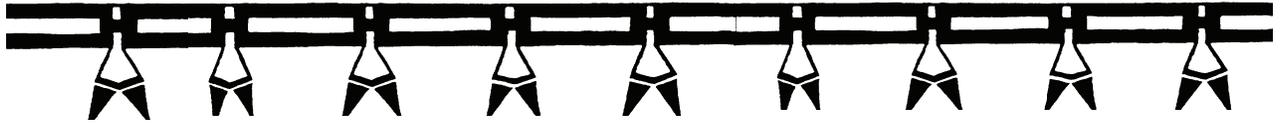


16: HIV/AIDS - Part 1



Purpose:

To provide Native STAND members with basic information about HIV/AIDS risks and to correct misconceptions.

Stages of Change Process:

Getting information, involving the emotions, thinking about how what you do affects others

Learning Objectives:

By the end of this session, Native STAND members will be able to:

1. Identify personal strengths and weaknesses in HIV/AIDS knowledge.
2. Identify at least two reasons teens are not normally worried about getting HIV/AIDS.
3. Describe local, regional, and national HIV/AIDS data.
4. Describe at least two challenges to preventing HIV transmission among Native Americans.
5. Describe the experience of simulating the spread of HIV.

Supplies/Materials:

- Laptop, LCD projector, screen (*optional*)
- Index cards

Resources/Handouts:

	RM	PM	HO
Words of Wisdom	●		
HIV/AIDS True/False Part 1	●	●	
HIV/AIDS True/False Part 1 Answers	●		
Local HIV/AIDS Data			●
Challenges to Preventing HIV Among Native Americans	●	●	
The Z Virus	●		

Preparation:

- Collect local data on HIV/AIDS and prepare handouts
- Prepare index cards for Z Virus activity

THINKING AHEAD:

Begin looking for an HIV+ Speaker for Session 17

Contact local clinic for visit in Session 18

Finding an HIV+ Speaker

Ideally, the guest speaker should be someone with AIDS (vs. HIV), who is relatively young, and similar to the students so they can relate to the speaker. The person should have good speaking skills, however the session could be run like an interview if the speaker needs assistance elaborating and staying on track.

Many local AIDS Service Organizations (ASOs) have speaker's bureaus or know of HIV+ people who are willing to speak about their personal experience. If you don't know who your local ASOs are, there are several websites that provide directories. For example, Avert (http://www.avert.org/hiv_usa.htm) and The Body (<http://www.thebody.com/index/hotlines/other.html>). You could also do an internet search for ASOs in your state or region.

HIV Prevention Community Planning Groups (CPGs) are another good resource. These are mostly state-based groups who determine the allocation of STD/AIDS prevention funds from the Centers for Disease Control and Prevention. There are several sites that provide directories to CPGs and CPG-related resources. For example, HIV InSite (<http://hivinsite.ucsf.edu/InSite?page=li-07-12>). You could also do an internet search for CPGs in your state or region.

The National Alliance of State and Territorial AIDS Directors (NASTAD) is an association of the AIDS Directors from every state department of health in the U.S. The AIDS Director in your state might be able to help you identify an appropriate HIV+ speaker. A directory of state HIV/AIDS Program Directors is available at http://www.nastad.org/About/res_state_Directory.aspx.

Other organizations that may be of assistance identifying an HIV+ speaker are:

Commitment to Action for 7th-Generation Awareness & Education: HIV/AIDS Prevention Project (CA7AE: HAPP)
<http://www.happ.colostate.edu>

National American Indian/Alaska Native HIV/AIDS Technical Assistance Center
<http://casr.ou.edu/hiv>

National Native American AIDS Prevention Center (NNAAPC)
<http://www.nnaapc.org>

Navajo AIDS Network
<http://www.navajoaidsnetwork.org>

Project Red Talon
http://www.npaihb.org/epicenter/project/project_red_talon

Indian Health Service HIV/AIDS Program
<http://www.ihs.gov/medicalprograms/hivaids/>

1. Welcome/Overview

3-5 minutes, large group lecture, adult co-facilitator

- Review Session 15: STDs Part 2
- Answer any questions in the Question Box
- Introduce today's session:
 - ◇ In the last several sessions we have been talking about STDs; HIV is another STD, but we often single it out and treat it differently because of the seriousness of the infection and some of its unique characteristics.
 - ◇ Health experts recommend that HIV be screened for and treated just like any other disease—in fact, experts recommend that every person in the U.S. between the ages of 13 and 64 be screened for HIV at least once in their life, and more often if they practice behaviors that put them at increased risk for HIV.
- Read today's WOW.

Man has responsibility, not power.

Tuscarora

2. Teens & HIV/AIDS

7-10 minutes, large group lecture, adult or teen co-facilitator

- Ask: On a scale from 1-10, how much do you think you know about HIV/AIDS? On the same scale, how confident are you that you could talk to a peer about HIV/AIDS and provide them with accurate information?
- Ask: Are your friends worried about HIV/AIDS? If no, why do you think they aren't worried?
- Write reasons on chart paper and briefly discuss each.
- Ask: Which of these reasons are true and which are not true? (Dispel any myths that come up. For example, it might be true that young people are less likely to get HIV if they have not had very much sex, but all it takes is one time. Address any discriminatory comments that come up such as "only gays get HIV.")

3. HIV/AIDS True/False Part I

30-35 minutes, small teams, large group discussion, adult or teen co-facilitator

- Divide participants into teams of 3-4 students and assign each team a number or a name.
- Refer students to the HIV/AIDS True/False Part I in the PM.
- Tell the students to write their team's number or name on the top of the page.
- Give teams 15 minutes to answer as many questions as they can.
- Reconvene large group and review answers. Ask teams to grade their own quizzes on the honor system. (Brief explanations of answers are in the RM.)
- These same teams will reconvene in Session 17.

HIV/AIDS True or False—Part I
Answers & Explanations

1. Most people who have HIV look sick. TRUE FALSE
*People can live for years with HIV and not necessarily feel or look sick.**

HIV/AIDS True or False—Part I

TEAM: _____

1. Most people who have HIV look sick.	TRUE	FALSE
2. No case of HIV/AIDS has ever been caused by social (dry) kissing.	TRUE	FALSE
3. You can't get HIV during oral sex.	TRUE	FALSE
4. A person can get HIV from one sexual contact.	TRUE	FALSE
5. Keeping in good physical shape is the best way to keep from getting HIV.	TRUE	FALSE
6. Condoms make sex completely safe.	TRUE	FALSE
7. A shower after sex reduces the risk of getting HIV.	TRUE	FALSE
8. By having just one sex partner at a time you can protect yourself from getting HIV.	TRUE	FALSE
9. HIV doesn't typically go through unbroken skin.	TRUE	FALSE
10. Cum (semen) and blood can carry HIV.	TRUE	FALSE
11. A person must have a lot of different sex partners to be at risk for HIV.	TRUE	FALSE
12. If the man pulls out (withdraws) before orgasm, he cannot spread or get HIV.	TRUE	FALSE
13. A negative result on an HIV test can happen even when somebody has HIV.	TRUE	FALSE
14. It's more important for people to protect themselves against HIV in big cities than in small towns.	TRUE	FALSE
15. Only receptive anal sex transmits HIV/AIDS.	TRUE	FALSE
16. Many people in the U.S. who have HIV don't even know they have it.	TRUE	FALSE
17. Anal sex (in the butt) is risky.	TRUE	FALSE
18. Mutual masturbation and body rubbing are low risk for HIV.	TRUE	FALSE
19. There are no HIV-infected people on Indian reservations.	TRUE	FALSE
20. When they are first infected with HIV, some people get flu-like symptoms that soon go away.	TRUE	FALSE

Answers to HIV/AIDS Quiz

1. Most people who have HIV look sick. **FALSE**
 2. No case of HIV/AIDS has ever been caused by social (dry) kissing. **TRUE**
 3. You can't get HIV during oral sex. **FALSE**
 4. A person can get HIV from one sexual contact. **TRUE**
 5. Keeping in good physical shape is the best way to keep from getting HIV. **FALSE**
 6. Condoms make sex completely safe. **FALSE**
 7. A shower after sex reduces the risk of getting HIV. **FALSE**
 8. By having just one sex partner at a time you can protect yourself from getting HIV. **TRUE**
 9. HIV doesn't typically go through unbroken skin. **TRUE**
 10. Cum (semen) and blood can carry HIV. **TRUE**
 11. A person must have a lot of different sex partners to be at risk for HIV. **FALSE**
 12. If the man pulls out (withdraws) before orgasm, he cannot spread or get HIV. **FALSE**
 13. A negative result on an HIV test can happen even when somebody has HIV. **TRUE**
 14. It's more important for people to protect themselves against HIV in big cities than in small towns. **FALSE**
 15. Only receptive anal sex transmits HIV/AIDS. **FALSE**
 16. Many people in the U.S. who have HIV don't even know they have it. **TRUE**
 17. Anal sex (in the butt) is risky. **TRUE**
 18. Mutual masturbation and body rubbing are low risk for HIV. **TRUE**
 19. There are no HIV-infected people on Indian reservations. **FALSE**
 20. When they are first infected with HIV, some people get flu-like symptoms that soon go away. **TRUE**
 21. If you have unprotected intercourse with a person who is HIV positive, you will always become infected. **FALSE**
 22. If a mosquito bites a person with AIDS then bites you, you can become infected. **FALSE**
 23. You can get AIDS in a swimming pool or on a toilet seat. **FALSE**
 24. Teenagers can't get AIDS. **FALSE**
 25. If you have HIV and have a baby, your baby will definitely be born with HIV. **FALSE**
- Collect the quizzes (one per team) to aggregate with HIV/AIDS True/False Part 2 (in Session 17).

Where Can I Get Local HIV/AIDS Data?

Start with these local health agencies:

- Your local IHS Service Unit
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp
- Tribal Health Center
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp
- Your local County Department of Health
- AIDS Service Organizations (ASOs) in your community—check out this website to locate ASOs in your community: <http://www.asofinder.com/>

If they cannot give you the data you need, try these regional sources:

- Your State Department of Health (website links to these can be found at: <http://www.cdc.gov/mmwr/international/relres.html>)
- Kaiser Family Foundation's State Health Facts
<http://www.statehealthfacts.kff.org/comparecat.jsp?cat=11>
- The IHS Area Office responsible for your area
http://www.ihs.gov/FacilitiesServices/AreaOffices/AreaOffices_index.asp

You can also get data from the federal Centers for Disease Control and Prevention

- HIV/AIDS Statistics & Surveillance
<http://www.cdc.gov/hiv/topics/surveillance/index.htm>

4. Local HIV/AIDS Data

8-10 minutes, large group lecture, adult or peer co-facilitator

- In preparation for this session, collect recent local HIV/AIDS data to share with students.
 - ◇ It's important that the data show racial and age differences.
 - ◇ Prepare handouts for the students; a PowerPoint presentation can be an effective presentation technique, but only if it will not detract from the data.
 - ◇ The more local the data the better, however local numbers will be very small. So you may want to expand your reach out to the county, state, or even region. You may also want to include multiple years, to increase the numbers.
 - ◇ A good place to start is at your local Indian Health Service (IHS) or Tribal health care facility. You may also want to talk to someone at the IHS Area Office for area-wide statistics, or the county or state health department for their most recent data.
 - ◇ Be creative in how you present the data to the students—they may not be interested in seeing complex tables and graphs. Be creative!
- Ask students to review the data and share their observations with the group.
- Lead a discussion:
 - ◇ What are the differences in HIV rates between AI/AN and non-AI/AN?
 - ◇ Why do you think there are differences in the rates?
 - ◇ Why are there so few data for HIV rates? (HIV testing rates are low; not every state reports HIV test results.)
 - ◇ How do most people contract HIV?
 - ◇ How do you think the HIV rates in our community/county/state/IHS Area/region would compare to the U.S. as a whole?
- Share the most recent U.S. data for HIV/AIDS with students so they can see how their community/county/state compares.

- Ask students to read “Challenges to Preventing HIV among Native Americans” in the PM.
- Lead a discussion:
 - ◇ Why are AI/AN at a higher risk of getting HIV?
 - ◇ What are some of the barriers for AI/AN to prevention and treatment services?
 - ◇ Why is it important to get tested for HIV?

Challenges to Preventing HIV among Native Americans¹

Just knowing someone's race or ethnicity doesn't mean you can predict whether they are more likely to get an STD. But, there are certain things that people do or experience that **can** make it more likely that they will get an STD. Unfortunately, some of these things affect Natives and **raise our chances of getting STDs and HIV.**

What are some things that increase our risk?

STDs
Having an STD can increase the chances of getting or spreading HIV. Native Americans have high rates of STDs compared to non-Natives.

Drug & Alcohol Use
People who use illegal drugs or who abuse alcohol are more likely to do risky sexual behaviors—like not using a condom—when they are high or drunk. Native Americans use more illegal drugs than non-Natives.

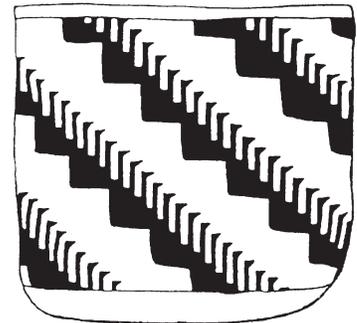
Tribal Variation
To work, HIV prevention efforts have to fit the specific needs of individual groups. Because each tribe has its own culture, beliefs, and practices, it can be hard to tailor these efforts for specific Native groups—like Native youth in the Pacific Northwest or LGBTQ Native Youth in the Southwest.

Poverty
Issues related to poverty (like low education levels and poor use of health care services) can increase the risk for HIV infection. About 25% of Natives live in poverty—that is twice as high as the U.S. as a whole. As a result, compared to non-Natives, fewer Natives graduate from high school. Natives use health care services less. Natives suffer more from many sicknesses, and Natives live shorter lives.

HIV Testing
For many Native Americans, getting an HIV test isn't easy. This is because many of us live in small, rural communities, far away from towns and cities that may have places you can go to be tested for HIV. Many Natives don't want to be tested in their own communities, because they know too many people who work in the clinic.



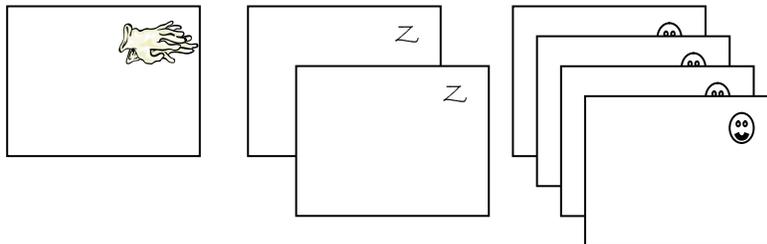
1 Source: CDC, <http://www.cdc.gov/hiv/resources/factsheets/ain.htm>.



5. The Z Virus

20-25 minutes, large group activity, adult or teen co-facilitator

- The objective of this activity is to emphasize that you can't tell whether it is safe to have sex or share needles with someone just by looking at them. Most infected persons have no symptoms or outward signs of illness and may not know themselves that they are infected. This activity demonstrates how quickly STDs (including HIV), can pass from person to person.
- Before the session, gather one index card for each student. On the back of one card draw a very small glove. On the back of two cards, draw a small letter “Z”. On the rest of the cards put a small happy face. (If there are more than 15 people in the group, add another glove and another “Z” card.)



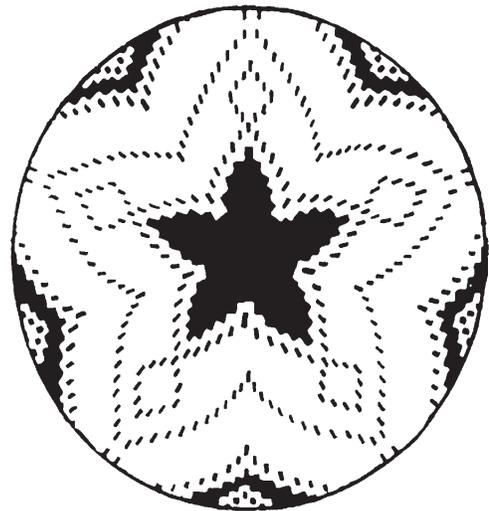
- Shuffle the cards and hand out one to each student; don't acknowledge that the cards have symbols on the back. Instruct the students to go around the room and greet three people with a firm hand shake. Each person they greet should sign their card. Once they have three signatures they should return to their seats and wait until everyone else is through.

- After everyone is seated tell the group about a new deadly disease that has no cure called the “Z Virus”. Explain that the only way to get the virus is by shaking hands and the only way to be protected from getting the virus—other than not shaking hands—is wearing a latex glove.
- Tell the group there are several people in the room who have the virus. Tell everyone to turn over their cards; whoever has a “Z” on their card is “infected” and should stand up. Ask that person to read the names of the people he or she shook hands with; those people should also stand up. Each person who stands up should identify the people whose hands they shook, and each of these people should stand up as well. Soon, almost the entire group will be standing. Have the participants look at their cards again; whoever has a glove on their card was protected during the game and can take a seat.
- Lead a discussion about the activity. Ask:
 - ◇ How did it feel to discover you were infected with the Z virus?
 - ◇ If you had known at the beginning that you could get the Z virus from shaking hands, how would you have dealt with the activity differently?
 - ◇ Could you tell by looking at a person whether or not they had the Z virus?
 - ◇ How is the Z virus like other illnesses? (STDs and/or HIV should come up)
 - ◇ What behaviors put you at risk for STDs/HIV?
 - ◇ How could a person protect themselves from STDs/HIV?
 - ◇ What might declining a hand shake represent? (choosing not to have sex)
 - ◇ What might the glove represent? (latex condom)
 - ◇ What might asking to see someone’s card before shaking hands represent? (having you and your partner tested for STDs/HIV before having sex)
 - ◇ What if you chose to greet each other by rubbing elbows instead? What would that represent? (reducing risk)
- Wrap up discussion by pointing out that:
 - ◇ STDs can be transmitted very quickly and easily.
 - ◇ You cannot tell if someone has an STD or HIV without his or her being tested.
 - ◇ Having casual sexual contact with one person is like having contact with all that person’s partners.
 - ◇ There are simple steps we can take to ensure that we take care of our sexual health.

6. **Closing**

3-5 minutes, large group lecture, adult co-facilitator

- Preview next session: HIV/AIDS - Part 2
- Direct the students’ attention to the Words of Wisdom on the wall. Ask a volunteer to read the words and to share with the group what those words mean to him or her and how they relate to today’s session and activities.
- Adjourn.



NOTES

