

The Surgeon General of the  
Public Health Service  
Rockville MD 20857

APR 26 1988

Flo Stroud  
Deputy Director  
Department of Health  
101 Grove Street  
San Francisco, CA 94102

Dear Ms. Stroud:

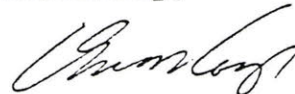
I would like to congratulate you and your colleagues in the San Francisco Department of Public Health, the San Francisco school system, and the community on the design and implementation of the Wedge program.

The goals of this innovative teaching model, which brings vital AIDS education to young people, are based on sound public health principles. They are impressive.

I would also like to acknowledge the involvement of persons with AIDS, especially Mr. Christian Haren. Their commitment and personal contributions to the Wedge program are commendable.

Best wishes for continued success in your efforts to educate youth about AIDS.

Sincerely,



C. Everett Koop, M.D.  
Surgeon General

Vinson 1 1/28/86

WEDGE PROPOSAL

The Multicultural Prevention Resource Center as fiscal agent is seeking funding on behalf of the San Francisco Department of Public Health for a pilot AIDS prevention education program. This program, termed the "Wedge", utilizes a multi-step approach to disseminate factual, age-appropriate and culturally-sensitive AIDS prevention education to youth at risk, especially ethnic and sexual minority youth in community and school settings.

BACKGROUND

Statistics from the Centers for Disease Control in Atlanta indicate that youth in the United States between the ages of 13-17 are at increased risk of acquiring the AIDS virus. Although AIDS is highest among homosexuals, bisexuals and IV-drug users diagnosis among heterosexuals is increasing. Currently 21% of all reported cases are in the 20-29 year-old age group. Because the incubation period may be up to twelve years or longer, it may be assumed that many of the individuals in this age group were infected as teenagers.

In general, adolescents have unrealistic perceptions about their susceptibility to morbidity and mortality resulting from such risk-taking behaviors as drug use and unprotected sexual activity. Ignorance about AIDS among adolescents is widespread. A recent survey of 860 adolescents aged 16-19 years old conducted in Massachusetts indicated that of the 70% who were sexually active, only about 15% reported changing their sexual behavior because of concern about contracting AIDS. Of these, only 20% used effective methods. Additionally, 8% did not know that AIDS could be transmitted via heterosexual sexual intercourse. Although there is an urgent need to educate youth about AIDS and its prevention, facts alone are not enough to end the spread of this epidemic.

PROJECT DESCRIPTION

The "Wedge" program is a particularly unique and unprecedented approach in delivering AIDS education to school age youth. The "Wedge" program is based upon the theoretical premise that learning (change) must take place in both the cognitive (factual, informational) domain and the affective (values, opinions, feelings and beliefs) domain in order to fully integrate this learning into behavior change. This program also utilizes the concept that people require multiple, sequential learning opportunities in order to effectively process and comprehend new or difficult information. A third premise of this program is based upon the Health Belief model which theorizes that individuals require a large degree of perceived susceptibility or perceived risk of a negative health outcome in order to undertake a personal change in health behavior. Thus, complete implementation of the "Wedge" program integrates factual AIDS information, values clarification and discussions about the social implications of the AIDS epidemic, with a face-to-face interaction about the emotional and psychological aspects of the disease from a person with AIDS (PWA) or a person with AIDS-related Complex (PWARC). This, in itself, is the essential component of this program and makes it unique from all other contemporary AIDS prevention education programs for youth.

A team approach brings together a medical professional, an AIDS educator and a person with AIDS to present their unique perspectives on AIDS. "Wedge" teams consist of two or more trained individuals who deliver AIDS prevention education to youth in both school and community settings. Each of the team

members will be trained to present a particular area of AIDS information so that by the end of the consecutive presentation series, the team will have addressed the medical, social and emotional aspects of AIDS. The goals of involving PWAs and PWARCs are to dispel the many myths about how it is transmitted and how it can be prevented. In addition, after thorough preparation by other "Wedge" team members, it is hoped that by meeting a person with AIDS or ARC, youth will have a greater acceptance of those with AIDS and that they will develop a more realistic perception about their own susceptibility to infection with the AIDS virus. It is also hoped that hearing from those who are already infected with the virus will make a profound impact on the decision-making processes of those youth who still believe themselves to be invulnerable to communicable diseases such as AIDS and other sexually transmitted infections. By involving multiethnic and multicultural males and females with AIDS and ARC, the program also seeks to dispel the myth that this is only a white, gay male disease.

#### "WEDGE" PRESENTATION SEQUENCE

##### Session One:

A medical professional or trained AIDS educator presents an overview of communicable diseases. They define what AIDS is, discuss the effects of infection on the immune system, and clarify transmission modes. In addition, they present primary prevention strategies which include abstinence from sexual intercourse, drug use involving shared needles and the sharing of needles in general. They also discuss secondary prevention strategies which include the use of condoms and foam.

##### PURPOSE:

- To examine personal feelings, attitudes, and beliefs about AIDS and related issues
- To learn basic facts about AIDS, and to dispel common myths and misconceptions about AIDS
- To discuss the knowledge and behaviors necessary for prevention of HIV infection

##### LEARNING OBJECTIVE:

##### Students will:

1. increase their knowledge about AIDS, its transmission and prevention by 15%.
2. discuss primary and secondary AIDS prevention strategies

##### SESSION TWO

The second session introduces an AIDS educator who helps students examine commonly held myths about AIDS. Through the educator facilitating activities, students focus in on their own behavior and practices thereby enhancing decision-making skills, and identifying risk behaviors which could lead to exposure to the AIDS virus.

##### PURPOSE:

To provide students with opportunities to integrate AIDS facts into more personal, real-life situations faced by teenagers.

##### LEARNING OBJECTIVES:

##### Students will:

1. become more familiar and comfortable discussing AIDS and related emotional and personal issues

2. become more aware of problem-solving approaches and possibilities relating to AIDS exposure and prevention
3. develop a clearer understanding of the facts about AIDS
4. practice decision-making and communication skills necessary to help prevent acquiring AIDS and other sexually transmitted diseases

### SESSION THREE

Session three synthesizes cognitive learning with experiential learning. A person with AIDS meets the students in a person-to-person encounter and AIDS moves from the abstract to the concrete. Students learn about the lives, struggles and difficulties of an AIDS sufferer in our community. Strongly held misconceptions become discarded myths. Emphasis is placed on ways of preventing the spread of AIDS.

#### PURPOSE:

- To reinforce students' basic information about AIDS virus transmission
- To suggest age-appropriate behavior strategies for preventing or reducing the risk of infection with the AIDS virus or other STDs.
- To introduce students to the psychological and social aspects of living with AIDS illnesses.

#### LEARNING OBJECTIVES:

The students will be able to:

1. define risk and risk behaviors related to AIDS
2. describe some of the emotional and social consequences of living with AIDS

### SESSION FOUR

This presentation can be conducted by either the classroom teacher, the AIDS educator, or an additional "Wedge" team member (see below). The purpose of this session is to provide follow-up activities for processing the discussion which occurred with the person with AIDS or ARC. Appropriate referrals for community resources for further AIDS information can also be made at this time.

Additional members of the "Wedge" team may include teen peer educators, teachers, community educators, clergy, group counselors, or others as appropriate to each setting.

"Wedge" team members will be trained to present this information not only to youth, but to parents, teachers and administrators as well. Team presentations can be tailored to meet the needs of high school curriculum or youth-serving agency program activities.

### COMMUNITY SUPPORT

The "Wedge" program has gained the support of many community groups in San Francisco, including the Black Coalition on AIDS, the Latino AIDS Project of the Instituto Familiar de la Raza, the Shanti Project, and the San Francisco AIDS Foundation. The Superintendent of the San Francisco Unified School District (SFUSD) has issued policy guidelines for the implementation of the project within the public schools. The program has been successfully piloted in the public, private and parochial schools throughout San Francisco where it has been well-received by students, faculty and parents. (See Appendices)

## PROGRAM ACCOMPLISHMENTS

Over forty people attended an open community-interest meeting which took place on September 10, 1987. At that meeting a steering committee composed of representatives from the medical, educational, and PWA sectors was established to assist in planning and implementing the "Wedge" program.

The first priority identified was to plan and implement a training program for PWAs and PWARCs to become first-hand educators of youth. The planning committee included a Health Educator from the Department of Public Health, a PWA, and representatives from the Shanti Project, the San Francisco AIDS Foundation, the Black Coalition on AIDS, the Latino AIDS Project, the San Francisco Unified School District, the Real Alternatives Program, and the Multicultural Prevention Resource Center. The Administrator of Health Programs for the School District served as consultant and advisor to the planning committee. To date, 18 people with AIDS and ARC have been trained to conduct presentations for youth both in and out of the school system. These trained speakers represent a range of cultural and ethnic backgrounds and many are bilingual. The training took place on two Saturdays -- November 14 and 21, 1987 -- eight hours each day. Trainers, materials and lunches both days were all offered as in-kind services or as donations. Thirteen minority youth from the Balboa High School Peer Resource Program and from the Real Alternatives Program participated in the training and were each given a stipend of ten dollars from the SFUSD Peer Resource Program. Funds are being sought to hire a part-time coordinator, stipends for PWA speakers, and materials development.

## CURRENT ACTIVITIES

Planning is underway to train the other two team sectors, community educators and medical personnel, to conduct educational presentations as their segments of the "Wedge" program. A manual is being planned to standardize goals, educational objectives, and curricula for each segment of the two- or three-part series. Funds are being requested to develop and reproduce this manual for "Wedge" team members to ensure that presentations are of high and consistent quality.

### "WEDGE" PROGRAM GOALS

1. To increase factual information about AIDS, the AIDS virus and its transmission.
2. To reduce fear and misinformation about AIDS, the AIDS virus and its transmission.
3. To help teenagers delay the initiation of sexual intercourse.
4. To reduce experimentation with drugs and prevent IV drug use and the use of any shared needles.
5. To educate teens about risk reduction measures.
6. To provide an opportunity for youth to understand and integrate AIDS prevention information.
7. To promote awareness, understanding and acceptance of the personal and social aspects of living with AIDS or ARC.

### "WEDGE" PROGRAM OBJECTIVES

By the end of the pilot year 1987/88, the "Wedge" AIDS Prevention Program will have:

1. reached 25% of all 10th grade students enrolled in Family Life Education classes within the San Francisco Unified School District.
2. increased by 15% knowledge among target youth about AIDS and its prevention.
3. enabled 25% of the youth enrolled in Family Life Education classes in San Francisco to meet a person with AIDS or ARC to discuss the psychosocial impact of the illness.



*out of date version*

**WEDGE® AIDS EDUCATION  
PROJECT DESCRIPTION**

The Wedge® program is a particularly unique and unprecedented approach in delivering AIDS education to school age youth. The Wedge® program is based upon the theoretical premise that learning must take place in both the cognitive domain and the affective domain in order to be fully integrated into behavior change. This program also utilizes the concept that people require multiple, sequential learning opportunities in order to effectively process and comprehend new or difficult information. A third premise of this program is based upon the Health Belief model which suggests that individuals require a large degree of perceived susceptibility or perceived risk of a negative health outcome in order to undertake a personal change in health behavior. Thus, complete implementation of the Wedge® program integrates factual AIDS information, values clarification and discussions about the social implications of the AIDS epidemic, with a face-to-face interaction about the emotional and psychological aspects of the disease from a person with AIDS (PWA) or a person with AIDS-related complex (PWARC). This, in itself, is the essential component of this program and makes it unique from all other contemporary AIDS prevention education programs for youth.

**WEDGE® PROGRAM GOALS**

1. To increase factual information about AIDS, the AIDS virus and its transmission.
2. To reduce fear and misinformation about AIDS, the AIDS virus and its transmission.
3. To educate youth about risk reduction measures.
4. To provide an opportunity for youth to understand and integrate AIDS prevention information.
5. To promote awareness, understanding and acceptance of the personal and social aspects of living with AIDS or ARC.
6. To help teenagers delay the initiation of sexual intercourse.
7. To reduce experimentation with drugs and prevent intravenous (IV) drug use and the use of any shared needles.

**WEDGE® PRESENTATION SEQUENCE**

Three presenters; four sessions

SESSION ONE

Conducted by a trained medical professional or AIDS educator

- presents a basic description of communicable diseases
- covers acquired immunodeficiency syndrome, effects of human immunodeficiency virus (HIV) infection on the immune system, modes of transmission
- outlines primary prevention strategies, e.g., abstinence from sexual intercourse and needle sharing activities
- outlines secondary prevention strategies, e.g., the use of condoms and noxynol-9 products

**PURPOSE:**

- To learn basic facts about AIDS, and to dispel common myths and misconceptions about AIDS
- To discuss the knowledge and behaviors necessary for prevention of HIV infection

**SESSION TWO**

Conducted by an educator (e.g., a public health educator or community educator)

- leads group in activities which focus on decision making skills and values clarification
- facilitates students identification of behaviors which constitute risk for HIV infection

**PURPOSE:**

- To examine personal feelings, attitudes, and beliefs about AIDS and related issues
- To provide students with opportunities to integrate AIDS facts into more personal, real-life situations faced by adolescents.

**SESSION THREE**

Conducted by a person with AIDS (PWA) or a person with ARC (PWARC)

- presents a personal perspective on the impact of the AIDS epidemic
- addresses myths and misperceptions that students may have about the virus and its transmission

**PURPOSE:**

- To introduce students to the psychological and social aspects of living with AIDS illnesses
- To reinforce students' basic information about AIDS virus transmission
- To suggest age-appropriate behavior strategies for preventing or reducing the risk of infection with HIV and other sexually transmitted diseases

**SESSION FOUR**

This presentation can be conducted either by the classroom teacher, the AIDS educator, or an additional Wedge® team member.\* The purpose of this session is to provide follow-up activities for processing the discussion during the session with the person with AIDS or ARC. Appropriate referrals for community resources for further AIDS information can also be made at this time.

\*Additional members of the Wedge® team may include teen peer educators, teachers, community educators, clergy, group counselors, or others as appropriate to each setting.

For further information contact Elizabeth Stoller, Bureau of Communicable Disease Control 554-2840.

## WEDGE® AIDS EDUCATION PROGRAM

The overall goal of the Wedge® program is to stop the spread of HIV infection among adolescents. The program is unique in that: it is complementary to established high school family life education and related courses, and it provides a framework to integrate factual information with personal accounts of experience with HIV disease. It is through four presentations -- which include basic facts and concepts about HIV and risks, discussions, exercises and personal histories lead by a team of trained speakers -- that the student begins to recognize his or her own level of risk for HIV infection. Frank dialogue and interaction with a person with AIDS or ARC galvanizes the students' attention and promotes their self-awareness. An underlying premise of the Wedge® AIDS Education enrichment program is that a student's increased awareness of his or her own risk for HIV infection stimulates active and positive preventive behaviors.

### PROGRAM GOALS

1. To increase factual information about AIDS, the AIDS virus and its transmission.
2. To reduce fear and misinformation about AIDS, the AIDS virus and its transmission.
3. To educate youth about risk reduction measures.
4. To provide an opportunity for youth to understand and integrate AIDS prevention information.
5. To promote awareness, understanding and acceptance of the personal and social aspects of living with AIDS or ARC.
6. To help teenagers delay the initiation of sexual intercourse.
7. To reduce experimentation with drugs and prevent intravenous (IV) drug use and the use of any shared needles.

### PRESENTATION SEQUENCE

The Team: Each of the Wedge® presenters has successfully undergone a two-day training and orientation before being assigned to a classroom.

SESSION ONE Conducted by a medical professional or AIDS educator

- Presents a basic description of communicable diseases
- Covers acquired immunodeficiency syndrome, effects of human immunodeficiency virus (HIV) infection on the immune system, modes of transmission
- Outlines primary prevention strategies, e.g., abstinence from sexual intercourse and needle sharing activities
- Outlines secondary prevention strategies, e.g., the use of condoms and nonoxynol-9 products and reduction of other drug use

### PURPOSE:

- To learn basic facts about AIDS, and to dispel common myths and misconceptions about AIDS
- To discuss the knowledge and behaviors necessary for prevention of HIV infection

SESSION TWO Conducted by a public health educator or community health educator

- Leads group in activities which focus on decision making skills and values clarification
- Facilitates students' identification of behaviors which constitute risk for HIV infection
- Prepares the students for Session III

PURPOSE:

- To examine personal feelings, attitudes, and beliefs about AIDS and related issues
- To provide students with opportunities to integrate AIDS facts into more personal, real-life situations faced by adolescents

SESSION THREE Conducted by a person with AIDS (PWA) or person with ARC (PWARC)

- presents a personal perspective on the impact of the AIDS epidemic
- addresses myths and misperceptions that students may have about the virus and its transmission

PURPOSE:

- To introduce and sensitize students to the psychological and social aspects of living with HIV infection and AIDS illnesses
- To reinforce students' basic information about AIDS virus transmission
- To suggest age-appropriate behavior strategies for preventing or reducing the risk of infection with HIV and other sexually transmitted diseases

SESSION FOUR Conducted by a health educator, family life teacher, or an additional Wedge® team member.\*

- Reviews the students' impressions and what they have learned from Session III
- Re-addresses prevention strategies
- Introduces community resources for students and others to further assist them in their understanding of AIDS and related subjects

PURPOSE:

- To provide follow-up activities for processing the discussion which took place during Session III, the session with the PWA or the PWARC
- Appropriate referrals to community resources for further AIDS information can also be made at this time.

\*Additional members of the Wedge® team may include teen peer educators, community educators, clergy, group counselors, or others as appropriate to each setting.

For further information contact the Wedge® Project Coordinator (415/554-2563) or write:

Wedge® Project  
Family Health Bureau  
Department of Public Health  
101 Grove Street, Room 115B  
San Francisco, CA 94102

CHECK YOUR AIDS IQ\*

1. Which of the following activities NEVER spread the AIDS virus?
  - a. vaginal intercourse without a condom
  - b. oral intercourse without a condom (fellatio)
  - c. anal intercourse with a condom
  - d. donating blood
  - e. sharing IV needles
  - f. oral sex with a female (cunnilingus)
  - g. c and f
  
2. Which factor has the highest risk for the transmission of AIDS? (circle one)
  - a. recreational drug use
  - b. intravenous drug use
  - c. bath house attendance
  - d. number of sexual partners
  - e. unsafe sexual practices
  
3. Women can get AIDS from: (Circle one or more)
  - a. unsafe sex with bisexual men
  - b. intravenous drug needle sharing
  - c. giving birth
  - d. unsafe sex with intravenous drug users
  - e. unsafe sex with heterosexual men
  - f. all of the above
  
4. Which of the following substances have been shown to contain sufficient AIDS virus to infect a sexual partner? (circle one)
  - a. saliva
  - b. semen
  - c. urine
  - d. blood
  - e. tears
  - f. a and b
  - g. b and d
  
5. The AIDS hotline number is \_\_\_\_\_ (write out number)
  
6. Pneumocystis carinii is: (circle one or more)
  - a. found in immunosuppressed persons.
  - b. associated with AIDS and with persons on chemotherapy.
  - c. commonly found in the respiratory tracts of adults.
  - d. an opportunistic organism.

7. To be seropositive for the HIV antibody means all of the following except: (circle one)
- a. You have been infected with the AIDS virus.
  - b. You are likely to be carrying the active AIDS virus.
  - c. You are going to develop AIDS or ARC within five years
  - d. Your blood has been tested at least twice by the Elisa method.
8. To be seronegative for the HIV antibody may mean all of the following except: (circle one)
- a. You have been in contact with the AIDS virus but have not been infected.
  - b. You have been infected with the HIV virus but have not yet produced antibodies.
  - c. You are protected from future infection by the AIDS virus.
  - d. You have never been exposed to the AIDS virus.
9. Lubricated condoms offer better protection against the AIDS virus because the lubricant helps destroy the bacteria and viruses that cause STDs and AIDS.

TRUE      FALSE

10. Over 45% of the National AIDS cases among Blacks are heterosexual.

TRUE      FALSE

11. After 7 years of infection with HIV, about 30% of the infected individuals will remain asymptomatic carriers, while the other 70% will develop some kind of symptomatology including AIDS and ARC.

TRUE      FALSE

12. The majority of AIDS cases among Asian/Pacific Islanders in San Francisco occur among Filipinos.

TRUE      FALSE

13. Recent studies have confirmed that mosquitoes do not transmit the AIDS virus.

TRUE      FALSE

14. It is best to give teenagers a choice of methods and strategies for preventing HIV infection. For example, they should be told that condoms are not a guarantee of protection.

AGREE      DISAGREE

15. Since 1981 there have been over \_\_\_\_\_ cases of AIDS in San Francisco.

16. Approximately 22% of the persons diagnosed with AIDS in this country are heterosexual.

TRUE FALSE

17. In San Francisco, the new conversion (to seropositivity) rate for Gay and Bisexual men has dropped to 10%.

TRUE FALSE

18. The national figures for AIDS cases show that Blacks comprise about 14% of the cases and Hispanics comprise about 25% of the cases.

TRUE FALSE

19. Since 1981 there have been over \_\_\_\_\_ AIDS cases in the United States.

TRUE FALSE

20. You can tell teenagers that it is OK to deep kiss because saliva doesn't contain enough HIV to infect anyone.

TRUE FALSE

21. The main reason that "AIDS NEGATIVE CARDS" are not reliable is that false positive results are more likely with members of low risk populations.

TRUE FALSE

22. A "positive" AIDS Antibody test means your blood was tested at least \_\_\_\_\_ times.



19 April 1988

To: Flo Stroud, Community Public Health Services

From: Elizabeth Stoller, Disease Control *ES*

Subject: Wedge AIDS Education Presentations

Per your request, Wedge AIDS education team presentations in San Francisco are reported in the following tables.

Wedge AIDS education team presentations in public, parochial and independent (private) schools\* in San Francisco between January 1, 1988 and April 15, 1988.

	<u>Number of Schools</u>	<u>Number of Classes</u>	<u>Total Number of Students</u>
Public High Schools	4	9	250
Parochial High Schools	2	8	240
Private Schools	1	(all)	160

\* In addition to the schools, a Wedge session was conducted for 30 males and females at Youth Guidance Center.

Wedge AIDS Education team presentations scheduled\* for public and private schools between April 19, 1988 and May 31, 1988.

	<u>Number of Schools</u>	<u>Number of Classes</u>	<u>Number of Students</u>
Public High Schools	7	16	420
Private High Schools	1	4	35

\* Presentation requests received as of April 19, 1988. Additional requests are expected.

Percent of all students reached through April 15, 1988

Public high schools	$250/24,000 = 1\%$
Parochial high schools	$240/8,441 = 3\%$

Projected percent of all students reached through May 31, 1988

Public high schools	$670^*/24,000 = 3\%$
Parochial high schools	$240^*/8,441 = 3\%$

\* requests tallied as of April 19, 1988; numbers are expected to increase.

WEDGE CLASSES HELD IN  
SENIOR HIGH SCHOOLS, SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Sessions Beginning	School		# Students	Teacher
2/24/88	Lincoln High	2 classes	60	Gloria Joe
3/7/88	Downtown High		22	Karen Malm
3/7/88	McAteer		17	Joleen Fontaneller
3/9/88	Lincoln		36	Marjorie Ruff
3/21/88	Balboa	2 classes	55	Karen Hart
3/22/88	Balboa	2 classes	60	Joan Turner
4/25/88	Back On Track		35	Carla Harris
5/2/88	Lincoln	2 classes	41	Richard Boyd
5/2/88	Lincoln		12	Rick Boyle
5/9/88	Downtown		17	Karen Malm
5/10/88	Lincoln	2 classes	65	Gloria Joe
5/10/88	Mark Twain	3 classes	36	Marvin Cohen
5/16/88	Lincoln		25*	Marjorie Ruff
5/16/88	Downtown		15	Karen Malm
5/16/88	Balboa		15	Mary Grafflin
5/18/88	Bay		35	Tim Foley
5/18/88	Lowell	2 classes	50*	Loretta De Andreis
5/23/88	Wilson	2 classes	50	Marcia Peterzell
5/23/88	Sunshine		30*	Carol Gibson & Bob Laurie
5/24/88	McAteer		30*	Susannah Merrimme
5/24/88	Lincoln	5 classes	100	Spencer Hahn
5/26/88	Washington	3 classes	75*	Susan Saunders
6/1/88	Mission	3 classes	75*	Robert Valverde
6/6/88	Galileo	2 classes	50	Judy Bebelaar
x/x/88	Balboa	2 classes	50*	
		41 classes	<u>1,056</u> students	1,056/24,000 = 4% of all high school students

\* estimated number

WEDGE CLASSES HELD IN  
INDEPENDENT (PRIVATE) SCHOOLS, SAN FRANCISCO

Sessions Beginning	School		# Students	
1/88	Urban	all classes	160	& all faculty & parent meeting
5/2/88	Challenge to Learning	4 classes	60	
5/2/88	Jamestown Learning Center	3 classes	<u>15</u>	
			<u>235</u>	

WEDGE CLASSES HELD IN  
PAROCHIAL SCHOOLS, SAN FRANCISCO

Sessions Beginning	School		# Students
2/24/88	St. Paul's	3 classes	65
4/11/88	Riordan	5 classes	<u>175</u>
			<u>240</u>

WEDGE CLASSES HELD IN SETTINGS WITH OUT-OF-SCHOOL YOUTH

x/x/88	Renaissance		
3/21/88	Youth Guidance Center		30



## WEDGE CLASSES JANUARY 1988 THROUGH AUGUST 1988

DATE	1988 SCHOOL NAME	NUMBER OF		TEACHER
		CLASSES	STUDENTS	
<u>I Public Schools</u>				
2/24	Abraham Lincoln	2	60	Gloria Joe
3/7	Downtown	1	22	Karen Malm
3/7	J. Eugene McAteer	3	60	Joleen Fontanella
3/9	Abraham Lincoln	1	36	Marjorie Ruff
3/21	Balboa	2	53	Joan Turner
3/22	Balboa	2	38	Karen Hart
5/2	Abraham Lincoln	2	46	Richard Boyd
5/2	Abraham Lincoln	1	10	Rick Boyle
5/4	Back on Track	1	30	Carla Harris
5/9	Downtown	1	17	Karen Malm
5/10	Abraham Lincoln	2	65	Gloria Joe
5/10	Mark Twain	3	36	Marvin Cohen
5/16	Abraham Lincoln	1	30	Marjorie Ruff
5/16	Downtown	1	15	Karen Malm
5/16	Balboa	1	15	Mary Grafflin
5/18	Bay High	2	50	Tim Foley
5/18	Lowell	2	50	Loretta DeAndreis
5/18	Balboa	1	6	Sandy Allen
5/23	Woodrow Wilson	2	50	Marsha Peterzell
5/23	Sunshine	1	15	Carol Gibson, Bob Laurie
5/23	Balboa	1	35	Joan Turner
5/24	J. Eugene McAteer	1	22	Susanna Merrimee
5/24	Abraham Lincoln	5	182	Spencer Hahn
5/25	Balboa	2	64	Karen Hart
5/26	George Washington	3	100	Susan Sanders
5/27	Woodrow Wilson	5	185	Hene Kelly
6/1	Mission	3	90	Robert Valverde
6/5	Galileo	1	22	Judy Bebelaar
<u>II Parochial Schools</u>				
2/24	St. Paul's High School	2	65	Lydia Collins, Sr. Avalos
4/11	Riordan High School	5	175	Steve Swanson
<u>III Private Schools</u>				
1/	Urban School		160	Mark Salkind
3/25	Marin Academy		300	Susan Lee
<u>IV Out-of-school Youth</u>				
3/15	Renaissance	1	25	
3/21	Youth Guidance Center	1	30	Michael Baxter
5/10	Challenge to Learning	3	40	Lynn Hutchinson
5/10	Jamestown Learning Ctr	3	15	Paul Davis
7/22	Youth Guidance Center	5	98	Michael Baxter
8/5	Hospitality House	1	20	Susan Canavan



"LEARN AND LIVE PROJECT ADVISORY GROUP  
AUGUST 26, 1988

Angela Alioto  
Alioto and Alioto  
650 California Street  
23rd Floor  
San Francisco, CA 94108  
434-2100

Tricia James  
SOMBA  
520 3rd Street, Suite 505  
San Francisco, CA 94107  
543-1987

Bernice Brown  
S. F. Unified School District  
1271 23rd Avenue  
San Francisco, CA 94122  
565-9450 or 661-5690

Christina Crowley  
Kenwood Group  
One Pass Video  
1 China Basin Building  
San Francisco, CA 94107  
777-5777

Leeza Stoller  
SFDPH; Bureau of  
Disease Control  
101 Grove St., Rm. 402  
San Francisco, CA 94102  
554-2840

Randy Field  
Kenwood Group  
One Pass Video  
1 China Basin Building  
San Francisco, CA 94107  
777-5777

Flo Stroud  
SFDPH; Community Public  
Health Services  
101 Grove St., Rm. 316  
San Francisco, CA 94102  
554-2620

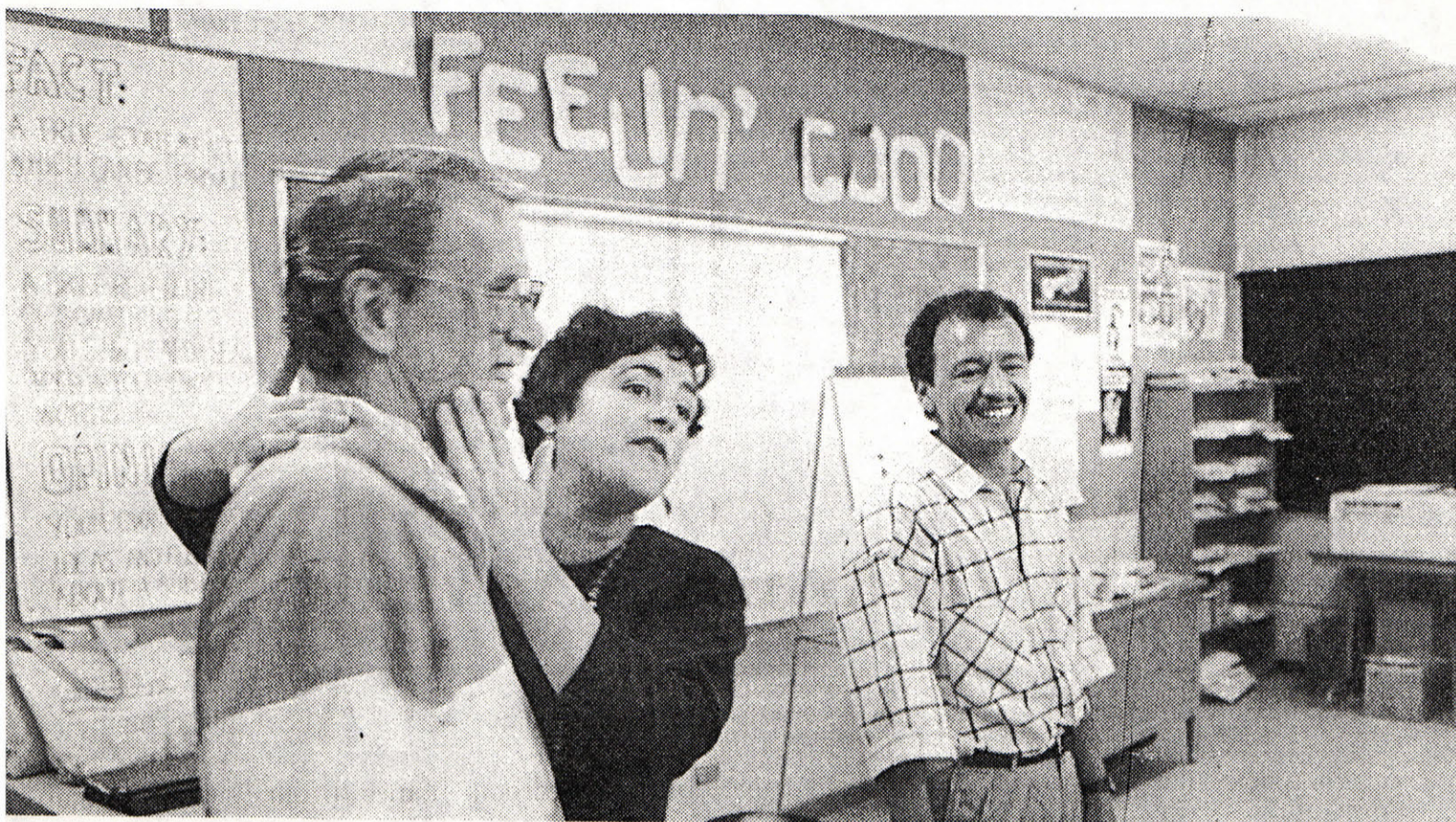
Christian Haren  
2268 A. Market Street  
San Francisco, CA 94114  
626-9439

Linda Udall, Coordinator  
SFDPH; AIDS Office  
1111 Market St., 3rd Floor  
San Francisco, CA 94103  
864-5571

Catherine Hunter  
Kenwood Group  
One Pass Video  
1 China Basin Building  
San Francisco, CA 94107  
777-5777

Edgardo Rodriguez  
525 Leavenworth Street, #2  
San Francisco, CA 94109  
673-2942

Evans  
Oliva  
Stroud



Ms. Kelly, a teacher at Woodrow Wilson High School in San Francisco, hugging Christian Haren as she introduced him and Edgardo

Mr. Rodriguez, right, who also has AIDS, to her family life class. Ms. Kelly was demonstrating that AIDS cannot be spread just by close contact.

The New York Times/Terrence McCarthy

## San Francisco Pupils Told About AIDS by Victims

By KATHERINE BISHOP

Special to The New York Times

SAN FRANCISCO, May 30 — Hene Kelly, a teacher at Woodrow Wilson High School, stood at the front of her classroom and put her arms around Christian Haren and Edgardo Rodriguez, two men who have AIDS.

"Are you afraid I can catch AIDS from you?" she asked the students at the start of her family life class.

"No," the 15- and 16-year-olds replied back at her.

"No," Ms. Kelly said. "How can you catch it without condoms," the class replied.

"No," Ms. Kelly said. And how can you catch it without needles," came the answer.

Ms. Kelly's students, like those in other family life classes in public and private schools throughout the city, are participating in an innovative program to educate teen-agers about how AIDS is transmitted, what they must do to avoid exposure to the virus that causes AIDS, and how they can overcome common misconceptions about the disease.

### Parents' Permission Required

The program, which was conceived by Haren, who has been promoting AIDS education since his own diagnosis in 1984, is believed by local educators and health professionals to be the only program in the nation that uses people with AIDS to help educate students about the disease that cripples the body's defenses.

Sponsored by the San Francisco Department of Public Health, it uses AIDS educators, public health workers and teen-agers themselves as teachers. The class is offered as an elective program to high schools in the city and students attend only with the

permission of their parents.

For many students, the crucial portion of the program is talking with local residents who have acquired immune deficiency syndrome, like Mr. Haren and Mr. Rodriguez. The meeting offers an opportunity to discuss a wide range of topics related to the disease, including the fear of death and the problems of living with the often debilitating illnesses and opportunistic infections that strike when the immune system is crippled.

The students asked Mr. Haren and Mr. Rodriguez how they contracted the disease. The men said that despite their knowledge about AIDS, both continued to deny that they could become infected and were eventually exposed to the virus through sexual encounters without condoms with other men.

Mr. Haren told the students that his lack of judgment about his sexual behavior came about, in part, because of his abuse of cocaine. "When I was loaded, I only listened to my groin," he said.

### Family Tragedy Related

In this school, which has a predominantly black and Hispanic student body, Mr. Rodriguez, a native of Puerto Rico, spoke in both English and Spanish. He told the students about the disproportionately high numbers of AIDS cases found in minority groups because of intravenous drug use, and that the majority of cases of babies born with AIDS came from those same groups.

Mr. Rodriguez, a former teacher from the middle school some of the students attended, used his own family experience as a chilling object lesson. A brother who abused drugs has died from AIDS. The brother had infected



The New York Times

Renita Johnson, a student in Hene Kelly's family life class.

his wife. Their child has not been tested for the antibodies that show exposure to the virus, Mr. Rodriguez said: the family could not face the possibility of another AIDS casualty.

Mr. Rodriguez also talked about sharing needles to tattoo each other, a practice popular among Hispanic stu-

dents. "Ask how that needle has been sterilized," he said.

Many of the students' questions focused on the reaction of family members and friends: do they stand by you or desert you when they find out you have AIDS?

### 'Learned to Have Compassion'

Mr. Haren said that he had been asked by an aunt not to attend a Christmas family reunion because his presence would "ruin it for everyone" if the nature of his illness was known. Later, the aunt suggested that he tell everyone he was dying of brain cancer instead of AIDS.

Asked what he has learned from such experience, Mr. Haren said, "I've learned to have compassion for people who are afraid of me."

An important aspect of the program is to counteract the students' fear of contact before the volunteers with AIDS come to the classroom. A medical student leads an hour-long session about what is known about the virus and its modes of transmission and a public health educator leads another session about peer pressure to use drugs or to engage in sexual relations and about attitudes toward those who have the disease.

A follow-up session is held a few days after the appearance by the volunteers with AIDS to discuss the students' reaction.

But the immediate results were obvious after Mr. Haren and Mr. Rodriguez spoke. Most of the students stopped by to hug the two men or shake their hands.

For those who stepped away, Mr. Haren said: "It's O.K. for you to be afraid of me today. But not for the rest of your life."

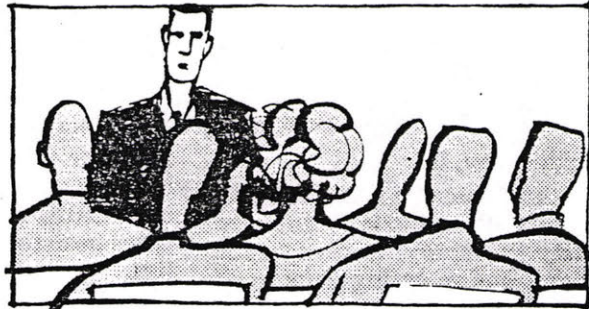
ant Women Receiv

## AIDS Education Will Not Tarnish Teens

**M**Y WIFE AND I sat in a room of high school parents one evening this spring and were given a first-hand view of the San Francisco Department of Public Health's "Wedge" program.

We learned what our son was to hear about AIDS the very next day: A physician gave an understandable, factual, and state-of-the-art presentation on AIDS. Next, a public health educator presented an in-depth discussion on issues of disease transmission, risk behavior, and explored attitudes and beliefs about AIDS.

The last speaker was a trained person with AIDS who gave us his life story. He gave us insight into his insecurities and how they resulted in his promiscuity and drug usage. His life story was full of sadness and his developing AIDS was the ultimate tragedy in a difficult life. He was able to talk about his experiences in front of this audience, not seeking sympathy, but



touching us all. He expressed the hope that his presentation might teach someone how to change behavior to avoid what had happened to him. His life was continuing to take a positive course, in spite of his fatal illness. His story was real and we were brought to tears by it.

**T**HE QUESTION and answer session that followed showed how much the parents themselves needed to learn about the disease. The gamut of reactions was evident. It was apparent to me that the parents who most needed this session probably were not present that night.

The same program was given to all the students

## NORAMA

Tuesday, July 26, 1988 \*\*\* A 23

the next day (teachers had also received a similar session). My son and I discussed his feelings after the sessions, and hopefully other parents did the same. The students uniformly were enthusiastic about the experience. My son now clearly understands that AIDS is not spread through casual contact and that unprotected sex and intravenous drug use must be avoided. The teenager's feeling of invincibility has been shaken and he realizes that the disease can be spread through both unprotected homosexual and heterosexual contact. He has most of all developed a feeling of compassion for the AIDS patient, and has realized that those patients are human beings with the same feelings as his own.

As a physician who treats AIDS patients, I was impressed by the effect of the program on the audience. I personally was deeply touched by the patient's life story and gained an appreciation that one does not often have time to do in the clinical setting. As a parent, I could see what my son learned and how it had given him an understanding he did not have before.

The "Wedge" program is unique and without

parallel anywhere. When one realizes the high rate of sexual activity among teenagers and recognizes that many AIDS patients probably were infected at this age, it becomes clear how important such an educational project is. Its importance lies not only in AIDS prevention, but also in reducing the incidence of other sexually transmitted diseases and unwanted teenage pregnancies. We should be very proud that San Francisco is leading the way in this important educational effort. The spread of AIDS can most likely be slowed by education rather than by mandatory testing.

**P**ARENTS SHOULD NOT hesitate to let their children participate in this learning experience. It will not tarnish them. Teenagers will only benefit and mature from it.

*Dr. Jean Haddad is President of the San Francisco Medical Society, and this article first appeared in San Francisco Medicine, the society's magazine.*

Arthur Hoppe is on vacation

Wedge

U Udall

Stoller

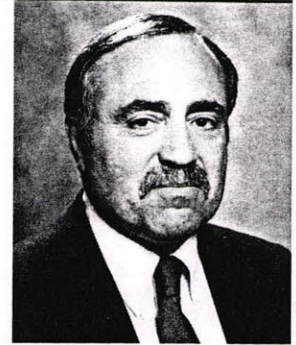
Strou

Evans

Oliva

## PRESIDENT'S MESSAGE

Jean G. K. Haddad, MD



### AIDS Education Will Not Tarnish Our Teenagers

My wife and I sat in a room of high school parents one evening this spring and were given a first-hand view of the San Francisco Department of Public Health's "Wedge" program. We learned what our son was to hear about AIDS the very next day. A physician gave an understandable, factual and state-of-the-art presentation on AIDS. Next, a public health educator presented an in-depth discussion on issues of disease transmission, risk behavior and explored attitudes and beliefs about AIDS. The last speaker was a trained person with AIDS who gave us his life story. He gave us insight into his insecurities and how that resulted in his promiscuity and drug usage. His life story was full of sadness and his developing AIDS was the ultimate tragedy in a difficult life. He was able to talk about his experiences in front of this audience, not seeking sympathy, but touching us all. He expressed the hope that his presentation might teach someone how to change behavior to avoid what had happened to him. His life was continuing to take a positive course, in spite of his fatal illness. His story was real and we were brought to tears by it.

The question and answer session that followed showed how much the parents themselves needed to learn about the disease. The gamut of reactions was evident. It was apparent to me that the parents who needed this session the most probably were not present that night.

The same program was given to all the students the next day (teachers had also received a similar session). My son and I discussed his feelings after the sessions, and hopefully other parents did the same. The students uniformly were enthusiastic about the experience. My son now clearly understands that AIDS is not spread through casual contact and that unprotected sex and intravenous drug abuse must be avoided. The teenager's feeling of invincibility has

been shaken and he realizes that the disease can be spread through both unprotected homosexual and heterosexual contact. He has most of all developed a feeling of compassion for the AIDS patient and has realized that he is a human being with the same feelings as his own.

As a physician who treats AIDS patients, I was impressed by the effect of the program on the audience. I personally was deeply touched by the patient's life story and gained an appreciation that one often does not have the time to do in the clinical setting. As a parent, I could see what my son had learned and how it had given him an understanding he did not have before.

The "Wedge" program is unique and without parallel anywhere. When one realizes the high rate of sexual activity among teenagers and recognizes that many AIDS patients probably were infected at this age, it becomes clear how important such an educational project is. Its importance lies not only in AIDS prevention, but also in reducing the incidence of other sexually transmitted diseases and unwanted teenage pregnancies. We should be proud that San Francisco is leading the way in this very important educational effort. The spread of AIDS can most likely be slowed by education rather than by mandatory testing. Parents should not hesitate to let their children participate in this learning experience. It will not tarnish them. Teenagers will only benefit and mature by it.

**Presidential Reminder:** *Volunteer physicians, nurses and administrative personnel are needed to care for San Francisco's homeless. The SFMS and Department of Public Health are endeavoring to fulfill this need. Interested in more details? Review my column in June's SFM or call Steve Heilig, 567-6230. Hope to see you at the clinic.*



30 June 1988

Dear Colleague:

Enclosed please find a copy of a cover letter and application for a 2-day training workshop for prospective Wedge® speakers. This training is open to all persons with HIV infection, ARC and AIDS who are willing to conduct presentations to students in San Francisco high schools.

Please pass the letter and application on to any interested individuals. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Stoller".

Elizabeth Stoller, M.P.H.  
Wedge Program Coordinator

ES/mv  
encl.





30 June 1988

Dear Friend:

We are happy to announce a two-day training workshop for people interested in participating in the Wedge® AIDS education program for San Francisco youth. This workshop is designed to train Session III speakers (persons with HIV infection, ARC and AIDS).

In brief, the Wedge® Program represents the cooperative efforts of a number of people, including Kim Cox, health educator and Christian Haren, a person with AIDS. The Wedge® consists of a teaching program which takes place in four separate sessions in high school classrooms.

Session I is conducted by a health professional or trained educator. This session covers basic information about AIDS and other sexually transmitted and blood-borne diseases.

Session II is conducted by a trained educator who provides students with an opportunity to integrate the factual information from Session I on a personal level, to identify values and attitudes which contribute to their own response to the epidemic.

Session III is conducted by a trained person with HIV infection, ARC or AIDS. During this session the speaker provides students with insight into living with HIV infection. This session is the cornerstone of the four-session sequence: in our experience, after Session III, students are able to break through their denial, recognize the immediacy of the issue, and identify the need for personal action.

Session IV is conducted by the trained educator from Session II, often along with the classroom teacher, or one or more trained student peer counselors.

Members of the team present individually at separate sessions. Session III speakers will usually be accompanied by a Session II speaker. All session presenters work as a team, sharing information and strategies as sessions are planned and carried out. Many of the Session I, II and III speakers trained during the 1987-88 school year plan to continue working with the Wedge® program this coming fall.

Page 2 . .

If, after reading this, you are interested in participating in a two-day training (scheduled for Saturday, July 23 and Saturday, July 30), please fill out the enclosed application form and return NO LATER THAN July 11 to:

WEDGE PROGRAM  
c/o BCDC  
101 GROVE STREET, ROOM 402  
SAN FRANCISCO, CA 94102

If you have any questions about the program or the training, please call me (Liz Rojas) at 558-2444.

Thank you for your interest.

Sincerely,

A handwritten signature in cursive script that reads "Liz Rojas".

Liz Rojas  
Wedge Training Coordinator

LR/mv  
encl.

THIS APPLICATION IS STRICTLY CONFIDENTIAL

If you are interested in being trained as a speaker for the Wedge Program, briefly respond to each of the following questions and return no later than July 11, 1988 to:

Wedge Program  
c/o BCDC  
101 Grove Street, Room 402  
San Francisco, CA 94102

---

for more information, call Liz Rojas 558-2444

---

- 1) Are you available to participate in 2 days of training? (Saturday, July 23, 1988, 9 a.m. to 5 p.m. and Saturday, July 30, 1988, 9 a.m. to 5 p.m.) (Full participation in both days of training is required; it is okay not to feel well and yet be present.)
  
- 2) Are you willing to answer personal questions regarding sexuality, AIDS and other sexually transmitted diseases (STDs), and substance abuse?
  
- 3) Have you ever had any classroom or public speaking experience? If yes, when? Where?
  
- 4) What experience, if any, have you had working with adolescents? What feelings or concerns do you have about speaking in a large inner city high school?
  
- 5) Do you speak any languages other than English? If yes, which ones?
  
- 6) Have you had experience working in multilingual or multicultural settings? If yes, when? Where?
  
- 7) Why do you want to participate in this project? Please include names of current Wedge team members you have spoken with. Use the back for additional space if needed.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

WEDGE AIDS EDUCATION PROJECT  
PARTICIPANTS IN PLANNING AND PROGRAM IMPLEMENTATION

Participants by Organizational Affiliation

San Francisco Unified School District  
Shanti Project  
Filipino ad Hoc Committee on AIDS  
18th Street Services  
Latino AIDS Project  
RAP (Real Alternatives Project)  
Black Coalition on AIDS  
Asian AIDS Task Force  
San Francisco AIDS Foundation  
UCSF - School of Medicine  
UCSF - AIDS Activities Division  
Planned Parenthood  
Larkin Street Youth Center  
One Pass Video/Kenwood Group  
South of Market Business Association  
Southeast Health Center  
Mission Neighborhood Health Center  
Golden Gate Nurses' Association - Nurses Coalition on AIDS  
Levi Strauss  
Open Hand  
Multicultural Prevention Resource Center

Department of Public Health

AIDS Office  
Community Public Health Services  
Bureau of Communicable Disease Control  
Bureau of Family Health (including Balboa Teen Clinic)  
Bureau of Health Promotion  
Public Health Nursing  
District Health Centers 1, 2, 4, and 5

Individuals

Canon Kip  
Angela Alioto  
Christian Heran  
Jennifer Nicholes