201.
17. **Newman FL**, Ciarlo JA, Rugh D. Guidelines for selecting psychological instruments for progress and outcome assessment. In Mark Maruish (Ed.), *Use of psychological testing for treatment planning and outcome assessment (3rd Edition)* 2004. Hillsdale, NJ: Lawrence Erlbaum Associates.
18. **Newman FL**, Tejada MJ. Selecting statistical procedures for progress and outcome assessment: The analysis of group data. In Mark Maruish (Ed.) 2004. **Use of psychological testing for treatment planning and outcome assessment, (3rd Edition)**. Hillsdale, NJ: Lawrence Erlbaum Associates.
19. Feaster DJ, **Newman FL**, Rice C. Longitudinal analysis when the experimenter does not determine when treatment ends: What is dose-response? *Clinical Psychology & Psychotherapy* 2004; 10: 352-360.
20. Friedemann ML, **Newman FL**, Seff LR, Dunlop, BD. Planning for long-term care: Concepts, definitions, and measurement. *The Gerontologist* 2004; 44: 520-530.

21. DeCastro S, Sari N, Mills CG, **Newman FL**. Economic Evaluation of suicide prevention programs for young adults in Florida. *The Business Review*, Cambridge, 3 (1), 14-20.
22. Macgowen MJ, Newman FL. The factor structure of the Group Engagement Measure. *Social Work Research* 2005; 29: 107-118.
23. Beaulaurier RL, Seff LR, **Newman FL**, Dunlop B. Internal Barriers to Help Seeking for Middle Aged and Older Women who Experience Intimate Partner Violence. *Journal of Elder Abuse and Neglect* 2005; 17(3): 53-74.
24. Goodhart CD, et al. Evidence-Based Practice in Psychology. *American Psychologist* 2006; 61: 271-285.
25. Friedeman ML, Mayorgam C, **Newman FL**. (in press). Data quality management: an example in caregiver research. *Journal of Research in Nursing*.
26. Sari N, DeCastro S, **Newman F**, Mills G. (in press). Should We Invest in Suicide Prevention Programs? *Journal of Socio-Economics*.
27. Trepka, M. J., **Newman, F. L.**, Dixon, Z., & Huffman, F. G. (2007). Food safety among pregnant mothers in the Women, Infant, and Children Program, Miami, Florida. *Journal of Food Protection*, 70 (5), 1230-1237.
28. Beaulaurier RL, Seff LR, **Newman FL**, Dunlop B. (in press). External Barriers to Help Seeking for Middle Aged and Older Women who Experience Intimate Partner. *Journal of Elder Abuse and Neglect*.

C. Research Support

Ongoing Research Support

1 R01 AA13369 (PI: Gil) 8/1/2002 – 7/31/2007 NIAAA
 Treatment of Alcohol Problems for Violence Prone Youth
 The major objective is to evaluate the effectiveness of a brief motivational intervention targeting substance abusing and violent alternative school students. The study compares individual intervention and assessment-only conducted in alternative schools. Role: Co-Investigator

DA014260-02 (PI: De La Rosa) 9/30/2003 - 8/31/2006 (No \$ extension to 5/07)
 HIN/NCMHD
Latino HIV/AIDS Behavioral Science Center Training Grant
 Goal: Train & Assist Doctoral Students and Faculty to develop and write grants on Latino HIV/AIDS.
 Role: Faculty

R24 DA014260-02 (PI: De La Rosa) 5/1/2003 - 4/30/2008 NIDA
 Latino Substance Abuse Research Center Training Grant
 Goal: Train & Assist Doctoral Students and Faculty to develop and write grants on Latino Substance Abuse.
 Role: Faculty

57-12-787-00 (PI: Friedemann) 5/1/2004 - 4/30/2008 NIA
 Cultural, Family Patterns & Caregivers' Resource Use
 The study seeks to test a model of describing Caregiver use of formal and informal resources and how the model varies or does not vary across different family patterns and different ethnic groups. The survey will involve over 800 subjects in South Florida. Role: Co Investigator

2004-51110-02166 (PI: Trepka) 9/15/2004 - 9/14/2007 USDA
 Interactive Computer Food Safety Education Program for Women, Infants, and Children (WIC) Program Clients.
 This project will develop and contrast two educational interventions to help consumers to prevent food borne illness. One of the interventions employs an interactive learning paradigm (via a computer kiosk) and the other presents the same material but not interactively. Role: Co Investigator

Principal Investigator/Program Director (Last, First, Middle): PI Name:

1 R21 DA018870-01 (PI: Macgowan) 10/1/2004 - 9/30/2006 – 3/31/07 (No \$ extension to 5/07)
NIDA/NIAAA

Group Deviance, Group Leadership, and Teen AOD Outcomes.

This project examines the influence of conduct disorder (CD) in groups (i.e., proportion of CD among group members), disruptive behavior in group (i.e., antisocial behavior and deviancy training), and group leader behaviors (i.e., negative and positive) on changes in AOD use over time. This study tests whether the interactions of group leader behaviors with group disruptive behavior mediate changes in the trajectory of AOD behaviors over sessions and through follow-up. Role: Co Investigator

1 92933-FL-IY (PI: Newman) 10/01/06 – 9/30/08
NIJ

Testing a Model of Elder Mistreatment & Barriers to Help Seeking.

The project tests a model that was the result of a qualitative study involving 21 focus groups of women of a variety of ethnicities and ages (50 through 80+ years). A sample of over 450 elder women will respond to a questionnaire derived from the results of the qualitative study to test the model and the robustness of the model will be tested across the different race/ ethnicities that are prominent in South Florida (Hispanic, African American, and White – Non-Hispanic). Role: Principal Investigator and Methodologist.

Principal Investigator/Program Director (Last, First, Middle): Wagner, Eric

BIOGRAPHICAL SKETCHProvide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Andres G. Gil, Ph.D.		POSITION TITLE Associate Vice President for Research & Professor	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Florida International University	B.A.	1986	Sociology
Barry University	MSW	1988	Social Work
University of Miami	Ph.D.	1991	Medical Sociology

A. Positions and Honors

1986-1987 Social Worker, Mailman Center for Child Development, Medical School, University of Miami
 1987-1988 Social Worker, Pediatric Oncology, Jackson Memorial Hospital, University of Miami
 1990-1994 Review Committee for High Risk Youth Demonstration grants, Center for Substance Abuse Prevention (CSAP), SAMSHA.
 1991-1993 Research Assistant Professor, Department of Sociology, University of Miami
 1993-1994 Research Scientist, Western Consortium for Public Health, University of California, Berkeley
 1994-1996 Assistant Professor, School of Family Studies, University of Connecticut, Storrs
 1994-1997 Reviewer for the Child/Adolescent Development Risk and Prevention Review Committee, National Institute on Mental Health.
 1996-1999 Assistant Professor, and Associate Director for Research, College of Health & Urban Affairs, School of Social Work, Florida International University
 1999-2006 Associate Professor, College of Health & Urban Affairs, School of Social Work, Florida International University
 2002-2006 Clinical and Treatment Subcommittee, NIAAA Initial Review Group (AA-3)
 2002-present Associate Director, Community-Based Intervention Research Group (C-BIRG), Florida International University
 2005-2006 Director of Research Development, College of Health & Urban Affairs, Florida International University
 2005-present Member, NIH Special Emphasis Panel (ZRG1 RPHB-H 90) – Addictions: Prevalence Risk and Risk Reduction
 2006-present Professor, School of Social Work, Florida International University
 2006-present Associate Vice President for Research Development, Florida International University

Honors

1990 Minority Research Fellowship, National Institute on Drug Abuse

B. Peer-Reviewed Publications (Selected and Last 3 Years)

Gil, A. G., Vega, W. A., & Dimas, J. (1994). Acculturative stress and personal adjustment among Hispanic adolescents. Journal of Community Psychology, 22, 43-54.
 Vega, W. A., Zimmerman, R. S., Warheit, G. J., Gil, A. G., & Sokol-Katz, J. (1994). The role of cultural factors in mental health problems of Hispanic adolescents. In C. A. Telles & M. Karno (Eds.), Mental disorders in Hispanic populations: The current state of research. Rockville, MD: National Institute on Mental Health.
 Warheit, G. J., Biafora, F. A., Zimmerman, R. S., Gil, A. G., Vega, W. A., & Apospori, E. (1994). self-rejection/ derogation, peer factors, and alcohol, drug, and cigarette use among a sample of Hispanic, African American, and White Non-Hispanic adolescents. International Journal of the Addictions, 30: :97-116.
 Zimmerman, R. S., Vega, W. A., Gil, A. G., Warheit, G. J., & Apospori, E. (1994). Who is Hispanic? Definitions and consequences. American Journal of Public Health, 84(12): 1985-1987.

Principal Investigator/Program Director (Last, First, Middle):

Wagner, Eric

- Apospori, E., Vega, W. A., Zimmerman, R. S., Warheit, G. J., & Gil, A. G. (1995). A longitudinal study of conditional effects of deviant behavior on drug use among three racial/ethnic groups of adolescents. In H. B. Kaplan (Ed.), Drugs, crime, and other deviant adaptations: Longitudinal studies. New York: Plenum Press.
- Vega, W. A., Khoury, E. L., Zimmerman, R. S., Gil, A. G., & Warheit, G. J. (1995). Cultural conflicts and problem behaviors of Latino adolescents in home and school environments. Journal of Community Psychology, *23*: 167-179.
- Zimmerman, R. S., Khoury, E. L., Vega, W. A., Gil, A. G., & Warheit, G. J. (1995). Teacher and parent perceptions of behavior problems among a sample of African American, Hispanic, and non-Hispanic White students. American Journal of Community Psychology, *23*: 181-197.
- Gil, A. G., & Vega, W. A. (1996). Two different worlds: Acculturation stress and family conflicts among Cuban and Nicaraguan families. Journal of Social and Personal Relationships, *13*(3), 437-458. Special issue "Different paths, different voices: Rethinking the development of families over the life course."
- Warheit, G. J., Zimmerman, R. S., Khoury, E. L., Vega, W. A. & Gil, A. G. (1996). Disaster related stress, depressive signs and symptoms, and suicidal ideation among a multi-racial/ethnic sample of adolescents: A longitudinal analysis. Journal of Child Psychology, and Psychiatry, *36*, 1-10.
- Khoury, E. L., Warheit, G. J., Zimmerman, R. S., Vega, W. A., Gil, A. G. (1996). Gender and ethnic differences in the prevalence of alcohol, cigarette, and illicit drug use over time in a cohort of young Hispanic adolescents in South Florida. Women and Health, *24*(1): 21-40.
- Warheit, G. J., Vega, W. A., Elfenbein, P. R., Gil, A. G., Zimmerman, R. S. (1996). A comparative analysis of cigarette, alcohol, and illicit drug use among an ethnically diverse sample of young adolescents. Journal of Drug Issues, *26*(4): 901-922.
- Gil, A. G., Warheit, G. J., Vega, W. A., & Biafora, F. (1998). Temporal influences of family structure and family risk factors on drug use initiation in a multiethnic sample of adolescent boys. Journal of Youth and Adolescence, *27*(3), 373-393.
- Vega, W. A., & Gil, A. G. (1998). Drug use and ethnicity in early adolescence. New York: Plenum Publishing.
- Gil, A. G., Wagner, E. F., & Vega W. A. (2000). Acculturation, familism, and alcohol use among Latino Adolescents: Longitudinal relations. Journal of Community Psychology, *28*(4), 443-458.
- Vega, W. A., & Gil, A. G. (1999). A Model for Explaining Drug Use Behavior Among Hispanic Adolescents. Drugs and Society, *14*, 55-73.
- Gil, A. G., Tubman, J., & Wagner, E. F. (2001). Substance abuse interventions with Hispanic adolescents: A cultural framework. In E. F. Wagner & H. B. Waldron (Eds.), Innovations in adolescent substance abuse interventions (pp. 351-375). New York: Pergamon Press.
- Gil, A. G., & Vega, W. A. (2001). Latino drug use: Scope, risk factors, and reduction strategies (pp.435-459). In M. Aguirre-Molina, C. W. Molina, & R. E. Zambrana (Eds.), Health issues in the Latino community. San Francisco, CA: Jossey-Bass.
- Gil, A. G., Vega, W. A., Turner, R. J. (2002). Early and mid-adolescence risk factors for later substance abuse by African Americans and European Americans. Public Health Reports, *117*, S15-S29.
- Turner, R. J., & Gil, A. G. (2002). Psychiatric and substance use disorders in South Florida: Racial/Ethnic and gender contrasts in a young adult cohort. Archives of General Psychiatry, *59*, 43-50.
- Vega, W. A., Gil, A. G., & Kolody, B. (2002). What do we know about Latino drug use? Methodological evaluation of State databases. Hispanic Journal of Behavioral Sciences, 395-408.
- Wagner, E. F., Lloyd, D. A., Gil, A. G. (2002). Racial/ethnic and gender differences in the incidence and onset age of DSM-IV alcohol use disorder symptoms among adolescents. Journal of Studies on Alcohol, *63*, 609-619.
- Tubman, J. G., Wagner, E. F., Gil, A. G., & Kerenza, P. N. (2002). Brief motivational intervention for substance-abusing delinquent adolescents: Guided self-change as a social work practice innovation. Health & Social Work, *27*, 208-212.
- Tubman, J. G., Gil, A. G., Wagner, E. F., & Artigues, H. (2003). Patterns of sexual risk behaviors and psychiatric disorders in a community sample of young adults. Journal of Behavioral Medicine, *26*, 473-500.
- Gil, A. G., Wagner, E. F., & Tubman, J. G. (2004). Young adult consequences of early adolescent substance use: Substance use and psychiatric disorders in a multiethnic sample of males. American Journal of Public Health, *94*(9), 1603-1609.
- Wagner, E. F., Tubman, J. G., & Gil, A. G. (2004). Implementing school-based substance abuse interventions: Methodological dilemmas and recommended solutions. Addiction, *99*, 106-119.
- Tubman, J. G., Gil, A. G., Wagner, E. F. (2004). Co-occurring substance use and delinquent behavior during early adolescence: Emerging relations and implications for intervention strategies. Criminal Justice and Behavior, *31*, 463-488.
- Gil, A. G., Wagner, E. F., Tubman, J. G. (2004). Culturally sensitive substance abuse intervention for Hispanics and African-American adolescents: Empirical examples from the ATAIN project. Addiction, *99*, 140-150.
- Vega, W. A. & Gil, A. G. (2005) Revisiting drug progression: Long range effects of tobacco use. Addiction, *100*, 1358-1369.
- Gil, A. G. (2005). Drug abuse in the Latino population in the United States. In S. Oboler & D. J. Gonzalez (Eds.), The Oxford Encyclopedia of Latinos and Latinas in the United States. New York: Oxford University Press.

Principal Investigator/Program Director (Last, First, Middle): Wagner, Eric

Riveaux, S.L., Springer, D.W., Bohman, T., Wagner, E.F. & Gil, A.G. (2006). Differences among substance abusing Latino, Anglo and African American juvenile offenders in predictors of recidivism and treatment outcome. Journal of Social Work Practice in the Addictions, 6, 5-29.

Burrow, A.L., Tubman, J.L. & Gil, A.G. (2007). Heterogeneity in patterns of risk behaviors among African-American youth: Associations with general and race specific factors. Journal of Community Psychology, 35, 447-462

C. Research Support

“Treatment of Alcohol Problems for Violence Prone Youth”

Principal Investigator: Andres Gil, Ph.D.

Agency: NIAAA

Type: R01 Period: 8/1/2002 to 7/31/2007

Project is a randomized clinical trial evaluating the efficacy of a school-based substance abuse and violence intervention for multiethnic youth in alternative high schools.

“Drug Use Trajectories: Ethnic/Racial Comparisons”

Principal Investigator Andres Gil, Ph.D.(2/2002-12/2002)

Role: Co-Investigator

Agency: NIDA

Type: R01 Period 11/1996 to 12/2004.

Project continues the longitudinal study of risk and protective factors for substance use and delinquency among a multiethnic cohort of public school students that have been followed from entrance into middle school in 1991 through the transition to adulthood four years graduation from high school.

“Alcohol Treatment Targeting Adolescents in Need”

Principal Investigator: Eric F. Wagner, Ph.D.

Role: Co-Investigator

Agency: NIAAA

Type: R01 Period: 9/1999 to 8/2005.

Project is a randomized clinical trial evaluating the efficacy of a community-based substance abuse treatment for juvenile offenders of African American and Hispanic/Latino backgrounds.

“HIV Risk Reduction for Teens in Alcohol Treatment”

Role: Co-Investigator

Agency: NIAAA

Type: R01 Period: May 2003 to April 2008

Project consists of a randomized clinical trial testing a brief add-on HIV-risk reduction intervention with a multicultural sample of sexually active adolescents in outpatient treatment for alcohol and other drug (AOD) use problems.

RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Office and research space is available in the University for proposed research activities.

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.

ITEMS A-D NOT TO EXCEED 15 PAGES.

Older Latina women (henceforth “older Latinas”) are one of the least studied American demographic groups. Although HIV and AIDS have been increasing dramatically in this population, there has been little empirical exploration of how risk and protective factors may be impacted by culture and age. Although sexual transmission is by far the most common route for infection, very little is known about the sexual activities of older Latina women, nor even how to engage in discussion about such issues with this population, which is notoriously silent about such behavior. This study will pioneer approaches to engaging in discussion about sex and sexuality with older Latina women. In the process it will investigate, risk and protective behaviors and knowledge about risk and the spread of the virus. Researchers will gain insight into language, expressions and messages that are most appropriate for the discussion of sex and sexuality. This information will be useful for shaping future research efforts, as well as for immediate use in prevention messages and information packages.

A. SPECIFIC AIMS

Research Specific Aims: This study will seek to understand risk and protective factors related to HIV/AIDS in older Latina women within the context of Latino cultural traditions and acculturation.

1) Identify the most culturally and generationally appropriate ways for discussing sex, sexuality and HIV risk related behaviors with older Latina women.

2) Identify and document mechanisms by which aspects of culture and immigration influence the attitudes and self reported behaviors of Older Latinas.

3) Document sexual attitudes and behaviors that may put Latina women at risk, or serve as protective factors, for HIV/AIDS.

PI's Developmental Objectives:

1) Develop sufficient understanding of aspects of culture, language and expressions that can be used with older Latina women to drive the development of survey and protocol development for subsequent research efforts.

2) Develop a grounded theory model of risk and protective factors for older Latina women that is testable using advanced factor analytic and structural equation modeling (SEM) techniques.

3) Develop sufficient understanding and proficiency in SEM to develop and submit an SC1 or R01 proposal in year three of this study that will test a model developed from phase two of this study.

Dr. Beaulaurier's long term goal is for this line of research to progress to the point where a clinical trial to test a prevention program for older Latinas can be developed.

B. BACKGROUND AND SIGNIFICANCE

Institutional Data.

Florida International University is the public, urban research university in Miami. FIU's strategic themes include Health and Diversity. FIU opened in 1972 and today has more than 38,000 students (Table 1) enrolled in 200+ bachelor's, master's and doctoral programs in 17 colleges and schools, making it the largest university in South Florida. The student body is almost 59% Hispanic, over 13% Black, and 0.14% Native American (Table 1). The proportion of Hispanic students has increased from 52% in 2002 to 59% in 2006 and the number of Black students has also increased although the proportion of Black students has remained stable (Tables 1, 2 & 3). FIU ranks 3rd in granting bachelor's degrees to minorities and 10th in granting master's degrees to minorities according to *Diverse Issues in Higher Education* (31 May, 2007). FIU has two major campuses, the 344-acre University Park Campus and the 200-acre Biscayne Bay Campus, and a major research facility, the 40-acre Engineering Center. FIU emphasizes research in its mission. Sponsored research funding from external sources for the year 2005-2006 totaled \$92 million. The total number of faculty and of underrepresented minority faculty from departments relevant to biomedical research (Table 4) participating in funded research are as follows: Biological Sciences, 30/6; Biomedical Engineering, 8/1; Chemistry & Biochemistry, 15/2; Computer Science, 9/0; Dietetics & Nutrition, 5/0; Mechanical & Materials Engineering, 11/1; Nursing, 13/0; Physics, 13/0; Psychology, 8/0; Health Promotion & Disease Prevention, 4/2; Health Policy & Management, 2/0; Epidemiology/Biostatistics, 6/1; Environmental Health & Occupational Health, 0/0 and Health Sciences 0/0. FIU plans to welcome its first medical school class in 2009. Other FIU achievements include being the youngest university to have been awarded a chapter of Phi Beta Kappa and being ranked among the best values in public higher education in *Kiplinger's Personal Finance* magazine's 2007 survey.

	ASIAN	Black	HISPANIC	NATIVE AMERICAN	NON-RESIDENT	WHITE	NOT REPORTED	TOTAL ENROLLED
2006/07	1511 3.97%	5011 13.16%	22348 58.69%	52 0.14%	1977 5.19%	6735 17.69%	444 1.17%	38,078

MAJOR	BLACK	HISP. AMER.	NATIVE AMER.	ASIAN	OTHER	WHITE	TOTAL
BIOLOGY							
2006/07	2 1.71%	23 19.66%	0 0.00%	6 5.13%	20 17.09%	66 56.41%	117
BIOMEDICAL ENGINEERING							
2006/07	3 4.76%	16 25.40%	0 0.00%	8 12.70%	25 39.68%	11 17.46%	63
CHEMISTRY							
2006/07	7 9.46%	11 14.86%	0 0.00%	5 6.76%	39 52.70%	12 16.22%	74
COMPUTER SCIENCE							
2006/07	1 0.78%	40 31.25%	0 0.00%	12 9.38%	61 47.66%	14 10.94%	128
DIETETICS & NUTRITION							
2006/07	4 7.84%	14 27.45%	0 0.00%	2 3.92%	8 15.69%	23 45.10%	51
PHYSICS							
2006/07	2 5.88%	11 32.35%	0 0.00%	2 5.88%	16 47.06%	3 8.82%	34
PSYCHOLOGY							
2006/07	16 8.99%	76 42.70%	0 0.00%	4 2.25%	20 11.24%	62 34.83%	178

MAJOR	BLACK	HISP. AMER.	NAT. AMER.	ASIAN	OTHER	WHITE	TOTAL
BIOLOGY							
2006/07	238 13.38%	1147 64.47%	1 .06%	116 6.52%	29 1.63%	248 13.94%	1779
BIOMEDICAL ENGINEERING							
2006/07	30 12.45%	143 59.34%	0 0.00%	25 10.37%	10 4.15%	33 13.69%	241
CHEMISTRY							
2006/07	64 15.69%	247 60.54%	0 0.00%	29 7.11%	14 3.43%	54 13.24%	408
COMPUTER SCIENCE							
2006/07	144 13.90%	592 57.14%	2 0.19%	56 5.41%	75 7.24%	167 16.12%	1036
DIETETICS & NUTRITION							
2006/07	23 12.11%	96 50.53%	0 0.00%	7 3.68%	9 4.74%	55 28.95%	190
HEALTH SCIENCES							
2006/07	145 15.80%	578 62.96%	1 0.11%	40 4.36%	16 1.74%	138 15.03%	918
PHYSICS							
2006/07	5 7.81%	43 67.19%	0 0.00%	1 1.56%	2 3.13%	13 20.31%	64
PSYCHOLOGY							
2006/07	287 14.11%	1349 66.32%	0 0.00%	40 1.97%	42 2.06%	316 15.54%	2034
<i>Note: Biomedical Engineering BS program started fall 2002; PhD program started fall 2004</i>							

	BLACK	HISPANIC AMER.	NATIVE AMER.	ASIAN	WHITE	TOTAL
2006/07	18 7.06%	27 10.59%	1 0.39%	48 18.82%	161 63.14%	255

Study Background:

This study will take place in Miami County in Florida (henceforth "Miami"). This is one of the first in-depth qualitative studies of older Latinas to examine Latino cultural traditions, acculturation and the attitudes and behaviors regarding sexual practices of older Latinas, the principal mechanism by which they contract HIV.

Latinas and HIV/AIDS: Scope of the problem

As of 2002 there were an estimated 77,000 Latinos living with AIDS, and an additional 13,000 Latinos living with HIV (Centers for Disease Control, 2002) The number of Latinos living with HIV/AIDS increased by an estimated 35% between 2000 and 2003. South Florida has a high concentration of HIV/AIDS. Miami and Ft. Lauderdale rank third and fourth respectively among U. S. cities in cases of AIDS in adults and adolescents (Centers for Disease Control, 2003). The region also hosts large Latino populations. The proportion of AIDS cases in Latinos in South Florida (16%) is about twice the national average according to the CDC and the Broward County Health Department (Centers for Disease Control, 2003).

Thirty-five percent of all people diagnosed with AIDS after age 50 in Miami were Hispanic, while under 17% of Hispanics nationwide were diagnosed after 50 (Centers for Disease Control, 2004). This is due primarily to the large number of Latino populations from virtually every part of Latin America who reside here, rather than an over-representation of older Latinos with the virus. The high concentration of Latino elderly in this area and the concentration of populations that have traditionally been studied as well as those that have not by US researchers makes Miami is an ideal location to study HIV/AIDS in among older Latinos.

As with other populations, the most common transmission category for Latinos was male-to-male (Centers for Disease Control, 2003). Heterosexual contact is the second most common transmission route for all Latinos and the most common transmission

route for Latinas. As many as 75% of Latinas living with HIV/AIDS acquired the disease through heterosexual contact (Centers for Disease Control, 2003).

The proportion of Latinas (compared to male Latinos) with AIDS has been rising steadily. Latinas make up approximately 25% of the total number of Latinos with AIDS (Centers for Disease Control, 2003), and as many as 20% of all women ever diagnosed with the disease (Zambrana, Cornelius, Boykin, & Lopez, 2004). Among Latinas infected with the virus, percentage 55 and older has risen to 7-8% (Centers for Disease Control, 2002).

Rates of HIV/AIDS among the aging in South Florida

The three largest counties in South Florida are all ahead of the national trend. Seniors range from 13 to 16% of all reported cases of AIDS (Broward County Health Department: www.browardchd.org/Services/AIDS/aidsinseniors.htm) as compared to 11% of reported AIDS cases nationally. Locally and nationally these proportions have increased steadily over time (Coleman, 2003; Poindexter & Keigher, 2004). By the end of 2000, more than 90,000 people over the age of 50 had been reported with AIDS (Keigher, Stevens, & Plach, 2004). CDC estimates that there was a 72% increase between 2000 and 2003 in the number of people over 55 living with HIV/AIDS (Centers for Disease Control, 2003). In Florida nearly two thirds of all reported cases of AIDS in seniors were Black or Hispanic (Centers for Disease Control, 2004).

There has been a sharp rise in the number of infections resulting from heterosexual contact (Coleman, 2003; Emler & Farkas, 2001). Injection drug use remains a small proportion among older Latinas, accounting for just 5% of cases nationally and locally (Centers for Disease Control, 2004). Heterosexual contact is the most prevalent form of transmission, and has the most serious consequences for senior women, as will be discussed further below (Emler & Farkas, 2002; Theall, Elifson, Sterk, & Klein, 2003).

Older Latina Women and HIV/AIDS

"Women are the fastest growing population infected with HIV. They are more impoverished, less healthy and they succumb to AIDS faster than men" (Keigher et al., 2004). In 1986, women accounted for less than 7% of AIDS cases. By 1999, 23% of AIDS cases and almost one third of new HIV cases were women (Wingood, 2003). By the end of 2003 more than one-quarter of AIDS cases were in women (Centers for Disease Control, 2003). In 1994 women over 50 comprised eight percent of the total number of women with AIDS. By 2000 this proportion had almost doubled, to 15% (Centers for Disease Control, 2000).

Latinas comprise about 20% of women diagnosed over 50, a smaller percentage than either their White or Black non-Hispanic counterparts (26% and 53% respectively). Nevertheless, in Miami, Latinas comprise 24% of all women diagnosed over 50. More than three times as many Latinas over the age of 50 have been diagnosed with AIDS as White non-Hispanic women in the Miami area. By far the most prevalent route of transmission for these women was heterosexual contact (49%) with the next most prevalent route being "unknown" (42%). Together these two categories accounted for 91% of cases (Centers for Disease Control, 2004).

The particular risk of HIV infection among older individuals

CDC estimates that at least two-thirds of all women over the age of 50 who contract AIDS were exposed during heterosexual contact (Centers for Disease Control, 2004). Transmission is at least 2 to 4 times as efficient in women as in men (Türmen, 2003). During and after menopause vaginal tissue tends to become dryer and more prone to tearing. This may increase the risk of viral entry in post menopausal women (Mack & Bland, 1999; Savasta, 2004). Moreover, problems related to male partners' ability to maintain erection may make condoms difficult to apply or retain. Emler and Farkas (2001) note that post menopausal women tend to forego the use of condoms during sex since they are no longer at risk for pregnancy and tend not to see themselves as at risk for HIV. They found that most sexually active seniors had exposure to blood products. Erectile dysfunction drugs may exacerbate the problem, since they may increase the propensity of older persons to engage in unprotected sex (Savasta, 2004).

Seniors generally do not see themselves as a high risk group (Falvo & Norman, 2004; Rogers-Farmer, 1999; Topolski, Gotham, Klinkenberg, O'Neill, & Brooks, 2002). As few as one quarter of older adults between 55-64 have been tested for HIV/AIDS, and rarely at their own request. Studies indicate that many perceive low risks, even when those who engage in risky behaviors. Many are not clear about how HIV/AIDS is contracted nor prevented (Mack & Bland, 1999; Topolski et al., 2002). Older women tend to feel their risk is low (Henderson et al., 2004; Theall et al., 2003).

In fact, due to a natural weakening of the immune system with age, as well as the presence of other chronic health conditions, HIV tends to convert more rapidly to AIDS in seniors. The disease also tends to progress more rapidly than younger populations (Coleman, 2003; Emler & Farkas, 2002; Nokes et al., 2000; Strombach & Levy, 1998). Moreover, clinicians often do not expect HIV/AIDS in older persons, so symptoms often go misdiagnosed, undiagnosed or diagnosed late (Emler & Farkas, 2001, 2002; Hillman, 2000, chap 6; Wooten-Bielski, 1999), and the transmission risks are higher in older women (Mack & Bland, 1999; Savasta, 2004).

Latino Cultural values and attitudes : Impact on gender role and Latina sexuality

Several of cultural values and attitudes prevalent among latino populations may have an impact on sexual and risk related behaviors of older Latinas, in particular traditional gender roles, homophobia, "simpatia," allocentrism and "familismo."

Gender roles

Traditional Latino gender roles have been described as a contrast between "machismo" and "marianismo," describing male and female roles respectively. Machismo is associated with positive traits such as being a good provider, strength, bravery and responsibility. Several aspects of machismo also appear to constitute risk factors for HIV/AIDS. Men are expected to have considerable sexual experience, which may be expressed through sexual activity with multiple partners (B. V. O. Marin, 2003; B. V. O. Marin & Gomez, 1998). West (2001) notes that some male Latinos may feel that siring children, even outside their primary relationship, enhances their feelings of machismo, and hence they may eschew the use of condoms.

Women are expected to be sexually unaware, and to defer to their partners on all matters sexual. Women who assert themselves with regard to the use of condoms, or even discuss sex and sexuality may appear promiscuousness (Blasini-Caceres & Cook, 1997; B. V. O. Marin & Gomez, 1998; Salabarría-Pena, Lee, Montgomery, Hopp, & Muralles, 2003). West (2001) noted that many Latinas in her study indicated that departures from traditional sex roles (such as knowledge of sex, or actual or perceived promiscuity) would be considered a lack of respect for their partner, and an affront to his machismo. Marin and Gomez (1998) have called the extreme privacy and reluctance to discuss sex and sexuality "sexual discomfort."

Traditionally, married Latinas are dependent on their husbands economically. Statistically Latinas are less likely than their non-Hispanic White and Black counterparts to work outside the home. Research with younger Latinas suggests that when women are unemployed, more traditional (with regard to acculturation), less educated or poorer they have a more difficult time negotiating safer sex or condom use with their partners (Bowleg, Belgrave, & Reisen, 2000; Dixon, Antoni, Peters, & Saul, 2001; Salabarría-Pena et al., 2003; Saul et al., 2000).

Latinas who are married and/or monogamous have tended believe that they are not vulnerable regarding HIV (Newcomb et al., 1998). Nevertheless, Sabogal and Catania note that married Hispanic men are actually more likely to have multiple partners outside their primary relationship, and that Latina women are less likely to use condoms or other forms of safer sex (Sabogal & Catania, 1996). Expectations Latina sexual innocence combined with male expectations of prowess and experience increases the chances that even monogamous women may be at risk (Saul et al., 2000).

Stigma attached to sexual knowledge and an actual lack of knowledge about HIV risks and risk behaviors may be related to the high percentage of older Latinas infected with the virus who report that they do not know how they acquired the virus. Ironically, some acculturated younger Latinas have been found to seek multiple sexual partners of their own in the process of rejecting traditional gender roles (Salabarría-Pena et al., 2003; West, 2001). It is unclear whether acculturation is related to a net gain or loss regarding risk and protective factors.

Homophobia

As previously noted the largest number HIV infections among Latinos are the result of men having sex with men (MSM), although many Latino MSM may not consider themselves "gay." A higher proportion of Latino MSM have bisexual relationships and/or are married than non-Latino MSM (Diaz, Ayala, & Bein, 2004; Zea, Reisen, & Diaz, 2003). The homophobia of traditional Latino cultural traditions may make Latino MSM very reluctant to reveal their activities to female partners or other members of their families (B. V. O. Marin & Gomez, 1998, Zea, 2003 #1804). The reluctance of men to acknowledge MSM activity, may call into question the feelings of safety in monogamy that Latina women have expressed. This may help to explain why 42% of older Latinas with AIDS report that they do not know how they acquired the virus.

Simpatia refers to the high value placed on harmonious social relations in traditional Latino households. Since HIV/AIDS is associated with activities that many people in traditional Latino cultural contexts consider abhorrent (i.e. homosexuality, female promiscuity and drug use) it can be very difficult to discuss or disclose such activities or the risks they engender (Brown & Sankar, 1998; B. V. O. Marin & Gomez, 1998). The concept of *simpatia* is associated closely with the notion of "*respeto*," (respect). One of the ways in which women show "*respeto*" for their husbands, and maintain *simpatia* in the household is by deferring to him, and (B. V. O. Marin, 2003; B. V. O. Marin & Gomez, 1998). In a study of younger Latinas, this form of respect for husbands was one of the most important ways that Latinas distinguished themselves from non-Latinas, whom they often saw as disrespectful toward their men (West, 2001).

Familismo It is difficult to overemphasize the importance of the family in traditional Latino cultural contexts. In many Latino communities in the US, it is expected that unmarried children—especially women—will live at home until they marry. When children do move out of the family home, they often try to move close to their parent's homes. Adult children are expected to communicate with their elders and siblings virtually every day. The family remains the principal source of support and association for life. Thus, familial relationships that in Anglo society are more closely associated with childhood are expected to last a lifetime (Galanti, 2003). Zea et al

(2003) emphasizes that traditional Latinos are allocentrically oriented toward their family and community. Members may see their actions reflecting on family and extended families rather than merely on themselves. This may manifest as a powerful inhibition about revealing sexual activity or identity that might bring shame to the family.

These feelings may be intensified by religion. Traditionally, most Latinos are Catholic, a faith with a high degree of emphasis on the family and family life, but also characterized by paternalism and intolerance toward homosexuality and female promiscuity. The fastest growing protestant religions among Latinos are Fundamentalist and Pentacostal faiths that also hold these attitudes.

Such attitudes, in combination with *simpatía*, *respeto* and *familismo*, may combine to create context of what Marin (2003) has called "sexual silence" about sexual orientation and sexual relations. Open discussion of sex, sexuality and the risks that they may engender is difficult or impossible, especially for women within traditional Latino cultural contexts.

Acculturation

Acculturation has become increasingly important for understanding a variety of social and health behaviors of immigrant populations (De La Rosa, 2002). The overwhelming trend seen in this research suggests that acculturation is positively correlated with social and health problems, such as delinquency (Samaniego & Gonzales, 1999), violence (Caetano, Schafer, Clark, Cunradi, & Raspberry, 2000), alcohol abuse and dependency (Caetano & Clark, 2003; Gilbert, 1991; Markides, Ray, Stroup-Benham, & Trevino, 1988; Vega, Alderete, Kolody, & Aguilar-Gaxiola, 1998), and mental health (Vega, Kolody et al., 1998). Nevertheless, the relationship between acculturation and protective factors for HIV/AIDS is not clear. Adherence to traditional Latino values for women, such as monogamy, and reluctance to engage in sexual activity with multiple partners may serve as protective factors for avoiding HIV infection. Newcomb et al. (1998) found that acculturated Latinas were more likely to engage in risky sexual activity, but were not more knowledgeable about risks and were not more likely to take precautions. Other studies have found a positive correlation between acculturation and knowledge about HIV/AIDS (B. V. Marin & Marin, 1990). West (2001) found a relationship between acculturation and HIV risk, both acculturation and lack of acculturation carried risks.

Socio-economic Risk factors associated with HIV/AIDS among Latino women

Poverty and has long been associated with HIV/AIDS risk. Latinos are almost twice as likely to be poor and have less than an eighth grade education than non-Hispanic Whites (Brown & Sankar, 1998). Latinos over the age of 65 have the highest rate of poverty of any ethnic group (Applewhite & Torres, 2003). Both factors contribute to the overall lower socio-economic status of Latinos, and both have been associated with poorer health (Brown & Sankar, 1998). This may be related to a lack of concern for one's self and increased vulnerability and increased willingness to engage in behaviors that put them at risk for HIV (De La Rosa, 2001, 2002; B. V. O. Marin, 2003). Poor health can speed of conversion from HIV to AIDS as well as compress the disease trajectory (Mack & Bland, 1999; Savasta, 2004). This process is particularly true of older women (Coleman, 2003; Emler & Farkas, 2002; Nokes et al., 2000; Strombach & Levy, 1998).

Two studies have found that some younger Latina subpopulations are less likely to use condoms if they are unemployed (Dixon et al., 2001; Ickovics et al., 2002). Older Latinas experience a very high rate of who are un- and underemployed (<http://www.bls.gov/opub/gp/gpsec2.htm> accessed Jan 2005).

Sexuality in older women.

Many authors have commented on pervasive ageist attitudes with regard to sex and sexuality of older people, and older women in particular (Campbell & Huff, 1995; Crose & Drake, 1993; Hillman, 2000; Kaye, 1993; Mack & Bland, 1999). Kaye notes that it is neither necessary nor automatic that sexual activity decline with age (Kaye, 1993). A national study on the sexuality of seniors indicated that at least half of all seniors over 60 report being sexually active, and 39% would like to have sex more frequently. Among those not satisfied with their sex-lives, medications and physical condition or access to a partner were common reasons. Only a small portion of those with partners reported less interest in sex (15%) and very few respondents reported wanting less sex (4%), (NCOA: <http://206.112.84.147/content.cfm?sectionID=109&detail=134> downloaded 12/21/03). These findings are consistent with other studies indicating that a high proportion of older people engage in regular sexual activity well into old age (Falvo & Norman, 2004; Johnson, 1998; Matthias, Lubben, Atchison, & Schweitzer, 1997; Walker & Ephross, 1999).

Sex and sexuality are increasingly being marketed to older people in what Kingsberg has called the "Viagrization of America." While therapy for erectile dysfunction most targeted at men, advances in cosmetic surgery, post menopausal treatments, and other medical interventions target enhancing sex and sexuality of older women (Kingsberg, 2002).

Information on the transmission of HIV/AIDS and other STDs has not generally accompanied information on sexuality even in academic reports. Although there are exceptions (Hillman, 2000), Clinical literature on senior sexuality makes scant mention of safer sex practices or the risk for contracting HIV/AIDS. The health and "quality of life" benefits of sexuality in later life are much more likely to be addressed than risks (Gelfand, 2000; Kaye, 1993; Kingsberg, 2002; Matthias et al., 1997; Walker & Ephross, 1999).

Physicians, social workers, psychologists and other clinicians are often reluctant to discuss sex and sexuality with older patients due to the same cultural or customary barriers experienced by the lay public (Hillman, 2000; Sankar, Luborsky, Songwantha, & Rawbuhemba, 1998). This may well be true of the research community as well. No studies focusing on the sexuality of older Latina women were identified.

Conceptual Framework: Sexual Scripting

The theory of sexual scripting describes how individuals determine when, how and under what circumstances they it is appropriate to engage in sexual behavior. (Carpenter, 1998; Simon & Gagnon, 1999). Three levels of sexual scripts, cultural, interpersonal and intrapsychic are described by the theory. Cultural scripts function as a kind of guideline that indicates when, where, how and with whom it is culturally appropriate to engage in, or even discuss, sex and sexuality (Carpenter, 1998). Cultural scripts tend to be general and abstract. Such scripts are likely to be come in to conflict with concrete situations and interactions in any complex society (Simon & Gagnon, 1999). This necessitates the creation of an interpersonal level of script that reconciles cultural norms with practical situations and interactions with others. Finally, interpsychic scripts, constitute fantasies, desires and a kind of "inner rehearsal" of sexual scenarios and potential outcomes (Simon & Gagnon, 1999).

This framework serves to highlight what is *not known* about the sexuality of older Latinas, to wit, there are no appropriate cultural scripts for older Latinas. Indeed, the greater reticence about sex and sexuality of older persons in Latino culture may be reflected in the title of a popular book on the topic. Butler and Lewis' *Love and Sex After 60*, has been translated as *Love and sex After 40* (emphasis added) in Spanish (Butler & Lewis, 1988a, 1988b). There have been no studies of the interpersonal and intrapsychic approaches older Latinas use to reconcile their behavior with the lack of a cultural norm.

Simon and Gagnon suggest that in most complex societies, individuals modify their sexual behaviors in ways that are not envisioned by what is generally considered culturally appropriate. This is particularly true the USA, where cultures regularly butt up against each other. In such societies they suggest there are "substantially fewer shared meanings" and "profound disjunctures of meaning between distinct spheres of life" (Simon & Gagnon, 1999, p 30). Indeed the concept of the "*acculturation*" and "*partial acculturation*" imply cultures mixing (Emmers-Sommer & Allen, 2005, chap. 5). This is thought to form a new set of shared or partially shared meanings, some from the traditional culture and some from the host culture. It may be that many older Latinos perceive these cultural factors to be in flux with regard to their lives in the United States. Although older Latinos have not been studied, younger Latino populations that have been studied tend to regard their the host culture as relatively more open about sex and sexuality, especially with regard to homosexual activities (Diaz et al., 2004; West, 2001; Zea et al., 2003). Given the high degree to which sexuality enhancing products are being advertised in the US, including through Spanish language channels, it seems likely there will be acculturation issues with regard to sexual scripts at the cultural level. Pfizer, for example, even maintains a website on Viagra® in the Spanish language (<http://www.viagraenespanol.com> accessed March 17, 2008).

Although there has been broad speculation that the sexual scripts of older people, and cultural minorities currently being rewritten (Emmers-Sommer & Allen, 2005, ch 5-6), there has been very little empirical study of how their attitudes and practices may be changing. Demographic changes that effect all older women, effect Latinas as well. Women are living longer, tend to live longer than their male counterparts, and are more often are divorced, widowed, or single than was true in the past. Older women are increasingly seeking partners. As they re-enter the dating scene they may be exposed to new opportunities for sexual contact. Although few studies have specifically looked at the marital status of older women who contract HIV/AIDS, Schable et al. found that unmarried women had a higher rate of AIDS than married women (1996).

American culture, and shifting attitudes toward MSM may also create changes. Chu, et al. (1992) noted in their landmark study, that Latino MSMs were more likely to report bisexual activity than their African American or White counterparts, and that older Latino MSMs were more likely than younger men to report bisexual activity. Although the were not able to make a direct linkage HIV infection of older Latinas and the bisexuality of Latino MSMs, they did note that almost ¼ of bisexual men who died of AIDS were married. There is also the possibility that older Latinas may find opportunities for sexual expression by seeking partners outside the Latino community, where norms are perceived to be more liberal.

Longer life spans, divorce, distance from adult children may make older Latinas more inclined to date and seek companionship. In North America, older people, including women, have been the target of mass media marketing campaigns to promote sex and sexuality. All these factors may lead to new sexual liaisons. There are also signs that, at least in North America, sexual scripts at the cultural level may be forming for older women (Emmers-Sommer & Allen, 2005, chap. 5, 6). In the popular film "Something's Got to Give," an older woman is portrayed as an attractive partner to a much younger man, and wins out over her twenty-something daughter for the affections of a suitor. and Allen suggest that these scripts are currently in the process of being written. A large number of older men and women report wanting to find sexual partners (Emmers-Sommer & Allen, 2005; NCOA, 1998). Popular guides such as *The*

new love and sex after 60 (Butler & Lewis, 2002), and *Sessions of the Heart: Men and women talk about love, sex and romance after 60* (Gross, 2000) cater to this market, and some have been translated to Spanish (Butler & Lewis, 1988a)..

Although there have been suggestions to clinicians about how to approach elderly clients about sexuality and HIV, such approaches are largely anecdotal, and not based on empirical evidence related to the perspectives and understandings of older persons (Hillman, 2000, chap. 6), nor do such approaches take Latino culture into account. There is reason to believe that these changes are not translating to the health professions. Schable et al. found that of the 59 HIV positive women over 50 they interviewed, *none* reported having been offered an HIV test (1996). Clearly sex and sexuality is on the rise with older populations, including Latinos.

In summary, while there is growing evidence that older Latinas engage in sex, and are contracting HIV at increasing rates, little is known the primary transmission route: sex and sexuality. Although there is ample reason to believe that communication about sex and sexuality is exceedingly difficult, there have been few efforts to understand how sex, sexuality and risk behaviors may be effectively discussed with this population. Such a gap in knowledge makes the development of effective prevention messages at best haphazard.

C. PRELIMINARY STUDIES

This study is a progression of Dr. Beaulaurier's research which has focused on social work with people with disabilities and chronic conditions. Early research efforts focused on how treatment professionals' understanding of disability changed after the Americans with Disabilities Act and similar legislation (Batavia & Beaulaurier, 2001; Beaulaurier, 2002; Beaulaurier & Taylor, 1999, 2000, 2001b; Hahn & Beaulaurier, 2001; Renz-Beaulaurier, 1998). Dr. Beaulaurier's research on disability related issues led him back to the field of aging, in which he had worked as a program services manager and social worker before completing his doctorate (Beaulaurier & Taylor, 2001a). Dr. Beaulaurier joined a research team in the FIU Center on Aging that was developing a study on domestic violence among older women. The Domestic Violence Against Older Women (DVAOW) study was funded in 2002 by NIJ (NIJ 2002-WG-BX-0100). The team conducted an exploratory qualitative study designed to describe the experience of functionally independent older women who were victims of family violence (Beaulaurier, Seff, & Newman, in press; Beaulaurier, Seff, Newman, & Dunlop, 2005, 2007; Dunlop, Beaulaurier, Seff, Malik, & Fuster, 2005). Dr. Dunlop's (P.I.) previous research on intra-family violence was combined with Dr. Beaulaurier's (co-PI) research design, and was complemented by Dr. Beaulaurier's professional experiences with elders, and knowledge of Spanish.

The purpose of this study was to understand domestic violence from the perspective of older women in order to develop interventions to serve them more effectively. The study was conducted in Miami County. Data were collected from 134 women in three age groups (45-59, 60-74, 75+), three racial/ethnic groups (Hispanic, White-non-Hispanic, Black-non-Hispanic). Twenty-one focus groups were conducted. Respondents were asked to define domestic violence, and to discuss their views about causes, reporting, interventions, consequences for perpetrators, factors that deter/prevent help-seeking from public safety, law enforcement, the justice system, social service and healthcare agencies, elements of outreach and intervention strategies that they see as acceptable and/or desirable in their own words.

While this study did not explore HIV/AIDS in older women, there are some obvious similarities. First, there had been a lack of previous research in both areas, as well as a the lack of understanding about the potential role of culture, socio-economic factors and the aging process in determining risk in both problem areas. Additionally, several authors have suggested that domestic abuse is a risk factor for contracting HIV (Champion, Shain, Piper, & Perdue, 2001; Lichtenstein, 2004; Tubman, Montgomery, Gil, & Wagner, 2004; Zierler, 1997).

Most importantly, the DVAOW study afforded the Dr. Beaulaurier important opportunities to learn about conducting research with older Latina women. The DVAOW study provided an opportunity to hone methods for recruiting a sample, training interviewers and focus group leaders, and for conducting a study with a similar methodology that proposed here. We learned that a large group of older Latinas could be recruited primarily through the use of Spanish language newspaper advertising. 42 were older Latinas were recruited for the study in this way. The DVAOW study used a mixture of interviews and focus groups. Surprisingly, the research team discovered that older women were more likely to talk about difficult to discuss issues in a group of anonymous peers (i.e. focus groups) than they were in individual interviews. Respondents felt that women their age were better able to understand their issues, and felt safe in these groups discussing issues that several indicated they would not share even with family or close friends. The success of the focus groups approach in the DVAOW study is a principal reason for adopting these methods in phase III (the follow up phase) of the current study..

Dr Beaulaurier is an expert in the use of grounded theory research and the use of the analysis software, ATLAS.ti (Muh, 2003-2005) that we will be using in this study. Using these methods and software, Dr. Beaulaurier developed a model of domestic violence with older women. The model was shaped by Dr. Newman, who will be a consultant on the current study, into a testable structural equation model (SEM). The focus of Dr. Beaulaurier and Dr. Newman's current research is to test this model in a follow up study funded by NIJ (NIJ 2006-WG-BX-0008). Dr. Tubman (Mentor) has been recruited for this study due to his extensive background as PI

on behavioral research projects related to HIV/AIDS. Dr. Gil (collaborator), has extensive experience as PI on behavioral research projects involving Latinos, and is an expert in acculturation.

D. RESEARCH DESIGN AND METHODS

Rationale for methods

The absence of solid, empirically derived theories upon which to base research suggests an exploratory research approach such as that used in the DVAOW study noted above. All three phases of this study This study will employ a grounded theory, qualitative approach based on individual interviews.

Analysis of the qualitative data generated by this study will be assisted by using state-of-the art data analysis software to code and classify responses. The resulting codes and higher level concepts will be used to generate grounded theories about the principal research questions of the study relating to Latino cultural contexts and acculturation, socioeconomic forces and sexuality as they relate to risks and protective factors for HIV/AIDS with older Latinas.

Research Questions:

1. Do features of Latino cultural contexts contribute to or mitigate the risks of HIV/AIDS in older Latinas? In particular, what are the roles of...
 - a. ...traditional gender roles?
 - b. ...family values (familismo)?
 - c. What other cultural factors come into play?
2. Do different levels of acculturation contribute or mitigate risks?
2. How do older Latinas talk about sex and sexuality?
 - a. What are their attitudes about sexual behaviors that can lead to infection?
 - b. What specific language and expressions do they use to discuss their behaviors
 - c. With whom are they inclined to discuss sex and sexuality?
4. What are likely to be the most productive avenues for prevention efforts?
 - a. Are they aware of the risks associated with sex and sexuality for women of their generation?
 - b. Under what conditions are they inclined to get tested?
 - c. What approaches do they feel will be most likely to increase testing among women like themselves?

There will be three phases to the study:

- Focus groups with HIV and geriatric caseworkers and social workers.
- Individual interviews with older Latinas
- Follow up focus groups with practitioners and follow up interviews with older Latinas.

Study Location

All phases of the study will be conducted in Miami County, Florida (Miami). Miami has one of the highest incidences of new cases of HIV in the nation. The percentage of new cases of HIV among older women runs several percentage points ahead of the national average (Centers for Disease Control, 2003). The metropolitan area is a virtually ideal setting for the study of HIV/AIDS.

Miami is well known for having a large elder population, and one of the highest proportions of Latinos of metropolitan areas in the United States. While the Cuban population is best known, only about half of Latinos in Miami are of Cuban ethnicity. The remainder could be described as "pan-Latin." Although the proportions of specific ethnic groups are different, all Latino ethnic groups represented elsewhere in the USA are represented in Miami, (U. S. Census Bureau, September 27, 2007). Central, South and Caribbean origin Latinos that are less common elsewhere in the United States are highly represented in Miami (Zambrana et al., 2004). These populations have received less attention from researchers, but are growing in numbers throughout the USA. While not predominant as they are elsewhere in the USA, there are also approximately 42,000, Mexican Americans and 89,000 Puerto Ricans in the County (U. S. Census Bureau, September 27, 2007). Thus the study has the potential to find commonalities between the subgroups that are not often studied, as well as to examine and contrast gender role and cultural concepts with Mexican American and Puerto Rican populations from whom they were derived. Importantly for capturing the language used for discussing sex, sexuality and HIV risk behaviors, all Hispanic ethnicities and virtually all Spanish dialects are present in Miami, from the most common to the least common found elsewhere in the USA.

Rationale for phase I:

Latinos tend to be more reluctant to talk about sex than their non-Hispanic white and black counterparts (Guilamo-Ramos et al., 2006). For women there may even be reluctance seem knowledgeable or to acknowledge drives or pleasure related to their sexuality (Cain et al., 2003; Guilamo-Ramos et al., 2006). Immigration may provide avenues for engaging in sexual activity that would not have been possible in the home culture (Huang & Akhtar, 2005). Ironically, this may contribute to reticence to discuss sexual

activity, since dependence on families and cultural communities may require appearing to conform to cultural norms, even when behavior does not conform (Huang & Akhtar, 2005; Varas-Diaz, Serrano-Garcia, & Toro-Alfonso, 2005). Barriers to communication with researchers and other "authority figures" have also been documented (Silvestre et al., 2006; Wu et al., 2005). Such reluctance has been found to be normative even with Latina college women (Loue, 2006; Ortiz-Torres, Serrano-Garcia, & Torres-Burgos, 2000), although it is generally believed to increase with age. Ironically, increases in the availability of partners and risk behaviors may actually increase reluctance to discuss sex and sexuality due to fears about the reactions of family and peers (Huang & Akhtar, 2005; Varas-Diaz et al., 2005).

Such fears may be well founded in Latino families. Behaviors considered illicit may result in ostracism from family and community (Varas-Diaz et al., 2005; Zea et al., 2003). Moreover, attitudes about sex and sexuality held by Latino seniors may have formed at a time and place more restrictive than the urban USA (Guilamo-Ramos et al., 2006). In some Latin American countries promiscuity, homosexuality or HIV+ status has been linked to barriers to receiving health care and other services (Varas-Diaz et al., 2005). Feminist and gay-rights movements, which have opened dialogs about the discussion of sex and sexuality in the USA have been a more recent phenomenon in Latin America (Schaefer, 2005).

Latinos have been found to avoid discussion of specific behaviors and risk; mechanisms for effective communication about sex and sexuality have yet to be identified in the literature. (Guilamo-Ramos et al., 2006). While there are many examples and illustrations of the difficulties of discussing sex and sexuality with older Latinos (Blasini-Caceres & Cook, 1997; Diaz et al., 2004; Huang & Akhtar, 2005; Loue, 2006; B. V. O. Marin & Gomez, 1998; Ortiz-Torres et al., 2000; Salabarría-Pena et al., 2003; Silvestre et al., 2006; Varas-Diaz et al., 2005; Wu et al., 2005; Zea et al., 2003), the literature contains little guidance about how to surmount these barriers in the literature (Guilamo-Ramos et al., 2006).

Importance of Provider Perspectives: Discussion and education regarding risk and prevention has a long tradition for social workers with HIV+ clients (Beaver & Miller, 1992). Social workers have increasingly been called upon to educate, as well as to provide prevention and outreach seniors, (Aidala, Lee, Garbers, & Chiasson, 2006; Hillman, 2000; McInnis-Dittrich, 2002; Rogers-Farmer, 1999; Ward, Disch, Levy, & Schensul, 2004) just as they have with other burgeoning populations affected by HIV/AIDS (Eke, Mezoff, Duncan, & Sogolow, 2006; Indyk & Rier, 2006; Rier & Indyk, 2006; Stepherson, 2002). Social workers and public health workers have historically been among the first to reach out to populations that experience stigma or sanction attached to the behaviors associated with acquiring HIV (Stepherson, 2002). Recently this has included older Latinos (Levy-Dweck, 2005).

Social workers have historically engaged in HIV education efforts with seniors as part of prevention activities (McInnis-Dittrich, 2002), and are likely to have gained insight into how best to engage older Latinos in discussion about these topics by virtue of being "out in the trenches" (Hillman, 2000, chap 6; Levy-Dweck, 2005; Rier & Indyk, 2006, p. 18). HIV social workers with whom the PI has regular contact on the AIDS and Aging Task Force, have suggested that geriatric social workers may also be knowledgeable and engaged in educational efforts. Phase I of the study will concentrate on focus groups of social and case workers in order to obtain their insight into the specific language and expressions that engage and communicate most effectively with a broad range of older Latinas.

Phase I Sample

A purposive sample of 40 social workers and case workers will be identified and recruited for the study. Social workers will be defined as direct service social workers who carry a caseload of at least 10 Latino seniors (aged 50 and older) and have completed an MSW or equivalent degree. Caseworkers will be defined as direct service professionals who carry a caseload of at least 10 Latino seniors (aged 50 and older) and have completed a BSW or equivalent degree.

The sample will be purposive. All subjects will have (1) caseload comprised predominantly of Latino seniors, and (2) total fluency in the Spanish language. At least three quarters of the sample will be of Latino cultural heritage. Within this group we will apply the principle of maximum variation sampling (Patton, 1987). At a minimum, we will select respondents who represent the most prevalent Hispanic ethnicities nationally: Mexican, Puerto Rican Cuban. We will also include representatives of other major Spanish dialects spoken in the USA such as Central America, the Dominican Republic and the northern parts of South America. These criteria will maximize the likelihood of familiarity with Latino culture, and the ability to communicate fluently across dialects and sub-cultures.

Half the sample will be drawn from health and social service settings serving people with HIV/AIDS. Potential respondents will be social workers or caseworkers. Social workers will be defined direct service workers with a master in social work degree or equivalent who carry a caseload of at least 10 Latinos aged 50 and older and who have completed an MSW or equivalent degree. Caseworkers will be defined as direct service professionals who carry a caseload of at least 10 Latinos aged 50 and older and who have completed a bachelor of social work or equivalent degree.

The other half of the sample for phase I will be social workers and caseworkers (defined as above) drawn from organizations that serve the elderly. All members of their caseloads will be over 50. All respondents will indicate that their caseloads are predominantly (51%+) Latino.

Phase I Data Collection: Focus Groups

The purpose of focus groups with practicing social workers is to develop a protocol for interviewing older people about their sexual and other risk behaviors in Phase II of the study. Focus groups will also identify approaches that these professionals have found most, and least, effective for engaging in such sensitive topics with Latina seniors. A focus group methodology was chosen for several reasons. First, it is an efficient way of collecting qualitative data from a relatively large number of respondents. Second, since social and caseworkers will be discussing activities conducted in the course of their professional duties, there is little potential for stigma or need for confidentiality. They can be expected to speak openly with their peers. Third, group members may elicit a wider and more productive range of responses than interviews alone could produce. Fourth, although focus groups are inherently more difficult to conduct than individual interviews, Dr. Beaulaurier has considerable experience in using such methods for research (see section C).

The purpose of the focus groups is to systematically gain perspective and insight that practitioners have about discussing sex, sexuality and other behaviors leading to risk for HIV transmission with older Latinas (see "rationale" above). Interviews will focus on how they engage their clients in such discussions, approaches that have proven most effective for engaging in dialog, approaches to be avoided, etc., that they have developed over the course of discussions with their clients. An initial protocol has been drafted (see appendix A). This protocol is not in final form. It will be pilot tested with master-level social work students enrolled in FIU's aging certificate program or in geriatric or HIV related field practicum experiences before use in the field.

Four focus groups lasting approximately one hour will be conducted. Two focus groups with social and case workers active in HIV services and two with workers active in geriatric settings. All focus groups will be conducted by Dr. Beaulaurier. Focus groups will be audio recorded. Any respondent not wishing to be audio recorded will be dismissed from the focus group, but will still receive payment for participation. Focus groups will be conducted in a community based setting that is private and convenient for participants (see Phase II p. 31 for further description). Focus group participants will be paid \$50 at completion of the focus group.

Transcription of audio recordings

The same approach to transcribing audio recordings will be used in all three phases of the study. Recordings will be transcribed verbatim in the original language. Interviews will focus on language used with and by Latino clients. Therefore, the expectation is that transcripts will be in Spanish or in a combination Spanish and English. Since it is important to capture expressions and messages in Spanish, portions of the interviews that are in Spanish will not be translated, and all staff for the project will be fully bilingual. This will enable the research team to code Spanish language transcripts in the original Spanish, obviating the need to translate transcripts to English.

The PI has had extensive experience supervising the transcription of Spanish language transcripts through work with the FIU Institute on Ethnicity and Immigration (IEI), the Center on Aging, and the CRUSADA Center. There are three important elements to this approach. (1) Recruit a graduate level student who is fluent in both languages. FIU has the highest proportion of Latino students of any public university in the United States, and there are a high number of students in the School of Social Work who meet these qualifications, including doctoral students. (2) Emphasize accuracy. IEI and CRUSADA studies do not pay for transcription on a "per page" basis as is customary. Transcribers are paid by the hour, and thus rewarded rather than penalized for slow, accurate transcription. (3) A "third party" (in this case the PI) listens to each of the recordings while reading the transcript as a check on accuracy before it is used in any subsequent analysis.

Phase I data analysis

The purpose of this analysis is twofold: Develop an interview schedule for Phase II. Develop interviewer training for Phase II that incorporates the tactics, techniques and advice of professionals in the field about interviewing older Latinas about sex, sexuality and other risk behaviors.

This analysis will not be subject to the rigor of subsequent analyses in Phase II, the main study. However, transcripts will be entered into ATLAS.ti, version 5.2.18 (ATLAS). Dr. Beaulaurier will read through each transcript. While he will use an open coding approach, he will primarily be seeking passages that relate to engaging in discussions, avoiding problems, specific language to use and to avoid in engaging in discussion. Quotations from relevant passages will be coded. Codes will be grouped under related themes. Quotations, codes and themes will be used to construct the interview schedule and to develop training for interviewers in the next phase of the study.

Phase II: The Main Study

Individual interviews will be used to collect information about attitudes, understanding and behavior sexual behavior as well as information seeking and health treatment seeking behaviors.

Interviewer Training

Dr. Beaulaurier has considerable experience interviewing. He has developed and implemented training packages for interviewers on large projects funded by NIJ and by SAMHSA.

Interviewers will be drawn from the University community. All interviewers will be mature women who have completed the graduate foundation individual and group treatment sequence and the field practicum portions of the MSW program at FIU, or the equivalent. All interviewers will be completely fluent in Spanish and English, including the various dialects spoken in Miami. All interviewers will have had experience working with Latino populations, and special efforts will be made to recruit interviewers with experience working with elderly populations. At least two incoming doctoral students in the School of Social Work at FIU meet these characteristics.

Dr. Beaulaurier will train interviewers in three formal sessions. The curriculum will emphasize proper and consistent use of the research protocol, and addressing personal bias on the part of facilitators about Latinas and aging. The sessions will incorporate material learned in Phase I of the study such as problems arising from discussing subject matter related to sex, sexuality and HIV transmission routes with older Latinas, varying cultural norms of Latinas from differing countries of origin approaches and to be used and to be avoided based on the experience of Phase I respondents. The training also will address strategies for creating rapport and encouraging open participation in the groups in anticipation of some reluctance of participants to discuss candidly the issue of their sexuality and other aspects of behavior that may put them at risk.

In the second session each prospective interviewer will practice the role of facilitator with other trainees acting as participants. The researchers will observe these role plays and, if necessary, eliminate any facilitators who do not perform well. Training will include instruction in how to respond to women who identify themselves as needing testing or treatment.

The final session will be comprised of two "test" interviews a mature (age 40+) women enrolled in the Master or Bachelor of Social Work program at FIU. Potential interviewers will need to complete all phases of the training successfully before they conduct actual research interviews.

Sample Selection

Although there are no hard and fast rules for determining sample size in qualitative, grounded theory studies, a sample size of around 40 is typical in order to balance the need for variation within the sample, and manageability of the volume of data (*Moore & Stephens, 1994; Sandelowski, 1995*). Maximum variation and criterion related sampling strategies will be used to draw the initial focus group sample of approximately 40 Latina women ages 50+. Women will be selected who vary with regard to age, Hispanic ethnicity and immigration status.

At least half will have lived in the United States less than five years. Data from other immigrant studies have shown that five years is a sufficient period of time for immigrants to experience fully the process of acculturation to a host culture including all the short-term and long-term stressors associated with adapting to a new cultural lifestyle (Burnam, Hough, Karno, Escobar, & Telles, 1987; Handlin, 1941; Thomas & Znaniecki, 1927; Wittke, 1939).

Half the respondents will be 65 years of age or older and half between the ages of 50-64. This is the typical point of demarcation between middle aged and senior women. It is also close the "leading edge" of the baby boom generation. The oldest baby-boomers are currently around 62 years of age. It is common in the literature to speculate that people of the "baby boom" generation may have more liberal attitudes about sex and sexuality, whereas older respondents may be more reserved about such issues. Although this is an untested notion with Latinas, particularly immigrant Latinas, more cases of AIDS have been reported in the 50-59 age range women of all races and ethnicities. While AIDS is less common in the 65+ age range, there are clearly an increasing number of cases. Moreover, when the potential of misdiagnosis, and recent findings related to increased sexual activity in this population (Emler & Farkas, 2001, 2002; Hillman, 2000, chap 6; Wooten-Bielski, 1999) it seems reasonable to expect that these figures will rise.

Our previous experience in the DVAOW study (see section C) suggests that we should be able to recruit a broad spectrum of older Latina women from Central and South America and the Caribbean. Past efforts indicate that Latina women who identify as Cuban, Colombian, Nicaraguan, and Dominican are relatively easy to recruit for research studies. We will screen the sample to make sure that there are also multiple Mexican, Puerto Rican, other South American and other Central American respondents in the sample.

The principal strategies used to recruit participants for focus groups will be bilingual notices placed in local community newspapers. This is a mechanism that the DVAOW study (see section C) successfully used to recruit older Latinas. However, if we do not obtain sufficient participants in this manner, the research team will work with health care providers, treatment programs and service agencies. The CRUSADA center, where Dr. Beaulaurier is a research associate, has excellent contacts with Latino serving service centers in the Miami Area. In addition, Dr. Beaulaurier serves on the board of an umbrella agency for social service providers in the local area (the Human Services Coalition of Dade County) and on the AIDS and Aging Task Force of Miami County. To protect confidentiality, staff from these programs will be asked to make contact potential respondents and to provide them with written materials describing the study and a request for their consent to participate. No member of the project team will have direct contact with potential respondents until written consent has been obtained by an intermediary representative of an agency with legitimate

access to knowledge regarding a victim's identity.

Recruitment materials will indicate a telephone number. A bilingual receptionist will take calls for the project during business hours and use the following screening criteria: Age (50-65, 65+); residence in Miami (zip code); Ethnicity (Latina, country of origin); Length of time lived in the USA (5 years or more; less than 5 years). The receptionist will collect contact information. Names and contact information will be kept confidential in a locked area to which only the PI and the receptionist will have access.

Phase II Interviews:

Interviews will be conducted in a private setting that is comfortable for participants, in a suitable community based setting. The PI has used community centers, neighborhood centers, temples and churches for this purpose in the past. Minimally this requires a comfortable, private, enclosed room with a door. Participants will be assured of confidentiality and anonymity, in writing, prior to initiating any data-collection activity. Sessions will last approximately one hour.

All interviews will be audio recorded. Any respondent who does not agree to audio taping will be paid for their participation and dismissed from further participation in the study. At the conclusion of each session, participants will be asked to provide written consent to be contacted about participation in personal interviews and/or additional focus group sessions. Women who complete a focus group session will be compensated \$20. Respondents will be provided with packets of information about various health and testing resources available in the community to help women, including immigrant women.

Measurement approach

Interview guide

An interview guide will be developed based on the responses from the focus groups in Phase I of the study. While this guide has not yet been developed, some of its features can be described. The guide will be semi-structured, and be comprised of a series of open ended questions and prompts, similar to those found in the draft protocol for Phase I (see Appendix A). Interviewers will be trained to develop a free flowing interview as much like a natural conversation as possible. Questions and prompts will be used to (a) make sure topics of interest are covered, (b) to focus conversation on topics of interest and (c) to stimulate discussion by the respondent. The interviewer's role is to encourage respondents to talk openly with a minimum of input or prompting. The guide is not so much to structure the interview, but rather to keep discussion focused and flowing.

Data recording

A digital audio recording will be made of each interview. Recordings will be transcribed verbatim in the original language as in Phase I (see page 29).

Data analysis

ATLAS.ti, version 5.2.18 (ATLAS) qualitative data analysis software will be used to organize and assist in the analysis of transcripts from the interviews. Investigators will begin coding as soon as transcripts become available. In later phases of the analysis, ATLAS will be used to explore relationships between codes and other theoretical concepts that emerge from the analysis using its "network analysis" function (Muhr, 2003-2005).

Transcripts will be entered into ATLAS in the original language (Spanish or a combination of Spanish and English). This is critical in order to preserve the expressions and actual language that respondents use to discuss the sensitive topics that are the focus of this research. All staff will be capable of conducting the analysis in either language. ATLAS, developed in Germany, was designed to be used with any Western languages.

Codes: Transcripts will be read thoroughly before beginning to code. Investigators will generate a list of codes they believe will be present. These codes will be considered provisional until they are "grounded" by being attached to relevant quotations in the transcript (Muhr, 2003-2005; Strauss, 1987). Such a priori codes which cannot be linked to actual quotations from respondents will be dropped from the analysis.

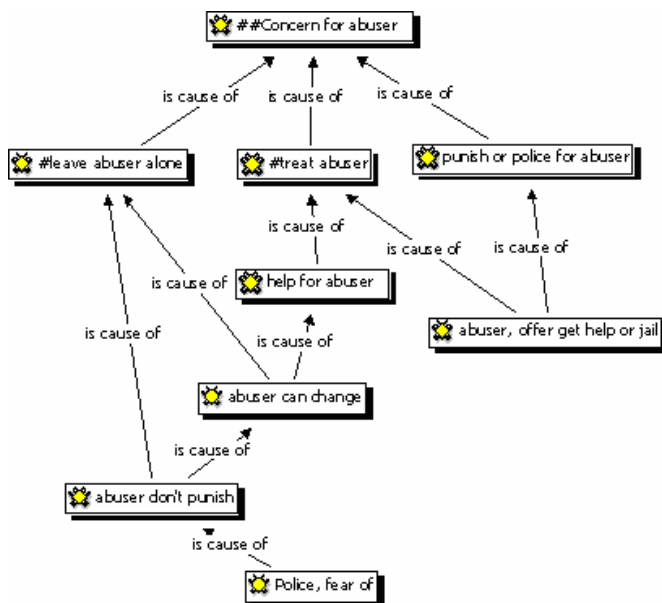
Most codes will be generated through a process of open coding. The transcripts will be closely scrutinized and new codes will be created and attached to passages of text according to the concepts and themes they represent (Strauss, 1987).

The coding process: The PI and a bilingual research assistant will discuss and then separately code one of the first transcripts to become available. They will "code liberally;" in order to capture as many different concepts and categories of response as possible (Ford, Oberski, & Higgins, 2000). As the analysis progresses, frequent meetings will be held to review new codes and themes, to eliminate redundancy, to confirm that basic coding strategies have been adhered to, review codes for accuracy and consistency (Ford et al., 2000).

Investigators will use the constant comparison method of coding (Dye, Schatz, Rosenberg, & Coleman, 2000; Padgett, 1998). Transcripts will be repeatedly reviewed for evidence of codes and themes that have emerged in later phases of analysis, and to insure that codes are used uniformly throughout the analysis. This iterative approach will continue throughout the analysis. Negative case

Figure 1
Example of a Relationship Map in Atlas.ti

analysis will be used to verify key findings (Padgett, 1998).



Relationship maps have the advantage of allowing the researcher to follow hypothetical and deductive relationships back to the initial codes and respondent quotations (Macgowan & Beaulaurier, 2005b). An advantage of this approach is that researchers can easily follow the linkages from more abstract concept codes (at the top of the chart represented by one or more “#” symbols) to codes that are “grounded” (those without # symbols). Grounded codes are attached directly to quotations. Thus it is relatively easy to link even the most complex concepts to respondents’ own words. Maps such as the one in Figure 1 also have the advantage of being relatively easy to translate into models that can be tested using statistical path modeling techniques. A conceptual map developed for one of Dr. Beaulaurier’s previous studies (NIJ 2002-WG-BX-0100) is currently being tested in a recently funded follow up study (NIJ 2006-WG-BX-0008).

Phase III: Follow-up Activities

Data collection activities: Focus Groups

Three focus groups will be conducted as a follow up to individual interviews. Two follow up groups of older Latinas will also be conducted. A focus group including 6 to 8 social workers or caseworkers will be conducted. Two groups of 5 older Latinas will also be conducted. Respondents will be drawn from individuals who participated in earlier phases of this study who have agreed to be re-contacted. At the time they are asked if they are willing to be recontacted they will be explicitly informed that it is for the purposes of convening *focus groups*. Dr. Beaulaurier’s experience in the DVAOW study (section C) was that respondents in that study were not reluctant to speak with a group of anonymous peers about sensitive topics, but rather were drawn out by the group (Beaulaurier et al., 2005, 2007).

The principal value of this phase of the study is triangulation and member checking of findings derived from the focus groups. Member checking is commonly used to confirm, verify or criticize major codes, themes and initial interpretations, by seeking such feedback from some of the participants in the study (Padgett, 1998). Themes, major codes and initial conclusions that were developed in Phase II of the study will be discussed, confirmed, rejected or clarified by respondents in the course of the groups. Critical as well as confirmatory feedback on initial conclusions will be solicited (Byrne, 2001; Guba & Lincoln, 1989; Padgett, 1998). Because of the emphasis on previous findings, and providing clarification for what occurred in earlier sessions, some authors refer to this process as debriefing (Tanji, 1999).

The focus groups will also serve as a form of triangulation. In the case of older Latinas, focus groups provide a different mode of discussion and data collection. While individual interviews provide a private, anonymous setting where respondents may safely discuss sensitive topics, focus groups made up of anonymous others who are culturally and generationally similar, but who are unlikely to interact with them outside the group, may dynamics whereby group members draw each other out in discussion (Beaulaurier et al., 2005, 2007). Thus, they may provide new insight and clarification on earlier response.

By contrast, professionals may provide additional perspective on findings derived from Phase II. Although, for efficiency sake the focus group methodology will be retained, knowledgeable professionals may also provide additional insight, clarification and

Theoretical memos: Comments and marginal notes of theoretical importance will be kept throughout the analysis (Strauss, 1987). Such memos will be linked to transcripts, codes, quotations (Macgowan & Beaulaurier, 2005a). Researchers will use this feature liberally to comment on codes, clarify themes and other features of theoretical importance to the study. This will provide a guide for subsequent analyses of the data as well as leaving an “audit trail” of decisions and salient events in the research. (Drisko, 1997; Padgett, 1998).

Themes and theory development: Once all or most transcripts have been coded using open coding to the point where few new codes are being created and all or most relevant text has been coded, researchers will begin to identify themes, create higher order codes and explore hypothetical relationships between codes using axial and selective coding techniques (Strauss, 1984). Major codes, core concepts, themes and their patterns and relationships will be mapped (Barry, 1998; Miles & Huberman, 1994; Weitzman, 1999). Figure one is an example of such a map from one of Dr. Beaulaurier’s previous studies.

confirmation of findings. Phase II findings confirmed in the three focus groups which provide both triangulation, by virtue of adding an additional perspective on the data (Padgett, 1998; Patton, 1986) and, in the case of the latter two groups, member checking. Such an approach to confirming findings is generally thought to improve internal validity of the findings (Drisko, 1998; Padgett, 1998; Patton, 1986).

Phase III Sample Selection

The interview sample will be drawn from participants in phases I and II of the study who provide written consent indicating willingness to participate in a follow up. Half of the first group will be social workers and half will be caseworkers (as defined in Phase I, p. 28)

Participants for older Latina focus groups will be drawn from respondents in Phase II. One will include Latinas between the ages of 50-64. The other will include Latinas 65 or older.

In the case of all three focus groups, efforts we will seek to include respondents from all of the dialect areas noted previously (see Phase I, sample selection, p. 28).

Training of Focus Group Leaders

Dr. Beaulaurier will conduct the focus group comprised of professionals. A Latina woman who conducted interviews in Phase II of the study will be trained to conduct the older Latina focus groups. At a minimum the interviewers will be a woman who has completed all of the core requirements for an Master in Social Work, Latina, and fully conversant in the various Spanish dialects spoken in Miami. She will receive additional training in focus group leadership from Dr. Beaulaurier. Dr. Beaulaurier has extensive experience conducting focus groups, training focus group leaders and teaching qualitative methods (Macgowan & Beaulaurier, 2005b). Training will include group facilitation, proper and consistent use of the protocol, potential problems arising from the sensitive subject, and varying cultural linguistic norms or that have emerged from analysis of Phase II data.

Conduct Interviews

Focus groups will be conducted as in community based settings (see Phase II p. 31). Social and caseworkers who complete the focus group will be compensated \$50. Older Latinas who complete an interview will be paid \$20 for their time. Focus groups will last approximately one hour.

Measurement Approach

Each focus group will be audio recorded and transcribed using the approach explained in Phase I (see p. 29). Any participants who do not agree to audio-taping will be paid for the session and dismissed.

Data Analysis

Since respondents in this phase of the study will be asked to do nothing further than to address Phase II findings, it will be relatively simple break the transcripts into a series of quotations relevant to codes and themes that emerged in the Phase II analysis. Phase III responses will be used to make appropriate changes and clarifications to codes and themes. This analysis will be considerably simpler than the analysis in phase I or II, focusing narrowly on insuring that interpretations and abstractions made by researchers remain emic (Padgett, 1998).

Dissemination Activities

Practice guidelines. Initial scans of the practice community suggest that very few health or social services providers provide outreach, community education, testing, or even treatment that is specifically designed for older Latinas. The research team will develop a draft instrument for assessing HIV related health risks of older women, guidelines for outreach and intervention, and guidelines for working with Latina seniors. The practice guidelines will not be designed to replace existing procedures (although, ultimately, some agencies may choose to apply the findings to policy and procedure modifications). Nevertheless, professionals in health and social services, as well as law-makers, will be able to apply the guidelines to better identify when an older woman is at risk or has already contracted HIV, and to work more effectively to explore acceptable interventions and safety measures.

Disseminate study results. In addition to practice guidelines, members of the research team will prepare two papers for presentation in local and national conferences, and two papers for submission to professional journals for each year of the project.

Archive databases. This Project will produce two databases: 1) qualitative themes elicited in the focus groups coded and organized with use of QDA software; and 2) qualitative themes elicited in the 20 personal interviews, coded and organized with use of CAQDAS software. Confidentiality is normally the principal issue with archiving of data on such a sensitive topic. In this case, however, neither of the databases will contain personal identifiers and, therefore, there will be no possibility of tracing any case to a named individual from the archived data.

Difficulties and Limitations

Grounded theory projects of enhanced by the use of participant observation. That will not be possible in the current study due to the sensitive nature of the topic. The design is primarily focused on promoting internal validity of responses, and will have little

external validity. The focus of this pilot study will be on producing findings that lead to development of theoretical models and survey instruments that can be further tested and refined in subsequent studies.

Older women, particularly older Latina women, may be reluctant to discuss issues related to their sexual behavior, their use of injection drugs and other activities that may put them at risk for HIV/AIDS. As noted in section C, the research team has had considerable success in eliciting discussion on topics that are generally considered difficult or “taboo” in previous research efforts in the area of domestic violence, but this remains a difficult task. Interviewer and focus group led training will address the eliciting and encouraging of open discussion. Interviewers will practice a host of techniques and strategies for overcoming discomfort with the topics to be raised in this research.

Some respondents may indicate that they have engaged in behaviors that have put them at risk for HIV/AIDS. Interviewers will receive specific instructions regarding how to handle such disclosure. Interviewers will be provided with referral sources for testing and, if necessary, treatment. At the end of each session, all participants will be offered information about community resources in Miami County.

Developmental Plan and Timeline

Conducting this study will provide pilot data, and develop a testable theory that can be used as the basis for a first R01 or an SC1. Subsequent to that, theory and the understanding of generational, cultural and language issues generated in this study will serve as a basis for developing a prevention approach that can be tested in a second R01 clinical trial. While Dr. Beaulaurier has served as a co-investigator on several studies, he has never served as PI. The study will give him valuable experience in the lead role on a project of his design. The project will also give Dr. Beaulaurier publication and research experience in HIV research with Latino populations.

The Role of the Mentor: Dr. Jonathan Tubman is currently PI on an NIAAA funded R01 designed to evaluate the efficacy of a brief intervention to reduce sexual risk behaviors, and is co-investigator on several other NIH funded project at FIU. Dr. Tubman will provide consultation on all aspects managing an NIH funded project, as well as guide developmental activities related to enhancing Dr. Beaulaurier of HIV/AIDS and research related to sexual risk behaviors. Dr. Tubman has already begun by making suggestions about the theoretical framework, sexual scripting, for this proposal. He will be a valuable resource for developing knowledge and obtaining training related to HIV/AIDS and sexual risk behavior. He will provide mentoring in the development of manuscripts and presentations as well as outlets for their publication.

The Role of the Collaborator: Dr. Gil, has published extensively ethnic minority populations, especially Hispanic/Latino and African American. He will guide developmental activities research activities involving Hispanic/Latino populations. He will make suggestions about training opportunities, as well as guide in the interpretation of data in the proposed study as well as development of presentations and publications that result from it.

The role of the Mentor and Collaborator will be on going throughout the project. In the first two years of the project, they will primarily make suggestions with regard to training activities, conference attendance, useful workshops, important bodies of literature and other activities to develop Dr. Beaulaurier's knowledge and expertise in the area of sex, sexuality, HIV risk and risk behaviors, Latino culture and acculturation. Since both have managed R01 and other grant funded projects at FIU, including field studies, they will be invaluable in providing advice and support about running a field study. Moreover, Dr. Gil is bilingual has experience considerable experience with projects where staff and respondents function primarily in Spanish, which will allow him to assist in vetting research protocols. Dr. Beaulaurier will meet with Drs. Gil and Tubman at least bi-monthly throughout the life of the project.

The Role of the Consultant: While Dr. Newman is currently a member of the FIU faculty, he will retire and move to Kansas City before the third year of this study—the point at which he will first receive compensation from the study. Dr. Newman has served as a the chief methodologist on a number of federally funded projects, including R01, SC1 and others. Dr. Newman worked with the model developed by Dr. Beaulaurier in the DVAOW study funded by NIJ. He is currently the PI of an NIJ funded project to test the developed in the NIJ study using advanced factor analytic and SEM methodologies. In the first two years of the study Dr. Newman's role will be similar to that of the Mentor and Collaborator. He will advise Dr. Beaulaurier training, workshops, literature and other opportunities to learn the methodologies necessary to develop the models that develop from this SC2 proposal into testable SEMs that can be developed into fundable R01 or SC1 proposals. Dr. Newman will serve as an unpaid consultant for the first two years. In the third year of the study, once Phase II analyses are far enough along to produce potential models, Dr. Newman will begin assisting Dr. Beaulaurier to develop a an R01 or SC1 proposal using SEM. He will fly to Miami to meet with Dr. Beaulaurier and the SC2 research team at least three times, starting in the second quarter of the third year. Dr. Newman will be invaluable not just for his quantitative expertise, but also for his experience in publishing and developing the protocols for publishing articles based on such methodologies. Dr. Beaulaurier will meet with Dr. Newman bi-monthly as long as he is in Miami (roughly the first year of the study). Consultations will continue on bi-monthly basis after he has moved to Kansas City, until the second quarter of the third year of the study, when visits will begin.

E. Human Subjects Research

Gender and Racial Minority Inclusion--The scientific focus of this study is on Latina women, so most subjects will be Latinas aged 50 and older, primarily of Cuban, Puerto Rican, Colombian, Nicaraguan, Dominican and other Central or South American nationalities.

There will also be a small sample of professional 20 caseworkers and social workers. It is anticipated that no more than half of these professionals will be male Males. Since it is imperative that all of the respondents be fluent in Spanish, and in the multiple dialects of Spanish spoken in Miami, all professionals are anticipated to be Latinos.

Children Inclusion-- Because of the nature of the study children will not be included in the study and therefore will not be a human subject issues.

Protection of Human Subjects--The following points describe the proposed efforts to protect human subjects.

a. If they agree, approximately 40 Latina females aged 50 and older will participate in individual interviews. 20 professional caseworkers and social workers will participate in focus groups. Regardless of whether they participate in focus groups or interviews respondents will sign a consent form which discusses the purpose of the study and that their participation is voluntary.

b. Data will be collected by means two research protocols.

c. Approximately 10 of the original 40 older Latina respondents who agree to be re-contacted will be interviewed a second time. Eight of the original 20 professional who agree to be re-contacted will be interviewed a second time.

d. Data in follow up interviews will be collected based on a review of findings collected to that point.

e. Only adult female subjects who live independently will be included, as noted, the purpose of this research is to understand sexual and other risk behaviors of functionally independent women age 50 and older. Data collection will occur in private settings. Researchers will describe study and subjects' rights prior to initiation of data collection. All subjects will be required to sign informed consent prior to participation. Participation will be entirely voluntary and subjects will be advised that they can choose to terminate participation at any point in the process. All consent documents and documents given to subjects about the research will be in both English and Spanish.

d. Risks are limited to (i) breach of confidentiality and (ii) the possibility that a subject might experience discomfort or anxiety in the process discussing personal information. Confidentiality will be carefully guarded as described below. Additionally, interviewers will be drawn from a clinical social work program and will have experience working with older Latina women. Participants will also have an opportunity to discuss their anxiety and discomfort with a counseling professional, and, should they request it, project personnel will make referrals to family counseling agencies or other appropriate services.

f. Focus groups participants will only be asked to discuss activities and discussions that they have in the course of their professional duties. They will not be asked to reveal private or personal information about themselves. They will not be asked NOT to reveal the identity or anything that might identify one of their clients.

g. Only interviewers, focus group leaders and the principal investigator will know the identity of the subjects. All information on subjects will be identified by a number. A list of these numbers and subjects' names will be stored in a locked cabinet at the School of Social Work – Florida International University. Only the principal investigator will know the combination to the lock.

h. Subjects will be instructed regarding the possible risks of participation prior to the focus groups and interviews. They will also be informed of the benefits to their communities and society and the contribution that the study will make to the body of knowledge on understanding of health related and health seeking behaviors in immigrant populations. Potential subjects will also be made aware of the fact that they have the option to withdraw from the study at any time and that they have the right to ask questions regarding the research protocol and confidentiality issues. Once the potential subjects receive a full explanation of the study, they will be asked to sign two consent forms which will also be signed by the focus group leader or interviewer. One copy will be given to the subject, and the other copy will be locked in a cabinet at the School of Social Work - FIU and will only be accessible to the Principal Investigator. Consent forms will be completed prior to the commencement of interviews.

i. The project staff does not intend to give information to others including the media, authorities or family members. To further reduce the potential risk of exposure of subjects who reveal information about themselves and their activities, all materials will be stored without identifiers and will only be accessible to the Principal investigator. The research team does not intend to collect information on any potentially illegal activities of respondents.

j. Every effort will be made to protect the confidentiality of study participants and the data collected. In order to fully protect subjects' confidentiality, subjects' names will not be kept on questionnaires. Only first names will be used in transcripts. A master list of full names and numbers will be locked in a cabinet at the School of Social Work – Florida International University. All taped interviews and questionnaires will be locked in a second cabinet set aside for this purpose at the School of Social Work – Florida International University. Only the principal investigator will know the combinations to the lock to these cabinets.

k. All recordings and transcripts will be prepared for data entry by the principal investigator and research assistant of the project who will be located in project offices at the School of Social Work – Florida International University. A research assistant will assist the principal investigator and co-investigators in coding and entering data into a master data computer file. Access to the computer used by this staff person will be protected by a password which will only be known by the staff person and Principal Investigator.

l. Recordings completed in field settings will be transported by interviewers and focus group leaders directly to the principal investigator at the School of Social Work – Florida

International University for data processing and will be held in a locked and secure location accessible only to the data manager and investigators.

F. Vertebrate Animals

The project will not use vertebrate animals.

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title: Latina Perspectives on Sex, Sexuality and the Risk of AIDS

Total Planned Enrollment: 60

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino	50	10	60
Not Hispanic or Latino	0	0	0
Ethnic Category: Total of All Subjects *	50	10	60
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American	10	2	12
White	40	8	48
Racial Categories: Total of All Subjects *	50	10	60

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

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H. Consortium/Contractual Arrangements

N/A

I. Resource Sharing

N/A

J. Letters of Support

See following page.



FLORIDA INTERNATIONAL UNIVERSITY
Robert Stempel School of Public Health
11200 SW 8th Street
Miami, FL 33199

January 18, 2008

Dear Reviewers:

I am delighted to send this letter of support for Dr. Richard Beaulaurier. I am a quantitative research psychologist (Fellow in the APA Division of Measurement, Statistics and Evaluation), and Professor of Health Policy and Management in the Robert Stemple School of Public Health. I have served as the Associate Editor, focusing on research methods, for the *Journal of Consulting & Clinical Psychology* from 1001 to 1006, and again in 2003. I am currently a consulting editor with the *Journal*.

I have known Rich since he arrived at Florida International University. We have worked on several projects together, collaborated on publications, grant proposals, research projects and conference presentations. I have great respect for him as a scholar, and believe that the Hartford Scholars Program is a great opportunity.

I would be delighted to serve as a consultant on Rich's SCORE project. By the time Rich needs my assistance and consultation, I will have retired from Florida International University, and will have taken up residence in Kansas City. I will have an appointment at University of Missouri at Kansas City, but my duties there will not interfere with travel to Miami and the provision of training and consultation services necessary for Rich's project. Moreover I would welcome the opportunity to assist in shaping his research findings into methodologically rigorous proposals for follow up studies.

I have worked with Rich in the past on such projects. I have recently received funding for a study from the National Institute of Justice (NIJ) to do a follow up study that was developed exactly this way. The study will test a model of domestic violence with older women. The model emerged from Rich's analysis of the data in a previous NIJ-funded qualitative study. In my judgment, the approach has excellent potential to develop into a promising line of research, and I am delighted to be involved.

I wholeheartedly support his application, and will do whatever I can to mentor and assist him if he is admitted to the program.

Sincerely,

Frederick L. Newman
Professor of Health Policy and Management

DRAFT INTERVIEW PROTOCOL



FIU

FLORIDA INTERNATIONAL UNIVERSITY

Note to reviewers:

Bold terms and phrases are not to be read. I have put them in this document to make it easier to see how theoretical concepts found in the research proposal (and in the attached paper by Beaulaurier, Craig and De La Rosa).

Reviewers should note that before a protocol goes into use, it will be pilot tested. This is an early draft that has not had the benefit of such review and testing and should be considered tentative.

This focus group schedule, and not a questionnaire. Focus group leaders will need to be very familiar with the schedule before beginning the group. The schedule contains a variety of topics to be discussed during the interview. However, it is best for the group to be free flowing and natural. The best focus groups are generally those in which the leader speaks least. Try to follow these rules of thumb:

Use questions to get dialog flowing. Questions do not need to be read verbatim, nor do you need to follow the order below. Think of the questions as topics to be covered, rather than questions to be answered.

It is not necessary to use prompts. Use them to keep discussion flowing, and to make sure that topics are completely covered. Don't use them if the respondent has already covered these topics.

You can skip questions if the respondent has already discussed the topic the question refers to.

Avoid "yes/no" questions.

Avoid giving opinions or commenting on responses.

Remember that the transcriber cannot see faces. Ask respondents to say their name before they speak.

Language

I am going to ask you to talk about the discussions you have with your clients about HIV/AIDS, risk behaviors, sex and sexuality. To the extent you can, please use the words, expressions and language that you would use with them, and that they would use with you in having these discussions. We are trying to get a handle on exact wording whenever we can.

Sexual Discomfort

How do you get into discussions about sex and sexuality with older Latinos?

Prompt: Are their

What sort of barriers do you face in talking about sex, sexuality, and risk behaviors?

Prompt: Differences between men and women?

Is there anyone that clients feel comfortable discussing sex and sexuality with?

Gender Roles:

How do you approach topic of sexual behavior differently with men than with women?

Machismo:

How do you distinguish between behaviors that they are actually engaged in, and those that are socially desirable?

Prompt: feelings about multiple partners—as opposed to realities
Feeling that they should be knowledgeable

How do you approach topics related to MSM?

Describe what is typical in terms of their understanding of HIV risk.

Marianismo:

How do you approach the topic of sex and sexuality with women?

Prompt: Not wanting to look promiscuous
Not appearing knowledgeable

Talk about their feelings control in sexual relations...

Prompt: Spousal/Partner infidelity...

How do you approach issues related to taking control

...to safer sex...

...to *respeto* (respect traditionally due male partner in Latino families)

Describe what is typical in terms of their understanding of HIV risk.

Homophobia

How do you broach the topic of HIV and AIDS

Prompt: What sort of attitudes to you encounter

What sort of attitudes to you see with regard to people with AIDS

...people who are HIV+

How do your clients feel about people with HIV or AIDS?

Prompt: How should they be treated?
What sort of fears do they have about how they might be treated?

How do you broach the topic of MSM?

Prompt for men: Their MSM activity

Prompt for women: Spouse/Partner MSM activity

How do respondents feel that a person gets AIDS?

Prompt: What sort of conceptions/misconceptions do they have?
What educational needs do they have?

Simpatia/Familismo/Alocentrism

What sort of worries/expectations do your clients have about family reactions...

Prompt: Children?
Spouses
Siblings?
Parents?
Cousins?*Uncles and aunts?*Comadres/Compadres?*

Do these worries differ from men to women?

What sort of worries/expectations do your clients have about peer reactions...
...Community reactions?

Culture/Acculturation:

How do you discuss sex, sexuality and risk behaviors differently when working with...

Recent immigrants...
Monolingual clients...
Bilingual clients...

What sort of differences do you encounter with people from various countries?

Prompt: What are the countries of origin of your clients?
What words/expressions/language do you use/avoid with various subgroups?

* Can refer to extended, as well as “blood” relations.

Age, Sex, Risk:

For those who are HIV+ or have AIDS on your caseload...

...How did they get the virus?

...What kind of experiences have they had with

...providers...

...family...

...peers...

...community...

What sort of sexual behaviors do your clients engage in?

Prompt: Safer sex?

Risk behaviors?

What sort of other risk behaviors do they engage in?

Prompt: injection drugs?

Other drugs and alcohol?

Where do your clients get most of their information on AIDS/HIV?

Where do your clients get most of their information on sex?

Where do your clients get most of their information on risk?

What sort of attitudes do your clients have about older people and sex?

...older people and risk?

What do you consider the best ways of reaching out to older Latinos to educate them about HIV risks?

What are the greatest educational needs that you encounter in your clients?

Closing:

Is there anything else that I have not asked you about, but that you feel it is important for us to know?

THANK YOU! This interview has been very helpful and will be an important part of this research!

Principal Investigator/Program Director (Last, First, Middle): Beaulaurier, Richard L.

Place this form at the end of the signed original copy of the application.
Do not duplicate.

PERSONAL DATA ON PRINCIPAL INVESTIGATOR(S)/PROGRAM DIRECTOR(S)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator(s)/program director(s).

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PIs/PDs are proposed, complete a form for each. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although the provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)	03/10/59	SEX/GENDER
SOCIAL SECURITY NUMBER (last 4 digits only)	XXX-XX- 9918	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- Hispanic or Latino**
- Not Hispanic or Latino**

RACE

2. What race do you consider yourself to be? Select one or more of the following.

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)
- Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Check here if you do not wish to provide some or all of the above information.