

CALIFORNIA MODELS FOR WOMEN'S AIDS EDUCATION AND SERVICES

by

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Introduction: The AIDS Epidemic

To say that the AIDS epidemic continues to grow is to repeat an obvious fact. Yet the growth must be observed and understood in order to develop policies and programs which can meet and respond to the specific groups (including certain subsets of women) affected by this serious new illness.

Between January 1979 and December 1984, a five-year period, 8,954 AIDS cases were reported to the CDC. The case reports multiplied at a steady rate, as indicated in Table 1. As of June, 1985, 49% of those stricken had died.

Date of diagnosis		No. of cases	No. of deaths	Case fatality rate
1979	Jan.-Jun.	1	1	100%
	Jul.-Dec.	10	8	80%
1980	Jan.-Jun.	19	15	79%
	Jul.-Dec.	28	28	100%
1981	Jan.-Jun.	81	71	88%
	Jul.-Dec.	174	145	83%
1982	Jan.-Jun.	353	267	76%
	Jul.-Dec.	626	443	71%
1983	Jan.-Jun.	1163	789	68%
	Jul.-Dec.	1507	984	65%
1984	Jan.-Jun.	2256	1190	53%
	Jul.-Dec.	2728	929	34%

Table 1: Number of reported AIDS cases by half-year of diagnosis, 1979-84. Data from Centers for Disease Control, June 3, 1985. Surveillance Report.

The number of cases per million has risen steadily. Between January and June of 1985 alone, the number of cases per million nationally has risen from 35.1 to 46.9. In San Francisco the rate has climbed from 287.9 to 384.2. (1) The illness has also spread to new locations and populations. Initially concentrated in a few major metropolitan areas, it is now in all 50 states. The percentage of total cases in the major cities is shrinking and the proportion in more rural states and districts is growing. Table 2 indicates this trend during the first six months of 1985.

SMSA or ResidenceDates of Diagnosis

	<u>1/1/81 - 1/21/85</u>			<u>1/1/81 - 6/3/85</u>		
	<u>N</u>	<u>%</u>	<u>cases p. million</u>	<u>N</u>	<u>%</u>	<u>cases p. million</u>
New York, N.Y.	2855	36	313	3615	33.9	396.4
San Francisco, Ca.	936	12	287.9	1249	11.7	384.2
Miami, Fl.	305	4	187.6	368	3.4	226.4
Newark, N.J.	217	3	110.4	270	2.5	137.3
Elsewhere	3668	46	14.7	5176	48.5	23.9
Total U.S.	7981	100	35.1	10678	100.0	46.9

Table 2: Comparison of AIDS cases by Standard Metropolitan Statistical Areas in January and June, 1985. Source: CDC Surveillance Reports of 1/21/85 and 6/3/85.

N = no. of diagnosed cases

% = % of total U.S. cases

cases p. million = no. of cases per million inhabitants

Although the cities with the highest rates of AIDS cases continue to have more illness diagnosed (e.g., the case per million rate in San Francisco has jumped from 284.9 to 384.2 between January and June of 1985), the distribution is broader. The cities listed in Table 2 (among the top five in terms of cases per million at both countings) now have a lesser share of the total number of cases than they did in January. This change demonstrates the continuing rapid spread of the epidemic. The implication for preventive education and for services is that these also must become more widely distributed outside the major metropolitan areas.

While AIDS has always affected both men and women and persons of all sexual orientations, its sexual spread has previously been more rapid among gay men than among the heterosexual population. Epidemiological evidence indicates, however, that as a sexually transmitted disease AIDS is currently spreading among heterosexuals at a progressively faster pace. As Table 3 indicates, the number of AIDS diagnoses for which heterosexual contact was the primary risk factor rose from 59 in January 1985 to 97 by June 1985, a 64.4% increase. The number of cases where homosexual contact was the suspected route rose from 5,748 to 7,732, an increase of 34.5%. The heterosexual rate of increase was 1.86% times that of the homosexual contact rate of increase.

Suspected Homosexual and Heterosexual Transmission

<u>Date</u>	<u>Male-Male Contact</u>	<u>Male-Female Contact</u>
1/21/85	5748	59
6/3/85	7732	97
Numerical Increase	1984	38
% Increase	34.5%	64.4%

Table 3: Number of AIDS diagnoses by suspected route of sexual transmission. Data source: CDC Surveillance Reports, 1/21/85 and 6/3/85.

Interestingly enough, the rates of increase in diagnoses for men and women during the same period are both around 34%, although the rate is slightly higher for women (see Table 4). The difference is not statistically significant.

<u>Date</u>	<u>Gender (Adults & Adolescents)</u>	
	<u>Male</u>	<u>Female</u>
1/21/85	7375	511
6/3/85	9869	689
Numerical Increase	2494	178
% Increase	33.8%	34.9%

Table 4: Rates of increase in reported AIDS diagnoses for men and women between 1/21/85 and 6/3/85. Source of data: CDC Surveillance Reports. Calculations by author.

Comparisons of Tables 3 and 4 indicate that the rise in AIDS diagnoses attributed to heterosexual contact is not simply a matter of more women being diagnosed. It reflects more heterosexual transmission for both women and men.

The incubation time between infection and the emergence of AIDS-defined illnesses can be from a few months to many years. The lengthy incubation-healthy carrier phenomenon, combined with a lack of AIDS awareness in the general population, means that the illness rates are only the tip of the iceberg of AIDS infection among heterosexual men and women.

In response to the spread of AIDS, including the rise in heterosexual cases and the steady increase in numbers of women and infants with the illness, this report will concentrate on the impact of AIDS on women. It will include an outline of prevention strategies utilized in California, which may be able to slow the increase of cases, and lessen the morbidity and mortality for those women who are exposed to or infected by the HTLV-III virus.

I. Women and AIDS: Transmission and Demographics

As of June 3, 1985, 738 females in the United States had been reported to the CDC as having AIDS. The best estimate of women with AIDS-Related Conditions (ARC) is approximately six to ten times greater than the number with AIDS, 4,428 - 7,380. The best estimate of those with the virus in their system is 60 to 80 times the number with AIDS: 44,280 - 73,800. (2) Women comprise 7% of the national population of AIDS patients and probably a similar proportion of those with ARC or the virus. If the category "gay and bisexual men" is excluded, as many as 20% of AIDS cases are female. Still, as the figures cited above indicate, there are thousands of women already infected. They, their sexual partners, and their infants are at immediate risk of developing the fatal illnesses associated with AIDS.

Sources of Transmission

Table 5 indicates the major routes of transmission for AIDS for women.

AIDS Diagnoses Among Women

<u>Patient Groups</u>	<u>U.S. 1</u>		<u>California 2</u>		<u>San Francisco 3</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
I.V. Drug User	374	50.7	5	21.7	2	22
Hemophiliac	3	.4	-	-	-	-
Heterosexual Contact	88	11.9	2	8.7	1	11
Transfusion	63	8.5	5	21.7	3	33
Parent at Risk	43	5.8	2	8.7	2	22
None Apparent/Unknown	<u>167</u>	<u>22.6</u>	<u>9</u>	<u>39.0</u>	<u>1</u>	<u>11</u>
Total:	738	100%	23	100%	9	100%

Table 5: Reported AIDS cases among women, by patient group (suspected route of transmission) for U.S., California, and San Francisco since 1981. (On account of rounding, not all percentages add up to 100.)

- 1 from CDC Surveillance Report, June 3, 1985
- 2 from California AIDS Activity Office data, 1/7/85. Author's calculations.
- 3 from San Francisco Department of Public Health data, 4/30/85. Author's calculations.

General Issues

The most common route of transmission for women is IV drug use and shared needles (50.7%). This is a significant risk factor nationally, in California, and in San Francisco. (Because the state and city numbers are so small, they must be treated with caution when making generalizations and predictions.) Of the other identified routes, heterosexual contact is the next most important nationally. Although a substantial number of women have contracted AIDS through blood or blood products, this risk factor has essentially ceased to be a threat on account of blood bank use of virus antibody tests.

A striking number of women (22.6% nationally (167), 39% (9) in California, and 11% (1) in San Francisco) are listed as being at risk for "no apparent" or "unknown" reason. The comparable category ("unknown, other") for males is only 5.6% nationally (June 3, 1985 -- CDC). Some of these women may be recent Haitian immigrants. Haitians in Haiti and recently emigrated to the U.S. are reported to be AIDS-antibody positive at a rate of 2%. Haitians are currently listed as "unknown/other", unless in other risk categories. Other women in the "unknown" category may have never been adequately questioned. There may be a sophistication in surveillance with male cases, which came about as the numbers grew, that has not fully developed in the surveillance of female cases.

Although women comprise the bulk of health care workers serving patients with AIDS, there are no reported cases of transmission to females (or males) associated with exposure to blood, urine, saliva, or mucous during nursing or other medical care. Neither superficial contact nor more direct contact, including needle sticks with contaminated blood, have resulted in AIDS, or even in positive antibody test results.

Sexual Transmission

In absolute numbers, more women than men are reported to have contracted AIDS through heterosexual contact. This could be a sign that AIDS is more easily transmitted from males to females.

If so, the role of tissue trauma during vaginal and/or anal intercourse might be a factor together with the dosage transmitted via semen. This can be compared to the lesser potential for trauma to the male during intercourse and the more limited opportunity for direct passage of vaginal and cervical secretions into the male's body.

On the other hand, the male-female difference in rates of heterosexual contact leading to AIDS may be a result of the much higher numbers of men already infected with the virus. On the basis of AIDS diagnoses, we can estimate that there are over 10 times as many men infected with the virus as there are women. While many of these men have contracted AIDS via homosexual contact, a substantial proportion has been infected via drug use. Bisexual males and a number of gay-identified men have sexual contacts with women. But even if one excludes both gay and bisexual men from AIDS statistics, 80% of the diagnosed AIDS cases are male. These figures mean that a woman is much more likely to meet an infected person of the opposite sex than is a man. Consequently, her chances of being exposed to the AIDS virus via heterosexual transmission are currently greater than a man's.

While there is a tendency for some to focus on the risks of prostitution, all women who have multiple sexual partners increase their chances of AIDS virus exposure. COYOTE, a U.S. prostitutes' organization, reports that nationally nine prostitutes are known to have contracted AIDS. It is unknown whether these women were also IV users. There is no direct evidence that U.S. prostitutes or other sex workers, such as sex therapists and sex surrogates, have contracted AIDS as a result of their sexual activity. As Coyote argues in Appendix 1, sex workers are often more careful of disease transmission than is the average citizen.

Prostitutes (both male and female) who sell sex to finance IV drug use may be exposed to the virus via shared use of needles. They are then capable of transmitting the virus to others sexually. Historically, female prostitutes have been blamed for the existence and spread of sexually transmitted diseases in the general population, even when there is contrary evidence. Coyote's position paper (Appendix 1) attempts to address this scapegoating phenomenon in such a way that the commonality between those paid and those not paid for sex will be understood. Coyote's goal in their paper is to develop a response based strictly on health concerns.

IV Drug Use and Women

Drug use with shared needles is the most important source of transmission of the virus to women. As Table 5 indicated, it is especially important nationally, although less so in California. Current estimates, however, are that approximately 10% of the opiate using population of San Francisco is HTLV-III antibody positive. (3) If this figure continues to rise, and if the figure is determined to be similar in other, non-opiate, IV drug users,

the spread into the general population will accelerate, both through shared needles and through sexual contact. Figures from the San Francisco Department of Public Health from May 30, 1985, demonstrate the important role IV use may play in AIDS infections, regardless of gender or sexual activity. (See Table 6.)

<u>Gender</u>	<u>Reported Drug Use - SF AIDS Cases</u>
Male	
Gay	13%
Bisexual	26%
Heterosexual	46%
Female	22%

Table 6: Gender and sexual orientation (where known) of San Francisco AIDS cases with I.V. drug use reported by patient or physician, regardless of suspected route of transmission or primary risk factor. Data from San Francisco Department of Public Health, May 30, 1985.

Prognosis for AIDS is poor in IV users, with a higher death rate (51.7%) than for AIDS cases overall (49%). (4)

IV drug use is more heavily concentrated in non-white communities in the United States than it is among whites. The economics and social consequences of racism, together with criminal justice legislation and enforcement policies have produced a situation in which the poorer Black and Hispanic communities of the United States are suffering from an epidemic of drug use. This epidemic, combined with that of AIDS, is having a devastating impact already in the New York-New Jersey area. With reports that as many as 80-90% of opiate users in Manhattan are antibody positive and knowing that these are not sexually closed populations, we can see the seriousness of the community-wide impact of AIDS on Black and Hispanic populations. Table 7 indicates the ethnic distribution of IV drug users who have been diagnosed with AIDS.

Reported Drug Use - US AIDS Cases

<u>Race</u>	<u>N</u>	<u>%</u>
White	264	19%
Black	692	50%
Hispanic	433	31.1%
Native American	3	.22%
Asian	-	-
Unknown	11	

Table 7: Racial distribution of diagnosed AIDS cases with I.V. drug use as primary risk factor, U.S. Data source: CDC, 2/1/85.

These figures lead us to a general consideration of ethnicity and AIDS in women

Ethnic Distribution of AIDS in Women

Nationally, women of color have been far more likely to be diagnosed with AIDS than are white women. Table 8, which compares California and the rest of the nation, makes this clear.

Female AIDS Cases

<u>Patient</u> <u>Race/Ethnicity</u>	<u>Region</u>		
	<u>Ca.</u>	<u>Elsewhere</u>	<u>All</u>
	<u>N</u>	<u>N</u>	<u>N</u>
White	26	149	175
Black	6	340	346
Hispanic	3	149	152
Other/Unknown	-	9	9
Total:	35	647	682

Table 8: National Distribution of female AIDS cases by race, as of May 28, 1985.

From a quick review of this table, one might incorrectly conclude that AIDS is not especially a problem for ethnic minority communities in California. However, the Pacific Center AIDS Project in Alameda County has found that 17.21% of California AIDS cases are in minority communities. (5) In Alameda County itself, the figure is 32.5% (6). Table 9 indicates that ethnicity varies among the patient groups (another term for "risk categories").

table 9 is to be inserted here as a separate typed sheet.

Furthermore, when one analyzes the ethnic distribution of heterosexually contracted AIDS cases in San Francisco, a broad ethnic spread immediately emerges, as indicated in Table 10.

<u>Ethnic Group</u>	<u>Heterosexual males and all females-</u> <u>AIDS Diagnoses</u>	
	<u>N</u>	<u>%</u>
White	8	36
Black	10	45
Hispanic	3	14
Asian	1	5
Other	<u>-</u>	<u>-</u>
Total:	22	100%

Table 10: Ethnic distribution of AIDS diagnoses in San Francisco among (self-identified) heterosexual males and women (all sexualities), regardless of risk factor. Data source: San Francisco Department of Public Health.

The figures in Table 9 make clear that any educational campaign in San Francisco intended to have an impact beyond the gay community must reach beyond the white population to the Black, Hispanic, and Asian communities. This comment does not imply that the same multi-ethnic approach should not also be used in education and service for gay San Franciscans. I merely wish to emphasize the necessity of multi-ethnic work if one is to reach women who risk contracting AIDS, either directly or through their male partners.

Lesbians and AIDS

As of May 30, 1985, there had been no documented cases of sexual transmission of AIDS virus between lesbians. There are, however, a small number of cases of women who define themselves as lesbians who have contracted AIDS through shared IV needles and through heterosexual contact. Until further research on female transmission is complete, the risks of lesbian sexual practices as transmitters of the virus are essentially unknown. The paucity of research on sexually transmitted disease among lesbians makes most projections on AIDS transmission highly speculative.

If the virus is found in vaginal and cervical secretions, and/or the menstrual blood of infected women (as is to be anticipated), then it is as important for women as for men to avoid these fluids when their partners are infected or possibly infected.

Two studies currently under way, the AWARE project on AIDS seropositivity in women, conducted by Wofsey, et al. at UCSF, and a project at the San Francisco based Lyon-Martin Clinic on

sexually transmitted diseases in lesbians, may help answer some of these questions. For a description of the AWARE projects, see their attached research proposals (Appendix 3).

Donor Insemination

A major issue confronting lesbians as well as some other couples with fertility problems is donor insemination. There have been no documented cases of AIDS virus transmission through donor insemination. This does not mean that semen without "sex" is safe. Rather, it may reflect precautions taken by sperm banks and individuals to avoid donations from persons who might be virus carriers. It may also be related to other factors, such as minimal tissue trauma and/or limited dose with planned insemination. However, until more data is collected (and given the knowledge that the virus can be contracted from heterosexual transmission of semen), almost all physicians and sperm banks advise against insemination with a donor in a risk category. One strategy for protection in donor insemination is use of the antibody test when the donor has possibly been exposed or infected. The Alternative Test Site brochures of the San Francisco AIDS Foundation (Appendix 4) explain why such screening is important.

Pregnancy and Maternal Transmission

Women are unique in their ability to become pregnant and bear children. This special capacity also renders them capable of passing the AIDS virus on to their unborn children. Of the 124 pediatric AIDS cases reported to the CDC by June 3, 1985, 90 (73%) are the result of maternal transmission. The mothers were infected via shared needles or sexual contact. Most appeared healthy during their pregnancies. The maternal infections were passed on, however, to the infants, transplacentally, or at birth, and in some cases possibly through nursing. The infants with AIDS, the many others with ARC, and those children carrying the virus can anticipate greatly shortened lives with high susceptibility to opportunistic infections and cancers. Prevention of maternal transmission can only be accomplished through education of women at risk for AIDS infection. As will be discussed in the "Programs" section, such education will require the combined efforts of health departments, community service agencies, and health care providers to women. Antibody screening programs for women at risk can only be one component in this process.

Pediatric AIDS is a phenomenon more common to other areas of the U.S. than to California. However, nine cases have been reported in California, two of them in San Francisco. Ethnic minority children comprise a substantial porportion of the cases -- 33% in California and 78% nationally. The pediatric AIDS demographics mirror the female demographics, for obvious reasons.

II. Current AIDS Prevention Programs for Women

Speakers had indicated
 [It is universally acknowledged that education is the key to stemming the spread and mitigating the effects of AIDS. The education must include health providers as well as people who have been, or might be, exposed to the AIDS virus. Additionally, multiple services, ranging from information and referral through social service and case management to a full range of medical services, are acutely needed for people with all stages and types of illness and incapacity associated with AIDS. As the previous section indicates, a growing number of women will be needing both education and health services. To date, woman-focussed and/or woman-sensitive AIDS resources have been quite limited.]

I will review
 [In this section ~~we~~ ^{here} will review such resources and programs in Northern California on a county-by-county basis, beginning with San Francisco, where the greatest number of women's educational, resource, and research projects are to be found. Most of these programs can be adapted to other counties and adjustments can easily be made for urban, suburban and rural conditions.]

San Francisco City and County

✓ A. Women's AIDS Network

The Women's AIDS Network (WAN) is a volunteer organization grounded in San Francisco. Its active members come from most Bay Area counties (San Mateo, Santa Clara, Alameda, Marin, Sonoma) as well as Sacramento. It draws subscribing members from as far away as New York, Texas and Georgia.

Formed at a national AIDS meeting in 1983, the Women's AIDS Network initially saw itself as a national organization. When this proved impractical, it gradually settled into an educational and advocacy role in Northern California. Its members are predominantly women health professionals (physicians, therapists, educators, nurses, researchers, social workers, etc.) working in AIDS organizations.

For its members, WAN provides a location to exchange information and ideas. Some of the issues which the organization has addressed include:

1. members' experiences as women in predominantly male organizations

all the researchers here from Calif. partic. in the Network.

2. emotional issues of working with people with AIDS and ARC
3. networking opportunities for referrals, advice, employment, planning
4. recommendations for coordinated, non-duplicative resource development
5. information sharing concerning research, new programs and policies, potential speakers for forums, workshops, etc.
6. resource sharing, e.g., loans of audio-visual media

WAN has provided a variety of services to the broader community by sponsoring educational forums and by preparing and distributing brochures about women and AIDS. WAN sponsored the first Women and AIDS forum for the general public in the Bay Area in 1983. In 1984, with the assistance of the San Francisco AIDS Foundation, it sponsored and organized its second Women and AIDS forum, this one for health care providers. Continuing Education credit was available for nurses. The syllabus for this forum is attaching in Appendix 5. The brochure "Women and AIDS" was written by two members of WAN, and then funded, printed and reprinted by the SFAF (Appendix 6). Currently (June, 1985) WAN is completing its first newsletter to the general public. The newsletter will have an initial circulation of 3,000 copies.

Funding for WAN activities has been generated by dues, forum fees, and a small grant. The organization is currently planning a benefit for newsletter expenses and is selling buttons which say "AIDS: Not Just a Man's Issue -- Women's AIDS Network". (See Appendix 7 for WAN membership form.)

WAN provides a model which can have a significant impact on health care providers and on consumers. It developed in an area with many AIDS cases (most of which are male). The region may also have been conducive to organizational creation. The San Francisco Bay Area is a region with an established history of women organizing around health, gay and feminist issues. Still the network approach can be a strategy worth considering in outlying counties, as a mode to generate awareness of AIDS, and as a way of linking the women health workers of the county into an active force around AIDS issues. Major values of the network approach are that it is fairly economical, it breaks down isolation, and it can grow indefinitely.

B. Women's Program, San Francisco AIDS Foundation

In October, 1984, the San Francisco AIDS Foundation (SFAF) received a grant from the State Department of Health to develop a pilot program on Women and AIDS. This project is the only government funded educational program in the U.S. which is explicitly focused on AIDS and women. The Foundation hired a half-time development coordinator (the author of this report).

Building on earlier work at SFAF, the program has developed an experimental multi-faceted approach to education, referrals and resource development concerning women and AIDS. It has taken San Francisco and nearby California counties as its main focus. Its work between November 1984 and June 1985 is described below.

A variety of programs

✓ 1. Forums

The November 1984 "Women at Risk" forum for health care providers (jointly sponsored by the Women's AIDS Network) attracted over 100 participants. The Women's Development Program has also been involved in a number of other forums and workshops. These have been directed at three audience categories: health professionals, women at risk, and the general public.

✓ Forums and workshops for health professionals included Continuing Education credit, wherever possible to encourage attendance by nurses and other persons for whom certification credits are important. A forum conducted for the San Francisco Health Department focused specifically on women and AIDS, with special presentations on women and drug use, heterosexual and maternal transmission, and criminal justice concerns. Workshops on "Women and AIDS" were also incorporated into other AIDS and women's health meetings and forums, thus enabling the program to reach a broader segment of care providers, many of whom might not attend a meeting or forum exclusively focused on women or on AIDS or on "women and AIDS".

✓ Presentations for the general public were conducted at U.C. Berkeley, as part of an all-day forum on AIDS, and to predominantly lesbian and gay audiences in San Francisco and Santa Cruz.

Presentations to women at risk through IV drug use and/or multiple sexual contacts were prepared in cooperation with the San Francisco Pretrial Diversion Program and a San Francisco Jail Medical Service social worker. The first workshop, held in May 1985 at the County Jail, utilized a slide presentation, brochures, Hotline flyers, and a question and answer format for an audience of 20 female inmates.

[A primary goal of the Women's Development Program in regard to education of women at risk has been to train service agency staff and/or members of the at-risk group to do trainings themselves. At the Family Addiction Center for Education and Treatment (FACET), staff were trained by the program coordinator; at the SF county jail the initial program for inmates involved both jail and SFAF staff. The latter is preferable when developing materials for a new audience, as it gives the program developer more direct opportunity to judge the effectiveness of various educational strategies.

✓ 2. Information and Referrals

The women's program also provided up-to-date information on women and AIDS to SFAF Hotline callers, SFAF staff, health care professionals, and researchers. In order to provide such information, an agency or program will need to set aside staff time to collect the information. At the SFAF, the women's program coordinator went to the International AIDS conference in Atlanta in May 1985 as one part of this process. Existing women's organizations and services should be surveyed in regard to their abilities to provide AIDS services, while existing AIDS organizations must also be reviewed in terms of their service to women. Access to a good medical library and knowledgeable individuals are also crucial factors in providing accurate information to the public.

An additional information gathering strategy used by the women's program was the development of an organizational network among professional AIDS researchers working with human subjects (the Bay Area AIDS Research Consortium). While the research network was much broader in scope than "Women and AIDS", it did include all Bay Area research projects working with women. It was also responsive to research issues affecting female subjects.

Distribution of information can be a time consuming process. The SFAF Hotline, which is a primary source of public information on AIDS in Northern California, uses numerous volunteers. The value of a hotline approach is that individualized education, directly responsive to the concerns of the caller, can be provided. At the SFAF, the Hotline is supplemented with brochures and other materials that can be sent to the caller. Additional mass media and group approaches for more general public education are also pursued by the Foundation.

The SFAF Hotline was developed to serve three basic classes of people: the general public, people at risk for AIDS, and people with AIDS and ARC. The women's program provided additional training and resource lists to the Hotline staff and volunteers to help them respond more accurately and sensitively to women's issues within the three general categories. (See Appendices 8 and 9 for support group and drug rehabilitation resources listings.)

✓ 3. Advertising

As a component of the provision of information to the general public, the women's program prepared specific advertising to encourage women and the non-gay-identified population to call the Hotline. (See Appendix 10 for advertising copy.) To reach the multi-ethnic population of women at risk, advertising was prepared in Spanish and English. Ads were placed in the Black, Hispanic, Asian and white press, as well as the gay and lesbian press and in papers read by prostitutes.

✓ 4. Multi-Ethnic Outreach

In addition to the bilingual, multi-ethnic advertising campaign for the Hotline, the program distributed "Women and AIDS" brochures in Spanish ("Mujeres y AIDS", see Appendix 11) and recruited Black, Spanish-speaking and bi-cultural volunteers to work on various outreach projects. Consultation and a proposal were also provided to the San Francisco Department of Public Health concerning a possible multi-ethnic educational program for teenagers (see Appendix 12). The Women's Program Development Coordinator also participated in the ethnic outreach committee of the SFAF.

Now also, brochures in Chinese + Spanish

Where diverse ethnic and/or racial populations are at risk for AIDS, special advisory committees and outreach work are necessary. All programs should provide routine Spanish-language outreach in advertising, written materials, and educational events wherever there is a significant Hispanic population.

✓ 5. Work with Special Groups of Women at Risk

Prostitutes, women in jail, IV drug users, and women facing pregnancy after possible AIDS virus exposure: these groups of women have special needs for AIDS services. The SFAF Women's Program developed separate files general of information, health, social services and legal resources, education programs, and specialists who could work with individuals or groups. The file development was prepared by literature review and contact with organizations working with women in these groups. The files were then available when requests for assistance or resources arrived from health care providers, the general public, and the women at risk.

Advocacy is needed to protect prostitutes & other sexually active women outside of marriage from quarantine.

✓ 6. Networking and Volunteers

One person can only accomplish a limited amount. Networking and volunteers can be important extenders. Both approaches were integral to the SFAF Women's Development Program.

✓ Networking was accomplished through the Women's AIDS Network, the San Francisco and East Bay Perinatal Forums, SFAF contacts, COYOTE, the Coalition for the Medical Rights of Women, the Bay Area AIDS Research Consortium (founded by the SFAF), and gay and lesbian organizations.

✓ The SFAF volunteer network and volunteer coordinator were used to recruit volunteers. From San Francisco State University, two Women's Studies interns and five Health Education interns donated various amounts of time. One volunteer came through an alternative sentencing program. Several volunteers either had ARC or were otherwise exposed to the AIDS virus. Another worked in an AIDS-related job. Among them, these volunteers contributed over 450 hours of work in six months.

400 vols.
However - gay, initiated, orgs - mostly white & male
Need to develop new vol. base - multiethnic outreach

Each volunteer had a clearly defined task which was pursued over several weeks or months. Two developed a multi-ethnic advertising campaign; one prepared translations and typed; another handled a mailing list and information requests; four prepared a grant proposal; and two developed a major listing of women's health care providers. In only one case did a person stop working before a project ended and then the work was substantially complete.

7. Future Plans

The Women's Development Program was charged by the State Department of Health Services with the development of pilot programs and preparation of proposals for future work. It is anticipated that the program will continue its existing educational work, networking, and consultations. The Women's Program also prepared several proposals for future work:

a. Outreach to Women's Health Care Providers

A Program intern prepared a county by county listing of women's health care providers in Northern California. The listing includes all obstetrician/gynecologists, women's health clinics, and women's substance abuse programs in San Francisco, Alameda, Contra Costa, Lake, Solano, Mendocino and San Mateo counties. The listing will be used to contact these providers to begin comprehensive educational programs about women and AIDS in these counties. This plan was begun after it was realized that very few women's health care settings have literature on AIDS and women. Existing literature and patient education programs which touch on sexually transmitted diseases have not yet been updated to include AIDS. The primary goal of this plan is to begin to change this situation. Implementation of the plan will require extensive local organizing and cooperation. (See Appendix 13 for a partial county by county listing.)

✓ b. "Women and AIDS -- Straight Talk" - *Heterosexual awareness campaign*

A second proposal prepared through the program is a heterosexual education project designed to foster the use of condoms. This proposal, "Women and AIDS -- Straight Talk", was prepared by San Francisco State University Health Education students. It is attached in Appendix 14.

✓ c. *Family Planning packets* "AIDS Teenage Awareness Program" *Technical Assistance Packets*

A third proposal was prepared in draft form for the Community Services of the San Francisco Department of Public Health. This proposal was for a multi-ethnic approach utilizing adult community leadership to educate teenagers about AIDS (see Appendix 12).

These projects are mentioned here, not only because they were generated by the Women's Program of the SFAF, but also

because they can be used as models in other cities, counties, or states which are developing AIDS awareness and prevention programs to protect and serve women.

C. AWARE

The AWARE research project is funded through the University of California, San Francisco, out of California AIDS research funds. It is mentioned here because its goal is the generation of knowledge about women and AIDS and because it provides education, counseling and referrals to its research subjects, all of whom are women.

AWARE is the acronym for Association for Women's AIDS Research and Education. The emphasis is on research, with the study essentially focused on seropositivity prevalence among women at risk through heterosexual contact. Copies of the project's research proposals are appended (Appendix 3).

The AWARE project is the first to systematically study women at risk. It is also the product of cooperative planning and interaction among physicians, epidemiologists, health service providers, and advocates for women. It is thus an objective but somewhat unusual scientific enterprise. Both its research methods and its style of working with subjects could be usefully replicated in other cities. Additional Bay Area research projects connected to the AWARE study are investigating the role of donor insemination, the psychological impact of antibody test result information, and the AIDS antibody status of women partners of men with hepatitis B antibodies.

D. AIDS Support Resources for Women in San Francisco

There are a number of health organizations in San Francisco which either serve women primarily or have special programs for women. These organizations are listed in Appendices 8, 9, and 13. Of special note in regard to AIDS services are the support groups for women developed by Shanti and the AIDS Health Project. The AIDS Health Project provides eight-week structured educational support groups in which participants assess their response to AIDS and develop health maintenance strategies.

Both Shanti and the AIDS Health Project were pressed to provide special services for women. Both report a limited demand. It is possible that as AIDS antibody testing becomes more widespread and more women discover they are antibody positive, the demand will increase.

⑧ In the area of substance abuse resources, services for women are very limited. The AIDS Health Project provides some out-patient support groups. There are few residential drug rehabilitation programs for women. Many programs will not take children; still others exclude pregnant women. Currently, only one residential program in San Francisco will provide accommodations throughout

① Some limited support gpa. ② Access to AIDS programs
As women increase in # as use → ↑ drugs for gg

pregnancy and for women with children. This is the Pomeroy House of the Women's Alcoholism Center. Although Pomeroy House requires that the client's major problem be alcohol, it will admit women with polydrug dependency including opiate use. The staff has also completed a process of in-service training concerning women and AIDS. Pomeroy House provides an important model for education and rehabilitation of women at risk for AIDS on account of IV drug use.

Programs at the jail are held erratically. Note is active in helping rap gps. *STOP AIDS - 99 77*

In addition to the special programs for women noted above, all the AIDS organizations in San Francisco -- e.g., Hospice, Shanti, Mobilization Against AIDS, and the SFAF -- make their general services available to women. The SFAF, for example, offers comprehensive case management through a social services department; it also provides a food bank for people with AIDS or ARC, and general referrals. Hospice provides housing services for people confronting death and dying. Shanti provides a variety of counseling and support for individuals and their loved ones facing life-threatening illness and bereavement. Mobilization Against AIDS is an advocacy organization which monitors legislation and secures funding for AIDS research and services.

E. San Francisco Public Health Department

The Health Department has begun to apply traditional communicable disease tracking and education to heterosexual AIDS cases in San Francisco. Persons with AIDS (not persons with positive antibody test results) are asked to notify their recent and current sexual partners. Alternatively, if the patient is uncertain about making the personal contact, a Health Department Communicable Disease Officer will make the contact instead. The goal of the program is to stem the spread of AIDS through individual education about safe sex practices.

The Department of Public Health also provides extensive funding for general education and for the Alternative Test Site Centers for anonymous antibody testing. This is in addition to its funding for direct medical, mental health and other services needed by people suffering from AIDS-related illnesses.

F. Medical Services in San Francisco

adequate and open to women

The bulk of Northern California medical services for people with AIDS and ARC is located in San Francisco. This results from several factors: the size and political influence of the San Francisco gay community, the local concentration of AIDS cases, and a pre-existing density of health services, physicians, research facilities, and medical schools. If special services for women with AIDS were to develop in California, one would expect them to occur first in San Francisco. To date the number of adult female patients has been low -- seven with AIDS, and an unknown number of women with identified ARC symptoms. Lyon-Martin Clinic, a San Francisco women's clinic originally founded to serve lesbians, has trained its staff, with the help of AIDS outpatient

Lyon-Martin screening. otherwise up men.

clinic staff from San Francisco General Hospital, to be a pre-screening clinic for AIDS. The AIDS screening clinics in the city's Public Health Centers, as well as all other AIDS medical services, are also available to women. The Lyon-Martin model represents the addition of AIDS-related services within a woman-focussed organization. The Health Center model represents a similar expansion of AIDS services for both male and female clients. In both cases, special training in diagnosis and treatment is required for physicians and other staff.

Services for pediatric AIDS patients are limited; referrals are being made to the pediatric immunology service at the University of California San Francisco Medical Center.

Because AIDS is a chronic debilitating disease, specialized supplemental services are required for comprehensive care in addition to the traditional physician services. With women as clients, additional needs, such as those associated with dependent children and pregnancy, must also be addressed. Planning for clinic and other medical services for women should take these special needs into account. Section D, above, describes some of the supplemental services available to women in San Francisco.

Overall, of the Northern California counties, San Francisco has the greatest variety of educational and service programs directed at women. We will now briefly examine some of the outreach and special services to women in other counties. All the counties listed are in the state service area of the San Francisco AIDS Foundation. They receive assistance in program development. Where no organized program exists, the Foundation has provided some direct education.

Alameda County

Aside from services provided through the Health Services Agency, the major AIDS organization in Alameda County is the Pacific Center AIDS Project. The Pacific Center provides an information and referral service, a variety of education programs, and support groups for people with AIDS as well as for friends, family and lovers. The Center has initiated several projects specifically addressing the needs of women:

1. "Women Concerned About AIDS" discussion group -- meets once a week, includes women working in the field, women at risk, and those with friends or family with AIDS.
2. An evening drop-in women's group -- for lesbians, straight and bisexual women.

The Center has also been involved in several outreach projects which touch on the special needs of women:

Other counties have range - no services beyond those for men, which are also limited. To forums on either women, lesbians, distrib of brochures, and inclusion of g & h issues in more genl presentations.

Other parts of U.S. - access to g & c drug progs., COYOTE, pros. of htero outreach,

1. "Talking with Our Kids and Other Parents About AIDS" -- an evening forum.
2. An elimination and prevention of racism project (see "Pacific Center AIDS Project Statement on Racism and AIDS Work", Appendix 12).

Several forums on AIDS in Alameda County have included workshops on women and AIDS.

The Pacific Center AIDS Project is a more typical AIDS organization for California than is the SFAF. It has less AIDS funding and a smaller overall budget. Consequently it provides fewer AIDS-specific services. Similar to many AIDS organizations throughout the country, it is based in an institution which was initially and is primarily focussed on the needs of the gay and bisexual community.

Other Northern California counties with AIDS education projects provide even fewer services and educational programs specifically for women.

Marin:

Marin AIDS Support Network, the Health Department and the AIDS Advisory Committee are the primary AIDS education organizations in Marin. Woman-focussed work in the county includes distribution of brochures on women and AIDS.

Marin AIDS Support Network has a female staff member (volunteer) and female board members. The Support Network has publicly raised issues of women and AIDS in educational and media settings. No special forums concerning women have been held.

Sonoma:

Programs for women have included:

A forum on AIDS for the lesbian community.

A section on women and AIDS provided in a recent educational forum on AIDS for health care providers.

In July, 1985 River Community Services will be holding a one-day forum on women and AIDS.

"Women and AIDS" brochures are distributed regularly.

River Community Services has had female staff who have helped focus activities on women as well as men.

Contra Costa:

Contra Costa has very limited AIDS services, primarily provided by the Pacific Center and the SFAF. The Health Department in Contra Costa has played a very limited role.

"Women and AIDS" brochures have been distributed.

Discussion about women and AIDS has been incorporated into general AIDS education, including several forums for substance abuse professionals.

Lake:

The primary AIDS organization in Lake County is the Health Department.

Brochures on women and AIDS have been distributed.

Discussion about women and AIDS has been incorporated into general AIDS education.

Mendocino:

The primary organization for AIDS education is the Health Department.

Brochures on women and AIDS have been distributed.

Discussion about women and AIDS has been incorporated into general AIDS education.

Napa:

The primary AIDS organization is the Health Department.

Brochures on women and AIDS are being distributed.

Discussion about women and AIDS has been incorporated into general AIDS education.

Solano:

The Health Department is the primary AIDS organization in Solano. There is also an active group of lesbian and gay volunteers.

Brochures on women and AIDS are being distributed.

Discussion about women and AIDS has been incorporated into general AIDS education.

As the above survey indicates, when one leaves the Bay Area, educational, social and medical services for women with AIDS concerns thin out quickly.

III. Conclusions and Recommendations

As Part One of this report makes clear, the AIDS epidemic is spreading rapidly into new populations. Women and infants will be affected in increasing numbers. Because progress toward either vaccination or cure is slow, education is the most important strategy available to limit the spread of the illness. Yet educational programs for health providers, the general public, and people at risk are extremely limited. With the exception of San Francisco and Alameda counties, where limited women's outreach projects have begun, there are essentially no on-going educational projects specifically designed to educate women and their health providers about AIDS. Few programs exist to involve women or their health care providers in the process of stopping the spread of the illness.

Several California projects which do address these concerns are described in Section II. It is still too early to assess their effects thoroughly. The study conducted in March 1985 by San Francisco State students found that 47 out of 100 women did not know they could contract AIDS. A total of 64% did not know any risk reduction measures. (7) On the other hand, in a focus group of nine women at risk convened in San Francisco in May 1985 and including IV users and sexually active women, all were aware that women could get AIDS and most knew some risk reduction strategies. Most had also changed their behavior on account of AIDS, although few could be said to have completely protected themselves (see Appendix 15). Both these women and those in the San Francisco State study wanted more information. Research in New York and San Francisco has demonstrated that AIDS education programs can change behavior and consequently reduce the rate of the epidemic. (8)

AIDS education programs for women present special challenges. Women are an aggregate group of individuals. They do not belong to one community, culture, class or location. Instead, their lives are organized through a variety of family allegiances, ethnic groups, residence patterns, and life styles. These differences mean that programs oriented directly toward women will be most successful if they build on and utilize this diversity, rather than attempting to ignore it.

In some cases the educator may be able to reach a woman through ethnic media or social organizations; in another case, her life style of drug use may be the key; for yet another, awareness of sexually transmitted diseases can be the first step to AIDS awareness.

At the same time, efficiency demands that some commonalities be introduced into educational planning. The education of health and

social service providers, as well as community leaders, can save time for the AIDS educator. Mass media campaigns (such as the one described in Appendix 14) are also crucial. A "Women and AIDS" program can pass on basic AIDS information to health providers; it should encourage culturally relevant strategies to educate clients, patients and community members.

Recommendations

The following recommendations are guidelines for developing AIDS awareness and service programs directed at women. They are based on a county/city model. None of these recommendations can be implemented without a basic program of AIDS education and services. Many counties have no organized AIDS programs. As these basic programs are initiated, they should incorporate the following suggestions.

RECOMMENDATION I: Comprehensive AIDS education campaigns are needed on a county-by-county basis. A needs assessment should first be conducted which evaluates community awareness, estimated numbers of AIDS and ARC patients as well as antibody positive individuals. Variables, such as IV drug use, sexually transmitted disease patterns, and out of wedlock pregnancy and teen parent rates, should also be reviewed in order to plan appropriate and effective AIDS prevention campaigns which will reach women as well as men and people of all ages. Public education and health agencies as well as community organizations should be surveyed to assess current service provisions. Assessments concerning women's risks and needs should be incorporated in any broader AIDS-related needs assessment.

RECOMMENDATION II. Local Health Departments should initiate reviews of existing AIDS education, health, and social services. These reviews should incorporate women's needs.

Questions important to service for women include the following:

Are health care providers educated about AIDS and women?

Do they need additional training?

Is there an AIDS screening clinic or a referral list of knowledgeable physicians, including family physicians, OB/GYNs, and pediatricians?

Are appropriate medical services available for people with ARC and/or AIDS?

What are the special needs of women? Are they being met?

What services, if any, exist for the woman drug user? Are they appropriate?

RECOMMENDATION III: Basic AIDS education programs for health care providers, for people at risk or with AIDS, and for the general public should be initiated. Programs should acknowledge and include women as well as men.

Following a needs assessment, an educational strategy can be developed. Planners may find the book Health Education Planning: A Diagnostic Approach helpful. (9) The first step will be the establishment of educational priorities, secondly adequate funding, staffing, authority and coordination must be assured. A basic level of community awareness, i.e., knowledge that the program exists, should be established. Planners should develop a long-term strategy as well as short term realizable goals.

A variety of specific educational strategies for women have been described in Section II. They include:

Outreach to health providers (see Appendices 5, 7, 13 and 14).

Development of an advocacy and information network of women working on AIDS issues (see Appendix 7).

Direct media advertising (see Appendix 14 for an educational model incorporating advertising; also see Appendix 10 for advertising models).

Use of existing community institutions -- including health agencies as well as social service, ethnic, religious and other cultural organizations.

Materials development in appropriate languages. In some cases it may be more efficient to incorporate material about AIDS into existing material, e.g., into media concerning sexually transmitted diseases.

Education of community leaders (Appendix 11 presents one model for this approach).

Specific strategies selected will depend on the community. What is most important is that a planned program be initiated.

RECOMMENDATION IV: Where appropriate, new services should be initiated. This will involve development of a funding base as well as public and private involvement in planning and provision. The types of basic services that will be needed include:

1. Anonymous AIDS antibody testing sites
2. AIDS screening services
3. Low-cost and free medical care for persons with AIDS or AIDS-related illnesses
4. Comprehensive social services, including mental health, welfare, disability, food stamps, SSI, unemployment, housing, legal assistance, nursing care, hospice arrangements, religious support, counseling and support groups for family, lovers and close friends
5. Services should be made available directly or by referral through traditional health care providers. For women, these providers include obstetrician/gynecologists, family practice physicians, pediatricians, and health clinics (see listing in Appendix 13).

✓ RECOMMENDATION V. Because of the diversity that women represent, all educational campaigns and services for them should be sensitive to multi-ethnic, multi-class issues as well as to lifestyle diversity.

✓ RECOMMENDATION VI. Because of women's unique reproductive roles, AIDS programs for women should take reproductive issues into account. The issues include:

1. birth control: *condom promotion*
2. *sexually* ~~genitally~~ transmitted diseases. *in wvp - AIDS ed? info*
3. donor insemination. *ed. + ~~surgery~~*
4. conception and safe sex. *for prostitutes? in conjunction with*
5. antibody screening and pregnancy counseling. *marriage certificates?*
6. maternal transmission of the AIDS virus. *as part of pregnancy*
7. pediatric AIDS, whether caused by maternal transmission or *counseling* other routes.
8. maternal issues with older children, born before the mother's illness.
9. reproductive freedom -- including the right to have or reject an abortion. *a pregnancy and/or an abortion.*

Pursuit of the above recommendations could be a first step in meeting the needs of women and the needs of the larger community, both gay and straight, young and old -- for a safer way of living during the era of AIDS.

*Current knowledge
on maternal transmission
is sketchy - How will
♀ be counseled?*

Footnotes

1. CDC AIDS surveillance reports of 1/21/85 and 6/3/85.
2. These estimates are based on studies which indicate that for those persons whose blood was antibody positive five years ago, 5 to 10% have developed AIDS; another 20% have developed ARC; while approximately 70-80% remain healthy.
3. Estimates from medical staff at Haight-Ashbury Free Clinic and Bay Area Addiction Research and Treatment (BAART) program serving methadone clients. May, 1985.
4. Data from CDC, Feb. 1, 1985.
5. Pacific Center AIDS Project Statement on Racism and AIDS Work. See Appendix 2.
6. Ibid.
7. Cf. "Women and AIDS -- Straight Talk", Appendix 14.
8. Research and Decisions Corporation, "A Report on: Designing an Effective AIDS Prevention Campaign Strategy for San Francisco: Results from the First Probability Sample of an Urban Gay Male Community," San Francisco, 1984; S. Schultz, S. Friedman, A. Kristal, D.J. Sencer, "Declining Rates of Rectal and Pharyngeal Gonorrhea among Males -- New York City," MMWR, 33:21, 6/1/1984.
9. This text, by Lawrence W. Green, Marshall W. Kreuter, Signid Deeds, and Kay Partridge (Palo Alto, Mayfield Publishing, 1980) provides a practical analytic approach to values, beliefs attitudes and perceptions which can facilitate or hinder personal motivation for change.

List of Appendices
(Available on request from author)

1. "COYOTE Convention -- San Francisco, CA, May 30-June 2, 1985"
2. "Pacific Center AIDS Project Statement on Racism and AIDS Work"
3. AWARE research proposals for 1984-5 and 1985-6
4. Alternative Test Sites for AIDS Antibody Test
5. Syllabus -- Women At Risk: Strategies for AIDS Education and Prevention, Nov., 1985
6. "Women and AIDS" brochure
7. Women's AIDS Network membership form
8. "Current Support Groups and Assistance for Women exposed to AIDS -- San Francisco Area," May, 1985
9. "Rehabilitation Resources for Women with IV Drug Dependencies" February, 1985
10. Advertising for AIDS Hotline directed at women and/or general public
11. "Mujeres y AIDS" brochure
12. "AIDS Teenage Awareness Program: A Multi-ethnic Strategy"
13. "Women's Health Services Listing"
14. "Women and AIDS -- Straight Talk"
15. "San Francisco health crisis focus group with women at risk," Memo, Research and Decisions Corporation, June 21, 1985

Because ~~of~~ women^s exposed to AIDS +
ill from it are ~~more~~^{most} likely to be

poor

black

+ engaged in illegal activity

Hispanic

~~there~~

All programs need to be located + planned approp-
riately.

language

literacy level

race + cultural skills of educators

+ Safe - from the crim. justice system

[Miami - screening $\rightarrow$ health dept.]

Because of women's unique reproductive + sexual roles, all ^{AIDS} health + educational programs ^{for women} should address the following issues:

1. Birth control - should condoms be promoted as the major form of birth control?
2. Sexually transmitted disease education + prevention -
 - (a) AIDS information needs to be incorporated in all materials + ~~education~~ counseling
 - (b) Screening programs raise important civil liberties issues for women
 - ① "Prostitutes" or those defined as or arrested as prostitutes -
 - ④ Abortion counseling +
 - ⑤ ~~and~~ reproductive freedom ~~including~~
 - ② Premarital screening - (heterosexual trans./maternal transmiss.)
 - ③ Prenatal screening (maternal transmission) - counseling;
Lesbian Insemination Project - goal of generational data for sperm banks + individual
3. Donor insemination - education + screening programs
4. Pediatric AIDS - counseling for mothers
5. For women who are drug users - access to ^{sub. abuse} programs;
+ toxicology screening consequences are imp. issues.

AIDS teenage Awareness Program

A Multi-Ethnic Strategy

The following proposal is based on the belief that the Health Dept. should initiate an AIDS education program for teenagers based on sensitivity to and utilization of the diverse cultural communities which comprise the city of SAN Francisco. The basic approach described below could be utilized with adults as well as with youth. In fact, adult awareness is the first step.

NEEDS ASSESSMENT

AIDS:

As of April 15, 1985 there were 2157 cases of AIDS diagnosed in California. Approximately 1000 of these cases were in San Francisco. For an estimate of persons suffering from the full variety of illnesses associated with the AIDS virus, one can multiply the AIDS diagnosis numbers by a factor 8 to 10. Thus, the appropriate estimate for AIDS Related Conditions for California is approximately 16,000 to 20,000, and for San Francisco, 8,000 to 10,000.

The distribution of AIDS in California has been predominantly in the adult population. Only 6 teenagers (age 14-19) are currently listed in state statistics as having received this diagnosis. (It should be noted that the state Task Force on AIDS office indicated in late April that their statistics are backlogged and that this figure is probably higher in reality than is indicated on their computer printout.) There are no teenagers

yet identified in San Francisco as having AIDS diagnoses. This does not mean that there are no youth with ARC or that none have been exposed to the virus.

Of the 2157 AIDS cases in California, 2131 were male and 26 were female. Of the male cases, 1810 identified themselves as gay; 208 said they were bisexual, and the rest, 113, said they were heterosexual. The small number of women with AIDS should not lead to complacency about this population, as the number is primarily a reflection of the initial spread of the illness in the gay community. Within the California AIDS population that defines itself primarily as straight, the ratio of men to women is more equal: there are 113 men and 26 women who have contracted AIDS from a variety of routes. Additionally, in thinking about the gay-bisexual-straight figures, we must remember that our youth fall into all these categories and that needle sharing and sexual contact can cross every boundary and age category.

Ethnically, on a statewide level, 83% (1786) of the diagnosed AIDS cases have been white, 7.56% (163) Black, 7.28% (157) Hispanic, .6% (13) Asian/Pacific Islander, .14% (3) Native American/Alaskan, .05% (1) Haitian, .05% (1) other, and 1.53% (33) unknown. In San Francisco itself, the proportion of cases in the white community is slightly higher--approximately 89%; outside the San Francisco gay male community, the proportion of whites drops dramatically. According to SFDPH figures, only a third of the heterosexual and/or female AIDS patients are white: the others are Black or Hispanic. National figures, which reflect a much higher proportion

of non-gay male cases than in Cal. or SF, indicate that 59% of all AIDS patients are white, followed by 25% Black and 14.4% Hispanic. AIDS is clearly a problem for all ethnic communities.

Teenagers:

Teenagers comprise an important group of sexually active young people. One indication of their activity is the number of unmarried teenagers who have had sexual intercourse: over 40%. The white rate rose from 33.6% in 1976 to 42.3% in 1979. Another sign of teenage sexuality is the teenage pregnancy rate. Over a million teenage pregnancies occurred in 1980 in the United States. Most were unintended. Of all births in the U.S. during that year, 15.6% were to adolescents. In the Black community, 26.5% of all births were to women 17 and under. In San Francisco, according to the Teenage Parenting Project, 251 births occurred to women age 17 and under in 1983. Of these, 108 mothers were white, 105 Black, 5 American Indian, 2 Chinese, 19 Filipino, 10 other, and 2 of unknown ethnicity.

Teenagers are poorly educated about sexuality, venereal diseases, birth control, AIDS, and the health risks associated with drug use. These factors, combined with their sexual activity, puts them at significant risk for exposure to the HTLV 3 virus which can lead to AIDS illnesses. The program proposed below is designed as a response to the threat that AIDS can pose to our youth. It has the basic goal of mobilizing ethnic community leaders to assist the health dept. and other government agencies (e.g., the

school dept.) in education and other measures ^{that} can reduce the risk of contracting AIDS.

PROGRAM PLAN

Step I

Health Dept. officials meet with leaders from the major ethnic communities in San Francisco. At a minimum, this should include Black, Hispanic, Chinese, Japanese, S.E. Asians (Filipino, Vietnamese at least) and Native Americans. Because ethnic identity functions differently in the white community, diverse religious, educational, and health providers from this community should also be contacted even though they may not see themselves as "white" leaders. In all cases attention needs to be paid to the class and neighborhood divisions of San Francisco. The community representatives should include health professionals, civic and social leaders, and teenagers. Initial meetings ~~need~~ to emphasize:

A. The risk of AIDS to community members

Gay youth

Female sex partners of males exposed to the virus

Male sex partners of females exposed to ~~the~~ virus

I.V. drug users

Children of women exposed to AIDS (pregnancy issues)

The general spread of AIDS in the straight community

Teenagers as a sexually active group

5

Teenagers as a group which experiments with drugs of all sorts

B. Community response issues:

Community awareness of and access to services re:
sexually transmitted diseases
AIDS
health care

The need for culturally relevant educational materials about AIDS

Role of community leaders in generating awareness

Community institutions--churches, schools, media, cultural events, health clinics--as educational sites and as places where responses to people with AIDS OR ARC can occur

Relevance of the antibody test and test centers to teenagers and to the more general educational program

Combatting the stigma of AIDS

How can ethnic communities help meet the needs of community members with illnesses associated with AIDS?

Step II:

Set up one task force within each community to develop community-specific response. Begin linkages with other communities about common issues: e.g., access to funds, racial, cultural, and/or language issues.

Step III:

Plan focussed strategies for each community:

- A. Identify target group--e.g., teenagers
- B. Plan a multi-faceted program with an appropriate theme
 - materials
 - locations for education
 - training of educators
 - etc.
- C. Include a long range perspective in planning
 - 2-3 years at least
- D. Incorporate on-going evaluation
- E. Secure adequate funding
- F. Coordinate work throughout the city, with various communities as well as with other agencies concerned with AIDS and general health issues affecting teenagers.

PROPOSED AGENCY ROLES:

Health Dept.:

- initiation and leadership
- arrange task force development
- funding
- overall coordination

SF AIDS Foundation

- work with dept. and task forces on:
 - materials

7
educational strategies
evaluation

Task Forces:

Plan, advise, assist in community strategies

TIME LINE:

July 1, 1985 - Oct.31,1985

Develop task forces

Nov. 1, 1985-Jan. 31, 1986

Prepare plans for community programs

Feb. 1, 1986 - June 30, 1986

Initiate programs

I hope you find these ideas useful. Please contact me at the AIDS Foundation (333 Valencia St., SF 94103, or 415-864-4376) if you would like to discuss them further.

Sincerely,



Nancy Stoller Shaw, Ph.D.

WOMEN AND AIDS - STRAIGHT TALK

Funding Year
July 1, 1985 - June 6, 1986

Submitted by:

Cynthia Alonso
Lisi Harper
Carlos Lee
Carla Melvin

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INTRODUCTION

The San Francisco AIDS Foundation is a nonprofit tax-exempt organization founded in 1982 to provide services to people with AIDS and education to populations at risk of contracting the disease. In its three years of existence, the Foundation has grown rapidly from a largely-volunteer operation supported by individual contributions to a complex organization with a staff of 22 and a corps of well-trained volunteers who cover the equivalent of four full-time staff positions. The Board of Directors is made up of 16 community leaders and health professionals who take an active role in program development, fund raising and other Foundation activities.

The Foundation comprises two major components: The Education Department provides information on the symptoms and prevention of AIDS to health care professionals and workers, to at-risk populations and to the general public through training sessions, workshops, community forums, targeted literature, telephone hotlines and various media projects. The Social Services Department provides counseling and assists people with AIDS to obtain food, housing, government benefits and to meet other basic needs.

The San Francisco AIDS Foundation contracts with the City and County of San Francisco to provide education and services within the City and with the State of California to extend its program into eight Northern California counties. The Foundation works closely with community-based service providers and advocacy organizations in all service areas, particularly those of the women's and gay and bisexual men's communities, and invites community input. Because of the San Francisco AIDS Foundation's leadership in program development and operation, it is recognized as the primary education agency and information clearing house for the West Coast and is considered a model of coordinated and comprehensive services for the nation.

Because of the growing number of cases of women contracting AIDS, the current Women and AIDS program was conceived in the fall of 1983 and is currently headed by its able Director Nancy Shaw.

PROPOSAL SUMMARY

WOMEN AND AIDS - STRAIGHT TALK

Since 1982, the San Francisco AIDS Foundation has provided many services in the Bay area, for people diagnosed with Acquired Immune Deficiency Syndrome (AIDS), while leading the campaign for education of groups at risk. Leadership in program development and implementation brought recognition to the AIDS Foundation as a model of comprehensive services for the nations as well as the West coast. The Foundation's staff and services have grown rapidly in three years to meet the escalating needs of the populations at risk.

Of great concern to the Foundation is the dramatic increase of women contracting AIDS. There exists a dangerous misconception especially in the Bay Area, that AIDS is a "gay male disease". Since 1980, 688 women nationally have been diagnosed with AIDS and in San Francisco, 11 women died from the disease during that time. While children born to women with the virus are being diagnosed with AIDS, 3 babies from the Bay area have died from the disease. Because of the long incubation period (from two to perhaps fourteen years) and the lack of effective testing or treatment, there is no reliable estimate of how many women in the San Francisco/Bay area may have been exposed to the AIDS virus.

A common route of transmission to women is through sexual contact with men who are at risk. Those women exposed to AIDS are capable of spreading the virus further through unsafe sexual activity. A recent local survey indicates that women do not know of their risk to AIDS and are unaware that they may contribute to the spread of the disease. Preventive measures exist that could reduce women's risk of contracting and spreading AIDS. Yet 64% of the women surveyed did not know of prevention measures that would reduce their risk.

The San Francisco AIDS Foundation has developed a comprehensive education and prevention program, designed to reach women in San Francisco and Alameda County, that could significantly impact the epidemic increase of AIDS. In accordance with health education ideals (for instruction on sexually transmitted diseases - STDs), three categories of people would be targeted: the health care providers of women, sexually active women themselves, and the women and men of the general public. The proposal submitted will provide these groups with an increased awareness of women's potential risk to AIDS, with information about specific reduction measures available that prevent spread of the virus, and encouragement to promote the use of condoms as the best known barrier method for women against contraction of the disease. With success reaching the target groups and provision of relevant information, the objectives of the program can be met. Less risk of AIDS to women and reduced spread of the disease may result.

The methods chosen are proven effective in other STD education programs and are innovative in a way that should encourage behavior change. Exhaustive efforts will be made to reach the multiple publics through education workshops, peer discussion groups, literature, and an extensive media outreach campaign. Community activities throughout the funded year will provide updated information and referral services sensitive to women's needs, with an emphasis that encourages risk reduction and prevention for sexually active women.

An evaluation system will be implemented designed to present the achievements of the year long effort and to determine the effectiveness of the program activities. Process evaluation will be consistently utilized to assist in appraising the effectiveness of the chosen methods. This would allow for appropriate changes to better meet the public needs and the goals of the program.

The total cost of this program is \$286,836. Of this, \$86,355 has been committed in donations from corporations and foundations. The \$286,836 figure is dwarfed by the prospective expense of caring for AIDS patients in the coming year. Recent estimates on hospital costs alone are averaging \$100,000 per case. San Francisco is currently spending approximately seven million dollars for AIDS services. The anticipated increase in AIDS patients will require millions more for adequate care.

BUDGET SUMMARY

<u>Personnel</u>	<u>Total</u>	<u>Requested</u>	<u>Donated</u>
Salaries	\$83,040	\$50,040	\$33,000
Fringe Benefits	20,760	12,510	8,250
 <u>Non Personnel</u>			
Space	21,700	950.	20,750
Rental, lease, equip.	5,193	1,248	3,945
Media Promotion	147,933	127,683	20,250
Travel	7,200	7,200	-0-
Telephone	250	250	-0-
Hot Line	3,600	-0-	3,600
Other	1,450	600	850
 TOTAL:	 \$291,126	 \$200,481	 \$90,645

NEED ASSESSMENT

"Were not talking about a nightmare that's going to happen - it already is a nightmare. We have an epidemic of AIDS on our hands", said Dr. Michael Lange of St. Luke's-Roosevelt Hospital Medical Center, New York (1). In San Francisco, Dr. Mervyn Silverman, as Public Health Director said, "No epidemic ever remains in just one community. AIDS is no exception" (2). And while Acquired Immune Deficiency Syndrome (AIDS) still affects primarily gay men, the disease is increasing at an alarming rate among women. The Center for disease Control (CDC) in Atlanta, GA, reports weekly on the incidence of AIDS in women. During the two week period from January 21, 1985 to February 4, 1985, there was a percentage increase for women that was 1.5 times higher than that of men. As of May 16, 1985, 688 women nationally have been diagnosed with AIDS since 1981 (3). In San Francisco, since June of 1981, 11 women have died from AIDS (4).

A leading cause of AIDS in women is transmission through sexual contact with men of high risk groups. San Francisco, having the highest concentration of homosexual and bisexual men in the nation and the highest per capita incidence of AIDS, presents an increased risk for women who may have sexual contact with men from these groups. The chief epidemiologist for CDC, Dr. Harold Jaffe stated, "Any sexual activities that involve the exchange of bodily fluids, whether homosexual or heterosexual, should be considered to have risk. With the routes of transmission such as they are, it will spread into heterosexual communities. We will be seeing more heterosexual cases of AIDS" (5). The implications of these cautionary words by leading health officials demands attention and immediate action. However, a fundamental misconception persists in the Bay Area that AIDS is a "gay male disease". If the women of San Francisco/Bay Area are not aware of their risk of getting AIDS, they are also unaware of their potential to spread the disease. Besides contracting AIDS through sexual contact, women can get AIDS from sharing I.V. drug needles, receiving blood transfusions of contaminated blood products, and there is evidence of maternal transmission of AIDS to the fetus. The needs of the aforementioned specific high risk groups of women are very complex, meriting separate programs of intervention relevant to their respective needs. This proposed program is geared for the general population of sexually active women in San Francisco/Alameda County. the extensive outreach planned will no doubt reach women from the specific high risk groups, but the program does not claim to meet their unique needs. As the rate of increase among all women rises, the demands for service and education also grows. Yet there is at this time, no existing AIDS education program for women.

The San Francisco AIDS Foundation, founded in 1982 provides information, referral services, education, literature, and direct services for people with AIDS. These programs were developed and implemented with a focus on the male homosexual community. In its three years of existence, the Foundations has grown rapidly to meet the complex needs of the victims of AIDS. Because of the Foundation's leadership in program development and operation, it is recognized as the primary education agency for the West Coast and is seen as a model of comprehensive services for the nation. Yet, there remains a paucity of attention to the growing needs of women in the Bay Area as well as

in the nation. The Foundation's educational statement that "The Best Defense Against AIDS Is Information" is supported by San Francisco Mayor Diane Fienstein, who said, "the myths and misconceptions about AIDS have caused panic and concern. Knowledge is the key to separating the facts from fiction" (6). Women in San Francisco/Alameda County are lacking that knowledge and understanding about their risks. The result of a questionnaire* presented to 100 women from the campus of San Francisco State University is one indication of the level of misinformation that exists. Forty-seven of the women were unaware that they could potentially contract AIDS. Those forty-seven plus an additional seventeen or 64%, did not know of any risk reduction measures. The women expressed an urgent need and desire for more information. The misconceptions about AIDS have not only caused panic but may also be causing the spread of the disease in the Bay Area. Women are not only unaware of their own risk in getting AIDS, but may be unknowingly contributing to the spread of the disease.

* (See Appendix A)

In addition to the questionnaire, a telephone survey was conducted to ascertain the awareness and interest of agencies in San Francisco/Alameda County that serve women's health needs. Fifteen agencies were contacted*. All expressed concern about the issue of the spread of AIDS in women. Twelve out of the fifteen acknowledged an increase in inquiries by women for information and services. Four of the groups were currently considering developing programs to address the concerns of the women who were calling.

The San Francisco AIDS Foundation recognizes the magnitude of the problem and the lack of programs in the area focusing on the needs of women. The Foundation hopes to reduce the risks for women by providing a comprehensive community education and prevention program for women who are at risk as well as women and men of the general public.

* (See Appendix B)

References:

1. New York Times, February 7, 1985. News item concerning rise in AIDS cases.
2. San Francisco Chronicle, January 23, 1985. News item concerning AIDS epidemic.
3. Center for Disease Control weekly report from the San Francisco AIDS Foundation Hot Line.
4. Report from S.F. Public Health Department report, from AIDS Foundation Hot Line.
5. New York Times, March 12, 1985. News item concerning AIDS epidemic.
6. AIDS Information brochure. San Francisco AIDS Foundation.

The following behaviors have been identified to be relevant forces which could affect the future occurrence rate of AIDS amongst women.

- * Behavior: Women's health care providers are not stressing the importance of precautionary measures necessary to prevent the further transmission of AIDS in women.

PREDISPOSING

- AIDS is not seen as a women's disease
- Women that are contracting the disease are primarily socially deviant people (prostitutes, i.v. drug users, women who sleep with bi-sexual men, women with multiple sex partners)
- Belief that women are not at risk
- Women who are contracting the disease are primarily refugees from other countries
- Fear that women patients will unduly panic

ENABLING:

- Lack of up to date information in regards to AIDS and women (statistics, facts, brochures)
- Lack of knowledge in regards to effective ways to prevent transmission of virus
- Educational materials are geared towards the male population (primarily gay men)
- Absence of educational seminars focusing on the issue of women and AIDS

REINFORCING:

- Unwillingness to address a controversial, sensitive subject
- Lack of coordination of related services
- Attitudes of Health Care providers in regards to women's sexual activity

- * Behavior: Women do not discuss the disease and the possibilities of potentially contracting AIDS

PREDISPOSING:

- Belief that it will not happen to them (denial)
- Most women do not perceive themselves at risk
- Belief that AIDS is a gay males disease
- Fear that it may interfere with sexual habits

ENABLING:

- Lack of hotline services sensitive to women's needs
- Lack of initiative by women's health care providers to address the issue
- Absence of educational material addressing women's needs
- Presence of inaccurate information printed in brochures, newspapers, etc.
- Information changes daily - difficult to keep up with the latest discoveries

REINFORCING:

- The emphasis the media has placed on AIDS "The Gay Males Disease"
- Unwillingness of medical personnel to address the controversial subject

- * Behavior: Women are not utilizing condoms as a preventative measure against contracting the AIDS virus

PREDISPOSING:

- Women do not need to be concerned about a disease that affects primarily gay men
- Most women do not perceive themselves at risk of contracting the disease
- Do not know that preventative measures are indicated
- Believe that carrying condoms is not appropriate behavior for a woman
- Fear that either partners will not feel comfortable using a condom
- Apprehensive about utilizing condoms because of the loss of spontaneity

ENABLING:

- No literature or information available to support the usage of condoms
- No hotline to call in regards to women's specific needs
- Lack of a program addressing the issue of women and AIDS
- Absence of a "comfortable" place in which to purchase condoms

REINFORCING:

- Health care personnel are not trained or accustomed to stressing the importance of use of condoms
- Attitudes of Health Care providers in regards to women's sexual activities and habits

OBJECTIVES/METHODS

The mission of the Women and Aids - Straight Talk project is the enhancement of women's health and welfare in the San Francisco Bay Area. Our goal is to maintain the low incidence of Aids in women of the San Francisco Bay Area and prevent further transmission of the disease. In accordance with the above, the following objectives are presented:

** In San Francisco and Alameda Counties during the current funding year 1985-86 the "Straight Talk" Program will accomplish the following:

OBJECTIVE # 1

Forty percent of the health professionals working in selected womens health care facilities will be informed of specific risk reduction measures necessary to prevent the spread of AIDS in women.

METHODS

-Health Educators will conduct discussion/workshops for women's health care providers, during ten months of the funded program. These presentations will be held in hospitals, clinics, and health agencies where providers are available for attendance. The workshops will focus on the issues concerning women and AIDS, prevention measures for women, and risk reduction behaviors, emphasizing the use of condoms as prevention.

-The "Women and AIDS Update" submitted three times during the year to existing news letters circulated amongst Bay Area health care providers, will emphasize risk reduction measures for women.

-A comprehensive pamphlet on Women and AIDS, focusing on risk reduction measures and emphasizing the use of condoms, will be widely distributed to women's health care providers.

OBJECTIVE # 2

50% of women served by selected health care providers (as well as women from the general public) will be informed of their potential risk to contract the AIDS virus.

METHODS

-A "Women and AIDS Update" promoting attention to women's health care needs, will be submitted three times throughout the year, to existing news letters circulated amongst Bay Area health care providers.

-Pamphlets containing the most current information on women and AIDS will be distributed through women's health care providers, pharmacies, book stores, and other appropriate locations.

-A poster addressing the issue of women and AIDS, with an emphasis on risk reduction and prevention, will be displayed in the waiting rooms and offices of selected health care providers, and other appropriate locations.

-A speakers bureau of volunteers trained on issues concerning Women and AIDS will be available for lecture/discussions requested by health care providers, agencies, community groups, or interested persons.

-Public Service Announcements, addressing the issues of Women and AIDS will be broadcast on radio and television during the first six months of the program. These PSA's will promote education and prevention information through HOT LINE use, ongoing community activities, and the speaker's bureau.

-During 10 months of the funded year, Car Cards providing information about Women and AIDS, including a HOT LINE number for additional information, will be displayed on A.C. Transit, MUNI, and BART.

-Information and referral booths will be set up at the Annual Street Fairs held in S.F./Bay Area. Trained volunteers will provide information about Women and AIDS and literature will be available. A similar outreach display will be arranged during the S.F. Health Fairs held in April.

Condom use is currently the best known barrier method to protect against spread of AIDS. We are well advised to promote its use. But condoms are considered a male contraceptive, promoted and marketed to men, and unfortunately, not enjoying a favorable reputation. Encouraging women to accept condoms as a woman's method of protection, presents a complex array of problems. There are many factors inhibiting that acceptance. The issue merits a focused effort, so we have developed a separate objective to address the problem.

OBJECTIVE # 3

40% of sexually active women, served by health care providers (as well as women from the general public) will be informed that condom use may reduce their risk of contracting AIDS.

METHODS

-Pamphlets containing guidelines of risk reduction measures for women concerned about AIDS, with an emphasis on the use of condoms as protection, will be distributed through women's health care providers, pharmacies, bookstores, and other appropriate locations.

-A poster addressing the issue of women and AIDS, with an emphasis on prevention and the use of condoms for protection, will be displayed in the waiting rooms and offices of women's health care providers and other locations throughout the Bay Area.

-Hot line volunteers will be trained to encourage women callers to utilize condoms as a protective measure against contraction of AIDS.

-A second series of public service announcements, broadcast on radio and television during the last six months of the program, will focus on the prevention and risk reduction measures for sexually active concerned about AIDS. The use of condoms will be encouraged as a preventive behavior.

-Volunteer personnel, staffing Women and AIDS information booths at Street Fairs and the annual Health Fair, will promote the use of condoms to women as a prevention measure. Condoms will be given away as part of the promotional campaign to encourage women's use of them as protection. Appropriate literature will accompany the free condoms, addressing common questions women have about their use.

OBJECTIVE # 4

One comprehensive pamphlet (sensitive to women's needs) which highlights the use of condoms to inhibit the transmission of AIDS in women will be developed.

METHODS

-Health educators will write a pamphlet encouraging the use of condoms for sexually active women. The pamphlet will address the common attitudes, beliefs, and behaviors that inhibit women from considering condoms as a viable method of protecting themselves.

-The pamphlet will be designed with a pocket to hold one free condom, encouraging sexually active-women to carry condoms with them. The pamphlets issued without condom (perhaps to school groups or other groups that may object to a "condom give away") will have a card inserted reminding women to carry a condom for "Safe Sex".

-The pamphlets will be distributed to private and public health care facilities, other appropriate locations, at all lectures, demonstrations, and community activities, and upon request to individuals.

-During the current funding year one comprehensive pamphlet sensitive to women's needs will be developed focusing upon the use of condoms to inhibit the transmission of AIDS in women.

OBJECTIVE # 5

20% of existing AIDS educational brochures will be updated to reflect the latest information available regarding the issue of women and AIDS.

-A card in the form of a bookmark, providing information about women and AIDS, will be stapled to existing brochures, by members of the volunteer staff, for distribution of the general public.

PROGRAM SCHEDULE

MONTH

[illegible]

EVALUATION

The evaluation section of the Women and AIDS program will assess the stated objectives that have been developed and determine if they are being met in an effective manner. Due to the lack of statistical data and previous research in this area, as well as, the sensitivity and controversy of the issue, this evaluation will center around the process method of evaluation. The evaluation procedures will be conducted every four months during the funding year to ascertain the strengths and weakness of the objectives. During this period the necessary adjustments will be made.

The methods utilized in this program have been modeled after successful STD programs and input has been enlisted by the target group throughout its development.

The proposed objective of 50% of the women served by health care providers (as well as the general public) being informed of their potential risk to contract the virus will be evaluated in the following manner. Before the distribution of pamphlets by health educators and volunteers of the Women and AIDS project to health care providers, pharmacies, bookstores and other appropriate locations, the number given to these locations will be documented. A record will be kept as to the number of informational brochures that have been disseminated to patients and the general public. A record will also be kept as to the number of Posters that are distributed and displayed in these various locations. The newsletter containing the Women and AIDS update will be assessed according to the number of subscriptions that are distributed.

Objective number two which states that 40% of the women health care providers will be informed of specific risk reduction measures necessary to prevent the spread of AIDS in women will be evaluated as follows. A type of Impact evaluation will be utilized, in that a questionnaire will be distributed at the end of each workshop to seek information on the knowledge gained by the health care providers as well as the number who have attended. The questionnaire will focus upon what prevention measures should be taken against the transmission of AIDS, such as condom use as well as risk reduction behaviors.

Records will be kept as to the number of health care providers, agencies, community groups and interested persons that request the Speakers Bureau of Volunteers to come and lead lectures and discussions on the issue of Women and AIDS. The effectiveness of the Public Service Announcement will be assessed by the number of calls requesting more information about women and AIDS attributed to Car Cards AC Transit, Muni and Bart.

For the informational and referral booths that will be set up at the annual Street Fairs and S.F. Health Fairs, numbers will be kept on these women who request additional information on the issue of Women and AIDS.

In objective number three we will continue to keep records on the number of posters and pamphlets that are distributed on Women and AIDS, that emphasize prevention measures and the use of condoms given away at the Street and Health Fairs.

Finally in evaluating objectives number four and five of the Women and AIDS project program we will document the number of new comprehensive pamphlets distributed, that highlight the use of condoms, and educational brochures on the latest information available regarding AIDS.

BUDGET DETAIL

<u>I. Personnel</u>	<u>TOTAL</u>	<u>REQUESTED</u>	<u>DONATED</u>
(1) Project Director @ \$2000/mo. x 100% x 12	\$24,000	-0-	\$24,000
(1) Project Coordinator @ \$1,670/mo. x 100% x 12	20,040	\$20,040	-0-
(1) Clerical/Media Person @ \$1,500/mo. x 100% x 12	18,000	9,000	9,000
(2) Health Educators @ \$875 mo. x 50% x 12	21,000	21,000	-0-
<u>Fringe Benefits</u>			
All employees are entitled to the following benefits calculated at 25% of the salaries: FICA, Workers Compensation, Medical Disability	20,760	12,510	8,250
<u>II. Non Personnel</u>			
<u>A. Space</u>			
Office Rent 1750 sq. ft. @ \$8.00/ft./yr	14,000	-0-	14,000
Rental Space for annual Health Fair, for 5 day period @ 60.00 per day	300	300	-0-
Facility at SF Health Dept. for conducting forums and workshops with Health Care Providers; 4 @ \$100.00	400	400	-0-
Office maintenance - 1750 sq. ft. @ 15¢ sq. ft. x 12	3,150	-0-	3,150
Office Utilities @ estimated cost of \$300.00/mo. x 12	3,600	-0-	3,600

Non Personnel (cont'd)

	<u>TOTAL</u>	<u>REQUESTED</u>	<u>DONATED</u>
B. Rental, Lease of Purchase of eqiptment			
(4) Desks @ \$200	\$800	-0-	\$800
(4) Chairs @ \$70	280	-0-	280
(1) Couch @ \$380	380	-0-	380
(3) Filing Cabinets @ \$65	195	-0-	195
(2) Used IBM Typewriters @ \$ 325 each	650	-0-	650
(1) Xerox Machine @ rental cost of \$120/mo. x 12	1440	-0-	1440
Supplies for Xerox Machine @ \$200	200	-0-	200
Computer time at \$ 6/hr x 4 hrs a week x 52 weeks	1,248	1,248	-0-
C. Media Promotion			
(100,000) Typeset Brochures @ 20¢ each	20,000	20,000	-0-
(30,000) Posters @ \$2 each	60,000	60,000	-0-
(100,000) Pamphlets @ 20¢ each	20,000	20,000	-0-
Interior Carcards (transit cards) for Muni, AC Transit, Bart, for 12 month period	5,683	5,683	-0-
(100,000) Condoms @ \$40¢ each	40,000	20,000	-0-
Printing Materials for Carcards	2,000	2,000	-0-
Editing services @ \$250.00	250	-0-	250

Non Personnel (cont'd)

	<u>TOTAL</u>	<u>REQUESTED</u>	<u>DONATED</u>
D. Travel			
A flat fee reimbursement of \$150/mo. will be given to project personnel for local travel expenses: 4 project personnel @ \$150/mo. x 12		\$7,200	-0-
E. Telephone			
Long Distance Calls @ \$250/ yr	250	250	-0-
Use of Hotline one year	3,600	-0-	3,600
F. Other Cost			
Insurance (Fire, Theft, Liability)	850	-0-	850
Volunteer Fund- recognition fund for luncheon, picnic, and food allowance	600	600	-0-
<u><u>TOTAL</u></u>	\$291,126	\$200,481	\$90,645

* Appendix A

1. Do you know what Acquired Immune Deficiency Syndrome (AIDS) is? YES NO

2. Please state briefly what your understanding of AIDS is.

3. Who gets AIDS? Check appropriate boxes.

- ☐ Gay men
- ☐ Hetero women
- ☐ Street people
- ☐ Lab Techs
- ☐ Infants
- ☐ I.V. drug users
- ☐ Prostitutes

- ☐ Poor people
- ☐ Hemophiliacs
- ☐ Bisexual men
- ☐ Hetero men
- ☐ People of color
- ☐ Lesbians
- ☐ Teenagers

- ☐ Bisexual women
- ☐ Haitians
- ☐ Medical personnel
- ☐ Blood donors
- ☐ Alcoholics
- ☐ Children
- ☐ Animals

4. Do you know how AIDS is transmitted? YES NO
List three ways that you know of.

5. Do you know the symptoms for AIDS? YES NO
List three symptoms that you know of.

6. Do you know any risk reduction measures? YES NO
List three measures that you know of.

7. Have you ever been concerned about getting AIDS yourself? YES NO

8. Do you know where to get more information? YES NO

Thank you for your cooperation.

* Appendix B

San Francisco/Alameda County Agencies Contacted For Survey:

Rockridge Health Center - Oakland, CA
Berkeley Free Clinic - Berkeley, CA
East Oakland Health Center - Oakland, CA
San Antonio Health Center - San Antonio, CA
West Oakland Health Center - Oakland, CA
San Francisco Health Department - San Francisco, CA
West Berkeley Health Center - Berkeley, CA
Feminist Women's Health Center - Berkeley, CA
Every Woman's Clinic - Pleasant Hill, CA
Berkeley Women's Health Collective - Berkeley, CA
Women's Needs Center - San Francisco, CA
Women's Choice Clinic - San Francisco, CA
Women's Clinic - San Francisco, CA
Women's Switchboard - San Francisco, CA
Women's Health Center - San Francisco

★ Appendix C

AGENCIES AND GROUPS
WITH WHICH THE
SAN FRANCISCO AIDS FOUNDATION
HAS REGULAR CONTACT

AIDS Behavioral Research Project,
University of California, San Francisco
AIDS Foundation, San Diego
AIDS Health Project,
University of California, San Francisco
AIDS Interfaith Network
AIDS Project, Los Angeles
AIDS Substance Abuse Task Force
Acceptance House, Pride Foundation
Adult Immunodeficiencies Unit,
University of California, San Francisco
American Assn. of Physicians for Human Rights
American Cancer Society
American Civil Liberties Union
American Friends Service Committee
American Social Health Association
Bay Area Lawyers for Individual Freedom (BALIF)
Bay Area Physicians for Human Rights
Bay Area Regional Transit District (BART)
Bi-Sexual Counselling Services
California Public Health Department
California Youth Authority
Castro Medical Clinic
Center for Special Problems,
San Francisco Department of Public Health
Community Partnership
Community Thrift Store
Community United Against Violence (CUAV)
Congregation Ahavat-Shalom
Congregation Sha'ar Zahav
Counselling Department,
San Francisco State University
Coyote
Dignity
Doyle Pharmaceuticals
Economic Opportunity Council
Eighteenth Street Services, Pride Foundation
Gay Rescue Mission
Gay Rights National Lobby
Gay and Lesbian Health Services,
San Francisco Department of Public Health
Guide Memorial Church
-Haight-Ashbury Free Medical Clinic

Heart Disease Prevention Program,
Sanford Medical School
Hepatitis B Cohort Study
Hospice of San Francisco
Independent Living Project of San Francisco
-Institute for Advanced Study of Human Sexual
International David Society
Irwin Memorial Blood Bank
Lambada Funeral Guild
Lesbian/Gay Ecumenical Alliance
Los Angeles CARES
Martin DePorres
Mission Mental Health-Crisis Unit
Most Holy Redeemer Church
National Coalition of Gay STD Services
National Gay Task Force
Northwest AIDS Foundation, Seattle
Operation Concern
Orange County AIDS Project
Pacific Center for Human Growth
Pride Foundation
Ross Laboratories
Sacramento AIDS Foundation
Safeway Stores, Inc.
San Francisco AIDS Fund
San Francisco Department of Public Health
San Francisco Department of Social Services
San Francisco Food Bank, Council of Churches
San Francisco Human Rights Commission
San Francisco Police Department
San Francisco Sheriff's Department
San Francisco Suicide Prevention Unit
San Francisco Tavern Guild
School of Public Health,
University of California, Berkeley
Shanti Project
Social Work Department,
San Francisco State University
Stop AIDS Project
Theatre Rhinoceros
-Thom' Natural Foods
U. S. Social Security Admin.,
District Office and Regional Office
V.D. Clinic, San Francisco

Appendix D

RESOURCES

Nancy Shaw - S.F. AIDS Foundation

Holly Smith - " " " "

Rick Grahm - " " "

CAIN (Computerized AIDS Information Network)

Laurie Hauer - SRGH, AWARE Study

Sam Pucket - Stop AIDS Project

TELEPHONE REFERENCES

Micheal Dorsey - Henry Olof House

Janet - Sex Information 665-7300

Ted Macelvena - National Sex Forum 928-1133

Marilyn Moore - Herpes Hotline 328-7710

Michael and Marc - Narcotics Anonymous 621-8600

Neal - U.C. Human Sexuality 666-4623

Barbara Faltz - AIDS and Substance Abuse Program

Sex Institute Forum 928-1133

FORUMS ATTENDED

Women and AIDS Forum - S.F. Public Health Dept. February 21, 1985

Heterosexual Behavior and AIDS - Institute for Advanced Human Sexuality April 27

STAFF BROCHURE REQUEST

NAME _____

DATE _____

PROGRAM/EVENT _____

DATE NEEDED BY _____

LOCATION CODE:

SAN FRANCISCO

ALAMEDA

CONTRA COSTA

MARIN

LAKE

☐☐☐☐☐

SONOMA

MENDOCINO

SOLANO

NAPA

CALIF

US

FOREIGN

☐☐☐☐☐☐☐

ENTER NUMBER REQUESTED _____

"GUIDELINES FOR AIDS RISK REDUCTION", written by the Bay Area Physicians for Human Rights, and directed towards gay men (both high-risk and other). This pamphlet discusses transmission systems and risk reduction guidelines. Available for \$.10.

"ON WE TALK", a joint venture of the San Francisco AIDS Foundation and the San Francisco Harvey Milk Lesbian/Gay Democratic Club. This pamphlet gives explicit explanations of ways for high-risk gay men to reduce the risk of contagion. This pamphlet is written in an easy-to-read cartoon fashion. Available for \$.10.

"SHOOTING UP AND YOUR HEALTH", written by the staff of the Haight Ashbury Free Medical Clinic in San Francisco. This pamphlet discusses health risks associated with needle use, AIDS symptoms and risk reduction guidelines. Available for \$.20.

"ALCOHOL, DRUGS AND AIDS: WHAT'S THE CONNECTION?", for at risk populations about the impact of substance abuse on health status. Available for \$.20.

"WOMEN AND AIDS", directed to women with AIDS concerns, including women at risk, women with friends or relatives with AIDS, and women considering donor insemination. Available for \$.20.

"SAFE SEX CARD", written by the Bay Area Physicians for Human Rights. This wallet sized card contains in simplified yet complete terms safe sex practices for gay and bisexual men. Available for \$.02.

"GETTING YOUR AFFAIRS IN ORDER", a guide to assist individuals in organizing their legal, financial, and personal affairs, regardless of their health status. This brochure is presented with the cooperation of the Bay Area Lawyers for Individual Freedom. Available for \$.15.

"THE FAMILY GUIDE TO AIDS", for the nuclear family of gay men with AIDS. Available for \$.50.

"COPING WITH AIDS", written by people with AIDS and the staff at San Francisco General Hospital. Answers many of the questions of those newly diagnosed with AIDS and contains personal accounts of how three persons with AIDS cope with their diagnosis. Available for \$.50.

"THE BEST DEFENSE AGAINST AIDS IS INFORMATION-ARM YOURSELF WITH THE FACTS ABOUT AIDS", produced by the San Francisco AIDS Foundation to meet the needs of the general public. Available for \$.10.

"'CAIN' COMPUTERIZED AIDS INFORMATION NETWORK", promotional brochure describing this central, computerized data-base of AIDS-related information. Available at no charge.

"RISK REDUCTION POSTER", an appealing four-color poster targeted to gay and bisexual men, designed and produced by the San Francisco AIDS Foundation. This poster is a photo representation of multi-racial men encouraging safer sexual activities, and listing numbers to obtain more information regarding AIDS information. The poster is available FREE to any place in California where gay and bisexual men gather, otherwise copies are available for \$3.00 each.

"AIDS: AN INFECTION CONTROL AND GENERAL INFORMATION PACKET FOR HEALTH CARE PROVIDERS", published jointly by the San Francisco AIDS Foundation and the Association for Practitioners in Infection Control. This packet contains information on AIDS, copies of morbidity reports, infection control policies, educational handouts for employees and non-standard precaution signs, as well as other relevant information. This publication is updated quarterly. Available for \$25.00.

"AIDS: CARE BEYOND THE HOSPITAL", produced by the San Francisco AIDS Foundation. A slide show containing information on AIDS, patient care in the home, and case management for Visiting Nurses, Discharge Planners, Social Service Workers and Home Health Care Workers. Available for a rental of \$10.00 per week. Available for sale on video in March.