



Hispanic Austin Leadership: Healthcare Team 2016

April 22, 2016



Table of Contents

I.	Executive Summary	2
II.	Misson and Method	2
III.	Impact Tool: Curriculum Supplement	3
IV.	Impact Tool: Surveys	5
V.	Impact Tool: Pamphlet	8
VI.	Sustainability	8
VII.	Financial Summary	9
VIII.	References	.10
IX.	Acknowledgements	.11
Х.	Team	.12
XI.	Appendix A – Supplemental Lesson	.14
XII.	Appendix B – Surveys	.16
XIII.	Appendix C - Pamphlets	22

Executive Summary

In 2013, an estimated 2,045 Latino youth age 24 and younger were diagnosed with HIV in the United States. This represents 20% of all diagnoses in this age group. In 2013, Hispanic youth represented 20% of HIV diagnosis compared to 17% white youth. Texas is ranked 3rd in the country for highest number of HIV diagnosis as of 2013.

HIV diagnosis and treatments costs Texans annually, but with the advancements to antiretroviral therapy drugs coupled with concerted effort by the state to inform the public about the risks and effects of behavior that can lead to HIV/AIDS, there is hope. Today's pre-exposure prophylaxis (PrEP), both available and recommended by the Centers for Disease Control and Texas Department of State Health Services, are now highly effective in stopping the virus from latching on to non-infected people. One of the challenges to overcome is providing effective, sustainable information to the segments of the population showing disproportionate growth in HIV diagnosis.

The Hispanic Austin Leadership Healthcare Team 2016 researched the disproportionality of Latino youth with HIV/AIDS diagnosis, and deem certain elements of Hispanic culture as part of the challenges to prevention. Machismo, the persistent stigma that HIV is a "gay" disease, and fear due to lack of education on how HIV is transmitted are the types of cultural hurdles faced by the prevention community. There is also a perception in the culture that those who have contracted HIV are somehow "less than" or "unclean" or that they had done something to "deserve" it. Other types of factors, like socioeconomic status and immigration fears may also contribute to local challenges to prevention efforts.

Although many positive programs have been developed, none had a direct path to high school youth. Intercepting and educating youth early is one key to preventing the numbers of HIV/AIDS diagnosis from climbing, especially for the Hispanic community. The Austin Healthy Adolescent Program (AHA), a Health and Human Services program of the City of Austin, has piloted an innovative, peer-led program to increase high school students' health empowerment. The Healthcare team determined that this newly funded and sustainable vehicle called Peer-2-Peer (P2P), an evidence-based youth intervention program, is vital to the efforts impact project: Ser Negativo Es Positivo

Note: The complete curriculum enhancement and survey questionnaire is included later in this document for reference.

Misson and Method

Mission: To promote awareness of HIV preventive methods via education platforms.

Information gathering took place with groups in the community positioned to screen, treat & prescribe to patients, and inform the community about HIV/AIDS preventative health data. These groups included PrEP of Austin clinic whose director Ben Walker, gave us a tour of the site, listed the challenges, and provided critical data needed to assess the urgency of the impact issue. Speaking and listening to groups of clinical leaders in town, including at the David Powell Clinic, helped in gather the current prevention community needs and wants. Though the focus was thought to be on young Hispanic males between ages of 18-24, discovery meetings with teachers and health educators, such as Sanford James, Ph.D., of East Side Memorial high school, opened up the idea of youth intervention at the high school level.

The P2P program became the sole focus of our efforts and a list of needs was quickly assessed. Since its debut in the fall of 2016 at Lanier, East Side, and Del Valle high schools, the need to enrich the HIV/AIDS prevention piece of the existing curriculum was apparent. In addition, the need for surveys that addressed the prior and post participant knowledge was also going to be key in sustaining this project's impact and efficacy.

The program is run by the AHA and employs health instructors that are paid a small stipend up to 20 hrs of training. Each instructor then trains select students at each high school to sponsor this unique leadership-in-healthcare internship program. Students must go through an application and interview & referral process to be chosen as a P2P teen mentor, then endures 8-12 hours of training by the health care instructor, and finally qualify to receive high school elective credit and \$12 per hour to lead the after school peer-led sessions. P2P workshops are treated as a club and advertise for session participants through the school system. P2P mentors are also encouraged to take their training into the community where they can lead discussions with community members.

Healthcare Team 2016 stepped in to provide an enrichment curriculum to be added to the P2P workshop that provides critical HIV/AIDS information that would equip participants with the power of facts and figures designed to help reduce the risk of contracting the virus. The program's vitality hangs on the program successfully reaching youth between the ages of 14-18 before they discover their freedom and responsibilities of adulthood.

Impact Tool: Curriculum Supplement

The HIV section of the P2P curriculum teaches basic information about HIV and AIDS. Key words, transmission, unsafe behavior, and basic prevention are all discussed in existing P2P curriculum. The P2P curriculum employees and interactive model of instruction. The belief is that through engagement and inclusion of the students into the lesion the maximum amount of information will be retained by creating an environment where students feel as comfortable as possible while discussing sensitive topics like HIV and pregnancy. Specifically for the P2P HIV curriculum the teen mentor hangs a *Key words* poster that is referred to as students try and answer a series of questions about HIV.

Once all of the prepared questions are talked through using the *key word* poster the teen mentor plays a video discusses further what HIV/AIDS is, how someone gets it, and how to prevent infection. In order to help dismiss any preconceptions about HIV the video explains how hard it is to become infected with HIV, that it can be contracted not just through sex but also injection drug use, and about condom use. Once the video is finished a discussion is facilitated to reinforce what the video talked about by asking relevant questions.

The last part of the P2P curriculum is an interactive game called the *Risk Continuum*. Students are divided into pairs and each are given Green, Yellow, and Red cards. The cards are meant to represent behaviors that are no risk, low risk, and high risk. The once the cards are distributed the students are to link their cards to the behaviors they think their cards belong to, and then have to give their reasoning for their choices to the rest of the students. The exercise is an opportunity for the teen mentors to clarify misinformation or myths that are still prevalent among the students.

1. Goals/Outcomes

While the information in the P2P curriculum is all very importation for young people to grasp HIV we noticed a gap. The P2P curriculum did not provide students with a since of how HIV affects their community; Hispanics in Greater Austin. Since our meetings and research on the effects of HIV within the Hispanic community in Austin showed that Hispanics between the ages of 18-29 where being infected with HIV at a higher rate than their counterparts the P2P program provided an opportunity for our group to have an impact on those numbers. Our theory and our hope is that providing this information can help mitigate the high levels of HIV infection in the age group the students were going to be a part of very soon.

Another gap that we discovered when talking with the City of Austin Health and Human Services partner was the lack of data on the effectiveness of the P2P program. Developing a survey that would measure the level of knowledge students had before the lesson verses after would not only be a way for our group measure our success, but it would also provide for the gathering of feedback and data that would help the P2P program. The survey format that our group developed combined binary and open ended questions that allowed for the gathering of exact data on the success of the P2P curriculum, along with our supplemental lesion, in getting students to understand the implications of risky behavior that could lead to HIV infection and feedback from the students on the lesson itself.

2. Challenges

The main challenge was to identifying the right information that would leave the students with the since that HIV is not just another STD, but an issue affecting the Hispanic community in Austin and specifically among the age group they were soon to enter. Through our research we discovered that young Hispanics in Greater Austin are experiencing a rate of HIV infection disproportionately to the majority of the population. By localizing the curriculum with our supplemental lesson could lead to some mitigation of the disproportionately of Hispanics living with HIV.

We began our supplemental HIV lesson by sharing the numbers of HIV infection among Hispanic males in Travis County in contrast to that of their white counterparts. Those numbers and a graph that is displayed are used to demonstrate the disparity. The graph also shows there is an even greater disparity in Travis County among black males living with HIV. Having established that Austin Hispanics in general have higher rates of HIV infection and HIV positive status the lesson then looks to point out the disparity among young Hispanics. The most powerful number then comes at the end to underline for the students the importance of HIV prevention by showing the high level of young Hispanics that are patients at Austin's largest HIV treatment clinic.

The students are then told about community resources for prevention and treatment of HIV. The supplemental lesson adds to that list Austin PrEP, which is a clinic that specializes in Pre-Exposure Prophylaxis. PrEP is a relatively new prevention treatment that if used correctly can prevent HIV negative people from becoming infected. Austin PrEP provides access to doctors and payment assistance to those who don't have the ability or means to get the prescription from a private doctors and pharmacies. In addition to the PrEP information the students are now told about Community Care's David Powel Clinic, and given its contact information.

3. Sample curriculum in Appendix.

Impact Tool: Surveys

Pre Survey topics included:

Basic demographics

- Open ended information questions about knowledge of topics prior to sessions (pregnancy & HIV/AIDS prevention)
- Experiential questions regarding comfort speaking to community about topics to be covered
- Overall knowledge of methods of prevention (pregnancy & HIV/AIDS)

Post Survey topics included:

- Identification of new knowledge learned from topics
- Ways to improve
- Specific knowledge on preventative methods (pregnancy & HIV/AIDS)
- Intentions regarding the sharing of learned knowledge (pregnancy & HIV/AIDS prevention)

The survey administrator checked returned surveys, scanned information, and imported responses into Microsoft® Excel and errors were checked against the individual forms. Data analysis was completed using Excel.

Note: The results reported can only be considered the opinions of the survey participants. They cannot be generalized to represent the entire client population as a whole.



Overall Knowledge Prior to P2P Session

- A) Have your parents or any family members talked to you about how to prevent HIV or pregnancy?
- B) Do you know where to go to be tested for HIV?
- C) Do you think minor can get tested for STDs including HIV or pregnancy?
- D) Do you think minors can get on birth control without their parents knowledge?



Sample responses to the open-ended questions:

What do you want to know about pregnancy and how to prevent pregnancy?

I don't know.

I already know

What's the cheapest way to prevent pregnancy?

How long does it take to know they're pregnant?

What do you want to know about HIV/AIDS and how to prevent HIV/AIDS?

How do you know when you have HIV

I already know.

How many people have it?

How long before it kills you?

Places to go to get checked

What is one method of birth control:

Pills

Condoms

Plan B

Where can you get tested for HIV/AIDS:

Hospital / Doctor

Pharmacy



Overall Knowledge of Topics After P2P Session



- A) Did you learn anything you didn't already know about HIV/AIDS or pregnancy during this class today?
- B) I learned what behaviors are risky for HIV transmission and infection.
- C) Are you more comfortable talking about HIV or pregnancy after this session?
- D) Will you talk with your friends about what you learned today?
- E) Will you talk with your parents/guardians about what you learned today?
- F) Will you talk with your siblings/other family members about what you learned today?

Impact Tool: Pamphlet

The pamphlet covers the HIV/AIDS data sources, Did You Know – Facts, how to reduce risk of contracting the HIV virus. This is a tool to be used by session peers as a supplement to the curriculum shared at the sessions, afterschool or at community gatherings. It was important to ensure these materials were available and understood by the English speaking as well as the Spanish speaking populations to help address the cultural divide. The Team ensured that the design and wording were appropriate for readers high school aged and above. They are created in both English and Spanish to help bridge the language barriers that might exist.

Sample Pamphlet in Appendix.

Sustainability

The Healthcare Team 2016 enrichment curriculum is slated to impact 60 students by the end of the 2015-2016 school year at AISD. With the backing of the City of Austin, AHA's Peer-2-Peer Mentor Program will expand from 4 to 6 schools in the 2016-2017 school year reaching 180 additional students over the 2 semester period. It is projected that P2P will be in every high school in AISD by the 2022-2023 school year, directly impacting young Hispanic males before the independence of adulthood. A plan has been designed for P2P teen mentors to deliver the supplemental curriculum to community groups year after year, to groups consisting parents, friends, and other community members. This will potentially impact hundreds more people between school years between 2016 and 2022.



This initiative is estimated to directly impact 2,700 Austinites by 2022.

Financial Summary

Healthcare Team 2016 Budget					
		Plan	Actuals		
Marketing					
	printing	75.00			
	display board	80.00			
	presentation table	25.00			
Administrative					
	Thank you packets	25.00			
	Binder	25.00			
Total		230.00			
HAL Budget Variance		20.00			



References

Supplemental Curriculum Sources:

The Austin/Travis County Health and Human Services Department 2015 Critical Health Indicators Report http://www.austintexas.gov/sites/default/files/files/Health/Info_to_Post/Critical_Health_Indicators_2015.pdf

"HIV Among Hispanics/Latinos." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 15 Oct. 2015. <u>http://www.cdc.gov/hiv/group/racialethnic/hispaniclatinos/index.html</u>

Latino Commission on AIDS https://www.latinoaids.org/hivlatinos.php https://www.latinoaids.org/docs/latino_youth_hiv.pdf

David Powell Clinic data was provided by: Brandon Wollerson, LMSW Practice Leader, David Powell Clinic CommUnityCare, Federally Qualified Health Centers

Pamphlet Sources:

AIDS info https://aidsinfo.nih.gov

Centers for Disease Control and Prevention https://cdc.gov

Hispanic HIV rate data: https://www.latinoaids.org/hivlatinos.php https://www.latinoaids.org/docs/latino_youth_hiv.pdf http://www.cdc.gov/hiv/group/racialethnic/hispaniclatinos/index.html http://www.advocatesforyouth.org

Information about Austin Prep can be found at: <u>http://www.austinprepaccessproject.org/</u>

Acknowledgements

The Healthcare Team would like to thank the numerous community leaders in Austin for helping in the discovery of where the team could apply their impact project in the most effective way. The City of Austin has been instrumental in allowing our impact to become one of sustainability and effectiveness for many years to come. The kids at Peer 2 Peer have been an incredible bunch of students to work with as they continue to inspire and make it easier for kids to engage on topics once very taboo and difficult to learn about.

Contact	Organization
Alda Santana	City Of Austin
Ben Walker	Austin Prep Access Project
Brandon Wollerson, LMSW	CommUnityCare
Dr. Sanford E. Jeames, DHA	Health Sciences AISD
Paul E. Scott	AIDS Service Of Austin
Ken Martin	The Care Communities
Loretta Holland, CFRE	Waterloo Counseling Center
Leah Graham	The Wright House Wellness Center
Stacey Luera, LBSW	Community Action, Inc



Eric M. Bustos



In his role within Capital Metro's Office of Diversity, Eric promotes increased participation in federally funded contracts to small, socially and economically disadvantaged businesses, including minority and women-owned enterprises. As the Capital Metro's lead liaison to the Transit Empowerment Fund (TEF) board Eric helps Capital Metro and the Fund to remove barriers to self-sufficiency by increasing access to transportation for education, employment, healthcare and social services. To date the fund has assisted in providing 2 million rides to its participating organizations clients. Also a member of Capital Metro's Government Relations team, Eric monitors and engages local city councils, county commissions, and State government bodies. Working with the agency's Regional Flanning Team, Eric helps develops Capital Metro's relationships in regional cities in an effort to expand transit options in those communities. Since it was founded in 2012, Eric has been a part of Capital Metro's signature community service

initiative 'Stuff the Bus'. In 2015, Eric was Capital Metro's project manager in coordination with Whole Foods Market to benefit the Capital Area Food Bank. That year, with three busses at different Whole Foods locations, 'Stuff the Bus' collected food and cash donations equal to nearly 47,900 meals. As a Dallas native, Eric is an avid fan of all of Dallas sports teams. Especially the Texas Rangers, who he expects to see in the World Series every year! Eric is an alumnus of St. Edward's University, and since first seeing the view of Downton from the Hilltop he has called Austin home.

Norma Garza

Norma was born in Monterrey, Mexico. She has a Bachelor's in Journalism and a Master's in Organizational Development. In five years as an Austin resident, she created the award-winning column "Palabras más, palabras menos", about Spanish vocabulary, published by "Ahora al", the Spanish edition of the Austin American-Statesman. In 2014 she joined Austin Independent School District Department of Communications and Community Engagement as its Multicultural Outreach Coordinator, working closely with the Spanish speaking community to increase parental involvement. She runs the "Maestro en Casa" (Teacher at Home) program that provides non-native English speaking parents English communication skills. She is also the host of the educational radio & TV show, "Educa Austin". Norma loves to spend time playing Scrabble, has been the national US 'Scrabble in Spanish' champion and has played in tournaments in eight countries.



Leopoldo "Polo" Jaimes



Polo was born in Mexico City, Mexico, but if you ask him, he considers himself an Austinite, since he moved to Austin in 1986. After a successful 14-year career in the IT industry as managing partner in a fortune 500 company, Polo made a 180-degree pivot shift to the insurance industry, which gives him the opportunity to demonstrate his passion for entrepreneurship and the flexibility to devote time to his beautiful wife and amazing son. Polo is a firm believer of "The Law of Reciprocity" and although very focused and determined as an entrepreneur, he embraces the servant heart for which he is most grateful. Polo is a devoted ambassador for the Greater Hispanic Chamber of Commerce and a loyal volunteer for nonprofit organizations such as Launch Pad–The Center for Building Hopes and Dreams and Kairos Prison Ministry International (KPMI). In his free time, Polo plays hand percussion in a Mexican Norteño band called Dia Cero.

Misa Rojo

Misa Rojo works in corporate development for Girl Scouts of Central Texas, building and maintaining community partnerships with local and national corporations. Misa also wears many other hats on the side including project manager, event planner, program facilitator and grant writer to name a few. An Arizona State University alum, Misa had a career with Accenture in IT project management in Phoenix, Arizona. She helped to design, develop and implement system enhancements for Fortune 500 financial services corporations. Since moving to Austin in 2004 to stay home and raise her growing family, she consulted part-time for small businesses and enjoyed volunteering for her children's schools and community, before recently returning to work full time. Because Misa's Japanese-Mexican heritage provides her with a unique view on community, she appreciates opportunities to share her multiculturalism to help bring its advantages into focus to those around her. Misa is grateful for any time she spends exploring Austin with her children, attending musical and cultural events, and enjoying good food & drink with good friends and family.



Appendix A – Supplemental Lesson



86% of People living with HIV in Travis County are males. As you can see by the graph, while African American's rank at the top, Hispanic's living with HIV has been rising in recent years. The graph also illustrates unequal impact of HIV on the Hispanic community. Whites make up a majority of the Travis County population, while Hispanic make up a smaller minority. However, when I comes to people living with HIV Whites and Hispanics are almost even. This is considered a disproportionate impact.

HISPANIC AUSTIN LEADERSHIP: HEALTHCARE TEAM - APRIL 22, 2016

3. In 2013, Hispanic youth represented 20% of HIV diagnoses compared to 17% white youth. These numbers tell us that amongst young Hispanics HIV infection rates are on the rise.

The David Powell Clinic, here in Austin, is the leading HIV testing and treatment clinic for 10 counties in Central Texas. At the David Powell Clinic patents between the ages of 20 and 29, 46% identify as Hispanic. David Powell's high number of young Hispanic patents demonstrates the importance of young Hispanic's becoming educated on how best to prevent HIV infection.

4. PrEP means Pre-Exposure Prophylaxis, and it's the use of anti-HIV medication that keeps HIV negative people from becoming infected. The medication interferes with HIV's ability to copy itself in your body after you've been exposed. This prevents it from establishing an infection and making you sick.

5. Explain the importance of learning more about HIV prevention by citing these resources.

Community Care 's David Powel Clinic:

4614 N. IH 35 Austin, TX 78751 Phone: 512-978-9100

For more information on Austin PrEP visit www.austinprepaccessproject.org

Encuesta previa a la clase

Para hacer esta clase más informativa para ti, ¡nos gustaría saber lo que TÚ ya sabes! Por favor responde las siguientes preguntas.

Nota: Esta información será confidencial y no será compartida.

Tengo	años de edad.	Asisto a la Preparatoria	
		(nombre de la es	
-	é quisieras saber sobre el embarazo		
b.			
	-		
-	é quisieras saber sobre el VIH y cóm		
	-		
-	s padres o cualquier miembro de la fa parazo?	amilia te han hablado sobre cómo prevenir	el VIH o SÍ o NO
	bes a dónde ir para hacerte la prueba		SÍ o NO
-	isión sexual (STD, por sus siglas en	len hacerse pruebas de enfermedades de inglés), incluyendo el VIH, sin el conocimie	nto de SÍ o NO
	nsas que los menores de edad pued miento de sus padres?	en obtener métodos de control natal sin el	SÍ o NO
÷	ál es un método de control natal?		

8. ¿Has escuchado de PrEP (Proflaxis por Pre-Exposición, por sus siglas en inglés)? SÍ o NO

_

g. ¿Qué es?_____

¡Gracias por llenar esta encuesta!

Encuesta posterior a la clase

¡Esperamos que hayas aprendido información útil en nuestra clase! Y como queremos asegurar más clases útiles en el futuro para tus compañeros, por favor completa esta encuesta lo mejor posible.

Nota: Esta información será confidencial y no será compartida.

Tengo años de edad.	Asisto a la Preparatoria (nombre de la escuela)
1. ¿Qué fue la cosa más útil que aprendist	e en la lección de hoy?
2. ¿Cómo crees que podemos mejorar est	a sesión?
de hoy?	e el VIH/sida o sobre el embarazo durante la clase SÍ o NO
-	
4. ¿Cuáles fluidos transmiten el VIH?	
5. ¿Dónde se puede hacer una persona la	prueba del VIH?
	osas para la transmisión e infección del VIH: SÍ o NO conducta riesgosa
 Por favor menciona dos formas de preve a. 	enir el embarazo:

b. _____

8. Por favor menciona dos formas de prevenir el VIH u otras enfermedades de transmisión sexual (STD, por sus siglas en inglés):

9. ¿Te sientes mejor hablando sobre el VIH o el embarazo después de esta sesión? SÍ o NO

a. ¿Por qué o por qué no?

10. ¿Hablarás con tus amigos de lo que aprendiste hoy?

b. ¿Por qué o por qué no?

11. ¿Hablarás con tus padres o tutores de lo que aprendiste hoy? SÍ o NO

12. ¿Hablarás con tus hermanos/otros miembros de la familia de lo que aprendiste hoy?

SÍ o NO

- c. ¿Por qué o por qué no?
- d. Si aún tuvieras más preguntas después de esta sesión, ¿dónde buscarías las respuestas?

SÍ o NO

Pre Class Survey Questions

In order to make this class more informative for you, we would like to know more about what YOU already know! Please answer the questions below.

Note: This information will be confidential and will not be shared.

I am _	16 years old.	I attend Lan	iev	high school.	
1.	What do you want to kno	w about pregnanc	y and how to pr	event pregnancy?	
	a. IDK				
2.	What do you want to kn	ow about HIV and	how to prevent	HIV?	
	a. How do u	IN Know when	1 you have	HIV	
				dia ta ga	
	0				
3.	Have your parents or an	y family members	talked to you ab	oout how to prevent YES or NO	HIV or pregnancy?
4.	Do you know where to g	go to be tested for H	IV?		YES or NO
	a. Where?				
5.	Do you think minors car their parent's knowledg NO		ually Transmitt	ed Diseases (STDs)	including HIV with
6.	Do you think minors ca	n get on birth contr	ol without their	parent's knowledge	? YES or NO
7.	What is one method of	oirth control?	115		
8.	Have you ever heard of	PrEP?			YES or NO
	a. What is it?				\bigcirc
	- Pr				
	Υ.,				

Thank you for completing this survey!

Post Class Survey Questions

We hope you learned helpful information in our class! So that we can ensure we make future classes helpful to your peers, please complete the survey below to the best of your ability. **Note:** This information will be confidential and will not be shared.

I am _	years old. I attend high school.
1.	What was the most helpful thing you learned in today's session?
	How people misinterpret HIV
2.	How do you think we can improve this session?
	anowing more hands on activities
3.	Did you learn anything you didn't already know about HIV/AIDS or pregnancy during this class today?
4	a. If Yes, explain that USING a condom everytime reduces (Mances of HUB reastmink, semen
5	
6	. I learned what behaviors are risky for HIV transmission and infection. (YES) or NO
	a. List at least one risky behavior <u>UNPROTECTED ITX</u>
7	a
	b. Using a condom
8	a. A structure of the state of
	b. OVSTMENCE
ç	a. Why or why not? <u>blc_lk_whoth_ltlc</u>
	a. Why or why not? IFTDEU OSK III OILUCIUS OFT
	11. Will you talk with your parents/guardians about what you learned today? YES or NO
	a. Why or why not? DIC THEY OFF OF THE POINT OF PUPERT
	b. If you still have questions after this session, where will you go to find answers?

P2P Curriculum her

Questions HAL HIV Curriculum

Question	School	Pre/Post Survey Results		
		Yes	No	
Have your parents or any family members				
alked to you about how to prevent HIV or				
pregnancy?	Lanier	8	12	
Do you know where to go to be tested for				
HIV?	Lanier	11	9	
Sexually Transmitted Diseases (STDs)				
ncluding HIV without their parent's	Lanier	12	8	
Do you think minors can get on birth control				
vithout their parent's knowledge?	Lanier	12	8	
Have you ever heard of PrEP?	Lanier		20	
Did you learn anything you didn't already				
now about HIV/AIDS or pregnancy during				
his class today?	Lanier	9	9	
learned what behaviors are risky for HIV		·		
ransmission and infection.	Lanier	17	1	
Are you more comfertable taling about HIV	Lamor	17	· · · ·	
or pregnacy after this session?	Lanier	14	4	
Will you talk with your friends about what	Lamo	די	7	
/ou learned today?	Lanier	14	4	
Will you talk with your parents/gardians	Lattici	14		
about what you learned today?	Lanier	8	10	
Will you talk with your siblings/other family	Lattiet	0	10	
members about what you leanded today?	Lanier	9	9	
Have your parents or any family members	Lattiet	J	3	
alked to you about how to prevent HIV or				
	Del Velle	8		
pregnancy?	Del Valle	8	4	
Do you know where to go to be tested for	Del Velle	8		
HIV?	Del Valle	8	4	
Do you think minors can get tested for				
Sexually Transmitted Diseases (STDs)				
ncluding HIV without their parent's	Deliver			
knowledge?	Del Valle	11	2	
Do you think minors can get on birth control				
without their parent's knowledge?	Del Valle	9	3	
Have you ever heard of PrEP?	Del Valle		12	
Did you learn anything you didn't already				
know about HIV/AIDS or pregnancy during				
his class today?	Del Valle	6	6	
learned what behaviors are risky for HIV				
ransmission and infection.	Del Valle	12		
Are you more comfertable taling about HIV				
or pregnacy after this session?	Del Valle	11	1	
Will you talk with your friends about what	-			
/ou learned today?	Del Valle	10	2	
Will you talk with your parents/gardians				
about what you learned today?	Del Valle	9	3	
Will you talk with your siblings/other family	2 St Faile		Ĭ	
members about what you leanded today?	Del Valle	8	4	

Appendix C - Pamphlets

English Language Version

HIV Data sources

Travis County data: http://www.austintexas.gov/sites/default/files/ files/Health/Info_to_Post/Critical_Health_Indicators_2015.pdf

AIDS info https://aidsinfo.nih.gov

Centers for Disease Control and Prevention https://www.cdc.gov

Hispanic HIV rate data: https://www.latinoaids.org/hivlatinos.php

http://www.cdc.gov/hiv/group/racialethnic/hispaniclatinos/index.html https://www.latinoaids.org/docs/latino_youth_hiv.pdf http://www.advocatesforyouth.org

Information about Austin Prep can be found at: http://www.austinprepaccessproject.org/

Thanks to the cooperation of the Austin Independent School District and the Austin Healthy Adolescent Program (AHA) of the City of Austin.

SER NEGATIVO ES POSITIVO

SÚMATE A LA PREVENCIÓN

HIV Prevention Peer 2 Peer Program

HIV (human immunodeficiency virus) s spread only in certain body fluids from a person infected with HIV. These fluids are blood, semen, pre-seminal fluids, rectal fluids, vaginal fluids, and breast milk.

In the United States, HIV is spread mainly by having sex or sharing injection drug equipment, such as needles, with someone who has HIV.

About one in eight Americans with HIV do not realize they are infected with the virus and those people account for nearly one-third of HIV transmissions in the United States.

In 2014, Latinos comprised 17% of the U.S. population, yet represented 23% of the HIV infection cases that same year. Young people ages 15-24 comprised 20% of Texas' new HIV cases. People still die of HIV and AIDS (if left untreated, HIV can lead to the disease Acquired Immunodeficiency Syndrome). In the United States, 6,955 people died from HIV and AIDS in 2013.

Young people engage in sexual risk behaviors that can result in HIV infection, other sexually ransmitted diseases, and unintended pregnancy. n 2013 among high school students in Texas:

» 53.8% did not use a condom during last sexual intercourse (among students who were sexually active).

HOW CAN I REDUCE MY RISK OF GETTING HIV?

» Get tested and know your partner's HIV status.

- » Have sex that is less risky for contracting HIV/AIDS. Oral sex is much less risky.
- » Use condoms correctly.
- » Limit your number of sexual partners.
 If you have more than one sexual partner, get tested for HIV regularly.
- » Get tested and treated for STDs (Sexually Transmitted Diseases).
- » Talk to your health care provider about pre-exposure prophylaxis (PrEP). PrEP is an HIV prevention option for people who do not have HIV but who are at high risk of becoming infected with HIV.
- » Don't inject drugs.



Spanish Language Version

SER NEGATIVO ES POSITIVO

Fuentes de datos sobre VIH

Datos del Condado de Travis: http://www.austintexas.gov/sites/default/files/ files/Health/Info_to_Post/Critical_Health_Indicators_201

AIDS info https://aidsinfo.nih.gov

Centers for Disease Control and Prevention https://www.cdc.gov

Datos de la proporción en hispanos: https://www.latinoaids.org/hivlatinos.php http://www.clatinoaids.org/acialethnic/hispaniclatinos/index.html. https://www.latinoaids.org/docs/latino_youth_hiv.pdf http://www.advocatesforyouth.org

Información sobre Austin Prep: http://www.austinprepaccessproject.org/

Gracias por su colaboración al Distrito Escolar Independiente de Austin y al programa Austin Healthy Adolescent (AHA) de la Ciudad de Austin.



SÚMATE A LA PREVENCIÓN

Prevención del VIH Proarama Peer 2 Peer

El VIH (virus de la inmunodeficiencia numana) se transmite solamente en ciertos Ruidos corporales de una persona infectada. Estos fluidos son la sangre, el semen, los fluidos preseminales, fluidos rectales, fluidos vaginales y la leche materna.

En los Estados Unidos, el VIH se contagia principalmente mediante el sexo o por compartir equipo de inyección de drogas -como las agujascon alguien que tiene el virus.

En 2014, los latinos conformaban el 17% de la población de E.U., y al mismo tiempo representaron el 23% de los casos de infección de VIH. Los jóvenes de entre 15 y 24 años representaron el 20% de los casos nuevos de VIH en Texas.

> Uno de cada ocho estadounidenses con VIH no se da cuenta que está infectado y ellos son responsables de casi una tercera parte de las transmisiones del VIH en el país.

La gente aún muere por el VIH y de SIDA (si no se trata, el VIH conduce a la enfermedad llamada Síndrome de Inmunodeficiencia Adquirida). En los Estados Unidos, 6 mil 955 personas murieron por VIH y sida en 2013.

Los jóvenes incurren en conductas sexuales riesgosas que pueden resultar en la infección del VIH, otras enfermedades de transmisión sexual y embarazos no deseados. En 2013, entre los estudi antes de preparatoria de Texas:

 » El 51.6 % no había tenido relaciones sexuales.
 » El 53.8% no usó condón durante su última relación sexual (entre los estudiantes sexualmente activos).

SABIAS OUL...

¿CÓMO PUEDO REDUCIR EL RIESGO de contraer el VIH?

- » Hazte pruebas y conoce el estado de tu pareja en cuanto al VIH.
 - » Elige el sexo menos riesgoso en la transmisión del VIH/sida. El sexo oral es mucho menos riesgoso.
 - » Usa condones correctamente.
 - » Limita tu número de parejas sexuales. Si tienes más de una pareja, hazte la prueba del VIH regularmente.
 - » Hazte pruebas y recibe tratamiento para STDs (enfermedades de transmisión sexual, por sus siglas en inglés).
- » Habla con tu médico sobre el tratamiento profiláctico de preexposición (PrEP, por sus siglas en inglés). PrEP es una opción de prevención del VIH para gente que no tiene el virus pero corre un riesgo alto de infectarse.
 » No te inyectes drogas.

