HIV Prevention Bulletin
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This month's HIV Prevention Bulletin focuses on two important issues for HIV/AIDS, STD and hepatitis programs: integrating hepatitis services into HIV and STD programs, and developing programs to reach youth at risk for HIV and STDs.

Focus on: The Benefits of Integration

Over the past several years there has been increasing attention on the need for public health to provide integrated HIV, STD and viral hepatitis services. Simply put, risky behavior puts individuals at risk for multiple infections, as evidenced by reports of a high rate of HIV co-infection among men who have sex with men (MSM) in many of the big cities with syphilis outbreaks, and by data suggesting that at least one-quarter of people living with HIV are also infected with hepatitis C virus (HCV). Public health guidelines support an integrated approach: CDC's 2002 STD Treatment Guidelines, for example, recommend that all sexually active MSM receive an annual screening for STDs, counseling and testing for HIV, and vaccinations against hepatitis A and B. CDC's A Comprehensive Approach to Preventing Blood-Borne Infections Among IDUs highlights the importance of providing both sexual and drug risk-reduction services to injection drug users (IDUs) and encourages a focus on "blood-borne disease prevention" versus HIV prevention.

While public health agencies have been integrating HIV and STD services for some time, viral hepatitis services (i.e., hepatitis C counseling and testing, hepatitis A and B vaccine) are a relatively new addition. And although it is clear that providing integrated disease prevention services is good public health policy, the benefits of incorporating hepatitis services into HIV and STD services have not yet been well documented.

This edition of the Bulletin highlights two health department programs that have found that by providing integrated hepatitis services, they were able to reach clients infected with or at risk of HIV and other STDs. The California Office of AIDS offered hepatitis C counseling and testing as an "incentive" for IDUs and found that HIV counseling and testing rates doubled; and at NYC's Riverside STD Clinic, clients seeking hepatitis C counseling and testing were found to be positive for STDs.

The importance of accessing high risk clients and providing them with prevention, treatment and referral services cannot be understated. The California and NYC examples demonstrate that hepatitis services can serve as a "hook" to bring many clients into public health settings who will then take advantage of HIV and STD services.

Can Integrating Hepatitis Services in an STD Clinic Encourage New Clients? Experience from a NYC STD Clinic, May 2000-August 2003
By Karen Schlanger and Robin Hennessy, New York City Department of Health and Mental Hygiene

Recent experience from New York City indicates that integrating viral hepatitis services at an STD clinic may be a useful strategy for attracting high-risk patients who can benefit from multiple services. In November 2003, the NYC Department of Health and Mental Hygiene (NYC DOHMH) presented data at the American Public Health Association conference in San Francisco demonstrating that people with a history of injection drug use were drawn to the STD clinic

specifically to receive hepatitis services and that these same clients are also benefiting from other offered services, including STD screening and HIV testing and counseling.

Background: NYC DOHMH began offering hepatitis services in May 2000, at the Riverside STD clinic. The clinic, which is located on the Upper West Side of Manhattan, serves a diverse racial/ethnic client population and offers a full array of STD services, including both anonymous and confidential HIV counseling and testing. Viral hepatitis services offered include hepatitis A and B vaccine, and hepatitis B and C counseling and testing. The integration and evaluation of viral hepatitis services at the Riverside STD clinic was funded as a pilot project through a cooperative agreement with CDC's Division of Viral Hepatitis (DVH). In preparation for integrating viral hepatitis services an on-site project coordinator was hired; protocols and screening tools were developed; all clinical, counseling, and administrative staff were provided training; referrals for those individuals testing positive were established; and an electronic database was developed to track hepatitis services delivered. Despite initial reluctance on the part of some staff to take on a new service, integrating hepatitis services into the clinic went relatively smoothly and is now seen as a core service.

Hepatitis Services currently offered at the Riverside STD clinic: Hepatitis A vaccine is offered to high-risk clients including MSM, IDU, HIV-positive, HCV-positive. Hepatitis B vaccine is offered to all clients, however serologic testing is only offered to groups with high prevalence (MSM, IDU, HIV-positive, HCV-positive). Hepatitis C testing is currently offered to clients who report IDU (a history of or current use), liver disease, blood transfusion or organ transplant before 1992, hemodialysis, receipt of a non-professional tattoo or body pierce (ie: in jail), HIV positive status, sex with someone living with HCV, greater than 39 lifetime sexual partners, or a physician referral. Hepatitis C testing was originally offered to all clients, but the protocol was refined in August 2002 to focus on clients at highest risk for HCV infections.

Research Question: Hepatitis services are well utilized at the Riverside clinic. Between May 2000 and August 2003, 7,929 individual patients received at least one hepatitis service. To better assess if the availability of integrated hepatitis services was bringing in "new" clients to the STD clinic, and to what extent these new clients accessed traditional STD services, the program decided to take a closer look those clients who reported current or previous injection drug use (IDU). The information for this analysis was gathered from the hepatitis electronic database and medical chart review.

Results: Of the 7,292 clients who received a hepatitis service, 249 (3%) reported a history of IDU, with 48 (19%) reporting current IDU. More than two-thirds of these 249 patients received hepatitis B testing and vaccination and 73% received hepatitis C testing. Forty-five percent (45%) had evidence of past HBV infection and 57% tested HCV anti-body positive. Analysis of these 249 patients' reason(s) for coming to the clinic, indicated that **59% (147) indicated that they came specifically for one or more viral hepatitis service.**

Further analysis was conducted to determine whether the 249 clients with a reported IDU risk who had received a hepatitis services also capitalized on the available HIV and STD services. This analysis found that of the 147 clients who came to the clinic specifically for hepatitis services, 53 (36%) also tested for HIV, with 2 (3.8%) testing positive (both had tested HIV negative in the past), and 49 (33%) had an STD exam, with 11 (22%) diagnosed with an STD.

Conclusions and Discussion: These data suggest that integrated hepatitis services appear to be an incentive for IDU clients to visit the STD clinic, and that IDU clients who come to a clinic specifically for hepatitis services will also utilize traditional STD services. While the numbers of IDUs in this analysis are small, these findings are important for HIV and STD clinics considering offering hepatitis services. Riverside STD clinic found that almost 60% of the IDUs visiting the clinic from May 2000-August 2003 did so specifically to receive hepatitis services, however, many of these patients were also at-risk of or infected with HIV and STDs. The clinic's availability of hepatitis services serves as an important "hook" to bring high-risk populations such as IDU into a public health setting, where they can access other needed health services.

For more information about the Riverside STD clinic's hepatitis services, please contact Karen Schlanger, NYC Hepatitis C Program Director, or Robin R. Hennessy.

Hepatitis C (HCV) Testing as an Incentive to Increase HIV Testing among IDUs in California

By Joleen Heider, Clark Marshall and Tom Stopka, California Office of AIDS

The California Office of AIDS (OA) received approximately $40,000 from the Centers for Disease Control and Prevention (CDC) to conduct a Demonstration Project in 2003, to evaluate the use of HCV counseling and testing (C&T) as an incentive to attract larger numbers of injection drug users (IDUs) into HIV C&T services. The project was conceived to better understand how alternative approaches may influence HIV C&T rates among IDUs in California, and to assist local, county and state health officials to better address viral hepatitis surveillance and prevention efforts among IDUs.

Project Plan

The OA first identified five sites in California to participate in the project. The counties were chosen based on their ability to reach a high prevalence of IDUs, sufficient staffing to administer the project, the ability to provide clients with targeted educational and harm reduction materials and to provide appropriate referrals. The counties were also chosen because they had little or no ongoing HCV screening or related research. Viral hepatitis training and training materials were provided by the Hepatitis C Unit of the Department of Health Services Infectious Disease Branch. The five sites chosen were Riverside, Humboldt, Solano, Fresno and Berkeley.

The project's "baseline assessment phase" began in February 2003. Over the course of two months, staff members in the five participating sites conducted standard outreach efforts to targeted IDU populations, documenting the number of contacts made in the recruitment of clients (IDUs) for C&T and the number of IDUs who decided to be tested for HIV during the two months. Basic client demographic information and HIV risk behavior data were collected from all clients who tested for HIV. Site staff also documented the number of IDUs who returned for HIV results.

After the baseline phase the two month "intervention phase" began. This phase consisted of staff members at the five participating sites conducting standard outreach efforts to IDUs, in the same venues as those visited in the baseline phase, and then offering HCV testing. Site staff actively promoted HCV C&T during this phase and HIV C&T was offered as an "add on." Site staff collected data on the number of contacts made with IDUs during recruitment for HCV and HIV C&T and the number of IDUs who ultimately tested for HCV and HIV during the two month intervention phase. Client demographic information as well as HCV and HIV risk behavior data were collected from all clients who decided to be tested for these viruses. Staff also documented the number of IDUs who returned for HIV and HCV results.

Project Results

All five participating sites found that more IDUs participated in HIV C&T when HCV C&T was also offered. A total of 538 HIV tests were conducted during the intervention phase, compared to 364 HIV tests during the baseline phase. The HIV testing rate, based on the number of HIV tests conducted during the baseline or intervention phase, divided by the number of IDU contacts made during the baseline or intervention phase, respectively, was 41.2% (538/1305) during the intervention phase and 22.1% (364/1645) during the baseline phase. In addition, greater numbers of IDUs returned for their HIV test result during the intervention phase than during the baseline phase: In the intervention phase, 61% (328/538) of IDUs returned for their HIV test result, compared to 50.5% (184/364) during the baseline phase. While some individual site differences were greater than others, all five sites found that more IDUs tested for HIV and returned for their HIV test result during the intervention phase than during the baseline phase. Overall, HCV prevalence among IDUs who were tested across all five sites was 37%. Riverside, Humboldt, Solano and Berkeley all had a similar HCV prevalence, at 32%, 31%, 31% and 23% respectively, while Fresno had an HCV prevalence of 75%. It is important to note that actual HCV prevalence in each of the 5 respective sites is likely to be even higher since site staff were instructed to test only those IDUs who had not previously tested positive for the virus.

Participating sites found that incorporating HCV into HIV counseling and testing took more time (40 minutes rather than 20 minutes for an HIV C&T session alone) and increased emotional stress on the counselors, due to the number of HCV positive results they had to give. Compared to other geographic areas in the United States, California has a very low prevalence (11-20%) of HIV among

IDUs, so many of the counselors who work with IDUs were not accustomed to giving a large number of positive test results during a relatively short time frame.

Overall, the California HIV-HCV Demonstration Project suggests that HIV and HCV C&T integration can improve viral surveillance among IDUs while enhancing prevention efforts. HIV test rates among IDUs nearly doubled across the 5 California project sites when HCV and HIV C&T were integrated. While test disclosure rates did not increase as markedly across all 5 sites, overall disclosure rates suggest that the HIV-HCV integration can encourage more IDUs to return for test results. The implementation of rapid testing will undoubtedly strengthen the impact of the combined testing. Similar integration initiatives in California are planned in order to attempt to further increase HIV C&T testing rates among IDUs. For more information about this project, please contact Clark Marshall by email or phone at (916) 449-5806, or Tom Stopka by email or phone at (916)449-5828.

Using HIV Prevention Dollars to Support HCV Testing

For many, California's HCV Demonstration Projects prove what has long been suspected: IDUs are less interested in HIV and increasingly concerned about HCV. They want and seek out HCV services. Therefore HCV testing may serve as a "hook" to bring IDUs into public health settings where they can access additional services, including HIV and STD testing. But with limited federal support for hepatitis C counseling and testing, how can HIV programs capitalize on the interest in HCV and reach IDUs who are at risk for numerous infections?

This year for the first time, CDC's Division of HIV/AIDS Prevention (DHAP) is allowing HIV prevention dollars to be used to support HCV testing, under cooperative agreement 04012 with health department HIV/AIDS programs. Specifically, the program announcement (pg. 21) states that, "when possible, HIV prevention services should include screening for hepatitis viruses (e.g., hepatitis A and B in MSM and hepatitis B and C in injection drug users) and provide or link those needing immunizations for hepatitis A and B to such services. HIV funds may be used for hepatitis testing, but not for immunizations against hepatitis A and B. CPGs must be involved in the decision (e.g., indicates in the HIV Comprehensive Plan the need to provide such services.")

For health departments and community planning groups that have prioritized IDUs in their HIV Comprehensive Plan, this flexibility of HIV prevention dollars provides a new opportunity to access this hard to reach population. It is estimated that between fifty and eighty percent of IDUs who have been injecting for five or more years are infected with HCV. By integrating HCV C&T into HIV C&T programs targeting IDUs, HIV programs are able to counsel and test IDUs about a disease that approximately fifty to eighty percent of them have, and help them adopt strategies to prevent transmitting HCV and contracting HIV. HCV and HIV C&T also provide an important opportunity to offer IDUs referrals for other services, such as medical care, substance abuse treatment, or housing.

It is important to note that CDC has determined that the only allowable use of these funds is *to purchase HCV testing kits or to support the lab costs associated with testing*. If your community is interested in providing HCV testing to IDUs, work with your state health department and HIV community planning group.

If you have questions or would like more information, please contact Laurie Schowalter.

Hepatitis C Physician/Patient Toolkit

In late December 2003, CDC mailed a Hepatitis C Physician/Patient Toolkit to 143,000 physicians in the United States. The objectives for the distribution of the Toolkit are:

1) To educate physicians and patients about hepatitis C and HCV testing of at-risk patients in primarily clinical settings;
2) To assess the process of materials dissemination and the impact on physician education; and
3) To identify whether the physicians receipt of the Toolkit resulted in an increase in anti-HCV laboratory testing within the state.

Due to limited funding, the Toolkit initial mailing encompassed only 26 states. To determine the impact of the educational intervention, baseline anti-HCV testing totals obtained from Quest Laboratories will be collected in selected states for two months prior to the mailing, and again at 3 months and 6 months post-mailing.

Hepatitis C testing data, as described above, will be collected in 8 states and selected physicians will be sent the Toolkit with a bounce-back survey card. Those states include: Alabama, Idaho, Indiana, Utah, Ohio, West Virginia, Nebraska and Vermont. Six states have been selected as a control group, Georgia, Michigan, New Hampshire, Nevada, Washington, and South Dakota. Testing data will also be collected for the same time frames, but Toolkits will not be distributed in these states.

The study population is comprised of approximately 43,000 physician members of the American Medical Association (AMA) in the 8 selected states, whose specialties include: internal medicine, family practice, substance abuse/addiction medicine, surgery, obstetrics and gynecology, pediatrics, and general practice. The Toolkit has also been sent to AMA member physicians within these specialties in the following states/territories: AR, CO, CT, DC, DE, FL, IA, ME, MN, MT ND, NM, NY, PR, RI, SC, WY, and CA. The total mailing will reach approximately 143,000 physicians. Again, due to funding restrictions, the Toolkit was not able to be more widely distributed.

The content of the kit includes:

1. Dear Colleague Letter, signed by the AMA and CDC
2. Bounce-back evaluation card
3. Hepatitis C: Remember to Ask Your Doctor – patient education brochure
4. Two "Hepatitis C: Remember to Ask Your Doctor" posters
5. "Hepatitis C at a Glance" - Physician's Booklet
6. Reference Table for Interpretation of HCV Test Results
7. HCV Infection Testing Flow Chart
8. CD-ROM with PDA downloadable files:
    a. Risk Groups for HCV Infection
    b. "Hepatitis C: Remember to Ask Your Doctor" – patient education brochure
    c. Reference Table for Interpretation of HCV Test Results
    d. HCV Virus Infection Testing Flow Chart and
    e. Self-study CME program "Hepatitis C: What Clinicians and Other Health Professionals Need to Know"

If you would like more information about the Hepatitis C Physician/Patient Toolkit, please contact Laurie Schowalter.

Focus on: Programs to Reach Youth

The CDC estimates that almost half of all new HIV infections in the US are among people under the age of 25, and that most of these youth are infected sexually.[1] Therefore, almost 20,000 new HIV infections are among youth who are sexually active. According to the CDC, AIDS incidence among people ages 13 to 25 rose nearly 20% between 1990 and 1995.[2] CDC also stated that while AIDS incidence among young gay and bisexual men and young injection drug users was relatively constant during this time period, AIDS incidence among young heterosexual men and women rose more than 130%.[2] Sustained, targeted prevention for youth is needed to keep this alarming rate from increasing even further. The CDC Division of HIV/AIDS Prevention (CDC-DHAP) recommends that HIV prevention messages for youth be comprehensive by implementing various strategies to reach youth including:[2]

- Creating school-based programs that reach youth before behaviors are established;
- Providing messages about abstinence and the delay of first sexual intercourse in addition to providing information about condoms and other contraceptives;
- Reaching out of school youth who are more vulnerable to HIV infection;
- Sustaining efforts for YMSM; and
- Involving parents in communication with youth about HIV/AIDS prevention.

This section of the *Bulletin* will focus on three HIV prevention programs targeting youth or their parents. The first is from Scenarios USA, a national non-profit organization which aims to inspire youth to make healthier and safer decisions about sexual responsibility. *Scenarios* offers teens a creative opportunity to think through their feelings and choices by inviting them to participate in an annual

'What's the Real Deal?' writing contest. Contest participants ages 12 to 22, submit scripts, stories or poems to *Scenarios*. The winners are partnered with famous filmmakers and together they turn their stories into short films. The second article is from the National Education Association-Health Information Network (NEA-HIN), a non-profit organization that provides health information to educational employees and the students they serve. NEA-HIN's mission is to improve the health and safety of school personnel and students by providing the school community with vital and timely health information that will increase teacher and education support professional (ESP) quality and student achievement. Their article describes the *Can We Talk?¿Conversamos?* curriculum, a curriculum that helps to empower parents in talking to their children about HIV and STDs. The third article discusses "The WAIT Project" created by Ole Pete Key, Inc. and how music can be used as a mechanism for targeting youth with motivational, educational, and inspirational messages to create awareness for HIV prevention.

For more information on youth HIV/AIDS prevention please contact Elena Soler.

[1] Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (CDC/DHAP). *Young People at Risk: HIV/AIDS Among America's Youth*. March, 2002. www.cdc.gov/hiv/pubs/facts/youth.htm
[2] Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention (CDC/DHAP). Comprehensive HIV Prevention Messages for Young People. July, 1997. http://www.cdc.gov/hiv/pubs/facts/compyout.htm

Scenarios USA: Kids Creating Social Change

By Kelly Thomson, Project Assistant, Scenarios USA

In May of 2000, over 500 teens from public schools, community groups and health organizations throughout New York City submitted scripts, poems, songs and stories in response to Scenarios USA's "What's the Real Deal?" Contest on coming of age in the era of AIDS. One of these submissions would become the next Scenarios USA film.

Scenarios USA is a national nonprofit dedicated to giving teens the reins to create their own media on topics around sexual responsibility. The films, written by teens, are used by educators and community groups across the country to get youth thinking and talking about the issues shaping their lives.

In June of 2000, 18-year-old Randy Walton and fellow writers, Naeqwan Clarke, Andrew James, Brinton Newson, and Jarel Turner received word from Scenarios USA that their submission had been chosen by a selection committee of youth, filmmakers and AIDS prevention workers to become the next Scenarios USA film. The young men had written their script, titled "The Monster", while incarcerated at Riker's Island Correctional Facility.

Randy and his co-writers were partnered with Academy-Award winning director Adam Davidson and screenwriter John Hamburg (*Meet the Parents*) to transform their story into a short film that would be distributed nationally. "The Monster" had

been selected not only for its candid and realistic dialogue and true-to-life characters, but also for the subject that the youth producers had chosen to address: HIV status and discrimination.

The young writers were involved in every step of production. Adam and John would visit them weekly at Rikers for story meetings. At these meetings, they would have read-throughs of the script, view casting and location tapes, and give notes on the film as it was edited.

Director Adam Davidson confessed, “I had no idea going in that such a high percentage of youth at risk for AIDS were incarcerated in our prisons.” In fact, the rate of HIV infection within US correctional facilities is staggering. More than 2% of all prisoners are known to be infected with HIV, which is four times the rate of HIV infection within the general population. New York, Florida and Texas are the states holding the highest rate of infected men and women.[1] The absence of mandatory testing procedures and the lack of proper educational programs in state prisons only add to this growing epidemic. Misconceptions about transmitting and contracting HIV among inmates abound. These conditions prohibit prison populations from seeking proper medical support and from knowing their own HIV status or the status of their partners. According to an HIV Education Prison Project report through Brown University, “Inmates who are released untreated are likely to transmit their disease to others in their communities and will create a larger financial burden on the public health system as their disease, left untreated, worsens.” [2]

Randy and his co-writers address the misconceptions and discrimination surrounding HIV infection in their story by weaving comedy into a dramatic situation. They based their story on their personal experiences with HIV/AIDS and discrimination. Their story is told using characters and dialogue that resonate with the target audience — teenagers. The film opens with three teenage guys hanging out on a stoop in Brooklyn:

> Rudy: Yo, you talk to that girl Shantay?
>
> Maekwon: No way, man. She got the Monster!
>
> James: How you know she got AIDS?
>
> Maekwon: I can tell just by lookin’ at her. If I did the nasty with her, a month later, I be lookin’ like a crack pipe.
>
> Rudy: Why you don’t wear a Jimmy-Cap?
>
> Maekwon: It don’t matter. When you a hard hitter like me, ain’t enough protection.

All of a sudden, a new girl shows up on the block, and each boy tries different tactics to score a date. Only one of the boys, James, is successful. James is HIV+ and he fears that the girl would never want to be friends with him, let alone date him. He hasn’t even admitted his status to his friends. As the story unfolds, the viewers witness one young man’s difficulties living with HIV and are presented with ways to address the obstacles.

As one of the script's writers, Randy realized the importance of the topic on both a social and personal level: Randy's aunt had recently been diagnosed as HIV+ and he foresaw the difficulties she would face in her own community. Randy was also aware of the stigma surrounding HIV infection inside the walls of Riker's Island Correctional Facility. Writing the script and winning the contest made Randy even more determined to combat prejudice and raise awareness around HIV and AIDS.

Randy continues to be involved with HIV/AIDS education since transferring to Attica State Correctional Facility. In a letter dated Oct. 8, 2003, Randy tells us: '…you already may know, I'm an HIV/AIDS peer educator now. I give presentations and basic education on HIV/AIDS [in prison]…I also teamed up with a close friend of mine who designs clothing. We both designed my trademark and a jacket that say: 'The HIV/AIDS Response Unit'…The reason I created this is because I have the ability to train others in HIV/AIDS Education."

Scenarios USA regularly receives letters from Randy. In March 2003, Maura Minsky and Kristen Joiner, co-founders of Scenarios USA, received a letter from him outlining his most recent ideas and writing projects, along with a poem entitled "Operation AIDS." Randy's tone is both aggressive and uplifting:

I, Randy Walton declare war on AIDS
Equipped with weaponry of knowledge and information grenades
My AIDS Response Unit is ready to invade
This international plague
To free billions of people
From a disease causing human destruction
Let's fight together
Using unified reconstruction
Not to push away
But to embrace HIV refugees
Who have been victimized
Disowned by family and friends…

"The Monster," from conception to production to distribution, has touched and inspired both the people who worked to make it happen, as well as those who have used it as an educational tool. Director Adam Davidson writes:

Working for Scenarios was one of the best experiences of my life - one I am not likely to forget nor ever find an equal…What I discovered was that these kids were funny, smart and creative. And what's more, as they saw their ideas were being taken seriously, they worked harder and harder, and they came up with really good stuff. I felt privileged to get to know them and work with them. And I am as proud of them for what they did, and the way they did it, as I am of the film.

"The Monster" is currently used in high-schools, community organizations and health centers in 40 states across the country to get teens thinking and talking about HIV status and discrimination. As part of a recent evaluation, the film was shown to young people in several community organizations and public high

schools in NYC to gauge the efficacy of this film in generating meaningful dialogue and promoting awareness. Often times, participants would say that they would never hang around with someone who is HIV positive. However, once the basic facts about transmission were clarified and everyone had a chance to share their views, opinions began to sway. The film provided a jumping off place for youth to talk about a topic that they may never have otherwise discussed and to raise questions that they might never have asked.

"The Monster" will air on Showtime in June 2004 as part of HIV Testing Week. The film was aired on twenty public access stations this past December, in recognition of World AIDS Day, reaching hundreds of thousand of homes across the country. The film has been honored with the Award for Excellence in Media from the Council on Foundations and the Paul Robeson Award for Best Short Film at the Newark Black Film Festival. The film and the writers were also featured on a segment on ABC's World News Tonight.

The Scenarios USA program was introduced to Miami-Dade County schools and community groups in 2001 through a partnership with the Florida Department of Health. The program was highly successful in galvanizing hundreds of young people to consider their own choices and behaviors as they relate to AIDS in a region that finds itself with the highest rate of the disease in the nation. The resulting Scenarios film – 'Just Like You Imagined?' written by 18 year old Verena Faden – is used throughout Florida and across the country as a teaching tool. The Educational Media Review Online declares "This film says more in fifteen minutes than most films that seek to educate teens about sex do in a half hour or more. Adults do not deliver the film's messages through lectures to the teens, as is so common and lamentable in this genre." Scenarios USA has just completed the *'What's the Real Deal?'* Contest in Miami and in the Rio Grande Valley, TX which will result in two new films produced this spring.

Scenarios USA is currently hosting the *"What's the Real Deal?"* Contest in New York City. The deadline for submissions is May 5, 2004. Interested NYC participants can contact Scenarios for a free contest packet which includes a teachers guide and student brochures. These materials are also available in the Educators Center on the Scenarios USA web site to do the writing component of the contest and to use these materials. The films can be purchased on-line for as little as $30. *Scenarios* plans to hold a *National Contest* in the next few years. If your health department, local high school or community groups would like to participate, please e-mail your contact information to Scenarios USA.

Scenarios has nine short films in its library addressing themes such as HIV/AIDS, teen pregnancy, relationships, self-esteem, communication, desire, male responsibility, and sexual orientation. You can learn more about Scenarios USA or purchase the films at the Scenarios USA web site or by calling 866.414.1044.

[1] Data are from the U.S. Department of Justice Bureau of Justice Statistics Bulletin "HIV in Prisons, 2000", released October 2002.
[2] Herbert, Elizabeth. Report from the HEPP Report (HIV Education Prison Project). Brown University AIDS Program, Prison Project.

***Can We Talk?¿Conversamos?: A* Curriculum to Empower Parents around HIV and STDs**

By David Hoover, Senior Project Coordinator, National Education Association-Health Information Network (NEA-HIN)

Parents play a vital role in the health and sexuality education of their children. Parents, however, are seldom given the skills they need to fulfill their obligations. Across the nation, surveys show that Americans are concerned about AIDS and want assistance in knowing how to talk with their families about HIV/AIDS and related health topics. One survey, conducted by the Kaiser Family Foundation in March 1996, indicated that 53% of respondents were worried about their child getting AIDS and indicated that "what to discuss with their children" was their number one need for AIDS information.

Numerous studies have demonstrated the importance of an open and communicative relationship between parents and their children. Adolescents who perceive a high quality relationship with their parents and who communicate regularly with their parents are more likely to delay sexual onset, to use condoms if sexually active, and to have positive reproductive health outcomes. Adolescent children whose parents are actively involved in their schooling exhibit fewer risk taking behaviors. (Miller,1998; Manlove, 1998; Miller, Levin, Whitaker, Xu, and Romer et al. 1999)

Can We Talk?¿Conversamos? is an effective avenue to promote parent child communication. The National Education Association's Health Information Network developed this program six years ago as a response to the need for parental training. The program, available in Spanish and English, is based on the following principles:

- Parents want to communicate their family values to their children.
- If trained, parents can communicate medically accurate information about human sexuality to their children.
- Ongoing conversations with adolescents promote positive sexual health and decision making.

The *Can We Talk?¿Conversamos?* program consists of four one-hour parent workshops, dealing with the topics of HIV prevention, puberty, self-esteem, media messages and peer pressure. Four more workshops are available in the newly released *Can We Talk About Bullying and Harassment?* and *Can We Talk About Drugs?* The workshops provide a non-threatening, judgment-free environment where parents discuss their concerns and anxieties over having conversations with their children about difficult topics. Over a thousand facilitators have been trained in the program, reaching more than 20,000 parents of all racial, regional and socioeconomic groups. According to those who have implemented *Can We Talk?¿Conversamos?*, the Spanish version has been especially popular in New Mexico, New York and California.

An evaluation of the program through Rhode Island College indicates that there has been a significant impact on parents who participate in the workshops. A one-year follow-up analysis found that:

- Sixty-two percent (62%) of parents indicated more conversations than before the workshops;
- Seventy-one percent (71%) of parents indicated that they were doing better about having conversations about sexuality, health and self-esteem; and
- Eighty percent (80%) of parents indicated that in the last three months they have had conversations about the aforementioned topics.

The program has been effective in creating teams of parents, public health experts, educators and other community members to build strong community networks and effective, culturally competent family interventions to help stop the spread of STD's including HIV.

If you would like more information about how you can implement *Can We Talk?¿Conversamos?* in your community, contact the NEA Health Information Network at www.canwetalk.org or www.neahin.org or call David Hoover at 202-822-7723.

The WAIT Project: Same Message with a Different Method
By Sharlene Key, Co-founder, Ole Pete Key, Inc.

If you had one week to get the HIV prevention message out to every teenager between the ages of 13 and 19, how would you do it? What method would you use to ensure that they understood the message and that the information was retained?

Research attests to music's ability to increase the brain's capability to retain information. For example, we learned the ABC's and nursery rhymes as children and many of us still remember that information today.[1,2] With this in mind, Ole Pete Key created a CD titled "The WAIT Project (**W**hy **A**m **I** **T**empted)". It consists of 19 songs to educate about HIV and to encourage those that are infected or affected by the virus. The CD is a motivational, educational, and inspirational tool to create awareness for HIV prevention. There are several styles of music on the CD, styles anyone can relate to such as R&B (Rhythm and Blues), Rock, Jazz, and Hip Hop.

Traditional Method

When trying to reach our youth, we must ask ourselves "Are seminars, conferences, workshops and pamphlets the most effective way to get the message out about HIV prevention?" Statistics and facts are important, but how do we get people to apply them to their everyday lives? Do the media (music, movies and internet) have the power to influence a person's behavior? If so, how do we use the media to convey the message of HIV prevention?

Through research, studies, and personal interviews with young people, it has been found that in the teen years the media has a strong voice and influence on teenagers.[3,4] Unfortunately, some of the media's messages are not always positive. Many young people get their style of dress, manner of speech, and in many instances, their guide to acceptable behaviors through the music they hear. This in return may encourage some youth to engage in risky behaviors.

Media Influence

Many youth today are not attending HIV prevention workshops or reading literature, but instead prefer to watch videos, listen to music, and watch movies. If the media can influence and encourage risky behaviors then it makes logical sense to use that same avenue to educate and change risky behaviors to positive protective behaviors. In order to make a change we must understand the culture of today's youth and speak their language by breaking down some of the stereotypes associated with HIV. An example of how the media may encourage risky behavior can be heard in some music and seen in some movies that promote or glamorize drug and alcohol use, which can impair judgment that can lead to risky behaviors. The WAIT Project CD is a positive and effective tool because it gives basic HIV/AIDS education in a unique and nonjudgmental way that is enlightening and entertaining.

The Wait Project CD has the capability to be heard repeatedly inside the comfort of a person's home, school, or car, and it is portable. It has been said that music transcends time, which in turns has the ability to make a lasting impression.

Different Method

By traveling into the world of our youth through this musical vehicle and meeting them where they are, our goal is to prevent more people from dying of HIV/AIDS. This CD educates as well as stresses the importance of being tested by a licensed health care professional.

Although this is a new innovative active learning tool to educate youth on HIV it is only one avenue of prevention. The Wait Project has been tested through our pilot survey and 90% of the participants agree that the CD is one of the most effective ways to reach our youth population. Studies show through music we can retain more information, but it is up to each individual person to apply what they learn to their everyday situations.[1,2] This CD is a tool to help build healthy productive lives by educating and motivating people to practice low risk behaviors.

Ole Pete Key Inc. presented "The Wait Project" at the Alabama AIDS Symposium, the Iowa State HIV/AIDS Conference, and Huntsville's Family First Conference. Ole Pete Key has presented several workshops, most recently "Developing Media Messages for Hard to Reach Populations" at the HIV & Substance Abuse Prevention Conference in Washington, DC. The workshops consist of educational training concerts with motivational speaking, drama, group activities, music, and PowerPoint presentations. Participants learn basic

fundamental facts and are motivated to apply them to their life and to teach them to others.

The Alabama Literary Review Committee approved The WAIT Project CD as an educational and motivational tool for HIV/AIDS Prevention.

To learn more about The WAIT Project visit Ole Pete Key, Inc., contact by e-mail or call at 256-764-4446. If you are interested in purchasing The WAIT Project CD, contact Sharlene Key at 256-764-4446. Please inquire about our bulk rate and our Health and Nonprofit Organization discount.

[1] Gfeller, K. (1983). *Musical mnemonics as an aid to retention with normal and learning disabled students.* Journal of Music Therapy, 20(4), 179-189.

[2] Wallace, W. (1994). *Memory for music: effect of melody on recall of text.* Learning, Memory, and Cognition, 20(6), 1471-1485.

[3] Youth Popular Culture Institute http://www.ypci.org/ypci.html Article by: *Hicks Harper, Baxley and Fisher, 1999, p.8*

[4] Youth Popular Culture Institute http://www.ypci.org/ypci.html Article by: *DeFleur and Ball-Rokeach, 1989, p.218*

Resources:

Annotated Bibliography on Syringe Access Available to NASTAD Members
By James M. Tesoriero and Susan J. Klein, New York State Department of Health AIDS Institute

to maintain an active role in support of syringe access as a strategy to prevent HIV/AIDS and other blood borne diseases. As of December 15, 2003, 13 NYSDOH-approved harm reduction/syringe exchange programs and 2,625 pharmacies, health care facilities and health care practitioners registered under the State's Expanded Syringe Access Demonstration Program (ESAP), provide access to sterile hypodermic needles and syringes. Safe disposal, through 930 hospitals and nursing homes, 5 health centers, 13 pharmacies, 1 housing authority and 10 community-based organizations, further prevents reuse of syringes as well as the likelihood of accidental needle stick injuries in NYS.

In late 2003, Amy Kelly and Sharon Winters, staff of the AIDS Institute's Office of Program Evaluation and Research, initiated a project to develop an annotated bibliography on syringe access as a resource. This bibliography contains 81 entries and provides, in one place, a user-friendly synopsis of the published literature pertaining to syringe access.

We would like to offer NASTAD members, and their staff, an opportunity to obtain an electronic copy of the bibliography for reference and use in other jurisdictions. To obtain a pdf of the bibliography, simply send an e-mail request to Amy Kelly.

We also welcome your feedback on the bibliography, your identification of any additional references that should be included, and we would like to hear from you if you find that the bibliography is useful in your work.

Capacity Building Assistance Training Calendar

The Capacity Building Assistance Trainings being offered for February through March are now available.

Community Planning Calendar
The Community Planning Calendar is a listing of meetings, conferences and other key dates that may be of interest to those working on HIV prevention or community planning. Their inclusion does not necessarily indicate endorsement by NASTAD; please see contact information for additional details about each activity.

February 7, 2004
National Black HIV/AIDS Awareness & Information Day (NBHAAD). Sponsored by the Community Capacity Building Coalition (CCBC) through the Centers for Disease Control and Prevention. For more information, call (877) 867-1446 or visit the NBHAAD 2004 website.

March 13-17, 2004
15th Annual Black Church Week of Prayer for the Healing of AIDS. Sponsored by The Balm in Gilead. For more information, visit The Balm in Gilead website or call (212) 730-7381 or (888) 225-6243 toll free.

April 16, 2004
The Fourth Annual CAPS Conference, "Broadening the HIV Prevention Landscape", San Francisco, CA. Sponsored by the Center for AIDS Prevention Studies (CAPS), University of California, San Francisco. For more information, visit the RDL Enterprises website.

May 27-30, 2004
The Sixteenth Annual National Conference on Social Work and HIV/AIDS, Washington, DC. Sponsored by the Boston College Graduate School of Social Work. For more information, email Dr. Vincent J. Lynch or call at 617-552-4038.

June 16-19, 2004
2004 HIV Prevention Leadership Summit, Atlanta, GA. Sponsored by the Centers for Disease Control and Prevention (CDC), National Minority AIDS Council (NMAC), National Alliance of State and Territorial AIDS Directors (NASTAD) and

the Academy for Educational Development (AED). For more information, please visit the NMAC website.

October 21-23, 2004
2004 National Conference on Health Care and Domestic Violence: Health Consequences Over the Lifespan, Boston, MA. Sponsored by the Family Violence Prevention Fund, National Health Resource Center on Domestic Violence. For more information, visit the Family Violence Prevention Fund website.

October 21-24, 2004
United States Conference on AIDS (USCA), Philadelphia, PA. For more information, visit the National Minority AIDS Council (NMAC) website.

November 6-10, 2004
American Public Health Association, 132nd Annual Meeting and Exposition, Washington, DC. For more information, visit the American Public Health Association (APHA) website.

*If you have an idea or program relative to any of these topics that you would like to include in the **Bulletin**, please contact Nyedra Booker (202/434-8090).*

The *NASTAD HIV Prevention Bulletin* is written and edited by NASTAD staff and participants of community planning and prevention efforts around the country. NASTAD's production of the *Bulletin* is made possible through funding provided by CDC's Division of HIV/AIDS Prevention (DHAP) in the National Center for HIV, STD, and TB Prevention.

LET US KNOW WHAT YOU THINK!
NASTAD welcomes feedback to issues presented in our newsletter. To submit commentary, please e-mail us at nastad@nastad.org.

Visit our Webpage! Electronic versions of the Bulletin are posted, along with other information on both NASTAD's prevention and care projects.