Charting a New Course
HIV/AIDS Prevention at Hispanic Serving Institutions and Colleges

A Guidebook for Student Health Services, Faculty, and Administrators as they plan, develop, implement and evaluate a comprehensive HIV prevention education program for students.

CARDEA
Training, Organizational Development and Research
Acknowledgements

Project Partners

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- Valley AIDS Council, Brownsville, Texas
- Costal Bend AIDS Foundation, Corpus Christi, Texas

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Section I: Background: HIV/AIDS and Latino Youth

This Guidebook is intended to act as a roadmap for developing and implementing a comprehensive HIV prevention program at Hispanic Serving Institutions, although many minority college campuses can benefit from its content given appropriate assessment and thoughtful modifications. This Guidebook presents Cardea’s comprehensive planning model and highlights the HIV/AIDS Partnership’s experiences implementing HIV prevention programs at two Hispanic Serving Institutions in South Texas.

Why HIV Prevention for Youth?

Young adulthood is a crucial period for exploring personal and sexual identity, developing relationships and intimacy, and learning about power dynamics, personal boundaries and communication styles. Young adulthood is also about exploring the world and today’s youth have unprecedented access to information and resources that bridge gaps in economic, social and political/religious boundaries. Today’s youth have unprecedented access to information and resources that bridge gaps in economics, society and politics, and religion.

Unfortunately this period can also predispose young people to increased risk factors such as alcohol and drug use which may also put them at increased risk for unintended pregnancy, sexually transmitted infections (STIs) and other compromising health issues. Larger social determinants such as access to education, community resources, and socioeconomic status will also influence the availability and choices these youth make.

Latinos are the largest and fastest growing minority group in the United States and there are a variety of cultural factors that distinguish them from other demographic groups. The culture of silence surrounding sexuality in Latino culture contributes to a lack of education about sexuality. Religious beliefs and gender roles among Latinos can further perpetuate the lack of discussion surrounding sexuality and contribute to unequal power dynamics in relationships and lead to stigma and homophobia. Socioeconomic factors such as poverty and language barriers among Latinos compound these cultural influences and place Latino youth at higher risk for HIV.

The HIV/AIDS Partnership was developed to address these factors and reduce the disproportionate rate of HIV infection among young college-age Latinos.

The following national statistics have helped shape the HIV/AIDS Partnership’s focus on college-age Latino youth:

- Young people (ages 13 - 29) accounted for 39 percent of all new infections in the US in 2009.¹
- Young men-who-have-sex-with-men (MSM) accounted for 27% of new infections in the US, and 69% of new infections among people aged 13-29.²
- The rate of new HIV infections among Latinos was nearly three times that of whites in the U.S. in 2010 (22.5 vs. 8.7 per 100,000 population).³
- Latinos ages 20-24 account for 20% of all new AIDS diagnoses among young adults but only represent about 15% of young adults in the United States.⁴
Cardea’s Experience

Cardea has over fourteen years of experience conducting campus-based HIV prevention efforts with a majority of those efforts targeting minority academic institutions. This experience led Cardea staff to offer a variety of capacity building services to Historically Black Colleges and Universities and Hispanic Serving Institutions in the Southwest, including training and deployment of student peer educators, implementation of evidence-based interventions, gender-responsive training, and coordinated strategies for implementing accessible HIV/STI testing, medical care, and behavioral counseling and risk reduction referrals.

Cardea developed a comprehensive planning model that is adaptable for use on any college campus although it has been piloted at minority colleges and universities to date.

HIV/AIDS Comprehensive Planning Model

The HIV/AIDS comprehensive planning model seeks to implement a multi-level approach to HIV prevention. Cardea’s model parallels the Office of Minority Health’s Strategic Framework for Improving Racial and Ethnic Health Disparities which was designed to help guide planning, implementation, and evaluation efforts that seek to improve minority health and reduce health disparities by addressing health and wellness across a continuum of social determinants.³

The comprehensive planning model follows a “systems approach” to addressing HIV prevention by focusing on achieving targeted outcomes that complement and support individual level health outcomes. This approach seeks to create sustainable programs that promote increased HIV testing and screening, behavioral counseling, community values that encourage healthy sexuality, and improved linkages to medical care as needed.

Core Program Components

<table>
<thead>
<tr>
<th>Capacity Building</th>
<th>Counseling and Testing</th>
<th>Peer Education and Outreach</th>
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<tbody>
<tr>
<td>Developing an HIV prevention program involves more than creating access to testing. It involves creating partnerships with community healthcare providers and training staff on HIV testing and sexuality education. Establishing a coordinated referral network is a key capacity building activity.</td>
<td>Provision of free and confidential HIV testing both on and off campus removes barriers to HIV prevention such as lack of access to testing and stigma associated with accessing these essential services.</td>
<td>Peer educators play a crucial role in normalizing conversations about sexuality and increasing student knowledge about HIV and testing services.</td>
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</table>

Supportive Campus Environment

A central aim of the comprehensive model is to implement HIV prevention strategies on a community and systems level. For example, increased access to condoms and decreased stigma around HIV testing are two community level aims of the model.
Why Peer Education?

The comprehensive planning model utilizes peer educators because of the need to normalize and de-stigmatize conversations about sexuality and HIV testing. When peer educators deliver education sessions they are not only imparting knowledge and skills to their participants, they are also sending a strong message that it is okay for other students to talk about sex and get tested, if necessary.

In addition, peer education was chosen based on its sustainability and effects on the peer educators themselves. Peer education programs vary widely from program to program. Many campuses provide their peer educators with a monthly stipend. Even with the provision of a stipend, peer educators are able to provide education and conduct outreach events for a much lower cost than if professional staff health educators were responsible for the same activities.

Since peer educators are students themselves, the peer education component works towards an additional set of outcomes for the peer educators while increasing knowledge, attitudes, and skills of the participants. Peer educators develop leadership, facilitation, and presentation skills in addition to intensive knowledge, attitudes, and skills practice. Some may even choose health and science fields as a result of their peer educator experience.

Figure 1: The HIV/AIDS Comprehensive Planning Model illustrates how the model influences change at the individual, community and systems levels. The core program components of the model seek to increase the following:
<table>
<thead>
<tr>
<th>Contributing Factors</th>
<th>Strategies and Practices</th>
<th>Outcomes and Impacts</th>
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<tbody>
<tr>
<td>Lack of knowledge about HIV prevention, transmission and testing</td>
<td>Conduct group education events</td>
<td>Increased knowledge about HIV prevention, transmission, and testing</td>
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<tr>
<td>Lack of awareness of testing services</td>
<td>Conduct full day gender specific retreats</td>
<td>Increased awareness of HIV services on campus and in the community</td>
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<td>Negative attitudes towards condoms</td>
<td>Conduct outreach events around campus to create awareness of project</td>
<td>Improved attitudes related to condoms</td>
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<td>Negative attitudes towards sexuality that create shame around discussing sexuality</td>
<td>Increased self-efficacy related to refusing sex and condom use</td>
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<td>Lack of condom use skills</td>
<td>Increased condom use skills</td>
<td>Increased condom negotiation skills</td>
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<tr>
<td>Lack of condom negotiation skills - Unprotected vaginal, anal and oral sex</td>
<td>Decreased unprotected sex</td>
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<tr>
<td>Lack of access to condoms</td>
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<tr>
<td>Culture of silence around sexuality</td>
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<tr>
<td>Lack of free testing</td>
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<td>Lack of university commitment to HIV policies</td>
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<td>Lack of intervention designed for male, Latino students</td>
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<td>Lack of staff trained to conduct HIV testing and risk reduction counseling</td>
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<td>Lack of partnerships with HIV prevention and testing service organization in their community</td>
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<tr>
<td>Lack of coordinated referral network with HIV treatment organization</td>
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<td>Lack of university vision for sustainable services</td>
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<td>Lack of strategic vision for sustainable services.</td>
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<tr>
<td>Train peer educators to conduct culturally appropriate HIV prevention education</td>
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<tr>
<td>Train staff on HIV risk reduction counseling and testing</td>
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<td>Develop gender-specific curriculums for Latino college men</td>
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<tr>
<td>Coordinate referral system and partnership with HIV community based organization</td>
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<tr>
<td>Engage university leadership to revise and approve their HIV policy</td>
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<tr>
<td>Develop a sustainability plan for HIV services</td>
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<tr>
<td>Increased number of staff trained to provide culturally appropriate HIV prevention</td>
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<tr>
<td>Culturally appropriate curriculum developed for Latino men and women</td>
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<tr>
<td>Increased partnerships and coordination between campus and community</td>
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<tr>
<td>Increased dedicated assets for HIV services</td>
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<td>Increased strategic planning</td>
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Model in Action: The HIV/AIDS Partnership

In order to illustrate what the comprehensive planning model looks like in action, this guidebook presents examples from the HIV/AIDS Partnership in each section.

The HIV/AIDS Partnership was a three year demonstration project funded by the U.S. Department of Health and Human Services, Office of Minority Health (OMH). The HIV/AIDS Partnership employed the comprehensive planning model in the development of their HIV prevention program for Latino college students attending minority serving institutions.

The HIV/AIDS Partnership began in 2010 and served 9,526 students over its three years. The primary objective of the project was to implement a culturally relevant and campus-based HIV prevention program at two Hispanic Serving Institutions in South Texas, The University of Texas at Brownsville (UTB) and Texas A&M University-Kingsville (TAMUK). The Office of Minority Health goals for the project were to prevent risky behaviors among Latino college students and to link those who tested HIV-positive to care as appropriate, hence the grant title, “Minority Community HIV/AIDS Partnership: Preventing Risky Behaviors Among Minority College Students.”

Student Health Services was identified as an ideal department to sponsor the program because of the obvious link between HIV prevention education and the provision of HIV testing and complementary behavioral health services. In addition, TAMUK had an existing peer education program housed within Student Health Services. The director of Student Health Services served as the project director for each campus partner.

As will be discussed in the next section, Cardea connected each campus with a community HIV/AIDS service provider to support their on-campus testing efforts and assure speedy and effective linkages to care for those needing specialized medical or psycho-social care. Valley AIDS Council, a flagship HIV/AIDS provider in the Rio Grande Valley, partnered with UTB, and Coastal Bend AIDS Foundation of Corpus Christi, Texas partnered with TAMUK.

- Located in rural South Texas
- Campus of 6,200 students
- 62% of students are Hispanic
- Student Health and Wellness is key collaborator
- Partners with Coastal Bend AIDS Foundation for community testing

- Located along the Texas/Mexico border
- Campus of 13,019 students
- 92% of students are Hispanic
- Student Health Services is key collaborator
- Partners with Valley AIDS Council for community testing
Capacity Building

In order to deliver quality HIV prevention services it is essential to begin program implementation with an assessment of capacity building needs: Is there an existing peer education system? Who will supervise the peer educators? Are health providers at Student Health Services trained to provide risk reduction counseling and testing? Is the program connected to community testing partners?

Answering these questions is key to successfully implementing the HIV/AIDS comprehensive planning model. This section will describe the initial capacity building efforts that are recommended prior to implementation. How specific program activities will be carried out after capacity building will be discussed in later sections of this document.

### Key Activities

1. Establish a Peer Health Education Program
2. Establish On-Campus Counseling and Testing Program
3. Establish a Community Testing Partner
4. Establish Coordinated Referral Network
Implementing the Core Components

The following sections explore each of the core components and their main activities. The HIV/AIDS Partnership’s experiences are relayed in the Model In Action Boxes throughout each section.

Section II: Establish a Peer Health Education Program

Our comprehensive planning model is dependent upon the establishment of a peer education program. This can be accomplished by adding an HIV component on to an existing peer education program or if necessary, developing a new peer education program. In both cases peer educators need to be recruited and trained to carry out these program activities.

However, before peer educators can be brought onboard the program must determine the structure and supervision of the program. Cardea recommends that the peer education program be supervised and housed within the Student Health Services so that education efforts are closely linked to testing and counseling services. Implementation of the program works best when there is a program director and a part time peer educator on staff to help coordinate program events and education sessions.

Training Peer Educators

Peer educators require training on HIV prevention before delivering education sessions. Cardea recommends an intensive 1.5 day training at the beginning of each academic year taught by expert HIV and sexual health trainers. During this training, peer educators develop the skills needed to implement scientifically accurate, culturally appropriate HIV prevention education. The training provides each peer educator an opportunity to learn more about HIV/STIs, and develop skills to use inclusive language, answer questions simply, and give feedback. Participants are given the opportunity to practice their presentation and facilitation skills which allows them to observe one another, think critically about how to improve their facilitation skills, and provide constructive feedback to their peers.

In addition to the annual training, peer educators need support and additional training from their onsite supervisor throughout the semester. Ideally, an outside organization with experience implementing HIV prevention programs, such as a local HIV services agency, will work closely with campus prevention and academic staff to design training agendas and deliver trainings.

To supplement training, all peer educators should be provided with resources to use during events and education sessions. For example, Cardea has developed a Peer Educator Resource Binder with lesson plans, fact sheets, and materials for preparing and evaluating HIV prevention education sessions. Cardea’s Peer Educator Resource Binder includes adapted HIV prevention lessons to provide peer educators a selection of activities to draw from during group education sessions. 

A copy is available to our partners upon request.
Model in Action:  
**The Importance of a Lead Peer Educator**

At the onset of the HIV Partnership, TAMUK was able to build on an existing peer health education program which enabled them to use recruitment, training and management techniques that were already in place. UTB did not have an existing program and required more assistance in the development of systems to recruit, manage and incentivize the peer education program, but were able to train and sustain a larger cadre of peer educators over the project’s three years.

Despite the differing starting points, both campuses found that employing a lead peer educator as a part time student health services employee was key to the success of their program. The lead peer educator was able to execute many of the preparation and logistics planning required for program activities as well as communicate regularly with the entire peer education team.

In addition to employing a lead peer educator, each campus provided monthly stipends to peer educators for their work. Modest monthly stipends were paid each month and a typical lead peer educator worked approximately 30-50 hours per month depending upon their academic and social schedules.
Section III: Establish an On-Campus Counseling and Testing Program

Develop an HIV Testing Protocol

Developing a testing protocol at the campus health center is the first step to incorporating HIV testing into existing student health services. The clinic protocol should include key information about:

- Which clinic staff can test for HIV?
- What training is required?
- What are the types of tests to be offered (and implications for counseling)?
- Where will the test take place?
- Who will provide risk reduction counseling?
- What information must be provided to the student?
- Who will address partner notification?
- How and where are testing records to be kept?
- Who will be responsible for connecting HIV positive students to medical and/or other care?
- Who is responsible for reporting positive test results to the appropriate state database, and other disclosures required by law?

Determining if the clinic is going to provide confidential or anonymous testing is another important decision that should be made and clearly stated to students. Systems for protecting confidentiality or anonymity should be a core component of the HIV testing protocol. Providing information for off-site testing is also crucial.

The American College Health Association provides a helpful Campus Assessment Worksheet which includes a guide for appraising HIV related health services. It details key services to offer such as counseling, sexual assault services and STI treatment as well as other non-clinical aspects of care such as whether services are accessible, affordable, confidential and well publicized. ACHA’s tool is helpful in assessing a clinic’s preparedness for incorporating HIV testing services and ensuring that HIV testing is complementing other clinical services that may be necessary to fully support students’ needs.

Train Clinic Staff on HIV Counseling and Testing

Clinical staff should be trained on risk reduction counseling and HIV testing protocols before offering services to students. Without proper training students may not receive the risk reduction counseling or behavioral health referrals needed to best support them while they test. HIV testing courses are typically available through the State Health Department or community based HIV/AIDS agencies. The Model in Action example on the next page presents the Foundation of HIV Counseling and Testing (FCT) Course provided by the Texas Department of State Health Services.

Establish Community Testing Partners

In addition to campus partners, a key component of Cardea’s HIV/AIDS comprehensive planning model is identifying community testing partners that can support HIV prevention efforts by offering HIV testing, referrals and treatment as well as resources for additional services including substance abuse and mental health services.
Cardea recommends formalizing the relationship with the community testing partner through a Memorandum of Agreement or a Scope of Work to establish clear expectations and designations of responsibility. More information about counseling and testing with a community testing partner are discussed Section V of this guidebook.

**Establish a Coordinated Referral Network**

The final steps in establishing a testing program are developing a clear process for referring students to appropriate off-campus testing, and ensuring that students who test positive are effectively and quickly linked to care. Campuses should formally recognize the procedures to be followed and train staff to recognize when and how to make referrals to partner organizations.

<table>
<thead>
<tr>
<th>Key Activities</th>
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<tbody>
<tr>
<td>1. Providing HIV testing on campus once a week at a specified time</td>
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<tr>
<td>2. Serving as a referral agency for any students/staff who test positive or need additional HIV related services</td>
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<tr>
<td>3. Setting up a process and procedure for connecting students who test HIV positive care</td>
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<tr>
<td>4. Providing testing during campus events such as World AIDS Day and other local cultural event days</td>
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Model in Action:
Training Clinical Staff

Clinical staff at Student Health Services attended a three day Foundation of HIV Counseling and Testing (FCT) Course offered by the Texas Department of State Health Services and facilitated by Cardea staff. Clinic staff built skills in risk reduction counseling, delivering positive and negative results, and linking students to care. This training was essential to establishing the skills, comfort and expertise needed to provide confidential, client-centered HIV testing on campus.

Foundations of HIV Counseling and Testing Learning Objectives

- Demonstrate appropriate application of counseling skills and motivational interviewing concepts.
- Demonstrate appropriate application of behavior change theory.
- Demonstrate the five components of the client centered risk reduction process.
- Demonstrate application of DSHS standards for giving test results.
- Demonstrate knowledge of DSHS standards for linking to care for the HIV+ client.
- Remain client centered.
Section IV: Create a Supportive Campus Environment

Colleges and universities have a responsibility to create a campus environment that is safe and supportive for all students and staff. Creating a supportive environment requires buy-in and support from all levels of the campus community, including campus administrators, academic department heads, student support services and campus faith based organizations. With proper buy-in, colleges are able to provide significant resources towards addressing HIV/AIDS prevention and helping move society beyond “a deep and broad, official and unofficial, personal and institutional silence about HIV/AIDS on campus.”

The comprehensive planning model seeks to create a supportive campus environment through encouraging the review and updating of HIV campus policies and promoting condom usage and responsible sexual behavior.

Key Activities

1. Revise University HIV/AIDS Policy
2. Establish Condom Campus-Wide Distribution Points

Revise the HIV Campus Policy

Implementation of a comprehensive HIV policy not only demonstrates a campus’ commitment to non-discrimination on the basis of HIV/AIDS status, but also encourages open and frank dialogue about risks and behaviors such as alcohol and drug use, relationship abuse or other factors which can place students at increased risk for HIV infection. Many campuses have an HIV policy in place, however most have not been updated and are in need of review. The American College Health Association provides helpful information on what to include in a campus HIV policy in their publication Campus HIV Prevention Strategies: Planning for Success.

The ACHA recommends that all policies are regularly reviewed, have a plan in place to monitor policy violations and address complaints, and include:

- Campus regulations, enforcement, sanctions, and reporting mechanisms
- Campus and community resources and referrals
- Program and prevention interventions

Cardea encourages campuses to use this tool as a guide to their revision process, and also to encourage the review by external HIV/AIDS service organizations who are often mandated to follow state and federal funding and service guidelines and standards.

Establish Condom Distribution Points

In addition to creating policies that support HIV prevention, it is important to create a physical environment that reinforces prevention messages. Creating and maintaining condom distribution points not only provides access to condoms for students but it is also a sign of support for the program. It helps to normalize conversations about sex and responsible sexuality by making condoms a fixture that are accessible.

Suggested locations for condom distribution points include residential halls, bathrooms, and student health services. Placing condom machines or bowls of condoms in both highly visible as well as less public places such as bathrooms helps to create awareness of their availability while also allowing students to be able to obtain condoms without feeling like people are watching or judging them for being sexually active.
Model in Action: Condom Distribution

During the HIV/AIDS Partnership, UTB established a total of 12 condom distribution sites around its 12,000 student commuter campus. TAMUK established five condom distribution points serving the campus’ 6,000 students. In addition to establishing distribution points, TAMUK’s lead peer educator proposed a referendum to the student government association requiring Student Health and Wellness to poll students about their preferred condom brand and style and to dedicate $3,500 annually to purchase condoms for distribution. The approval of the condom distribution referendum not only ensures that the condom distribution points will be maintained, it also serves to institutionalize the responsibility of HIV prevention on campus. Condom promotion and distribution are now widely accepted as a community-level intervention supported by local and state health departments.
Section V: Program Implementation: Counseling and Testing

The provision of free HIV testing on campus as well as off campus at a community site is a central aim of the HIV/AIDS comprehensive planning model. Research shows that Latinos are more likely than African Americans and Whites to test for HIV late in their illness, which is defined as being diagnosed with AIDS within one year of testing positive.\(^x\)

Increased access to HIV testing and counseling is a critical component of the project because it eliminates a barrier for students who are considering getting tested for HIV and/or who need counseling to address potential factors that may put them at increased risk for HIV transmission.

Due to the availability of a wide range of testing options (veni-puncture, oral swab, finger-prick, or other advances in testing methods), it is important that Student Health Services staff are trained on appropriate campus-based HIV testing protocols, as well as basic sexual and reproductive health counseling to meet the diverse screening and counseling needs of the campus community.

**Provide On Campus Testing**

While some students prefer to test off campus due to perceptions of confidentiality, many students prefer to have testing accessible on campus through Student Health Services because of convenience and familiarity. Therefore it is important for HIV prevention programs to incorporate HIV testing services into on-campus clinic operations and not rely solely on external community testing partners to conduct testing.

However, focus groups conducted as a part of the HIV/AIDS Partnership found that confidentiality was a major concern with testing on campus. Students expressed fears about being judged and concerns that staff might share their medical history. These findings highlight the need for staff training on sexuality and suggest that publicizing Student Health Services confidentiality policy, especially related to the sharing of medical information, can help increase student’s comfort level with testing on campus.

**Testing by Community Testing Partner**

While some students prefer to test on campus, other students may feel more comfortable testing with a community testing provider. Therefore, it is important to also offer HIV testing and counseling by a community testing provider on campus at selected times, and promote the community testing provider’s off campus location.

Community testing providers should establish a weekly testing day on each campus where

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they offer free testing at a convenient location that allows for privacy. The provision of the services by an outside organization allows students the convenience of testing on campus while reducing concerns over confidentiality. In addition, the weekly testing schedule ensures free HIV testing even if Student Health Services experience staff turnover and are unable to provide testing themselves due to a lack of trained clinic staff.

Referral cards are an effective way to promote both on and off campus testing services, especially at project events. During the HIV/AIDS Partnership many students took advantage of the community based services, reinforcing the importance of offering testing by a community partner.

Refer Students to Behavioral Health Services

Testing for HIV is a critical point of contact with the health system for many students. It is essential that their health care provider assess the student for any needs beyond HIV testing including behavioral health services such as counseling or substance abuse recovery. Developing a referral sheet can help programs provide needed resources to students who test for HIV.

Link HIV Positive Students to Care

Ensuring timely linkage to medical care is essential in decreasing viral load, improving overall health outcomes, and shifting HIV+ status to a chronic manageable condition. Research shows that young people are the least likely population to remain in care and be virally suppressed. xi

Ensuring timely linkage to care requires a coordinated effort among partners that protects patients’ confidentiality. As was discussed in the Capacity Building Section, campuses should work with a community testing provider to identify appropriate HIV treatment programs and related services and develop linkages to a care system. Identifying what information is needed to refer a student, who will report the positive test to the state authority, who is responsible for follow up notifications are all questions to be considered when developing a care continuum network and linkage process. Routine system tests are important to guarantee that every HIV+ student is linked to care and receiving services.
Model in Action:
Creative Incentives for HIV Testing

The HIV/AIDS Partnership provided HIV testing to 939 students over three years. Both campuses coordinated with a community testing partner to provide weekly testing during the academic school year.

TAMUK’s testing numbers increased dramatically in Year 3 after the creation of a testing campaign that incentivized testing by giving away a peer educator designed t-shirt. Students responded very well to the t-shirt and demand for testing increased greatly after word spread. Providing a small incentive is a good strategy for increasing testing numbers because it gives students a reason to get tested. Students are able to use the t-shirt as a rationale for why they are getting tested which reduces their anxiety around being judged for being sexually active. In addition, the t-shirts work to normalize HIV testing and bring attention to the issue.
Section VI: Program Implementation Outreach and Education

The goal of outreach is to open the door to conversations about healthy sexuality and raise awareness of HIV/AIDS among college communities. The importance of targeted outreach was reinforced by focus group findings from the HIV/AIDS Partnership which highlighted student perceptions of sexuality and safer sex behaviors as taboo subjects in their families and communities. Participants stated that it was common for students to come to college without basic sexual and reproductive health knowledge. Students expressed a sense of embarrassment or shame around discussing sexuality, accessing condoms or HIV testing services. For these reasons, establishing healthy and safer sexuality practices as a normal and routine topic of conversation is an essential function of the program.

Outreach events help to normalize discussions about healthy sexuality and change community attitudes by broadcasting HIV prevention messages widely and openly through campus wide events, booths at campus events, and online marketing.

Education events also work to normalize conversations around healthy sexuality within groups by improving individual knowledge, attitudes and skills related to HIV prevention.

Campus-Wide Events

Campus-wide events typically consist of games, booths, and activities related to the event’s theme at a central location on campus. There are many nationally recognized days dedicated to HIV prevention and testing for specific populations that can serve as a great platform for a campus-wide event.

A key component of campus-wide events is having free and confidential testing available during the event and encouraging people to test right then. The HIV/AIDS Partnership found that campus wide events were the most popular platform for testing and that it was essential to have increased testing capacity from their community testing providers during events.

Booths at Broader Events

In addition to program led campus wide events, peer educators can collaborate with other student groups on campus to host a booth or table at existing school events. Participation in these events builds awareness as well as establishes relationships with other student groups, which is a key marketing and sustainability tool for the program. Collaboration with other student groups generates more awareness and interest in having the peer education program facilitate group education sessions. It also creates a less program intensive opportunity to disseminate presentation information.
Model in Action: Make It Fun!

Peer educators found that incorporating games and opportunities to win prizes while learning about HIV and testing services increased the number of people interested in engaging in conversation and participating in their table’s activities. Examples of games include a HIV obstacle course that incorporates physical challenges like the ones depicted as well as questions about HIV facts and resources. Condom demonstrations with creative twists help students learn correct condom use skills and are an easy opportunity to add friendly competition while improving critical self-protective skills and knowledge.

National Events

- National Women and Girls HIV/AIDS Awareness Day — March 10
- National Youth HIV/AIDS Awareness Day — April 10
- National HIV Testing Day — June 27
- National Latino AIDS Awareness Day — October 15
- World AIDS Day — December 1
Sample Event Schedule

**SEPTEMBER**
- Friday 21st: Conduct Sexual Responsibility Workshop at PEP Talk Retreat
- Friday 28th / Saturday 29th: CHAMP Training in Brownsville

**OCTOBER**
- Tuesday 2nd: National College Radio Days
- Monday 15th: National Latino AIDS Awareness Day
- Wednesday 24th: Fall Carnival
- Saturday 27th: Homecoming Tailgate
- Wednesday 31st: OkSOBERfest

**NOVEMBER**
- Wednesday 28th: World AIDS Day Promotion
- Thursday 29th: World AIDS Day Promotion
- Friday 30th: World AIDS DAY Celebration

**DECEMBER**
- Wednesday 5th: Stress Management
Model in Action:  
Social Media Lessons Learned

Social Media Campaign

Online marketing of HIV prevention messages through social media was an original objective of the HIV/AIDS Partnership; however it was not accomplished due to institutional barriers to implementation. The project found that universities were unwilling to approve Facebook pages associated with university programs. The central barrier was rooted in concerns about inappropriate and potentially harmful comments and posts being made on the Facebook page. University personnel failed to approve the policies and procedures drafted by social media consultants and the social media outreach campaign was never implemented. This experience is not unique to UTB or TAMUK. Fear of negative feedback or bullying is a real concern with internet programs.

Digital Storytelling

Despite barriers to social media campaigns, the HIV/AIDS Partnership was able to develop three digital stories that were used to promote HIV prevention online and at program events. Digital stories are a short multimedia video developed to tell a personal story. They are usually about two minutes long and incorporate narration, sounds and images.

Cardea chose digital storytelling because it is relatively low cost, allows students to tell their own stories, and can be easily shared over the internet. The HIV/AIDS Partnership peer educators developed three short digital stories on how the culture of silence around sexuality in their community negatively impacts health and the importance of peer education. Cardea staff worked with each peer educator to develop a narrative, choose and place images to match their narrative, and select background music. Cardea staff were responsible for transferring the peer educator’s work to video rendering software and overlaying the music and narration.

The digital stories can be found on YouTube by using the following links:
- [Talk About It](#)
- [Start Talking](#)
- [Change It Up](#)
Group Education

There are many different strategies for delivering group education including multi-session or single session education. Cardea recommends partnering with academic departments, residential housing, and student organizations to deliver education sessions. Presenting to a pre-existing group relieves the program of having to spend time and energy recruiting participants.

Group education sessions should be at least an hour long and more time is always preferred. Multiple sessions with the same group is ideal when possible. Cardea trains peer educators to use interactive activities tailored to the group.

The goal of each education session should be to have every participant walk out of the room being able to answer the following four key questions:

1. Why should I protect myself against HIV?
2. How can I protect myself against HIV?
3. Where can I get more resources?
4. Why should I test for HIV?

Gender Specific Retreats

Women4Women Relationship Retreats

In addition to one-time group education, the comprehensive planning model includes gender specific retreats as a more intensive opportunity for women to explore their sexuality and learn about HIV prevention strategies.

Cardea developed Women4Women in 2008 as a holistic women’s retreat for female college students at San Antonio College’s annual Women Empowerment Conference in San Antonio, Texas. The six hour curriculum celebrates Latina culture and addresses self-esteem, health, sexuality, and self-care. It can be implemented as a full day retreat or in sessions over a two week period. It is ideal for the curriculum to be delivered to a group of 30 women or less by a trained facilitator. A smaller group size encourages more open and frank conversations and trust among participants.

Women4Women Sessions

- Taking Care to Take Care
- Addressing Health
- Sex in Our Lives
- Building Assertiveness Skills
- Healthy Choices – Change and Empowerment
Model in Action: Implementing Group Education

During the HIV/AIDS Partnership, peer educators typically delivered one-hour long sessions to academic classes, resident halls, or student groups throughout the semester. The vast majority of sessions were delivered to pre-existing groups such as sororities, academic classes or sports teams. Recruitment was based on membership in the group hosting the session. Developing partnerships with professors, departments, student activities, athletic departments and other organizing entities proved to be the most successful avenue of accessing students on campus for education sessions. Group sizes varied based on venue; however most sessions were delivered to approximately 20 students. In a typical semester, peer educators usually provided group education to five to ten unique groups, ultimately reaching a range of 60-300 students per semester.

Model in Action: Women4Women

Women4Women was implemented as a full day retreat on both campuses due to the busy schedules of college students. Although the curriculum was designed for a group of approximately 20-30 women, both campuses conducted the retreats as empowerment conferences for nearly 100 women annually and integrated a range of academic and professional presentations. A domestic violence session was added in years two and three to complement the core lessons due to an identified need to address the topic.

During the HIV/AIDS Partnership, the Women4Women curriculum was facilitated by an experienced trainer and curriculum co-author, Susan M. Gallego, MSSW, LCSW. Peer educators were not trained to facilitate this curriculum during our project; however, given the time and resources the use of peer facilitators may be appropriate.
It’s On Me! HIV Prevention for Latino College Males

During the implementation and piloting of Women4Women curriculum Cardea staff learned from program participants of the need for a curriculum that addressed the needs of male students. This request also mirrored earlier requests from program staff who had worked at Historically Black Colleges and Universities of the need to have a curriculum that addressed HIV prevention, healthy sexuality, relationships and communication for males. Cardea staff responded by developing the *It’s On Me, HIV Prevention for Latino College Males*. The curriculum predominantly addresses the needs of heterosexual Latino college males.

*It’s On Me! HIV Prevention for Latino College Males (It’s On Me!)* was developed by Hector Campos, trainer and project director at Cardea, as a part of the HIV/AIDS Partnership to fill the gap in HIV prevention curricula tailored to Latino college students. Similar to Women4Women, *It’s On Me!* takes a holistic approach to HIV prevention and seeks to improve young men’s knowledge, attitudes and skills related to HIV prevention by addressing the cultural barriers that can negatively impact them and their partners.

*It’s On Me!* explores gender roles in the Latino culture and how they can affect health. It presents safer sex behaviors within the context of HIV and STI prevention and healthy relationships. The curriculum gives participants an opportunity to practice important skills including condom negotiation, assertive communication, and how to use a condom.

*It’s On Me!* is designed for use with groups of fewer than 15 males in order to facilitate discussion and group activities. Similar to Women4Women, it can be implemented as a full day or multi-day format.

**It’s On Me! Goals**

1. To increase young men’s knowledge of healthy relationships, communication, perception of risk and prevention of HIV/STIs;
2. To promote positive attitudes related to culture, gender, sexuality and HIV prevention; and
3. To improve/promote self-protective skills related to unprotected sex, multiple partners, alcohol and drug use
Section VII: Program Sustainability

Sustainability planning is an important activity to conduct at the onset of a project to ensure that HIV prevention efforts are supported across departments and that the key program activities such as education sessions, testing, and tabling events are institutionalized and continue despite future changes in funding and program priorities. Developing a sustainability action plan helps determine what services will be provided, by whom, and with what funding source or resources. Community HIV/AIDS organizations can help bring needed services and support to this plan.

The planning process should be led by a team of key staff and stakeholders. Ideally, sustainability planning should begin at the start of a project and evolve and respond to changes in resources as well as the needs of the target population and community dynamics as those become known or prioritized.

Sustainability planning takes time because it involves identifying potential new partnerships, getting buy-in from program decision-makers, and exploring alternative funding sources. It is essential to first consider the needs of the target population, the services that address their needs and the resources required to provide those services. Services are then prioritized based on need and demands on resources. For example, if testing services cannot be offered on campus due to funding or staff limitations, working with local community partners to provide these services could be an effective way of meeting that need.

Key Activities

1. Redefining the scope of services
2. Considering creative use of resources both internally and externally
3. Making existing activities and services routine so that they become institutionalized
Model in Action: TAMUK and UTB’s Sustainability Plans

TAMUK developed a sustainability action plan that outlined six objectives to be completed in the 2013-2014 school year, the first school year without dedicated HIV prevention grant funding from Cardea. Their sustainability action plans identified their priority activities, who will be responsible for delivering them, and who will cover their costs.

TAMUK worked with their partner substance abuse peer education program, PEP talk, to determine how they could incorporate the HIV prevention program into their programming. After prioritizing activities, PEP talk operationalized a plan to continue peer education, condom distribution, and the annual Women4Women retreat. In addition to PEP talk, TAMUK identified a new community testing partner who agreed to provide weekly testing and staff training related to HIV prevention.

As was mentioned in the Supportive Campus Environment Section, TAMUK’s lead peer educator succeeded at institutionalizing condom distribution by having the Student Government Association pass a referendum requiring Student Health and Wellness to identify the condom brand and style preferred by students and purchase condoms in the amount of $3,500 annually. This creative sustainability effort both ensures that condom distribution will continue and also guarantees a funding source, distributes responsibility to Student Health and Wellness, and demonstrates a commitment to HIV prevention at the systems level.

As of the writing of this report, UTB and its community-based HIV partner Valley AIDS Council were successfully awarded a three year $300,000.00 grant from the U.S., Department of Substance Abuse and Mental Health Services Administration to implement HIV prevention and substance abuse environmental strategies within their local community. Peer education and Cardea’s HIV/AIDS comprehensive planning model were core elements of their funded proposal.
Section VIII: Monitoring and Evaluation

As described in Section I, identifying targeted outcomes is an essential underpinning of the HIV/AIDS comprehensive planning model. Establishing program targets and annual goals not only help plan the program activities, it also provides a framework for assessing program progress. Outcome goals answer the question “what are the intended effects of the program?”

The extent of the assessment can range in scope. A program’s ability to measure all of the outcomes and impacts presented in the figure below requires a significant amount of time and resources. However, many program effects can be captured through less intensive methods including a pre/post-test for group education sessions that measures changes in knowledge, attitudes, self-efficacy, and awareness. Another less intensive strategy is to develop a campus assessment tool that measures the number of condom distribution points, quality of campus policies, access to testing, number of trained staff, and HIV prevention resources.

The ability to collect and share data is essential to the continuity of the project by enabling leaders to share their story. Having solid data also is very helpful in seeking future funding.

Again, as presented in Section I, here are potential outcomes at the individual, community, and systems levels.

### Individual Level
- Increased knowledge about HIV prevention, transmission, and testing
- Increased awareness of HIV services on campus and in the community
- Improved attitudes related to condoms
- Increased self-efficacy related to refusing sex and condom use
- Increased condom use skills
- Increased condom negotiation skills
- Decreased unprotected sex

### Community Level
- Increased access to condoms
- Increased awareness of HIV testing and counseling services
- Improved community attitudes towards open discussions about healthy sexuality
- Decreased stigma towards HIV
- Increased access to free HIV testing
- Increased quality of policies in place to support HIV efforts
- Increased number of campus organizations that promote HIV prevention

### Systems Level
- Increased number of staff trained to provide culturally appropriate HIV prevention
- Culturally appropriate curriculum developed for Latino men
- Increased partnerships and coordination between campus and community
- Increased dedicated assets for HIV services
- Increased strategic planning
Model in Action:  
Peer Education Evaluation Results

The HIV/AIDS Partnership tracked the number of youth served by activity type and measured changes in knowledge, awareness of services, attitudes and behavioral intentions using pre/post-test surveys. From peer education sessions serving a total of 3055 students, 1563 students completed pre and post-test surveys that were able to be matched.

Findings suggest that peer education significantly increased knowledge of where to access services and plans to get tested. In terms of HIV testing services on campus, on the pre-test, 71.5% of students indicated that they knew where on campus to find HIV testing services. This percentage increased to 93.2% on the post test and the increase in knowledge is statistically significant ($\chi^2 =189.924$, df=1, $p \leq 0.000$). Students also indicated a statistically significant increase in knowledge of HIV testing services in the community: 51.4% of students indicated they knew where to get testing services in the community at the pre-test compared to 85.0% at the posttest ($\chi^2 =202.412$, df=1, $p \leq 0.000$). Knowledge of behavioral health services also significantly increased: 57.7% of students reported they knew where to access behavioral health services at pretest and 83.5% reported knowledge at posttest ($\chi^2 =236.663$, df=1, $p \leq 0.000$).

Peer education sessions also appear to increase the percentages of students who plan to get tested for HIV. At pretest, 36.1% of students indicated they planned to get tested for HIV in the next six months. At posttest, the number of students had increased with 53.0% indicating they would get tested in the next six months ($\chi^2 =591.916$, df=1, $p \leq 0.000$).

Peer education sessions also appear to increase the levels of HIV knowledge and condom self-efficacy. At pre-test, students (n=1013) had a mean score of 12.388 on the HIV knowledge scale. The mean score increased to 14.300 at posttest. This increase is statistically significant ($t=-17.654$, $p \leq 0.000$). Fewer students completed information about condom self-efficacy (n=173). At pre-test, students’ mean score was 2.513 on the condom self-efficacy scale. At posttest the mean score was 2.632. This increase was statistically significant ($t=-3.896$, $p \leq 0.000$). However, given that the scale reliability is low ($\alpha=0.206$), these results should be interpreted cautiously.

Findings suggest that the Women4Women retreats significantly increased knowledge of HIV testing on campus, in the community and plans to get tested. Women’s retreats also significantly increased HIV knowledge. From pre to post test, the mean score on the HIV knowledge scale increased by over three points ($t=-9.518$, $p<0.000$). Despite the fact that there is evidence to support the impact of the retreat on HIV knowledge, there is no evidence to support their impact on HIV attitudes, condom attitudes or condom self-efficacy.
Conclusions

The American College Health Association in its seminal report titled, *Campus HIV Prevention Strategies: Planning For Success* proposed the following nine recommendations in addressing HIV prevention and collaborative processes in 2003. Ten years later Cardea’s experience and the results of the HIV/AIDS Partnership continue to support these worthy recommendations:

- **Broaden your thinking**—move beyond physical and medical issues to consider the social, emotional, cognitive, behavioral, and spiritual dimensions of HIV.
- **Broaden your concept** of how to slow the spread of HIV. Do not limit your efforts to individual behavior changes and lifestyle choices. Recognize the influence of environment and the delicate relationship between thoughts, emotions, behavior and environment.
- **Use disease prevention and health promotion efforts** that have been proven effective to deliver accurate, clear, consistent, positive, and culturally appropriate health messages through a variety of channels. In HIV prevention, repetitive, multifaceted approaches work best.
- **Embed HIV education** into broader contexts. For example, make sure HIV prevention is part of professional development, curricula, and programs on sexual health, pregnancy prevention, and substance abuse.
- **Abide by basic principles of good collaboration.** Prevention efforts must include a variety of individuals and groups on campus as well as throughout the surrounding community.
- **Focus on process.** Invite all-stakeholders (including senior-level administrators) to help create a vision of a healthy campus.
- **Think of your campus as one large system** that is uniquely your own. You do not have to do it all. Lead with your strengths. Begin your efforts in the departments and with the people who are most receptive. Efforts that are firmly grounded in one part of an institution can ripple throughout a campus.
- **Keep the process manageable**, because it is. Refer to the wealth of resources included in this book; there is no need to reinvent the wheel. Design and nurture programs that are appropriately funded, carefully implemented, and evaluated to demonstrate their effectiveness.
- **Work toward sustainability of policies, people, programs, and budget lines** that contribute to HIV prevention and the health of the campus.

We share the experience of the HIV/AIDS Partnership, our HIV/AIDS comprehensive planning model refined over 14 years, and believe that together we can achieve extraordinary outcomes. In the spirit of collaboration we offer the contents and resources of this guidebook to expertly and non-judgmentally address the diverse needs of students and HIV/AIDS prevention.
Resources

Online Training

CDC online “Rapid HIV Testing On-Line Training Course”

Five-hour course designed for HIV prevention providers who work in nonclinical settings. Provides an opportunity for participants to gain the knowledge and skills necessary to administer rapid HIV tests.

Office of Adolescent Health Online Adolescent Development Training
http://www.hhs.gov/ash/oah/resources-and-publications/learning/ad_dev/index.html#.Uxd_ImCYapo

One-hour training designed to give service providers a better understanding of adolescent development including biological and brain development, cognitive development, identity and social development, and promoting healthy youth development.

Planning Resources

American College Health Association “Campus HIV Prevention Strategies: Planning for Success”
http://www.acha.org/Topics/hivaidscfm

Comprehensive tool for colleges and higher education to examine their HIV practices and policies. It includes tools and assessments as well as options to consider for program improvements.

Campaigns

Act Against AIDS
http://www.actagainstaids.org/

BeforePlay: Get Talking
http://www.beforeplay.org/get-talking/

MTV’s Get Yourself Tested (GYT)
http://www.itsyoursexlife.com/gyt/gytnow/

MTV It’s Your Sex Life
http://www.itsyoursexlife.com/

Greater than AIDS
http://www.greaterthan.org/

Greater than AIDS: Campaign. Features video to encourage testing
http://www.greaterthan.org/campaign/i-got-tested/

The Positive Project
http://www.thepositiveproject.org/#

SOY campaign
http://kff.org/other/public-education-partnerships-univision-soy/

Connected Health Solutions MML Campaigns
http://www.connectedhealthsolutions.com/mml-campaigns

Go Ask Alice Q&A
http://www.goaskalice.columbia.edu/Cat7.html

Associations

The Bacchus Network
http://www.bacchusnetwork.org/

College peer education network and initiative that supports peer educators to become student leaders.

American College Health Association
http://www.acha.org/

Network for college health professionals around the country. Provides resources, assessments, continuing education, and job opportunities.
### Fact Sheets

1. Office of Minority Health HIV Resources  

2. Center for Disease Control and Prevention  
   “HIV Fact Sheets”  

3. Kaiser Family Foundation Slides related to HIV  

   http://www.nlaad.org/resources/hiv_fact_sheets.php

### National Event Websites

5. National Youth HIV&AIDS Awareness Day  
   http://www.advocatesforyouth.org/youthaidsday

   http://nlaad.org/

   http://www.womenshealth.gov/nwghaad/

8. World AIDS Day  
   http://www.worldaidsday.org/

   http://aids.gov/news-and-events/awareness-days/hiv-testing-day/

### Videos

10. Greatest condom commercial ever  
    http://www.youtube.com/watch?v=MLdFReZRwOs

11. MTV’s 10 most outrageous sex myths video  
    http://www.itsyoursexlife.com/gyt/know/top-10-most-outrageous-sex-myths/

12. STD myths  
    http://www.youtube.com/watch?v=zP3y6yTbcio

13. Rise Against’s Music Video: Won the 2011 VMA best video with a message award  
    http://www.sexetc.org/blog/2011/08/26/rise-against-homophobia/

14. Men’s Health  
    http://youngmensclinic.org/video.php

15. East Los High  
    http://eastloshigh.com/portfolio/episode-1/
Endnotes


VIII. Texas Department of State Health Services 2013 RFP #HIV/Prev.0519.1, pgs 18-19


XI. American College Health Association Campus HIV Prevention Strategies: Planning for Success http://www.acha.org/Topics/hivaids.cfm