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SERVING THE COMMUNITY
SINCE 1983

MINNESOTA AIDS PROJECT **AIDSLINE BRIEF**

A MAP journal providing you with information to strengthen your awareness in the fight against HIV.

BY THE NUMBERS

In Minnesota there have been 7,073 people diagnosed with HIV infection of which 2,528 are known to have died. Estimates suggest that 1,500 Minnesotans are infected with HIV but are unaware of their status. Currently, HIV has been diagnosed in over 80 percent of the counties in the state and there are 4,598 people known to be living with HIV in Minnesota. In 2002, alone, 305 Minnesotans were diagnosed with HIV and 45 percent of the new infections were identified in Greater Minnesota and Suburban areas. In total, 69 percent of the new infections were diagnosed among individuals between the ages 25-44 years old.



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MISSION

Minnesota AIDS Project envisions a world free of AIDS. Our mission is to lead Minnesota's fight to stop HIV and enhance the well being of those affected.

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MAP RATING LEVEL 3:

Children ages 13-17, educators, adults.

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A message from MAP Executive Director Lorraine Teel



Why Do We Need To Keep Providing HIV Education?

Doesn't Everyone Know All About AIDS?

The simple answer is, "no, everyone does NOT know all about AIDS!" Often I've heard the following: "How in the world did that person ever become HIV-infected? Haven't they heard of AIDS? What were they thinking? They must have learned about AIDS when they were in school!" When those statements or questions are raised, I'm reminded about how many times I've heard the phrase "Buckle Up And Live! Seat Belts Save Lives!" Or, how many times I've seen some TV personality interview a nutrition expert on the dangers of a high fat diet? Why do I need to be constantly reminded to wear my seatbelt? I see signs everywhere along the freeway, I see public service announcements, and Saturday morning cartoons reinforce wearing the importance of seatbelts. Certainly I learned about the dangers of not wearing a seatbelt from seeing the "crash test dummy film" in 11th grade. In terms of healthy nutrition, I learned about the four food groups (now the food pyramid) when I was in school. Every item of food I purchase has the nutritional content. There isn't a day that goes by without some talk show on radio or television extolling the virtues of healthy eating. Shouldn't that education "stick"?

Why doesn't education stick? Simple, people forget. What I knew when I was 15 is not what I know now. I can't remember all the nuances or finer points of my high school lessons. And, it should come as no surprise that neither does a 20-year old. That is why in every single public health course the importance of repeating the message is emphasized. Not only repeating, but altering the message using different words, different delivery methods and finding new and interesting settings for message delivery is crucial to a successful public health campaign. It's basic marketing.

HIV education needs to be a lifelong journey, not a 30-minute module in a high school health class. Comprehensive sexual health education is just the first step. It is a critical and important first step, but it needs to be reinforced in many settings. Safer sex messages must become a part of the marketing of sex that occurs routinely on television and in the movies. When was the last time you heard the hero or heroine discussing delaying sex or protecting themselves or their partner? It's a rare instance.

I hope in reading through this issue of *AIDSLine Brief*, you find the information and support you need to reinforce the importance of comprehensive and lifelong sexual health education. If you need additional resources, please don't hesitate contacting the MAP AIDSLine. Our health educators are here to help you.



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What Does Comprehensive Sexual Health Education Really Mean?

There are certain things we know about comprehensive sexual health education. We know that comprehensive programs are most effective in reducing risky behaviors. We know that most parents want and support comprehensive sex ed. And we know that few issues get some people's blood boiling more than teaching young people about sex.

The controversy all comes from confusion over the meaning of that one word – “comprehensive.” Does it mean teaching young people how to protect themselves from sexually transmitted infections, such as HIV, and pregnancy? Yep, it does. But what about encouraging young people to be abstinent and teaching refusal skills? It does that, too. Comprehensive is just that - comprehensive. It is about providing young people with medically accurate and up to date information that is age-appropriate and designed to help them make healthy choices throughout their lifetime. And we know it works in encouraging healthy behavior in young people.

According to Elaine Uzarek, a sexuality education teacher in the Apple Valley school district, sexuality education in Minnesota is expected to address an exhaustive list of subjects, including abstinence education, communication skills, psychological maturation of the teen, relationship knowledge, abuse in relationships, decision making skills, refusal skills, guidelines for behavior when dating, teen pregnancy, legal, emotional and social impact of intimate sexual behavior as a teen, impact of sexually transmitted infections, reproductive resources, anatomy, care of the reproductive system and pregnancy prevention methods. That's a lot – hence the word “comprehensive.”

Despite what its critics say, comprehensive sex ed is not about teaching kids how to have sex, or encouraging them to do so. “Saying that sex education causes kids to have sex is like saying the umbrellas cause rain,” said James Wagoner of Advocates for Youth. Numerous scientific studies have shown that programs that address both abstinence and contraception are the most effective in encouraging young people to postpone sexual activity and increase contraception use among those who are sexually active.

Handling the Opposition

Sexual health education is possibly the one area where some people believe that less information is better. Despite all the evidence to the contrary, sex education teachers often find themselves on the receiving end of accusations from those who believe that providing young people with information about sex is the same as encouraging sexual behavior. Although only a small minority in the U.S. is opposed to comprehensive sex education, the controversy that they can create is anything but minor. According to those who have dealt with the fights over sex education, the best time to address this controversy is before it even starts.

Liz, a teacher in a community in Southern Minnesota, found herself the subject of a very personal and hostile attack when a small group of people led by the school board chair decided to target her sexual health curriculum. A 30-year veteran in the classroom, she had written her own well-researched curriculum about 12 years ago when she was unable to find one that addressed all the issues her students were facing. "I've been in the classroom for 30 years. I know my kids and I was proud of what I had done," she said.

The school board chair claimed to have heard from parents complaining that abstinence did not get enough attention in the curriculum and who were upset that information about contraception was included. They had then assumed that as a result of this education, some kids were going to become sexually active. While Liz had heard from only a few parents over the years and rarely had anyone exercise the opt-out option she made available, she agreed to work with a committee that had been set up to review the curriculum. However, the meeting turned into an interrogation with Liz being grilled by a small group of parents. It was clear to her that her opponents were taking information out of context and twisting the facts about what she was teaching.

This led to an important lesson for Liz - protect yourself! She got in contact with her union who in turn provided her with representation. Their advice to her was that she had done nothing wrong and therefore did not need to be in a position of defending her actions.

However, this does not mean you should let your opponents go unanswered. Look to your allies - supportive school board members, public health officials, local doctors, parents and religious leaders. Allow them to speak for you. Advocates for Youth, a national organization that supports young peoples' right to comprehensive sexual health education, recommends having a diverse coalition

of people behind you before any controversy starts. Make sure they are familiar with your curriculum, with the facts behind it and are prepared to speak out if needed.

Liz worked very closely with Carol, a local public health nurse. Carol states that it is important to check in with the community on a frequent basis, even when there is no controversy. As Liz and Carol have learned, it is often too late to start organizing after problems start. Use the school district's curriculum review process if one is in place. Student evaluations are another tool to demonstrate that young people are getting the message.

Comprehensive sexual health education opponents often twist what is being taught and misrepresent the facts. It is important to research your opposition to find out what they are saying, and to see what sources they use. "They are so good at taking data out of context," said Carol. Check their statements for peer reviewed and research-based accuracy and be prepared to point out the falsehoods in their statements.

In the end, Liz was allowed to teach her curriculum with few changes. And, no more parents chose the opt-out option for their children than in years prior. Although everywhere she went in town people came up to her to vocalize their support, it was a very lonely fight, especially when the attacks got personal. "Every day I would go to work and wonder 'now what?'" said Liz. But as she reminded herself, the important thing were her students and the fact that they needed this information to stay healthy.

When controversy develops in your community, do not hesitate to look to organizations like MAP for help. Other great resources are SIECUS (www.siecus.org) and Advocates for Youth (www.advocatesforyouth.org). Both organizations have guidelines for handling these types of conflicts on their Web sites.



Shining a Light on the Suburban Epidemic

The place?...suburban Minnesota. The time?...now. The issue?...HIV.

More people are living with HIV in Minnesota than ever before. Approximately 4,600 individuals were known to be living with HIV in Minnesota during 2002. The number of new infections of HIV in Minnesota increased six percent in 2002 over the previous year with a total of 305 newly reported cases of HIV or AIDS. It is estimated that at least an additional 2,500 are infected with HIV but do not yet know. The fact that more people are living longer and healthier lives with HIV is good news. It is a sign of the impact of improved treatments. However, the expanding number of people surviving and thriving with HIV also calls for a sustained need for health and social services for people living with AIDS, and an increased emphasis on prevention as the prevalence pool is expanded.

With the release of the 2002 HIV epidemiological data from the Minnesota Department of Health in the spring, we are able to get a better sense of some of the distinct characteristics of people who are presently becoming infected with HIV. This annual report of data helps MAP and other service providers to be able to effectively target high risk populations through innovative prevention programming, and comprehensive service provision. One area of particular concern is the Twin Cities suburbs.

In 2001, 30 percent of new HIV infections were reported in the Twin Cities suburbs, particularly the western suburban area. This figure increased to 34 percent in 2002. So, what is it about the suburbs that are making them such a "hot-bed" for the transmission of HIV?

Could it be that individuals who engage in unprotected high-risk activities find it easier to do so more discreetly in the suburbs versus the metropolitan area, say through Internet chat rooms, phone lines and/or public sex environments? Research has shown that men-who-have-sex-with men (MSM) are one of the largest online communities, and that many MSM who frequent on-line chat rooms identify themselves as heterosexuals when completing their personal online profiles.

Over half of the individuals newly diagnosed with HIV through the Park Nicollet clinic in St. Louis Park reside somewhere within the western suburbs. Many secretly participate in unprotected high-risk activities (male-to-male-sex) but do not communicate this with their monogamous heterosexual partners, thereby putting their partners at risk for contracting HIV.

HIV continues to significantly affect gay and bisexual men. More than 60 percent of those living with HIV identified male-to-male sex as a transmission risk factor. At least 44 percent of the new cases reported in 2002 were among gay and bisexual men. Male-to-male transmission was cited as a factor for 83 percent of the new infections among white males and nearly 50 percent of the infections reported among African Americans. Amongst white females, the most common mode of exposure to HIV infection was heterosexual contact.

The average age at the time of receiving an HIV diagnosis continues to increase among men. The average age at HIV diagnosis among men during 1989-1991 was 33 years compared to 37 years during the most recent three-year period. The average age for women being diagnosed with HIV has remained relatively steady since 1989 at 31.

Yes, the numbers are quite sobering. But what do they all mean? And how, does this affect me?

It clearly means that the HIV prevention message is not reaching its mark. Most HIV prevention programming targeting gay and bisexual men tend to educate those who are openly gay. Many of those newly infected may not be open and thus are not being reached in venues such as gay community events and gay bars or may not routinely read the gay press. They likely don't sign up for HIV prevention listserves on the Internet. And, many abuse alcohol and other substances to cover up the shame they experience.

What is your community like? To get more information on how you can effectively work to educate your community, contact MAP.

Systems Advocacy

Systems what? So what in the world is systems advocacy and what does it have to do with HIV?

People living with HIV often encounter barriers while navigating the complex maze of service systems they need. Systems advocacy works to make these systems more responsive to people with HIV through education and training, technical assistance, research, and policy recommendations. MAP systems advocacy concentrates its efforts in non-HIV systems that have a significant use and involvement by people with HIV or at high risk for contracting HIV. These are affordable housing, substance abuse treatment, medical care for women and their children, corrections, and harm reduction services to increase access to clean syringes for injecting drug users through syringe exchange and pharmacy access.

Staff who are systems advocates partner to conduct training and education and provide technical assistance to key professionals and providers in their systems area to increase their knowledge of HIV and increase their capacity to respond to HIV. Systems advocates conduct research to develop expertise and knowledge, prepare needs assessments to identify problems and support policy solutions through their work with professional networks and community planning groups. Systems advocates also do training and education and technical assistance for HIV providers, particularly case managers, to increase their understanding of systems and their ability to navigate them for their clients.

Recently MAP's substance use systems advocate received a phone call from a local housing provider whose program provides specialized housing for individuals with HIV who are not able to live independently. Staff of the program were struggling with the issue of substance use and abuse by some of their clients and seeking guidance and ideas as to how to best serve all of their clients; those who are using, those who are abusing, and those who are sober and wanting to stay that way.

MAP's substance use systems advocate, housing systems advocate, and injecting drug use risk reduction staff designed a half day training session that provided the staff with tools and resources to take back to their workplace. Staff gained new knowledge of the philosophy of harm reduction and how to incorporate it as a part of their housing program, local resources for supportive housing providers, and ideas and strategies for staff support and self care. MAP has been asked to give this training again to another set of staff.

This example illustrates the complexity of HIV disease, individuals with HIV and the multiple systems involved. While the provider in this case was an HIV housing provider, MAP systems staff will use the knowledge they gained from this training experience to work with other housing providers (both HIV and non-HIV providers), to research and develop more ideas and strategies for other providers working with chemically dependent clients with HIV, and to become better advocates and problem solvers.

While systems advocates work together on overlapping systems issues like in the example above, they also work individually in their systems area to improve the experiences of HIV-positive persons and their families by increasing the capacity of providers in the system to respond to the needs of their HIV-positive clients.

Housing systems advocacy has focused on increasing the range of housing options affordable to individuals and families with the greatest need. The systems advocate has developed one of the

Twin Cities most comprehensive lists of private and public housing available. Lists have been developed for a variety of special needs including adult foster care, sober housing, housing for clients with criminal backgrounds, and housing providers who will work with clients with poor rental histories. These lists are created through partnerships and relationships with hundreds of local housing providers, advocates, and developers and disseminated via email to over 2,000 users.

Women and families systems advocacy recently entered into a partnership with Westside Community Health to form the Women and Families Network, a network of HIV providers and clients to address the specific issues faced by women and families with HIV. A major goal is to develop a seamless service delivery system for HIV care. The Network secured funding to sponsor a retreat for fifty HIV-positive women that combined women-specific HIV information and discussion with a healthy dose of pampering and self-care. The Network publishes a quarterly newsletter focusing on issues and resources important to women and their families. Its first few editions have discussed the history of HIV in women, gynecological care, and pregnancy.

Substance use systems advocacy works primarily with the substance abuse treatment system to educate treatment clients and staff about how substance use and abuse is linked to HIV infection. National and local surveys suggest that nearly three quarters of persons with HIV acknowledge that substance use played a factor in their contracting the virus, often through impaired judgment or sharing drug injection equipment.

Risk reduction education to drug users, particularly injecting drug users, is another MAP systems service. Using a mobile street outreach model, MAP outreach staff provide education, safer sex materials, syringe exchange, chemical health assessments for placement in drug treatment, and other resources. Our harm reduction approach recognizes that drug abuse is complex and that users are capable of reducing their health risks when they are treated respectfully and without judgment.

MAP was recently awarded a contract to create a corrections systems advocacy program and is in the process of developing this new service to improve our response to addressing HIV among our prison population and connecting HIV-positive offenders to HIV care at their release. For more information check out our systems advocacy page on the MAP Web site at www.mnaidproject.org. Click on Living With HIV, MAP Services, and then Changing Systems to learn more.

Putting Faith to Action

IN THE FIGHT AGAINST HIV

From the early days of the HIV epidemic in the U.S. and in Minnesota, local and national faith communities have been partners in the fight against HIV. Local congregations have been actively involved in volunteering, engaging in ministries of prayer, and donating financial and other resources toward prevention and support efforts. Faith communities such as Plymouth Congregational Church, Westminster Presbyterian Church, All God's Children Metropolitan Community Church, St. Mark's Episcopal Cathedral, and Temple Israel, to name but a few, have been involved since the beginning. Other faith groups such as The Rock Church and Mt. Olivet Lutheran Church regularly volunteer their time for the cause.

A number of national religious groups have developed age-appropriate curricula to educate and help prevent new infections. The United Church of Christ has developed a curriculum called Affirming Persons-Saving Lives that includes educational and prevention materials for all ages, starting with preschool and kindergarten-age children all the way through high school kids, adults, and intergenerational groups. The Episcopal Church has developed a curriculum called Teen AIDS Prevention (TAP), a resource for training teen peer educators. TAP is currently being updated for U.S. audiences and plans are in place to adapt the curriculum for use in South Africa. Jewish Family & Career Services of Atlanta has developed a Jewish-specific curriculum called L'Chaim! that is a national educational model. L'Chaim! has been used extensively in Hebrew day schools. Many other examples exist of excellent HIV education resources for children, youth and adults developed by communities of faith.

Recently, Minnesota AIDS Project (MAP) began an effort called Congregations Fighting AIDS to engage the local religious community in HIV prevention and support. MAP is encouraging congregations and religious groups to become involved in activities such as participating in the Minnesota AIDS Walk, recognizing World AIDS Day in religious services, engaging in ministries of prayer, advocating for the just treatment of people living with HIV, and raising money for prevention and direct client care. The Very Rev. Spenser Simrill, Dean of St. Mark's Episcopal Cathedral, a supporter of Congregations Fighting AIDS, said that St. Mark's has been involved in affirming ministries of support for people living with HIV since the very beginning of the epidemic. St. Mark's was eager to sign on to the new Congregations Fighting AIDS effort, as was Plymouth Congregational Church, another long-time supporter of HIV prevention, advocacy and services.

As part of Congregations Fighting AIDS, 20 youth from Trinity Episcopal Church in Excelsior visited MAP in the spring of 2003 to learn about HIV in Minnesota and the services that MAP provides. Youth ministers who attended with the group said they hope other congregations will encourage their youth to become educated about HIV.

Other faith communities have been generous with their time. People Serving People, a group of young people from Mount Olivet Lutheran Church, has been volunteering at MAP for the past seven years. People Serving People is composed primarily of high school students in grades 9-12, under the leadership of High School Youth Coordinator Billy Johnson. People Serving People is a learning service opportunity for young people at the church who want to serve the community while spending time with friends. Students make a one-year commitment to serving in the program. The group helps distribute AIDS Walk materials for Poster Blast and volunteers at Tuesday Nites preparing mailings and educational materials for distribution.

The Rock Church has been very involved in volunteering for the Minnesota AIDS Walk since 1999. Each of the past four years, the Walk has seen numerous "Rockers" attending trainings and helping at the park on Walk day.

"The Rock's commitment and enthusiasm are amazing," commented Nancy Paul, MAP volunteer coordinator.

Melanie Hedberg, who has been in charge of recruiting walkers for The Rock, mentioned one touching experience she had during her first year of volunteering, when she helped provide supplies for walkers to make posters in memory of loved ones who had died of AIDS.

Shelly Mochal, another Rock volunteer, added, "When I heard our church was going to have an opportunity to serve this community, I jumped at the chance. I had a blast meeting a ton of new, great people."

MAP is grateful for the support of the local faith community. Congregations who are interested in volunteering in the fight against HIV in Minnesota are encouraged to contact Nancy Paul at 612-373-9160 or email volunteer@mnaidsproject.org. Those who wish to join Congregations Fighting AIDS may contact Chris Haley-Walden at 612-373-2406 or cwalden@mnaidsproject.org

Impact of STD/HIV Education on Pregnancy Rates and Contraception Use Among Teens

The Need for Effective Programs:

Compared with other nations, the sexual and reproductive health of American teenagers is in an alarming state. Nearly two-thirds of teenagers report being sexually active before graduating high school. This increases their risk of STDs, including HIV, or pregnancy. The United States has the highest rates of teen pregnancy and sexually transmitted diseases (STDs) in the industrialized world. Four in ten teenage girls will get pregnant before the age of twenty, which means 1 million teen pregnancies occur every year. There are estimated to be four million STDs reported every year as a result of unprotected sex among youth. It is estimated that of the 40,000 new cases of HIV infections that occur each year in the United States, a quarter, or 10,000 cases, occur in those who are under the age of 22. While contraception use by teens has been increasing, many do not know how to use these products correctly or consistently. There is a demonstrated need for effective sexual education programs that will reduce teen pregnancy and STD rates in the US.

Comprehensive sexual education programs have proven to be effective in reducing STD and teen pregnancy by increasing condom and contraception use among teens. These programs typically relate that abstinence is the safest method of preventing pregnancy and STDs and also provide accurate facts and messages about condoms and contraception use.

The Want:

Parents and teens have expressed a strong desire to include basic information about sex, condoms, and contraception in sex education classes. A survey by Kaiser Family Foundation of parents, students, and teachers found that 98 percent of parents want HIV discussed in sex education; 85 percent want condom use discussed; and 84 percent think sex education should include information about finding and using birth control.

Teens have also expressed a need for more comprehensive sex education. A national survey of students reported that 51 percent want more information on STDs and HIV. 50 percent of the students wanted information on STDs other than HIV.

What Works:

One of the most extensive surveys of sex education research published by the National Campaign to Prevent Teen Pregnancy has found that comprehensive sex and HIV education programs do not “hasten the onset of sex, increase the frequency of sex, and do not increase the number of sexual partners” of teens (Kirby 2002). This survey evaluated twenty-five studies of comprehensive sexuality and HIV programs that included lessons on proper condom use and contraception. In fact, the survey found that these programs increased condom and contraception use among sexually active students. Despite accurate and non-biased research findings such as these, opposition forces continue to drag out competing “research findings” that have little to no basis in fact.

Ten common characteristics for effective sexuality and HIV education programs that increase condom and contraception use were identified by the study. The following characteristics were shared by the most effective education curricula evaluated for the study:

- 1 Focus on reducing one or more sexual behaviors that lead to unintended pregnancy or HIV/STD infection;
- 2 Are based on theoretical approaches that have been demonstrated to influence other health-related behavior and identify specific important sexual antecedents to be targeted;
- 3 Deliver and consistently reinforce a clear message about abstaining from sexual activity and/or using condoms or other forms of contraception. This appears to be one of the most important characteristics that distinguishes effective from ineffective programs;
- 4 Provide basic, accurate information about the risks of teen sexual activity and about ways to avoid intercourse or use methods of protection against pregnancy and STDs;
- 5 Include activities that address social pressures that influence sexual behavior;
- 6 Provide examples of and practice with communication, negotiation, and refusal skills;
- 7 Employ teaching methods designed to involve participants and have them personalize information.
- 8 Incorporate behavioral goals, teaching methods, and materials that are appropriate to the age, sexual experience, and culture of the students;
- 9 Last a sufficient length of time (i.e., more than a few hours);
- 10 Select teacher or peer leaders who believe in the program and then provide them with adequate training.

Source: Kirby D. Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy; National Campaign to Prevent Teen Pregnancy; May 2001.

Programs That Work:

Here is a brief description of some of the most effective education programs:

Reducing the Risk is a high school-based program that emphasizes avoiding unprotected sex through lecture and role-plays designed to build self-efficacy and skills regarding abstinence or through the use of contraceptive aids. This program found that sexually active students increased their use of condoms and contraception methods.

The HIV education programs – *Be Proud Be Responsible: A Safer Sex Curriculum*, *Becoming a Responsible Teen*, and *Safe Choices* were successful in reducing the risk behaviors of sexually active teens. The programs activities included small group discussion, videos, games, and role-plays. The students reported increased condom use, reduced unprotected sex, and a reduced number of sexual partners.

HIV FACTS

What is HIV?

HIV is the virus that causes AIDS. People who have HIV in their bodies have HIV disease or HIV.

- HIV is a disease with many stages. People with HIV may have no symptoms, a few symptoms or many serious symptoms.
- People can have HIV for many years without feeling or looking sick. They may not even know they have HIV. But they can still pass the virus on to others.
- Over time, HIV damages the body's immune system. The immune system protects the body from disease.
- When the immune system gets very weak, other diseases and infections can enter the body. This stage of HIV is called AIDS.

HIV Facts: What are Your Risks?

You can figure out whether you are at risk for HIV. Think about anything you are doing now or have done in the past that might have exposed you to HIV.

You are at risk if you:

- Have had unprotected sex with a man or a woman who has had other partners.
- Have shared injection drug needles, or had sex with someone who has.
- Had a blood transfusion before 1985, when HIV testing began, or have had sex with someone who did.

You are probably not at risk if you:

- Have had no sex, or have been monogamous (had sex only with one partner who doesn't have HIV and who only has sex with you).
- Have not shared needles to inject drugs or for any other reason, and have not had sex with anyone who has.
- Did not receive a blood transfusion or any blood products before 1985.

The HIV Test

The only way to know for sure if you have HIV is to have an HIV test. The HIV test looks for HIV antibodies in your body. If you have antibodies, your test results will be positive. This means you have HIV.

If you don't have antibodies, your test will be negative. This means one of two things:

- You don't have HIV.
- You have HIV, but your body hasn't made antibodies yet.

Rarely, a test result is neither negative or positive. When this happens, the test must be done again.

The Window Period

It usually takes up to three months after infection for the body to make HIV antibodies. In rare cases, it can take up to six months. This period is called the "window period."

Ways to Get HIV	How it Happens	What to Know
Sex	<ul style="list-style-type: none"> • HIV in semen, blood or vaginal fluid passes between partners through the thin mucous membranes of the penis, vagina, rectum or mouth, or through tiny cuts or open sores on these organs. • This can happen during vaginal, anal or oral sex. 	<ul style="list-style-type: none"> • Don't have sex. This is called abstinence. Abstinence is the best way to prevent sexual transmission of HIV. • Be monogamous. This means have sex only with a lifetime partner who does not have HIV and who only has sex with you. • Practice safer sex. This means don't allow a sex partner's semen, blood, menstrual blood or vaginal secretions to enter your body.
Sharing Needles	<ul style="list-style-type: none"> • Needle is shared to inject drugs, vitamins or steroids, or for tattoos or piercing. • Blood with HIV in it is left in the needle or syringe. • When the equipment is used again, HIV in blood is injected directly into the next person's body. 	<ul style="list-style-type: none"> • Don't inject drugs. • If you inject drugs, don't share needles or works. • If you share, clean works at least three times with water, three times with bleach and three times again with water before and after each use.
From Mother to Fetus or Newborn	<ul style="list-style-type: none"> • Blood with HIV in it may pass from mother to fetus in the womb or to baby at birth. • HIV may pass to baby in breast milk. 	<ul style="list-style-type: none"> • Consider taking the HIV test if you are pregnant or thinking about getting pregnant. • Pregnant women who test positive can take medication to reduce the risk to the fetus.
Blood-to-Blood Contact	<ul style="list-style-type: none"> • Blood with HIV in it comes into contact with blood or mucous membranes of another person. • Very rarely, this could happen from a blood transfusion or organ transplant. 	<ul style="list-style-type: none"> • Avoid contact with someone else's blood. • Blood and organs donated for transplant and semen at sperm banks are all tested for HIV. • You may be able to donate your own blood ahead of time for any planned surgeries.

How to Protect Yourself

- Use a new latex condom and a water-based lubricant every time for vaginal or anal sex.
- Don't use oil-based lubricants. Hand creams, massage oils, Vaseline®, etc., can cause the condom to break.
- Use a new latex condom every time for oral sex on a man.
- For oral sex on a woman or oral/anal sex on a man or woman, use a barrier such as a dental dam, a latex condom cut and rolled out flat, or plastic food wrap. Use a new barrier each time.
- People who are allergic to latex can use plastic (polyurethane) condoms. These come in both male and female styles.
- Don't have sex when you're drunk or high. Using alcohol or other drugs affects judgment and can lead to unsafe sex.

For more information about HIV transmission, risks and prevention, contact MAP AIDSLINE at 612-373-2437, 1-800-248-2437 or mapaidline@mnaidproject.org *This information reprinted from ETR Associates.*

WISE@WORK

A service of the Minnesota AIDS Project

TALKING TO OTHERS ABOUT HIV

More and more, workplaces are the place where people are confronted with questions about HIV. As HIV-positive people live longer and are healthy enough to stay at work or go back to work, employers have questions about best practices and their legal responsibilities. Co-workers have questions about how to deal with HIV in a workplace setting. HIV-positive employees have questions about disclosure of their HIV status and the privacy of their personal medical information. And virtually everyone has questions about how to talk about HIV with their families and friends – especially once they return home after work.

Whether it's through new printed materials – written and designed expressly for Minnesota workplaces, referrals to MAP legal or other services, on-site presentations at Minnesota businesses, or via phone consultation, Wise @ Work helps answer all these questions.

How do you talk to others about HIV? Where do you begin the conversation? Here are some places to start:

AT HOME: TALKING TO YOUR FAMILY

When we present the Wise @ Work program to employees in businesses and companies throughout Minnesota, one of the most common questions people ask is, “How can I talk to my kids about HIV?”

It's an important question. Many parents are uncomfortable with subjects that can arise in a discussion about HIV transmission: sex and sexuality, drug use, and serious illness. Parents often don't know where to begin the conversation, and may need resources to help them start to talk about HIV in an age-appropriate manner. That's how Wise @ Work can help.

HIV is a business issue. 70 percent of new HIV infections in Minnesota are among people age 25-44, the age of the majority of the workforce. Young people – who will eventually become young workers – need to know how to prevent HIV, and one of the best places for them to learn about it is at home.

Employers who provide HIV education at work are also helping get the conversation started in the homes of their employees. Employees trust information about HIV that they receive at work, and they take it home: family education is a critical part of HIV prevention.

AT WORK: TALKING TO YOUR CO-WORKERS

Advanced HIV treatments are helping people stay on the job – or go back to work after a disability leave. And, more people are being open about their disease at work. It's possible you'll learn that someone you work with has HIV.

Educate yourself in order to deal with any of your fears or emotions that might arise around HIV in your workplace. Start with facts – the risk of acquiring an exposure to HIV at work is infinitesimal. Your co-worker needs your understanding, support, and

compassion – negative reactions and attitudes can erode workplace morale and productivity. After all, your co-worker is the same person – and friend – as before HIV was diagnosed, and it takes courage to share the information with you and others.

Keep your co-worker's diagnosis confidential and do not tell anyone else without his or her permission. Telling could cause problems for your co-worker – and expose your employer to litigation. Disclosure of an HIV diagnosis – whether it's an HIV-positive employee who wants to know whether and how to disclose, or how an employer manages disclosure – is the number one subject for questions and legal information about HIV in the workplace.

AT WORK: TALKING TO YOUR EMPLOYER

Does your employer provide HIV education through new employee training or a “brown bag lunch” speaker series? Are you aware of workplace policies that cover HIV-positive employees? Are there HIV-related volunteer and event opportunities in which employees can participate?

These are questions that can help you determine if your workplace is prepared to respond to HIV, and are often the considerations that HIV-positive people make when they decide where to work. When employers provide HIV information in the workplace, they lessen the chance of discrimination, disruptions and morale problems.

Employers can prepare their business and workforce by developing an HIV workplace policy, adding HIV education to employee wellness programs and by providing contributions, sponsorship support or volunteer services to address HIV needs in the community.

Wise @ Work provides:

- **Legal advice and information on state and federal fair employment practices**
- **Educational literature for your managers and employees on HIV**
- **Free employer seminars on HIV in the workplace**
- **On-site seminars for your managers or employees**
- **Direct services for employees with HIV**
- **Workplace participation in MAP special events - Minnesota AIDS Walk and Hollywood**

Call 612-373-2409 or email workplace@mnaidsproject.org to learn more about Wise @ Work.

FAMILY EDUCATION

excerpted from the Wise @ Work Talking To Others Guide

Talk about HIV with...

...young children.

You can begin talking to children about HIV at a very young age. Children as young as five years old need to understand how HIV is transmitted and that they can't “catch” the virus by playing with, hugging, or sharing food with someone who is HIV-positive. Remind them not to play with dirty needles or other things that could hurt them.

... your preteen.

Make HIV information a part of your discussions about behavior and sex with your preteen child. Young people, ages 9-12, need accurate information to establish good decision-making skills and life-long values.

... your teenager.

Talking about HIV and sex with your teenager is important because it can save his or her life. At this age, focus your discussion on HIV prevention and responsible behavior. Your child needs to know how HIV is transmitted and how to avoid the risk of infection.

... your friends.

Share life-saving information. Your friends need to know about HIV to understand their personal risks. HIV is not limited by where you live, your gender, race, age or sexual orientation. Everyone is potentially at risk.



Test Your Knowledge

How Much Do You Really Know About HIV?

TRUE/FALSE QUESTIONS FOR TEENS AND ADULTS

- 1. People with other sexually transmitted infections are much more likely to get HIV when exposed to the virus.**

True: Having another sexually transmitted disease makes it easier to get HIV and also easier to pass HIV on to other people. Some scientists think this is because some sexually transmitted infections cause open sores, or because some people are just more likely to get infections in general. Also keep in mind that people who are more sexually active are at risk for various infections, including HIV.

- 2. One-third of the new cases of HIV reported in Minnesota last year were among people in Twin Cities suburbs.**

True: 34 percent of the new infections reported in Minnesota during 2002 were among individuals living in Twin Cities suburbs, mostly west suburban communities and mostly among men.

- 3. The new HIV/AIDS drugs (protease inhibitors) are a cure for AIDS.**

False: Protease inhibitors are not a cure for AIDS. They are a type of drug that helps keep HIV from reproducing inside, slowing down the damage that HIV does to a person's body, but they are not able to stop HIV completely.

- 4. You can get HIV from another person's saliva.**

False: HIV is not transmitted through saliva. HIV is only transmitted through blood, semen, vaginal fluid and breast milk. In cases where HIV transmission seemed to be due to saliva, blood was involved.

- 5. Even if a person with HIV is taking the new HIV/AIDS drugs, they can infect another person.**

True: The new drugs reduce the amount of virus in the body, but cannot destroy all of the virus in a person's body. Protease inhibitors are not a cure for AIDS. They are a type of drug that helps keep HIV from reproducing inside, slowing down the damage that HIV does to a person's body, but they are not able to stop HIV completely. However, when added to health education and consistent use of condoms, helping people lower their viral levels can be one part of the picture for preventing new HIV infections.

- 6. HIV can be transmitted by performing unprotected oral sex.**

True: HIV can be transmitted by performing unprotected oral sex. The person performing unprotected oral sex is at risk because HIV can enter the bloodstream through the mucus membranes lining the mouth and throat. Receiving oral sex is very unlikely to cause transmission of HIV. Blood from an HIV-positive person's mouth would have to get directly inside the other person's penis or vagina for there to be any risk at all.

- 7. A person who wants to know if they have HIV must wait until they show symptoms to get an accurate HIV test.**

False: The most common HIV test actually tests for the antibody, not the virus. It typically takes between two weeks to three months for the body to create antibodies that are detectable by the test. The test will detect the antibody long before a person shows symptoms. A person can live for years with HIV – the average length of time from HIV infection to AIDS is 20 years.

- 8. HIV can be spread through a cough or a sneeze.**

False: HIV cannot be spread through the air and therefore cannot be transmitted by coughing or sneezing. HIV can only be spread through blood, semen, vaginal fluid and breast milk.

- 9. Using a latex condom correctly every time a person has sex greatly reduces their risk of becoming infected with or spreading HIV.**

True: Using a latex or polyurethane condom correctly and consistently every time greatly reduces the risk of spreading HIV. Use only water-based lubricants with the condom.

- 10. You can find out more about HIV and AIDS in Minnesota by contacting Minnesota AIDS Project AIDSLine.**

True: MAP AIDSLine is available Monday through Thursday, 9 am – 9 pm and Friday 9 am – 6 pm. MAP AIDSLine offers referrals, resources and emotional support regarding HIV in Minnesota.



TRUE/FALSE QUESTIONS FOR KIDS

- 1. HIV is the virus that causes AIDS.**

True: AIDS is the disease caused by the HIV virus. AIDS is one state of HIV infection.

- 2. You can get HIV from a bug bite.**

False: You can't get HIV from a bug bite. Mosquitoes and other sucking and biting insects do not transmit HIV. If animals or insects spread HIV, there would be a high infection rate in people of all ages.

- 3. A person with HIV can live for a long time.**

True: The average time from HIV infection to AIDS is 20 years.

- 4. You can tell by looking at someone if they have HIV or AIDS.**

False: You can't tell by looking at someone if they are infected with HIV or have AIDS. People with HIV and AIDS can look and feel healthy and may not even know that they are infected.

- 5. You can catch HIV from drinking out of someone's glass.**

False: HIV can't be transmitted by casual contact. HIV is not spread by saliva (it is spread by blood, semen, vaginal fluid and breast milk).

PROTECTING A LAW That Keeps Teens Healthy

For over thirty years, the state of Minnesota has recognized that teens who are not comfortable telling their parents about a potential health issue are more likely to go without needed care than to obtain parental consent.

Since 1971, Minnesota's Minor's Consent law (§ 144.343) has allowed teens to seek the following medical services without parental consent:

- emergency medical care
- inpatient mental health care
- drug or alcohol abuse evaluation and treatment
- sexually transmitted infections testing and treatment
- contraceptive care
- pregnancy-related care (not including abortions)

The law does require parental involvement if maintaining confidentiality would jeopardize the minor's health, or if health concerns beyond the strictly limited confidential issues are discovered during a medical visit.

Minor's Consent is important because it opens a door for adolescents to critical health care they otherwise may not seek, a full health assessment that often discovers other mental and physical health issues, and discussions with trained professionals who encourage and help them involve their parents in their health care.

However, there is a push in the Minnesota Legislature to repeal Minor's Consent. The efforts to change this law sound like common sense, but they are not. Sure, parent's should know what's happening in their teen's life and should be involved and engaged with health decisions. But, anyone who has been a parent knows that it isn't always that easy. Even in the most ideal family situation, there are those times when parents and teens just don't connect. Most parents would first and foremost want their son or daughter be well, rather than hold a secret and go without health services because they are afraid to talk to their parents.

Eliminating a teen's ability to seek health services for something like a STD, or even eliminating the promise of confidentiality by opening health records related to these services for parental review would put the health of young Minnesotans at risk.

A real, common sense response is mindful of the fact that many adolescents cannot talk with their parents about sensitive health issues. For example, they may not live with their parents and feel uncomfortable talking with their guardian, or they may suffer physical or mental abuse from their parents, or the parents simply refuse to discuss the issue with their teenager.

Requiring parental notification also dismisses the fact that most teenagers will forgo critical care rather than tell their parents about sensitive health issues. A recent survey on adolescent health care found that:

- 80 percent of unmarried adolescent females would not seek birth control if their parents had to be told, but less than 1 percent would discontinue sexual relations. REDDY D, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, SEPTEMBER 2002, VOL. 288; 6.
- 55 percent of teens would not seek care for depression if parental notification were required. ADVOCATES FOR YOUTH. ADOLESCENT ACCESS TO CONFIDENTIAL HEALTH SERVICES. AVAILABLE AT: WWW.ADVOCATESFORYOUTH.ORG/PUBLICATIONS/IAG/CONFHLTH.HTM.

Instead of improving communication between parents and their growing adolescents, the repeal of Minor's Consent in most cases will increase the number of adolescents who choose to go without, or delay, critical care.

The Minnesota Nurses Association, along with groups such as the Minnesota Medical Association, Children's Hospital, and the Minnesota Chapter of the American Academy of Pediatrics, Sex Ed for Life, and Neighborhood Health Care Network support protecting Minnesota's Minor's Consent law. It has helped keep our kids healthy for the past 30 years.

resources for teachers

Below are a few resources for teachers. If you would like to know about other resources for talking to kids about sexuality or have questions about HIV, contact MAP AIDSLine, 1-800-248-2437, 612-373-2437 or online at mapaidslines@mnaidproject.org

Web sites

Advocates for Youth

1025 Vermont Avenue NW, Suite 200
Washington D.C. 20005 USA
Phone: (202)347-5700
Fax: (202) 347-2263
Email: info@advocatesforyouth.org
www.advocatesforyouth.org

This Web site provides a variety of lesson plans and ideas for educators concerning a variety of sexual and reproductive health issues. Advocates for Youth also has developed a program plan that can guide educators through the process of developing and implementing a HIV peer education program in their schools or community.

Comprehensive Health Education Foundation

22419 Pacific Highway South-King County
Seattle, WA 98198
Phone: 1-800-323-2433
Email: info@chef.org
www.chef.org

This Web site provides information on C.H.E.F.'s prevention curriculum entitled "Get Real about AIDS" and how to order it. A mixed-media prevention curriculum developed to help students recognize and avoid situations that put them at risk for getting HIV and other STIs.

Parent HIV/AIDS Education Project

Cornell University
College of Human Ecology
Family Life Development Center Center
MVR Hall
Ithaca, NY 14853
Phone: 607-255-1942
FAX: 607-255-8562
Email: jst5@cornell.edu
<http://www.human.cornell.edu/fldc/hiv/tgtoc.cfm>

This material entitled "Talking with Kids about HIV/AIDS Teaching Guide" is accessible on this Web site. The teaching guide describes the agenda and objectives of the activities. The activities described highlight facts about HIV and help participants develop adult-child communication skills.

HealthTeacher.com

Must be a member of this site to access. Provides lesson ideas and activities on many health related topics.
www.healthteacher.com

National Parent and Teachers Association Comprehensive Sexual Health Programs Reserve Library

www.pta.org/programs/hivlibr.htm

EdHelper.com

This Web site features lesson plans and classroom activities. The Web address below features classroom activities and projects specific to HIV education.
<http://www.edhelper.com/cat78.htm>

Books

Act Smart: HIV/AIDS Education Curriculum for Three Age Groups. American Red Cross. Published by Mosby Lifeline, 1994.

Guidelines for Comprehensive Sexuality Education: Kindergarten –12th. Guide. National Guidelines Task Force, SEICUS, New York, N.Y., 1991. 130 W 42nd Street, Suite 350, New York, N.Y. 10036.

Quackenbush, Clark and Nellson. **The HIV Challenge: Prevention Education for Young People.** ETR Associates, Santa Cruz, C.A., 1995.

Rizzo Toner, Patricia. **Sex Education Activities (Just for the Health of It!).** Health Curriculum Libraries. Center for Applied Research in Education, 1993.

Scheer, Judith K. **HIV Prevention Education for Teachers of Elementary and Middle School Grades.** Association for the Advancement of Health Education, Santa Cruz, Calif., 1992.

Schonfeld, D., & Quackenbush, M. (1996). **Teaching Kids About How AIDS Works: A Curriculum for Grades 4-6.** Santa Cruz, CA: ETR Associates (P. O. Box 1830; 95061-1830).

Schonfeld, D., & Quackenbush, M. (1996). **Teaching Kids About How AIDS Works: A Curriculum for Grades K-3.** Santa Cruz, CA: ETR Associates (P. O. Box 1830; 95061-1830).

Tillman, Kenneth and Toner, Patricia. **How to Survive Teaching Health: Games, Activities, and Worksheets for Grades 4-12.** Prentice Hall Trade, 1990.



www.mnaidsproject.org

What's in the Works at MAP?

Check us out at www.mnaidsproject.org to get up-to-date information about what's on the MAP calendar. You can also get useful information through the online version of the MAP AIDSLine Resource Guide, current news about HIV action in Congress or the State Capitol, copies of workplace education materials to download, and more.

Minor's Consent: The Law that's All About Teen Rights, Responsibility and Respect

For thirty years Minnesota has had a minors consent law which allows young people to get confidential health care related to STDs, pregnancy or substance use, and to do so without a parent's consent. Some say this is about making sure that young people get the health care they need, when they need it and that it promotes teens growing to take responsibility for their health. Others say it erodes parents' rights and responsibilities.

Abigail English of the **Center for Adolescent Health & the Law** knows the in's and out's of minors consent laws. Learn what to do and what not to do. Ms. English will participate in a Sex Ed for Life Community Forum in October. The forum is co-sponsored by MAP and MOAPPP (Minnesota Organization on Adolescent Pregnancy Prevention and Parenting).

Rolling Out the Trojan Horse: The CDC's New Plan for HIV Prevention

The Centers for Disease Control and Prevention released a study earlier this year that said HIV prevention efforts have worked and have been cost effective. Then, a few months later, the agency's new leader declared that HIV prevention has failed and that we needed a new plan. A plan that can sometimes sound good, but reading between the lines can also sound a lot like the "test 'em which hunt" plans that extreme conservatives were calling for in 80s.

Terje Anderson, Executive Director of **NAPWA** (National Association of People with AIDS) will participate in a MAP community forum in November to talk about this new testing plan.

Visit us at www.mnaidsproject.org to get the details on upcoming MAP community forums.