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PREVENTING AIDS THROUGH EDUCATION

REVISED 1988

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Department of Education

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June 1988



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PREVENTING AIDS THROUGH EDUCATION:

INSTRUCTIONAL RESOURCES FOR SCHOOLS

A project of the

Minnesota Department of Education Division of Development and Partnership Learner Support Systems AIDS Issues and Education Unit 550 Cedar Street St. Paul, Minnesota 55101

originally developed under contract with the Minnesota Department of Health Division of Disease Prevention and Health Promotion Acute Disease Epidemiology Section, AIDS Unit

August 1986, revised June 1988



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AIDS: Issues and Challenges in Education

OPEN LETTER TO EDUCATORS,

Issues? Yes! We are dealing with an usually deadly condition. Challenges? Yes! How to control and/or prevent this condition. Education? Yes! I became educated as I watched my child die because of AIDS.

There is a growing awareness on the part of the public that there is something out there called AIDS. In response to the information disseminated by the media, some people respond by saying, "Oh, isn't that terrible!" Terrible? Terrible - is when you see your good, kind, loving, bright, handsome some of 29 years losing weight (seemingly right before your very eyes), losing the ready laughter that so often graced my ears, losing the energy to do no more than sleep - and try to go to work the next day, hopefully to make it until time to go home to sleep - so he would be able to go to work the following day. I believe the work became of utmost importance to him. It was a sign that he was alive, and that there was hope.

Terrible - is the night he came to see his dad and me. He told us that he was infected with the AIDS virus. I believe a part of me died that moment. Not that I was totally surprised, for I had been touched by the media and knew of some of the symptoms. Also, when discussing the behaviors we had witnessed over the previous several months, his dad and I had verbalized to each other the word -AIDS. However, at that time, the word had had little meaning to me. The real meaning would become more clear as I learned my lessons in the months to come.

Education? Yes, I became educated. Educated in the meaning of love, of caring, of dignity. My son, my husband, my other three children, taught me these things. Oh, I learned a lot! I learned all that I could about the clinical aspects of AIDS. I learned of the ignorant intolerance of some people when AIDS was mentioned. I learned the AIDS jokes, the sly looks, the cutting remarks about "those people." I learned there were few people I felt I could trust enough to divulge the true nature of my son's illness. I learned of tears, heartache, anguish, of things not to be and the reality of the way things were. My son was going to die shortly and there was nothing I could do to change that fact. When he was little, a kiss and a bandaid often could "make it better." I had no bandaids now, only kisses.

I learned there were people who were concerned about how we, as parents, would react when confronted with the reality of Mark's illness. How would we react? My God! This is my son you are talking about! Heart of my heart, flesh of my flesh, conceived in love and hope for the future. Only now, for him, there would be no future here on earth. Hope? For what? A cure? Not likely. Remission or control? Not for long (if at all). My hope was that he would be physically comfortable in the last days, and to know that he was loved.

We asked him to move back home with us (his dad and me). We selfishly wanted to give him what care and support we could -- physically, mentally and emotionally. At the time we were ignorant of what this would entail, but we soon learned. Oh yes, we became educated about the issues and challenges of AIDS! The lessons were sometimes hard and cruel, but they'll never be forgotten. The holiday season approached, and the immediate and extended family came from near and far to be with Mark. I'll never know from what depths he was able to call forth the strength and energy to be a part of the festivities -- and there <u>were</u> festive moments. But underlying the veneer of celebration was the fact of AIDS. Waiting. Waiting to come forth and consume that strength and energy. Waiting to sap the very life-force within -- until finally it would wait no more.

It was almost commencement time. My education was almost complete. The issues had been recognized and the challenges met. Sometimes well; sometimes not so well. After weeks of hospitalization for stabilization purposes, Mark came home - to die enveloped in love. We were able to keep him home with us for almost two weeks with the help of wonderful health professionals and aides who were able to see beyond the ravaged body of our son to the dignity within. Dignity that refused to be conquered by the fact of AIDS; dignity that would not be drowned when the hemorrhaging began; dignity that refused to be torn asunder by the power of the convulsions that avalanched through his body; dignity even though he was in a coma-like state; dignity that rested like a gossamer over his body that lay in a the casket as multiple people came to "pay their respects."

My diploma is written in stone:

Mark son of John and Jean

June 14, 1958 – March 20, 1987

Of those aforementioned issues and challenges of AIDS education, I can only say that we must mobilize every resource we have to recognize the issues, meet the challenges and educate the people of the world now. Difficult? Expensive? Yes. But if it isn't done, then all of us, in some way or another, will attend the same school I have. We will all become "educated" whether or not we want to be, at a price that is too awful to contemplate.

A FELLOW MINNESOTA TEACHER

Spring, 1987

INTRODUCTION:

ABOUT AIDS AND AFRAIDS

- o PURPOSE
- o ABOUT AIDS and AFRAIDS
- o EDUCATION AND PREVENTION
- o THE CHALLENGE
- O MINNESOTA AIDS PREVENTION AND RISK REDUCTION STATUTE

<u>PREVENTING AIDS THROUGH EDUCATION</u>, Instructional Resources for Schools, is intended for use by educators in presentations about AIDS - Acquired Immune Deficiency Syndrome. The rationale for development of the materials includes:

- o Prevent further spread of the AIDS virus. It is essential that learners of all ages receive accurate information so that every individual will understand their personal risk and the risks and issues for others, and it is essential that learners have the opportunity to build and reinforce healthful practices and wise decision making that prevents and reduces the risk of AIDS virus transmission.
- Minimize unwarranted fear about transmission of the AIDS virus and the subtle and overt limitations on people's rights that can result from this fear. Current, clear information will assist those in our state and communities in responding with understanding and support for people with AIDS - be they children, youth or adults.

<u>PREVENTING AIDS THROUGH EDUCATION</u> is not a curriculum. It is a set of resources for educators to prepare learning experiences about AIDS, suggesting content and activities that can be integrated into various subject areas – health, science, social studies and home economics and used in community programs. Options are included for educators to tailor the experiences to the developmental level of students, to students' background knowledge and to communities' perspectives on AIDS.

Revisions of this resource made in 1988, include an update on terminology and data related to the epidemiology of AIDS, a clarification of the concepts of prevention (behaviors that eliminate risk of AIDS virus transmission) and risk reduction (behaviors that reduce the risk of AIDS virus infection), and substantial additions to the bibliography of available resources to guide the development of instructional programs and for teaching learners of all ages. The new state law that requires Minnesota school districts to establish AIDS prevention and risk reduction programs is included in the INTRODUCTION chapter. And federal guidelines for AIDS education as a component of a comprehensive school health program are included in the PLANNING FOR INTEGRATION chapter.

In the past three years, the AIDS Issues and Education Unit staff at the Minnesota Department of Education and advisors in the statewide educational and public health systems have found that there are few right answers regarding AIDS education - only a process of developing a wide range of approaches. Specific information about AIDS has been clarified as the sciences of AIDS epidemiology and virology provide more precise answers. But education and the behavioral sciences - examining how information and building skills will influence lifelong healthy behavior choices - is still evolving, and will require cooperation, patience and respect for a wide range of opinions and strategies.

About AIDS and AFRAIDS

WHY DISCUSS AIDS? WHAT ARE THE ISSUES?

o AIDS (Acquired Immune Deficiency Syndrome) is a major public health problem.

o The AIDS virus destroys the immune system.

o AIDS will affect children, youth and adults in our schools.

o AIDS raises many moral and ethical questions.

o Education is the primary strategy for prevention.

DEFINITIONS

o AIDS - Acquired Immune Deficiency Syndrome - is a deadly disease. The AIDS virus is transmitted through sexual contact with an infected person or exposure to blood or blood products that carry the AIDS virus. To date, not all people infected with the AIDS virus develop the deadly disease AIDS; some are infected but have no signs and symptoms, are not ill. The final outcome of each AIDS virus infection is not yet known. Once symptoms appear, the disease usually progresses in one to to two years toward death.

o AFRAIDS - Acute Fear Regarding AIDS - is unwarranted anxiety about transmission of the virus in settings where casual contact occurs such as schools. Education will reduce AFRAIDS by providing facts, dispelling myths, and removing the fear, panic and prejudice that has recently emerged in relation to AIDS.

WHO IS AT RISK?

o Risk behaviors: Behaviors put a person at risk for transmission of the AIDS virus include:

Exchanging body fluids (semen, vaginal secretions or blood) through intercourse, particularly anal intercourse

Having unprotected sex with multiple partners, homosexual or heterosexual Exposure to blood by using a needle someone else has used during IV drug use

Infusion of blood or blood components prior to May, 1985

Being born to an infected mother (who became infected

through IV drug use or through a heterosexual partner)

o Transmission categories: Current data on people with AIDS in the US show that:

65% are homosexual or bisexual men

8% are homosexual or bisexual and IV drug abusers

17% are IV drug abusers

- 4% are heterosexual partners of those infected with the AIDS virus
- 3% have received blood or blood components
- 1% are infants born to infected mothers
- 3% are in other categories

Young people and adults at risk for contracting the AIDS virus are those whose behaviors include:

- o sexually activity, whether in homosexual or heterosexual relationships.
- o multiple sexual partners, or whose partner has multiple sexual partners.
- o exposure to blood or blood products such as experimenting with IV (intravenous) drugs.
- o being sexually abused, having received blood or semen with the AIDS virus.
- o having received blood containing the AIDS virus (prior to March 1985).

Young people and adults at risk of AFRAIDS - Acute Fear Regarding AIDS include:

- o all. Fear based on misinformation and lack of understanding causes individuals to respond negatively to others, setting up barriers to communication, interaction and tolerance of individual differences. Fear can be and important motivator for an individual to seek information to understand AIDS as long as immediate recommendations for healthy alternatives are provided.
- o all. This disease is difficult to understand. Misinformation and mythinformation occur when incomplete, inaccurate, biased reports are shared. Most people need to complete, clarify put into a personal context the information they have heard from a family member, friends and/or the media.
- o the worried well. Even with all the correct information, people can have unwarranted fear based on their own experiences and biases. Patience, time correct information may assist the worried well.

Young people at risk of psychosocial ramifications include:

- o those with concerns regarding intimacy related to normal development.
- o those who are homosexual or are experimenting with homosexual experiences. Presenting information about AIDS in a way that respects sexual orientation and lifestyle choices will reduce the shame and guilt that can be overwhelming.
- o children and youth with gay parents or other family members who are gay. Besides the fear of their family member contracting AIDS, these young people often experience guilt and shame unless information is presented in a way that respects individual differences.

PREPARE: How does one prepare for providing AIDS education and counseling?

Educators, parents and community members need to be ready to provide education and counseling on AIDS - to those with AIDS virus infection, to those at risk of AIDS virus infection, to those at risk of AFRAIDS and to those at risk of the psychosocial ramifications of this epidemic. Consider these questions:

- o What is your knowledge of AIDS virus infection?
- o What are your feelings concerns or comfort about AIDS virus infection?
- o What do you know and what are your attitudes about adolescent sexual activity?
- o What do you know and what are your attitudes about homosexuality?
- o What do you know and what are your attitudes about IV drug use?
- o How comfortable are you about talking about sexuality? with students? with adults?
- o What resources are available for information and referral for people who need assistance in dealing with issues related to sexuality, chemical use and AIDS virus infection?

Many questions about AIDS have been answered - cause, mode of transmission and prevention. Other questions have not been answered and pose challenges to educators, public health providers and the society at large: how to change people's behavior to reduce high-risk behaviors - particularly that of adolescents who feel they are invulnerable to health problems; how to hear the issues in public forum so that individuals feel the rights of individuals (who have the AIDS virus) are balanced with the rights of the public (who fear transmission in casual settings); what precipitates public health issues and educational issues evolving into social, political and religious debates; and many other questions.

EDUCATION AND PREVENTION

Assertive action by educators will be needed to ensure that students receive accurate information, are challenged to develop wise decision-making skills and know specific preventive practices that will protect themselves and others from transmission of the AIDS virus. This action will require dealing with the reluctance of some community members to address sensitive, personal lifestyle issues in the classroom, in student groups and in other components of an instructional program. Educator's efforts will result in the prevention the spread of AIDS and the saving of lives.

Many questions about AIDS have been answered - cause, mode of transmission and prevention. Other questions have not been answered and pose challenges to educators, public health providers and the society at large: how to change people's behavior to reduce high-risk behaviors - particularly that of adolescents who feel they are invulnerable to health problems; how to hear the issues in public forum so that individuals feel the rights of individuals (who have the AIDS virus) are balanced with the rights of the public (who fear transmission in casual settings); what precipitates public health issues and educational issues evolving into social, political and religious debates; and many other questions.

NATIONAL PLANS

United State Department of Health and Human Services (US DHHS) Public Health Service, Goals and Objectives for the Prevention and Control of AIDS

GOALS:

- I. By 1987, reduce increase in transmission of the AIDS virus.
- II. By 1990, reduce increase in the incidence of AIDS.
- III. By 2000, eliminate transmission of the AIDS virus with a decline in the incidence of AIDS thereafter.

OBJECTIVES:

- A. Continue to clarify the epidemiology and natural history of AIDS virus infection.
- B. Continue to implement national, state and community risk reduction and education programs as early prevention and control measures.
- C. Design and evaluate improved prevention and control measures.
- D. Design and promote prevention and control programs that will enhance effectiveness by incorporating new intervention tools (vaccines/antivirals) as they become available.

James Mason, Assistant Secretary for Health <u>Public Health Reports</u>, <u>10</u> (5), Sept. - Oct., 1985, pp. 453-5.

THE CHALLENGE

| Nan Skelton, Assistant Commissioner |
|---|
| Division of Development and Partnership |
| Minnesota Department of Education |

As educators, parents and leaders, there are three reasons why we need to educate ourselves about AIDS. First, to ensure that we know the facts about AIDS so that people understand when they are at risk and when they are not at risk of contracting the AIDS virus. Second, to prevent the transmission of the AIDS virus by providing clear information about high-risk behaviors and encouragement to minimize the risks. And third, to provide support for those with the disease, their family members and friends, as we would in any case where a person has a chronic or acute health problem that is life threatening. We need to respond with support and understanding.

This will require that each one of us in the educational community know the facts about AIDS -- and that each one of us walk through our own fears raised by the disease. To the extent that AIDS is also understood in the community as a moral epidemic, educators must provide honorable leadership by helping people separate out the illness from the lifestyle, and from the human beings who are suffering.

The issues that AIDS raises challenges us as educators and parents to deal with our reluctance to provide sexual health and responsibility curriculum including information about heterosexuality and homosexuality, to discuss our fear of death, and to address people's right to privacy, right to know and right to work. It is a violation of our stewardship, our responsibility as educators, not to address these issues with our students – for these are issues they are facing as young people and will certainly need to face as adults.

Finally, it is our challenge in the educational community to provide the kind of honorable and moral leadership that will reduce the anxiety and fear that can so readily erode the dignity of others.

C. Everett Koop, Surgeon General Surgeon General's Report on Acquired Immune Deficiency Syndrome, US DHHS, 1986.

The changes in our society will be economic and political and will affect our social institutions, our educational practices, and our health care. Although AIDS may never touch you personally, the societal impact certainly will. (page 28)

There is no doubt that we need sex education in schools, that it must include information on heterosexual and homosexual relationships. The threat of AIDS should be sufficient to permit a sex education curriculum with a heavy emphasis of prevention of AIDS and other sexually transmitted disease. (page 31)

MINNESOTA STATUTE 121.03, 1988: ATDS PREVENTION AND RISK REDUCTION

(121.203) (HEALTH-RELATED PROGRAMS.)

Subdivision 1. (AIDS PROGRAM.) The commissioner of education, in consultation with the commissioner of health, shall assist districts in developing and implementing a program to prevent and reduce the risk of acquired immune deficiency syndrome. Each district shall have a program that includes at least:

- planning materials, guidelines and other technically accurate and updated information;
- (2) a comprehensive, technically accurate and updated curriculum;
- (3) cooperation and coordination among districts and ECSUs;
- (4) a targeting of adolescents, especially those who may be at high risk of contracting AIDS, for prevention efforts;
- (5) involvement of parents and other community members;
- (6) in-service training for appropriate district staff and school board members;
- (7) collaboration with state agencies and organizations having an AIDS prevention or AIDS risk reduction program;
- (8) collaboration with local community health services, agencies and organizations having an AIDS prevention or AIDS risk reduction program; and
- (9) participation by state and local student organizations.

The department may provide assistance at a neutral site to a nonpublic school participating in a district's program. District programs must not conflict with the health and wellness curriculum developed under Laws 1987, chapter 398, article 5, section 2, subdivision 7.

If a district fails to develop and implement a program to prevent and reduce the risk of AIDS, the department shall assist the ECSU in the region serving that district to develop or implement the program.

Subdivision 2. (FUNDING SOURCES.) Districts may accept funds for AIDS programs developed and implemented under this section from public and private sources including public health funds and foundations, department professional development funds, federal block grants or other federal or state grants.

PLANNING FOR INTEGRATION

AIDS is a major public health problem. Students need to learn now, and in the future, in a systematic and consistent manner, about the disease, its prevention and its social ramifications. Care needs to be taken to provide AIDS information that is integrated into existing programs and not just injected in a "crisis curriculum", that has a framework of health promotion and personal development skills,

Planning for integration of AIDS into the current curricula calls for activities outlined in the sections that follow:

- o SAMPLE POLICIES for ADOPTION by LOCAL SCHOOL BOARDS
- o TEAM APPROACH
- o INTEGRATION INTO SUBJECT AREAS
- **o** TEACHING STRATEGIES
- o COUNSELING STRATEGIES
- **o** DEVELOPMENTAL CHARACTERISTICS OF CHILDREN AND YOUTH
- o LEARNER OUTCOMES: AIDS AND RELATED ISSUES
- o FEDERAL GUIDELINES: AIDS EDUCATION

SAMPLE POLICIES for ADOPTION by Local School Boards

Educators need support for addressing critical health issues in the classroom and for providing information and counseling sought by children and youth from student service personnel. Local school boards can offer that support by reviewing current policies. Below is sample language for review and adoption by local policy makers. Developed by the Minnesota Department of Education in response to requests from school administrators and educational leaders, these sample policies relate to students with AIDS in the schools, employment of staff who are infected by the AIDS virus, communicable disease control, planning for students with special health needs and planning for curriculum and instruction.

Policies specific to incorporating concepts into the instructional plan are:

CURRICULUM and INSTRUCTION

- 1. Sexual Health and Responsibility
- 1.1 Students in junior high school and senior high school will receive specific instruction in sexual health and responsibility including information on anatomy and physiology; rights and responsibilities of individuals to make personal choices in behavior and relationships; respect for the choices of individuals; and specific information about sexually transmitted diseases, including AIDS, and including prevention and access to community resources.
- 1.2 Students in early childhood, primary and intermediate grades will receive instruction in sexual health and responsibility including age-appropriate information about anatomy and physiology; rights and responsibilities of individuals to make personal choices in behavior and relationships; and specific information about sexually transmitted diseases, including AIDS, to answer questions and concerns arising from media focuses and community response to issues.
- 1.3 Adult learners will have an opportunity to receive instruction in sexual health and responsibility. The schools will plan and implement programs in concert with community resources.
- 1.4 A School Health/Human Services Advisory Committee will be established to review the district curriculum in sexual health and responsibility to ensure appropriate content, support effective instruction strategies, and offer community expertise to teachers and school nurses and provide learning experiences for students as appropriate.

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2. Chemical Health and Responsibility

Learners of all ages will have specific instruction about the risks of communicable diseases such as AIDS and hepatitis, incorporated into the chemical health and responsibility curriculum.

3. Equity Education

Learners of all ages will review concepts of the rights of individuals, including data privacy rights, tolerance of differences in lifestyle, and how fear and lack of information can lead to prejudice or other forms of minimizing the rights of individuals. AIDS and other communicable diseases will be one of the issues included.

Minnesota Department of Education October, 1985

Besides addressing the need for learners of all ages - particularly young adolescents who are learning about sexuality - to learn about AIDS and lifestyle behaviors to prevent transmission of the disease, federal and state agencies were concerned with other issues related to AIDS and the public response. Therefore, The Minnesota Department of Education (MDE) concurred with the Guidelines established in September 1985, by the Minnesota Department of Health (MDH) regarding students who are infected with the AIDS virus. The Minnesota State Board of Education (MSBE) agreed to the Guidelines in November, 1985. Because the AIDS virus is not communicated through casual contact as occurs in the school setting, the Guidelines state that children and youth with the AIDS virus should be allowed to attend school. The administration of MDE and the MSBE urge local school boards to review current policies and adopt language concurrent with the federal and state guidelines.

Copies of these federal and state guidelines and sample policies for adoption by local school boards may be obtained from local school superintendents and principals, or from MDE and MDH. (See the AIDS RESOURCES chapter.)

Federal guidelines have been issued in the following areas:

- o school children and day care
- o workplace transmission (focuses on health care settings including schools)
- o invasive procedures (dentists and surgeons)
- o correctional institutions
- o perinatal transmission
- o reduction of transmission in high risk groups.
- o universal blood and body fluids percautions
- o AIDS education as a component of a comprehensive health program

TEAM APPROACH

Information about AIDS may be integrated into the regular curriculum of subject areas such as health, science, home economics and social studies. Classroom teachers in these subject areas, and other educators such as school nurses and counselors, together can:

- o plan for integration
- o teach learners of all ages
- o provide a wide range of instructional resources
- o plan ways for students to access resource people when they have further questions and for referral for screening and counseling services.
- o seek district funding for training of teachers and student service personnel

NOTE: In providing AIDS education the teacher need not teach alone!

A MULTIDISCIPLINARY APPROACH is recommended because it:

- o offers several options as to who and how the information can be taught
- o reinforces information and learner skills without being duplicative
- o shows learners a single topic or issue has application in several arenas
- o strengthens the concepts, content and teaching methods by having several sources of ideas, information and resources
- o establishes a network for the educator assigned the primary responsibility for instruction, offering support and problem solving
- o ensures that joint decisions about content and approach are made and provides a support system for justifying those decisions to the community
- o includes community education as a part of the group making the decisions so there is a natural link with many community resources
- o involves community resources so school and community programs can be complementary
- o recognizes opportunities in the school, recreation, community leadership and family lives of learners that can been opportunities to effectively reinforce essential knowledge and skills
- o establishes several sources where students can go to receive more information and referral for further counseling as needed.

COMMUNITY PLANNING PROCESS:

Involvement of community members has proven to be essential in planning and implementing effective AIDS prevention and risk reduction programs. School-community planning teams already in place could function as an AIDS prevention program planning and evaluation network. Some existing committees or teams include:

- o PER Committee Planning, Reporting and Evaluating (curriculum review process)
- o Learners-at-Risk Planning Committee
- o County or Community AIDS Task Force
- County or Community Board of Health or Community Health Services Advisory Council
- o Community Education Advisory Committee
- o Positive Youth Development Planning Committee

A Community Health Council has already proven to be a very useful vehicle for planning of general health instruction and health services programs in several communities. First, organize a steering committee to serve as a board of directors - setting goals, developing the health promotion philosophy for the school district and conducting a needs/opinions survey. Then have community members appointed by the superintendent and/or a county official. Suggestions for membership are: a parent organization member, teacher from each building, school nurse from each building or level, other student service staff, administrator from each level, student representative(s) from junior and senior high schools. Community members could include the following professions: dental, medical, mental health, ministerial, law enforcement, public health nursing and education, hospital administrator or other representative, wellness facilitators from local business or industry, social/human services, child protection officers, major employer of youth, and others depending on the community.

Some suggested goals for the council are:

- o Review health education in the district and make suggestions for improvement.
- o Serve as resource people in various areas of health education.
- o Provide leadership in curriculum development as a writer or resource person.
- o Reflect the community and school staff attitudes about various health issues.
- o Give direction and guidance about various health problems/needs in the school.

(Jon Wilker and Carol Peterson, Owatonna Public Schools)

KEY RESOURCES: Who are some people who can assist in teaching and counseling? WHY WHO Who is informed about AIDS virus infection? _____ WHO WHY Who has access to current information about AIDS and educational and counseling resources? Influential students Who are the key student leaders from various groups in your school? What is their influence? WHY WHO Who are the educators in your school who are viewed as most approachable by students? Why? District School Which educators are in key roles in the district/ school to influence the way children and youth develop ideas and behavior patterns? District School What other key people in your district/school do children see as influential? -----WHO WHY Thinking about community resources, who can assist with teaching and counseling? -----

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INTEGRATION INTO SUBJECT AREAS

CURRICULUM PLANNING PROCESS:

Steps for developing an AIDS component within several curricula areas include:

- o Invite team members school staff, community members, students, parents to the planning process.
- o Define terms and concepts.
- o Outline the general goals, philosophy or values related to AIDS education in the community.
- o Review the current curriculum.
- o Conduct a needs assessment, measuring the level the knowledge and skills of learners at each age.
- o Determine specific knowledge, attitude and skills goals/outcomes appropriate to time allotments.
- o Determine timing and sequence of each major concept and clarify levels for awareness, emphasis, mastery and reinforcement.
- o Delineate responsibilities and content outline by subject(s)/curricular areas and grade.
- o Plan the instructional program.
 - Write specific behavioral objectives.
 - Outline content.
 - Select methodologies.
 - Specify evaluation criteria, strategies and timeline.
- o Develop or secure appropriate learning activities, materials and resources.
- o Develop and conduct inservice education for staff.
- o Set a plan for reporting and evaluating the curriculum process and outcomes.
- o Share the curriculum plan with the community.
- o Implement the plan.
- o Evaluate and revise.

Numerous extensive descriptions for the the curriculum development process are available through your local curriculum director and regional and state leaders. AIDS - because of the necessity to deal with personal and community values and feelings - requires and offers an opportunity for deliberate and detailed planning of the classroom instruction. This is also an opportunity to examine with students where they learn essential life skills such as decision making, problem solving and communication, and to build school-family-community programs with them. AIDS EXPERTISE: Does everyone need to become an expert in AIDS education?

YES. Everyone needs to have a clear understanding of the spectrum of AIDS virus infection, ways to prevent transmission, and questions children, youth and adults may raise. This is both for a person's own health and for providing information to young people.

Everyone needs to be aware of the issues that AIDS raises - that may lead to AFRAIDS - Acute Fear Regarding AIDS. These include issues relating to disease transmission, sexuality, sexual activity of young people and adults, sexual orientation, sexual harassment, discrimination, IV drug use and drug use prevention, responsibility of public schools, families and the religious community for teaching family life/sexual health and responsibility - and many more. These issues need to be approached in a nonjudgmental fashion with children and youth and adults.

Everyone needs to know when they do not have accurate or enough answers and where to go for more information and ideas. Everyone needs to know when to say "I don't know, but let's find out."

and Not everyone can provide expert teaching and/or counseling regarding AIDS NO. in the school setting. Some areas of the knowledge and skill that are essential include:

Child and adolescent development Infectious disease process: infectious agents, spread of disease Health and health behaviors, health decision making Sexual health and responsibility Family systems: family structure and family function Access to community resources Health consumerism

Dealing with controversial issues in the classroom Addressing normal child and adolescent development Addressing sexual health and responsibility Dealing with feelings and values Nonjudgmental approach, respect for a range of differences Personal problem solving with a child or adolescent

Resource people in the school – administrators, school nurses, counselors, social workers, psychologists and chemical abuse prevention counselors – and in the community – can be valuable in providing:

Current, accurate information about AIDS Current resources in instruction and counseling Assistance with curriculum planning Support for and problem solving with classroom teachers Community resources for teaching, counseling and referral Team teaching Granting tuition and/or credit for inservice education

ASSESSMENT OF LEARNERS:

Developing appropriate AIDS prevention programs will be a dynamic process for some years to come. Once established, the curriculum plan may need to be revised annually due to new information - and due to new and more effective methods of building knowledge and skills.

Learners of all ages are gleaning information - accurate and inaccurate - from a wide range of sources and increasingly from the media. Therefore, the program needs to be geared toward the current level of accurate knowledge, be in synchrony with media and other community programs, and geared to the appropriate developmental level of students. As young children learn more about AIDS, they will become more sophisticated in their knowledge - information and vocabulary - about sexuality and risk-taking behaviors such as IV drug use. But their ability to integrate the information in a meaningful way, their attitudinal level of development and their interpersonal skill level of development may remain constant - or regress because of stress caused by the fear-laden approach taken by adults to AIDS. Therefore, new approaches and instruments for assessment of these variables will need to be developed.

FOCUS GROUPS. One approach to needs assessment of young learners is forming focus groups led by classroom teachers or other members of the education team. The assessment should occur simultaneously in a number of schools (in a large district) so that a wide spectrum of exposure to the information and cultural perspectives can be tapped. Five questions to be asked of students in each grade level K - 6are:

- o What have you heard about AIDS?
- o How do you get it?
- o How do you prevent it?
- o How did you find out about it?
- o What questions do you have?

Results are reviewed for:

- o Patterns of responses by grade level and across schools
- o Accuracy of information
- o Level and patterns of integration of information
- o Maturity of cognitive development (knowledge about AIDS)
- o Maturity of interpersonal and values development (attitudes about AIDS)
- o Influence of the media, parents, peers at each grade level
- o Awareness of the life experiences of this generation of children and youth

Modifications in placement of components of AIDS information are then made according to this assessment.

(Kathy Anlauf, Minneapolis Public Schools)

<u>PRE-POST ASSESSMENT OF KNOWLEDGE.</u> A variety of structured pre-post test questions and answers are available with the various instructional resources currently available. This can be a vehicle to measure pre-intervention knowledge base and post-education short and longterm recall of specific information about AIDS. (See the Evaluation Section in the INSTRUCTIONAL RESOURCES chapter. Also, the Centers for Disease Control, AIDS Education program, has developed a standardized instrument for assessment of knowledge. Use of this tool by educators across the nation will assist in developing a uniform data set whereby regional and programmatic differences and change over time could be measured.)

More work is needed to develop better paper-pencil or computer-assisted, observation or other assessments of knowledge, attitudes and attitude shifts and of behavior or skills related to AIDS prevention and risk reduction.

ADOLESCENT HEALTH BEHAVIOR AND ATTITUDE INVENTORY. There is benefit in linking needs assessment efforts regarding AIDS prevention programs to programs that aim to prevent other high-risk behaviors leading to such problems as drug abuse, unintended pregnancies and sexually transmitted diseases. This would provide a profile of learner knowledge, attitudes and behavior in these interrelated arenas and set the groundwork for cooperative programming. Also, some instruments currently available (ex. University of Minnesota Adolescent Health Survey and Minnesota Department of Education federal drug prevention program [Learners-at-Risk Initiative]) aim to assess the cultural context of the learners so that these variables can be recognized in program interventions. Also, some current programs require such evaluation of learners, and melding AIDS issues into such required assessment vehicles is both economical on the part of the learners, educators and administration, and having a more comprehensive dataset is wise program planning.

LEARNER OUTCOMES. A major initiative underway in Minnesota is reformulation of learner outcomes for the health arena to be behavior-based/skill-oriented. Each major skill then has the following dimensions: health consciousness, knowledge, self awareness/self efficacy, beliefs/attitudes, values, behavior change skills (including decision making and goal setting), and environmental influence/social action (model, norms, opportunities, support). Assessment techniques are currently being devised to address these realms.

(contact: Robert Wandberg, Health Education Specialist)

The home economics curriculum area has also revamped the approach to learner outcomes and priorities for learning activities. Skill development focuses on the three major areas of change, communications, and values and lifestyles. In development are complex learning/teaching techniques addressing higher-levelthinking skills and other complex cognitive and integrative areas.

(contact: Audry Grote, Home Economics/Family Living Specialist)

Standard assessment strategies are being challenged by the efforts in health education and home economics/family living. Changes in the statewide testing systems are expected for these subject areas as the shift from a knowledge to skills focus areas is incorporated.

SUBJECT AREAS WITH CONTENT

Health education is one subject area for core education on AIDS. Other key subject areas are home economics, sciences and social studies - all important subjects where content about AIDS can be incorporated into the regular curriculum. On the next page are additional subject areas where AIDS content can be addressed as students learn other skills (ex. critique of the media's news-selection process stories regarding AIDS stories in English courses). Partnerships in the delivery of the content are encouraged.

There is a sense of urgency to increase knowledge among learners of all ages and to build skills to prevention and reduce the risk of AIDS virus transmission. While these are critical components, there are other skills that are essential such as critical thinking, accessing information and services and building self esteem. Due to the breadth of issues AIDS raises, core concepts can readily be addressed in several areas.

GRADES AND SUBJECT AREAS WITH CONTENT

Elementary

PERSONAL HEALTH INTERPERSONAL RELATIONSHIPS FAMILY LIFE

Secondary

Health

CHEMICAL HEALTH CONSUMER HEALTH DISEASE PREVENTION AND CONTROL COMMUNITY HEALTH MANAGEMENT MENTAL HEALTH SEXUALITY AND FAMILY HEALTH

Science

RESEARCH PROCESS/SCIENTIFIC METHODS CELLS EVOLUTION: Genetic Mutation MICROORGANISMS: Virus Infectious Disease HUMAN SYSTEMS: Circulatory Immune Response Reproductive System

Home Economics

FAMILY LIFE SEXUALITY CHILD DEVELOPMENT CONSUMER EDUCATION COMMUNITY SERVICES

Social Studies

SOCIOLOGY: Group Dynamics FAMILY LIFE ECONOMICS: Insurance, Health Care POLITICAL SYSTEMS: Public Policy COMMUNITY SERVICES LAW: Privacy Rights Public Rights to Safety

ADDITIONAL SUBJECT AREAS WITH CONTENT

Secondary

Economics

Health Care Industry - Cost for care of AIDS patients, cost of prevention Future projection of cases, costs, capacity to respond Health insurance Federal, State, Personal Costs - Balances World Economic Impact of AIDS - Developing countries, industrialized nations

English

Debate

Influence of media - advertising, news reporting (sensationalism)
Reporting of scientific findings in the general media problems in presentation and translation
Writing for different age groups - appeal of educational material for
 children, adolescents, adults
Public health literature - differences in messages relayed by the

school, religious groups, youth groups and centers, media Creative writing - short story, essay, poetry Theatre as a means of examining social and health issues; role play

Freedom of speech, education

Business

Discrimination in the work place Health insurance benefits

Social Psychology

Community services Emotional issues for: those with AIDS virus infections family members those anticipating or participating in high risk behaviors the "worried well" Changes in social mores in the past two years, in the next 10 -20 years

TEACHING STRATEGIES

- o Choose core content. To prevent the spread of the AIDS virus, focus on the means of transmission, specific behaviors to prevent transmission and sources for diagnosis, counseling and services available in the community.
- O Critique data and other information and verify the source is reliable and valid and the content is correct. Articles two months old may be outdated. Call local public health providers, or regional or state agency staff.
- o Be prepared to adapt the content and activities to your learners' developmental stage, current base of knowledge and past experiences.
- o Due to the sensitive nature of the subject, choose a classroom or small group setting rather than a presentation in a large assembly.
- Plan time for presentation, time for individuals to privately review the information and time for discussion in small groups. Allow students to bring their questions and concerns individually to the teacher or other educators such as the school nurse or counselor.
- o As with all sensitive and crisis issues, remember that some members of the group have been touched more closely by the issue than others.
- As in all areas of sexuality, be sensitive to feelings; project a warm, nonjudgmental acceptance of all students; create an atmosphere conducive to open discussion. Students need verbal and nonverbal permission to ask questions and explore opinions.
- o Emphasize students' personal control and personal responsibility in avoiding or protecting themselves from exposure to this deadly communicable disease; and their personal obligation to avoid transmitting the disease to others.
- o Remember to respect the feelings and emotions of the learners.
- o Model the nonjudgmental attitude you want the students to learn and demonstrate.
- o Encourage students to discuss the issues with their parents and family members.
- o Identify resources in the community where people can go for confidential consultation, for screening for the AIDS virus antibody, for dialogue that reduces fear and anxiety, and for a network that provides support.

APPROACHES TO AIDS EDUCATION

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Here is a list of methods or approaches for consideration. Review the pros and cons of using these approaches in your school.

| | | PRO | CON |
|---|--|---|-----|
| 0 | Classroom lecture with discussion | | |
| 0 | Audio-visual presentation followed by class discussion | | |
| 0 | Review of printed media with class discussion to assess/critique the content | | |
| 0 | Class discussion of current events | | |
| 0 | Small group/cooperative learning/ student team learning projects | e ann a bha ann an ann an an ann an ann an ann an | |
| 0 | Theming units: study topics like caring through a variety of subjects such as as art, music, literature, writing | | |
| 0 | Guest speaker presentations: classroom | | |
| 0 | Guest speaker presentations: school assembly | | |
| 0 | Student initiated requests for instruction | | |
| 0 | Student Council project | | |
| 0 | Student organization project | | |
| 0 | Peer tutoring | | |
| 0 | Computer-aided individualized instruction | | |
| 0 | Other | | |
| 0 | Other | | |

METHODS OF COUNSELING

Counseling individuals and groups on issues related to AIDS is a great challenge and an opportunity. Identifying, providing and maintaining appropriate psychological supports for those who have AIDS virus infection, those at risk and the worried-well is an essential component of a comprehensive school-based approach. Members of the student services team all need to be prepared to provide counseling regarding AIDS.

When children, youth and adults ask questions, sometimes they are:

- o seeking permission to ask.
- o stating one question, but wanting to ask a more complex question that is more difficult to articulate or is potentially controversial.
- o wanting to check out an adult's response, both verbal and nonverbal.
- o trying to explore another's value system.

COUNSELING STRATEGIES

- o Create an atmosphere of understanding and respect to facilitate building a helping relationship.
- o See the person as an individual and confirm their right to be accepted.
- o Demonstrate a non-judgmental attitude.
- o Indicate at the onset when confidentiality can be provided and when others must be told of the content of the conversation (as in reporting sexual abuse,.
- o Actively listen by observing verbal and non-verbal behavior.
- o Assist the person in identifying and clarifying what are his/her concerns.
- o Assist the person in applying decision making skills.
- o Assist the person in identifying resources to meet their needs.
- o Provide accurate, clear information, appropriate for the age of learner.
- Acknowledge when you do not have enough information to respond to questions, when the problem is too complex to address in schools, when a request for support exceeds your individual resources, or when you hold a bias that would interfere with the child, youth or adult getting the assistance they need. Identify resources in the school and community and refer the person.
- o Know your limits set your limits and refer.

OPPORTUNITIES FOR COUNSELING

| alogue |
|-----------------|
| |
| e, after care. |
| Youth group |
| Religious group |
| Other |
| ٤ • • |

APPROACHES TO AIDS COUNSELING

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llere is a list of methods or approaches for consideration. Review the pros and cons of using these approaches in your school.

| | | PRO | CON |
|---|--|-----------------|-----|
| 0 | One-to-one with classroom teacher focussing on information and/or values | | |
| Ø | One-to-one with classroom teacher focussing on problem solving | | |
| 0 | Access to student service staff (school nurse, counselor, social worker) - "drop-in" dialogue | 9 3 <u>.</u> | |
| 0 | One-to-one with student services personnel focussing on information and/or values | | |
| 0 | One-to-one with student service personnel focussing on building decision making skills | | |
| 0 | One-to-one with student service personnel focussing on problemsolving (therapeutic) | | |
| 0 | One-to-on with student service personnel focussing on providing support | | |
| 0 | Guest counselor for drop in or scheduled visits by students | | |
| 0 | All of the above with small groups of peers | | |
| 0 | All of the above with small groups of students with identified common needs | 3 | |
| Q | Peer counseling - for information or support | | |
| 0 | Peer helper program for referring students to school and community resources | | |
| 0 | Hotline/helpline | | |
| 0 | Other | | |
| Ō | Other | | |

DEVELOPMENTAL CHARACTERISTICS OF CHILDREN AND YOUTH

| AGE | PHYSICAL | COGNITIVE | SOCIAL | SELF | VALUES | SEXUALITY |
|----------------|--|---|---|--|---|---|
| 5–7 YEARS | girls ahead of boys in physical development and achievement small muscle and eye- hand coordination developing increasingly skillful with tools & materials masters physical skills necessary for game playing high energy level physical skills impor- tant in influencing status with peers | differentiates clearly between fantasy and reality attention span by age 7 shows dramatic lengthening - has ability to shift attention concepts are langely functional can order objects on dimensions of size and quantity memory good for concrete sequences (nurbers) is able to give more thought to judgments and decisions | beginnings of empathy; sees others point of view two or three best friends play groups are small and of short duration quarrels frequent, but short beginning of conformity with peers (tress, language) peers become increasingly important beginning of sex cleavage; less boy-girl interaction | clarifies differences between adult and achieves independence in physical self care gaining practical knowledge necessary for everyday living exploration is more goal directed learning to forego im- mediate reward for delayed gratification | sense of duty and accomplishment developing consciousness is in evidence; resulting from behavior may be rigid and expressed in extremes beginning to accept there are rules, but does not understand the principles behind then | strong interest in origin of babies aware of sex differences plays doctor tends to be modest in front. of opposite sex name calling includes words dealing with elimination |
| 8-10 YEARS | ^o physical skills are gaining more impor- tance influencing status with peers and self-concept ^o girls ahead of boys in physical development, taller, stronger, more skillful in small muscle coordination ^o high energy level ^o is able to take re- sponsibility for personal hygiene ^o girls begin growth spurt toward end of this group ^o quiescent growth period for boys | capable of prolonged interest see similarities can apply logical thought to practical situations beginning to understand relationship of cause and effect understands concept of money understands concept of time; has ability to plan ahead | intensification of peer group influence cliques of the same sex both boys and girls inter- ested in hobbies competition more common, with considerable boasting overly concerned with peer imposed rules antagonism between boys and girls leads to frequent quarrels extreme energy expanditure in physical game playing | conforms to sex role achieving personal independence aware of importance of belonging self-sufficient, can do things independently inside and outside the home | testing and questioning attitudes, values, belief systems; may result in conflict adult role models give strong clues about ac- ceptable behaviors understands the reason for rules and belaves according to them beginning to make value judgments about own behavior, set standards for self, accept responsibility for behavior | wants more exact information peers share sexual information most know about sexual intercourse interest in sexual jokes is sexually modest expresses disinterest of opposite sex |
| l1–13 YEARS | boys begin growth spurt adolescent growth spurt at peak for girls, with changes in body proportions pubescent stage for girls; secondary sex characteristics continue to develop, breasts develop, menstruation begins inproved motor develop- ment & coordination, especially in boys, who excel in physical achievement | transition from concrete to abstract thinking; uses abstract words emergence of independent critical thinking can apply logic to solve problems; thinks induc- tively can solve problems by considering alternatives | peers become source of behavior standards and models conforms to rules as- signed by group team games popular crushes and hero worship are common for same and opposite sex boisterous behavior common self-consciousness creates anxiety about behavior faced with decisions regarding alcohol and drug use | achieves a masculine or feminine social fole learning one's role in heterosexual relation- ships seeking self-identity sometimes includes rebellion self-concept is influenced by bodily changes | asserting and developing own value system although peer influence is strong understands ethical abstractions (example: justice, honesty) beginning to be aware of and discuss social issues | aware that intercourse occurs apart from conception ones' sex role is a concern information from prens is actively sought. interests in opposite sex, although girls are more interested in boys than boys in girls girls are absorted in the their own body changes frequent erections occurs in boys |

| AGE | PHYSICAL | COGNITIVE | SOCIAL | SELF | VALUES | SEXUALITY |
|------------------|---|---|--|--|---|---|
| 14–16 YEARS | Adolescent growth spurt at peak for boys, with changes in body proportions pubescent stage for boys; secondary sex characteristics continue to develop | makes fine conceptual distinctions concerned with the hypo- thetical, the future, and the remote formulates and tests hypo- thesis to consider all the possible ways a problem can be solved; deals with logical and imaginery solutions aspirations frequently exceed capabilities uses abstract rules to solve problems | preoccupation with acceptance by social group boys and girls have a few close friends of both sexes, friendships last longer peer group influence is intense increase in conflict between peer and adult roles primary groups continue to be same sex, but there is more heterosexual interaction qirls more socially adept than boys | competitive peer relations produce some distrust confides more in friends than parents worries about physical appearance, attractiveness and physical appearance assurance of acceptance and security of parents is still necessary | interest in philosophical, ethical and religious problems is aware of and verbalizes contradictions in moral code group beliefs important in influencing values | Intimate and casual heterosexual activity and experimentation occur homosexual activity and experimentation occurs |
| 17–19 ° YEARS | full physcial develop- ° ment for both boys and girls ° | continues to refine language and thinking abilities increased life experiences provides more and new op- portunities for refinement or previously learned reasoning-thinking skills | choice and opinion reflect continuing peer influence group activities provide an outlet for expressing feelings looking for permanence in heterosexual relation- ships move to living full time with peers (college); new interpersonal satis- factions and problems | worries about career choice and other aspects of the future anxious about formation and continuation of intimate heterosexual relationships | integrating values into a personal philosophy including ethical and moral standards to be used in adult life is able to make personal commitment | many boys and girls have had intimate sexual activity both hoys and girls are struggling to learn socially approved outlets for sexual arousal |

Association for Supervision and Curriculum Development Developmental Characteristics of Children and Youth, 1975.

Human Growth and Development Throughout Life: A Nursing Perspective, 1982.

DIVISION OF PARTNERSHIP AND DEVELOPMENT LEARNER SUPPORT SYSTEMS

Minnesota Department of Education

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CS/nm April, 1937

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LEARNER OUTCOMES: AIDS and RELATED ISSUES

Learner outcomes in the higher grades are based on outcomes at previous levels being achieved. From early childhood through adult there is a continuum of learning.

EARLY CHILDHOOD: The learner will:

- o state when one is sick and when one is well. (1)
- o recognize that some, but not all, illnesses are contagious. (2)

o recognize that personal health practices can prevent some illnesses (3) or diseases.

- o initiate personal health practices that promote health and prevent (4) disease.
- o feel comfortable seeking more information about issues that are (5) not understood or that cause anxiety and fear.

GRADES K-3: The learner will:

- o distinguish between being sick and being well by listing healthy (6) traits.
- o describe methods of preventing the spread of disease. (7)
- o demonstrate self-care behaviors such as personal health practices, (8) nutrition, rest and exercise that are components of a healthy lifestyle.
- o state how lack of accurate information can lead to false conclusions. (9) o describe how differences in people's appearance, culture or behavior (10) can be viewed with fear when not understood.

GRADES 4-6: The learner will:

| 0 | differentiate between communicable and noncommunicable diseases. | (11) |
|---|--|------|
| 0 | distinguish among the types of infectious agents. | (12) |
| 0 | describe the AIDS virus action and spectrum of AIDS virus infection | (13) |
| | emphasizing how the virus is not transmitted and is transmitted. | |
| 0 | describe healthy lifestyle traits (health behaviors) that protect | (14) |
| | a person from transmission of the AIDS virus. | |
| 0 | recognize factors that influence lifestyle choices including peer | (15) |
| | pressure, alcohol or drug use, and self concept. | |
| 0 | discuss how lack of accurate information can lead to a range of | (16) |
| | responses including denial of risk, anxiety about casual contact, | |
| | or fear of and negative reaction to people with AIDS. | |
| 0 | describe how fear of differences influences how people act toward | (17) |
| | one another. | |
| 0 | discuss the sources of one's own opinions or beliefs shout the range | (18) |

o discuss the sources of one's own opinions or beliefs about the range (18) of AIDS-related issues and listen to others explain factors that influence their attitudes and beliefs.

- o compare AIDS to other sexually transmitted diseases in terms of risk, (19) prevention and risk reduction, and treatment.
 o define criteria for credibility of accurate sources of AIDS information.(20)
 o examine the motives for media presentations about AIDS. (21)
 o seek out sources of accurate information/services in school/community. (22)
 o analyze factors that influence behavior choices, propose a range of (23)
- alternatives and select those that promote a healthy lifestyle. o follow guidelines for protecting oneself from transmission of the AIDS (24) and other viruses including safety measures regarding all body fluids and behavior choices that eliminate or reduce the risk of STD transmission.
- o analyze why people sometimes respond strongly to the disease AIDS (25) and to AIDS prevention programs including AIDS education.
- o recognize peer pressure for uniformity in behaviors and attitudes, (26) describe how differences in personality, appearance, culture, healthy lifestyles and other traits can precipitate anxiety and fear.

GRADES 9-12: The learner will:

- o explain which sources of information about AIDS are credible. (27) o outline the effect of medical technology on the history of AIDS. (28)
- o seek ways of reducing the economic impact of AIDS on the individual, (29) family and society.
- o set a personal health plan including behaviors and attitudes that (30) protect oneself from AIDS virus transmission and other STDs, prevent and reduce the risk of transmission of disease to self and others.
- o recognize one's own personal control and personal responsibility in (31) avoiding exposure to AIDS and other STDs and one's obligation to avoid avoid transmission to others.
- o seek health care services if one has participated in high-risk behaviors(32) for acquiring the AIDS virus and/or other STDs.
- o examine the moral and ethical issues surrounding AIDS.
- o propose alternatives to AIDS prevention and control that balances (34) the privacy rights of individuals and the public's right to safety.
- o demonstrate a willingness to examine how individual differences can (35) precipitate fear and discriminatory responses to people with AIDS.
- o acknowledge the right of individuals to hold differing opinions (36) on issues related to AIDS.

ADULT LEARNERS: The learner will:

- o identify local public and private sources of current AIDS information. (37) o select and use personal health behaviors and attitudes essential for a (38)
- lifestyle that prevents and/or reduces the risk of AIDS virus transmission. o recognize the importance of accurately discussing AIDS and related (39) issues with children and youth.
- o effectively communicate with others about sensitive issues such as AIDS.(40)
- o describe how public policy regarding AIDS is shaped by the media, (41) science, public officials and public opinion.
- o describe the relationship between public policy and the implementation (42) of programs in schools and services in the community.
- o accept that there are a wide range of viewpoints on AIDS-related issues; (43) respect differences of opinion when honorably presented.
- o provide accurate information to those afraid of AIDS; provide support (44) to people with AIDS virus infection, their families and friends.

(revised 6/1988)

(33)
SEQUENCE OF LEARNER OUTCOMES

Below, the assigned numbers of the LEARNER OUTCOMES on the previous page are categorized according to the continuum of learning of a given concept across the age/grade span. The numbers also indicate the domain - Knowledge, Attitude, Behavior - of each Learner Outcome.

| CONCEPT GRADI | E/AGE | | | | | |
|--|--------------------|----------|-----------------------|---------------------|-------------------------------|-------------------------------|
| | Early Childhood | K3 | 46 | 7-8 | 9-12 | Adult |
| Wellness/ Illness | 1K, 2K, 3K | 6K 7K | 11K 12K | 23K-B | 30B | 38B |
| AIDS Virus Transmission | | | 13K | 19K 24B | 28K 30B 32B | |
| AIDS Prevention/ Risk Reduction | | | 14K 18K | 22B 24B | 30B 31A | 38B |
| Self Care/ Personal Reponsibility | 3K 4B | 8B | 14К,15К 16К-В | 22B 23KB 26KA | 30B 31A 32B | 38B 40B |
| Consumerism/ Accurate AIDS Information | 5A | 9К | 16K-B | 20K 21K 24B | 27K 35A | 37K 39A 41K |
| | | | | | | |
| Respect/ Social Responsibility | 5A | 10K | 16К-В 17К 18А-В | 25K 26K-a | 29B,31A 33K,34B 35A,36A | 39A,40B 41K,42K 43A,44B |

It is important to reiterate that AIDS prevention and risk reduction programs need to be integrated into a variety of curricular areas and into a wide range of learning/living experiences in schools and communities. These learner outcomes and the learner activities in the following section do not address the full range of knowledge and skills in the realms of sexual health and responsibility and chemical health and responsibility that are essential for building AIDS prevention behaviors in children and youth. Rather, the purpose is to identify components to be added to and integrated into existing programs.

NOTE: The LEARNER ACTIVITIES in the next chapter on INSTRUCTIONAL RESOURCES each are referenced according to the respective number of the LEARNER OUTCOMES on the previous page.

FEDERAL GUIDELINES FOR EFFECTIVE AIDS EDUCATION

CENTERS FOR DISEASE CONTROL



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Supplement

Guidelines for Effective School Health Education To Prevent the Spread of AIDS

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Guidelines for Effective School Health Education To Prevent the Spread of AIDS

Introduction

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Because the virus is transmitted almost exclusively by behavior that individuals can modify, educational programs to influence relevant behavior can be effective in preventing the spread of HIV (1-5).

The guidelines below have been developed to help school personnel and others plan, implement, and evaluate educational efforts to prevent unnecessary morbidity and mortality associated with AIDS and other HIV-related illnesses. The guidelines incorporate principles for AIDS education that were developed by the President's Domestic Policy Council and approved by the President in 1987 (see Appendix I).

The guidelines provide information that should be considered by persons who are responsible for planning and implementing appropriate and effective strategies to teach young people about how to avoid HIV infection. These guidelines should not be construed as rules, but rather as a source of guidance. Although they specifically were developed to help **school personnel**, personnel from other organizations should consider these guidelines in planning and carrying out effective education about AIDS for youth who do **not** attend school and who may be at high risk of becoming infected. As they deliberate about the need for and content of AIDS education, educators, parents, and other concerned members of the community should consider the prevalence of behavior that increases the risk of HIV infection among young people in their communities. Information about the nature of the AIDS epidemic, and the extent to which young people engage in behavior that increases the risk of HIV infection, is presented in Appendix II.

Information contained in this document was developed by CDC in consultation . with individuals appointed to represent the following organizations:

American Academy of Pediatrics American Association of School Administrators American Public Health Association American School Health Association Association for the Advancement of Health Education Association of State and Territorial Health Officers Council of Chief State School Officers National Congress of Parents and Teachers National Council of Churches

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National Education Association National School Boards Association

Society of State Directors of Health, Physical Education,

Recreation and Dance

U.S. Department of Education

U.S. Food and Drug Administration

U.S. Office of Disease Prevention and Health Promotion

Consultants included a director of health education for a state department of education, a director of curriculum and instruction for a local education department, a health education teacher, a director of school health programs for a local school district, a director of a state health department, a deputy director of a local health department, and an expert in child and adolescent development.

Planning and Implementing Effective School Health Education about AIDS

The Nation's public and private schools have the capacity and responsibility to help assure that young people understand the nature of the AIDS epidemic and the specific actions they can take to prevent HIV infection, especially during their adolescence and young adulthood. The specific scope and content of AIDS education in schools should be locally determined and should be consistent with parental and community values.

Because AIDS is a fatal disease and because educating young people about becoming infected through sexual contact can be controversial, school systems should obtain broad community participation to ensure that school health education policies and programs to prevent the spread of AIDS are locally determined and are consistent with community values.

The development of school district policies on AIDS education can be an important first step in developing an AIDS education program. In each community, representatives of the school board, parents, school administrators and faculty, school health services, local medical societies, the local health department, students, minority groups, religious organizations, and other relevant organizations can be involved in developing policies for school health education to prevent the spread of AIDS. The process of policy development can enable these representatives to resolve various perspectives and opinions, to establish a commitment for implementing and maintaining AIDS education programs, and to establish standards for AIDS education program activities and materials. Many communities already have school health councils that include representatives from the aforementioned groups. Such councils facilitate the development of a broad base of community expertise and input, and they enhance the coordination of various activities within the comprehensive school health program (6).

AIDS education programs should be developed to address the needs and the developmental levels of students and of school-age youth who do not attend school, and to address specific needs of minorities, persons for whom English is not the primary language, and persons with visual or hearing impairments or other learning disabilities. Plans for addressing students' questions or concerns about AIDS at the early elementary grades, as well as for providing effective school health education about AIDS at each grade from late elementary/middle school through junior

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high/senior high school, including educational materials to be used, should be reviewed by representatives of the school board, appropriate school administrators, teachers, and parents before being implemented.

Education about AIDS may be most appropriate and effective when carried out within a more comprehensive school health education program that establishes a foundation for understanding the relationships between personal behavior and health (7-9). For example, education about AIDS may be more effective when students at appropriate ages are more knowledgeable about sexually transmitted diseases, drug abuse, and community health. It may also have greater impact when they have opportunities to develop such qualities as decision-making and communication skills, resistance to persuasion, and a sense of self-efficacy and self-esteem. However, education about AIDS should be provided as rapidly as possible, even if it is taught initially as a separate subject.

State departments of education and health should work together to help local departments of education and health throughout the state collaboratively accomplish effective school health education about AIDS. Although all schools in a state should provide effective education about AIDS, priority should be given to areas with the highest reported incidence of AIDS cases.

Preparation of Education Personnel

A team of representatives including the local school board, parent-teachers associations, school administrators, school physicians, school nurses, teachers, educational support personnel, school counselors, and other relevant school personnel should receive general training about a) the nature of the AIDS epidemic and means of controlling its spread, b) the role of the school in providing education to prevent transmission of HIV, c) methods and materials to accomplish effective programs of school health education about AIDS, and d) school policies for students and staff who may be infected. In addition, a team of school personnel responsible for teaching about AIDS should receive more specific training about AIDS education. All school personnel, especially those who teach about AIDS, periodically should receive continuing education about AIDS to assure that they have the most current information about means of controlling the epidemic, including up-to-date information about the most effective health education interventions available. State and local departments of education and health, as well as colleges of education, should assure that such in-service training is made available to all schools in the state as soon as possible and that continuing in-service and pre-service training is subsequently provided. The local school board should assure that release time is provided to enable school personnel to receive such in-service training.

Programs Taught by Qualified Teachers

In the elementary grades, students generally have one regular classroom teacher. In these grades, education about AIDS should be provided by the regular classroom teacher because that person ideally should be trained and experienced in child development, age-appropriate teaching methods, child health, and elementary health education methods and materials. In addition, the elementary teacher usually is sensitive to normal variations in child development and aptitudes within a class. In the secondary grades, students generally have a different teacher for each subject. In

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these grades, the secondary school health education teacher preferably should provide education about AIDS, because a qualified health education teacher will have training and experience in adolescent development, age-appropriate teaching methods, adolescent health, and secondary school health education methods and materials (including methods and materials for teaching about such topics as human sexuality, communicable diseases, and drug abuse). In secondary schools that do not have a qualified health education teacher, faculty with similar training and good rapport with students should be trained specifically to provide effective AIDS education.

Purpose of Effective Education about AIDS

The principal purpose of education about AIDS is to prevent HIV infection. The content of AIDS education should be developed with the active involvement of parents and should address the broad range of behavior exhibited by young people. Educational programs should assure that young people acquire the knowledge and skills they will need to adopt and maintain types of behavior that virtually eliminate their risk of becoming infected.

School systems should make programs available that will enable and encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to –

- Abstain from sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- Refrain from using or injecting illicit drugs.

For young people who have engaged in sexual intercourse or who have injected illicit drugs, school programs should enable and encourage them to –

- Stop engaging in sexual intercourse until they are ready to establish a mutually monogamous relationship within the context of marriage;
- To stop using or injecting illicit drugs.

Despite all efforts, some young people may remain unwilling to adopt behavior that would virtually eliminate their risk of becoming infected. Therefore, school systems, in consultation with parents and health officials, should provide AIDS education programs that address preventive types of behavior that should be practiced by persons with an increased risk of acquiring HIV infection. These include:

- Avoiding sexual intercourse with anyone who is known to be infected, who is at risk of being infected, or whose HIV infection status is not known;
- Using a latex condom with spermicide if they engage in sexual intercourse;
- Seeking treatment if addicted to illicit drugs;
- Not sharing needles or other injection equipment;
- Seeking HIV counseling and testing if HIV infection is suspected.

State and local education and health agencies should work together to assess the prevalence of these types of risk behavior, and their determinants, over time.

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Content

Although information about the biology of the AIDS virus, the signs and symptoms of AIDS, and the social and economic costs of the epidemic might be of interest, such information is not the essential knowledge that students must acquire in order to prevent becoming infected with HIV. Similarly, a single film, lecture, or school assembly about AIDS will not be sufficient to assure that students develop the complex understanding and skills they will need to avoid becoming infected.

Schools should assure that students receive at least the essential information about AIDS, as summarized in sequence in the following pages, for each of three grade-level ranges. The exact grades at which students receive this essential information should be determined locally, in accord with community and parental values, and thus may vary from community to community. Because essential information for students at higher grades requires an understanding of information essential for students at lower grades, secondary school personnel will need to assure that students understand basic concepts before teaching more advanced information. Schools simultaneously should assure that students have opportunities to learn about emotional and social factors that influence types of behavior associated with HIV transmission.

Early Elementary School

Education about AIDS for students in early elementary grades principally should be designed to allay excessive fears of the epidemic and of becoming infected.

AIDS is a disease that is causing some adults to get very sick, but it does not commonly affect children.

AIDS is very hard to get. You cannot get it just by being near or touching someone who has it.

Scientists all over the world are working hard to find a way to stop people from getting AIDS and to cure those who have it.

Late Elementary/Middle School

Education about AIDS for students in late elementary/middle school grades should be designed with consideration for the following information.

Viruses are living organisms too small to be seen by the unaided eye.

Viruses can be transmitted from an infected person to an uninfected person through various means.

Some viruses cause disease among people.

Persons who are infected with some viruses that cause disease may not have any signs or symptoms of disease.

AIDS (an abbreviation for acquired immunodeficiency syndrome) is caused by a virus that weakens the ability of infected individuals to fight off disease.

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People who have AIDS often develop a rare type of severe pneumonia, a cancer called Kaposi's sarcoma, and certain other diseases that healthy people normally do not get.

About 1 to 1.5 million of the total population of approximately 240 million Americans currently are infected with the AIDS virus and consequently are capable of infecting others.

People who are infected with the AIDS virus live in every state in the United States and in most other countries of the world. Infected people live in cities as well as in suburbs, small towns, and rural areas. Although most infected people are adults, teenagers can also become infected. Females as well as males are infected. People of every race are infected, including whites, blacks, Hispanics, Native Americans, and Asian/Pacific Islanders.

The AIDS virus can be transmitted by sexual contact with an infected person; by using needles and other injection equipment that an infected person has used; and from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

It sometimes takes several years after becoming infected with the AIDS virus before symptoms of the disease appear. Thus, people who are infected with the virus can infect other people—even though the people who transmit the infection do not feel or look sick.

Most infected people who develop symptoms of AIDS only live about 2 years after their symptoms are diagnosed.

The AIDS virus cannot be caught by touching someone who is infected, by being in the same room with an infected person, or by donating blood.

Junior High/Senior High School

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Education about AIDS for students in junior high/senior high school grades should be developed and presented taking into consideration the following information.

The virus that causes AIDS, and other health problems, is called human immunodeficiency virus, or HIV.

The risk of becoming infected with HIV can be virtually eliminated by not engaging in sexual activities and by not using illegal intravenous drugs.

Sexual transmission of HIV is not a threat to those uninfected individuals who engage in mutually monogamous sexual relations.

HIV may be transmitted in any of the following ways: a) by sexual contact with an infected person (penis/vagina, penis/rectum, mouth/vagina, mouth/penis, mouth/ rectum); b) by using needles or other injection equipment that an infected person has used; c) from an infected mother to her infant before or during birth.

A small number of doctors, nurses, and other medical personnel have been infected when they were directly exposed to infected blood.

The following are at increased risk of having the virus that causes AIDS and consequently of being infectious: a) persons with clinical or laboratory evidence of

infection; b) males who have had sexual intercourse with other males; c) persons who have injected illegal drugs; d) persons who have had numerous sexual partners, including male or female prostitutes; e) persons who received blood clotting products before 1985; f) sex partners of infected persons or persons at increased risk; and g) infants born to infected mothers.

The risk of becoming infected is increased by having a sexual partner who is at increased risk of having contracted the AIDS virus (as identified previously), practicing sexual behavior that results in the exchange of body fluids (i.e., semen, vaginal secretions, blood), and using unsterile needles or paraphernalia to inject drugs.

Although no transmission from deep, open-mouth (i.e., "French") kissing has been documented, such kissing theoretically could transmit HIV from an infected to an uninfected person through direct exposure of mucous membranes to infected blood or saliva.

In the past, medical use of blood, such as transfusing blood and treating hemophiliacs with blood clotting products, has caused some people to become infected with HIV. However, since 1985 all donated blood has been tested to determine whether it is infected with HIV; moreover, all blood clotting products have been made from screened plasma and have been heated to destroy any HIV that might remain in the concentrate. Thus, the risk of becoming infected with HIV from blood transfusions and from blood clotting products is virtually eliminated. Cases of HIV infection caused by these medical uses of blood will continue to be diagnosed, however, among people who were infected by these means before 1985.

Persons who continue to engage in sexual intercourse with persons who are at increased risk or whose infection status is unknown should use a latex condom (not natural membrane) to reduce the likelihood of becoming infected. The latex condom must be applied properly and used from start to finish for every sexual act. Although a latex condom does not provide 100% protection—because it is possible for the condom to leak, break, or slip off—it provides the best protection for people who do not maintain a mutually monogamous relationship with an uninfected partner. Additional protection may be obtained by using spermicides that seem active against HIV and other sexually transmitted organisms in conjunction with condoms.

Behavior that prevents exposure to HIV also may prevent unintended pregnancies and exposure to the organisms that cause Chlamydia infection, gonorrhea, herpes, human papillomavirus, and syphilis.

Persons who believe they may be infected with the AIDS virus should take precautions not to infect others and to seek counseling and antibody testing to determine whether they are infected. If persons **are not** infected, counseling and testing can relieve unnecessary anxiety and reinforce the need to adopt or continue practices that reduce the risk of infection. If persons **are** infected, they should: a) take precautions to protect sexual partners from becoming infected; b) advise previous and current sexual or drug-use partners to receive counseling and testing; c) take precautions against becoming pregnant; and d) seek medical care

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and counseling about other medical problems that may result from a weakened immunologic system.

More detailed information about AIDS, including information about how to obtain counseling and testing for HIV, can be obtained by telephoning the AIDS National Hotline (toll free) at 800-342-2437; the Sexually Transmitted Diseases National Hotline (toll free) at 800-227-8922; or the appropriate state or local health department (the telephone number of which can be obtained by calling the local information operator).

Curriculum Time and Resources

Schools'should allocate sufficient personnel time and resources to assure that policies and programs are developed and implemented with appropriate community involvement, curricula are well-planned and sequential, teachers are well-trained, and up-to-date teaching methods and materials about AIDS are available. In addition, it is crucial that sufficient classroom time be provided at <u>each</u> grade level to assure that students acquire essential knowledge appropriate for that grade level, and have time to ask questions and discuss issues raised by the information presented.

Program Assessment

The criteria recommended in the foregoing "Guidelines for Effective School Health Education To Prevent the Spread of AIDS" are summarized in the following nine assessment criteria. Local school boards and administrators can assess the extent to which their programs are consistent with these guidelines by determining the extent to which their programs meet each point shown below. Personnel in state departments of education and health also can use these criteria to monitor the extent to which schools in the state are providing effective health education about AIDS.

- 1. To what extent are parents, teachers, students, and appropriate community representatives involved in developing, implementing, and assessing AIDS education policies and programs?
- 2. To what extent is the program included as an important part of a more comprehensive school health education program?
- 3. To what extent is the program taught by regular classroom teachers in elementary grades and by qualified health education teachers or other similarly trained personnel in secondary grades?
- 4. To what extent is the program designed to help students acquire essential knowledge to prevent HIV infection at each appropriate grade?
- 5. To what extent does the program describe the benefits of abstinence for young people and mutually monogamous relationships within the context of marriage for adults?
- 6. To what extent is the program designed to help teenage students avoid specific types of behavior that increase the risk of becoming infected with HIV?
- 7. To what extent is adequate training about AIDS provided for school administrators, teachers, nurses, and counselors-especially those who teach about AIDS?

- 8. To what extent are sufficient program development time, classroom time, and educational materials provided for education about AIDS?
- 9. To what extent are the processes and outcomes of AIDS education being monitored and periodically assessed?

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Appendix I

The President's Domestic Policy Council's Principles for AIDS Education

The following principles were proposed by the Domestic Policy Council and approved by the President in 1987:

Despite intensive research efforts, prevention is the only effective AIDS control strategy at present. Thus, there should be an aggressive Federal effort in AIDS education.

The scope and content of the school portion of this AIDS education effort should be locally determined and should be consistent with parental values.

The Federal role should focus on developing and conveying accurate health information on AIDS to the educators and others, not mandating a specific school curriculum on this subject, and trusting the American people to use this information in a manner appropriate to their community's needs.

Any health information developed by the Federal Government that will be used for education should encourage responsible sexual behavior—based on fidelity, commitment, and maturity, placing sexuality within the context of marriage.

Any health information provided by the Federal Government that might be used in schools should teach that children should not engage in sex and should be used with the consent and involvement of parents.

Appendix II

The Extent of AIDS and Indicators of Adolescent Risk

Since the first cases of acquired immunodeficiency syndrome (AIDS) were reported in the United States in 1981, the human immunodeficiency virus (HIV) that causes AIDS and other HIV-related diseases has precipitated an epidemic unprecedented in modern history. Although in 1985, fewer than 60% of AIDS cases in the United States were reported among persons residing outside New York City and San Francisco, by 1991 more than 80% of the cases will be reported from other localities (1):

It has been estimated that from 1 to 1.5 million persons in the United States are infected with HIV (1), and, because there is no cure, infected persons are potentially capable of infecting others indefinitely. It has been predicted that 20%-30% of individuals currently infected will develop AIDS by the end of 1991 (1). Fifty percent of those diagnosed as having AIDS have not survived for more than about 1.5 years beyond diagnosis, and only about 12% have survived for more than 3 years (2).

By the end of 1987, about 50,000 persons in the United States had been diagnosed as having AIDS, and about 28,000 had died from the disease (2). Blacks and Hispanics,

who make up about 12% and 6% of the U.S. population, respectively, disproportionately have contracted 25% and 14% of all reported AIDS cases (3). It has been estimated that during 1991, 74,000 cases of AIDS will be diagnosed, and 54,000 persons will die from the disease. By the end of that year, the total number of deaths caused by AIDS will be about 179,000 (1). In addition, health care and supportive services for the 145,000 persons projected to be living with AIDS in that year will cost our Nation an estimated \$8-\$10 billion in 1991 alone (1). The World Health Organization projects that by 1991, 50-100 million persons may be infected worldwide (4). The magnitude and seriousness of this epidemic requires a systematic and concerted response from almost every institution in our society.

A vaccine to prevent transmission of the virus is not expected to be developed before the next decade, and its use would not affect the number of persons already infected by that time. A safe and effective antiviral agent to treat those infected is not expected to be available for general use within the next several years. The Centers for Disease Control (5), the National Academy of Sciences (6), the Surgeon General of the United States (7), and the U.S. Department of Education (8) have noted that in the absence of a vaccine or therapy, educating individuals about actions they can take to protect themselves from becoming infected is the most effective means available for controlling the epidemic. Because the virus is transmitted almost exclusively as a result of behavior individuals can modify (e.g., by having sexual contact with an infected person or by sharing intravenous drug paraphernalia with an infected person), educational programs designed to influence relevant types of behavior can be effective in controlling the epidemic.

A significant number of teenagers engage in behavior that increases their risk of becoming infected with HIV. The percentage of metropolitan teenage girls who had ever had sexual intercourse increased from 30%-45% between 1971 and 1982. The average age at first intercourse for females remained at approximately 16.2 years between 1971 and 1979 (9). The average proportion of never-married teenagers who have ever had intercourse increases with age from 14 through 19 years. In 1982, the percentage of never-married girls who reported having engaged in sexual intercourse was as follows: approximately 6% among 14-year-olds (10), 18% among 15-year-olds, 29% among 16-year-olds, 40% among 17-year-olds, 54% among 18-year-olds, and 66% among 19-year-olds (11). Among never-married boys living in metropolitan areas, the percentage who reported having engaged in sexual intercourse was as follows: 24% among 14-year-olds, 35% among 15-year-olds, 45% among 16-year olds, 56% among 17-year-olds, 66% among 18-year olds, and 78% among 19-year olds (9,12). Rates of sexual experience (e.g., percentage having had intercourse) are higher for black teenagers than for white teenagers at every age and for both sexes. (11, 12).

Male homosexual intercourse is an important risk factor for HIV infection. In one survey conducted in 1973, 5% of 13- to 15-year-old boys and 17% of 16- to 19-year-old boys reported having had at least one homosexual experience. Of those who reported having had such an experience, most (56%) indicated that the first homosexual experience had occurred when they were 11 or 12 years old. Two percent reported that they currently engaged in homosexual activity (*13*).

Another indicator of high-risk behavior among teenagers is the number of cases of sexually transmitted diseases they contract. Approximately 2.5 million teenagers are affected with a sexually transmitted disease each year (14).

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Some teenagers also are at risk of becoming infected with HIV through illicit intravenous drug use. Findings from a national survey conducted in 1986 of nearly 130 high schools indicated that although overall illicit drug use seems to be declining slowly among high school seniors, about 1% of seniors reported having used heroin and 13% reported having used cocaine within the previous year (*15*). The number of seniors who injected each of these drugs is not known.

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Only 1% of all the persons diagnosed as having AIDS have been under age 20 (2); most persons in this group had been infected by transfusion or perinatal transmission. However, about 21% of all the persons diagnosed as having AIDS have been 20-29 years of age. Given the long incubation period between HIV infection and symptoms that lead to AIDS diagnosis (3 to 5 years or more), some fraction of those in the 20- to 29-year-age group diagnosed as having AIDS were probably infected while they were still teenagers.

Among military recruits screened in the period October 1985-December 1986, the HIV seroprevalence rate for persons 17-20 years of age (0.6/1,000) was about half the rate for recruits in all age groups (1.5/1,000) (16). These data have lead some to conclude that teenagers and young adults have an appreciable risk of infection and that the risk may be relatively constant and cumulative (17).

Reducing the risk of HIV infection among teenagers is important not only for their well-being but also for the children they might produce. The birth rate for U.S. teenagers is among the highest in the developed world (18); in 1984, this group accounted for more than 1 million pregnancies. During that year the rate of pregnancy among sexually active teenage girls 15-19 years of age was 233/1,000 girls (19).

Although teenagers are at risk of becoming infected with and transmitting the AIDS virus as they become sexually active, studies have shown that they do not believe they are likely to become infected (20,21). Indeed, a random sample of 860 teenagers (ages 16-19) in Massachusetts revealed that, although 70% reported they were sexually active (having sexual intercourse or other sexual contact), only 15% of this group reported changing their sexual behavior because of concern about contracting AIDS. Only 20% of those who changed their behavior selected effective methods such as abstinence or use of condoms (20). Most teenagers indicated that they want more information about AIDS (20,21).

Most adult Americans recognize the early age at which youth need to be advised about how to protect themselves from becoming infected with HIV and recognize that the schools can play an important role in providing such education. When asked in a November 1986 nationwide poll whether children should be taught about AIDS in school, 83% of Americans agreed, 10% disagreed, and 7% were not sure (22). According to information gathered by the United States Conference of Mayors in December of 1986, 40 of the Nation's 73 largest school districts were providing education about AIDS, and 24 more were planning such education (23). Of the districts that offered AIDS education, 63% provided it in 7th grade, 60% provided it in 9th grade, and 90% provided it in 10th grade. Ninety-eight percent provided medical facts about AIDS, 78% mentioned abstinence as a means of avoiding infection, and 70% addressed the issues of avoiding high-risk sexual activities, selecting sexual partners, and using condoms. Data collected by the National Association of State Boards of Education in the summer of 1987 indicated that a) 15 states had mandated comprehensive school health education; eight had mandated AIDS education; b) 12 had legislation pending on AIDS education, and six had state board of education

actions pending; c) 17 had developed curricula for AIDS education, and seven more were developing such materials; and d) 40 had developed policies on admitting students with AIDS to school (24).

The Nation's system of public and private schools has a strategic role to play in assuring that young people understand the nature of the epidemic they face and the specific actions they can take to protect themselves from becoming infected—especially during their adolescence and young adulthood. In 1984, 98% of 14 and 15 year-olds, 92% of 16 and 17 year-olds, and 50% of 18 and 19 year-olds were in school (*25*). In that same year, about 615,000 14- to 17-year-olds and 1.1 million 18- to 19-year-olds were not enrolled in school and had not completed high school (*26*).

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Additional copies may be requested from the National AIDS Information Clearinghouse, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" P.O. Box 6003 Rockville, Maryland 20850.

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Minnesota Department of Education

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A POLICY ON THE FREEDOM TO TEACH, TO LEARN, AND TO EXPRESS IDEAS IN THE PUBLIC SCHOOLS

The freedoms to teach, to learn, and to express ideas without fear of censorship are fundamental rights held by public school teachers and students as well as all other citizens. These freedoms, expressed and guaranteed in the First Amendment to the U.S. Constitution, must be preserved in the teaching/learning process in a society of diverse beliefs and viewpoints and shared freedoms. Public schools must promote an atmosphere of free inquiry and a view of subject matter reflecting a broad range of ideas so that students are prepared for responsible citizenship. However, criticism of educational resources and teaching methods and the advocacy of additional educational resources are also essential First Amendment rights of students, faculty, parents, and other members of the community.

Public school personnel should:

- 1) Select curriculum, teaching methods, resources, and materials appropriate to the educational objectives and the maturity and skill levels of the students based on their professional competence as educators and according to established school board policies and procedures. However, teachers should not be allowed to indoctrinate students with their own personal views.
- 2) Provide students with access to a broad range of ideas and viewpoints.
- 3) Encourage students to become decision makers, to exercise freedom of thought, and to make independent judgments through the examination and evaluation of relevant information, evidence, facts, and differing viewpoints.
- 4) Support students' rights to present their ideas even if some people might find the ideas objectionable.
- 5) Discuss issues, including those viewed by some as controversial, since such discussion is essential to students' development of critical thinking and other skills which prepare them for full participation as citizens in a democratic society.

Each school district board of education should adopt a written policy reflecting the principles included in this policy and stating the criteria, the personnel, and the process to be used to select and to reevaluate curriculum and educational resources and make the policy available to members of the school community and the public.

Individuals or groups outside the public schools should not be allowed to:

- 1) Use the public schools to indoctrinate students with particular viewpoints or beliefs.
- 2) Determine which viewpoints will be presented or avoided in public schools.
- 3) Require the disciplining of professional staff for including issues or resources considered controversial in their classes if the reasons for including them are educationally sound.

Minnesota Department of Education Mary Dalbatten 612/296-2207

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Adopted by the Minnesota Board of Education March 12, 1985

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E E E E E E AN EQUAL OPPORTUNITY EMPLOYER E E E E E E E

INSTRUCTIONAL RESOURCES

Several options are available in this section for the educator to develop a lesson or lessons that offer learners essential information about AIDS, encourage wise decision making and instill personal lifestyle behaviors that will prevent transmission of the AIDS virus. With these options, learning experiences can be tailored to the developmental level of the learners, their background knowledge in human sexuality and communicable diseases, the community perspective and the educator's level of comfort in addressing AIDS and related issues.

This process approach - providing resources for the educator to construct his/ her own learning plan, rather than prescribing specific activities - relies on educators' skills in assessing the learners and selecting resources to meet their needs. In the case of AIDS, this approach also relies on the educator to convey essential information about AIDS, specific methods for prevention of transmission of the AIDS virus, how to access information about AIDS and other communicable diseases and health services for diagnosis and treatment of illness, and how to recognize discrimination that is based on misunderstanding and lack of accurate information about issues or people.

o LECTURE OUTLINE AND CONTENT: INFORMATION ABOUT AIDS Information about the etiology of AIDS and prevention of transmission of the AIDS virus; objectives for each section; questions for discussion, participant material suggested; transparency masters.

o LEARNER ACTIVITIES

Ready for reproducing, the activities are for individual study or group discussion about AIDS and the related issues. They have been prepared for elementary and secondary students and the educator has the opportunity to make decisions about appropriate grade level use.

o SAMPLE LESSON PLANS

Content and learner activities from Quackbush & Sargent, Teaching about AIDS

o EVALUATION

Discussion of evaluation methodology and sample pre- and post-test questions.

LECTURE OUTLINE and CONTENT Information about AIDS

OUTLINE and CONTENT

TRANSPARENCY MASTERS

There are two purposes of the outline and content in this section. The first is to reinforce educators' knowledge of AIDS – definitions, spectrum of infection, transmission, protection, prevention and risk reduction. Classroom teachers, school nurses, counselors, social workers, administrators and community educators and other educators need current, accurate information before developing learning activities for their students.

Secondly, the outline is a format for presentations about AIDS, suggests questions to group discussion, and offers transparency masters for emphasis of key concepts. It is appropriate for use in formal presentations in the school or community or when working with small groups of learners of all ages.

Current, accurate information should be sought from public health agencies prior to presenting information about AIDS.

Adapted from

Schuster, Cyndy, Sue Will and Ruth Ellen Luehr.

<u>PRESENTING AIDS</u>, A Resource Guide for Inservice Education on Acquired Immune Deficiency Syndrome and Educational Implications.

St. Paul, Minnesota: A joint project of the School Nurse Organization of Minnesota and the Minnesota Department of Education, Division of Development and Partnerships, Learner Support Systems, December 1985, edited July 1986 and June 1988.

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|---|--|---|
| Objectives | Outline/Content | Method/Resources |
| | Introduction | |
| Validate the participants' potential discomfort in studying AIDS issues. Emphasize the importance | (Review current media stories about AIDS.) Beginning in July 1985, major magazines and television networks carried feature stories on AIDS. Recall that AIDS was printed bigger than life on <u>Life</u> magazine. <u>Newsweek, Time, People, Atlantic, Women's Day, Discover,</u> <u>National Geographic</u> , and others have published articles about AIDS - and AIDS hysteria - irrational, unsubstantiated fear. regiona | Discussion - What is the focus of the most recent story about AIDS in local, al or national news? |
| of recognizing reluctance and moving to acceptance and action. | The media has moved medical science and epidemiology out of the laboratory and into homes. There are currently two epidemics: | Use current media cartoons or news headlines as trans- parencies. |
| | AIDS - Acquired immune Deficiency Syndrome - and AFRAIDS - Acute Fear Regarding AIDS (<u>The New Republic</u> , 10/14/85) | [Transparency] |
| | Five stages of awareness about AIDS have been identified: Denial / Many are at a level of intellectual Recognition / curiosity in a rational sense; at a Intellectual curiosity level of denial in an emotional and Personal investment / Social investment / | Discussion - At which level are each of you What are some example of each developmental level? |
| | Why discuss AIDS? What are the issues? | [Transparency] |
| | AIDS is a major public health problem. The AIDS virus destroys the immune system; it is deadly. (It is not transmitted through casual contact.) AIDS will affect children, youth and adults in our schools. Education is the key strategy for prevention and intervention. | Discussion - Recall previous experiences when there was such widespread concern about a public health problem. (ex. polio) |

Outline/Content

Method/Resources

- I. Virology: nature and transmission:
- Define AIDS virus, A. Definitions:

AIDS virus - the scientifically acceptable term for the following:HIV - Human Immunodeficiency VirusHTLV-III - Human T-lymphotropic Virus, type IIILAV - Lymphadenopathy Associated VirusARV - AIDS-associated Retrovirus (used by West coast researchers)

The causative agent of the medical condition known as AIDS. Identified in April, 1984, HTLV-III is the name ascribed by the U.S. researchers. LAV is the name for the virus identified in France in 1983. HIV was introduced as a compromise term in May, 1986. The first notice of the unusual pattern of diseases later identified as AIDS was a report in MMWR, July 3, 1981.

Asymptomatic Infection

Sometimes called AIDS virus carriers, these people do not have signs and symptoms of unusual illnesses. The virus is basically dormant, not damaging the immune system, not affecting a person's ability to fight infection.

<u>ARC</u> - <u>AIDS Related Complex</u> (To date, no standard definition.) Condition where a person is infected with the AIDS virus and has signs and symptoms like swollen lymph nodes or neurological signs. Susceptible to other diseases; some of these can be treated. Those with ARC may not progress to AIDS. Although in common use by the public, in the medical community there is a shift this delete the term ARC, substituting a classification scheme that describes the range or spectrum of symptoms and disease impact of this virus.

<u>AIDS</u> - <u>Acquired Immunodeficiency Syndrome</u> (scientifically correct name) AIDS - Acquired Immune Deficiency Syndrome (name in common usage)

AIDS is a disabling or life-threatening illness caused by human immunodeficiency virus (HIV) characterized by encephalophathy, HIV wasting syndrome or certain diseases due to immune deficiency in a person with laboratory evidence for HIV infection or without certain other causes for immunodeficiency. (CDC Definition, 1987)

A breakdown of the body's natural immune system. Because AIDS affects the body's ability to fight off infection, people who suffer from AIDS become susceptible to a variety of rare illnesses not usually found in people whose immune system is normal. (MDH, <u>Healthy Facts</u>, 11/85) These illnesses are referred to as "opportunistic infections or diseases". These illnesses are fatal. (US PHS, <u>Facts about AIDS</u>, Winter 1986) [Transparency]

Participant material-Facts about AIDS, or other resources.

asymptomatic infection, ARC,

and AIDS;

distinguish

among these.

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|--|--|---|
| | 12. 她跟她的眼睛上是那些人们,她都能知道了。** | |
| <u>Objectives</u> | Outline/Content | Method/Resources |
| Provide a context for AIDS informa- tion. | <pre>(Before continuing, participants may need a review of: infectious agents: bacteria, viruses, mycobacteria, parasites, fungi communicable disease process: agent, host, vehicle, entry port immune system: natural and acquired immunity; antigen - antibody interaction lymphatic system)</pre> | |
| Explain the process of infection by the AIDS virus. | B. AIDS infection The virus attacks the immune system of the body, specifically the lymph cells in the blood system, the cells named T-4 lymphocytes. (Lymphocytes originate in the the bone marrow; T-lymphocytes are regulated by the Thymus, hence T.) The virus also attacks the nervous system, cells in the brain. Sometimes the immune system remains intact but there are substantial neurological problems. | Participant material- Recent news articles or popular journal articles (<u>National</u> <u>Geographic</u> , 5/88). |
| | T-4 lymphocytes, or helper cells, normally trigger the production of antibodies (immunoglobins) by other lymphocytes (B cells). Other lymphocytes (T-8's) suppress the production of antibodies and tend to balance the immune response to a foreign substance in the body (antigen). The ratio of T-belper lymphocytes - to - T-suppressor lymphocytes | |
| | normally approximates 2:1. In AIDS, the ratio decreases and then progressively reverses. Eventually, the helper cells are out-numbered by the suppressor cells. | |
| | HIV enters the blood stream, seeks out T-4 (helper) lymphocytes and attaches to the cell membrane. The virus crosses the membrane and affects the DNA of the cell, causing it to produce more HIV and minimizing the helper-function of the cell. | [Transparency] |

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| Objectives | Outline/Content | Method/Resources |
|---|--|--|
| | C. Transmission | |
| Name the body fluids that contain the AIDS virus; that transmit the virus. | Sources in the body: The AIDS virus has been isolated in: Blood \ vehicles of transmission; Semen Vaginal secretions / source and quantity Saliva \ | [Transparency] |
| | Tears <u>no</u> evidence of Breast milk transmission Urine / Bone marrow, Brain tissue, colon cells Theoretically, any body fluid where blood may be found | |
| Explain how the AIDS virus | Means of transmission: Blood to blood; Semen/vaginal fluids to blood | |
| is transmitted. | Routes of transmission (risk behaviors): | [Transparency] |
| | o Sexual contact (sharing of semen and/or blood); hetero- or homosexual (Due to injury to the mucous membrane of the rectum, anal intercourse is considered a high risk activity.) o Injection (sharing of needles and syringes) - illicit or accidental o Maternal-child transplacental transfer; perinatal transmission (Mother first infected through sharing IV drugs or sexual contact) | Discussion - What types of information and misinformation are prevalent in your agency and community? Discussion - What |
| | o Transfusion of blood or blood products prior to May, 1985 (Since May 1985, blood is screened for AIDS virus antibodies.) | other diseases can be transmitted by these behaviors? |
| | No evidence of transmission through: | |
| AIDS virus is not transmitted. | o Casual contact, ex.: working together, going to school together; shaking hands, hugging, skin-to-skin contact | [Transparency] Discussion - Name risks we confront N |
| | o Objects, ex.: doorknobs, toilet seats, pencils, cups, mosquitoes | daily at home, work & school, Why, with AIDS |
| 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - | o Coughing or sneezing (AIDS virus is not an air or waterborne germ.) | do we desire an absolute risk-free setting? |
| | o Donating blood or blood products | ------ |

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| <u>Objectives</u> | Outline/Content | Method/Resources |
|--|--|---|
| Define categories of risk. | Relative risk for acquiring the AIDS virus depends on personal health behavior choices. For example, a gay male who is celibate has no risk of acquiring the virus sexually; nor does a monogamous heterosexual couple. Relative risk depends on both risk group and risk behavior. | Discussion - How do perceived susceptibility and perceived vulnerability affect behavior? |
| II. | Epidemiology: extent of the disease: | |
| | A. Origin | |
| State the origin of the AIDS virus infection in humans. | There is evidence that the virus was present in Central Africa before 1971, a decade before detected in the US. It may be an evolutionary descendent of a virus that existed in green monkeys some 50,000 years. Once in humans, the virus mutated into a more deadly form. It became apparent in the late 1970's with increased cases of Kaposi's sarcoma, a rare form of vascular cancer that manifests itself in the skin. | |
| | <u>Theoretically</u> , the virus traveled from Africa to the US via Haiti. Cultural and military exchanges between French speaking central African countries and Haiti brought the virus to this Caribbean island, a vacation spot for the US gay community. Through sexual activity and intravenous drug use, people acquired the AIDS virus and brought it to New York City, New Jersey, Florida and the West coast. (Longone, <u>Discover</u> , 12/85) | |
| | B. Prevalence of AIDS virus infection | |
| | The cumulative total of AIDS cases in the US is 54,000 (330 in Minnesota) (March, 1988). Most are adult cases (53,000); a few pediatric are cases (700). More than 1/2 of these people have died. An estimated 1.5 to 2.7 million people are infected with the AIDS virus (20,000 in Minnesota), many are asymptomatic carriers and may or may not know they are infected. This is estimated to be 1/2 of 1% of the US population. | (Check current data with state and local public health agency staff; see appendix.) |
| | C. Disparities Geographic: Rural/Urban; Regions in the US; Worldwide distribution | (Contact public health |
| | Population/Demographic Distribution of AIDS (1988) Age: Primarily the 20 - 24 year age group Sex: 90% male in the US (equal numbers of men and women in Africa) Race: 24% Black, 14% Hispanic | trends.) |
| | Trends/Future Expectations: In 1991 alone there will be more cases of AIDS than in the first 5 1/2 years of the epidemic. National projection: 270,000 cumulative cases of AIDS by 1991 Minnesota projection: 2000 cumulative cases of AIDS by 1991 | |

ansparency

(Note: The diseases

are in a continuum

or spectrum, not

distinct stages.

infection is not

phase to AIDS.)

always progressive from the asymptomatic

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The AIDS virus

D. High Incidence Groups

Percent of AIDS cases by risk group:

| <u>Pe</u> | ercent | of US | Cases | |
|--|--------|-------|-------|-----------------------|
| o Homosexual and bisexual men | | 65 | % | |
| o Intravenous (IV) drug user | | 16 | % | Participant material |
| o Homosexual and bisexual men and IV drug user | | 8 | % | |
| o Recipients of blood or blood products (1977 to May 198 | 35) | 3 | % | (Prepare a chart with |
| o Heterosexual contacts of infected persons (any of the | above) |) 4 | % | current data.) |
| o Children born to infected mothers | | 1 | % | |
| o Other | | 3 | % | |

Describe the spectrum of AIDS virus infection. III. A. Spectrum of AIDS Virus Infection:

AIDS is the tip of the iceberg of AIDS virus infections (Bennett, 10/85). In time, the percentage of those that acute meningitis/encephalitis develop AIDS, or deadly forms of ARC (not yet defined neurological impairment - sensory, motor as AIDS), may increase. With current educational efforts persistent lymphadenopathy will the number of people exposed to the virus remain idiopathic thrombocytopenic purpura constant and the percent of those progressing to AIDS increase / transient immune defects (eventually inverting the pyramid/iceberg)? Or will the number infected with the virus increase - despite educational efforts

to reduce transmission (enlarging the pyramid/iceberg)? asymptomatic, normal immune system function (Review definitions.)

After exposure to the virus, a person may develop AIDS in 6 months to 6 years (perhaps longer). An estimated 20 - 30% of all those infected with the AIDS virus have AIDS; higher in some risk groups. People with AIDS may infect others with the virus, however they are often very ill and may have little desire to participate in high risk behaviors (sexual intercourse, IV drug use). People with AIDS have deadly opportunistic infections - fungal bacterial, new cancers - rare diseases that have an opportunity to infect the body because of a depressed immune system. Treatment includes use of experimental antiviral agents and immunostimulants.

ARC is less well defined. In the continuum of the AIDS virus infection, the person's immune system may gradually become less and less efficient, unable to fend off infections. These diseases may be treated with some success. However, the infections may become more frequent and complicated. ARC also describes those with neurological impairment where the immune system remains intact, but the AIDS attacks the nervous system causing sensory, motor or personality impairments. People with ARC can infect others with the virus.

Method/Resources

A. Spectrum of AIDS Virus Infection - continued

Asymptomatic Infection. Perhaps 50 - 70% of those infected with the AIDS virus have few, if any, signs or symptoms; there is no apparent infection. The AIDS virus is present, shown by blood tests for antibodies in the blood. Treatment and prevention are the same - counsel according to the risk group - to maintain good health and reduce the likelihood of further transmission of the AIDS virus.

B. Signs and symptoms:

o Those who have been exposed to the AIDS virus develop antibody in 6 weeks to 6 months - meaning the body recognizes virus and is attempting to fight against it. Most of these people have no signs or symptoms (asymptomatic); they are not ill. They are, however, infected, and may be infectious, perhaps for life. At this time, there is no evidence that all asymptomatic infected people will become symptomatic or ever develop AIDS, and ultimate outcome of AIDS virus infection is not yet known. Research has shown that a majority of infected persons develop some symptoms.

o For AIDS infected persons, many have symptoms that occur in minor illnesses, such as colds, bronchitis and stomach flu. Some of these persons may have symptoms that persistent or recurrent and may include:

o Daily fatigue and loss of appetite - lasting more than one month.
o Weight loss - unexplained, > 10 pounds in a short period of time.
o Fever - body temperature > 101 degrees for more than two weeks.
o Night sweats - periods of waking up drenched, over several weeks.
o Swollen glands - enlarged lymph nodes, with or without pain, in

multiple sites in neck or armpits lasting more than one month. o Black and blue, pink or purple flat or raised blotches or bumps on or under the skin, inside the mouth, eyelids, nose, rectum. May look like a bruise that does not go away. Persisting more than one month.

o Cough - often dry cough, not related to smoking. Often associated with fever and shortness of breath. May include difficulty in swallowing. Persisting more than two weeks.

o Diarrhea - persisting more that two weeks, unexplained.

o Herpes sore - persisting and increasing in size for more than one month. (MDH, <u>Healthy Facts</u>, 11/85) o Neurological impairments: sensory, motor, intellectual, personality

o Those with AIDS virus infection may or may not progress to AIDS. Of those infected, 20 - 30% develop AIDS in 6 months to 2 years for children, and 3 - 5 years for adults. In some risk groups, as high as 35 - 40% of those infected develop AIDS in less than 7 - 8 years. To date, there is no cure for AIDS.

Spectrum of Infection:

Clinical Manifestations of AIDS Virus Infection

- o Asymptomatic
- o Acute Infection
- o ARC
- o Wasting Syndrome
- o Neurologic Illness
- o Cancers Associated
 - with Infection
- o AIDS
- o Other

(See CDC Case Definition, 1988)

- Participant material-Facts about AIDS, People with the AIDS virus are particularly susceptible to - neoplasms - opportunistic infec. Opportunistic infections are: - severe and
 - debilitating
- concurrent infec.
- sequential infec.

- current therapy fails
- high rate of recurrence

| Objectives | Outline/Content | Method/Resources |
|---|---|---|
| IV. | Prevention A. Environmental Precautions/Safety Measures | |
| Identify ways the virus is destroyed | Disinfection | |
| outside the body. | The AIDS virus is fragile outside the human host, readily destroyed with normal cleansing. Although direct contact to the blood stream by infected blood or semen is necessary to transmit the virus, prudence in handling all body fluids is recommended. (See CDC Universal Blood and Body Fluids Precautions, August, 1987) | Discussion - Name common concerns of the participants and identify resolutions. |
| | The virus is destroyed by: | [Transparency] |
| | o Exposure to air and heat o 70 % Ethanol/Isopropanol/Alcohol o 1:100 to 1:10 dilution of household bleach o 3 % Hydrogen Peroxide | |
| List prevention strategies and the benefits and drawbacks of each. | B. Behaviors - Prevention and Risk Reduction Reducing the risk of contracting or transmitting AIDS: US Public Health Service Recommendations (from <u>The Nation's Health</u>, 10/85) 1. Do not have sexual contact with persons known to have or suspected of having AIDS, known to be or suspected of being carriers of the virus, or who are positive for the AIDS antibody test. | Discussion - Knowing the modes and of transmission, name some preven- tion strategies. |
| | Do not have sex with multiple partners, or with persons who have had multiple partners (including prostitutes). The more partners you have, the greater your risk of contracting AIDS. Bo not inject illicit drugs. If you do inject drugs, your risk is lessened by NOT sharing needles or syringes. Do not have sex with people who inject drugs (including prostitutes). Avoid anal intercourse. Studies suggest that the receptive partner may be at greater risk for AIDS. Protect yourself and your partner during sexual activity. If you suspect that you or your partner has been exposed to the AIDS virus: Use condoms, which may reduce the possibility of transmitting the virus. Use a spermicide containing Non-oxynol 9. | Participant material- Provide this list or a similar one from public agency or media sources. Summary: <u>Risk Elimination</u> - Celibacy or "Just Say No". |
| | <pre>o Avoid sexual practices that may cause injury or rips in tissues. o Avoid oral-genital contact. o Avoid contact with any body fluids (semen, blood, feces, urine).</pre> | partner. <u>Risk Reduction</u> - If sexually active, use safer sex techniques |
| | (Continued next page.) | (include barrier methods). |

Summary: continued

B. Preventive Behavior - continued

| Additional | l Recommendations | to Reduce | Transmission of | AIDS virus: |
|------------|--------------------|-----------|-----------------|-------------|
| US PHS, Co | enters for Disease | e Control | (CDC, MMWR | , 3/4/86) |

High risk persons should reduce their risk of becoming infected by:

1. Reducing the number of sex partners. A stable, monogamous relationship with an uninfected person eliminates any risk of sexually transmitted AIDS virus infection.

2. Protecting themselves during sexual activity with any possibility infected person by taking appropriate precautions to prevent contact with a person's blood, semen, urine, feces, saliva, cervical secretions, or vaginal secretions. Although the efficacy of condoms in preventing infections with the AIDS virus is still under study, consistent use of condoms should reduce transmission of the AIDS virus by preventing exposure to semen and infected lymphocytes.

3. For IV drug abusers, enrolling or continuing in programs to eliminate abuse of IV substances. Needles, other apparatus, and drugs must never be shared. (Sterile needles prevents transmission of the AIDS virus and other infectious agents.)

Consultation for those at risk and the "worried well":

The Minnesota Department of Health has established clinics to provide AIDS - sexual practices virus antibody screening and counseling in key locations statewide. The - risk reduction screening is confidential. Counseling is provided to educate people on behaviors how to reduce their risk of becoming infected, and reduce the risk of o abstain/delay transmitting the virus to others if they are infected. Counseling and o restrict sex testing are also provided by other public and private clinics and physicians.

All blood banks in Minnesota, including the two major suppliers, the Memorial Blood Center of Minneapolis and the American Red Cross, screen all donated blood to prevent transmission by transfusion. Therefore, the blood supply is considered safe.

o The ELISA test - enzyme-linked immunosorbent assay - is a highly sensitive test that is relatively inexpensive. If positive, it is repeated to improve the specificity (to ensure a healthy person being screened is not falsely identified as being antibody positive for being infected with the AIDS virus).

o The Western blot test, more expensive and technically difficult, confirms the presence of AIDS virus antibody.

<u>Risk Elimination</u>
Do not abuse drugs.
<u>Risk Reduction</u>
If using drugs, do not use IV drugs.
If using IV drugs, do not share needles.

[Transparencies] Prevention Risk Reduction

Summary: <u>Personal Risk</u> <u>Inventory</u> - number of sexual partners; risk status of each - sexual practices - risk reduction behaviors o abstain/delay o restrict sex to non-infected o reduce number - number of needle

sharing drug partners; risk status of each

Outline/Content

C. Education

Three ways to intervene in public health problems:

o engineering (ex. development of immunizations; screening tools) o enforcement (ex. legislating immunizations for school entrance) o education

Education is the key intervention strategy for both epidemics: AIDS and AFRAIDS. Information is critical. It is the first step. What is required is a change in knowledge - and attitudes - and behavior.

Education about AIDS needs to be scientifically sound and culturally protect people sensitive. The programs should be community based - involving many members disease or illn of the community and different agencies and organizations working together - Use seat belt and should use multiple approaches. Programs designed with these two factors and smoking as should begin to have an impact on people reducing high risk behaviors, especially for those in high risk groups.

[Transparency]

Discussion - What challenges are there to educating people about personal lifestyle behaviors that promote health and/or protect people from disease or illness? Use seat belt use and smoking as examples.

CITATIONS IN OUTLINE:

As AIDS spreads, officials face tough questions on protection. The Nation's Health (American Public Health Association), October-November, 1985, pp. 1,6.

Bennett, J.A.

Epidemiology update, HTLV-III/AIDS link. <u>American Journal of Nursing, 85</u>(9 & 10) (Sept/Oct), 1985, pp. 968-972; 1086-1089.

Brainerd, E. and J. Hadler.

Prevention of Disease Transmission in Schools, AIDS. Hartford, CT: State of Connecticut, Departments of Education and Health Services, March, 1985.

Brainerd, E.

AIDS in the classroom (presentation). 59th Annual Convention, American School Health Association. Little Rock, Arkansas, October 11, 1985.

Osterholm, M.

Current communicable disease concerns: AIDS and hepatitis (presentation). Annual Fall Conference, School Nurse Organization of Minnesota. Minnetonka, Minnesota, October 25, 1985.

Public Health Service (PHS) Executive Task Force on AIDS.

Public health service plan for prevention and control of Acquired Immune Deficiency Syndrome (AIDS). <u>Public Health Reports</u>, <u>100</u>(5) (September-October), 1985, pp. 453-455.

For more information about immunology, consult current reference texts such as:

Bullock, B.I. and P. Philbrook Rosendahl. <u>Pathophysiology: Adaptations and Alterations in Function</u>. Boston, MA: Little, Brown and Company, 1985.

Wienreb, E. <u>Anatomy and Physiology</u>. Reading, Massachusetts: Addison-Wesley Publishing Co., 1984.

Resources for Participants

U.S. DHHS Public Health Service. Facts about AIDS, Winter 1988.

U.S. DHHS.

Surgeon General's Report on AIDS, Fall 1986.

Contact the sources listed on the AIDS Programs and Services sheet for numerous brochures and pamphlets appropriate for AIDS education.

U.S. Department of Education. <u>AIDS and the Education of Our Children</u>, A Guide for Parents and Teachers, October 1987.

Two epidemics:

o AIDS Virus Infection

o AFRAIDS (Acute Fear Regarding AIDS) What are the issues?

AIDS is a major public health problem.

The AIDS virus destroys the immune system; it is deadly.

AIDS will affect children, youth and adults in our schools.

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Education is the major prevention and intervention strategy.

Definitions:

<u>AIDS VIRUS</u>: HIV Human Immunodeficiency Virus HTLV-III Human T-Lymphotropic Virus – type III LAV Lymphadenophathy Virus

<u>Asymptomatic Infection</u> without symptoms, infected

<u>ARC</u>

AIDS Related Complex

AIDS

Acquired Immunodeficiency Syndrome

AIDS virus infection:



. Attack of a T cell by the AIDS virus

<u>AIDS - What You Should Know</u> by Linda Meeks and Philip Heit. Merrill Publishing Company, 1988. AIDS virus isolated in:

blood semen vaginal secretions vehicles of transmission

saliva tears breastmilk urine any body fluid where blood may be found
AIDS virus transmitted through:

o sexual contact

o needle/syringe sharing - illicit or accidental

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- o maternal-child transfer
- o infusion of blood or blood products

AIDS virus *NOT* transmitted through:

- o donating blood
- o casual contact
- o objects
- o coughing or sneezing

Spectrum of Infection

AIDS AIDS virus affecting the immune system and neurological system asymptomatic normal immune system function

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AIDS virus destroyed by:

- o exposure to air and heat
- o 70% enthanol/isopropanol
- o 1:100 1:10 dil. of household bleach
- o 3% peroxide

Prevent transmission/eliminate risk:

- o Abstain from intercourse anal, vaginal, oral sex
- o Maintain a lifetime relationship with a mutually exclusive partner

who

- maintains a lifetime relationship with a mutually exclusive partner and does not participate in other high risk behaviors
- o Do not use a needle or syringe someone else has used

Reduce risk of transmission:

- o In sexual activity, do not exchange body fluids: blood semen, vaginal fluids
 - use barrier methods: condoms, spermicide
 - avoid tears to tissues anal sex
- o Reduce the number of sexual partners
- Recognize factors that influence sexual activity - alcohol consumption, peers, own feelings, media

Three ways to intervene in public health problems:

- o engineering
- o enforcement
- o education

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| 1. | NUMBER OF CASES NUMBER OF CASES TOTAL CASES | 305 (Meet <u>48</u> (Meet 353 | ing Ol ing Re | d Case vised | Defin Case De | ition) efinitio | on) TOT | AL DEATHS | <u>207</u> | |
| 2. | AGE | CASES | (%) | 3. | RESID | ENCE (A | T ONSET) | CASES (%) | | |
| | Under 13 13-19 20-29 30-39 40-49 Over 49 Unknown | 2 1 75 173 72 30 0 | (<1) (<1) (21) (49) (20) (8) (0) | | City (City (7 Cour (other Great) | of Min of St. 1 nty Met r than 1 er Minn | neapolis Paul ro M/SP) esota | 188 (53) 43 (12) 77 (22) 45 (13) 353 (100) | | |
| | Total | 353 | (100) | | **** | | | **** | | |
| 4. | RACE/ETHNICITY | | ADULT/ CA | ADOLES | CENT (%) | P C | EDIATRIC ASES (%) | TO CASE | TAL S (%) | |
| | White (not Hispan Black (not Hispan Hispanic Asian/Pacific Isl American Indian/ Alaskan Native | nic) nic) ander | 304 32 12 2 | | 87) 9) 3) <1) <1) | | 2 (100) 0 (0) 0 (0) 0 (0) 0 (0) | 306 32 12 2 1 | (87) (9) (3) (<1) (<1) | |
| | TOTAL | · | 351 | (1 | 00) | - | 2 (100) | 353 | (100) | |
| 5. 1 | RANSMISSION CATEG | ORIES | ***** | ADUL | T/ADOL | ESCENT | ******* | ******** | ***** | |
| | | | MALES | (%) | | FEMALES | (%) | TOTAL | . (%) | |
| Homo Inti Homo Hemo Heto Tran Undo | osexual/Bisexual ravenous Drug User osexual/Bisexual/3 ophilia/Coagulatic erosexual_Cases nsfusion, Blood/Co etermined | Male ^ (IVDU) and IVDU on Disorder omponents | 291 10 21 10 2 4 3 | (85) (3) (6) (3) (1) (1) (1) | | 0 2 0 7 1 0 | (0) (20) (0) (0) (70) (10) (0) | 291 12 21 10 9 5 3 | (83) (3) (6) (3) (3) (1) (1) | |
| TOT/ | AL | | 341 | (100) | | 10 . | (100) | 351 | (100) | |
| | | | | PE | DIATRI | C | | | | |
| • | | | MALES | (%) | | FEMALE | S (%) | TOTAL | (%) | |
| Hemo Pare Tran None | ophilia/Coagulatic ent with/at Risk c nsfusion, Blood/Co e of the Above | on Disorder of AIDS omponents | 0 0 0 1 | (0) (0) (0) (100) | | 0 0 1 0 | (0) (0) (100) (0) | 0 0 1 1 | (0) (0) (50) (50) | |
| тот | AL | | 1 | (100) | | 1 | (100) | 2 | (100) | |

| DIA | GNUSIS. | | | |
|----------------|----------------------|--------------------|---------------------------|---------------------------|
| HALF- DIAGN | YEAR | NUMBER OF CASES | NUMBER OF KNOWN DEATHS | CASE-FATALITY RATE (%) |
| Befor | e 1980 | 0 | 0 | |
| 1980 | JanJune July-Dec. | 0 | 0 0 | |
| 1981 | JanJune July-Dec. | 0 0 | 0 | |
| 1982 | JanJune July-Dec. | 1 3 | 1 3 | (100) (100) |
| 1983 | JanJune July-Dec. | 3 2 | 3 2 | (100) (100) |

11

10

14 35

37 32

> 28 23

> > 8

207

1984 Jan. June July-Dec.

1985 Jan.-June July-Dec.

1986 Jan.-June July -Dec.

1987 Jan.-June July-Dec.

Totals

-

1988 Jan.-May 16

.

13

10

15 40

48 43

67 68

40

353

6. ALL REPORTED CASES OF AIDS AND CASE-FATALITY RATES BY HALF-YEAR OF DIAGNOSIS.

- OVER -

ر_

72

(85) (100)

> (93) (88)

> (77) (74)

> (42) (34)

(20)

(59)

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LEARNER ACTIVITIES

ACTIVITIES FOR ELEMENTARY STUDENTS

ACTIVITIES FOR SECONDARY STUDENTS AND ADULTS

The LEARNER ACTIVITIES that follow are referenced according to the respective number of the LEARNER OUTCOMES in the previous chapter on PLANNING FOR INTEGRATION.

The activities can be adapted for younger or older students or students with special learning needs by adding or subtracting cues to the responses sought.

Many activities are designed to increase dialogue among students about AIDS and related issues and will assist with meeting the learner outcomes that focus on affective education.

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DIRECTIONS FOR THE EDUCATOR:

1. For primary level, in a class discussion, have student list the following traits in the appropriate category of <u>being sick</u> or <u>being well</u>. Ask students to add to the list, providing antonyms and synonyms.

| Healthy | Diarrhea | Tired |
|-----------------------|--------------------|---------------|
| Good health practices | Energetic | Vomiting |
| Regular sleep habits | Achy | Listless |
| Playful | Positive attitudes | Poor appetite |
| Chills | Balanced diet | Pale |
| Sore throat | Regular exercise | Fever |
| Stomach ache | Stress management | Glassy eyes |
| Headache | Pain | Cough |
| Creative | Malaise | Hungry |
| Friendly | Humorous | Cheerful |
| Congested | Good color | Strong |

- 2. For intermediate level, after completing the first activity, ask students to also differentiate between health behaviors and signs/symptoms of wellness and illness.
- 3. Divide students into small groups. Ask them to participate in a contest to list a) signs and symptoms of health and b) positive health behaviors.
- 4. Throughout one day or one week, have a class project to note and reinforce every time students comment about health (feeling well), challenging the class to talk as much about being well ask they do about being sick (minor or major complaints of illnesses).
- 5. On newsprint, have students draw and cut out silhouettes of each other's bodies. Then attach drawn pictures or cut-outs from magazines of healthy traits or behaviors (good food in stomach, legs exercising).

NOTE TO EDUCATOR:

Purpose: Outline concepts of wellness and illness; emphasize wellness. Learner Outcomes: 1,3

Comment: Emphasis is often placed on the symptomatology of illness. Stressing healthy traits and behaviors is a first step in awareness of personal responsibility for health. Attitudes and behaviors of self protection are essential for preventing transmission of the AIDS virus.

ACTIVITY: Positive Personal Health Practices - Handwashing

DIRECTIONS FOR THE EDUCATOR:

"Handwashing is the most important means of preventing the spread of [most] infections." (US Public Health Service Centers for Disease Control)

- 1. Discuss how disease is caused by germs. Germs can be spread from one person to another. Handwashing is one way to prevent the spread of germs.
- 2. Explain basic handwashing technique to students. See the instructions on the next page. Use two volunteer students to demonstrate the steps.
- 3. Have one-half of the students rub a small amount of salad oil on their hands. Shake a small amount of paprika on hands. Have student shake hands with a classmember without the "oil treatment", touch pencils, door knobs, desks, the drinking fountain, etc., to show how widely germs can spread.
- 4. Have students experiment with various handwashing techniques: no soap, cold water, not lathering to illustrate the necessity of each step in the handwashing technique. Have students compare results.
- 5. Discuss:
 - If paprika were germs, what are some ways germs are spread?
 What are other ways germs are spread?
 Why is each step in the handwashing process important?
 Who is in charge of regular handwashing? (discuss personal responsibility)
 Why is it important to protect the skin from germs? (skin defends or shields
 the body from germs, assists the immune system in disease prevention)
- 6. To expand the concept, discuss the following:
 - What are other personal health practices that prevent or reduce the risk of of disease transmission? (cover mouth when cough, do not share silverware, do not share headgear (lice), rest and good nutrition to build personal immunity to resist disease, cover a sore to prevent infection) What are personal health practices the prevent health problems that are not

communicable? (tooth decay, obesity, cardiac problems; safety practices that prevent accidents)

- Followup programs on personal health practices handwashing: Scrubble Bear Campaign for Handwashing, 1155 15th Street NW, Suite 500 Washington, DC 2005; 202/728-1063 Ivory Soap Handwashing Campaign by Proctor and Gamble Products;
 - (notice sent annually to elementary school nurses)
- 8. Send notice to parents to reinforce good handwashing at home.
- NOTE TO EDUCATOR:

Purpose: Demonstrate how some diseases are spread; teach personal health practices. Learner Outcomes: 2,3,4,7,8,11

Comment: The AIDS virus is not spread through casual contact such as going to school with someone who has AIDS or by shaking hands. People with AIDS, however, are more susceptible to infection. This activity reinforces 1) positive personal practices to prevent disease and 2) an individual can make decisions and take action to maintain and improve health (personal protection, self care).

HOW TO WASH YOUR HANDS

o Turn on the faucet. Wet hands and wrists with water.

o Lather well with soap.

o Scrub for at least 10 seconds. Scrub wrists tops of hands palms of hands sides of hands between fingers under finger nails

o Rinse.

o Dry with paper towel.

o Turn off faucet with paper towel.

o Throw towel in wastebasket. Do not touch basket with clean hands.

WHEN TO WASH YOUR HANDS

| BEFORE: | - Eating | AFTER: | - Using the bathroom |
|---------|------------------------------|--------|--|
| | - Touching Pills or Medicine | | - Playing with pets |
| | - Handling Food | | - Blowing or wiping the nose |
| | - Bandaging a cut | | Stopping a bloody nose or any bloody cut |

- Touching a dirty object

(concepts from Mary Lason and Clara Gray, Mounds View Public Schools)

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ACTIVITY: How Disease is Prevented Through Immunization

DIRECTIONS FOR THE EDUCATOR:

- 1. Have students check with parents and/or the school nurse for their immunization record.
 - a. Ask students to fill in the chart below with the month and year each immunization.
 - b. Student may calculate the age at which they received each immunization.
- 2. Discuss each of the diseases for which students are protected.
- 3. Differentiate between bacteria (larger organisms that infections can be treated with antibiotics [strep throat, staff infections]) and viruses (smaller organisms that cause disease where there is no direct treatment to kill the germ but medicines are used to treat signs and symptoms [colds and flu treating fever, aches]). Immunizations are prevent (don't treat) viral diseases.
- 4. Have students research the development of new immunizations for diseases (ex. flu shot and chicken pox).
- 5. Discuss why laws are established to protect the public from major public health problems (mandate to have certain immunizations prior to school entrance.)
- 6. Discuss the international programs to promote immunizations for infants worldwide. Discuss the impact on a country where immunizations are not available due to technology or lack of health professionals or economics.
- 7. As a class project, have students contact local county or city public health agencies for personal immunization record cards, coloring books and posters. Enter the NONTH, DAY, and YEAR in which the pupil received each of the following vaccines. DO NOT USE (/) or (X).

| TYPE OF VACCINE | 1st Dose MM/DD/YY | 2nd Dose MM/DD/YY | 3rd Dose MM/DD/YY | 4th Dose MM/DD/YY | 5th Dose MM/DD/YY | 6th Dose MM/DD/YY |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| (Diphtheria,Tetanus DTP and Pertussis) | | | | | | |
| POLIO | | | | | | |
| MEASLES | [| ļ | | | | |
| RUBELLA | | | | | | |
| MUMPS | | J | | | | |

NOTE TO EDUCATOR:

Purpose: Describe the rationale for immunization programs.

Learner Outcomes: 7,11,12

Directions: Item 1.a. for primary students, others for intermediate students. Comment: There is no immunization/vaccine for the AIDS virus. Due the complexity of this virus, it may be ten years or longer before one can be successfully developed.

NAME





ACROSS

- 1. A disease that gives you red spots.
- 2. A disease that can cause paralysis - can't move your arms or legs
- 3. A disease that gives you a bad cough
- 4. Another name for Rubella
- 5. A shot to prevent these
- diseases.

DOWN

- 1. A disease you can get from stepping barefoot on a rusty nail, can cause "lockjaw"
- 2. A disease that gives you swollen glands especially in the neck 3. A disease that makes
- breathing difficult

CROSSWORD WORD LIST

| IMMUNIZATION |
|--------------|
| POLIO |
| DIPHTHERIA |
| TETANUS |

PERTUSSIS MUMPS GERMAN MEASLES

KEY 1 İRİ EIDIMIEIAISILIEIS T υ Α М i D N Ρ oje Ι 0 υ s Ρ s н IPIEIR т jujsjsjr 1 н GIEIRIMIAINIMIEI AISILIEIS R r TIMIMIUINIXIZIAITIZIOINI

RED MEASLES

NOTE TO EDUCATOR:

Purpose: Reinforce familiarity with immunizations. Learner Outcomes: 7,11,12 Directions: Individual or group work or homework assignment. To assist young learner, provide some letters in the word puzzle.

| NAME | | _DATE | CLASS |
|-----------------------------------|----------------|---------|-------|
| ACTIVITY: <u>AIDS - Basic Fac</u> | ct Finding | | |
| DIRECTIONS: | | | |
| Write your answers to the f | ollowing quest | ions. | |
| WHAT HAVE YOU HEAR | ED ABOUT AIDS | ? | |
| | | | |
| HOW DOES A PERSON (| GET THE AIDS | VIRUS? | |
| | | | |
| HOW DO YOU PREVENT | AIDS? | | |
| | | | |
| HOW DID YOU FIND OUT | ABOUT AIDS? | | |
| | | | |
| WHAT QUESTIONS DO YO | OU HAVE ABOU | T AIDS? | |
| | | | |
| | | <u></u> | |

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NOTE TO EDUCATOR: Purpose: Assessment of learner knowledge about AIDS virus infection. Learner Outcomes: 7,13,14 Directions: This can be a self-study activity. For young primary children, place newsprint sheets around the room with the questions at the top. Have students write or draw pictures to illustrate their answers. Then discuss the results. (See also the ASSESSMENT OF LEARNERS section for use of this tool in focus groups.)

| NAME | | DATE | CLASS |
|-----------|-----------------|------------|-------|
| | | | |
| ACTIVITY: | AIDS - Matching | Vocabulary | |

DIRECTIONS:

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Match the words in the left column to the correct definition in the right column. Draws lines to connect the word with the definition.

| 1. | AIDS | A. | A body's natural ability to fight off infections. |
|----|----------------|----|--|
| 2. | Immunity | В. | Blood, urine, semen, vaginal fluids, saliva and teams |
| 3. | HIV | c. | Unprotected sexual intercourse between two people; a risk behavior that can spread the |
| 4. | Sexual contact | | AIDS virus |
| 5. | Virus | D. | Into the vein |
| 6. | Intravenous | E. | Human Immunodeficiency Virus |
| 7. | Helper cells | F. | Cells that trigger the immune system to fight off infections caused by germs |
| 8. | Body fluids | G. | Acquired Immunodeficiency Syndrome |
| 9. | Infection | H. | A germ that can cause disease |
| | | I. | Action of the germ (bacteria or virus) causing disease. |

NOTE TO EDUCATOR: Purpose: Introduce vocabulary related to AIDS virus infection. Learner Outcomes: 13 Directions: Use this activity to introduce or reinforce vocabulary and concepts. Key: 1-G; 2-a; 3-E; 4-C; 5-H; 6-D; 7-F 8-B; 9-I

| NAME | الحالة الحالة المحلم المحر محرر الحالة المحال الحالة المحل الحرار الحرار الحرار المحالة والحال والحال | DATE | CLASS |
|-----------|---|------|-------|
| | | | |
| ACTIVITY: | AIDS - Word Fin | d | |

DIRECTIONS:

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Find the following words in the letter matrix below. Words may be up, down, across or diagonal and could be forward or backward.

| | AIDS Blood Casual Contact Communicable | | | : | נ ק ק | Immune Intravenous Needles | | | | Semen Sexual Symptom Virus | | | | | |
|------|---|--------|--------|--------|-------------|----------------------------------|--------|--------|--------|-------------------------------------|---------------|----------|----------|--------|----------|
| | D | Δ | 7 | B | v | | C | v | W | | F | 17 | 0 | | м |
| | r C | с с | T. | 0 | D D | | Δ | R | ĩ. | | ы М | v T | v | | 7 |
| | · v | ы Г | G | 0 | M | | л с | Δ | 0 | | D | т D | Λ λ | | T |
| | M | M | R | E E | N | | ы П | м | м | | г т | л П | C A | | VJ T |
| | м р | F | C | Δ | X X | | Δ | н | Y Y | | т N | ບ ເ | G T. | | LJ LJ |
| | יד יד | N | с я | E | n n | | T. | F | S | | D | с ч | 11 17 | | т р |
| | т О | F | S | R | D | | с С | W | л П | | м | C | Ö | | Γ λ |
| | м | н | v | R | T. | | 0 | 0 | n | | л. .т | Δ | N | | ດ ເ7 |
| | C I | 0 | M | м | ם דו | | N | т | C | | ט א | רא בו | T | | v F |
| | G | С р | D | н | т | | л П | c T | n n | | л П | D D | ц v | | ы |
| | G | 0 | r ጥ | B | т М | | л Л | ъ т | D D | | 0 0 | r C | л М | | N |
| | м | C C | 0 | ц | IN V | | л С | т т | c c | | о о | D D | n D | | U 11 |
| | | с т | ы ы | 0 | л D | | m m | 0 | נ ת | | л Л | בי וז | C D | | U C |
| | v | T | L1 | 0 | P | | T | 0 | P | | T | U | C | | 0 |
| | | | | | | | | C | | | | v | | | |
| KEX: | AIDS WORD | FIND | S | S | | | | A | _ | \mathbf{L} | | I | | | |
| | | | Y | E | | - | | S | A | | | R | | I | |
| | | | M D | M F | | E | N | U N | м | м | ł | U | | N | |
| | | | ድ ጥ | ь N | Е | E | D D | A L | E | s | | 3 | | R | |
| | | | ō | - • | S | R | 2 | č | - | 5 | | | | A | |
| | | | М | | | в | L | 0 | υ | D | | | | v | |
| | | | С | O | м | Μ | U | N T | I | С | A | В | L | E N | |
| | | | | | | | | А | I | υ | s | | | 0 | |
| | | | | | | | | C | | | | | | U | |
| | | | | | | | | T | | | | | | 5 | |

NOTE TO EDUCATOR: Purpose: Reinforce familiarity with AIDS vocabulary. Learner Outcomes: 13 NAME_____DATE____CLASS_____

ACTIVITY: AIDS - Fill in

DIRECTIONS:

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Use the following words to complete the paragraph below. Each word is used only once.

| understanding | safe |
|---------------|--------|
| blood | AIDS |
| flu | catch |
| body fluids | immune |
| virus | person |
| system | tears |
| protect | cure |
| disease | cold |
| learn | |

| | is a communicable disease. A communicable disease is |
|--------------------------|--|
| one that can be spread | from to person. The disease is caused |
| by a | The AIDS virus is spread from person to person by |
| contact with | Body fluids include |
| and semen. Other body | fluids are urine, saliva, and The body |
| fluids that spread the A | IDS virus are blood, semen and vaginal fluids. |

NOTE TO EDUCATOR: Purpose: Outline basic concepts of communicable diseases and AIDS. Learner Outcomes: 7,11,12,13 Directions: Use this as a self-study or take-home assignment. Key: order of responses: AIDS, person, virus, body fluids, blood, tears, cold, flu, catch, immune, system, disease, cure, learn, protect, safe, understanding Our body's ______ system works to fight off the cold and flu viruses. The AIDS virus is different because it attacks the body's immune _____.

AIDS is a serious ______. There is not yet a ______ for this disease. The most important thing to do to prevent the spread of AIDS is to ______ about the disease and how it spreads. Then each person can ______ him or herself from the virus.

After we learn about how the disease is spread, then we must practice ______ and healthy behaviors.

Another important thing to remember is that a person who has the AIDS virus is a person who needs our help and _____.

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| | | | 84 |
|------|------|-------|----|
| NAME | DATE | CLASS | |

ACTIVITY: <u>AIDS - Myth or Fact</u>

DIRECTIONS:

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Place and <u>M</u> in front of the statements that is a <u>Myth</u> (a statement that is not true). Place an <u>F</u> in from of the statements that are <u>Facts</u>. Discuss them in class when completed.

- The AIDS virus can be spread by casual kissing.
- AIDS is a disease solely of male homosexuals.
- A mother with AIDS can transmit the virus to her unborn child.
- AIDS is spread through sharing body fluids infection with the virus.
 - _____ AIDS is a communicable disease.
- You can get AIDS by sitting next to someone with AIDS.
- A person with AIDS needs help and understanding.
- The AIDS virus attacks the body's immune system.
- Intravenous drug users are at risk for contracting the AIDS virus.
 - People get AIDS by donating blood.

_____ There is no cure for AIDS.

NOTE TO EDUCATOR:

Purpose: Clarify accurate information about AIDS. Learner Outcomes: 13,14,18,20,22 Directions: Allow for discussion among students, using a nonjudgmental approach, yet clarifying mythinformation. Ask students to write statements for each other to assess for myth or fact. Review with students common sources of myths and where to seek accurate information. KEY: M M F F F M F F F M F

| NAME | DATE | CLASS |
|------|------|-------|
| | | |

ACTIVITY: AIDS - Understanding AIDS

DIRECTIONS:

Read the following paragraphs and answer the questions.

AIDS is a new disease first identified in the United States in 1981. The virus was that causes the disease was then discovered in 1983. The name AIDS stands for Acquired Immune Deficiency Syndrome. Another name for the AIDS virus, the germ that causes the disease, is HIV, Human Immunodeficiency Virus. The disease caused by this virus is very serious because it destroys the body's ability to fight off infections. Being able to fight off infections is called immunity.

1. What does AIDS stand for?

2. What does the AIDS virus destroy in the person who has it?

The AIDS virus destroys the cells of the body that normally fight it off. Therefore the body cannot get rid of the AIDS virus. And the body cannot fight off other germs or disease. Once a person has the AIDS virus, they will carry it in their body cells for the rest of their lives.

3. Why can a person not get rid of the AIDS virus?

4. How long does a person have the AIDS virus in their body?

NOTE TO EDUCATOR:

Purpose: Provide a capsule of the etiology of AIDS, transmission and prevention. Learner Outcomes: 13,14 Directions: This can be a self-study activity or a class activity. Students could read and answer questions in a small group. Students could demonstrate the action of the virus by acting it out. Felt or magnetic board figures could be used to illustrate the action of the virus, immune cells in the blood, etc. The AIDS virus is difficult to "catch". The virus is transmitted from one person to another through behaviors that share certain fluids in the body. The fluids in the body that can transmit the virus are blood, semen (in males) and fluids from the vagina (in females). Blood, semen and vaginal fluids with the AIDS virus are shared through high-risk behaviors.

The virus can be found in other body fluids such as tears, urine and saliva, but in very small amounts. Scientists have no evidence that the AIDS virus can be transmitted or "caught" from tears, urine or saliva. So the AIDS virus cannot be "caught" in daily activities like going to school, working with someone with the virus or living in the same house as someone with AIDS. AIDS is hard to catch.

- 5. Name three body fluids that transmit the AIDS virus from one person to another.
- 6. Is the AIDS virus difficult to "catch"?

For the virus to be transmitted, the body fluids carrying the AIDS virus must get from one person into the blood stream of another person. This means the virus must get inside the body with a needle or through a cut or tear in the skin or membranes. High risk behaviors that transmit the AIDS virus include using a needle someone else has used such as in intravenous (IV) drug use where infected blood from the person with the AIDS virus is injected into the vein (blood vessel). The AIDS virus can be transmitted through sexual activity where semen or vaginal fluids or blood with the AIDS virus gets into tears or breaks in the membranes. A mother who has the AIDS virus can transmit the virus to her unborn child. Before March 1985 some people who received blood or blood products for treatment for an illness or injury got the virus. Now the blood supply is safe.

7. Name behaviors that are high-risk for transmitting the AIDS virus.

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Once the AIDS virus is in the blood stream inside the body, it attacks cells of the immune system. The immune system usually fights infections caused by viruses and other germs. When the AIDS virus invades the helper cells of the immune system, they are destroyed and more AIDS viruses are made. People with AIDS do not have an immune system to fight off <u>other</u> germs and infections so they can get very ill. People with AIDS die from diseases that their bodies cannot fight any longer. There is no cure for AIDS.

The AIDS virus also attacks cells of the nervous system. The system of the brain and nerves in our bodies controls many things like thinking, seeing, being able to walk and talk. People with AIDS can have problems in any of these areas. Living with AIDS can be very hard for the person and his or her family.

8. What two systems does the AIDS virus attack?

9. What are some results of having the AIDS virus?

10. Is there a cure for AIDS?

Not everyone with the AIDS virus is ill because the virus may live in the body for some time without causing damage to the immune system or the nervous system. In fact, some people may not know they have the AIDS virus because they are not sick. However, in more and more cases, the AIDS virus does begin to cause damaged and it can take a short time or a long time such as several months or years.

11. Are all people who have the AIDS virus very ill?

There are many things a person can do to protect him or herself from the AIDS virus. Avoiding contact with another person's body fluids will prevent transmission of the AIDS virus and other germs. The AIDS virus is easily destroyed outside the body with normal cleaning. So hot water, soap, and careful washing of objects with bleach and water, or with alcohol will kill the virus. And to be on the safe side, a person should avoid coming in contact with blood, always using a barrier between his or her skin and the blood or other body fluid (a cloth pad or plastic glove).

12. How can the AIDS virus be destroyed outside the body?

13. What should be used to protect a person from contact with the virus?

Avoiding high risk behaviors is the most important way a person can protect himself or herself from the AIDS virus. This means avoiding behaviors where a person would have contact with body fluids from other people. Do not use drugs, especially intravenous (IV) drugs because the AIDS virus can be transmitted through blood in the needle or syringe. Do not have sexual intercourse; abstain from having sex. For people with one partner for a lifetime who does not have the virus, having sex is safe. These behaviors will <u>prevent or eliminate the risk</u> of "catching" the AIDS virus. Using barriers to prevent contact with body fluids can <u>reduce the risk</u> of transmission of the AIDS virus.

Each person is in control of protecting himself or herself from the AIDS virus. Preventing or reducing the risk of AIDS is each person's responsibility.

14. What high risk behaviors should be avoided?

15. In what ways can a person prevent or reduce the risk of transmission of the virus.?

16. Who is in charge of protecting a person from the AIDS virus?

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| NAME | D | ATE | CLASS |
|------|---|-----|-------|
| | | | |

ACTIVITY: AIDS - Transmission - Casual Contact and Risk Behaviors

DIRECTIONS:

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Check yes or not to indicate if each of the behaviors listed below is a possible way of transmitting the AIDS virus. During class discussion, explain why each activity is or is not a risk for AIDS virus transmission.

| Behavior | YES | NO | REASON |
|---|-----|----|--------|
| | 1 | 1 | |
| holding hands | | [| |
| | T | | |
| touching a door knob | | | |
| | | | |
| through the air | | | |
| intimate | | | |
| sexual contact | | | |
| sharing an eating | | 1 | |
| or drinking utensil | | | |
| a na sana na sa sana na sana na sana na sana na sana na sana na | | 1 | |
| kissing | | 1 | |
| sharing a | | | |
| hypodermic needle | | | |
| | | 1 | |
| working together | | | |
| | | | |
| insect bites | | | |
| | | | |
| using the same pencil | | | |
| exchanging blood | | | |
| with another person | | | |
| | | | |
| coughing | | | |
| | - | | |
| sneezing | | | |
| being a baby of a | | | |
| mother with the AIDS virus | | | |
| combing another | | | |
| person's hair | | | |
| sleeping in | | | |
| the same room | | } | |

NOTE TO EDUCATOR: Purpose: Clarify the ways the AIDS virus is and is not transmitted. Learner Outcomes: 13,16,25 Directions: Individual activity or small group activity. Then share responses with the entire group. *(From <u>AIDS Virus Information Package</u>, 1986, Ohio Department of Health*

| NAMI | E DAT | E (| CLASS |
|------|--|---|-------|
| | and a second | And in case of the second se | |

ACTIVITY: Alike and Different

DIRECTIONS:

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- 1. Draw lines on a piece of paper to make 10 equal parts. Number these from 1 to 10 according to your teacher's directions.
- 2. Color each section according to your mood or your feelings in response to each of the following features or questions. Use the color code guide.
- 3. Then share your compositions with classmate. How are they different? the same?

| SECTION | FEATURE/QUESTIONS | COLOR CODE (choose one) |
|---------|--|---|
| 1. | Hair | red, brown, black, yellow |
| 2. | Skin | white, brown, black |
| 3. | Eyes | green, blue, brown |
| 4. | Sex | green (boy), yellow (girl) |
| 5. | Main Interest | red (sports), yellow (reading), purple (music), green (art), orange (other) |
| 6. | How did you feel on the first day of school this year? | red (angry), yellow (happy), blue (sad), orange (afraid), green (excited) |
| 7. | How do you feel after arguing with someone? | red (angry), yellow (happy), blue (sad), orange (afraid) |
| 8. | How do you feel when you are alone in your room? | red (angry), yellow (happy), blue (sad), orange (afraid) |
| 9. | How did you feel after your last test? | red (angry), yellow (happy), blue (sad), orange (afraid) |
| 10. | How did you feel when you came to school today? | red (angry), yellow (happy), blue (sad), orange (afraid) |

NOTE TO EDUCATOR:

Purpose: Introduce the concept of appreciation of differences in feelings and opinions. Learner Outcomes: 15,17,18,26

Directions: Ask students to develop additional questions. Use selections of music or show picture to elicit responses; discuss differences.

Questions for discussion:

| a. | What makes people different? |
|------|--|
| b. | Is it good or bad to be different from each other? |
| с. | Are any of the compositions similar? |
| d. | How does it feel to be different in looks, style, habits, etc.? |
| e. | How should we treat people who look or act different that ourselves? |
| f. | What pressures are there to be the same as everyone else? |
| g. | What does is feel like to be respected for who you are? |
| h. | AIDS is a new issue for use to deal with. How do you feel when you hear the word AIDS? |
| i. | How does a person feel who has AIDS? |
| j. | How do you think a person with AIDS should be treated? |
| 4. V | Trite some questions you would like to ask your classmates. Have them answer with a feeling color. |

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| NAME | DATE | CLASS |
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ACTIVITY: <u>AIDS Questionnaire</u>

DIRECTIONS:

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Answer the following questions as completely as possible.

- 1. How have you become aware of the AIDS issue? What information have you most recently heard? What was the source of that information?
- 2. Describe any programs you have seen on television or heard on the radio that have dealt with AIDS (information or entertainment program). What was the main message given concerning the disease?
- 3. Describe any conversations among your peers concerning AIDS. Did your peers seem informed or misinformed about the disease? How is this subject of AIDS treated among your friends - seriously or in a joking manner? Do you feel comfortable discussing it?

4. Describe any other situations that you are aware of where AIDS has been discussed

parent conversations, classroom discussions, church, etc.
How did the
conversations start? What were the issues discussed and the feelings expressed?

NOTE TO EDUCATOR:

Purpose: Assessment of current knowledge and sources of information and opinions. Learner Outcomes: 15,20,22,25,26,27

Directions: Students may respond in writing. Students may use these or other questions to interview classmates or those outside the class and present a "news report" on the findings. These questions could be used to trigger small group discussions.

| NAME | DATE | CLASS |
|--|--|-------|
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ACTIVITY: AIDS Magic Square

DIRECTIONS:

Below are 16 items in Column A and 16 definitions in Column B. Find the letter of the term in Column A which best matches the numbered definition in Column B. Then place the number from Column B in the correct box in the magic square. You will know you are correct when each column - across, down and diagonally - adds up to 34.

| A | В | С | D |
|---|---|---|---|
| Е | F | G | H |
| I | J | K | L |
| М | N | 0 | Р |

Column A

- Α. Incubation Β.
- Kaposis Sarcoma
- С. Needle
- Casual Contact D.
- Ε. Immune
- F. Prevention/Eliminate Risk
- G. HTV
- Н. Human
- Ι. Blood, Semen, Vaginal Fluids
- J. Saliva
- K. High Risk Behaviors
- L. ELISA
- Μ. **Risk Reduction**
- Ν. Virus
- Opportunistic 0.
- Ρ. Syndrome

KEY

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|--------|----------------|----------------|-----------------|
| E | F | G | н |
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Column B

- 1. A cluster of signs and symptoms that occur together Sharing this apparatus increases the risk of 2. getting the AIDS virus
- 3. A rare type of cancer associated with AIDS
- If participating in high risk sexual activity, 4. use of a barrier method
- 5. The AIDS virus destroys this body system
- There is no evidence that the AIDS virus is 6. transmitted through this source
- 7. Unprotected sexual intercourse and sharing an IV needle or syringe
- 8. The AIDS virus host
- 9. This AIDS virus vehicles of transmission
- 10. Not participating in sexual intercourse; not sharing needles
- 11. The AIDS virus
- 12. A screening test for AIDS virus antibodies
- Going to school together, living in the same 13. family, working together
- 14. A type of disease that can develop when the immune system is not functioning
- A microscopic particle that can reproduce only 15. in connection with living cells
- 16. Period from initial contact with a virus to the disease state

NOTE TO EDUCATOR:

Purpose: Review terms and concepts related to AIDS transmission and prevention. Learner Outcomes: 13,14,24

Directions: Individual classroom or homework activity or small group task. Have contest which group can fill the magic square first. Ask students to create magic square focussed on prevention/risk reduction.

| NAME | | DATE | CLASS |
|----------|----------------|------|-------|
| ACTIVITY | AIDS Word Find | | |

DIRECTIONS:

Locate the vocabulary words relating to AIDS in the word search. On the back define ten of the terms in the context of AIDS.

AIDS

| Blood | G | 1 | С | H | 1 | L | D | R | E | N | X | J | T | D | Ν | U | L | I | S | Ε | Ũ | Μ | G | Μ | G |
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KEY: AIDS WORD FIND

NOTE TO EDUCATOR:

Incubation

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Purpose: Review AIDS terms Learner Outcomes: 13,14 Directions: Individual assignment or work in pairs. Have students create their own word puzzle or crossword puzzle.

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NAME_____DATE____CLASS_____

ACTIVITY: AIDS: Disease Process and Prevention

DIRECTIONS:

Knowing the process of a disease can often help us develop a good defense against that disease. Fill in the chart below, using your knowledge about AIDS virus infection.

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AIDS

NOTE TO EDUCATOR:

Purpose: Review the etiology of AIDS.

Learner Outcomes: 13,19

Directions: Use this activity to follow-up on general presentations about AIDS. Assign students to take the activity home, share will parent and return with signed for extra credit. Complete the exercise for other STDs and compare to AIDS. This could be a group research project conducted with resources in the classroom.

| NAME | DATE | CLASS |
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ACTIVITY: Typing AIDS Information

DIRECTIONS:

The following pages are typing assignments. They contain information about AIDS and AIDS prevention. Type according to the directions.

Discuss how a typing task in a business class can be used to teach about AIDS.

Create other typing assignments with AIDS information. Also use current data about the epidemiology of AIDS and make bar graphs or pie graphs showing increase in numbers from one year ago and indicating comparing risk behaviors for transmission of the virus.

NOTE TO EDUCATOR:

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Purpose: Review concepts of AIDS virus transmission and prevention. Learner Outcomes: 13,14,23

Directions: This lesson activity illustrates that AIDS content can be integrated into a number of subject areas and learning experiences. (activity from K. Ylinea, Wayzata Public Schools)

TYPING ASSIGNMENT

Second Trimester Typing

Type the following paragraphs using double spacing. Margins are: top--2", side--1", bottom--1". Indent the itemized paragraphs 5 spaces from each margin. Correct all errors.

AIDS PRECAUTIONS

The best way a person can protect him or herself from AIDS is not to have sex. If a person is considering having sex, there are no guarantees of safety. However, the following precautions have been found to help prevent AIDS:

- Using a condom, also called a rubber, for all sexual contact from beginning to end. The virus can be passed through semen, and a condom works as a barrier in preventing transmission of the virus. But a condom can break, and must be used correctly to be effective.
- Using a spermicide foam or jelly that contains Nonoxynol-9, which has also been effective in killing the virus. It can be used with a condom.
- Having one partner; multiple partners puts one at a higher risk of catching AIDS.

TYPING ASSIGNMENT Second Trimester Typing

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Type the following paragraphs using 1" side margins, 2" top

margin, and double spacing. Correct all errors.

COMMON MISCONCEPTIONS ABOUT AIDS

Wendy Arnold is the community outreach coordinator for AIDS Project Los Angeles, a group dedicated to providing support to persons with AIDS. In the past 18 months, she has talked with thousands of teens about AIDS.

The following are some of the most common misconceptions teens have about aids:

--It couldn't happen to me. I don't need to take

precautions.

--There is a cure right around the corner so I don't have to worry.

--The person looks healthy, so he/she couldn't possibly have AIDS.

--You can get AIDS from casual contact.

--I don't need to worry now because the disease may not even affect me for five years.

Such ideas are dangerously off the mark. In her

presentation, Arnold tried to give teens facts. When she's

finished, she often tells teens, "We've let you know the dangers and consequences of exposing yourself to this deadly virus. You now know how it is spread and how to prevent being exposed. You have a choice."

TYPING ASSIGNMENT

Second Trimester

Type the following paragraphs. Use 1" side margins, 2" tops margin, and double spacing.

WHAT CAUSES AIDS?

Scientists have identified the virus that causes AIDS. It is known as HIV, or Human Immunodeficiency Virus, and has been found in several bodily fluids--primarily blood and semen. The virus has also been found in urine, mother's breast milk and saliva. Medica: evidence suggests that you can only get the disease by coming into contact with these bodily fluids through intimate contact such as sex or sharing contaminated needles.

Nearly all of the AIDS cases have been linked to:

1) intimate sexual contact;

 the sharing of contaminated needles in intravenous drug use:

3) blood transfusions; and

4) passage from mother to unborn child.

You cannot get AIDS from casual contact, such as a warm hug, sharing utensils or drinks, holding hands or swimming in a pool with someone who has AIDS. You also cannot get it from "dry" kissing on the cheeks or mouth, as long as you do not have any open sores there. Open-mouth, deep kissing on Frence () as no many point risks because the AIDS virus has been found in saliva. But there is no medical evidence that anyone has ever caught AIDS this way. The main reason saliva could be a risky fluid is because sometimes it may contain blood from open cuts on tender gums. NAME_____DATE____CLASS_____

ACTIVITY: AIDS: Myth or Fact

DIRECTIONS:

We've all picked up a lot of information about AIDS. Some of it may be misinformation. Which of the following statements about AIDS do you think are really true? Write true or false on the line provided. Add statements to clarify true statements when needed and correct false statements.

- 1. For most people with AIDS in the US, the AIDS virus has been transmitted through heterosexual contact with infected persons.
- 2. There is no risk of acquiring AIDS from a blood transfusion.
- 3. You can get AIDS from donating blood.
- 4. Knowing your sexual partner and their past practices will help prevent the spread of AIDS.
- 5. Using birth control pills will prevent the spread of AIDS.
- 6. Using a condom will reduce the risk of the spread of AIDS.
- 7. AIDS is a disease only gay men acquire.
- 8. Being near a person in school who has AIDS can be a risk for transmission of the AIDS virus to you.
- 9. Washing your hands often can help destroy the AIDS virus.
- 10. You should make sure tiolet seats are clean in order to not spread the AIDS virus.
- 11. A person who has no symptoms of AIDS can be a carrier of the AIDS virus.
- 12. When handling blood or other body fluids, using a barrier will establish a buffer of safety from contact with the AIDS virus.

NOTE TO EDUCATOR:

Purpose: Review misconceptions about AIDS.

Learner Outcomes: 13,14,20,22,27

Directions: Use in small groups so students can work together to verify and correct statements. This is an activity where the students can learn to critique statements carefully and to appreciate precise and accurate information. Key: 1-F, 2-T, 3-F, 4-T, 5-F, 6-T, 7-F, 8-F, 9-T, 10-F, 11-T, 12-T
| NAME | | | | DATE | CLASS |
|-----------|-------|---------|-------|----------|-------|
| | | | | | |
| ACTIVITY: | AIDS: | Missing | Facts | | |

DIRECTIONS:

Each statement below is false because the person who made it did not know some important information. Determine the missing facts and write them on the lines provided.

1. "I'm afraid to be in public with strangers. If they cough or sneeze in my direction, I could get AIDS."

Missing Fact:

2. "I inject and share needles with my friends. We wipe off the needle each time so we won't transmit the AIDS virus."

| Missing | Fact: | |
|---------|-------|--|
| | | |

3. "What's all the fuss about AIDS? The ELISA test will test if you have it and penicillin will heal it."

Missing Fact: _____

4. "I have a fever, swollen glands, cough and diarrhea - the symptoms of AIDS. I haven't been 'fooling around.' How could I have gotten AIDS?"

Missing Fact:

NOTE TO EDUCATOR:

Purpose: Clarify information about the transmission of the AIDS virus. Learner Outcomes: 13,16,22

Directions: Use as individual or group work. The questions and answers may trigger questions for a role play. Have students recall, write and reenact situations they have experienced regarding issues about AIDS.

| NAME | | | | DATE | CLASS |
|-----------|-------|---------|------------|------|-------|
| | | | | | |
| ACTIVITY: | AIDS: | Agree o | r Disagree | | |

DIRECTIONS:

You have probably heard a lot about AIDS. Some is accurate, but some is not. Write AGREE next to the advice below that you think it good advice and DISAGREE next the ideas you consider to be bad advice. For every item with which you disagree, explain why on the lines provided.

| 1. | Do not have sex with people who inject drugs. If you disagree, explain why |
|----|---|
| 2. | Use condoms; they may reduce the possibility of transmitting the AIDS virus. If you disagree, explain why. |
| | Do not have sex with people who have had other sexual partners because they may have picked up the AIDS virus. If you disagree, explain why. |
| 4. | Make sure toilet seats are clean so you will not pick up the AIDS virus. If you disagree, explain why. |
| 5. | If you need a blood transfusion, only receive blood from a family member who you are sure doesn't carry the AIDS virus. If you disagree, explain why. |
| | |

NOTE TO EDUCATOR:

Purpose: Reinforce information about transmission and prevention. Learner Outcomes: 13,14,24 Directions: Individual or group work, or homework assignment to share with parents.

| NAME | DATE | CLASS |
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ACTIVITY: AIDS - Conversation Response

DIRECTIONS:

Imagine that you are having a conversation with each of the people whose comments are printed below. It is your turn to speak, and you are expected to respond to what has been said. Write your response on the lines below. Remember to be tactful and to make comments that show you are well informed about AIDS.

1. "Since the AIDS virus can be transmitted through blood, we must be extra careful during the summer when mosquitos are around."

2. "I am afraid to go swimming at the pool, since it is possible to get AIDS from someone who swims in the pool."

- 3. "Since the AIDS virus can be passed through drinking out of water fountains, we should no longer use them."
- 4. "A friend of mine said the AIDS virus can be passed to someone by kissing or hugging, so I am afraid I might get AIDS my close friends."
- 5. "I'm safe. No one who is heterosexual or straight can get AIDS." _____

6. "Since AIDS is communicable almost everywhere, all people with AIDS should be quarantined."

NOTE TO EDUCATOR:

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Purpose: Synthesize responses to critical questions raised by AIDS. Learner Outcomes: 16,20,25,27,33,35,36 Directions: In this process-oriented activity, students will need to address both the feelings (fears) and the content or facts presented by the speakers. NAME_____DATE____CLASS_____

ACTIVITY: AIDS: Rank the Risk

DIRECTIONS: Rate the following in terms of risk for transmission of the AIDS virus. In which of these following activities or behaviors is there a greater degree risk.

> KEY: 1 - No Risk; Safe 2 - Theoretically Possible but Not Probable

- 3 Minimal Risk; Protection Measures Could Be Taken
- 4 Risk; Risk Reduction Measures Could Be Taken
- 5 High Risk
- Going to school with a person who has AIDS

Providing emergency care to someone injured in a car accident

- Living in the same home as a person with AIDS virus infection
- Having more than one sexual partner at one time
- Getting injured in some activity at the same time as someone else and coming into contact with their blood Being born to a mother who has the AIDS virus
- Using a needle for IV drugs that someone else has used
- Using condoms and spermicides during sexual intercourse every other time
- Being sneezed on by someone who has the AIDS virus
- _____ Piercing your ears
- Sharing a needle and syringe for injecting anything
- Having received blood or blood products before March 1985
- Providing first aid direct pressure to a bleeding wound
- Providing CPR to someone known to have the AIDS virus
- Having one sexual partner at a time
- _____ Abstaining from sex
- Deciding not to have sex, then drinking at a party and being pressured to have sex by your girlfriend/boyfriend Providing dental care to someone with AIDS virus infection

NOTE TO EDUCATOR:

Purpose: Elicit discussions about risk behaviors. Learner Outcomes: 14,15,16,18,23,24,30,35,36

Directions: Relative risk depends on risk behavior and risk group. In is a process activity students can discuss all the variables and clarify myths and facts about transmission. Have students list other risk behaviors.

| NAME | | | | DATE | CLASS | |
|-----------|--------|------------|-------|------|---|--|
| | | | | | | |
| ACTIVITY: | AIDS - | - Reducing | Risks | | 1000000, 1000 - 101, 10000000-1000000-10000000000 | |

DIRECTIONS:

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Using the continuum below, decide to what degree each of the people described is increasing or decreasing their risk of contracting AIDS.

If the people lack information about AIDS, write what you would say to them so they understand their risk level.

| | < <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> > |
|-----|---|
| | greatly somewhat no effect somewhat greatly increasing increasing on decreasing decreasing risk risk risk risk risk |
| 1. | Ryan has had three sexual partners during the part four months. |
| 2. | Jean has decided not to be sexually active. |
| 3. | Mick always uses a condom but no spermicide using sexual activity. |
| 4. | Cecilia increases her knowledge about AIDS. |
| 5. | Eric uses withdrawal during intercourse to prevent AIDS. |
| 6. | Gayle has sex with only one partner. |
| 7. | Juan always discusses health concerns with a potential sexual partner. |
| | Sue and Tyson only have sex with each other. |
| 9. | Tina does not have sex with anyone who injects any kind of drugs. |
| 10. | Jana asks her nurse practitioner to test her for AIDS at her checkup. |
| 11. | Rebecca takes oral contraceptives on a regular basis. |
| 12. | Lisa carries condoms in her purse for potential sexual contacts. |
| 13. | Enrica does not drink so she won't "forget" her choice to say no to sex. |
| 14. | (Write your own.) |
| | |

NOTE TO EDUCATOR: Purpose: Identify peer pressure and refusal skills. Learner Outcomes: 23,30,31 Directions: Individual activity or small group activity. Then share responses with the entire group.

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| NAME | DATE | CLASS |
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ACTIVITY: AIDS: Prevention and Resources

DIRECTIONS:

Each person is in charge or protecting him or herself from the AIDS virus. You can choose behaviors that eliminate the risk of transmission of the AIDS virus and/or behaviors that reduce the risk of transmission of the AIDS virus. If a friend asked for help, what would you tell him or her? Prepare by filling out the chart below.

PREVENTING AIDS

LIST FIVE THINGS YOU CAN DO LIST SOURCES OF INFORMATION AND SUPPORT

 1.

 2.

 3.

 4.

 5.

NOTE TO EDUCATOR:

Purpose: Elicit evidence of and understanding of AIDS prevention and risk reduction. Learner Outcomes: 13,14,22,24,30,31,34

Directions: Compare the list to those established by the US Public Health Service (see LECTURE OUTLINE and CONTENT). Discuss how AIDS compare to other STDs in terms of transmission, prevention and treatment. NAME_____DATE____CLASS_____

ACTIVITY: Dear AIDS Advisor

Dear AIDS Advisor,

DIRECTIONS:

Read the three letters to "Dear AIDS Advisor" carefully. Using the information you have learned about AIDS, write your response in the space provided.

There are rumors being spread that a student in my class has AIDS. I don't know if they are true or not, so I don't know how I should treat this person. I used to like this person.

Feeling Very Tired

Dear Feeling Very Tired:

Dear AIDS Advisor,

My brother has just told our family he is homosexual and has contracted the AIDS virus. I don't know how to deal with this and my family isn't talking about it.

Concerned

Dear Concerned:

Dear AIDS Advisor,

Some people in my class say I'm gay and have recently spread a rumor that I have AIDS. I don't even want to go to school anymore. What can I do?

Victim of Rumors

Dear Victim of Rumors:

NOTE TO EDUCATOR:

Purpose: Clarify information about AIDS and the fear responses AIDS can elicit. Learner Outcomes: 17,18,20,25,32,33,35

| NAME | | DATE | CLASS |
|-----------|-------------------|------|-------|
| ACTIVITY: | Dear AIDS Advisor | | |

DIRECTIONS:

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Write two letters to the AIDS Advisor stating some of your questions about AIDS.

| Dea | r Advisor, | Signed | |
|------|------------|---------------------------------------|--|
| Dear | ; | The AIDS Advisor | |
| | | · · · · · · · · · · · · · · · · · · · | |
| Deat | Advisor, | Signed | |

NOTE TO EDUCATOR:

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Provide an anonymous question box for student to submit their letters. Small groups of students could then develop answers and share with the rest of the class. One class of students could send letters to a second class for responses. "Dear AIDS Advisor" could be a column in a student newsletter.

| NAME | DATE | CLASS |
|------|------|-------|
|------|------|-------|

ACTIVITY: AIDS - What am I supposed to say?

DIRECTIONS:

There are often times when pressure a person to join the group in certain activities. There are many reasons - to enjoy the excitement of new adventures together, to have someone to be with when pushing the edge of what is really safe, and for other reasons. Too often, it is difficult to decide what to do - and if the people are really pushy, to resist or refuse them.

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AIDS is a deadly disease. Every person is at risk for transmission of the virus if participating in high risk behaviors involving sexual activity or IV drug use. Each person is responsible for protecting him or herself from the virus.

Below list some ways you have heard or you can think of where someone has asked or pressured you to act in a way that you could be exposed to the AIDS virus. Write some things you would say or do to resist participating. Include some statements that are strong and assertive, some that explain your reason for refusing, and some that try to persuade the other person to act responsibly in protecting him or herself from the virus. Then compare your best responses with a fellow student and modify them so they strong responses. Practice saying them.

| PRESSURE | LINES | OR | SITUATIONS | ASSERTIVE | RESPONSES |
|----------|-------|----|------------|-----------|-----------|
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Use the back side for more room.

NOTE TO EDUCATOR:

Purpose: Identify peer pressure and refusal skills.

Learner Outcomes: 26,30,31,40

Directions: Use the assertive responses and create a school-wide media campaign highlighting the strongest refusal skills. Have students role play the situations the their assertive responses. Have the students vote on the best refusal response statements and have the entire class repeat them outloud several times in class. NAME_____DATE____CLASS_____

ACTIVITY: AIDS - Your Priorities

DIRECTIONS:

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Listed below are some ideas for the control and prevention of AIDS. Evaluate the ideas and indicate your priorities by number them form 1 - 7. Assign the lower numbers to ideas you think are better or more important. Be ready to explain your answers.

- 1. People with AIDS should have their names published in local newspapers.
- _____ 2. Additional funds should be made available for AIDS research.
- _____ 3. All people with AIDS should be quarantined.
- 4. Public education about AIDS should incorporated into the school curriculum.
- 5. Employers should have the right to know whether or not their employees have AIDS.
- 6. The ELISA test a blood test to detect antibiotics to the AIDS virus should be available upon request to everyone.
- 7. A thirteen-year-old, diagnosed as having AIDS, should not be allowed to attend school with other students.

NOTE TO EDUCATOR:

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Purpose: Describe effective prevention strategies and related ethical issues. Learner Outcomes: 22,34,35,36,41

Directions: This is a process-oriented activity, designed to elicit discussion among groups of students about effective prevention strategies and legal and ethical issues facing policy makers. NAME_____DATE____CLASS_____

ACTIVITY: <u>AIDS – Opinion Grid</u>

DIRECTIONS:

What are our ideas about how your community should handle the AIDS issues? Indicate your opinion about each item below by placing and "X" in the appropriate column. Be ready to explain your reasoning.

| strongly | somewhat | neither agree | somewhat | strongly |
|----------|----------|---------------|----------|----------|
| disagree | disagree | nor disagree | agree | agree |
| w m | d S | | σιο | n n |

| Students with AIDS should be allowed to attend school. |
|--|
| Students with AIDS should be allowed to participate on the athletic teams. |
| Students with AIDS attending school should be identified as having the disease. |
| Teachers with the AIDS virus should be allowed to teach students. |
| 5. All people should be required to have the blood test to determine if they are infected by the AIDS virus. |
| 6. People getting married should be required to have a blood test to determine if they are infected by the AIDS virus. |
| People who have the AIDS virus should not be allowed to serve in the Armed Services (military). |
| 8. Students who have AIDS while attending school should be treated as any other student. |
| 9. Only the school nurse should know about a student who has the AIDS virus. |
| 10. A woman who has AIDS should not be allowed to have a baby. |

NOTE TO EDUCATOR:

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Purpose: Discuss community-prevention efforts and related legal and ethical issues.

Learner Outcomes: 23,25,33,34,36

Directions: There are no right or wrong answers. Knowing federal and state data privacy laws will influence students' responses. For follow-up activities, 1) have students number from 1 - 10 on the back of the paper and write a position statement to support their opinions, 2) break into small groups and assign each to write a position paper and present it to the rest of the class.

| NAME | DATE | CLASS |
|------|------|-------|
| | | |
| | | |

ACTIVITY: AIDS Future Chart

DIRECTIONS:

In a large group setting, create a future wheel on a large piece of paper so all can see. Place a "what if" questions in the center. Discuss the future outcomes or implications of a "what if" statement. Write the first set of negative or positive outcomes in the first ring of circles. Then brainstorm the possible secondary outcomes and write in the second set of circles. For example:

| Question: | Outcomes: | Secondary Outcomes: |
|---|---|--|
| What if researchers found a cure for AIDS that cost l million dollars per | Only a few people _ could afford treatment. | Only some people would receive treatment. |
| person? | | Insurance companies would \go broke. |
| | \We could save people's lives. | Pain and suffering from AIDS would be eliminated. \Families would rejoice. |

"What if" questions:

- 1. What if every school in America started AIDS prevention education in kindergarten?
- 2. What if every person in America were tested for HIV antibodies?
- 3. What if heroin, cocaine and crack were kept out of America by drug enforcement officials and IV needles were impossible to find?
- 4. What if there were no fear of homosexuals in America and gay and lesbian people could marry and raise families?
- 5. What if no one had sexual intercourse before they were married, and once married, never had sexual relationships with other than their spouse?
- 6. Create your own "what if" questions:



NOTE TO EDUCATOR:

Purpose: Speculate on the impact of AIDS in our society. Learner Outcomes: 33,36,41,42,43

(From AIDS, It's Cool to Care, Star Tribune Newspaper in Education Project, Spring 1988.)

NAME DATE CLASS

ACTIVITY: AIDS - Health Care Research Project

DIRECTIONS:

Contact an area health care facility that provides service to people with the AIDS virus. Report of the services available and care provided.

List Questions to Ask: Here are some examples:

Where can people with AIDS receive care?

How long is person normally hospitalized?

What is the course of treatment for AIDS?

Are there special precautions that health care providers take when caring for client with AIDS?

What is the cost per day?

What alternatives ware there to a hospital stay?

List Agencies and People to Interview:

List Materials to Collect:

Evaluate the Availability of Effective Services: Here are some questions: What level of treatment services and support are available? What would it be like to be a person with AIDS in your community? Where are there gaps in the services? Is there any duplication of services? If you were a person with AIDS virus infection, what would it be like to live in your community?

NOTE TO EDUCATOR:

Purpose: Analyze economic factors and quality of health care related to AIDS. Learner Outcomes: 22,28,29,32,33 NAME_____DATE____CLASS_____

ACTIVITY: AIDS - Where Can Help Be Found?

DIRECTIONS:

Research an agency what provides information about AIDS or provides help and support for a person with AIDS and family members.

Agencies and organizations that can be researched:

American Red Cross Hemophilia Foundation State Department of Health Community or County Public Health Agency Research programs at major universities Support services in gay and lesbian groups Community hospitals Family social services at the local, regional and state levels Religious groups

NOTE TO EDUCATOR: Purpose: Access community resources. Learner Outcomes: 29,32

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| NAME | DATE | CLASS |
|------|------|-------|
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ACTIVITY: AIDS - Education Critique

DIRECTIONS:

Choose two AIDS-education prevention and risk reduction efforts. Examples include television docu-drama's or news specials, pamphlets, videotapes and newspaper articles.

Identify the target audience and the major message.

Analyze the components of the effort or material.

Evaluate the effectiveness of the effort.

Recommend modifications.

| NAME | DATE | CLASS | |
|------|------|-------|--|
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ACTIVITY: AIDS - Getting the Word Out

DIRECTIONS:

The local public health agency has asked you to help education the community about preventing and reducing the risk of AIDS. Please answer the following questions.

- 1. What messages about AIDS to you feel is the most important for people to receive?
- 2. What are your reasons for choosing this message?
- 3. How would you publicize this message to the community?

NOTE TO EDUCATOR:

Purpose: Apply concepts of prevention through development of a model program. Learner Outcomes: 19,20,25,29,38 Directions: Create several teams in the classroom. Have each team develop a plan and present it to the rest of the class. Ask for critique of the plans, including

aspects such as cost, timing, effectiveness of reaching the target groups, etc.

| NAME | DATE | CLASS |
|------|------|-------|
| | | |

ACTIVITY: AIDS - Make Your Message

DIRECTIONS:

You have been selected to design materials that will assist in preventing and reducing the risk of transmission of the AIDS virus and to prevent the negative impact of fear about AIDS.

- 1. Select an audience: young children, junior high students, college females, high school football players, your school's debate team, the youth group at your church or synagogue, the pep band, parents of students in your class, business men and women in the community, owners and workers of the fast-food restaurants in your area, students in alternative education programs in your area, or another group of your choosing.
- 2. Develop your message. In what high risk behaviors would people in the selected group participate? Include resources where people can seek services and/or more information.
- 3. Develop a dissemination plan. Consider the receptivity of the community, the cost and groups that could assist you.

NOTE TO EDUCATOR:

Learner Outcomes: 20,21,22,25,33,34,37

Comment: Some examples are on the next pages: poster, pre-post test to peak interest of learners, business cards with hotline/helpline numbers.

Purpose: Apply knowledge of prevention efforts; review ethical issues and community response.



Minnesota Family Planning/VD Hotline (Tolifree) 1-800-752-4281 TDD

Minnesota AIDSlines (Tollfree)

Metro: 870-0700 Greater Minnesota: 1-800-248-AIDS

MDH X-2

The "What's Up" Test

True or False

- 1. "Saying No" can be 100% effective in preventing most sexually transmitted diseases (STDs) or pregnancy.
- 2. People like me don't get STDs (Sexually Transmitted Disease s).
- 3. Clinics that provide testing and treatment of STDs will not protect your privacy.
- 4. Once a person gets treated for an STD they can't get it again.
- 5. A person doesn't have an STD if they don't have symptoms.
 - 6. Only gays get AIDS (which is an STD but for which there is no treatment).
 - 7. Some people get AIDS by sharing needles when they shoot up.
 - 8. Teenagers don't have to worry about AIDS because a vaccine will be available soon.
 - 9. Most people with the AIDS virus look sick.
 - 10. Withdrawal (pulling out in time) is an effective way to prevent pregnancy.
 - 11. Rubbers and foam are effective in reducing STDs and pregnancy.
 - 12. In Minnesota anyone can receive confidential birth control or pregnancy testing services.
 - 13. No one gets pregnant the first time they have intercourse.

-

The answers are on the other side

Immediate, accurate, personalized and private information is as close as your telephone

Minnesota Family Planning/ VD Hotline (Toll-free)

1-800-752-4281 TTD

Minnesota AIDSlines (Toll-free) Metro: 870-0700 Greater Minnesota: 1-800-248-AIDS

120.

let's wait

| The | Answers |
|-----|--|
| 1. | <u>True</u> . Remember, in order for "saying no" to be effective people have to say no to sexual intercourse <u>every time</u> . Certain STDs (sexually transmitted diseases) like crabs, trich, or yeast, may be spread in other ways. |
| 2. | False. Anyone can get a sexually transmitted disease (STD) . Get smart, know the facts about STDs. |
| 3. | <u>False.</u> If a person suspects they have an STD, they can be tested without anyone finding out. |
| 4. | <u>False</u> . Most STDs can be treated but a person can get an STD more than once. A person can also get more than one STD at a time. There is not treatment for the AIDS virus or for AIDS |
| 5. | False. About half the time when women get an STD they have no noticeable symptoms. Men may also get an STD without noticeable symptoms. Most people who have the AIDS virus have no symptoms but they can transmit the virus to others. |
| 6. | False. Anyone can get AIDS. While most Minnesotans with AIDS are men who had sex with other men, it's increasing among men who have sex with women too. A man can transmit the AIDS virus to a woman and a woman can transmit it to a man. |
| 7. | <u>True.</u> Sharing needles with someone means sharing their blood which is a way to spread the AIDS virus. |
| 8. | False. Because the AIDS virus is extremely complex, there's very little chance of having a cure or even a vaccine in the next ten years. Remember, cases among teenagers are rising, so take care of yourself. |
| 9. | False. You can carry the AIDS virus and infect others but still look and feel fine. Remember, symptoms can take years to appear. |
| 10. | <u>False.</u> Withdrawal (pulling out) is one of the least effective methods of birth control. Ask your parent(s), ministers, teachers, health care professionals, people you can trust, for the <u>facts</u> about birth control. |
| 11. | True. Rubbers (condoms) and foam (spermicide) are 96+% effective in preventing pregnancy and 50-90% effective in reducing the risk of STD's. Most often, failure of this <u>combined</u> method is due to improper or inconsistent use. Only "saying no" can be 100% effective, but people have to "say no" <u>every time</u> . |
| 12. | <u>True.</u> Minnesota law states anyone can receive these services and <u>no one</u> will be told without that person's permission. |
| 13. | False. Pregnancy happens easily. It can happen no matter how often someone has intercourse, and it can happen the first time. |
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| | Departments of Education and Health |

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YOUTH "LET'S WAIT" BUSINESS CARDS

- TO: Youth Educators/Youth Health/ Human Services Providers
- FROM: Minnesota Dept. of Education Minnesota Dept. of Health

DATE: April, 1988

Please feel free to reproduce, cut and distribute the below sample youth "LET'S WAIT" business cards.



Numbers you can call for confidential information, counseling, and referrals.

Minnesota Family Planning/VD Hotline (Tollfree) 1-800-752-4281 TTD

Minnesota AIDSilnes (Tolifree) Metro: 870-0700 Greater Minnesota: 1-800-248-AIDS



Numbers you can call for confidential information, counseling, and referrals.

Minnesota Family Planning/VD Hotline (Tollfree) 1-800-752-4281 TTD

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Minnesota Family Planning/VD Hotline (Tollfree) 1-800-752-4281 TTD

Minnesota AIDSlines (Tollfree) Metro: 870-0700 Greater Minnesota: 1-800-248-AIDS

- "I like vou a lot, but i'm just not readv to have sex "
- 'I don't believe in having sex before marriage. I want to walt."

"I don't feel like I have to give you a reason for not having sex. It's just my decision."

IND A joint project of the Minnesote (0) Departments of Health and Education.



I like you a lot, but I'm just not ready to have sex."

"I don't believe in having sex before marriage. I want to wait."

"I don't feel like I have to give you a reason for not having sex. It's just my decision."

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- "I like vou a lot, but I'm just not ready to have sex."
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A joint project of the Minnesota Departments of Health and Education.

"I like you a lot, but i'm just not ready to have sex."

- 'I don't believe in having sex before marriage, I want to wait."
- "I don't feel like I have to give you a reason for not having sex. It's just my decision."



A joint project of the Minnesota Departments of Health and Education.



"I like you a lot, but I'm lust not ready to have sex."

"I don't believe in having sex before marriage, I want to wait."

"I don't feel like I have to give you a reason for not having sex. It's just my decision."

ົກ A joint project of the Minnesota QU Departments of Health and Education.

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ហា A joint project of the Minnesota ดีทิ Departments of Health and Education.

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៣ A joint project of the Minnesota ര്വ Departments of Health and Education.

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A joint project of the Minnesota Departments of Health and Education. "I like you a lot, but I'm just not ready to have sex."

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A loint project of the Minnesota Departments of Health and Education.

- "I like you a lot, but I'm just not ready to have sex."
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- "I like you a lot, but I'm just not ready to have sex."
- "I don't believe in having sex before marriage. I want to wait."
- "I don't feel like I have to give you a reason for not having sex. It's just my decision. \sim



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DIRECTIONS FOR THE EDUCATOR

The issues related to AIDS challenges all eduators to move learners beyond the information phase to building skills and attitudes that reinforce self responsibility that protects individuals from AIDS virus transmission. Active participation of the learner will assist in this goal. Listed below are a wide variety of Learner Participation Activities.

1. Read materials selected by the educator from the resources lists.

2. Writing.

- a. Research paper focussing on a topic of choice: virus, health care, emotional effects, prevention, history . . .
- b. Feature story as it would appread in a newspaper in journalistic style on such topics as fear, interview with a person with AIDS, interview with a family member, effect of AIDS on relationships
- c. Letter
 - From a person with AIDS to his/her parent
 - From parent to child who has AIDS
 - From a person with AIDS to a friend
 - From one sibling to another (one having AIDS)
 - Open letter from a person with AIDS to school classmates
- 3. Survey: Develop and distribute a survey about teen sexulaity and alcohol and drug used to students in school. Complie and interpret the results and have them published in a school newspaper.
- 4. Small Group Discussions: Discuss topics generated by a brainstorming session.
 Myths
 - Blaming
 - Feelings toward people with AIDS
 - Methods of prevention and transmission
 - Responsibility
 - Fears

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- Relationships: fear of AIDS changing relationships
- Religious viewpoints; implications for the religious community
- Strategies for prevention

(Jane Ann Goltz, Judy Trombley, Minnetonka Public Schools)

- 5. Role Playing: Demonstrate the decision making process in these situations:
 - Dating situation
 - Drug use (sharing needles)
 - Alcohol use
 - Friend telling a friend, family member or school official that he/she has AIDS
 - Person with AIDS first hearing the diagnosis
 - Acceptance of people with AIDS
 - How fear of AIDS can interfere with relationships
- 6. Debate: Pros and cons presented by teams on these topics:
 - a. AIDS should or should not be discussed in schools.
 - b. Health care workers should or should not be required to provide care.
 - c. There should or should not be mandatory testing for AIDS.
 - d. People with the AIDS virus should or should not be isolated.
- 7. Music/Art: Assemble or create selections of music and/or art that would express their feelings about AIDS.
- 8. Interact with Speakers. Prepare interview questions ahead of time. After the discussion, critique the credibility of the speaker.
- 9. Teach Others About AIDS: Design and deliver AIDS prevention programs to a wide audience. Identify message, skills and tools needed to get the message across, costs, controversies, etc. Audiences include:
 - Parent(s) at home
 - Group of parents
 - Siblings
 - Peers
 - City officials
 - Younger students

Lesson plans are provided with the concepts to learn, content and learner activities.

From

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<u>Teaching About AIDS</u>, A Resource Guide on the Acquired Immune Deficiency Syndrome by Marcia Quackenbush and Pamela Sargent, 1985, revised 1988. (Network Publications, ETR Associates, PO Box 1830, Santa Cruz, CA 95061-1430)

Printed with permission.

<u>Teaching About AIDS</u>, A Resource Guide on the Acquired Immune Deficiency Syndrome by Marcia Quackenbush and Pamela Sargent, 1985, revised 1988. (Network Publications, ETR Associates, PO Box 1830, Santa Cruz, CA 95061-1430)

USING THIS SECTION

This section will give you a good general background on AIDS and allow you to answer the most commonly asked questions. It is not necessary for you to become an expert on AIDS to teach this material effectively. If questions do arise that you are unable to answer, you can refer your students to local AIDS information sources or you can check with such groups yourself (see Worksheet 4: "Finding Answers to Questions About AIDS," p. 111).

Read the basic facts about AIDS. Pages 9 through 13 review the information recommended for an introductory lecture on AIDS, and on page 25 you will find a sample lecture.

The Most Common Questions About AIDS

DESCRIPTION/DEFINITION: What is AIDS?

AIDS is a disease that breaks down a part of the body's immune system, leaving a person vulnerable to a variety of unusual, life-threatening illnesses. It is caused by a virus. This virus may also infect the brain, causing a variety of neurologic problems.

The letters stand for:

Acquired - Passed from person to person. Not gotten genetically as are height and hair color.

Immune - The body's defense system, providing protection from disease. Deficiency - Having a lack of.

Syndrome - A group of signs or symptoms which, when they occur together, mean a person has a particular disease or condition.

EPIDEMIOLOGY: Who Gets AIDS?

Anyone infected with the AIDS virus might develop AIDS.

Though gay men currently predominate in United States statistics, in some other countries virtually all cases of AIDS are among heterosexuals.

Blood for transfusions is now screened for AIDS, and blood products for hemophiliacs are treated so the AIDS virus is killed. There will be very few future infections through blood or blood products.

In 1987, the breakdown for source of infection in U.S. AIDS cases was as follows:

| Population | # cases (August 1987) | % total |
|------------------------|-----------------------|---------|
| | | |
| Gay or bisexual men | 26,086 | 66 |
| IV drug users | 6,506 | 16 |
| Hemophilia/coagulation | - | |
| disorder | 364 | 1 |
| Heterosexual contact | 1,532 | 4 |
| Blood transfusions | 839 | 2 |
| Other | 1,184 | 3 |

TRANSMISSION: How do people get AIDS?

People do not get AIDS in day-to-day, casual contact with family, friends, acquaintances, workmates or the population at large -- unless that contact involves unsafe sexual encounters or the sharing of IV drugs with an infected person.

The virus that causes AIDS lives in certain body fluids, especially blood and semen. People become infected with the AIDS virus by having very intimate, very direct contact with the semen, vaginal secretions, blood (and possibly urine and feces) of someone else who is infectious. The known courses of transmission include:

- 1. Sexual intercourse (vaginal, anal and oral intercourse).
- Shared use of needles for IV drug use. We are also concerned about the possibility of other needle use transmitting AIDS—e.g., non- professional tattooing or ear piercing among friends.
- Infected mothers passing the virus on to a fetus.
- Transfusion of blood or blood products infected with the AIDS virus (blood donations are now screened for the AIDS virus, and transfusion-related AIDS will be quite rare in the future).

Finally, a small number of health care workers who have had unusual exposure to patient blood have become infected. For example, a lab technician, because of an equipment malfunction, was splashed in the eye with copious quantities of AIDS infected blood. She has subsequently become infected herself. Instances such as these, while rare and unusual, remind health professionals to follow infection control guidelines carefully.

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"I've heard that people do not get AIDS through oral sex."

There has been some controversy about transmission of the AIDS virus through oral sex. While it seems true that oral sex is not the most efficient means of transmitting the AIDS virus, a small number of people have become infected and report engaging only in oral (not vaginal or anal) intercourse. The Centers for Disease Control (CDC) is convinced by its data that oral intercourse *is* a means of transmission.

While the risk of transmission via oral sex may be lower than through vaginal or anal intercourse, the disease under consideration is severe. In the guidelines presented in this curriculum, we consider oral intercourse "definitely unsafe."

What about other "body fluids"?

The AIDS virus has been found in blood, semen, urine, vaginal secretions, spinal fluid, tears, saliva and breast milk. Of these, *only semen, vaginal secretions, blood, and possibly urine and feces are implicated in transmission.* There are also a few cases in which babies have probably contracted AIDS through infected breast milk. (Feces are considered a risk because they may also carry blood.)

People are naturally concerned about some of the other fluids—contact with tears or saliva is much more common in day-to-day life. Evidently, these other fluids do not carry a strong enough concentration of the virus to cause infection, even in the unlikely-event one's blood system were to come into direct contact with them. In all reported U.S. cases so far, there is not a single case of transmission of the AIDS virus by saliva. Occasional news reports of such transmission, in the U.S. and elsewhere, have all failed to be substantiated.

So far, the AIDS virus has not been detected in sweat. Even if it is found here at a future time, sweat, like tears or saliva, is not implicated in transmission.

If you have further questions about casual transmission (via day-to-day contact), see "Lingering Doubts About Casual Transmission..." (p. 121).

SYMPTOMS: What is it like to have AIDS?

One of the striking qualities of this disease is the tremendous variation in how it affects different people. There are people who have been living with an AIDS diagnosis for over four years and who are still working, energetic and productive; others may die within a few days or weeks of diagnosis. Some people are fatigued or very sick throughout the course of the disease. For others, periods of health alternate with periods of illness. There are people with AIDS who are severely disabled and there are those who are in excellent physical condition. A group of San Francisco people with AIDS runs the 7-1/2 mile Bay to Breakers race every year!

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At the onset of illness, most people report several of the following symptoms:

Unexplained, persistent fatigue.

Unexplained fever, shaking chills, or drenching night sweats lasting longer than several weeks.

Unexplained weight loss greater than 10 pounds.

- Swollen glands (enlarged lymph nodes, usually in the neck, armpits or groin), which are otherwise unexplained and last more than two months.
- Pink to purple flat or raised blotches or bumps occurring on or under the skin, inside the mouth, nose, eyelids or rectum. Initially, they may resemble bruises but do not disappear. They are usually harder than the skin around them.

Persistent white spots or unusual blemishes in the mouth.

Persistent diarrhea.

Persistent dry cough that has lasted too long to be caused by a common respiratory infection, especially if accompanied by shortness of breath.

At first glance, some of these symptoms seem much like common signs of cold, flu, etc. The key is that they are severe in nature and last over a significant period—several weeks or more—during which time usual colds or flus would have resolved. Even if symptoms are severe and long-lasting, many of these problems may actually be caused by a variety of other illnesses. AIDS CANNOT BE SELF-DIAGNOSED. Anyone concerned with symptoms toms should see a physician familiar with AIDS.

AIDS-RELATED COMPLEX (ARC): What is ARC?

The virus that causes AIDS, like many other viruses, has different effects on different people. Some people infected with the virus do not appear ill. They are asymptomatic carriers. Some may develop mild to moderate illness, while others become quite ill.

When the Centers for Disease Control (CDC) defined this viral disease, they described the most common symptoms of the disease in its most serious state. Their definition says a person has AIDS if he or she has no known underlying cause of immune system problems, but does have one of the following: (1) Kaposi's sarcoma, (2) Pneumocystis carinii pneumonia, or (3) other opportunistic infections.

People who have milder symptoms of AIDS infection, or very unusual severe symptoms, do not fit this diagnosis. They are said to have AIDS-related complex, or ARC. Some people with ARC are fairly healthy, and some are quite ill. For some, the illness progresses to death without their ever receiving an official AIDS diagnosis.

There are difficulties with this situation. For one thing, people with ARC often are not eligible for the same benefits and services as people with AIDS, though they may need such assistance. For another, the uncertainties of having ARC are many (Will I die? Will I be able to continue working? Will I recover my health?), and numerous studies have shown people with ARC experience greater anxiety than people with AIDS or those who are well. Finally, the official CDC surveillance of the disease caused by the AIDS virus only counts a small percentage of those actually affected, and the concerns of people with ARC are often neglected in health policy and research planning.

The CDC has recently (August 1987) updated its definition of AIDS. People showing signs of direct brain infection with the virus and those who have the "wasting" disease (severe and persistent loss of weight associated with AIDS virus infection) are now also considered to have AIDS. In 1986, a four-tier system of classifying all stages of AIDS infection was developed. Many people working in the AIDS field now talk more generally of people having HIV infection ("HIV" is the internationally used name for the AIDS virus", p.17), rather than making many distinctions between "AIDS," "moderate ARC," "severe ARC," "mild AIDS-related symptoms," and so forth.

For a complete description of the CDC diagnostic criteria and the classifications of HIV infection, see pages 147-151.

INCUBATION: How long is the incubation period for AIDS?

Estimates of the incubation period for AIDS have changed as research continues and we have more experience with the disease. The most recent research suggests the average length of incubation is about five years. Many people may develop AIDS sooner than this, and in a few instances AIDS has appeared as much as seven years after exposure to the virus. Nost AIDS researchers suspect that the virus could incubate for even longer periods of time.

PREVENTING AIDS: What are the basic guidelines for AIDS prevention?

- Abstain from sex; or, if you are going to engage in sexual activity, do not allow semen, vaginal secretions, blood, urine or feces of an infected person to enter your body. Use condoms for all types of intercourse.
- If you do not know whether or not a sexual partner is infected with AIDS, follow safer sex guidelines. Remember, you cannot tell by looking at someone whether he or she has been infected.
- Do not share hypodermic needles or any other needles under any circumstances. (It is also best not to share razors or toothbrushes with an infected person because they may expose you to minute amounts of blood.)

OTHER COMMON QUESTIONS

NATURAL HISTORY OF AIDS: Does everyone infected with the AIDS virus die?

At this point, most of the people in the U.S. infected with the AIDS virus are not ill. However, in studies of people who have been infected for some time, rates of illness are quite high. In one well-known San Francisco study, a group of men who are known to have been infected since 1978 or 1979 has been followed carefully. After seven years, about 75% of these men had AIDS, ARC or lymphadenopathy (swollen lymph glands) presumed to be related to infection with the AIDS virus. As time goes on, this number is likely to grow.

These findings are startling. If they hold true in other groups, it means that most people infected will become ill. And, while it is true that some people are only mildly ill or have episodes of illness alternating with periods of health, AIDS-related infections overall appear to be progressive in nature—that is, over time the state of health deteriorates. There is a very small number of individuals who may have recovered some of their immune functioning (their immune systems have become stronger), but most people have not done so once they become ill.

The answer to this question, then, is that we do not know if everyone infected with the AIDS virus will die. We certainly hope this is not the case. Out of respect for the thousands of people living with this disease today, it seems inappropriate to make any sort of blanket statements to this effect without better evidence than we currently have.

ADDITIONAL SAFETY: Are there additional ways to increase one's protection from the AIDS virus in sexual intercourse?

Spermicidal lubricants are available and can be used with condoms. Non-oxynol 9 is a substance in some of these spermicides that has been shown to kill the AIDS virus on contact. We recommend that people use a non-oxynol 9 spermicide along with a condom in vaginal and anal intercourse as "extra" insurance, in case the condom breaks. Non-oxynol 9 is *not* considered an effective preventative without a condom.

The concentration of non-oxynol 9 varies from spermicide to spermicide. To be effective, the product should carry at least 5% concentration.

Finally, any lubricant used with condoms must be *water based*, containing no fats or oils. Check labels carefully—fats and oils break down latex and cause condoms to break.

PROBLEMS WITH PREVENTION: What keeps people from following AIDS prevention guidelines?

There are assorted reasons people do not follow these guidelines. They may not know about AIDS prevention. They may not consider themselves at risk. Or they may know they have a risk but believe "it could never happen to me."

1

Condoms are an important element of safer sex practices, and many people are embarrassed or uninformed about the purchase or use of condoms. As we redefine our concepts of sexuality and increase our comfort with safer sex, we can begin to see those behaviors as complete and exciting activities.

IV drug users have traditionally had a difficult time changing behaviors. If sharing needles is the only way to get a drug to which you are addicted, it is very difficult to decide not to share. Drug users need AIDS prevention information, and we must redouble our efforts to prevent IV drug addiction and abuse in the first place.

HISTORY OF AIDS: Why are people concerned about AIDS now? Why haven't we heard about it before?

AIDS was not recognized or described as a disease until 1981. Tracking of AIDS only began when doctors had seen enough of it to recognize that they were faced with a serious, previously unknown disease. In 1981, 316 people in the United States had AIDS. By August 1986, over 23,000 cases were reported here. A tremendous growth in the rate of the disease has continued. This is alarming, and scientists, health professionals and the general public have all become very concerned about it.

Where did AIDS come from?

The exact origins of AIDS are not known. Either it is a new human disease which developed recently, or it is a disease that was until recently isolated in a particular geographic group of people.

The prevailing scientific opinion now is that the virus originated in Africa. A particular kind of monkey, the African green monkey, is known to carry a virus quite similar in structure to the human AIDS virus. The best scientific guess is that at some point in time, as a natural part of the process of all living organisms, there was a chance mutation of one of the simian (monkey) viruses which made it possible for the virus to cross the species barrier from monkey to human. While mutations at the cellular level are fairly common, this particular type of mutation would be very unusual.

In certain areas of Africa, the green monkey is considered a food delicacy. Possibly through ingesting some uncooked organs, or through an accidental cut while preparing a carcass, the first human was infected. The disease may have begun in this simple, quiet manner, spreading to others from this point through sexual intercourse and shared needle use.

We want to note that many African government representatives are sensitive about this view, understandably since it is often set forth in a manner that seems to blame Africa for

the appearance of the virus. While scientific events are not themselves racist, observations and reporting of them may be so. It is important to remember that no one person, nation or population is responsible for the development of AIDS, and we must all share the responsibility for stopping the spread of the virus.

IMMUNOLOGY: What happens to the immune system when someone is infected with the AIDS virus?

The immune system is complex. In studying AIDS, medical researchers are beginning to understand more about it.

Basically, the body of a person infected with the AIDS virus may lose the ability to fight off certain infections that people with healthy immune systems can combat successfully. For instance, Pneumocystis carinii pneumonia (PCP), a common and serious infection in persons with AIDS, is caused by a one-celled organism that is all around us. Most of us have already been exposed to this organism many times throughout our lives. The body's immune system recognizes it and eliminates it without our ever becoming ill. For people with AIDS, the immune system may recognize the parasite, but the immune response is damaged so the body is unable to fight the infection, and the person becomes ill. The kinds of diseases that infect a person with this kind of immune problem are called "opportunistic infections." (For a more in-depth explanation of how AIDS infects the immune system, see Plan 6: "The AIDS Virus" [p. 77]. For a simple explanation appropriate for classes, with diagrams, see Supplement: "How the AIDS Virus Infects the Immune System" [p. 99].)

RANGE OF INFECTIONS: What are the illnesses that affect people with AIDS?

The manifestations of AIDS can vary widely from person to person. The range of infections seen in AIDS is quite broad, with people being affected by fungal, bacterial, protozoal and viral diseases as well as some cancers. The two most common AIDS diseases are Kaposi's sarcoma and Pneumocystis carinii pneumonia. Kaposi's sarcoma (KS) is a cancer of the cells that line certain small blood vessels. People with KS develop purple lesions, which may appear on the skin where they can be seen or internally where they cannot be seen. In time, the number of lesions will usually increase and they may grow in size. As the disease progresses, complications may develop because of the number and size of lesions.

Pneumocystis carinii pneumonia (PCP) is the most common opportunistic infection seen in people with AIDS. It is caused by a protozoan, a microscopic organism. People with PCP usually become quite ill at the time of diagnosis, with fatigue, weight loss, fevers, dry cough and difficulty breathing. Often PCP requires hospitalization. This disease can be treated. As with other AIDS-related diseases, successful treatment of PCP does not cure the underlying immune problems. In time a person may again be affected by PCP or other opportunistic infections.

Other infections seen in AIDS include toxoplasmosis and cryptosporidium, also caused by protozoans; candida and cryptococcus, caused by fungi; cytomegalovirus (CMV) and

herpes, caused by viruses (herpes infections in people with AIDS are *quite* severe and atypical; the usual genital or oral herpes infections are *not* indicative of AIDS); and a bacterial disease called mycobacterium avium intracellularis. (For a more in-depth description of AIDS- related diseases, see Plan 6: "The AIDS Virus" [p. 77].)

VIROLOGY: What is the AIDS virus?

There continues to be some debate about the AIDS virus including what group of viruses it belongs to and whether it is the sole cause of AIDS or if there are other causes as well. These issues are currently under research. What is known is that the AIDS virus is one of a special kind of viruses called "retroviruses." When a person is infected, the virus takes over certain cells in the immune system, destroying the cells' disease-fighting capabilities. The virus then uses the reproductive mechanisms of the cell to reproduce more virus. It has been difficult to control retroviruses.

The AIDS virus has been given a variety of names by different researchers, including HTLV-3, LAV, and ARV. In 1986, an international panel suggested it be called HIV—"Human Immunodeficiency Virus." This is the name used commonly now.

The AIDS virus is also a fragile virus, which does not live long or well outside the human body. It is easily killed with a 1:10 solution of bleach and water, and can be washed from hands or skin with regular soaps.

There have been reports of AIDS virus surviving outside the body for periods of several days. In these studies, massive concentrations of virus were used. The actual concentration of the virus in blood or semen is *many* magnitudes less, so in any natural biological state the virus will *not* survive outside the human body for more than a few hours at most.

VACCINE: When will there be a vaccine for AIDS?

To date, a successful vaccine has never been developed for a human retrovirus, which makes finding an AIDS vaccine one of the greatest challenges for medical science so far. There is still no guarantee that a vaccine for AIDS can be produced, but recent developments are promising. Guesses for when a vaccine will appear run anywhere from two to ten years, and some experts believe it will never happen.

Once and if a vaccine is developed, it will need to be tested carefully for several years before it is used widely. The only course for preventing AIDS at present is to practice the AIDS prevention guidelines (p. 13).

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AIDS ANTIBODY TESTING: What is the AIDS antibody test?

The AIDS antibody test is an inexpensive screening test that was developed to make certain blood donated for transfusions did not carry the AIDS virus. There are actually three different tests currently being used to check for AIDS antibodies, each using a different method. The most common type is an ELISA ("ELISA" refers to the method of assay used). The ELISA tells, fairly simply and quite inexpensively, whether a blood specimen has been infected with the AIDS virus. It is a practical way to screen blood donations and, because it is now universally applied in U.S. blood banks, it has made the blood supply very safe. We will probably see very few future cases of AIDS passed through transfusions (though people transfused before 1985 may still be at risk because of the incubation period of the disease; see p. 13 for more information). The test is usually used to test semen donors for insemination, and it is recommended for organ donors to protect recipients of organ transplants.

Some individuals have taken the antibody test to determine whether or not they have been infected with the AIDS virus. If the antibody is *absent*, the test is *negative* and it means *one* of the following is true:

1. The person has not been infected with the virus.

OR

 The person has had contact with the AIDS virus but has not become infected and therefore has not produced antibodies. However, repeated exposure to the AIDS virus would increase the likelihood that the person will become infected.

OR

3. The person has been infected by the virus but has not yet produced antibodies. Research indicates most people will produce antibodies within 2-12 weeks after infection. Some people will not produce antibodies for six months or more. A very small number of people will never produce antibodies.

If the test shows that the antibody is *present*, the test is *positive*, and it means *all* of the following are true:

1. The person's blood sample has been tested and the test indicates antibodies to the virus are present.

AND

 The person has been infected with the AIDS virus and antibodies have been produced.

AND

 Researchers have shown that most people with AIDS antibodies have active virus in their bodies. Therefore, a person with a positive test must assume he or she is capable of passing the virus on to others under the correct circumstances for transmission (see "Transmission," p.10).

The test is quite accurate, but like other medical tests there will be some false negatives (a person *does* have antibody, but tests negative) and false positives (a person *does not* have antibody but tests positive).

The ELISA test was developed to screen blood donations. The blood banks naturally wanted to be very careful to pull out any blood infected with the AIDS virus, so this test is more likely to err on the side of false positives (that is, it would be better to pull out non-infected blood, losing a few units of blood that were actually safe), than false negatives (allowing blood that was infected to be used for transfusions). To correct for this error of the test, responsible labs will usually screen blood first with the ELISA, because it is the easiest and most inexpensive test available. If the sample tests positive, they will test it two more times with the ELISA and, if both of these tests are positive, the sample will be checked again with one of the other types of tests. When these procedures are followed, results are accurate well over 99% of the time.

Unfortunately, some labs, especially some private-for-profit operations, have not been as careful as this. They will report results based on a single ELISA screening. Under these circumstances, the error rate is much higher. People wanting to take the test might want to ask about lab procedures before they do so.

Many people misunderstand the antibody test and believe it is a "test for AIDS." It will not tell whether a person has AIDS or AIDS-related complex (ARC), or whether a person will or will not develop AIDS or ARC.

If a person wants to take the AIDS antibody test, we recommend having the test performed where anonymity is guaranteed if possible. Anonymous testing means your name and test results are not recorded together anywhere, nor is there any record of your taking the test. A mention of the test in medical records, even if the results are negative, might complicate future efforts to acquire health insurance. In some states a positive result could lead to legal problems.

HETEROSEXUAL TRANSMISSION: What is the risk of heterosexuals contracting AIDS?

Anyone can contract AIDS if he or she is exposed to the virus through unsafe sex or the sharing of IV needles.

Most experts do not consider it likely that AIDS will spread as rapidly among heterosexuals as it has with gay men because heterosexuals generally have fewer sexual partners. A small number of well-informed researchers, however, feel heterosexuals should be more alerted to AIDS risks than they have been. AIDS can be spread by vaginal intercourse, and there are cases of male-to-female and female-to-male transmission. Those at highest risk

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are people with multiple sexual partners in areas where the disease is already widespread. In some countries, virtually all of those affected with AIDS are heterosexuals.

For most U.S. heterosexuals, the risk of contracting AIDS today is small. The judicious use of safer sex practices (along with not sharing IV needles) can keep the risk small in the future.

LESBIAN TRANSMISSION: Can lesbians get AIDS?

A few cases have now been reported of sexual transmission of the AIDS virus between lesbians. We recommend that lesbians consider partners' sexual histories and any past IV drug use. If there is a possibility of risk, they should practice safer sex. Like everyone else, lesbians are also susceptible to AIDS infection through IV drug use or unsafe sexual contact with infected men.

PREGNANCY: How are people to plan pregnancies if the AIDS virus can be transmitted by semen?

If two people wish to consider pregnancy and they know confidently that neither has a past risk of exposure to AIDS, they can simply proceed with their plans.

In assessing risk, one must consider (1) history of IV drug use; (2) personal sexual history; (3) the sexual and drug use histories of any past sexual partners; and (4) any history of blood or blood product transfusion. It is difficult to know confidently about the history of past partners, and one would want to consider one's experience since 1978.

If there is some doubt about the possibility of exposure to AIDS, couples might consider taking the AIDS antibody test (explained on p. 18). If one or both partners have been exposed to the AIDS virus, we recommend postponing pregnancy until we have a way to prevent transmission of the virus to partners or a fetus. Donors providing semen for insemination should be tested for AIDS antibodies.

INSECT BITES: Can people get AIDS from insect bites?

A good amount of study has been focused on this subject, and most of the scientific community is well-convinced that this is not a mode of transmission. In a recent study, however, some mosquitoes fed AIDS-infected blood were found to be carrying virus as much as two days atterwards. Naturally, this information causes concern. It is important to remember, however, that while mosquitoes do withdraw blood from people, they do not exchange blood between people.

A careful look at epidemiology makes this clearer. Malaria is a widespread disease in Africa that *is* spread by mosquitoes. The insects first ingest the parasite which causes malaria by feeding on an infected person, then transmit the parasite through their saliva to another

person several days later. People of all ages are infected, including children and elders who may not be sexually active. AIDS, on the other hand, is a disease spread by shared needle use and intimate sexual contact, and the people in both Africa and the U.S. who are infected or diagnosed with AIDS fall into very specific categories of risk. They do not represent the more general population of individuals bitten by mosquitoes.

A community in Florida, Belle Glade, has a very high incidence of AIDS. Many of the residents are farm workers, who might receive hundreds of mosquito bites in a day. Studies there specifically sought to determine whether mosquitoes were implicated in transmission of AIDS. The studies showed that residents of Belle Glade infected or diagnosed with AIDS have the same kinds of risks other people have had—sharing needles in IV drug use, or sexual contact with persons at risk (primarily heterosexual contact in these cases). Those with high incidences of mosquito bites without other risk factors did *not* become infected.

SCHOOLS: What is the likelihood of a middle or high school student with the AIDS virus passing it on to other students (or teachers) in my school?

Remember the means of AIDS transmission: a person must have very intimate, very direct contact with the semen, vaginal secretions, blood, urine or feces of an infected person. A student is *very* unlikely to have interactions on a school campus that would allow this transmission to occur. Unless the student is having sex with others, or sharing IV needles, there just is not much chance of AIDS being transmitted.

People with AIDS or ARC need to be supported in living the most productive lives possible. School is the productive work of teenagers. Students with AIDS/ARC would do best being enrolled in normal classes unless their illness was too severe to allow them to participate.

We note also that guidelines issued by the Centers for Disease Control as well as The American Academy of Pediatrics recommend that students with AIDS/ARC continue attending regular school classes.

CASUAL TRANSMISSION: I'm not convinced that AIDS can't be transmitted casually. There's too much we don't know about the disease.

For a fuller discussion of this issue, see "Lingering Doubts About Casual Transmission," p. 121.

Safe and Unsafe Sexual Activities

Definitely safe:

(no exchange of semen, vaginal secretions, blood, urine or feces)

Touching, hugging, massage Masturbation, alone or with a partner Rubbing bodies together Talking about sex, verbal fantasies Social kissing (dry) Kissing or licking the body (clean skin; no oral contact with genitals or any open sores)

Probably safe:

(most likely there would be no exchange of semen, vaginal secretions, blood, urine or feces)

- Vaginal intercourse with a condom (as long as the condom is used properly and does not break)
- Oral intercourse with a condom or latex barrier over the genitals (proper use, no breakage)

Anal intercourse with a condom (proper use, no breakage)

French kissing (wet) (unless the kiss is very hard and draws blood, or either partner has open sores or infection in or around mouth)

Definitely unsafe:

(almost certain dangerous exchange of semen, vaginal secretions, blood, urine or feces)

Vaginal intercourse without a condom Oral intercourse without a condom or latex barrier Anal intercourse without a condom Sharing objects inserted into anus or vagina Any activity that allows blood-to-blood contact

TEACHING PLANS

PLAN 2: PUBLIC RESPONSE TO AIDS

Method: Present the "Basic Information About AIDS" lecture. Then select one or more of the following sections for discussion.

BASIC INFORMATION ABOUT AIDS

Present the sample lecture, page 25, or your own lecture, including the following:

What is AIDS? Who gets AIDS? How do people get AIDS? What is it like to have AIDS? What is ARC? How long is the incubation period for AIDS? What are the basic guidelines for AIDS prevention? (List of safe and unsafe sexual activities—p. 23)

SECTION I: GENERAL DISCUSSION ON AIDS

 What are some responses people have had to AIDS? What are the responses of people you know? What are the responses of people you have heard of or read about? What are your own responses to AIDS?

Possible answers:

- 1. Helping out: donating time, money, services, etc., to people with AIDS, to education programs, to research.
- 2. Learning more about the disease. Staying informed.
- 3. Educating others about AIDS.
- 4. Supporting AIDS prevention. Practicing safer sex, not sharing needles.
- 5. Being afraid of getting AIDS.
- 6. Telling jokes about AiDS.
- 7. Blaming people with AIDS for getting sick.

- TEACHING PLANS
- 8. Discriminating against people with AIDS, or against gay men, in the mistaken belief that AIDS is casually transmitted.
 - a. Firing people from jobs.
 - b. Evicting people from homes.
 - c. Not letting a person with AIDS ride a bus.
 - d. Others?
- Trying to set up legal means to restrict or protect people with AIDS or those believed to be at risk.
- B. Why are some people afraid of getting AIDS?

Possible answers:

- 1. Some people are truly at risk, because of sexual or drug practices, or for other reasons. Their fears may be well-founded.
- Some people are not actually at risk for the disease, but misunderstand they
 might get AIDS in situations where they cannot get it (such as public pools,
 restaurants, schools, etc.) Their fears are unfounded.
- C. All of a sudden, we seem to be hearing a lot about AIDS. There are other serious diseases around, and some are transmitted more easily than AIDS. Why do people seem more concerned about AIDS, and why is everyone talking about it now?

NOTE: An example of a serious and more easily transmitted disease is Hepatitis-B. This disease, like AIDS, is blood borne, and is most often passed through sexual contact or the sharing of needles in IV drug use. It takes *much* less contact with the Hepatitis-B virus to become infected with the disease, and it can be fatal if not properly treated.

Possible answers:

- 1. AIDS is a very serious disease that has received a lot of attention. Other diseases might be less serious, or may have received less attention.
- AIDS is a new epidemic, and it is happening now. The incidence is increasing. Many other diseases have stable incidences, or an incidence rate that is increasing more slowly than that of AIDS.
- People misunderstand or are misinformed about transmission, and believe that AIDS can be transmitted in a casual way, or that it is easy to get AIDS.

TEACHING PLANS

TEACHING PLANS

NOTE: We know that some viruses and other disease-causing organisms are passed through sneezes, sharing cups, dirty hands, etc. It may be hard for some people to adjust their understanding of diseases, distinguishing this more-casually-transmitted type of virus from the very different, difficult-to- transmit AIDS virus. This is especially likely because AIDS is such a serious disease.

- 4. People associate AIDS with death and disability, and these are frightening.
- Some people have a fear of association: "If you get AIDS, people will think you're gay."
- 6. Some people are frightened of homosexuality (or IV drug use) and in their minds cannot separate AIDS from homosexuals (or IV drug users).
- AIDS has some important ramifications for sexual practices. Even for people who are not in a high risk group, concerns about contracting AIDS may lead them to change their styles of sexual activity.
- 8. Others?

SECTION II: "AIDS HYSTERIA"

There are people who have labeled some responses to AIDS as "hysterical"— overemotional reactions not based in fact. Other people might call these behaviors reasonable. What do you think about the following situations?

Case 1: In New York City, at the beginning of the 1985 school year, parents of some 18,000 students refused to allow their children to attend public schools because they had heard a child with AIDS would be attending one of the district's schools.

- A. Was this a "hysterical" reaction, or a reasonable one? Why?
- B. Was there an actual risk of these children contracting AIDS from another student?

NOTE: There is no risk unless the students are engaging in a risk activity in school (e.g., having unsafe sex or sharing needles). This is obviously quite unlikely. Sharing of bathrooms, cafeterias, school materials, etc., is *not* a risk. Other scenarios—bites, fights, accidents— are not likely to transmit the virus. However, an elementary age or older student with behavioral problems leading to biting, fighting or accidents, who *was* infected with the AIDS virus, probably should *not* be attending school.

In several studies of families where one child was affected with AIDS, sibling-to-sibling transmission has never been discovered. If AIDS is not transmitted in the more intimate setting of family relationships, it is not likely to be transmitted in the schools.

C. What would you say to a parent who refused to allow his or her child to attend school under these circumstances?

Case 2: Jack worked in a large office as a word-processor. He was diagnosed with AIDS and was placed on disability. After his initial period of illness, he was feeling well and able to return to work. When he contacted his company about his plans to return, they informed him he was not to come back to the office. His disability benefits continued, but Jack wanted to work again. His boss, Larry, said he made the decision because he wanted to protect the welfare of others in the office who used the same drinking fountain, kitchen, telephones, supplies, and restroom as Jack.

- A. Was Jack being reasonable in expecting to return to work?
- B. Were Larry's concerns about the welfare of the other workers in the office legitimate?
- C. Were Jack's coworkers at risk to contract AIDS from him?

NOTE: See note above about the unlikely possibility of AIDS transmission in schools. Unless Jack's coworkers had unsafe sex with him or shared needles, they would not have a risk to contract AIDS from him.

D. How would you feel if you were a coworker of Jack's?

Case 3: A television station in the east was interviewing several people with AIDS for a news special. The station's regular camera operators refused to film these people for fear of contracting the disease. A camera team from the west coast was flown out to complete the project.

- A. Were the camera operators from the television station justified in refusing to film the people with AIDS? Why or why not?
- B. In what professions do you think people might reasonably refuse to provide services to people with AIDS?

NOTE: There are essentially no professions which should refuse services to people with AIDS. For health care personnel (doctors, dentists, nurses, etc.), standard hygiene procedures offer adequate protection against AIDS transmission.

SECTION III: REASONS FOR AND CONSEQUENCES OF PEOPLE'S DIFFERENT REACTIONS TO AIDS

A. We have talked about some of the ways people have responded to the AIDS epidemic. It seems like there are many different responses to the same disease. Why do you suppose people react in such different ways to AIDS?

TEACHING PLANS

Possible answers:

- 1. Fears (of gay people, of disease, of death, of differences between people, etc.)
- Level of knowledge and education (how much someone knows about AIDS and how it is transmitted, etc.)
- 3. Moral beliefs:
 - a. If you believe it is good to help others, you might help out AIDS prevention organizations or people with AIDS.
 - b. If you believe homosexuality, drug use, or sex in general is bad, you might feel you should not help out people with AIDS, or that you do not want to be involved.
- Different personality types: optimists, pessimists, helpers, problem- solvers, complainers.
- Past experiences: Knowing someone with AIDS or someone at risk for AIDS makes it more likely you will (1) sympathize with others with AIDS: (2) change high-risk behaviors of your own; (3) volunteer or help in some other way.
- 6. Others?
- B. What sorts of problems might arise when people's negative judgments about homosexuality or IV drug users affect their reaction to AIDS?

Possible answers:

- 1. Not supporting research. Anyone can get AIDS under certain circumstances. Finding cures, treatments and vaccines is important for everyone.
- 2. Not supporting prevention or education. AIDS has created a tremendous demand on national resources—for medical research, for medical treatment, for mental health and social support services, on young and productive members of the workforce, etc. Prevention—educating people about the disease and how to stop its transmission—is the most cost-effective way to respond to the epidemic. It is the *only* way at present to stop the spread of the disease.
- 3. Mistreatment of and discrimination against people with AIDS, or those thought to be at risk for AIDS.

C. DISCUSS: People reacting to AIDS through fear, misunderstanding, poor judgments, etc., creates confusion, interferes with education, slows research and hurts others. What can be done to help people understand AIDS better and react in a positive, helpful manner?

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Plan 3: Civil Rights Issues Involving AIDS

Method: Present the "Basic Information About AIDS" lecture. Then select one or more of the following sections for discussion.

BASIC INFORMATION ABOUT AIDS

Present the sample lecture, page 25, or your own lecture, including the following:

What is AIDS? Who gets AIDS? How do people get AIDS? What is it like to have AIDS? What is ARC? How long is the incubation period for AIDS? What are the basic guidelines for AIDS prevention? (List of safe and unsafe sexual practices—p. 23).

NOTE: For this unit, it is especially important to make clear the fact that AIDS is *not* casually transmitted, since this has significant bearing on some of the discussion issues.

SECTION I: SCHOOL AND AIDS

Daniel is a popular high school junior who has been diagnosed with AIDS. He became ill in October and was absent from school for several weeks. When he returned to school, he was fatigued but ready to continue his classes. Because he is well-known on campus, his absence was noticed by other students. He has told people that he has AIDS.

- A. Do you think Daniel should be allowed to continue to attend school? How would you feel if he was in some of your classes?
- B. Should any special provisions be made for Daniel? What do you think about his using the same cafeteria, gym, pool, locker room and bathrooms as other students?
- C. How do you think other students in our school would react if a student here were diagnosed with AIDS?
- D. Let's change the story a bit. Imagine that Daniel became sick in the summer, so people were not aware of his illness. He returned to school in the fall, looking perfectly healthy. He did not tell anyone he had AIDS. Do you think this would be okay?
- E. Would any of your feelings about this change if we were talking about a fourth grader instead of a high school student? A first grader?

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F. Some parents have insisted that they have a right to know if their children are attending school with another child who has AIDS. Do you agree?

NOTE: Informing parents would violate the privacy of the child with AIDS and his/her family, and would be illegal.

- G. Imagine that the character in our story is *Mr.* Daniels, a teacher in your school. Should he be allowed to teach? How would you feel if he were one of your teachers?
- H. What about other school personnel? If they have AIDS, should they be able to continue their work? (Consider administrators, counselors, secretaries, janitors, cafeteria workers, etc.)
- I. What kind of education about AIDS do you think is necessary in this school? What do the students here need to know about the disease? How should that information be shared with them?

SECTION II: EMPLOYER/EMPLOYEE RELATIONS AND AIDS

Sharon is a sales clerk in a clothing store. She is not actually diagnosed with AIDS. She has, however, developed medical conditions related to AIDS, called AIDS-related complex, or ARC. She feels well enough to continue working, but mentions her condition to her boss, Helen, because she will need some extra time off for medical appointments.

- A. Her boss is concerned that other people working with Sharon will be exposed to AIDS. What would you tell Helen about this?
- B. Helen has had a difficult time keeping employees for very long. She believes that when her other employees find out about Sharon's illness, they will be afraid and quit their jobs. What should Helen do?
- C. Helen overhears someone on the street saying they will not shop at the store any longer because one of the clerks there is sick with AIDS. She believes Sharon's presence in the store is hurting business. What should she do?
- D. Would you go to a store that employed someone with AIDS? A restaurant?
- E. Do you think there are any jobs that people with AIDS should not be allowed to do?
- F. Do you think there should be rules or laws protecting individual employees who may have AIDS from being fired?
- G. Do you think the business community in general has any responsibility to educate people about AIDS?
- H. What do you think the businesses in this community should do about AIDS?

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SECTION III: ACCESS TO SERVICES FOR PEOPLE WITH AIDS OR ARC

Justin is a gay man with AIDS. He has Kaposi's sarcoma, and some of the lesions from the disease show on his face. He has just boarded a bus and paid his fare. The bus driver, seeing the lesions, says, "I'm not going to have you on this bus because you have AIDS. I have other passengers to protect. You will have to get off the bus." Justin refuses to get off the bus; he sits in one of the available seats. The bus driver refuses to start the bus again until Justin gets off. The other passengers begin to get angry because they are trying to get somewhere, and the bus is just sitting there. Some of them yell at the bus driver, and some of them yell at Justin.

- A. If you were one of the passengers on the bus, what would you do?
- B. What would have been the best thing for Justin to do in this situation?
- C. What would have been the best thing for the bus driver to do in this situation?
- D. Should people with AIDS be free to ride public buses?
- E. If you were manager of the bus system, what kind of policy do you think you might set for situations like this?
- F. Are there any public services you can think of (stores, restaurants, gyms, theaters, schools, health clinics, bars, national parks, etc.) that should be limited in some way for people with AIDS?

SECTION IV: FAMILIES AND AIDS

Roberto is a one-year-old boy who was adopted into a family with a mother, a father, a fouryear-old brother Juan, and a six-year-old sister Maria. The family loves Roberto very much and is happy he has come to live with them. He has had a lot of health problems, which doctors could not explain for some time. Now the parents have found out that Roberto has AIDS, apparently transmitted from his biological mother, who is a user of IV drugs. Roberto has been in the hospital but is scheduled to be released soon.

- A. If you were the parents in this family, what would you do?
- B. Should Roberto be allowed to return to his home?

NOTE: There has never been a case of AIDS being transmitted within a family except (1) where there has been a sexual relationship, such as between husband and wife; and (2) in one instance where a mother of a very sick child was changing waste bags and handling a lot of feces and urine without the usual precautions (gloves, washing, etc.). It turned out the child had AIDS, and the mother has since developed antibodies to the virus. Standard hygiene precautions in such instances would prevent transmission of the virus. Many

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families with children have been studied, and in no instance has one child with AIDS infected any other child in the family.

- C. Do you think a parent with AIDS should be allowed to care for his or her children?
- D. A social worker involved with Roberto's case has just discovered that the boy's biological mother is pregnant again. What should be done in this instance?

NOTE: There are laws in the United States against forced sterilization or abortion. A child born to a mother infected with AIDS has about a 60% chance of also being infected. A child with AIDS can expect a limited life- span filled with much illness and multiple hospitalizations. The cost of care for such children is very high, and often is paid by public funds. This is because the mothers, if they are IV drug users, do not usually have the resources to pay for such care themselves.

SECTION V: PERSONS WHO CONSCIOUSLY TRANSMIT AIDS

A man with AIDS-related complex (ARC) was seen several times in a public clinic for treatment of gonorrhea. (Further description of ARC is found on p. 12). He admitted being sexually active with a number of different partners weekly. He was probably spreading the virus for AIDS to others in his sexual encounters.

A. What should be done in this instance?

NOTE: Many localities have laws whereby persons who knowingly transmit diseases to others can be quarantined or detained in hospitals or correction facilities.

B. Have you heard of other instances where someone who knew he or she had AIDS continued to expose others to the disease?

NOTE: There have been a variety of press reports of such cases.

C. Do you think this is a common response for someone infected with the AIDS virus?

NOTE: Most people diagnosed with AIDS, and most of those who know they are at risk for the disease, are conscientious about not putting others at risk. They do not have unsafe sex, share needles, donate blood, etc. In fact, research in San Francisco shows that about 80% of gay men there have altered their sexual practices to avoid exposure to or transmission of the AIDS virus. This is a remarkable statistic, and shows a more powerful response to this health crisis than any other in history. (Consider, for example, how many people continue smoking, eat high-fat diets, refuse to wear seatbelts, etc., even though there are well-documented life-threatening risks in doing so.)

D. Should people infected with AIDS be restricted from sexual activity? If so, what activities? If so, how should this be enforced?

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NOTE: There is no reason a person infected with AIDS cannot continue to have an active and pleasurable sex life. Guidelines for safer sexual contact are clear and people following such guidelines do not pose a risk to others. For a specific list of safe and unsafe sexual activities, see page 23.

E. Occasionally, there have been suggestions of quarantining people with AIDS in some way to slow or stop the spread of the disease. Is this a useful idea? What would or would not work about this idea?

NOTE: Currently (1987), some two million people are estimated to be infected with the AIDS virus and capable of transmitting it to others. It is assumed that these people will be infectious throughout the remainder of their lives. There is no practical way to quarantine so large a number of people. Such a quarantine would be devastating to the country socially and economically. Further, there is a civil liberties issue about quarantines generally, and of restricting people's freedom when there is no evidence of any wrongdoing. The only practical answer at present is education and support for the practice of no-risk behaviors.

Worksheet 1 Personal Opinions About AIDS

These are personal opinion questions. There are no wrong answers! Please answer as honestly as you can. Do not put your name on this paper.

| 1. | I thin | k people with AIDS | | |
|----|-----------------------------------|---|--|--|
| | | | | |
| , | | | | |
| | • | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| 2. | Learning about AIDS in school is: | | | |
| | a. | A good idea. Really important. | | |
| | b. | A bad idea. A waste of time. | | |
| | с. | Other | | |
| 3 | le tha | re any way the AIDS epidemic has affected you, or might affect you in the | | |
| Ο. | future | future? | | |
| | | | | |
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Teaching About AIDS, by Marcia Quackenbush and Pamela Sargent, 1988.

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Worksheet 2 People's Responses to AIDS

1. Think of someone you know or someone you have heard of who has responded to the AIDS epidemic in a way you feel is positive and helpful.

What has his or her response to the AIDS epidemic been?

Why do you think this is a positive and helpful response?

2. Think of someone you know or someone you have heard of who has responded to the AIDS epidemic in a way you feel is negative and not helpful.

~

What has his or her response to the AIDS epidemic been?

Why do you think this response is negative and not helpful?

Teaching About AIDS, by Marcia Quackenbush and Pamela Sargent, 1988.

Worksheet 3 Press Reports on People's Responses to AIDS

Find an article about AIDS in a newspaper or magazine that talks, at least in part, about people and AIDS. (Articles reporting only research news may not mention anything about people, and would not be useful for this exercise.) Attach the article to this worksheet and answer the following questions:

1. Who are the people (or the person, or the groups) mentioned in this article?

2. How are these people (or this person, or these groups) responding to the AIDS epidemic?

3. How do you feel about what these people (this person) are doing? Do you think their responses are positive? Negative? Do you agree or disagree with what they are doing? Why?

Teaching About AIDS, by Marcia Quackenbush and Pamela Sargent, 1988.

Worksheet 4 Finding Answers to Questions About AIDS

1. Think of a question you have about AIDS that has not been answered in the class. Write the question: 2. The AIDS information number is _____ ____. Call this number and ask your question. Write the answer to the question: 3. What was the person who answered your call like? Helpful? Clear? Hard to understand? 4. Would you call the switchboard again if you had another question about AIDS? Yes No Why or why not?

Teaching About AIDS, by Marcia Quackenbush and Pamela Sargent, 1988.

EVALUATION

The effectiveness of a learning plan can be measured in several ways. Process evaluation includes measuring learner interest and participation and may consist of observing the group for level of attention to task, and quality and quantity of responses in discussion and on assignments, for example. Outcome evaluation correlates to expected learner outcomes, addressing cognitive, affective and skill attainment. Although cognitive outcomes can be measured by structured pre- and post-tests, affective outcomes are more difficult to measure. For programs that focus on developing wise decision-making skills, instilling personal lifestyle behaviors, and developing an understanding and appreciation of individual differences, the outcomes may not be demonstrated for years to come. For AIDS and related issues, as for other topics that focus on areas of personal lifestyles, the learning will have an impact for a lifetime.

Information - increasing individual's knowledge - is the first step in preventing AIDS and AFRAIDS (Acute Fear Regarding AIDS). Sets of questions for pre- and post-test of knowledge are offered so the educator can select from several options. These may be used at the time the learning plan is presented, or may be incorporated into unit evaluations - such as a summary test on sexually transmitted diseases. (See also comments in the Assessment section of the INTEGRATION chapter.)

TRUE - FALSE

| 1. | The AIDS virus harms the immune system. | | | Т |
|-----|---|---------|-------|---------|
| 2. | All persons infected with the AIDS virus become ill with AIDS or ARC. | | F | |
| 3. | The AIDS virus is not transmitted through casual contact. | | | Т |
| 4. | Persons infected with the AIDS virus always show signs and | d sympt | toms | |
| | of being infected. | • - | | F |
| 5. | The antibody test is used to diagnose AIDS. | | | F |
| 6. | A person's immune system protects against infectious disea | ase. | | Т |
| 7. | It is very likely that school-age children and youth will | be exp | posed | |
| | to the AIDS virus. | - | • | F |
| 8. | We can be vaccinated against AIDS. | | | F |
| 9. | There is currently no cure for AIDS. | | | Т |
| 10. | AIDS is as easily transmitted as the common cold. | | | F |
| | | | | |
| CLA | SSIFY PREVENTION BEHAVIORS | | POSSI | BLY NOT |
| | | SAFE | SAFE | SAFE |
| 1. | Transfusion of blood or blood products after May 1985. | x | | |
| 2. | Unprotected sexual contact with a person who is infected. | | | х |
| 3. | Unprotected sexual contact with a person who has AIDS. | | | х |
| 4. | Sharing an eating utensil with someone who is infected. | х | | |
| 5. | Getting a mosquito bite. | х | | |
| 6. | Sharing an unclean hypodermic needle. | | | х |
| 7. | Shaking hands with someone who has AIDS. | х | | |
| 8. | Wet kissing. | | x | |
| 9. | Being born to a mother with the AIDS virus. | | | х |
| 10. | Using a condom and spermicide during sexual contact. | | х | |
| 11. | Exchanging blood or semen with someone who is infected. | | | х |
| 12. | Helping someone with AIDS as a neighbor, as a friend. | х | | |
| 13. | Caring for a person with AIDS as a doctor, nurse, dentist | х | | |
| | and using universal blood and body fluids precautions. | | | |
| | | | | |

SHORT ANSWER

NOTE: Objectives in the Lecture Outline may be used as short answer questions.

- 1. What is the difference between a person infected with HIV and a person with AIDS? (HIV is the AIDS VILUE. A person infected with HIV may have an Asymptomatic Infection, ARC or AIDS. With an Asymptomatic Infection, there are no signs or symptoms. With AIDS a person's immune system is depressed and he/she has one or more rare diseases (as listed by CDC) that are most likely fatal.)
- 2. What does the AIDS virus do to the immune system? (Attacks T-4 lymphocytes, immune system cells that trigger other cells to produce antibodies)
- 3. What does it mean when a person tests positive for the antibody in a blood test? (A person has been exposed to the AIDS virus and the body is attempting to fight the infection by building antibodies, an immune system defense mechanism.)
- 4. If a person has participated in unsafe behaviors with a person infected with the AIDS virus, how long will it take before there is evidence of infection? (Antibodies develop in about 6 weeks or longer. A blood test may be the only way he/she will know. Even during this 6 weeks the person may infect others.)
- 5. How long could it take from the time of exposure to the virus before a person becomes ill, such as with ARC or AIDS? (Up to 9 years or longer.)
- 6. What is the current national prevalence of AIDS among the following groups?
 a. gay or bisexual men (65%) d. children under 13 (1%)
 b. intravenous drug users (17%) e. received blood or blood products (2%)
 c. gay and IV drug exposure(8%) f. heterosexual contacts (4%)
- 7. High-risk behaviors are those that put a person at greater risk for contracting the AIDS virus. List two high-risk behaviors. (Unprotected anal intercourse; sharing contaminated needles)
- 8. List three behaviors you would promote to prevent AIDS virus transmission.
 - (1. Abstain from intercourse; lifetime monogomous sexual relationship.
 - 2. Never use intravenous drugs or share used needles.
 - 3. Avoid unprotected sexual contact with people infected with the AIDS virus.
 - 4. If a woman is infected with the virus, she shouldn't become pregnant.)
- 9. List four ways the AIDS virus is transmitted. (Sexual contact (sharing of blood and/or semen) Needle sharing - illicit drug use, accidental needle stick Maternal-child transfer by infected mother to child in utero Transfusion of blood or blood products prior to May 1985)
- 10. List four ways the AIDS virus is NOT transmitted. (Casual contact (going to school together, one to one contact such as social kissing, shaking hands); eating food prepared by a person with AIDS, etc.)
- 11. List at lease three reliable sources of accurate AIDS information: local resource (Community Health Service Agency, County Health Department) state resource (Minnesota Department of Health) national resource (US Public Health Service Centers for Disease Control)

Some LEARNER ACTIVITIES in a previous section of this chapter could serve as prepost- assessment of learning.

AIDS RESOURCES

- o PROGRAMS, SERVICES AND INFORMATION
- o AIDS SOURCES OF INFORMATION
- o AIDS: GUIDELINES AND RECOMMENDATIONS (CDC, MDH, MDE)
- o AIDS: GUIDELINES FOR AIDS EDUCATION
- o AIDS: MATERIALS FOR EDUCATION

RESOURCES FOR ELEMENTARY LEARNERS

RESOURCES FOR SECONDARY LEARNERS

RESOURCES FOR ADULT LEARNERS

RESOURCES FOR PARENTS

o AIDS: GENERAL REFERENCES

Inclusion on these resource lists is not an endorsement of products, but simply an announcement of their availability. This compendium has been developed by the Minnesota Department of Education AIDS Issues and Education Unit with the support of the Interagency Resource and Information Center (IRIC).

AIDS PROGRAMS, SERVICES and INFORMATION

| Minnesota AIDS Line: (Minnesota AIDS Project) | Greater Minnesota Metro Area | 800/248-AIDS 612/870-0700 | <pre>\ for information, / referral & counseling</pre> | |
|--|--|---|---|--|
| National PHS AIDS Hotline: (U.S. Department of Healt Public Health Service, Centers for Disease Cont | h and Human Services, rol) | 800/342-AIDS 800/447-AIDS 202/245-6867 | for a taped message for a counselor Public Affairs Office | |
| Acute Epidemiology Section, AIDS Prevention Services Sec Division of Disease Prev | AIDS Unit tion, AIDS Programs ention and Health Prom | 612/623-5414 612/623-5698 motion | | |
| <u>Minnesota Department of</u> 717 Delaware Street S.E. | <u>Health</u> , Minneapolis, MN 55 [,] | 440 | | |
| AIDS Issues and Education, Learner Support Systems Division of Development and Partnership 612/296-4080 | | | | |
| <u>Minnesota Department of</u> 550 Cedar Street, St. Pa | <u>Education</u> ul, MN 55101 | | | |
| Minnesota AIDS Project 2025 Nicollet Avenue, Su (prevention education an | ite 200, Minneapolis, d support services) | 612/870-7773 MN 55404 | | |
| American Red Cross AIDS Educ St. Paul Chapter 100 South Robert Street, | ation St. Paul, MN 55107 | 612/291-6789 | | |
| Minneapolis Chapter 11 Dell Place, Minneapol | is, MN 55403 | 612/871-7676 | ς. | |
| The Aliveness Project A Coalition by and for P and AIDS-Related Conditi 5307 Russell South, Minn | eople with AIDS ons eapolis, MN 55410 | 612/929-8254 | | |
| Gay Men's Health Center (edu Crisis hotl 234 W. 18th Street, New Box 274, 132 W. 24th Str (printed material for te | cation line) ine York, NY 10011 eet, New York, NY 10 achers, secondary stu | 212/807-7517 212/807-6655 (visitin 011 (mailing dents, adults | g address) address)) | |

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YES (Youth Emergency Service) - Helpline 612/379-6363 for referral (YES, 3036 University Avenue SE., Minneapolis, MN 55414)

YES responds to all types of issues and problems that face young people. Staff refer callers to a wide range of services including crisis intervention, sources of more information, human services providers and support groups.

Gay and Lesbian Helpline for Youth and Adults 612/379-6390 (Helpline, 3036 University Avenue SE., Minneapolis, MN 55414) The Helpline offers access to support groups for young people, adults, fathers and mothers who are gay or lesbian, and also to their spouses and other family members.

Local family social services agencies and organizations

Local and regional mental health centers

Private and public health care providers

Churches and synagogues

Sites for <u>confidential screening</u> for the AIDS virus antibody and for <u>counseling</u> established by the Minnesota Department of Health:

Minneapolis 612/347-3302 (-AIDS) Hennepin County Community Health Department, Red Door Clinic 527 Park Avenue, Minneapolis, MN 55415 612/292-7752 St. Paul St. Paul Division of Public Health, Room 111 Clinic 555 Cedar Street, St. Paul, MN 55101 Duluth 218/722-1497 Duluth Community Health Center 2 East 15th Street, Duluth, MN 55805 Rochester 507/285-8338 Olmsted County Health Department 415 4th Street SE, Rochester, MN 55901 St. Cloud 612/255-6155 Stearns County Community Health Services, Quiet Care Clinic 510 25th Avenue North, St. Cloud, MN 56302 Winona 507/452-4307 SEMAC Family Planning and STD Clinic 64 1/2 West Fifth Street, Winona, MN 55987 Moorhead 218/299-5222 Clay County Health Department 123 1/2 21st Street South, Moorhead, MN 56560

AIDS: SOURCES OF INFORMATION

FEDERAL AGENCIES AND NATIONAL ORGANIZATIONS

Department of Health and Human Services Surgeon General, Public Health Service Office of the Assistant Secretary for Health, 716G Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Washington, DC 20201; (202) 245-7702.

AIDS Coordinator, Public Health Service
729H Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Washington, DC 20201; (202) 245-0471.

Public Affairs Office, Public Health Service 721H Hubert H. Humphrey Bldg., 200 Independence Avenue SW, Washington, DC 20201; (202) 245-6867.

Centers for Disease Control, AIDS Program 1600 Clifton Road NE, Atlanta, GA 30333; (404) 329-2405.

Centers for Disease Control, Office of Public Inquiry 1600 Clifton Road, NE, Atlanta, GA 30333; (404) 329-3534.

U.S. Department of Education 400 Maryland Avenue SW, Washington, DC 20202; (202) 732-3020.

National Institutes of Health AIDS Program Director 900 Rockville Pike, Bethesda, MD 20892; (301) 496-2263.

World Health Organization
Director, WHO Special Program on AIDS, 20 Avenue Appia, 1211 Geneva 27, Switzerland; 011-41-22-9126-11.

From Yarber, AIDS Education: Curriculum and Policy, 1987.

AIDS Action Council 729 8th St., Suite 200 Washington, DC 20003 202/547-3101

AIDS Project/Los Angeles 7362 Santa Monica Blvd. Los Angeles, CA 90046 800/922-2437

American Association of Physicians for Human Rights P.O. Box 14366 San Francisco, CA 94114 415 558-9353

American Foundation for AIDS Research 900 Wilshire Blvd., 2nd Fl., East Satellite Los Angeles, CA 90036 213/857-5900

American Red Cross AIDS Education Office 1730 D St. N.W. Washington, DC 20006 202/737-8300

Computerized AIDS Information Network 1213 North Highland Ave. Hollywood, CA 90038 213/464-7400, ext. 277

The Fund for Human Dignity 666 Broadway New York, NY 10012 212/529–1600

Gay Men's Health Crisis P.O. Box 274 132 West 24th St. New York, NY 10011 212/807-6655

Haitian Coalition on AIDS 255 Eastern Parkway Brooklyn, NY 11238 718/735-3568

Health Education Resources Organization 101 West Read St., Suite 812 Baltimore, MD 21201 301/945-AIDS

Hispanic AIDS Forum c/o APRED 853 Broadway, Suite 2007 New York, NY 10003 212/870-1902 Lambda Legal Defense and Education Fund 132 West 43rd St. New York, NY 10036 212/944-9488

National Association of People with AIDS 1012 14th St. N.W. Washington, D.C. 20005 202/347–1317

National AIDS Network 1012 14th St. N.W. Washington, DC 20005 202/347-0390

National AIDS Testing 3801 North University Dr., Suite 507 Sunrise, FL 33321 800/356-2437

National Coalition of Gay Sexually Transmitted Disease Services P.O. Box 239 Milwaukee, WI 53201 414/277-7671

National Coalition of Hispanic Health and Human Services Organizations Attention: Robert Cullen 1030 15th St. N.W., Suite 1053 Washington, DC 20005 202/371-2100

National Gay and Lesbian Task Force 1517 U St. N.W. Washington, DC 20009 202/332-6483

National Lesbian and Gay Health Foundation P.O. Box 65472 Washington, DC 20035 202/332-5939

National Hemophilia Association 19 West 34th St., Suite 1204 New York, NY 10001 212/563–0211

San Francisco AIDS Foundation 333 Valencia St., 4th Fl., San Francisco, CA 94103 415/864–4376

World Health Organization Attention: Ronald St. John, M.D. 525 23rd St. N.W. Washington, DC 20037 202/861-4353 National Organizations funded by the Centers for Disease Control, 1987-88 AIDS Education/School Health Education

American Association of School Administrators 1801 North Moore Street Arlington, VA 22209 (703) 875-0719 Gwendolyn C. Ingraham Project Assistant

Nancy Miller Project Coordinator

American College Health Association 15879 Crabbs Branch Way Rockville, MD 20855 (301) 963-1100 Richard P. Keeling Chair, AIDS Task Force and President Elect

Doug Conaway National Coordinator, AIDS Project

American School Health Association National Office P.O. Box 708 Kent, OH 44240 (216) 678-1601 Dianne Allensworth Associate Executive Director of Programs

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Mark Weber Program Assistant

District of Columbia Department of <u>Human Services</u> Office of AIDS Activities Commission of Public Health 1817 Connecticut Ave., NW Suite 1217 Washington, DC 20009 (202) 673-6888 Linda L. Jenstrom Health Policy Analyst

ETR Associates P.O. Box 1830 Santa Cruz, CA 95061 408/438-4060 Sandra Orwitz Ludlow Executive Director

National Association of State Boards of Education 701 N. Fairfax Street, Suite 340 Alexandria, VA 22314 (703) 684-4000 Katherine Fraser Co-Director, AIDS Education Project

National Coalition of Advocates for Students 100 Boylston Street, Suite 737 Boston, MA 02116 (617) 357-8507 Devon Davidson Project Director

National Network of Runaway and Youth Services. Inc. 905 6th Street, SW, Suite 411 Washington, DC 20024 (202) 488-0739 Renee S. Woodworth National Organization of Black County Officials 440 First Street NW, Suite 500 Washington, DC 20001 (202) 347-6953 Rosemary Davis Executive Director

National Organization of Black County Officials 6181 Diamond Avenue Rancho Cueamongo, CA 91701. (213) 603-5233 Yvette Davis AIDS Education Program

National Rural and Small Schools Consortium Western Washington University School of Education/Miller Hall 359 Bellingham, WA 98225 (206) 676-3476 D.J. Olcott, Jr. Project Coordinator, NRSSC National AIDS Program

National School Boards Association 1680 Duke Street Alexandria, VA 22314 (703) 838-6756 Brenda Z. Greene Manager, AIDS Education

Council of Chief State School Officers Resource Center on Educational Equity 400 N. Capitol Street, NW, Suite 379 Washington, DC 20001 (202) 393-8159 Jane Kratovil Director, AIDS Education Project

Darlene Saunders Research Assistant, AIDS Education Project

The National Coalition of Hispanic Health and Human Services Organizations 1030 15th Street NW, Suite 1053 Washington, DC 20005 (202) 371-2100 Ivett A. Torres Project Director The National PTA 700 North Rush Street Chicago, IL 60611 (312) 787-0977 Laura Abraham Manager, AIDS Education Project

Glenna Gundell Chairman, Commission on Health and Welfare

Expect Funding for 1988-89

The Health Information Network National Education Association 100 Colony Square, Suite 200 Atlanta, GA 30361

Jim Williams, Director 404/875-8819

AIDS Alert

American Health Consultants, 67 Peachtree Park Drive, NE, Atlanta, GA 30308; 404/351-4523; \$109 annual subscription for monthly publication (Fastback, 3/88)

AIDS Education and Prevention, An Interdisciplinary Journal.

A quarterly journal with the first issue expected Fall, 1988. Call for sample copy. Guilford Publications, Inc., 72 Spring Street, New York, NY 10012; 800/221-3966

AIDS Information Exchange

US Conference of Mayors, 1620 Eye Street, NW, Washington, DC 20006; no charge

AIDS Law & Litigation Reporter, published six times per year

AIDS Literature & News Review, \$150 fee for monthly publications

AIDS & Public Policy Journal, published six times per year

AIDS References and Research Collection, updated quarterly

University Publishing Group, 107 E. Church Street, Fredrick, MD 21701; 800/654-8188

AIDS Policy and Law Newsletter Buraff Publications, Inc., Bureau of National Affairs (BNA), 2445 M Street, Suite 275, Washington, DC 20037; 202/452-7889

<u>AIDS Protection</u> National AIDS Prevention Institute, PO Box 2500, Culpeper, VA 22710 \$78 per year; \$125 per two years

AIDS Reference Guide, A Sourcebook for Planners and Decision Makers. Atlantic Information Services, Inc., 1050 17th Street NW, Suite 480, Washington D.C. 20036; 1/800/521-4323 \$312 per year included Sourcebook and monthly updates

<u>AIDS Recommendations and Guidelines</u> from CDC, no charge (not a regular publication. US Centers for Disease Control, 1600 Clifton Road NW, Atlanta, GA 30333

AIDS Targeted Information Newsletter Willimas & Wilkins, 428 E. Preston Street, Baltimore, MD 21202; 800/638-6423; \$125 annual fee for monthly publication (Fastback, 3/88)

CDC AIDS Weekly (call collect, ask for sample copy) PO Box C-409, Burmingham, AL 35283-0409; 205/991-6920; \$624 annual fee

<u>FOCUS: A Guide to AIDS Research</u> UCSF AIDS Health Project, Box 0884 Dept. AE, San Francisco, CA 94143-0884 \$36 annual fee for monthly publication

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<u>National AIDS Network</u>
 1012 14th Street NW, Washington, DC 20005; 202/347-1317
 <u>Network News</u> (twice a month, \$50); <u>Multi-Cultural NOTES</u> (monthly, \$25);
 <u>Monitor</u> (quarterly, \$25); <u>Directroy of AIDS Education and Service Orgnaizations</u> and <u>AIDS Servie Profiles</u> also available; membership fee for clearinghouse
 <u>The AIDS Record</u>
 BIO-DATA Publishers, 1347 30th Street NW, Washington, DC 20007;

202/393-AIDS; \$275 annual subscription for twice monthly publication includes access to the Record helpline for AIDS information and resources and a copy of the <u>AIDS Resource Directory</u> (second issue, Spring 1988)

<u>Reproductive Health Digest</u>, quarterly newsletter (Carter-Wallace, Inc., maker of Trojan Brand Condoms) Box 45, RD 1, Camdem, NY 13316

<u>SIECUS Report</u> (quarterly), <u>SIECUS Newsletter</u> (bimonthly) Sex Information and Education Council of the US, New York University, 32 Washington Place, New York, NY 10003; 212/673-3850 (Fastback, 3/88) \$100 for organizational membership; \$60 for individual membership

Morbidity and Mortality Weekly Report of the Centers for Disease Control MMS Publications, CSPO, Box 9120, Waltham, MA 02254; 617/893-3800 (prepayment of \$26.00 for 3rd class or \$46 for first class mailing)

Minnesota AIDS Project Newsletter Minnesota AIDS Project, 2025 Nicollet Avenue, Minneapolis, MN 55404 612/870-7773

- <u>MDH Disease Newsletter</u>, Division of Disease Prevention and Health Promotion Minnesota Department of Health, 717 Delaware Street SE, Minneapolis, MN 55440; 612/623-5414
- <u>MDH This Week's Mailing</u> for Persons Interested in Community Health Services (includes weekly Minnesota AIDS surveillance reports) Minnesota Department of Health, 717 Delaware Street SE, Minneapolis, MN 55440; Contact 612/623-5554 (Eileen Warwick) for copies.
- <u>The AIDS Educator</u>, in development, expected fall 1988 A joint project of MAP, Red Cross, MDE.

BIBLIOGRAPHIES of AIDS Education Resources

<u>Combined Health Information Database (CHID)</u>, AIDS School Health Education Subfile Centers for Disease Control, Center for Health Promotion and Education, Division of Health Education, Attn: AIDS School Health Education Subfile, Atlanta, GA 30333; 404/329-3492 or 404/329-3824

This a new computerized bibliographic database of health information and health education/health promotion resources developed and managed by the US Public Health Service. The subfile contains programs, curricula, guidelines, policies, regulations and materials. Request a password from BRS Information Technologies (BRS, 1200 Route 7, Latham, NY 12110; 800/345-4277). There is a \$75 annual fee for the password and searches conducted through telecommunication are billed at rates of \$10 to \$35 per hour. For local BRS training, call 800/345-4277.

AIDS Education Electronic Bulletin Board

(Council of Chief State School Officers, AIDS Prevention Education Project, Suite 379, 400 North Capitol Street NW, Washington, DC 20001; 202/393-8159)

CCSSO has developed a biweekly production of AIDS prevention education developments for use by educators and health specialties. Features included news summaries about prevention policies and programs, resource information, conferences and semiars, current legislative efforts in the various states and discussion of key issues. The Bulletin Board is available to subscribers of <u>Ed-Line</u>.

SIECUS Information Service and Library

Sex Information and Education Council of the US, New York University, 32 Washington Place, New York, NY 10003; 212/673-3850 (Fastback, 3/88)

How to Locate Scientific Information About AIDS by V. Lingle and M. Wood, 1987.

This is an excellent resource for locating information about AIDS such as hotlines, locations and services of research facilities, governmental and private agencies working on the AIDS issues. Educational programs are reviewed. (3/88)

AIDS, 1987 (Oryx Science Bibliographies) published January 1988. (\$29.50)
AIDS Information Source Book (encyclopedia, directory, bibliography), Jan. 1988.(\$24.50)
The Oryx Press, 2124 North Central at Encanto, Phoeniz, AZ 85004-1483 (602/254-6156)

AIDS: A Multimedia Bibliography, October 15, 1987. (\$4 for single issue) <u>Booklist</u>, also a regular feature in this journal (\$51 for one year subscription) (American Library Association, 50 Huron Street, Chicago, IL 60611)

AIDS and Adolescents: Resources for Educators, 1987. (Center for Population Options, 1012 14 Street, NW, Washington, DC 20005 (Most materials listed are incorporated in the MDE/MVTE compendium of resources.3/88)

AIDS and Safer Sex Education: An Annotated Bibliography of Print and Audiovisual Materials for Sale, 1987. (SIECUS, 32 Washington Place, Fifth Floor, NY, NY 10003; 212/673-3850) AIDS Materials, - a mediagraphy of print and audiovisual materials, 1987. (Phyllis Marquat, Long Island Association for AIDS Care, Inc., PO Box 2859, Huntington Station, NY 11746)

AIDS References and Research Collection, updated quarterly University Publishing Group, 107 E. Church Street, Fredrick, MD 21701; 800/654-8188

Sexuality, Eleanor C. Goldstein, Editor (Social Issues Resources Series, Inc., PO Box 2507, Boca Ration, FL 33427 800/327-0512; 305/994-0079)

SIRS consists of loose-leaf volumes covering 32 social issues. Each volume has up to 100 articles reprinted from newspapers, journals and government documents.

Dealing with AIDS, Breaking the Chain of Infection, A Guide for Developing asn AIDS Education Program by K. Keough, 1988. American Association of School Administrators, 1801 North Moore Street, Arlington, VA 22209-9988; 703/528-0700

BIBLIOBRAPHIES - Articles

- A Guidebook on AIDS by H. Homans and P. Aggelton. Health Education Journal, 1987, 46 (2), pp. 79-82.
- AIDS Information Sources by J. Mueller and V. Moschetta. School Library Journal, September, 1987, pp. 126 - 129.
- AIDS: Resource Materials for School Personnel by G. Fulton, E. Metress and J. Price. Journal of School Health, January 1987, <u>57</u>,(1), pp. 14-18.
- Conquering Disease Through Knowledge. <u>Publishers Weekly</u>, 5/1/87; pp. 41-48 (Scholastic, 3/88)
- Educating Adolescents About AIDS by A. Koblinsky, J. Preston and G. Vaughn. Journal of Home Economics, Winter 1987, pp. 33 - 38.

January 1987 issue, Volume 9, Number 1. <u>Sex Education Coalition News</u> (Sex Education Coalition, 2001 O Street, NW, Washington, DC 20036; 202/457-0605)

December 1987 issue, Special Issue on AIDS Education <u>HealthLink, The Nation's Education for Health Newsmagazine</u> (HealthLink, National Center for Health Education, 30 East 29th Street, New York, NY 10016)

CATALOGUES

<u>AIDS Educator</u>, No. 3, Fall, 1987. (published twice yearly) San Francisco AIDS Foundation, 333 Valencia Street, 4th Floor, San Francisco, CA 94103; 415/861-3397) (distributed free of charge)

 <u>Network Publications, A Division of ETR Associates</u>, Catalog 1987-1988, AIDS, Sexuality, Family Life, Sexual Abuse Prevention, Reproductive Health and Drug Abuse Prevention materials from across the USA.
 <u>Network Publications, Educating About AIDS</u>, 1988 Supplemental Catalog (ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830)

<u>The AIDS Catalog</u>, A Division of R & E Research, Inc., 1988. (AIDS International/Information Distribution Service, PO Box 2008, Saratoga, CA 95070; 408/866-6303)

AIDS: GUIDELINES/RECOMMENDATIONS

Minnesota Department of Health Protocols and Guidelines

| Guidelines for Placement of Children and Adolescents Infected with | h HIV September 1987 |
|--|----------------------------|
| (Concurred with by the Commissioner of Education and the Minnesot | september 1907 |
| State Board of Education) | September 27, 1985) |
| Guidelines for the Placement in Day Care Settings of Children Infe with the Human T-Lymphotropic Virus Type III | ected with January 1986 |
| Use of HIV Antibody Testing in Public Health | January 1986 |
| Protocol for Notification of Sex and Needle-Sharing Partners | November 17, 1986 |
| Blood Donor Protocol | November 1986 |
| Disease Prevention and Risk Reduction Counseling Protocol | February 1987 |
| Minnesota Rules 4605.7000 - 4735.0100 - Communicable Diseases | June 3, 1985 |

Minnesota Departments of Education and Health

First Response to AIDS, Memorandum to Superintendents and Principals from Commissioners Randall and Ashton. December 6, 1985

Minnesota Department of Education Guidelines and Resources

Minnesota Statute 121.203 AIDS Prevention and Risk Reducation Program May, 1988 (Requirement for Local Districts to Implement a Nine-point Program)

Sample General Policies Regarding Educational Implications of Health Needs of Students including AIDS, October 30, 1985, edited June 1988.

AIDS: Essential Learner Outcomes, in <u>Preventing AIDS Through Education</u>, August 1986, edited June 1988

US DHHS Public Health Service Centers for Disease Control Definitions

Classification System for HTLV-III/LAV Infections. <u>Morbidity and Mortality Weekly Report (MMWR)</u>, <u>35</u>(20), May 23, 1986, pp. 334-339.

Classification System for HIV Infection in Children Under 13 Years of Age. <u>Morbidity and Mortality Weekly Report (MMWR)</u>, <u>36</u>, April 24, 1987, pp. 225-36.

Revision of the CDC Survellance Case Definition for AIDS. <u>Morbidity and Mortality Weekly Report (MMWR)</u>, <u>36</u>, August 14, 1987, pp. 1S - 15S.

US DHHS Public Health Service Centers for Disease Control Guidelines/Recommendations

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Prevention of AIDS: Report of Interagency Recommendations. Morbidity and Mortality Weekly Report (MMWR), 32, March 4, 1983, pp. 101-03. Education and Foster Care of Children Infected with HTLV-III/LAV. Morbidity and Mortality Weekly Report (MMWR), 34(34), August 30, 1985, pp. 517-521. Recommendations for Preventing Transmission of Infection with HTLV-III/LAV in the Workplace. Morbidity and Mortality Weekly Report (MMWR), 34(45), November 14, 1985, pp. 682-691. Recommendations for Assisting in the Prevention of Perinatal Transmission of HTLV-III/LAV and AIDS. Morbidity and Mortality Weekly Report (MMWR), 34(48), December 6, 1985, pp. 721-27. Additional Recommendations to Reduce Sexual and Drug Abuse-Related Transmission of HTLV-III/LAV. Morbidity and Mortality Weekly Report (MMWR), 35(10), March 14, 1986, pp. 152-155. Recommended Infection-Control Practices for Dentistry. Morbidity and Mortality Weekly Report (MMWR), 35, April 18, 1986, pp. 237-42. Recommendations for Prevention for HIV Transmission in Health Care Settings. (Replaces the following: Precautions of Clinical and Laboratory Staff, Nov. 5, 1982, pp. 577-80. Precautions for Health Care Workers and Allied Professionals, Sept. 5, 1983, pp. 450-1. Recommendations . . . in the Workplace, Nov. 14, 1985, pp. 682-691. Recommendations . . . During Invasive Procedures, April 11, 1986, pp. 221-23 Recommendations . . . Possible Transmission . . . from Tears, Aug. 30, 1985, pp. 533-34. Recommendations for Providing Dialysis Treatment for HIV Infected Patients, 1986, pp. 376-78, 383.) Morbidity and Mortality Weekly Report (MMWR), 36, August 21, 1987, pp. S1 - S18. Guidelines for Effective School Health Education to Prevent the Spread of AIDS.

Morbidity and Mortality Weekly Report (MMWR), 37, January 29, 1988, pp. 15 - 145.

AIDS: GUIDELINES FOR AIDS EDUCATION

PUBLICATIONS

- <u>AIDS and Adolescents: The Time for Prevention is Now</u>, Report of the First National Conference on AIDS and Adolescents, 1987. (Center for Population Options, Publications Department, 1012 14th Street, NW, Suite Suite 1200, Washington, DC 20005; \$10)
- AIDS and the Education of Our Children, A Guide for Parents and Teachers, by US Department of Education, October 1987.
 - (# 1987-194-568; Consumer Information Center, Dept. ED, Pueblo, CO 81009)
- <u>AIDS Education: Curriculum and Policy</u> by W. Yarber, 1987. (Phi Delta Kappa Educational Foundation, <u>Fastback 265</u>, PO Box 789, Bloomington, IN 47402-0789; \$.90 each.)
- AIDS on the College Campus, ACHA Special Report by R.P. Keeling, 1986. (ACHA, 15879 Crabbs Branch Way, Rockville, MN 20855; 301/963-1100; \$5)
- Common Sense About AIDS, An AIDS Awareness and Prevention Guide, January 1988. (American Health Consultants, 67 Peachtree Drive, NE, Atlanta, GA 30309-9990)
- Criteria for Evaluating an AIDS Curriculum, July 1987. (National Coalition of Advocates for Students, 100 Boylston Street, Suite 737, Boston, MA 02115; 617/357-0216; \$2)
- <u>Dealing with AIDS</u>. . Breaking the Cycle of Infection by K. Keough, March 1988. (Amercian Association of School Administrators, 1801 N. Moore Street, Arlington, VA 22209; \$5)
- January 1987 issue, Volume 9, Number 1. <u>Sex Education Coalition News</u> (Sex Education Coalition, 2001 0 Street, NW, Washington, DC 20036; 202/457-0605)

ARTICLES

- A Guidebook on AIDS by H. Homans and P. Aggelton. <u>Health Education Journal</u>, 1987, <u>46</u> (2), pp. 79-82.
- AIDS Becomes a Troubling Test of Courage for Local School Boards by K. McCormick. <u>American School Board Journal</u>, March 1987, <u>74</u>, (3), pp. 25 - 30.
- AIDS Forces the Issue: Crisis Prevention or Education in Sexuality? by P. Brick. ASCD Curriculum Update, October 1987, 29 (7), pp. 1 - 12.
- AIDS in Children and Adolescents Learning to Cope with the Harsh Reality by C. Schuster, S. Will, R.E. Luehr, M.J. Erickson Connor. <u>The School Nurse</u>, November/December 1986, pp. 14 - 25.
- AIDS in the Schools: Helping Schools Cope with AIDS by M. I. Grady. <u>Medical Aspects of Human Sexuality</u>, January 1988, pp. 24 - 32.

- Be Prepared! Tips Offered for Telling Children about AIDS. <u>MDE Education Update</u>, January 1988, <u>22</u> (4), pp.4.
- Children with AIDS; How Schools are Handling the Crisis by S. Reed. <u>Kappan Special Report</u>, January 1988, K1-12.
- Commentary On Teaching Children about AIDS by J C Verniero. <u>Education Week</u>, April 16, 1986.
- Educating Adolescents About AIDS by S. Koblinsky, J. Preston, G. G. Vaughn. Journal of Home Economics, Winter 1987, pp. 33 - 38.
- Teaching about AIDS; The Experts Tell How and When by M Grady. <u>The School Administrator</u>, October 1987, pp. 19 - 20.
- Teaching Children about AIDS by C. Everett Koop. <u>Issues in Science and Technology</u>, Fall 1987, pp. 67 - 70.

Teaching Children about AIDS. What's a Teacher's Role in Helping Kids Understand the Deadly Disease? by J. Schall and M. Harbaugh. <u>Instructor</u>, September 1987, pp. 26 - 28.

- Teaching About AIDS: A Challenge to Educators by H. Strouse. <u>Educational Leadership</u>, April 1987, <u>44</u> (7), pp. 76-80.
- What Do Our Children Need to Know About AIDS? Guidelines for Parents. <u>FLEducator</u>, Spring 1988, pp. 4 - 33.
- What Makes a Good AIDS Curriculum? by W. Yarber. <u>PTA Today</u>, February, 1988, pp. 8 - 10.

AIDS: MATERIALS FOR EDUCATION

This compendium of resources has been consolidated from several lists provided by agencies and in state and national publications. The source of the listing is stated in parentheses and the date indicates when this resource was first added to this compendium. The publications and audio-visual resources that are available from Minnesota agencies are so labeled. Sources for some of these resources are:

Minnesota Department of Health Film Librarian 612/623-5478 717 Delaware Street S.E., Minneapolis, MN 55440 612/870-7773 Minnesota AIDS Project 2025 Nicollet Avenue, Suite 200, Minneapolis, MN 55404 American Red Cross AIDS Education 612/291-6789 St. Paul Chapter 100 South Robert Street, St. Paul, MN 55107 University Film and Video Rental Service 800/542-0013 University of Minnesota 612/627-4270 1313 Fifth Street, SE, Suite 108, Minneapolis, MN 55414

AIDS: MATERIALS FOR EDUCATION

Resources for Elementary Learners

<u>Combined Health Information Database (CHID)</u>, AIDS School Health Education Subfile. (Centers for Disease Control, Center for Health Promotion and Education, Division of Health Education, Attn: AIDS School Health Education Subfile, Atlanta, GA 30333; 404/329-3492 or 404/329-3824)

This a new computerized bibliographic database of health information and health education/health promotion resources developed and managed by the US Public Health Service. The subfile contains programs, curricula, guidelines, policies, regulations and materials. Request a password from BRS Information Technologies (BRS, 1200 Route 7, Latham, NY 12110; 800/345-4277). There is a \$75 annual fee for the password and searches conducted through telecommunications are billed at rates of \$10 to \$35 per hour. For local BRS training, call 800/345-4277. (3/88)

AIDS Education Electronic Bulletin Board (initiated Spring 1988) (Council of Chief State School Officers, AIDS Prevention Education Project, Suite 379, 400 North Capitol Street NW, Washington, DC 20001; 202/393-8159)

CCSSO has developed a biweekly production of AIDS prevention education developments for use by educators and health specialties. Features included news summaries about prevention policies and programs, resource information, conferences and semiars, current legislative efforts in the various states and discussion of key issues. The Bulletin Board is available to subscribers of <u>Ed-Line</u>. (6/88)

INSTRUCTIONAL GUIDELINES/CURRICULA for AIDS and Related Concepts

<u>The Bookfinder: When Kids Need Books</u> by Sharon Spredemann Dreyer, 1982. (American Guidance Service, Circle Pines, MN 55104-1796)

This large compendium of children's literature can be used to find books on a wide variety of topics that will help to clarify information and feelings children may have related to the issues AIDS raises, such as caring, sharing, fear of death, what it means to be a friend, etc. (3/88)

Communication for a Livable World by Jory Post and Alan Friedman, 1988. (Network Publications, ETR Associates, PO Box 1830, Santa Cruz, CA 95061-1830; 408/438-4060 or -4080; \$19.95)

A curriculum guide for grades 4 - 8. The curriculum is divided into four sections has several lessons on each of these topics: symbolism in early communication, types of communication, critical thinking through a series of experimental learning activities, integrative long-range projects. (3/88)

Scrubbie Bear Handwashing Campaign.

(Scrubbie Bear Foundation, Inc., 1155 15th Street, NW, Suite 500, Washington, D.C., 20005; 202/728-1063)

Designed as a national campaign to reduce infections in daycare settings, pediatric hospitals, the material has been adapted for elementary education. "Campaign" materials such a stickers, posters and bears may be purchased. (8/86) AIDS Prevention Program for Children, anticipated, fall 1988. (American Red Cross, St. Paul Chapter, 100 South Robert Street, St. Paul, MN 55101; 612/291-6789 - Public Relations Office)

In development is a program for elementary children similar to the resources offered by the Red Cross for youth including teacher guidelines, student materials, videotape ("Don't Forget About Sherry") and parent materials. (3/88)

<u>AIDS Teaching Ideas, K - 6</u>; See Spot, See Spot Run . . . from AIDS, 1987. (Ric Loya, c/o National Association of Teachers of Comprehensive Health Education, NACHTE, 6020 Miles Avenue, Hunt Park, CA 90255; 213/582-4550; \$13.40 check payable to CASHE covers materials, postage and handling.)

Sixteen lesson plans on teaching AIDS that were developed by elementary teachers and student teachers are assembled in this 100 page resource. Selected from over 100 lessons, these are the most creative ones at varying grade levels. All are teacher-friendly, have objectives, hands-on type lessons, match attention spans of K-6 students, are process oriented and can be integrated. (3/88)

<u>Kids on the Block</u> Program on AIDS, 1988. (The Kids on the Block, Inc., 9385-C Gerwig Lane, Columbia, MD 21046; 301/290-9095)

"Natialie Gregg" is the newest of the Kids characters. She is 25, married, and has AIDS. She discusses her condition with her puppet friend and talks about the myths and misconceptions about the disease. Emphasized is abstinence, transmission, and safer sex. (\$1475 for puppets, script, props and follow-up activities.) (3/88)

Hey, You Know What? You Can't Get AIDS From . . ., April 1988.

Poster and Teaching Guide (Minnesota AIDS Project and Minnesota Department of Education, 550 Cedar Street, St. Paul, MN 55101; 612/296-4080)

This colorful poster focuses on how children are not at risk for getting AIDS in their daily lives. The teaching guide can be used by teachers and parents. (3/88)

Preventing AIDS Through Education, Instructional Resources by Schools, by the Minnesota Department of Education and educators from the field under contract with the Minnesota Department of Health, August 1986, edited June 1988. (MCSC, 3554 White Bear Ave., White Bear Lake, MN 55110; telephone 800/652-9024; 612/770-3943 \$5.00 in Minnesota; \$7.00 elsewhere)

This comendium of instructional resources has four sections including introductory concepts; planning for integration including learner outcomes for early childhood through adult learners; instructional resources that include a lecture outline and transparency masters, thirty-five learner activities, several lesson plans and evaluation ideas; and a list of AIDS for resources, services and instruction.

Teaching AIDS, A Resource Guide on the Acquired Immune Deficiency Syndrome by Marcia Quackenbush and Pamela Sargent - expected spring 1988. (Network Publications, ETR Associates, PO Box 1830, Santa Cruz, CA 95061-1830; 408/438-4060 or -4080 price to be determined)

Writers have produced a very successful curriculum guidelines and materials for (3/88, high school students. Elementary guide anticipated to be an excellent resource.

EDUCATIONAL MATERIALS FOR STUDENTS

AIDS articles in <u>Scholastic Newstime</u>, <u>Junior Scholastic</u>, <u>Action</u> in October, 1987. <u>AIDS Resource Guide</u>, Scholastic for Teachers, 1987.

Scholastic has articles about AIDS in fall, 1987, in several of its publications for students. The teachers guide provides detailed information about the virus, a discussion of the controversy and accountability issues regarding teaching about AIDS, age appropriate questions and answers and resources. <u>Action</u> includes a script from the docudrama <u>The Enemy Among Us</u>. (Scholastic, 3/88)

AIDS Questions and Answers for Kids, (Grades 5-6) by Linda Schwartz and Beverly Armstrong, 1987. (Document no. LW272) (The Learning Works, Inc., P.O. Box 6187, Santa Barbara, CA 93160; \$3.95)

A 24 page booklet contains attractive information sheets on 20+ questions with each listing definitions of new words and using pictures and sentences for explanations. Questions include: Who gets AIDS?, What are some wrong ideas about AIDS?, Do all people infected with the virus get AIDS? (3/88)

<u>AIDS - What You Should Know</u> by Linda Meeks and Philip Heit, 1988, Student Edition. <u>AIDS - What You Should Know</u>, Teacher Edition.

(ELHI Sales Department, Merrill Publishing Company, 13-- Alum Creek Drive, PO Box 505, Columbus, OH 43216)

The 27 page booklet for 5 - 8th graders presents factual information about AIDS. The emphasis is that AIDS can be prevented. Risk behaviors and risk situations are identified. A video with the same title is available. (3/88)

Hey, You Know What? You Can't Get AIDS From . . . , April 1988.

Poster and Teaching Guide (Minnesota AIDS Project and Minnesota Department of Education, 550 Cedar Street, St. Paul, MN 55101; 612/296-4080)

This colorful poster focuses on how children are not at risk for getting AIDS in their daily lives. The teaching guide can be used by teachers and parents.

<u>Terry the Friendly Dragon Helps You to Be AIDS Smart</u>, A Study Guide and Activity Book for the Gradeschool Child, 1987. (Creative Graphics, P.O. Box 381, Mount Vernon, OH 43050)

This 15 page booklet for mid-elementary students describes the immune system as a suit of armor, outlines how AIDS cannot be caught and describes ways to protect immune system through handwashing and vaccines. The booklet uses map puzzles and picture find activities. Several of the concepts include a Guide for Adults with more specific information. (3/88)

Understanding AIDS by Ethan A. Lerner.

(Lerner Publications Company, 241 First Ave. No., Minneapolis, MN 55401; 800/328-4929 or 612/332/3344; \$9.95 hardcover with black and white illustrations)

For grades 3 - 6, this book gives young readers basic and accurate information about AIDS. Through composite case stories, difficult concepts are explained such as infection, homosexuality, the relationship between AIDS and drug abuse, and responding with care and concern for those with AIDS virus infection. (3/88)

| <u>AIDS - Aler</u> | <u>t for Youth.</u> | |
|--------------------|---|--------|
| (Health A | Alert Videos, 123 Fourth Stree, SW, Charlottesville, VA 2 | 22901) |
| Format: | 15 minute video | |
| Cost: | \$95 for video | |
| Audience: | 5th - 7th grade | |
| | | |

The original cartoon program has been adapted for a younger audience. Includes a comprehensive teaching guide.

AIDS - Answers for Young People.

(Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069; 800/334-7830)
Format: 18 minute film or video
Cost: \$390 for 16mm film; \$275 for video; preview for cost of postage
Producer: UCLA AIDS Center and AIDS Project of LA
Audience: Ages 11 - 14

Groups as young as sixth graders can be relieved of fears about AIDS. The message focuses on prevention - abstinence and avoiding IV drug use. Older peer counselors answer questions in a classroom session. Adult AIDS patients and a 12-year old carrier of the virus speak. (3/88)

<u>AIDS: Educating a Nation</u>, planned release in January, 1988. (Carolina Biological Supply, 2700 York Rd, Burlington, NC 27215) Format: 20+ minute videotape

| ronmat. | Zo: minute videotape |
|-----------|----------------------|
| Cost: | \$149.50 - estimated |
| Audience: | 4th - 8th grade |

Two versions for high school students include interviews with medial doctors. Elementary resource in development. (Scholastic, 3/88)

<u>AIDS in Your School</u>, - elementary version to be released spring 1988. (Altschul Group, 930 Titner Avenue, Evanston, IL 60202) Format: 20+ minute videotape or film Cost: \$320 video; \$465 16mm film; \$50 three-day rental -- estimated costs Audience: elementary students

Current version for 6th through 12th grade classes has doctors and AIDS patients discussing medical and social aspects of the disease. A similar film is being developed for elementary students. (Scholastic, 3/88)

<u>AIDS - What You Should Know</u>, 1988 (ELHI Sales Department, Merrill Publishing Company, 13-- Alum Creek Drive, PO Box 505, Columbus, OH 43216) Format: 20 minute video Cost: \$57.00 includes teacher and student materials Audience: 5th - 8th grade

This video reinforces the concepts in the printed booklets for students published by Merrill with the same title. Ask Me About AIDS, 1988.

(Odyssey in Learning, Three Bankers Drive, Washington Crossing, PA 18977; 215/493-1675)
Format: 13 minute videotape with teaching guide
Cost: \$150
Audience: 2nd - 3rd grade students

Pandora, from Greek Mythology, is taught by three students about AIDS and its effects on society. The primary emphasis is how AIDS is not caught. Decals of the cartoon characters are available. The teacher's guide contains objectives and activities for 8 lessons. (Food for Thought for 4 - 6 grades) (3/88)

Cell Wars, 1987.

(Bullfrog Films, Inc., Oley, PA 19547; 1-800/543-FROG)
Format: ll minute videotape or film
Cost: \$195 video; \$275 16mm film
Audience: 3rd - 6th grade students

An introduction to immunology shows students how the body's cells defend themselves against invading germs. In a mock battle, scenes with actors are interspersed with animation and microphotography. Covered are bacteria and virus germs, lymphocytes, phagocytes and antibodies. The teachers' guide offers the option of introducing immune deficiency disease in its biological context. (3/88)

Don't Forget About Sherry, 1987.

(American Red Cross, St. Paul Chapter, 100 South Robert Street, St. Paul, MN 55101; 612/291-6789 - Public Relations Office) Format: approximately 20 minute videotape Cost: approximately \$35 for video or on loan from the Red Cross Audience: 4rd - 6th grade students

This is a scenario presentation that models the successful secondary Red Cross AIDS education program. Teacher guidelines, student materials and parent information are part of the package.

Food for Thought, 1988.

(Odyssey in Learning, Three Bankers Drive, Washington Crossing, PA 18977; 215/493-1675)
Format: 11 minute videotape with teaching guide
Cost: \$150
Audience: 4th - 6th grade students

DRAC, grandson of Dracula, realizes his food supply may be tainted. Two friends teach him how AIDS can and cannot be caught. Ways to avoid high risk activities are discussed. The teacher's guide has objectives, 6 masters for activities and 7 lesson plans. (Ask Me About AIDS for 2 - 3 grades) (3/88)

Understanding and Preventing AIDS

(United Learning, 6633 W Howard Street, Niles, IL 60648; 1-800/323-9468)
Format: ll minute filmstrip and audio tape
Cost: \$35
Audience: 5th - 9th grade students

The eleven minute presentation is divided into two parts - the first giving basic information on the disease. The second part discusses various types of devices fro sezually-active youth to avoid contracting the disease. Leaders guide included.

<u>When You're Ready to Teach About AIDS</u>, 1987. (Educational Dimensions Group, P.O. Box 126, Stanford, CT 06904-9981) Format: videotape or filmstrip Cost: \$69 video; \$59 filmstrip Audience: elementary

Presentation of the <u>Surgeon General's Report on AIDS</u> in a simple manner for elementary students. (Scholastic, 3/88)

AIDS: MATERIALS FOR EDUCATION

Resources for Secondary Learners

<u>Combined Health Information Database (CHID)</u>, AIDS School Health Education Subfile (Centers for Disease Control, Center for Health Promotion and Education, Division of Health Education, Attn: AIDS School Health Education Subfile, Atlanta, GA 30333; 404/329-3492 or 404/329-3824)

This a new computerized bibliographic database of health information and health education/health promotion resources developed and managed by the US Public Health Service. The subfile contains programs, curricula, guidelines, policies, regulations and materials. Request a password from BRS Information Technologies (BRS, 1200 Route 7, Latham, NY 12110; 800/345-4277). There is a \$75 annual fee for the password and searches conducted through telecommunications are billed at rates of \$10 to \$35 per hour. For local BRS training, call 800/345-4277. (3/88)

AIDS Education Electronic Bulletin Board (initiated Spring 1988) (Council of Chief State School Officers, AIDS Prevention Education Project, Suite 379, 400 North Capitol Street NW, Washington, DC 20001; 202/393-8159)

CCSSO has developed a biweekly production of AIDS prevention education developments for use by educators and health specialties. Features included news summaries about prevention policies and programs, resource information, conferences and semiars, current legislative efforts in the various states and discussion of key issues. The Bulletin Board is available to subscribers of Ed-Line. (6/88)

INSTRUCTIONAL GUIDELINES/CURRICULA/MATERIALS FOR STUDENTS

AIDS and Intimate Choices, A Bell Museum Traveling Exhibit, 1988. (Museum of National History Touring Exhibition Service, 10 Church Street SE, University of Minnesota, Minneapolis, MN 55455; 612/624-1852)

Call to schedule the exhibit for fall, 1988. This exhibit is designed to give teenagers the facts on what AIDS is and how it is transmitted and precautions to take for protection. Humor, simple and clear language, cartoon drawings, photographs, illustrations and life-size photos of teens characterize the exhibit. Panels are also available in slides for use in the classroom. (3/88)

AIDS and Other Sexually Transmitted Diseases, 1988. (Scott, Foresman and Company, 1900 East Lake Avenue, Glenview, IL 60025; \$1.99)

A 16 page booklet that provides information about the AIDS virus, transmission and prevention and compares it to other STDs. Full color. Teacher's guide. Also included as a chapter in Human Sexuality, A Responsible Approach publication. AIDS Prevention Program for Youth, Instructor's Guide, Student Workbook, Parent Brochure, 1987. (American Red Cross, St. Paul Chapter, 100 South Robert Street, St. Paul, MN 55101; 612/291-6789 - Public Relations Office; cost is approximately \$1 per student)

Student workbook includes basic information about AIDS. Teacher's guide has suggested activities and discussion questions and an outline for implementing the Red Cross curriculum. May be used with the videos, "A Letter from Brian" and "Answers About AIDS". (MDH, Red Cross, 3/88)

<u>AIDS</u>; Opposing Viewpoints Series, D. Bender and B. Leone, Series Editors and L. Hall and T. Modl, Book Editors, 1988. (Greenhaven Press, 577 Shoreview Park Road, St. Paul, MN 55126)

Collection of articles showing a wide range of view points addressing questions such as How serious is AIDS?, How can AIDS be controlled?, Will controlling AIDS undermine civil rights?, Is the government's reponse adequate? This series of books is widely used by social studies teachers and debate teams.

<u>AIDS Resource Guide</u>, Scholastic for Teachers, 1987. Scholastic publications: <u>Scholastic Newstime</u>, <u>Choices</u>, <u>Action</u>, October, 1987 <u>AIDS and Your World</u>, 1988. (65 page textbook for grades 7 - 12) (Scholastic, Inc., 730 Broadway, New York, NW 10003; 212/505-3000)

Scholastic published articles about AIDS in fall, 1987, in several of its publications for students. The teachers guide provides detailed information about the virus, a discussion of the controversy and accountability issues regarding teaching about AIDS, age appropriate questions and answers and resources. (Scholastic, 3/88)

AIDS: What We Need to Know, N. Bartel, J. Orando and R. Bartel, 1988 (Pro-Ed, 5341 Industrical Oaks Blvd, Austin, TE 78735; 512/892-3142; two levels, \$59 for complete package for each level)

A complete education package for two levels - junior and senior high. Topics covered include sexuality in adolescence, teaching about sexuality and AIDS in the classroom, suggestions for working the parents and administrators. Includes teaching plans, resource material, transparency masters, supplemental materials. Student workbook and parent booklet also available. Comprehensive package. (6/88)

<u>AIDS: What Young Adults Should Know</u> - Instructor's Guide, Student Guide, by William L. Yarber, 1987. (American Alliance for Health, Physical Education, Recreation and Dance, 1900 Association Drive, Reston, VA 22091; \$1.75 for student material, \$18.95 for instructor material.)

For high school students, a clear overview of the issues with eight learning opportunities outlined, including two handouts and five worksheets. Pre/post-test questions are outlined. AAHPERED also has a comprehensive STD resource entitled <u>STDs: What Young Adults Should Know</u>, 1985. A corresponding videotape, <u>Avoiding AIDS: What You Can Do</u> has been developed by Marshfilm. (3/88) <u>AIDS - What You Should Know</u> by Linda Meeks and Philip Heit, Grades 5 - 8, 1988. <u>AIDS - What You Should Know</u>, Teachers Edition.

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AIDS: Understanding and Prevention, authors as above, High School, 1988.

AIDS: Understanding and Prevention, Teachers Edition.

(Merrill Publishing Company, A Bell and Howell Company, Columbus, OH 43216)

The 27 page booklet for 5 - 8th graders presents factual information about AIDS in a very detailed fashion. The High School addition is also highly technical. The emphasis is that AIDS can be prevented. Risk behaviors and risk situations are identified. (3/88)

Born Dying, 1987.

(March of Dimes Birth Defects Foundation, National Headquarters, 1275 Mamaroneck Avenue, White Plains, NY 10605)

The public campaign by the March of Dimes includes fact sheets and brochures to supplement presentations and other efforts. (6/88)

Educator's Guide to AIDS and Other STDs by Stephen R. Sroka and Leonard H Calabrese, 1987. (Health Education Consultants, 1284 Manor Park, Lakewood, OH 44107; 216/521-1766; \$25.00 + \$3.95 postage & handling)

This instructor's guide is based on a behavioral approach to teaching prevention strategies within a communicable disease conceptual framework. Abstinence, responsible sexual behavior and drug use prevention are strongly emphasized. Extensive coverage of the infection chain for several STDs is included. Now adapted for selected audiences: younger teens, religious groups. (3/88)

Guide to Teaching About AIDS, 1987.

(National Safety Council, 444 North Michigan Avenue, Chicago, IL 60611)

The Guide included teaching plan options for four days of activities an lecture. Activities include discussion of the video <u>Choices: Learning About AIDS</u> and worksheet situations. Student booklet and parent booklet included. (6/88)

<u>Medical, Psychological and Social Implications of AIDS</u>: A Curriculum for Young Adults, 1985.

(Dr. Ralph Johnston, SUNY AIDS Education Project, School of Allied Health Professionals, L2 052, Health Sciences Center, State University of New York, Stony Brook, NY 11794; 516/444-3244)

Designed to reduce fear and anxiety of AIDS in young adults, eight sessions include the purpose for studying AIDS, facts, the human context, AIDS and sexuality, ethics, services and resources and decision making. Used in the college setting. (8/86)

Preventing AIDS Through Education, Instructional Resources by Schools, by the Minnesota Department of Education and educators from the field under contract with the Minnesota Department of Health, August 1986, edited June 1988. (MCSC, 3554 White Bear Ave., White Bear Lake, MN 55110; telephone 800/652-9024; 612/770-3943 \$5.00 in Minnesota; \$7.00 elsewhere)

This comendium of instructional resources has four sections including introductory concepts; planning for integration including learner outcomes for early childhood through adult learners; instructional resources that include a lecture outline and transparency masters, thirty-five learner activities, several lesson plans and evaluation ideas; and a list of AIDS for resources, services and instruction. <u>Sexually Transmitted Diseases</u>, A Junior and Senior High School Health Education Curriculum (with AIDS Supplement), 1986.

(Minnesota Department of Health, STD Program, 717 Delaware Street, S.E., Minneapolis, MN 55440; 612/623-5203; no cost)

Revised in 1986 to include information on venereal warts, chlamydia and an updated list of teaching aids (films, tapes and brochures). Materials can be selected to be used individually, or the entire unit can be a three-day study on sexually transmitted diseases (STDs). (3/87)

STD: A Guide for Today's Young Adults., 1985.

(American Alliance for Health, Physical Education, Recreation and Dance, 1900 Association Drive, Reston, Virginia 22091; 703/476-3481; \$5.75 for student material, \$14.95 for instructor material.)

Includes goals of STD education with suggestions for implementing a program. Lesson plans for five class periods. Suggested classroom activities based on responsiveness of the students and community. The 34 page student resource includes fact sections, self tests and a review of the reproductive system. (8/86)

STD: Sexually Transmitted Diseases, 1987. (American Social Health Association, PO Box 13827, Research Triangle Park, NC

A six unit curriculum on STD's has AIDS information integrated into each lesson with one special unit on AIDS; includes role play activities and transparencies. (3/88)

STD: Sexually Transmitted Diseases

27709; 919/361-2742)

(Peregrine Productions, 330 Santa Rita Avenue, Palo Alto, CA 94301; 412/328-4843)

Videotape by the same company is entitled <u>AIDS in Your School</u>. (3/88)

<u>Teaching AIDS</u>, A Resource Guide on the Acquired Immune Deficiency Syndrome, by Marcia Quackenbush and Pamela Sargent, revised 1988. (Network Publications, ETR Associates, PO Box 1830, Santa Cruz, CA 95061-1830; telephone 408/438-4060 or -4080 \$14.95 + shipping)

Includes basic information about AIDS and four teaching plans for high school students. Activities are titled: Public Response to AIDS, Civil Rights Issues Involving AIDS, Epidemics and AIDS and Sexually Transmitted Diseases and AIDS. Revisions include teaching about condoms, issue of abstinence, 35 pages of resources. (Some lesson plans included in PREVENTING AIDS THROUGH EDUCATION). (8/86, 3/88)
AUDIO VISUAL RESOURCES, including MEDIA PRESENTATIONS

A Letter from Brian, 1987 (American Red Cross - St. Paul Chapter, 100 S. Robert Street, St. Paul, MN 55101; 612/291-6789 [Public Relations office]) Format: 30 minute videotape Cost: \$35 purchase; loan from your local Red Cross Chapter Audience: Junior High to Adult This docudrama about high school ages youth which focuses on the psychosocial and psychosexual issues surrounding AIDS. The video is to be used with the AIDS Prevention Program for Youth student and instructor materials. (Available from MDH, Red Cross.) (CPO, Red Cross, MDH, 3/87) About AIDS, 1986. (Pyramid Films, PO Box 1048, Santa Monica, CA 90406; 800/421-2304) Format: 18 minute videotape or 16mm film Cost: \$124 video; \$325 film; rental \$55 each Producer: Leicestershire Health Authority Audience: High School (review) to Adult Presupposes a basic knowledge of AIDS. Uses photomicrographic stills and graphics. Exceptional review of the AIDS virus and its impact. Stresses the individual's responsibility. Music used effectively. (Booklist, Fastback, 3/88) AIDS, 1986 (Walt Disney, WDEMCO Film/Video Library, 10316 Northwest Prairie View Road, Kansas City, MO 64153) Format: 18 minute film or videotape; 2 filmstrips and 2 cassettes Cost: Contact address above. Producer: Walt Disney Educational Company Audience: Junior High to Young Adult Ally Sheedy presents basic facts about AIDS for adolescents. Questions by students in an informal setting are realist and answered in a simple manner. Final methods of protection stress responsibility and knowledge. Statements on use of drugs and alcohol impaired judgement are very clear. (Available from MDH.) (CPO, MDH, 3/88) AIDS Alert, 1985 (#VS901) (Health Alert, 123 4th Street, NW, Charlottesville, VA 22901; 804/296-6138) Format: 17 minute video Cost: \$125 for video; \$45 for one-week rental Producer: Charles Thompson and Richard Keeling, U. of Virginia Medical Center Audience: Junior and Senior High (CPO, 8/86) Through straightforward conversation and anxiety-reducing cartoons, the AIDS story is told in a direct, yet non-threatening way. The question and answer format is narrated by Dr. Richard Keeling of the American College Health Association (ACHA). AIDS Alert, An Educational Program, 1987. (Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126) Format: 23 minute video with teaching guide Cost: \$208 for video Audience: Senior High and Adult

The most-asked questions are answered honestly and objectively. Information is presented by interviewing a leading doctor in the field. Cartoons illustrate the subject simply and put students at ease. (6/88)

AIDS, An Educational and Informational Program, 1986.

(EduTech Courseware, 7801 East Bush Lake Road, Minneapolis, MN 55435; 612/831-0445)
Format: interactive video disc for individualized learning or small groups
Cost: high - request information on equipment and preview
Audience: Senior High to Adult

Automated, confidential, interactive education on the videodisc. A viewer has eight topics to select. After viewing a video, learning is measured by a series of questions and answers, the viewer responding on a key pad. Three branches or tracts of information are available - heterosexual, homosexual and bisexual. (8/86)

<u>AIDS: An Enemy Among Us</u>, CBS Schoolbreak Special, July, 1987 and January, 1988. (Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069; 800/334-7830) Format: 45 minute television drama on CBS Cost: \$295 for video Producer: A Helios Production for CBS Audience: Junior High to Adult

This docudrama portrays a junior high student with hemophilia who discovers he is infected with the AIDS virus. The school and community respond with fear and isolate him and his family members. Various community experts meet with the school board members and students to explain the disease and issues surrounding it. Scholastic ACTION, October 16, 1987 contains a teleplay for students. (3/88)

AIDS - Answers for Young People.

(Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069; 800/334-7830)
Format: 18 minute film or video
Cost: \$390 for 16mm film; \$275 for video; preview for cost of postage
Producer: UCLA AIDS Center and AIDS Project of LA
Audience: Ages 11 - 14

Groups as young as sixth graders can be relieved of fears about AIDS. The message focuses on prevention - abstinence and avoiding IV drug use. Older peer counselors answer questions in a classroom session. Adult AIDS patients and a 12-year old carrier of the virus speak. (3/88)

AIDS, Can You Get It?, 1987.

(Light Video Television, Inc., 21 Highland Circle, Needham Heights, MA 02194)
Format: 15 minute video
Cost: \$11.95
Audience: High School and Adult

Through a series of interviews with top medical experts, friends with AIDS and people on the street, this video provides a better understanding of AIDS. Dr. Anthony Fauci, head of AIDS research at the National Institute of Health, answers questions about myths and realities. Safe sex, unsafe sex, the crucial role women play and the advantages of being tested are discussed. (3/88)

AIDS Education - Twin Cities Live with Bob Bruce, March, 1987. (KSTP TV in St. Paul - Channel 5) Format: each 1 hour television programs on videotape Cost: available for loan from MDE Audience: Adult

Lively discussion moderated by Bob Bruce on the issues related to AIDS education with Commissioner of Education Ruth Randall, Teacher of the Year Judy McCleery, Eagle Forum State Director Terri Todd and Hope Lutheran Pastor Tom Brock. This offers decision makers and educators an overview of potential questions and concerns from some community members. (Available for loan from MDE.) (3/87) AIDS: Everything You Should Know, March, 1987.

(AIMS Media, 6901 Woodley Avenue, Van Nuys, CA 91406-4878; 800/367-2467)
Format: 21 minute videotape with discussion guide
Cost: \$395 videotape
Audience: High School

With Whoopie Goldberg as the moderator, this program emphasizes developmental, psychosocial needs, relationships, self assertiveness and acknowledges peer pressure. "Life needs protecting as well as celebrating." Good sexuality discussion emphasizes prevention, but no safer sex is discussed. (3/88)

AIDS - AFRAIDS, Educational Implications, Part I, April 1986.

(School Nurse Organization of Minnesota, 41 Sherburne Ave., St. Paul, MN 55102)
Format: 25 minute video, inservice guide also available
Cost: \$35 for videotape; \$40 for videotape and inservice material
Producer: Great Tapes, Inc., St. Paul, with MEA, SNOM and MDE
Audience: High School to Adult

Aimed at providing inservice for educators in Minnesota, the presentation is a general discussion of the etiology of AIDS, including transmission and prevention. One set of the educational materials was sent to each Minnesota Education Association local president in May, 1986 for use in school and community inservice. (Also available for loan from the Minnesota Department of Education.) (8/86)

AIDS - AFRAIDS, Educational Implications, Part II, August 1986.

| (School | Nurse Organization of Minnesota, 41 Sherburne Ave., St. Paul, MN 5 | 55102) |
|----------|--|--------|
| Format: | 25 minute video | |
| Cost: | available for loan from MDE and MEA | |
| Producer | r: Great Tapes, Inc., St. Paul, with MEA, SNOM and MDE | |
| Audience | : School Administrators, School Board Members and Educators | |

Questions and answers about AIDS virus transmission in schools. Federal and state guidelines are reviewed and suggestions for local school board policies offered. To be sent to MEA local presidents in September, 1986. (Also available for loan from the Minnesota Department of Education.) (8/86)

AIDS Face to Face, 1987.

(Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126)
Format: 28 minute video
Cost: \$149
Audience: Senior High and Adult

Follows Phil Donahue as he visits a hospital AIDS ward. (JOSH, 3/88)

AIDS: Facing the Epidemic, 1988.

(Educational Technologies, Inc., 1007 Whitehead Road, Ext., Trenton, NJ 08638; 609/882-2668; 612/884-9138) Format: Three part series about 30 minutes each; videotape or filmstrip Cost: \$375 for video; \$225 for filmstrip; 10day preview free Audience: High School through Adult

The first part provides an overview of AIDS - origin, demographics, risk behaviors and dispelling myths. The second discussed methods of diagnosis and treatment including the stages of the disease, testing of the blood supply and drug treatment and psychological counseling for people with AIDS. Part C reviews care of AIDS patients and the impact on the health care system. (3/88)

175 AIDS: Facts and Fears, Crisis and Controversy, 1986. (Guidance Associates, Inc., Communications Park, Mount Kisco, NY 10549; 800/431-1242) Videotape in four parts Format: Cost: \$179; preview for cost of postage Audience: Junior High to Adult In four parts, this resource describes AIDS, stresses the routes of transmission, explains screening procedures, shows how a person with AIDS copes with a largely (8/86)underinformed and wary public, explores medial treatment efforts. AIDS in Your School, 1987. (Peregrine Productions, 330 Santa Rita Avenue, Palo Alto, CA 94301; 412/328-4843) 17 minute videotape or film Format: \$104 video; \$465 16mm film; \$50 three-day rental Cost: Producer: Altschul Group Audience: 6th through 12th Formatted like a television newsmagazine, this carefully scripted program, featuring teen hosts, well designed graphics and interviews with AIDS patients and experts discusses medical and social aspects of the disease. A similar film is being developed for elementary students. (Fastback, CPO, Scholastic, 3/88) AIDS: Learn for Your Life, 1987. (All Media Productions, Educational Division, 1424 Lake Drive SE, Suite 222, Grand Rapids, MI 49506) Format: 30 minute video with teaching guide Cost: \$250 for video and teacher's guide + \$7 postage and handling Producer: All Media Productions with Michigan Department of Instruction Audience: Senior High (companion to Junior High AIDS, Taking Action) This is a comfortable discussion of the AIDS epidemic with a recent high school graduate. Questions are answered by medical experts. Prevention and risk reduction techniques are discussed. The 52 page curriculum guide provides a full week's lesson plan and factual information on AIDS. The guide includes role-playing activities, report topics, etc. (3/88)AIDS: Our Worst Fears, 1987. (Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126) Format: 57 minute video with teaching guide Cost: \$208 for video Audience: Senior High and Adult (JOSH, 3/88) Explains what is known and not known about AIDS. Included preventive actions and precautions that can be taken. AIDS - Prevention through Education, December 1987. (Distributor, Larson Chamberlain Learning Systems, Inc., 1807 Hicks Road, Suite A, Rolling Meadows, IL 60008; 312/358-8910; 800/626-2720) Format: 28 minute videotape Cost: \$49.95 for video; \$39.95 rental Producer: Hush-Hush Productions, Inc. Audience: High School through Adult

For use in the community and workplace, this program simply explains what AIDS is, how the virus destroys the immune system and what people can do to reduce their fear. Widely use in Illinois and recommended by the <u>Chicago Sun-Times</u>. Available in English, Spanish and International Sign Language. (3/88) AIDS: Profile of an Epidemic - Update, 1986.

(Indiana University Audio-Visual Center, Bloomington, IN 47405; 812/335-8087)
Format: 60 minute video
Cost: \$180 for sale; \$35 for rent; preview for cost of postage
Producer: WNET/New York
Audience: Secondary, College, Adult

Hosted by Ed Asner, the objectives are to educate, alleviate fear and superstition, and help foster humane regard for people with AIDS. Includes presentations by doctors from the Centers for Disease Control and New York Hospital-Cornell Medical Center. Profiles five patients who have contracted the disease. (8/86)

AIDS: Questions and Answers.

(Video Services: A Division of Community Television Network, 11 E. Hubbard, Chicago, IL 60611; 312/645-0766) Format: 20 minute video Cost: NA Audience: High risk youth ages 15 - 25 (corrections, treatment centers)

A lively presentation contrasting epidemiologist's description of AIDS with a youthful crowd's blunt translation of the safe sex/no drug AIDS prevention message. (Available from MDH.) (CPO, MDH, 3/88)

AIDS: Taking Action, 1988.

(All Media Productions, Educational Division, 1424 Lake Drive SE, Suite 222, Grand Rapids, MI 49506)

Format: 30 minute video with teaching guide

Cost: \$250 for video and teacher's guide + \$7 postage and handling Producer: All Media Productions with Michigan Department of Instruction Audience: Junior High (companion to Senior High <u>AIDS, Learn for Your Life</u>)

This is a comfortable discussion of the AIDS epidemic with a recent high school graduate returning to discuss AIDS with younger students. Experts are asked questions. The 14 page teaching guide is designed to adapt to the varying maturity and emotional levels of students in junior high and included three sections: Information, Learning Projects, Action Projects. (3/88)

<u>AIDS - The Disease and What We Know</u>, 1986. (Sunburst Communications, Room TU 5, 39 Washington Ave., Pleasantville, NY 10570-9971; 800/431-1934.) Format: filmstrip and cassette or 20 min. video, both with teacher's guide Cost: \$79 for filmstrip; \$119 for VHS and Beta; \$129 for Umatic; 30 day preview

Audience: Junior High to Adult

The resource corrects misconceptions and answers questions most frequently asked. Includes a teacher's guide and a special audio cassette that suggests ways to handle sensitive questions about the disease. (8/86)

AIDS: The Disease and What We Know, 1987.

(Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126)
Format: video with special teacher training section
Cost: \$119 for video
Audience: Senior High and Adult

Using questions and answer forma and anxiety-reducing cartoons, this program emphasized knowing the facts about AIDS if the best protection. Special section suggests wasy for parents and administrators to handle questions about AIDS. (6/88) AIDS: The Surgeon General's Update, 1988

(Pyramid Film and Video, Box 1048, Santa Monica, CA 90406) Format: videotape Cost: \$95 purchase Audience: Junior High to Adult

Personal message by Surgeon General Koop, latest statistics on AIDS, description of how AIDS is spread, implications for individual behavior, for schools, the health care system and government. (6/88)

AIDS: What Are the Risks?, 1986.

(Human Relations Media, 175 Tompkins Avenue, Pleasantville, NY 10570-9973; 800/431-2050) Format: two part filmstrip or filmstrip on video Cost: \$119 for filmstrip; \$139 for video; free 30 day preview Audience: High School

Provides clear step by step explanation of AIDS and transmission. Also explores the social and psychological aspects from the perspective of family, friends and people with AIDS. (Part 1, The Biology of AIDS; Part 2, the Human Face of AIDS.) A variety of other programs are available: Sexual Responsibility - A Two Way Street, The Body Against Disease, Viruses, other prevention programs related to drug use and sexuality. (3/88)

AIDS - What Every Educator Should Know, March 1986.

(Maryland Instructional Television 11767 Bonita Avenue, Owings Mills, MD 21117; contact Kate Hammond at 301/337-4207) Format: 1 hour video Cost: \$15 for 1/2" VHS Producer: Maryland Instructional Television of Maryland State Department of Education Audience: Teachers and School Administrators

Technical information presented in lay terms. The scope of the growing epidemic and implications for societal behavior are presented by Frank Polk, M.D. of SHARE (Study to Help AIDS Research Efforts). (Available at MDE.) (8/86)

<u>AIDS - What Every Student Should Know</u>, A Conversation with Dr. Frank Polk, 3/1986. (Maryland Instructional Television 11767 Bonita Avenue, Owings Mills, MD 21117; contact Kate Hammond at 301/337-4207)

Format: 25 minute video

Cost: \$15 for 1/2" VHS Producer: Maryland Instructional Television of Maryland State Department of Education Audience: High School Students

Candid and forthcoming question and answer session between Dr. Polk and a group of high school students. (Available at MDE.) (8/86)

AIDS: What Every Kid Should Know, 1987.

(Barr Films, 12801 Schabarum Avenue, PO Box 7878, Irwindale, CA 91706-7878; 818/338-7878) Format: videotape Cost: Audience: Junior and Senior High

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(Fastback, PTA, 3/88)

178 AIDS - What Everyone Needs to Know, revised in 1987. (Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069; 800/334-7830) Format: 18 minute film or video Cost: \$350 for 16mm film; \$275 for video; preview for cost of postage Producer: Sheldon Renam with the UCLA AIDS Center Audience: Junior High to Adult This is a survey of the facts and myths about AIDS. Animated. Explains in simple terms how the immune system works and how the AIDS virus destroys the system's ability to fight off other diseases. A stricken family tells its story. (Available from MDH.) (CPO, MDH, 8/86) All of Us and AIDS, 1987. (Peer Education Health Resources, PO Box 3263, Minneapolis, MN 55403; 612/823-6267) Format: 32 minute videotape, teaching guide (in development) Cost: \$225; loan from MAP Producer: Peer Education Health Resources, Inc. Audience: Senior High To Early Postsecondary Programs All of Us and AIDS is about teenagers making a video on AIDS prevention in their own style and language. The video focuses on sexual decision-making from abstinence to safer sex showing a diverse perspective of experiences and values. (Available from MAP.) (3/88)An Early Frost, NBC Television Network production, November 11, 1985. (NBC; 212/664-4444) 2 hour television drama Format: \$50 for the tape and license; (contact MDE for a loan) Cost: Audience: Junior High to Adult This television drama first shown in the fall of 1985 focuses on one family forced to face the reality of AIDS in their son. A Viewers Guide was published by CIStems, Inc., Cultural Information Service, P.O. Box 786, Madison Square Station, New York, NY 10159. (Available from MDE.) (8/86)An Epidemic of Fear - AIDS in the Workplace, 1986. (San Francisco AIDS Foundation, 333 Valerus Street, Fourth Floor, San Francisco, CA 94103; 415/864-4376) Format: 23 minute video, 1/2 inch VHC Cost: \$300+ for purchase; Audience: General Adult Audience; appeals to while collar/managerial audience Basic facts about AIDS and its transmission with discussion of issues in the workplace. Very effective program for in-service or employee seminar. (MDH, 8/86) (Available for loan from the MAP, MDH, Red Cross.) Answers About AIDS, 1988. (American Red Cross - St. Paul Chapter, 100 S. Robert Street, St. Paul, MN 55101; 612/291-6789, Public Relations Office) Format: 16 minute videotape Cost: \$35 purchase; \$5 loan from your local Red Cross Chapter Audience: Junior and Senior High The Surgeon General discusses AIDS within the classroom setting. The video is accompanies with a handout which includes pre & post-test discussion questions for the instructor. (3/88)

Avoiding AIDS: What You Can Do, 1987. (Marshfilm, PO Box 8082, Shawnee Mission, KS 66208; 800/8210-3303) Format: filmstrip/cassette tape; videotape with teacher's guide Cost: Audience: Senior High Developed as a companion piece to Yarber's AIDS: What Young Adults Should Know. (Fastback, PTA, 3/88) Beyond Fear, 1986. (American Red Cross - St. Paul Chapter, 100 S. Robert Street, St. Paul, MN 55101; 612/291-6789 [Public Relations office]) Videotape in three 20 minute segments Format: Cost: \$50 purchase; \$10 loan from the local Red Cross Chapter Audience: Junior High to Adult This three part program addresses the issues of the AIDS virus, effect on the individual with AIDS, and the impact and role of the community. Very effective program. (Available from Red Cross, MAP, MDH, MDE.) (8/86)Can AIDS be Stopped?, 1986. (Coronet Film & Video, 108 Wilmot Rd., Deerfield, IL 60015) (Available for rent through the University Film and Video Rental Service; 800/542-0013) Format: 58 minute video Cost: \$350 for video; \$18.50 rental fee from UofM Audience: Senior High and Adult Haunting visual images, personal experiences, and authoritative observations. What are the prospects for halting or curing the deadliest epidemic ever to challenge modern medicine? "Nova" finds cause for both hope and alarm in the battle against AIDS. (Booklist, U Films, 3/88) Choices: Learning About AIDS, 1987. (National Safety Council, 444 North Michigan Avenue, Chicago, IL 60611) Format: film Cost: NA Audience: Junior and Senior High Film accompanies the Guide for Teaching About AIDS. Dramatic, straightforward film gives stduents realistic role models for protective behaviors. Communicates the facts and misconceptions about AIDS. Condom Sense, 1981. (Available for rent through the University Film and Video Rental Service; 800/542-0013) 25 minute video Format: \$22.50 rental fee Cost: Audience: Senior High and Adult An original, highly informative film aimed at encouraging men to take a more active role in contraception. Using comedy to dispel the myths and complaints associated with condom use, the film presents accurate information about birth control and opens up issues of communication and responsibility in relationships.

(U Films, 3/88)

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Life, Death and AIDS, January 1986.

| (Films, I | Inc., 5547 N. Ravenswood Avenue, Chicago, IL 6 | 0640) |
|-----------|--|-------|
| Format: | l hour television program in videotape | |
| Cost: | \$198 for video | |
| Producer | : NBC Television | |
| Audience | : Senior High to Adult | |

An exploration of issues with Tom Brokaw interviewing leading national scientists on the transmission of AIDS. People with AIDS also relayed their stories and their concerns. (Booklist, 8/86)

Men, Women, Sex and AIDS, 1987.

| (Films, | Inc. | , 5547 | N. | Ravens | swood | Avenu | le, | Chicago, | IL | 60640) |
|----------|------|----------|------|---------|-------|-------|-----|----------|----|--------|
| Format: | | l hour | te | levisio | on pr | ogram | in | videotap | е | |
| Cost: | 9 | \$198 fo | or v | video | | • | | | | |
| Audience | : : | Senior | Hi | gh to A | Adult | | | | | |

This television documentary surveys four areas of concern - changing sexual habits, education, cure, and cost - to spotlight the increasing incidence of the epidemic disease. (Booklist, 3/88)

No Easy Answers, 1987.

(Illusion Theatre, 528 Hennepin Ave, #704, Minneapolis, MN 55403; 612/339-4944)
Format: 30 minute videotape, teaching guide
Cost: \$150 estimated
Producer: Illusion Theatre
Audience: High School

The award winning producer of the Touch Continuum regarding child sexual abuse produced a dramatic production, now on video, of the tough situations regarding relationships and communication skill in which young people find themselves. Issues and fears about AIDS are discussed. (In production is a drama about AIDS.) (3/88)

Not Ready to Die of AIDS, 1987.

(Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126)
Format: 52 minute video
Cost: \$179 for video
Audience: Senior High and Adult

Documents 16 months in the life of AIDS patient Paul Cronan, a likable New England telephone repairman. (Booklist, JOSH, 3/88)

Overcoming Irrational Fear of AIDS.

(Carle Medical Communications, 510 West Main, Urbana, IL 61801; 217/384-4838)
Format: 23 minute videotape
Cost: NA
Audience: Nurses, Physicians, EMS Professionals, Clinicians, Clergy and Law Enforcement

A sensitive and thorough discussion for people who will care for persons with AIDS. Authur Lange, EdD., helps group members confront their fears and reaffirm their professional commitment. (Available from MAP, MDH, Red Cross.) (MAP, MDH, 3/88) Sex, Drugs and AIDS, 1986. (Karot Media, 72 Riverview Drive, Wayne, NJ 07470-3191; 201/628-9111) 25 minute film or videotape Format: Cost: \$410 for film; \$335 for videotape; available to nonprofit groups including schools for \$35 Producer: **ODN** Productions Junior High to Young Adult Audience: Moderated by a young actor and acted by an all youth cast, this film describes AIDS, how to get it, how not to get it and shows peer support for modifying at-risk behaviors. A study guide is included. A revised version is entitled Sex, Drugs and AIDS. (Available from MAP and MDH.) (3/87, 3/88)STD: A Guide for Today's Young Adults. (Georgia State University Foundation, Department of Medical Technology, University Plaza, Atlanta, GA 30303) Format: computer software program; Apple and IBM Cost: Audience: Junior and Senior High (PTA, 3/88)Based on the work of Yarber with the American Association of Health, Physical Education, Recreation and Dance. AIDS: Our Worst Fears, 1987. (Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126) 57 minute video with teaching guide Format: Cost: \$208 for video Audience: Senior High and Adult Explains what is known and not known about AIDS. (JOSH, 3/88)Included preventive actions and precautions that can be taken. The AIDS Epidemic: Is Anyone Safe?. (Films for the Humanities, Inc., PO Box 2053, Princeton, NJ 08543; 800/257-5126) Format: video with teaching guide and library kit Cost: \$159 for video Audience: Senior High and Adult Uses realistis scenerios and candid interviews to defind risks sexually active people face. It also stresses the increased risk for drug users. Medical experts give students the facts about protection. Common myths are dispelled. (6/88) The AIDS Movie, 1986. (Ginny Durrin for New Day Films, 22 Riverview Drive, Wayne, NJ 07470-3191; 201/633-0212) Format: 26 minute film or videotape Cost: \$455 for film; \$390 for videotape; \$59 one day rental Producer: Ginny Durrin Audience: Age 14 through Young Adult AIDS Educator David Brumback speaks on the importance of awareness and prevention.

Three people who have AIDS share the realities of the disease, what it is like to live with it, and how to protect yourself against it. Teacher's Discussion Guide included. The AIDS Movie won the Cine Golden Eagle Award and was a nominee for Selected Films for Young Adults Series, American Library Association. (CPO, 3/87)

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182 The AIDS Show - Artists Ivolved with Death and Survial, 1987. (Direct Cinema Limited, PO BOx 69799, Los Angeles, CA 90069; 213/652-8000 or 800/-FILMS-4-U Format: 1 hour videotape Cost: NA Producer: Robert Epstein and Peter Adair, San Francisco Theatre Rhinoceros Audience: Adult Based on the theatrical production of the same name, this hybrid of performance and documentary interweaves some 15 scenes from the play with on-camera interviews with creators, producers and narrative. The focus is the impact of the AIDS epidemic on the community most affected by the disease. (3/88)The Clinical Story of AIDS, 1987. The Search for the AIDS Virus, 1986 (Carolina Biological Supply, 2700 York Rd, Burlington, NC, 27215) 29 minute videotapes each Format: \$149.50 - estimated Cost: Audience: High School to Adult Two versions for high school students include interviews with medical doctors. Elementary resource in development. (Scholastic, 3/88) The Subject is AIDS, 1987. (ODN Productions, 74 Varick Street, Suite 304, New York, NY 10013; 212/431-8923) 23 minute film or videotape Format: Cost: \$410 for film; \$335 for videotape; available to nonprofit groups including schools for \$35 - see above address Junior High to Young Adult Audience: A revision of <u>Sex</u>, <u>Drugs and AIDS</u> includes scene revisions and an introduction by Surgeon General Koop. There is more dialogue about and emphasis on abstinence. (Available from MAP, MDH.) (3/88)The Surgeon General's Report, 1986. (Educational Dimensions Group, P.O. Box 126, Stanford, CT 06904-9981; 203/327-4612) Format: videotape or filmstrip \$69 video; \$59 filmstrip Cost: Audience: secondary students Presentation of the Surgeon General's Report on AIDS. (Scholastic, 3/88) The Truth About AIDS, 1985. (#1272DZ) The Immune System, 1985. (#1275DZ) (Educational Dimensions Group, P.O. Box 126, Stanford, CT 06904-9981; 203/327-4612) Format: 2 film strips, 2 cassettes, teacher's guide for each unit Cost: \$77 each Audience: Junior High to Adult The filmstrip addresses AIDS in a simple, direct manner. The unit on the immune system provides an introduction to the body's key defense system and is background for information on AIDS. (8/86)

Understanding AIDS; The Silent Enemy, 1987. (Sunburst Communications, Room RH03, 101 Castleton Street, Pleasantville, NY 10570-9971; 800/431-1934) videotape; filmstrip/cassette tape Format: Cost: Audience: Junior and Senior High (Fastback, PTA, 3/88) Young People and AIDS, 1988. (Channing L. Bete Co., 200 State Road, South Deerfield, MA 01373; 800/628-7733) Format: 18 minute videotape with leaders guide, brochure and poster Cost: Audience: High School to Adult Based on the Scriptograph booklet by the same name, this video has a questions/ answer format where the tape can be stopped for discussion. Clear information about the virus, fear factors, risk reduction in terms of condom use, abstinence as the safest behavior for prevention of AIDS virus transmission. Pre/post test. Copies of What Young People Should Know About AIDS and Making Responsible Choices About Sex included. (3/88)Your Biological Guide to AIDS, 1987. (Films, Inc., 5547 No Ravenswood Avenue, Chicago, IL 60640) Format: 1 hour television program in videotape Cost: \$129 for video Audience: Senior High to Adult Laboratory models, labeled diagrams, photomicrographs and other techniques help to explain AIDS virus, transmission, prevention, and treatment. This precise British production nonjudgementally but candidly discussed various sensitive issues. (Booklist, 3/88) What Do You Know About AIDS? The National AIDS Awareness Test, October, 1987. (Corporate Communications, Area 12 VW Metropolitan Life Insurance Company, One Madison Avenue, New York, NY 10010-3690) Format: 2 hour videotape of a national telecast Cost: no cost Audience: High School to Adult Co-anchors - broadcast journalist Steve Bell and actress Morgan Fairchild lead the discussion of this special feature of a test format for 55 questions on AIDS. Answers are provided by the latest medical research. Nine topics are covered with messages from celebrities included. (Available from MDE.) (3/88) NOTE: Slides about AIDS available from CDC at no cost AIDS General Series; AIDS Epidemiology and Surveillance

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(Archives, Training Lab Promotion Office (TLP), Centers for Disease Control, Building 2, B46, 1600 Clifton Road NE, Atlanta, GA 30333; 404/639-1338)

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RELATED RESOURCES

<u>Key to Healthy Lifestyle - Health Education SELOs (Some Essential Learner Outcomes.)</u> St. Paul, Minnesota: Minnesota Department of Education, 1984.

(550 Cedar Street, St. Paul, MN 55101)

Aimed to provide local school districts and individual teachers with suggested health education program goals and learner outcomes in ten identified areas, including disease prevention and control.

Sexual Health and Responsibility SELOs. (Curriculum Bulletin #60)

St. Paul, Minnesota: Minnesota Department of Education, 1980.

(550 Cedar Street, St. Paul, MN 55101)

Suggested knowledge and skill learner outcomes related to sexual health and responsibility. A community decision making model is described.

<u>Sexually Transmitted Diseases</u>, A Junior and Senior High School Health Education Curriculum.

Minneapolis, Minnesota: Minnesota Institute, Minnesota Department of Health, 1986. (717 Delaware Street, S.E., Minneapolis, MN 55440; 612/623-5583; no cost in limited quantities)

Revised in 1986 to include information on venereal warts, chlamydia and an updated list of teaching aids (films, tapes and brochures). Materials can be selected to be used individually, or the entire unit can be a three day study on sexually transmitted diseases (STDs).

Sroka, Steven and Ted Jones.

Educator's Guide to Sexually Transmitted Diseases, 2nd Ed.

Cleveland, Ohio: by authors, 1986. (pricing based on volume)

(S. Sroka, Cleveland State University, Dept. HPER, Room PE 215, Cleveland, OH 44115; 216/521-1766)

Teacher developed and tested, this program is in use in five states. Recent changes include an expanded AIDS unit and "Saying No Skills" activity.

STD: A Guide for Today's Young Adults.

Reston, Virginia: American Alliance for Health, Physical Education,
Recreation and Dance, 1985. (\$14.95 for teacher's guide, \$5.95 for student text) (A.A.H.P.E.R.D., 1900 Association Drive, Reston, VA 22091; 703/476-3481)
Includes goals of STD education with suggestions for implementing a program.
Lesson plans for five class periods. Suggested classroom activities based on responsiveness of the students and community. The 34 page student resource includes fact sections, self tests and a review of the reproductive system.

(For professional journal resources, see the references listed at the conclusion of the LECTURE OUTLINE and CONTENT: INFORMATION ABOUT AIDS.)

AIDS: MATERIALS FOR EDUCATION

Resources for Adult Learners

NOTE: Review the resource list for Secondary Learners. Many of the guides and audiovisual materials are relevant for adult audiences. This list includes only those resources designed for Adult Learners only.

INSTRUCTIONAL GUIDELINES/CURRICULA

Working Beyond Fear, 1988.

(American Red Cross - St. Paul Chapter, 100 S. Robert Street, St. Paul, MN 55101; 612/291-6789 [Public Relations office])

This two-hour worksite training module on AIDS consists of the 30 minute <u>Beyond Fear</u> and a new 12 minute video containing three case studies of situations employers and employees might face in the workplace.

AUDIO_VISUAL RESOURCES, including MEDIA PRESENTATIONS

AIDS, An Educational and Informational Program, 1986.

(EduTech Courseware, 7801 East Bush Lake Road, Minneapolis, MN 55435; 612/831-0445)
Format: interactive video disc for individualized learning or small groups
Cost: high - request information on equipment and preview
Producer: Health EducTech; authors, Paul Volberding and Frank Rhame
Audience: Senior High to Adult

Automated, confidential, interactive education on the videodisc. A viewer has eight topics to select. After viewing a video, learning is measured by a series of questions and answers, the viewer responding on a key pad. Three branches or tracts of information are available - heterosexual, homosexual and bisexual. (8/86)

AIDS and Your Job, revised, 1985.

(National Audio Visual Center, 8700 Edgeworth Drive, Capitol Heights, MD 20743)
Format: 13 minute video
Cost: NA
Audience: Adult - Paramedics, Firefighters, Police

AIDS facts for first responders. Useful information. Production quality low. (Available from MDH.) (MDH, 3/88)

AIDS, Fears and Facts, 1985. (National Audio Visual Center, 8700 Edgeworth Drive, Capitol Heights, MD 20743-3701) Format: 23 minute video Cost: NA Audience: Adult

Basic AIDS information. (Available from MDH.)

AIDS in the Workplace, A Three-Hour Teleconference. (PBS Video, 475 L'Enfant Plaza SW, Washington, DC 20024) Format: three 1-hour videotapes Cost: \$395 for three tapes Audience: Adult

<u>An Epidemic of Fear - AIDS in the Workplace</u>, 1986. (San Francisco AIDS Foundation, 333 Valerus Street, Fourth Floor, San Francisco, CA 94103; 415/864-4376) Format: 23 minute video, 1/2 inch VHC Cost: \$300+ for purchase; Audience: General Adult Audience; appeals to white collar/managerial audience

Basic facts about AIDS and its transmission with discussion of issues in the workplace. Very effective program for in-service or employee seminar. (Available for loan from the MAP, MDH, Red Cross.) (MDH, 8/86)

Everything You and Your Family Need to Know About AIDS - But Were Afraid to Ask, 1988 (HBO - Home Box Office, 1100 Avenue of the Americas, New York, NY 10036; 212/512-1000) Format: 40 minute video Cost: \$10 Audience: General Audience

People on the street ask common questions about AIDS. The Surgeon General responds. (Available from MAP.) (3/88)

One of Our Own.

(Dartnell, 4460 Ravenswood Avenue, Chicago, IL 60640-9981; 800/621-5463)
Format: video
Cost: \$565 purchase; \$140 rental
Audience: Adult Employees

A story about AIDS in the workplace. Used in Minnesota Technical Institues with a positve response.

AIDS: MATERIALS FOR EDUCATION

Resources for Parents

PAMPHLETS

About Our Children.

(Federation of Parents and Friends of Lesbians and Gays, Inc., PO Box 20308, Denver, CO 80220)

<u>AIDS and Children</u>, Information for Parents of School-age Children, October 1986. Latest Facts About AIDS Series, American Red Cross (contact your local chapter)

AIDS: Your Child and the School by S. Kaus and R. Reed, 1986. R & E Publishers, PO Box 2008, Saratoga, CA 95070

Answers to a Parent's Questions About Homosexuality. (National Gay and Lesbian Task Force, 1517 U Street, NW, Washington, DC 20009)

From Parent to Parent: Talking to Our Kids About AIDS, 1987. (Minnesota AIDS Project, 2025 Nicollet Avenue South, Minneapolis, MN 55404)

<u>Hey, You Know What? You Can't Get AIDS From . . .</u>, April 1988. Poster and Teaching Guide (Minnesota AIDS Project and Minnesota Department of Education, 550 Cedar Street, St. Paul, MN 55101; 612/296-4080)

How to Talk to Children about Sexuality (Myrna Chearer, Minnesota Extension Service, Home Economics, 6 Sunshine Blvd., North Branch, MN 55056; 612/674-4417)

How to Talk to Your Children About AIDS, 1986. (NYE, SIECUS, 32 Washington Place, New York, NY 10003; 212/673-3850)

How to Talk to Your Teens and Children About AIDS, 1/88. (The National PTA, 700 North Rush Street, Chicago, IL 60611-2571; 312/787-0977)

Talking with Your Young Child About Sex by Jane Hiatt

Talking to Your Child About AIDS by Jane Hiatt

Talking to Your Teenager About AIDS by Jane Hiatt

(Network Publications, ETR Associates, PO Box 1830, Santa Cruz, CA 95061-1830; 408/438-4060 or -4080)

Your Child and AIDS

(San Francisco AIDS Foundation, 333 Valencia Street, San Francisco, CA 94103)

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AIDS and Youth Children: A Special Issue, Fall 1986 15 (1). Early Report, Center for Early Education and Development, University of Minnesota, 226 Child Development Building, 51 East River Road, Minneapolis, MN 55455) AIDS: What Adults Should Know About AIDS (and Shouldn't Discuss with Very Young Children by Patsy Skeen and Diane Hodson. Young Children, May, 1987, pp. 65-71. (Reprinted in Early Report listed above.) Answering Your Child's Questions About AIDS. Spectrum, November/December, 1987. (The St. Paul Companies, 385 Washington Street, St. Paul, MN 55102 Parents Urged to Tell Children About AIDS by Lewis Cope. Minneapolis Star and Tribune, March 19, 1987, pp. 1C+. Responding to the AIDS Threat by Susan Hlesciak Hall. Questions Parents Ask about AIDS and Schools by Nancy Berla. Network for Public Schools (National Committee for Citizens in Education, Winter 1988, 13 (4), pp. 1 - 11. What Do Our Children Need to Know About AIDS? Guidelines for Parents. FLEducator, Spring 1988, pp. 4 - 33. What Makes a Good AIDS Curriculum? PTA Today, February, 1988, pp. 8 - 10. What Parents Should Know About AIDS by Martha Rogers. PTA Today, February, 1987, pp. 12 - 13. AIDS and the Education of Our Children, A Guide for Parents and Teachers, by US Department of Education, October 1987.

1987-194-568; Consumer Information Center, Dept. ED, Pueblo, CO 81009

National PTA AIDS Campaign Orientation Packet, 1987. <u>National PTA Takes Action</u>, AIDS Education at Home and School. <u>Surgeon General's Report on AIDS</u> <u>AIDS and Children, Latest Facts About AIDS, American Red Cross</u>

(National PTA, 700 N. Rush Street, Chicago, IL 60611; 312/787-0977)

AIDS: GENERAL REFERENCES

BOOKS/TEXTS/BOOKLETS

AIDS: Impact on the Schools. Arlington, VA: Capitol Publications, 1986. (Capitol Publications, Circulation Department, 1300 N. 17th St., Box 9672, Arlington, VA 22209; 703/528-5400; \$65) AIDS: Opposing Viewpoints. St. Paul: Greenhaven Press, 1988. (Greenhaven Press, 577 Shoreview Park Road, St. Paul, MN 55126; 612/482-1582; \$6.95) Altman, D. AIDS in the Mind of America, The Social, Political and Psychological Impact of a New Epidemic. New York: Anchor Press, Doubleday, 1986; \$8.95 paperback. Benenson, A.S., Ed. Communicable Diseases in Man, 14th Edition. Washington: American Public Health Association, 1985. (APHA, 1015 Fifteenth Street NW, Washington, DC 20005; \$9) Black, D. The Plague Years, A Chronicle of AIDS, the Epidemic of Our Times. New York: Simon & Schuster, 1986. (Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020) Blanchet, K.D., Ed. AIDS, A Health Care Management Approach. Rockville, MD: Aspen Publishers, 1988. Corless, I.B. and M. Pittman-Lindenman, Eds. AIDS Principles, Practices and Politics. Hagerstown, MD: Harper & Row. (Harper & Row, 2350 Virginia Avenue, Hagerstown, MD 21740) Feldman, D. A. and T. Johnson, Eds. Social Dimensions of AIDS, Method and Theory. New York: Praeger Publishers, 1986. (Praeger Publishers, 521 Fifth Avenue, New York, NY 10175) Gong V., and N. Rudick, Eds. AIDS, Facts and Issues. New Brunswick: Rutgers University Press, 1986; \$10.95 paperback. Frumkin, L. and J. Leonard. Questions and Answers on AIDS. Avon Paperback, 1987; \$3.95. Institute for the Advances Study of Human Sexuality. Safe Sex in the Age of AIDS. Citadel Press, 1986.

190 Institute of Medicine, National Academy of Sciences. Confronting AIDS, Directions for Public Health, Health Care and Research. Washington, DC: National Academy Press, 1986. (National Academy Press, 2101 Constitution Avenue, NW, Washington, DC 20418) Keeling, R. P. AIDS on the College Campus, ACHA Special Report. Rockville, MD: American College Health Association, 1986. (ACHA, 15879 Crabbs Branch Way, Rockville, MN 20855; 301/963-1100; \$5) Long, R. E. AIDS: The Reference Shelf. (Sections: Explaining AIDS, AIDS Victims and Research, Ethical Issues, Future Aspects) New York: H. W. Wilson Company, 1987; 187 pages Moses, A.E. and Hawkins, Jr., R.O. Counseling Lesbian Women and Gay Men. St. Louis, MO: C.V. Mosby Company, 1982. National Education Association. The Facts About AIDS. Washington, DC: NEA Publications, 1987. (NEA AIDS Booklet, NEA Communications, 1201 16th Street NW, Washington, DC 20036) New York State Department of Health. AIDS, 100 Questions and Answers. New York City, NY: New York State Department of Health, revised September 1987. (AIDS Institute, Education and Training, Coring Tower, Empire State Plaza, Albany, NY 12237; 512/473-7924. Nichols, E.K. Mobilizing Against AIDS, The Unfinished Story of a Virus. Institute of Medicine, National Academy of Sciences. Cambridge, MA: Harvard University Press, 1986. (Harvard University Press, 79 Garden Street, Cambridge, MA 02138) Shilts, R. And the Band Played On. New York: St. Martin's Press, 1987; \$25.95 hardcover. (St. Martin's Press, 175 Fifth Avenue, New York, NY 10010) Silverstien, A. and Silverstien, V. AIDS: Deadly Threat. Enslow Publishers, Inc., 1986. (80 pages) Ulene, A. (family physician from NBC's Today show - "Feeling Fine" medial messages)

Ulene, A. (family physician from NBC's Today show - "Feeling Fine" medial messages) <u>Safe Sex in a Dangerous World</u>, Understanding and Coping with the Threat of AIDS. New York: Vintage Books, A Divisions of Random House, Inc. 1987.

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A Hastings Center Report Special Supplement, August, 1985. (The Hastings Center, 360 Broadway, Hasting-on-Hudson, N.Y. 10706, \$5.00)

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Younger E., L. Harris. AIDS: Employers' right and responsibilities. Corporate Commentary, 2, 1986, pp. 27 - 36.

RESOURCES FOR PARTICIPANTS

- U.S. DHHS Public Health Service. Facts about AIDS, Winter 1988.
- U.S. DHHS.

Surgeon General's Report on AIDS, Fall 1986.

U.S. Department of Education. <u>AIDS and the Education of Our Children</u>, A Guide for Parents and Teachers, October 1987.

Contact the sources listed on the AIDS Programs, Services and Information sheet for numerous brochures and pamphlets appropriate for AIDS education.

See also <u>PREVENTING AIDS THROUGH EDUCATION</u>, MDE, revised June 1988, for a listing of guidelines and print and audiovisual resources for learners of all ages.

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AIDS: EDUCATIONAL IMPLICATIONS

GOAL and OBJECTIVES

1987-88

<u>GOAL</u>

Stimulate a positive and comprehensive school-community response to the issues and challenges raised by AIDS so that both prevention and intervention can be addressed.

<u>OBJECTIVES</u> The objectives relate to educational implications in five areas. These areas are common to other issues in the spectrum of learners-at-risk:

ISSUES

Assure core information and support systems are available for school communities by forecasting the new AIDS issues/information educators need to know and integrate these into an ongoing plan of action.

POLICIES

Clarify, articulate and establish a plan to implement a state policy or philosophy on AIDS education, counseling and community networks.

Ensure appropriate education for children and youth by stimulating at least 75% of local school boards to adopt attendance policies for children with AIDS virus infection.

INSTRUCTION

Assure learners are informed of AIDS prevention strategies by stimulating formal and informal education through developing, securing and disseminating information about AIDS instructional models and strategies.

COUNSELING/SUPPORT

Support communities with the first cases of AIDS by implementing the First Response Team when needed.

Facilitate improved counseling and intervention strategies so that skilled resource people in the schools and communities can meet the needs of learners who are seeking information, problem-solving, building decision-making skills and seeking support.

COMMUNITY EDUCATION AND NETWORK

Facilitate local, regional and statewide community networking so that resources can be used efficiently and effectively.

Build a community of care and concern through facilitating local community education efforts that build communication skills between parents and children, focus on peer education and assure coordination of resources and services.

DIVISION OF DEVELOPMENT AND PARTNERSHIP Nan Skelton, Assistant Commissioner LEARNER SUPPORT SYSTEMS SECTION Joleen Durken, Manager 550 Cedar Street St. Paul, Minnesota 55101 AIDS ISSUES AND EDUCATION UNIT Martha Arnold, Facilitator and Co-leader Bill Price, Consultant Tom Gray, Consultant Ruth Ellen Luehr, Developer and Co-leader 612/296-4080 9/87

MDE Resources: AIDS and EDUCATIONAL IMPLICATIONS

<u>PRESENTING AIDS</u>: A Resource Guide for Inservice Education on AIDS and Educational Implications by C. Schuster, S. Will and R.E. Luehr.

St. Paul: A joint project of the School Nurse Organization of Minnesota and the Minnesota Department of Education, Learner Support Systems Section, December 1985, edited December 1987 and May 1988.

(SNOM Special Projects, J. Nelson, 1758 Pleasant Street, Lauderdale, MN 55113)

AIDS FEDERAL AND STATE GUIDELINES for Local Policy Development

by S. Adams, W. Miller, M. Arnold and R.E. Luehr.

St. Paul: Minnesota Department of Education Learner Support Systems Section, December 1985, edited December 1987, expanded June 1988.

AIDS REFERENCES AND RESOURCES, Information, Referral, Education

by M. Arnold and R.E. Luehr.

St. Paul: Minnesota Department of Education Learner Support Systems Section, December 1985, expanded June 1988.

PREVENTING AIDS THROUGH EDUCATION, Instructional Resources for Schools. St. Paul: Minnesota Department of Education Learner Support Systems Section in conjunction with the Elementary and Education Section and educators from the field under contract with the Minnesota Department of Health. St. Paul: Minnesota Curriculum Services Center, August 1986, edited June 1988. (MCSC, 3554 White Bear Ave., White Bear Lake, MN 55110; telephone 800/652-9024; 612/770-3943)

RESPONDING WITH SUPPORT, An Individualized Health Plan for A Student with AIDS Virus Infection by C. Schuster Silkworth, M.K. Haas, M. Villars, R.E. Luehr. St. Paul: A joint project of the School Nurse Organization of Minnesota and the Minnesota Department of Education, Learner Support Systems Section, May 1988. (SNOM Special Projects, J. Nelson, 1758 Pleasant Street, Lauderdale, MN 55113)

AIDS-AFRAIDS: An Educational Perspective, Part I. (videotape - 25 minutes) (about AIDS - nature of the disease, transmission, prevention)

AIDS-AFRAIDS: An Educational Perspective, Part II. (videotape - 25 minutes) (about educators' questions and state and local school policies)

St. Paul: Minnesota Education Association, School Nurse Organization of Minnesota, Minnesota Department of Education Learner Support Systems Section, Great Tapes of Minneapolis, May 1986 and August 1986 respectively.

(Sent to the president of each MEA local in May 1986 and September 1986 respectively. Available for \$35 each from SNOM. Also available for loan from MDE.)

Minnesota Department of Education, Learner Support Systems Section, 9th floor, 550 Cedar Street, St. Paul, MN 55101 (612/296-4080)