

HIV/AIDS Report 2006-2007



**Vea la traducción
en Español adentro.**

The Changing Environment of the HIV/AIDS Epidemic In Ventura County

Educate, Motivate, and Mobilize against HIV/AIDS



VENTURA COUNTY
HEALTH CARE AGENCY

Quality Advisory Committee Gathers Steam

by Doug Green

Once a month, a diverse group gathers in the second floor conference room at Ventura County Public Health in Oxnard. As they settle in and begin to chat over sandwiches and iced tea, these men and women in their thirties, forties and fifties resume an ongoing dialogue about improving programs and services for people living with HIV. They come from all parts of Ventura County. They are gay and straight, multi-ethnic and highly opinionated. They are the Quality Advisory Committee of the Ventura County HIV/AIDS Coalition.

The 'I know. Do you?' slogan goes beyond knowing your HIV status. ... "For some it's about knowing how to protect yourself. For others, it's about keeping up with new HIV medications and treatments. That kind of knowledge means a longer, healthier life with HIV."

In April 2004, Public Health put out a call for clients interested in serving on a new consumer advisory panel. Asked to facilitate the group, I really didn't know what to expect. Ventura County is notorious for people not wanting "to get involved". Something about the stress of battling all of the crabgrass that is the inevitable result of suburban sprawl. I was, at best, guardedly optimistic. Seventeen people showed for the first meeting.

Group dialogue often centers on reaching people at high-risk for HIV and getting those who are infected into care. Mike, a father of three and a grandfather of six from Simi Valley, is frustrated by the continuing high rates of new infections. I asked the group, "Why are so many people testing positive and getting an AIDS diagnosis at the same time?" The group considers possible reasons: denial, lack of information, fear of the "system." Mike offers, "I was one of those people who tested positive and got an AIDS diagnosis at the same time. I almost died. Nobody ever asked me why I waited so long to get tested."

Last year, Mike and his fellow Committee members brainstormed slogans for a campaign to encourage people to get tested. After a freewheeling, no-holds-barred discussion of strategies to convince, cajole, goad and guilt people into testing for HIV, Mike suggested "I know. Do you?" The group immediately agreed that this was the perfect slogan, especially for our county. It doesn't refer to any specific disease or condition (avoiding the nasty, persistent stigma). It leaves it up to the individual to disclose what he or she knows. T-shirts and cards were printed and the group has taken the message to the streets. Staffing tables at the local Pride Festival and the AIDS Walk, the group is helping to keep the conversation about HIV alive in the community.

Anthony B., who lives in Thousand Oaks and is helping to raise two nephews, sports a pony-tail and

Don't turn your back on AIDS.

STOP AIDS.
Make the Promise.

Each of us can help stop the spread of HIV and reduce the impact of AIDS. You don't have to be a top scientist working on a cure to make a difference. Protecting yourself and others from HIV infection, welcoming someone living with HIV into your life or even just talking about HIV and AIDS can help. Are you taking action?

Make your promise now at www.worldaidscampaign.org UNAIDS

a rep in the community for a big heart, reliable transportation and a willingness to taxi people to medical and other appointments. He is thirty-something and thoughtful. When he speaks, he has something to say. Reflecting on the numbers of people who either don't know their status or who aren't in care Anthony says, "I want to see people get more involved in the community and more involved in taking care of themselves. The 'I know. Do you?' slogan goes beyond

"People in Ventura County are still afraid of getting together with others who are living with HIV. As a result, people are going without services and support,"

knowing your HIV status. 'I know. Do you,' can mean a lot of things to a lot of different people," he says. "For some it's about knowing how to protect yourself. For others, it's about keeping up with new HIV medications and treatments. That kind of knowledge means a longer, healthier life with HIV."

Jim, a temporary Bay Area transplant, is restoring a boat in Channel Islands Harbor. He comes to the group with experience serving on another consumer advisory board for Kaiser Permanente and a wealth of technological expertise. When the group identified the need for a safe, confidential place for consumers to get information about community services and events, Jim developed a website, www.VenturaPositive.org. The site lists upcoming events and provides forums for discussion of issues and challenges. "People in Ventura County are still afraid of getting together with others who are living with HIV. As a result, people are go-

The task took several weeks but the results are invaluable: a searchable resource directory that is accessible to the entire community and which can be continually updated at virtually no cost. ... venturapositive.org.

ing without services and support," Jim says. "Our intent in creating the website was to provide a place for people to get comfortable sharing information and resources, hoping that it will build a stronger community of support." The site is maintained through the generous support of Sheila, another group member, who covers the monthly web hosting fees.

Each of the committee members is unique, yet they're all pretty involved in the community. Anthony F. lives in Ventura and divides his volunteer time between contributing to the Quality Advisory Committee, serving as the client advocate for the APVC food pantry, and organizing various community events. He recently coordinated volunteers at the AIDS Walk. You see him around town wearing an Event Staff tee-shirt

and a big smile. He is a whirlwind of energy and enthusiasm. Anthony has lived with HIV for 15 years and with cancer for another three. He has been through two rounds of chemotherapy and coaches patients in the hospital who are battling cancer and HIV simultaneously. "I see life as sink or swim. I'm an extremist. I'm going to keep swimming. Going through all these treatments, so much support has come my way. I guess it's true that you get back what you put out there."

Danny, from Santa Paula, came to the group mid-year. He's an activist at heart. He has already written to the Ventura Star offering local "color" for any stories the paper publishes on HIV topics. He was featured in an L.A. Times story several years ago and sees the advantage of letting people hear the stories of people who are living with HIV. About a year after the story appeared he ran into a man at a support group in Los Angeles who told him, "Your story encouraged me to find a support group. I realized that I don't have to fight this battle alone." Danny took on the challenge of compiling data for a searchable online directory of community service that is accessible to the entire community and can be continually updated at virtually no cost.

The Quality Advisory Committee celebrated its one-year anniversary in April. There were no balloons or cake. Instead the group listened to a presentation on how to access information from the **VenturaPositive.org** website and discussed gaps in services with the HIV-affected community. The group stayed later than the scheduled 1:30 adjournment talking about the website. Some members don't even own computers but they are looking ahead, to the future, and they want to be ready for anything. They know that HIV is in every community in Ventura County. They know it is still a huge threat. They know, as men and women affected by this epidemic, they have a major part to play in the battle against HIV.

They know. Do you?

2004-2005 LOCAL HIV PREVENTION PROGRAMS

Public health educator Emperatriz Pinedo conducts educational classes to prevent HIV in a variety of settings across Ventura County. Her clients include high-risk youth in high school, the incarcerated and monolingual Spanish-speaking adults. She runs a Spanish language women's group at the Santa Paula Resource Center and offers trainings to the Coalition to End Family Violence's volunteer training program. She develops parent projects in Santa Paula. Ms. Pinedo also works in Ojai and Oxnard with Spanish language classes for convicted batterers; Grupo de Apoyo Para Mujeres at Harrington School and Sheridan Way School; Santa Paula police station, Oxnard police storefront and the Conejo Creek Center.

She makes presentations at alternative and regular high schools considered by the state of California to be in "hot zones" where the rates of teenage pregnancy are very high. These include Oxnard High School health classes and English as second language classes, Pacifica High School, Fillmore High School, Renaissance High and correctional facilities including Todd Road jail, Ventura County Youth Authority and juvenile correctional facilities.

Ms. Pinedo also provides Spanish language classes at the Center for Employment Training and New Start for Moms. She provides outreach to

monolingual Spanish-speaking day workers, and service and agricultural workers. Emperatriz teaches the Spanish-speaking court mandated HIV education classes for convicted drug users and prostitutes. She is often asked to conduct presentations at Oxnard and Ventura Colleges. She has made more than 1,200 contacts this fiscal year. Emperatriz is on the California AIDS Clearing House Advisory Board that reviews Spanish-language educational materials. She also works for the Mixteco Health Project, which provides train-the-trainer programs on HIV prevention.

PLANNED PARENTHOOD

Planned Parenthood's The Confianza program consists of training high-risk Latina females about sexuality, sexually transmitted infections, HIV, condom use, negotiation skills and how to do outreach to their peers. Each woman goes out and does outreach to 50 peers. These are high-risk women and are recruited from different parts of the County. This is a nationally recognized program that is replicated in many communities. This fiscal year, to date, more than 150 persons have received peer education.

Current recruitment for Confianza peer educators is taking place in the city of Oxnard. The target population is Spanish speaking migrant females. Specifically, they are targeting a group in the community of El Rio.

VENTURA COUNTY RAINBOW ALLIANCE [VCRA] STREET OUTREACH

Street outreach is conducted at Paddy's Romantix, which is an adult bookstore frequented by Latino men who have sex with men, Ventura County Pride at the beach, 5th street beach, Foster Park, and Surfers Point. The total number of street outreach contacts reached so far this fiscal year is 427. Outreach to Latino bars in Oxnard and Port Hueneme is being researched to identify high traffic times.

CYBER OUTREACH

Many young gay men in Ventura County meet on the Internet. Cyber outreach is conducted at Gay.com and AOL Ventura County chatrooms. When Ruben Jimenez, Program Manager of HIV Education and Prevention and HIV/AIDS educator logs into a chatroom, he identifies himself via a broadcast statement. He provides information about HIV/AIDS, safer sex and HIV testing. This allows him to provide one-on-one and broadcast education.

S-3 PROGRAM

This is a five-session education program that trains young gay men to be peer educators. In addition to STD and HIV/AIDS education, the program covers many topics: What is Outreach Work, Ethnography, Phases of Targeted Prevention, Stages of Behavior Change, Active Listening Techniques, Importance of Field Notes and Documentation, Im-

portance of Referrals, Evaluating Local Interventions, and Responsibilities/Duties of a Peer Educator. It also provides interactive group activities where the participants can practice and perfect specific aspects of peer education. Each young man then does outreach to twenty peers.

SOCIAL MARKETING/EVENTS

Tear-off flyers and posters encouraging HIV testing at Ventura County Rainbow Alliance (VCRA) have been placed in the restrooms at Paddy's and in each arcade room at Romantix. Each tear-off flyer is posted less than a foot from an HIV awareness poster. About 25 HIV testers found out about VCRA testing services through posters and tear-off flyers. Regular HIV/AIDS related articles are submitted in the "Out-N-About" newsletter with an MSM circulation size of about 300.

YOUTH AIDS PROGRAM (YAP)

A different HIV prevention intervention is conducted each year with the gay, transgender and questioning youth group at the VCRA. This year the Youth Empowerment Program (YEP), as it is called, will develop and execute a Youth AIDS Prevention seminar for youth [YAP]. The yearly youth trip to the San Francisco Pride celebration is used as an incentive for participation.

Our education and outreach activities have been very effective at increasing awareness about HIV and AIDS in our County.

KAMI

by Craig Webb

Fifteen million children were orphaned by HIV/AIDS by the end of 2003. Nowhere is this epidemic more devastating to children than in sub-Saharan Africa, home to 80% of those orphaned by the disease according to the UNICEF Report: "Childhood Under Threat: The State of the World's Children 2005."

I like to travel so I was asked to write a short article about how HIV/AIDS Education and Prevention is being conducted in different areas of the world. This is a very broad topic so I have elected to write about one of my favorite HIV/AIDS Education and Prevention campaigns.

The subject of HIV/AIDS in South Africa is regarded by many people as taboo, and sufferers, whether adults or children, are treated as social outcasts. Drugs to control the disease are freely available to those with medical insurance, but there is no state-funded anti-retroviral program for adults or children living with HIV/AIDS and the state unsuccessfully fought demands for drugs to limit mother-to-child transmission to the country's highest court. Therefore "Education is the only socially acceptable vaccine available to our people and represents our only hope to save our nation," stated Education Minister Kader Asmal. "We can't continue to have HIV positive children isolated, demonized, victimized. We want to make all of our children feel comfortable," he said.

In 2002, the South African government declared war on HIV/AIDS by urging South Africa's "Takalani Sesame" (the South African adaptation of Sesame Street) to create a HIV-infected character to reduce stigma about the disease. As a result Kami, which is derived from the Tswana word for "acceptance," was developed.

Kami is a ginger-haired, perky, fun-loving and healthy, golden-yellow asymptomatic HIV positive orphan muppet. She is a five year old female (women are often stigmatized about HIV and we are providing a good role model...) said Joel Schneider, Sesame Street Workshop's senior advisor) and sports a memory necklace to remind her of her mother whom she lost to HIV/AIDS. She participates in a variety of normal activities on the show, including exploring nature, collecting things and telling stories. But she also talks about issues related to HIV positive children and AIDS orphans in a way that three to seven year olds can understand. Kami provides children and their caregivers with basic knowledge about the disease, skills for coping with



profound loss, and a basis for altering behaviors that perpetuate HIV and AIDS related stigmas. Kami does not only go out on TV but on radio and through an outreach and training program that includes printed material and puppet shows.

In 2003, United Nations Children's Fund (UNICEF), appointed Kami as its Champion for Children who have HIV/AIDS or have become AIDS orphans. UNICEF has predicted that by 2010 there will be approximately 20 million children in sub-Saharan Africa who have lost at least one parent to HIV/AIDS, bringing the total number of orphans in the region to 40 million (Source: United Nations Children's Fund).

The Global Development Learning Network (GDLN) in 2004 invited Sesame Street and Kami to the World Bank's headquarters, to bring many audiences together to discuss how innovative communications technology and creative educational methods ("edutainment") can be used to fight diseases such as HIV/AIDS. At the 2004 International AIDS Conference in Bangkok, Thailand, Kami shared the spotlight with UNICEF Executive Director Carol

Bellamy who launched a major report on global orphan estimates. Kami was able to bring levity and compassion to a topic that so often evokes the opposite.

South Africa's most popular AIDS orphan, Kami, will begin urging the country's grown-ups to talk to children about HIV/AIDS. She will also teach adults how to communicate with kids about HIV through the "talk to me" campaign. The campaign:

- promotes communication between parents, caregivers and children;
- increases knowledge about HIV and AIDS, which breaks down fear, discrimination and stigma;
- helps children cope with and protect themselves against HIV.

Since her debut, Kami has been warmly received and widely recognized, helping to increase public discourse on issues typically constrained by prejudice and silence. What has been the impact of Kami's appearance?

A young Takalani Sesame fan from Eshowe Township, South Africa wrote, "My friend...is Nomfundo.... Her mom died a few weeks ago.... I feel sad because my friend is HIV positive. Other children, they don't play with her and they don't love her. My friend is still my friend and I love her. Everyday I'm watching Takalani Sesame with my friend. Moshe and Kami on Takalani Sesame they care about people who are HIV-positive...."

IKDY? I know—do you?

The four letters “IKDY” ask a very important question—Do you know for sure whether you have HIV disease? Being honest with yourself as you ask that question can be hard, but knowing your HIV status is very important—in fact it could save your life. If you are HIV positive, the earlier you seek medical help the better. There are medications available to treat this disease that can reduce the damage the virus causes to the immune system, and the same medications greatly reduce the chances that the disease could be passed on to someone else.

And now, finding out whether you have HIV disease is easy, free and fast. Beginning in the Spring of 2005, a new HIV Rapid Screening Test is available in Ventura County. The test, known as the Ora-Quick, provides an answer in approximately 20 minutes. While the test is processing, the counselor and the client spend that time reviewing information about HIV Disease and developing strategies to reduce the client’s exposure to possible HIV Infection. When the test is finished, the client is provided with the result of the screening test. If the test shows no evidence of infection, the client leaves armed with additional information and hopefully, new harm reduction skills. If the test indicates that it is preliminarily positive, the client is retested using another type of test.

A variety of programs are available to assist anyone who has this disease and medications and medical care can be provided free of charge to persons who could not otherwise afford them. Being a citizen or legal resident is not required. All services are provided in a confidential manner and bilingual staff are available. Information on these services is available by calling 805-652-6583.

Rapid Test services are currently being provided at the sites listed below. Appointments may be needed, so call ahead for information:

- South Oxnard Public Health
2500 “C” Street, Suite D, Oxnard
(Centrepoin Mall)
805-385-9147
M-F 8:30-noon and 1-4:30 p.m.
- North Oxnard Public Health
2240 East Gonzales Road, Suite 140,
Oxnard
805-981-5221
M-F 8:30-noon and 1-4:30 p.m.
- Ventura Public Health
3147 Loma Vista Road, Ventura
805-652-5754
M-F 8:30-noon and 1-4:30 p.m.
- The parking lot next to the
Oxnard Transportation Center
& La Gloria Market
Third Thursday of each month
1-4 p.m.
For information call 805-652-6694

High School AID

SUZANNE DUCKETT

When I was first asked to submit an article, I didn’t have a clue about what I could contribute that would be meaningful. You see, I am the only lay-person among professionals who sit on this committee. I reside in the affluent, conservative city of Thousand Oaks. I have never heard that HIV or AIDS exists in this community. But of course, it does.

One day I was picking my daughter up at Thousand Oaks High School and to my surprise, spotted the symbolic horse with the poster stating “AIDS Education is Prevention”. Instantly, I knew there was a story to be told. I rushed home to get my camera so I could record the picture that you see. The next day I called the school to find out what this program was about. The Student Activities Coordinator put me in touch with the school counselor who has started and led this program over the last 10 years. Every year for one week, Peer Counseling students have made original AIDS Awareness ribbons for every student, teacher, administrator and staff member. They also make 8-10 posters which are placed in different locations around the school. This past year, they sold almost 400 red rubber bracelets at \$1.00 each.

The funds from the bracelet sales benefit AIDS charities. Students who want more information are directed to web sites. One year Thousand Oaks High School was able to obtain the AIDS Quilt for viewing (but with parental permission).

I contacted Newbury Park and Westlake High Schools to see if they had similar programs and was told that they did not. The Activity Coordinator at Newbury Park asked me if I would like to start one for them. Thanks to an inspired counselor at TO High School who has donated her own time and money to educate high school students over the past 10 years, I now know what my next job will be.

In spite of how we might feel, the practical facts are that factual and truthful AIDS awareness and sexuality education reduces risks, avoids communicable diseases, and saves our children’s lives. If you are inspired by this information, you may start a similar program at your local high school.

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VENTURA COUNTY VISORS ADVISORY COMMITTEE

But Knowing is not Enough

DIANA GOULET

In Ventura County, the number of people struggling to manage the effects of HIV infection and eventually AIDS continues to grow. No one wants to be sick, and most people know the basics of how the virus that causes HIV is spread from person to person. More than twenty years into the epidemic, most people that I talk to on a day-to-day basis know that HIV can be spread through intimate physical contact, or through the use of shared needles. They know that they can help to protect themselves by using barrier protection such as a condom when engaged in sexual activity. Most people who use needles to inject drugs also know the danger, and that it is important to use a clean needle, or to clean the “works” between each user.

How do we explain the rise in new infections? Part of the answer seems to lie in the use of alcohol or other substances in social situations. Interacting with friends and other people is an essential part of life for most of us. In social encounters, we can express our individuality and hopefully be accepted for who and what we are. We can develop close ties that provide emotional support. A couple of drinks helps many people relax and is part of their social life.

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For others, the use of a drug that has been prescribed for them, or that they acquire in some other way, plays the same role: it helps them feel good, relax, and enjoy the company of others. The problem, of course, is that these substances can impair people’s thinking to such an extent that they may make choices that they would not otherwise make. Sometimes, one time is one time too many. The choice to engage in unprotected sex, or to share a needle “just this once” can have catastrophic effects. In the presence of the HIV virus and other sexually transmitted diseases, it can be deadly.

Experts suggest that having a ‘game plan’ helps to ensure that you can make wise choices and keep yourself safer. Here is a list of suggestions to help you to make a wise choice when confronted with a situation in which you might otherwise put yourself at great risk:

- Decide on your plan before you go. Try not to drink too much alcohol in situations where risky behavior (sex or

needle sharing) is liable to occur. Decide ahead of time how much you will drink and limit that to a safe amount. If being without a drink is awkward, try a glass or can full of juice or water so that you have something to drink and can “fit in.”

- Try going to the party or gathering with friends, and ask them to help you avoid placing yourself at risk — Friends don’t let Friends get HIV!! Be sure to return the same favor by helping your friends to make wise choices, too.
- Don’t let yourself be used. If you are being talked into doing something you would rather not do, remember that your safety has to be your first concern. No one has the right to ask you to endanger your life.
- Always carry some form of barrier protection. Slip a condom into your purse or pocket. If you decide to engage in sex, insist on using it. Condoms are available free of charge from all public health clinics, and you do not need to give your name.
- Never share a needle with anyone — if you must reuse a needle, clean it first. Instructions for cleaning are available from Public Health at 652-6113. Syringe replacement programs operate weekly in the City of Ventura and in Santa Paula.



S Awareness



Thousand Oaks High School has an AIDS awareness week.

educate gay and bisexual men who look for sex on the internet about HIV/AIDS and other STI's, as well as encourage HIV and STI testing.

Unfortunately, funding to do research and outreach through the internet is only targeted to gay and bisexual men and neglects the heterosexual community of Ventura County. Studies have shown that heterosexual men and women are also logging onto the internet to find sex, increasing STI infection rates among these individuals as well. "The Internet is a flourishing sex venue, and women too are using this new vehicle to seek out sex partners" (Mcfarlane, 2004, Journal of Women's Health). Seeking sex on the internet, regardless of sexual orientation, will put any person at greater risk for HIV and other STI's, thus, creating a need to develop online HIV/STI prevention techniques not only to gay and bisexual men, but all online sex-seekers.

Even though the many individuals who find sex online are at greater risk for HIV and other STI's, there is a positive note to all this. The internet can also allow someone who plans on having sex with a person they've met through the internet to discuss topics they might not feel entirely comfortable discussing in person, like HIV and other STI's. Such outreach can help them prepare for an initial meeting, such as running down to the store and purchasing condoms, as opposed to meeting someone at a bar after three drinks, where one's judgment can suffer, resulting in bad choices. Meeting through the internet may actually have lower risks. I have conducted many HIV tests and asked clients who come in about their sexual history. Those who meet sex partners through the internet were at least three times more likely to engage in safer sex than those who met someone while intoxicated at a bar. If that's the case, why are people more at risk for HIV and other STI's if they meet someone through the internet?

The fact is that the internet has allowed individuals to find more sex partners more frequently. Ask any tech guy. The more things you download onto your computer, the greater chance you are at catching a virus. The same goes with sex — the more you have it, the greater chance you are at catching a virus. From the Y2K scare in 1999 to the invention of online banking, we have seen in the past 10 years just how dependent we have become on computers. The internet has given us power: However, with this power comes responsibility. No virus screenings are available when you meet someone through the internet like there are for attachments in your e-mail. The solution here is not to stop meeting potential partners online, but to do so responsibly. Whether it's online or offline, we all have the responsibility to our health and the health of others to practice safer sex. Public health entities also have an obligation to research trends in health risks and to help inform the public about such risks. People cannot avoid risks without good information, and what may seem obvious is not always so.

In spite of misinformation from many of our politicians about condoms not working, condoms are the best proven effective virus protection when it comes to sex.

Get condoms and use them.

Just as the internet has provided new ways to increase personal risk, it also provides new ways to conduct outreach and prevention. AIDS Project Ventura County, a program of the Ventura County Rainbow Alliance, has been spearheading the only internet-based outreach program devoted to HIV/AIDS education...

consequences. Many individuals testing positive for HIV or other STI's (sexually transmitted infections) have admitted to finding their partners through the internet.

Just as the internet has provided new ways to increase personal risk, it also provides new ways to conduct outreach and prevention. AIDS Project Ventura County, a program of the Ventura County Rainbow Alliance, has been spearheading the only internet-based outreach program devoted to HIV/AIDS education and prevention for the past 5 years. An outreach worker "goes into" chat rooms and discusses issues surrounding the health of gay and bisexual men in Ventura County. The outreach worker's main concern is to

A COMPUTER VIRUS THAT'S DEADLY — HIV

BY RUBEN JIMENEZ

We have arrived in an age where computers have pretty much become one of the most important things in our society. It's amazing how much you can do with just the frantic tapping of your fingertips. You can use a computer for almost anything today, from getting groceries delivered to your doorstep, to paying bills, to getting the entire Beatles album collection—all without leaving the comfort of your home (or office). With all this power and reliance on computers, it's no wonder millions of dollars are spent each year on online security and anti-virus software. Of all the things that can go bad in your day, a computer virus is on top of that list. However, there's one virus no computer software can protect us from—HIV.

Yes, of all the things computers have allowed us to come across, one of those things is sex. The internet has provided the opportunity for individuals to meet other people, whether for social activities, finding the right partner for the long-term, or the right partner "for tonight." Thousands of internet sites are devoted to that last goal — satisfying that need to find the right partner for tonight. With this new way of "hooking up" comes potential negative

me today?



No rights. No life.

From a mother, daughter, sister, partner, friend. I run a home. I work, feed my family, bring up my children. I keep us going. I am HIV positive and I live in your community. To keep doing all this, I need your support and respect.

Equality for women helps fight AIDS.



HOUSING FOR PEOPLE WITH HIV/AIDS

by Susan Attaway

It may be difficult for some people to understand that contracting HIV and/or AIDS has a massive impact on one's daily life, as well as health status. The basic ability to maintain housing arrangements is a major problem for people whose health becomes impaired. In 2004, Ventura County Public Health contracted with AIDS Housing of Washington, a Seattle-based technical assistance provider, to conduct an HIV/AIDS housing needs assessment and plan. A Steering Committee made up of local providers and community stakeholders oversaw the process, identified issues, and developed recommendations.

The HIV/AIDS housing needs assessment included background research, a survey of people living with HIV/AIDS, focus groups of people living with HIV/AIDS, and interviews of key community stakeholders. Twenty-two people living with HIV/AIDS participated in focus groups and 80 completed the survey. Results show that many people living with HIV/AIDS:

- Become unable to afford housing in Ventura County
- Cope with the overcrowded housing that is available, and cannot pay for other necessities such as medications and declining credit status.
- Face additional barriers to housing because of a lack of documentation, poor rental histories, discrimination, and other disabilities that limit housing availability such as mental illness or substance use.
- Prefer housing assistance that enables them to live independently, integrated into the community, without fear of harassment, in safe, decent housing supported by HIV/AIDS service providers.

Forty-eight community stakeholders, including providers of housing and services to people living with HIV/AIDS and other special needs populations, identified the following issues impacting housing availability for people living with HIV/AIDS:

- Low incomes of people living with HIV/AIDS (due to health problems and/or other disabilities, such as mental illness or substance use).
- Lack of housing assistance options, such as Section 8, due to long waiting lists and federal funding restrictions that limit access to programs by people with criminal histories or those who lack documentation.
- Limited information about available housing programs or affordable apartments and limited capacity of HIV/AIDS service providers to assist in housing searches and resolve discrimination issues.
- Inconsistent collaboration between HIV/AIDS and other service systems and a need to continue to build relationships among services systems.
- Lack of advocacy by the HIV/AIDS community for local housing at forums regarding the housing needs of people living with HIV/AIDS.

To address the issues identified during the needs assessment process, the Steering Committee agreed upon recommendations grouped into three categories:

Coordinate Service Providers. This includes developing a joint training curriculum for HIV/AIDS case managers, ensuring that HIV case managers take part in interdisciplinary case-conferencing and that HIV/AIDS agency staff take part in services networking meetings.

Increase Rental Assistance. This includes advocating that housing authorities set aside Section 8 vouchers for people with HIV/AIDS (as is currently done by the City of Ventura Housing Authority), adding people living with HIV/AIDS as a local preference, and/or allocating project-based rental assistance subsidies to people living with HIV/AIDS in future housing development projects. Finally, advocate to the Ventura County CEO Office to utilize HOME funds for a tenant-based rental assistance program for people living with HIV/AIDS.

Housing Development. Approach local Community Housing Development Or-

HIV/AIDS: GENERAL TRENDS AND MODES OF TRANSMISSION

by Diana Grill, Lynn Bartosh, Barbara Spraktes-Wilkins and Doug Green

CUMULATIVE TRENDS

Ventura County has roughly 2.2% of the total California population, but only .007% of AIDS cases (958 out of 135,060), and a similar ratio of AIDS deaths. We have had very few pediatric AIDS cases or deaths.

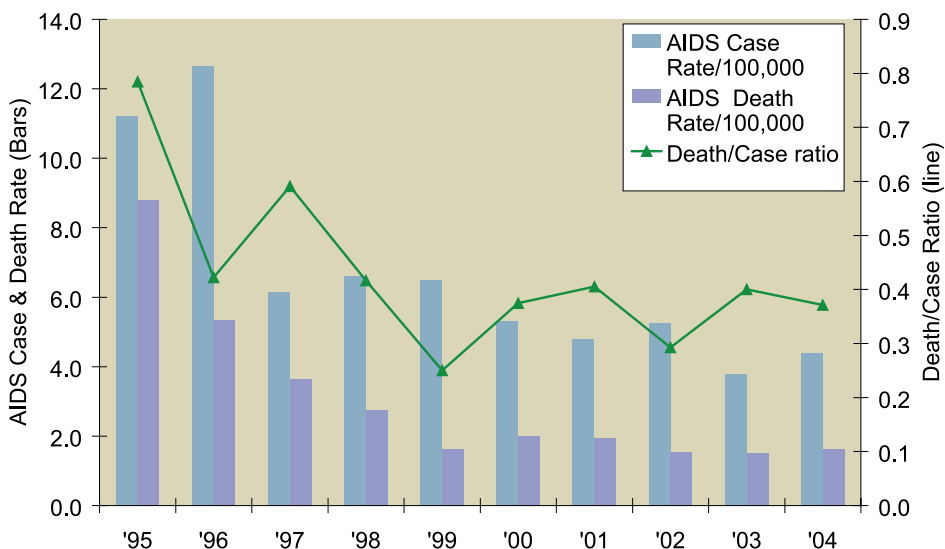
CUMULATIVE DATA FOR HIV/AIDS

Event Type	Ventura HIV (2002-2004)	Ventura AIDS (2002-2004)	California AIDS (1983-2004)	USA AIDS (1982-2003)
Adult Cases	286	958	135,060	920,566
Adult Deaths	3	538	78,637	518,568
Pediatric Cases	8	3	647	9,419
Pediatric Deaths	0	2	387	5,492

PROGRESS WITH AIDS

The rate of AIDS cases and AIDS deaths in Ventura County has decreased in the last decade. This suggests that effective medical treatments from the 1990's have made a difference in lowering the number of AIDS cases and deaths. During this same time period, the death to case ratio (Number of AIDS deaths/Number of AIDS cases) has also decreased. We have had more success at delaying AIDS deaths than preventing AIDS cases from developing. Our goal is to further continue to prevent AIDS and ultimately HIV infection from occurring. By achieving this we can continue to improve the health and well-being of the community.

VENTURA COUNTY AIDS CASE AND DEATH RATE TRENDS



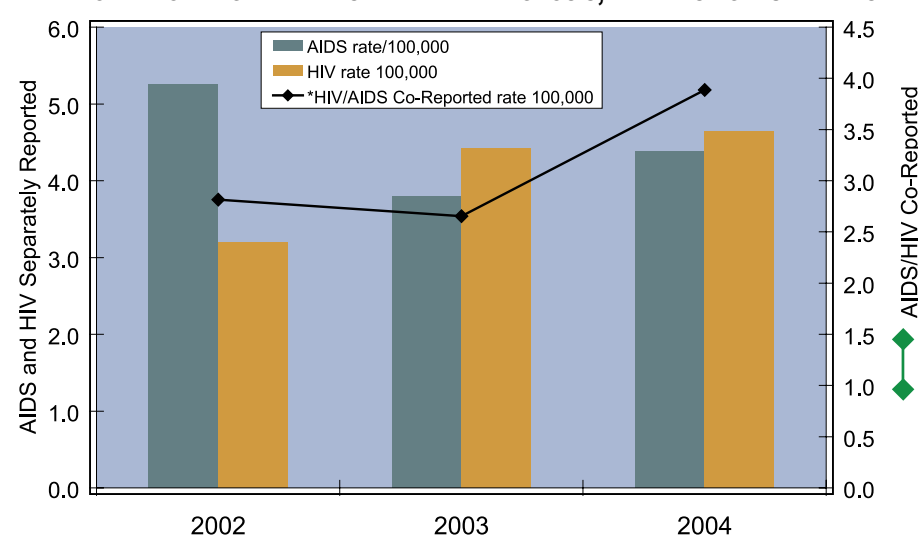
HIV REPORTING TRENDS

HIV reporting in California has been mandated since July 1, 2002. From 2002 to 2004, 294 HIV cases were reported in Ventura County. HIV infection trends will be made clearer over the next 3 to 5 years as the backlog of HIV cases are reported.

LATE IDENTIFICATION OF HIV

Although the rate of AIDS reporting has decreased, there is a worrisome trend in the segment of this population being co-diagnosed with HIV and AIDS.

HIV/AIDS REPORT AND CO-REPORT TRENDS: HIGHER CO-REPORTING INDICATES DELAYED DIAGNOSIS, INCREASING PUBLIC RISK



These individuals are seeing the doctor and being diagnosed with AIDS with no previous diagnosis of HIV. The problem with co-diagnosis is that the person is walking around with an HIV infection for 10 years on average without knowing it. During these 10 years their immune system is weakening and they are infecting their intimate contacts with the AIDS virus. If they knew they had HIV infection both of these things could be prevented. The percentage of persons co-diagnosed with HIV and AIDS peaked in 2004 at 89%. This is up from the previous high in 1999 of 71% and much increased from the 41% reported in 1995. This trend may reflect demographic changes within the HIV/AIDS population. It may suggest the need for adopting education and outreach to meet the changing needs of people infected with HIV. It is important to keep tracking this population as their lack of knowledge of their HIV status prior to AIDS diagnosis portrays a real risk of ability to transmit HIV over a long period of time.

TOTAL NUMBER OF AIDS CASES REPORTED

Report Year	HIV/AIDS Cases	HIV/AIDS Co-diagnosis	Percentage
2002	41	22	54%
2003	30	21	70%
2004	35	31	89%



ganizations (CHDOs) to advocate for HIV/AIDS housing needs. Apply for California HOPWA funds for pre-development expenses for projects that will result in dedicated housing units in a mixed-population housing development. Apply for Section 811 funding and State of California HOPWA funding to develop housing units for people living with HIV/AIDS, utilizing HOPWA funding for pre-development costs. Advocate in coordination with existing housing advocacy groups for inclusionary zoning (such as the program in place in Oxnard) in each jurisdiction of the county as a means to increase housing for people with low incomes and/or special needs. Approach faith-based organizations to develop land owned by churches.

Link these findings with other local housing planning processes. Advocate that local jurisdictions include HIV/AIDS housing plan findings in local "housing elements" of their community plans. Ensure that the need for HOPWA funding for pre-development expenses is noted. Advocate for the inclusion of the findings of this HIV/AIDS housing needs assessment in their administrative plans. Ensure HIV/AIDS agency staff and/or consumer participation in the Health Care for the Homeless Advisory Council and the Ventura County Homeless and Housing Coalition.

Provide Public Education about Fair Housing and HIV/AIDS. Assure that issues of discrimination against people living with HIV/AIDS and education about the disease are part of local Fair Housing training.

These are all actions that could be implemented in Ventura County to improve the ability of people living with HIV/AIDS to continue to have productive lives.

Different Latitudes, Different Attitudes

by Craig Webb

How a society responds to HIV/AIDS is based on the complex set of attitudes and beliefs about life. The wealth of evidence in research on HIV/AIDS, human sexuality, human development, and health practices all point to openness and honesty as critical factors in slowing the spread of related problems like sexually transmitted diseases and teenage pregnancies.

The photo below was taken in Victoria, British Columbia. This store is in a set of shops in a very old rehabilitated building near the harbor. The fact that this is a condom store shows that attitudes are very different and open among at least

... research on HIV/AIDS, human sexuality, human development, and health practices all point to openness and honesty as critical factors in slowing the spread of sexually related problems ...

on the garden terrace, where you're in a fairyland of twinkling lights. C&C boasts the world's largest collection of national brand condoms which is displayed around the walls, and the carpet



OPENNESS AND HONESTY ABOUT SAFE SEXUAL PRACTICES SAVES LIVES IN CANADA

SUSCEPTIBLE POPULATIONS

Everyone should take measures to protect themselves from HIV and AIDS. Statistics from 2003 and 2004 show cases of HIV occurring in all age groups. They also show that HIV transmission occurred among men having sex with men, heterosexuals and intravenous drug users (IDU). Although the majority of the reported HIV cases for 2003 and 2004 were male, 19% of these cases were female, which is a growing trend.

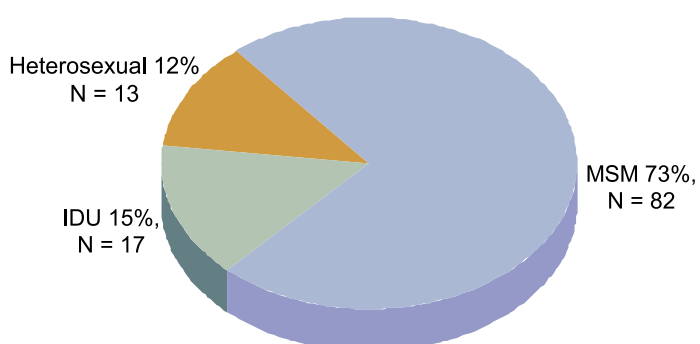
2003/2004 AGE AND SEX FOR REPORTED HIV CASES

<19 yrs	16	9%
20-29 yrs	35	20%
30-39 yrs	62	35%
40-49 yrs	51	28%
>49 yrs	15	8%
Males	143	81%
Females	33	19%

HIV has appeared in different sectors of the population and some people are at increased risk for acquiring the virus. The risk if exposed increases up to 5 fold if you have a sexually transmitted infection such as chlamydia, gonorrhea, or syphilis. Of the roughly 3,100 Confidential Morbidity Reports received by Ventura County Public Health every year, sexually transmitted illness comprises approximately half. It is critical to have all infections diagnosed and appropriately treated as soon as possible. Using latex condoms correctly further reduces the risk of transmission. The list below includes other factors that increase the risk of acquiring HIV.

- Having a sexually transmitted infection
- Having multiple sex partners or anonymous sex partners
- Using or having a sex partner who uses intravenous drugs
- Men who have sex with men who are infected with HIV
- Anal receptive sex (riskier than anal insertive sex, but both have a high risk of acquiring HIV)
- Having a sex partner who is HIV positive

2003/2004 HIV CASES BY EXPOSURE MODE



Data Source for this article: HIV and AIDS Reporting System (HARS)

some of our neighbors.

Going farther afield than Canada, Craig Webb reports that a restaurateur in Thailand is also making an effort to reduce the spread of HIV. This restaurant is called Cabbages and Condoms. Cabbages are a common food in north-east Thailand. In fact they are a staple part of the diet. They are grown in all villages and everybody uses them. Now, if condoms could be as common and used as often, then some of the population and health problems facing Thailand could be overcome!

Opened by local hero Mechai Viravaidya, the former Thai Minister of Health who founded the Population & Community Development Association (PDA), a non-profit organization in 1974, the restaurant helps fund population control, AIDS awareness, and a host of rural development programs. Viravaidya wants to make condoms as common--and as accepted--as cabbages--hence the restaurant's name. He has passed them out to surprised bankers and CEOs at sober World Bank meetings and paid farmers to paint ads and public service announcements for condoms on the sides of their water buffalo. PDA's programs contributed to lowering the number of children per family from 7 to 2 in just 12 years. A free vasectomy from the clinic next door is one of the perks for males dining at Bangkok's Cabbages and Condoms.

PDA has taken a fun approach to the promotion of condoms for population control and community health, establishing the Cabbages and Condoms Restaurant (C&C) with the major theme of condoms. Set in a large compound, the two-story restaurant has air-conditioned indoor dining or if you like you may sit

up the stairs has cartoons of typical condoms for various trades and professions woven into the fabric. Luckily, it also serves delicious and innovative Thai food. Spicy Condom Salad, for example -- fried Shanghai noodles spiced with herbs. An extensive variety of cocktails and other drinks is available at the Vasectomy Bar, and the service is friendly and efficient. Instead of a mint, you will be presented with a foil wrapped condom with your bill, all in keeping with the education of AIDS/HIV awareness and education. Toward the back near the restrooms there is a center where they hold classes on the transmission/prevention of the HIV virus.

In the adjoining gift shop, bouquets of condoms look disconcertingly like bunches of Black-eyed Susans. They stand in vases next to silver bracelets, vests and other handcrafts made by villagers. Piles of T-shirts are emblazoned with the message, "Cabbages and Condoms, Our food is guaranteed not to cause pregnancy." All profits from the store are returned to the villages, and it provides a convenient outlet for many of the traditional and more modern handcrafts produced in Northeast Thailand. Proceeds from the sale of these items and the restaurant's meals are given to the PDA.

Cabbages and Condoms has been consistently rated one of the best restaurants in Bangkok. So far, however, there's no rating -- good or bad -- for the vasectomies next door.

STAYING AHEAD OF DENIAL

by Marggie Valentine, MFT

Today the changing HIV/AIDS environment includes a reorganization of services and political philosophy about prevention. Infected, affected and at-risk people continue to be secondary to the spotlight on “social, moral and ethical” debates. Young people fall into unreachable “Black Holes” depending on where in the community their family lives. The reality is that HIV and AIDS are still a part of life for everyone, but through our silence, we deny people, especially young people, the knowledge they may need to save their own lives. The message “Just Say No” is a death sentence. Silence puts our kids at risk.

SPEAKING TRUTH TO SILENCE

A variety of people have gathered together to actively search out and spread prevention information. This group is working to combine all available resources to help youth cope with the fallout from unsafe sex. I want to thank these people for taking the risks involved with unpopular activism that can save young lives. I thank family members who search outside their comfort zones to learn more about HIV and safe sex, then honestly discuss these issues with their kids. I thank any child who “forgets his place” and asks his mom and dad how people get HIV. I thank grandmas and grandpas who wonder if senior sex has any risks, and take action to stay healthy.

I thank churches, temples and synagogues that request and disseminate safe sex brochures. I thank congregations that plan open forums to discuss the struggle between religious beliefs, sex and health. I thank the person who comes early to set up the coffee and then stays to clean up afterwards. These seemingly mundane activities save lives.

I thank colleges that post safe sex information in dormitories when young people arrive on campus for the new college year, and counselors who are willing to discuss sexual safety with students.

I thank health supply store owners, hospitals and medical staffs who put up posters and make handouts available.

I thank the store clerk who takes the extra time at the pregnancy kit shelf or condom display to answer questions without judgment.

I thank the pharmacist who takes his or her role as a medical provider seriously, honors all prescriptions and does not single out birth control for a debate on personal beliefs.

I honor the medical professionals who leave their personal and/or religious beliefs at home and carry out the full range of practice that is a part of their professions.

I thank people all over the country who risk their jobs or at least their good standing to share current information on safe personal contact.

I honor the co-workers who are open enough to listen and pass the information along to family, friends and their children.

I offer a special thank you to experts who risk being quoted and misquoted in the press to keep sexual health a vital topic in public discourse.

I thank those in the media, the movie makers, the talk show hosts, the screenwriters and internet site designers who show that responsible behavior is the true sign of adulthood, rather than glamorizing risky physical behaviors.

I thank each person who raises funds, volunteers time, listens, teaches and is simply a part of the ongoing effort to promote safer sex and HIV prevention.

Reducing the spread of HIV is being quietly achieved by the acts of thousands of people who will never be honored publicly, but who play a role just as vital as those working for a scientific cure.

Those who have done this work have my deepest gratitude, and the gratitude of anyone whose pain they have lightened and whose lives they have helped save.

SUGGESTED RECOMMENDATION TO THE VENTURA COUNTY BOARD OF SUPERVISORS

1. Support federal and state funding for HIV programs
2. Continue to support Syringe Replacement Program and its expansion throughout the county.
3. As opportunities arise, promote recognition of the need for affordable housing for those with HIV/AIDS
4. Continue to support prevention, education and outreach for high-risk groups
5. Encourage and support HIV education for law enforcement and emergency services personnel
6. Encourage agency collaboration in serving those with dual diagnoses
7. Continued timely provision of medical care to persons with HIV in the jail system
8. Continue to support substance abuse programs for people at risk for HIV
9. Continue to support HIV education in Ventura County schools
10. Encourage the involvement of people infected with and affected by HIV in the development and improvement of prevention and care services

Charlotte Simmons and the Spread of HIV Infection

by Lisa A. Solinas, MD and Robert M. Levin, MD

Tom Wolfe, one of America's best known authors, spent months living with university students on campuses in the United States.

His book, *My Name is Charlotte Simmons*, is a novel, an exposé, an investigative report, and a biopsy of modern sexual morés on college campuses and, it's probably fair to say, of the lives of many Americans between the ages of eighteen and twenty-two.

Charlotte is a young woman from a poor family in a small Appalachian hill town. She has withstood some powerful peer pressures during her high school years. No beer, sex or football for her. Hers were loftier goals – academic success at a top notch school and a career. Charlotte was as straight as arrows come. She loved her dad, communicated with her mom and worshipped her favorite high school teacher. She graduated as valedictorian of her high school class and went on to DuPont, the fictional best college in the nation.

The pressures to fit in at DuPont prove too much even for Charlotte. Within weeks of matriculating, she ends up flat on her back, and not from lifting heavy textbooks. She becomes the latest trophy of a handsome, buffed preppie whose only interest lies in the conquest of this beautiful though clueless young freshman. From a public health perspective, Tom Wolfe was very responsible to include a latex barrier between Charlotte and her selfish Adonis (Wolfe practices “safe discourse”). While she found herself in this position only once, the experience was unsettling both for her and the reader. This can't happen to our Charlotte!

Well, it could happen to anyone. It could even happen to your child. By the time our precious little girls graduate high school (and these authors have precious little girls), forty-five percent have had vaginal intercourse. Throw in those who have “decided to stay virgins” and so limit their sexual activity to anal and oral sex and the number increases to seventy percent. Most of us adults do not want to confront the fact that our youth still consider themselves virgins if they “only have” oral and anal sex. Public Health studies have shown that while anal and oral sex won't get you pregnant, they can get you one heck of a case of clap. Or worse.

One of us has put a number of young ladies in our county on birth control pills. Many of the parents are certain that their daughters are not sexually active. Studies contrasting urine chlamydia screening in high school students with parental beliefs show the same results. Even in families with great communication, young people are hesitant to discuss their sexual activities. It behooves all parents to advocate for ample HIV and AIDS education in our high schools and junior high schools. We need to be more humble about what we think we know about our children's lives and what they are unwilling to share with us.

In addition, Charlotte's first sexual experience was non-voluntary. This is true of 10% of American girls' first intimate experience. At least the perpetrator in Charlotte's case wore a condom. During

the 1980s, teenage women's contraceptive use at first intercourse increased from 48% to 65%, almost entirely because of a doubling in condom use. By 1995, contraception at first intercourse reached 78%, two-thirds of it being due to condom use.

Today these gains in safety are threatened. Over the last six years, federal monies for sexually transmitted disease prevention are often earmarked for “abstinence only” programs. Funding may be denied to programs if prophylactic use or other forms of birth control are discussed. Such public policies are killing our children.

Each year in the United States, one in four sexually active teens acquires a sexually transmitted disease. That's three million teenagers.

When a teenage woman has unprotected sex with an infected partner, she has a 1% chance of getting HIV, a 30% chance of catching genital herpes, and a 50% chance of acquiring gonorrhea. Chlamydia is so common among teens that in some groups of kids, between 10% and 29% of sexually active girls and 10% of boys are infected.

After HIV infection, the second worst thing that can happen to most girls is getting pregnant. Every year in the United States one million girls between 15 and 19 years of age – 10% of all girls and 19% of those that have had sexual intercourse – become pregnant.

People, teenagers included, engage in tremendous amounts of sexual activity of all kinds. Our teens and young adults are much more sexually active than many of us want to admit. “Just say ‘No’” is a tragically unrealistic policy stance. People in their teens and twenties are woefully ill-equipped, both by virtue of the faulty education we provide them and by peer pressure, to protect themselves from a fatal, easily transmissible disease. This is not the school system's fault. It is the parents' fault.

Parent Teacher Organizations seem to be the stop or go signal for almost all sex-related education in our schools. And it is usually a tiny minority of very vocal parents who speak out and prevent the schools from educating and protecting our children.

This must stop. Truly moral policy and practice would protect our children, not leave them open to harm caused by ignorance.

Tom Wolfe's fictional character, Charlotte, a well-read and mature young woman, should be well-equipped to defend herself against the ravages of peer pressure and unprotected sex. It is up to us to give our real children the knowledge and wisdom to equip and protect themselves.