

Students Teaching AIDS to Students: Addressing AIDS in the Adolescent Population

**GRANT G. HAVEN
JEFFREY W. STOLZ, MD**

Mr. Haven's and Dr. Stolz's joint proposal won first prize in the contest for the 1988 Secretary's Award for Innovations in Health Promotion and Disease Prevention. The contest is sponsored by the Department of Health and Human Services and administered by the Health Resources and Services Administration in cooperation with the Federation of Associations of Schools of the Health Professions.

Mr. Haven was a third-year medical student at the School of Medicine, University of Missouri at Columbia, and Dr. Stolz was a fourth year medical student at the School of Medicine, University of North Carolina at Chapel Hill, when they submitted their joint proposal, "STATS," for the Secretary's Award through the American Medical Student Association. Dr. Stolz is now a pediatric intern at Children's Hospital in Boston, in a 3-year pediatric program of Harvard Medical School.

Tearsheet requests to the American Medical Student Association, 1890 Preston White Dr., Reston, VA 22091.

Synopsis

Adolescents are at high risk for developing acquired immunodeficiency syndrome (AIDS) because of their sexual curiosity and exploration, drug experimentation, and lack of knowledge. At present, the only way to reduce this risk is through education. In an effort to increase AIDS education

among adolescents, a program called Students Teaching AIDS to Students (STATS) is proposed. The goal of this project is to help train medical students to become AIDS educators in the schools, churches, and youth organizations of their local communities.

The project involves preparation and distribution of a package of materials which can be used by medical students to initiate a STATS program. The package consists of a manual which explains the essentials of starting a youth health education project, suggests how to gain approval for the project within the community, and contains curriculums with basic AIDS information and exercises. The curriculum material is tailored for presentation to students over two school-class periods on separate days and contains age-appropriate information. Another component of the package is the slide show tailored to explain STATS to school boards, parent groups, and the leaders of other youth organizations. A video tape to help answer difficult questions put by students has been selected to be part of the curriculum for school grade levels 7 to 12. These materials are geared to facilitate the start of a successful AIDS education program for adolescents.

Because the first-prize paper was copyrighted in 1988 by the American Medical Student Association/Grant Haven/Jeffrey Stolz, it cannot be reproduced in its entirety in *Public Health Reports*. However, a detailed description of the project was provided by the authors: the following summary is based on the description.

AQUIRED IMMUNODEFICIENCY syndrome (AIDS) is rare among adolescents at present. Yet this population, in particular, is in need of preventive health education. Epidemiologic data on the use of drugs and the spread of sexually transmitted diseases suggest that these are the most pervasive, destructive, and costly problems confronting adolescents in the United States today and that the incidence of disease may far exceed the reported rate. Knowledge about high-risk behavior patterns associated with AIDS could help to prevent the spread of the disease. In fact in his 1986 "Surgeon

General's Report on Acquired Immune Deficiency Syndrome" (1) Dr. C. Everett Koop targeted adolescents and preadolescents for education "because of their vulnerability when they are exploring their own sexuality (heterosexual and homosexual) and perhaps experimenting with drugs" (1). The Surgeon General also considers teenagers to be at great risk because they often consider themselves immortal and believe that AIDS will never affect them personally. Therefore, a concerted effort at AIDS education may help to prevent a major health crisis in the adolescent population.

The Problem

Contrary to what we would like to believe, high-risk sexual and drug behavior is prevalent among teenagers. The frequency of sexual activity was revealed in statistics released by the National Research Council in 1987, as reported in a congressional fact sheet (2). More than 11.6 million teens (70 percent of girls and 80 percent of boys) had engaged in sexual intercourse by age 20. More than 1 million teenagers become pregnant each year. Currently one in seven teens has a sexually transmitted disease. The number of adolescents using drugs is equally astonishing (3). More than 200,000 high school students have used heroin. About 2 million have used other opiates, about 7 million have used stimulants, and more than 3 million have used cocaine. All of these substances may be used intravenously, which puts these adolescents at high risk for acquiring AIDS.

Although the disease is rare in this population, with only 148 cases reported among 13- to 19-year-olds as of 1987, the human immunodeficiency virus (HIV) may be well established in this age group (2). The Centers for Disease Control has stated that many of the 7,687 AIDS cases among 20- to 29-year-olds probably became infected with the virus as teenagers. This is possible because it is believed that there is a 5- to 7-year incubation period between infection with the virus and actual symptoms of AIDS.

Studies have shown that the level of health education among high school students is inadequate. In one survey of adolescents conducted in San Francisco, the students were generally unaware that the AIDS virus is not spread through casual contact, that AIDS is incurable, and that the use of a condom during sex can lower the risk of getting AIDS (4). This lack of knowledge translates into lack of necessary precautions. According to a 1986 Louis Harris Associates poll of sexually active teenagers, 27 percent said that they "never use contraceptives" (2).

Addressing the health crisis facing adolescents will undoubtedly require both Federal and community efforts to reach as many preteens and teenagers as possible.

The Project

One project that would begin the massive task of informing the nation's youth about AIDS prevention at the community level is "Students Teaching AIDS to Students" or STATS. This program uses

the talents, concern, expertise, and energy of medical students to help teach AIDS prevention to teenagers.

Basically, the proposal is to provide students at each medical school with the materials to set up a community-supported STATS; they include slides, a manual, detailed curriculums, a video tape, and other pertinent data. The material includes a step-by-step outline of how to set up STATS. To get the project established and initially publicized in a community, there is a slide show to help explain it to school boards, parents' groups, and churches. The manual contains a script for the slide show as well as responses to common concerns and questions, sample letters, and press releases. The detailed age-appropriate curriculums, exercises, and work sheets tailored for presentation to young students over two separate class periods will be helpful to those preparing to talk to teenagers. Also available is a video entitled, "The Subject Is: AIDS," written responses to difficult questions asked by children about AIDS, and reference articles including the Surgeon General's report on AIDS. With the help of these materials, a group of enthusiastic medical students should be able to establish a successful health education project for adolescents in the vicinity of their medical school.

Methodology

The STATS program requires a group of interested medical students at each participating school. They begin by raising a small amount of money in the community needed for office details—photocopying, correspondence, and so forth. Several other arrangements should be made before recruiting and training medical students to be AIDS educators. A person should be recruited and identified (for example, a secretary in the dean's office) to accept calls from teachers or organizations requesting speakers on AIDS. Some method must be devised to inform teachers about the availability of STATS, either by the organizers of STATS meeting with the school board or the school district's health coordinator, by attending faculty meetings, or by making individual contacts with school nurses or teachers.

A well-publicized organizational meeting for medical students interested in volunteering must be scheduled. Arrangements should be made for a faculty member of the medical school or other informed person to discuss the important facts about AIDS at the meeting. In addition, a psychologist who works with adolescents, an interested

teacher, a school nurse, or other expert should be invited to talk about how to hold a child's interest and to deal with the special needs of children. One medical student should be prepared to explain STATS in detail and present the available curriculum materials to the medical student volunteers.

The organizational meeting should last about 3 hours. In addition to the speakers, the videotape "The Subject Is: AIDS" may be shown and two committees need to be formed: a Community Liaison Committee and a Speakers Committee. The Liaison Committee will be charged with contacting community organizations, schools, churches, youth groups, YMCA or YWCA, boys and girls clubs, homes for the disadvantaged, and scout troupes. The Community Liaison Committee should make sure that STATS is listed with the local speakers bureaus, AIDS organizations, and the department of health. In addition, local or State officials who are coordinating AIDS education efforts in the area should be informed about the existence of STATS. The Speakers Committee should work closely with the Community Liaison Committee, keeping a roster of medical students trained in the STATS program who are ready to fill requests for a speaker with a pair of medical students.

If everything has been set up correctly, the STATS program should practically run itself. Teachers and representatives from other organizations contact the medical school secretary, generally by telephone, to express interest in a speaker. They offer possible dates and times and explain the type and age of the audience and any special considerations. The request should be made at least 2 weeks in advance. The Speakers Committee picks up the requests once a week and contacts the medical students in STATS who work in 2-person teams. The student pair is then responsible for contacting the teacher and arranging a date and time. The medical students design their own talk, tailoring it to their audience. Before giving their first talk, the pair of students will be required to meet with the Speakers Committee to test their presentation skills and knowledge. This audition is necessary to avoid poor or inappropriate presentations and to maintain the credibility of STATS.

Evaluation of the Project

To monitor the success of the teaching format and to insure consistent quality, each presentation will be evaluated by the medical student presenters and by the teacher or leader who invited them to speak. The teacher will fill out an evaluation form

'Studies have shown that the level of health education among high school students is inadequate. In one survey of adolescents conducted in San Francisco, the students were generally unaware that the AIDS virus is not spread through casual contact, that AIDS is incurable, and that use of a condom during sex can lower the risk of getting AIDS.'

and mail it to the Speakers Committee after the talk has been given. The evaluation by the medical students should include the number in the audience, results of the pre-test and post-test, and suggestions for future presentations.

Design and Feasibility

The key to a successful STATS program is to develop credibility and gain acceptance in the community. Similar programs on health issues such as smoking, nutrition, and substance abuse have been received with enthusiasm by school districts around the country. However, AIDS is viewed as a controversial disease by many school boards and parents.

The STATS materials to be presented to the various groups are designed to address such concerns. For instance, parents may want to know what the medical students will say about homosexuality, condoms, and various sexual practices. They may be concerned that talking about sex will make their children more permissive in their attitudes toward sexual behavior and increase sexual activity. Concise answers by the STATS team to these concerns, backed by study findings in some instances, may help alleviate some of the fear and ignorance surrounding this issue. For example, according to a nationwide study by researchers at the Johns Hopkins University "the data seem to provide overwhelming support for the claim that decision to engage in sexual activity is not influenced by whether or not teenagers have had sex education in school" (5).

The Curriculum

The quality of the entire proposal depends on the strength of the curriculum. In addition to present-

ing the information that adolescents should know about AIDS, the STATS manual suggests ways to narrow and focus the information so that it is appropriate for the age of the audience. The STATS curriculum is unique because it is designed to be presented in only two class periods on separate days. Therefore, the information must be concise and have impact. It must also be appropriate to the age of the audience.

The first class period will consist mainly of teaching the basic information about AIDS and dispelling myths. The questions to be answered are What is AIDS?; How do you get it?; How do you prevent it?. The video "The Subject Is: AIDS," developed by the New York Public School District, answers these questions in a fast-paced, easy-to-understand format. The video, narrated by a popular teen celebrity, should easily capture attention. The video will be followed by a presentation of the essential knowledge about AIDS. The curriculum provides brief explanations of such subjects as what teenagers should know about condoms. There are also some interactive hints to help the medical student involve the mind of each child. For example, the medical student might ask the children to describe a carrier of the virus. This question would emphasize the fact that a carrier may look perfectly healthy.

In addition to essential information about AIDS, the manual includes three menus that suggest the information appropriate for the age group in grades 7-8, 9-10, and 11-12. For instance, grades 7 and 8 will receive an abbreviated discussion of condoms or none at all, depending on community standards. Students in grades 11 and 12 would probably be mature enough to deal with this information. The higher grade levels can also delve further into some of the social issues. These guidelines may be presented to the school board if members have specific questions about what will be said at each grade level. Certain restrictions in what can be said may need to be negotiated to comply with community standards.

The second class period is intended to reinforce the information presented in the first period. The essentials, however, will be presented in the first session so that if a second session is not practical, all the important information will have been covered.

Medical students may choose from eight exercises that have been developed. Each exercise includes objectives and instructions. The exercises follow:

1. Scenarios—In five situations a medical student pretends to be making an AIDS-related deci-

sion. The class must convince him or her to make the right choice.

2. Pros and Cons—A risk-reduction behavior is written on the board and the class helps create a list of barriers to using that behavior. Then they list reasons why they should adopt that behavior and contrast the two lists.

3. AIDS Switchboard—The students are divided into groups and given a question to answer as if they were staffing an AIDS hotline. They must formulate advice for the caller.

4. Envelope Game—Each student receives an envelope marked "a", "b", or "c" on the inner flap. The students exchange the envelopes twice and accumulate a set of letters. Anyone with an "a" has AIDS. The students are then asked to evaluate their feelings about exchanging envelopes again or issues such as showing their "a" to their employer.

5. Monologue—A medical student presents a dramatic monologue, pretending to be someone faced with the emotional trauma of a loved one with AIDS and the potential of being infected himself or herself. The students talk about how they would feel under similar circumstances.

6. Teaming Up—The class is divided into two teams that compete for points by answering factual questions about AIDS.

7. Risk Worksheet—Students are presented with a list of activities and must decide if they are definitely at risk, probably at risk, probably safe, or definitely safe.

8. Hotline Assignment—Between the first and second sessions the students must call the National AIDS Hotline and ask two questions that were not answered in class.

Impact on the Community and Students

If the STATS proposal is implemented, there would be many advantages. With enthusiasm and hard work contributed by the medical students, the STATS project has the potential of reaching thousands of teenagers as well as their parents, their teachers, and their communities. The plan is to produce the materials for the package and distribute them through the American Medical Student Association, the largest independent medical students' organization in the country, which now owns the copyright, together with the authors. (The manual, slide show, and video may be purchased by contacting the American Medical Student Association Resource Center, 1890 Preston White Dr., Reston, VA 22091.)

Medical students are capable of becoming well versed in the facts about AIDS. They already have much initial preparation from their medical school training. Also, as evidenced by successful youth education programs on other health issues, such as smoking, nutrition, and substance abuse, teenagers respond well to talks by medical students. Finally, the medical students who participate in STATS will undoubtedly benefit by learning to communicate with their future patients on issues of health promotion and disease prevention.

An estimated budget for a local chapter to initiate STATS follows:

STATS manual (20 copies).....	\$140
Slide show	\$21
Video purchase	\$350
Correspondence.....	\$40

Telephone.....	\$40
Total	\$591

References.....

1. Koop, C. E.: Surgeon General's report on acquired immune deficiency syndrome. U.S. Department of Health and Human Services, Oct. 26, 1986.
2. Select Committee on Children, Youth, and Families, U.S. House of Representatives: Fact sheet. AIDS and teenagers. June 18, 1987.
3. Quackenbush, M., and Sargent, P.: Teaching AIDS: a resource guide on acquired immune deficiency syndrome. Network Publishers, Santa Cruz, CA, 1986.
4. DiClemente, R., Zorn, J., and Temoshok, L.: Adolescents and AIDS: a survey of knowledge, attitudes, and beliefs about AIDS in San Francisco. Am J Public Health 76: 1443-1445, December 1986.
5. Zelnik, M., and Kim, Y.: Sex education and its association with teen sexual activity, pregnancy, and contraceptive use. Fam Plann Perspect 14: 117-126, May-June 1982.

Project Outreach: Organizations Unified To Reach Youth

BARRETT C. DUNNINGTON, BS
MARK L. HAYES, BS

This proposal won second prize in the contest for the 1988 Secretary's Award for Innovation in Health Promotion and Disease Prevention. The contest is sponsored by the Department of Health and Human Services and is administered by the Health Resources and Services Administration in cooperation with the Federation of Association of Schools of the Health Professions.

When Mr. Dunnington and Mr. Hayes competed for the award, they were senior pharmacy students at the University of Missouri-Kansas City School of Pharmacy. During the summer of 1988, they were interns at the U.S. Pharmacopeial Convention, Inc., Rockville, MD. Tearsheet requests to Gail Metcalf Schartel, University of Missouri-Kansas City School of Pharmacy, 5005 Rockhill Rd., Kansas City, MO 64110.

Synopsis.....

Youths of today are forced to deal with the external pressures of alcohol and drug abuse on all levels—from the older youngsters across the street pressuring them to be "cool," to the "cute dog" enticing them with the glamour of being the original "party animal." Through today's mass communications, young people are exposed to negative, self-destructive attitudes. It is important,

therefore, to expose them to a more positive influence and try to reach them through parental guidance, personal contact, and peer pressure.

To achieve this, the University of Missouri's Kansas City Chapter of the American Pharmaceutical Association's Academy of Students of Pharmacy, in conjunction with the Metropolitan Kansas City Area Task Force on Alcohol and Other Drug Abuse, proposed the development of an annual drug abuse prevention program that specifically targets fifth graders in the greater Kansas City metropolitan area. A primary goal of Project Outreach (Organizations Unified to Reach Youth) is to unite drug abuse prevention programs in the greater Kansas City metropolitan area in their outreach efforts to give positive support to Kansas City's youth against alcohol and other drugs.

Phase I of Project Outreach consisted of a series of programs for the parents in the community. Phase II entailed college students who spoke to fifth graders in their classrooms. These students also participated in poster and poem contests centered around drug abuse prevention. In Phase III, which featured an outstanding, motivated speaker, the sample group of 600 fifth graders in the area participated in a major event to give positive peer pressure to say no to drugs. Pertinent entertainment also was provided, and the governor of Missouri, John Ashcroft, attended the rally. In