



OPINION LEADER HANDBOOK

MARCH 2009

BROTHERS KEEPING BROTHERS SAFE

d-up: DEFEND YOURSELF!

WELCOME TO *d-up*: DEFEND YOURSELF! OPINION LEADER TRAINING

Welcome and thank you for joining us in the *d-up: Defend Yourself!* opinion leader training. The *d-up!* Opinion Leader Handbook, along with the training, will help you understand *d-up!* as well as your role as an opinion leader.

HIV/AIDS is a major problem among black men who have sex with men (MSM). As an opinion leader, you can play an important role in changing your friends' beliefs, ideas, and opinions regarding safer sex practices. This four-session training will prepare you to have risk reduction conversations with your friends, which will help change their views about safer sex practices and, hopefully, lead to a reduction in the rate of HIV/AIDS among the black MSM population. *d-up!* is not a peer outreach, educational, or condom distribution program.

This handbook will guide you during the training and serve as a take-home resource. It includes the content that will be covered in all four sessions of the training along with other important information. Please bring it with you to each session.

With this handbook, we extend our warmest welcome and support to you. We hope that your involvement in *d-up!* is enjoyable and valuable. We also hope that it expands your opportunity to make a difference in fighting HIV/AIDS within the black MSM population.

TABLE OF CONTENTS

OVERVIEW OF TRAINING SESSIONS.....	1
SESSION 1: WHY DO WE NEED TO DO THIS?	
WHY DO WE NEED TO DO THIS?	3
OPINION LEADER TRAINING.....	4
WHY <i>d-up!</i> IS IMPORTANT AND HOW IT WORKS.....	5
THE BASICS: HIV/AIDS 101	11
UNDERSTANDING LEVELS OF BEHAVIORAL RISK.....	15
RISK REDUCTION STRATEGIES.....	17
HIV TESTING OVERVIEW.....	21
HIV TREATMENT OVERVIEW.....	27
SESSION 2: CHANGING NORMS THROUGH COMMUNICATION	
AIR BALLS WORKSHEET.....	31
MYTHS AND MISCONCEPTIONS ABOUT HIV/AIDS	33
CASUAL TRANSMISSION OF HIV	35
THE USE OF SOCIAL NORMS TO CHANGE BEHAVIOR	37
ELEMENTS OF AN EFFECTIVE RISK REDUCTION MESSAGE.....	39
SESSION 3: PRACTICING RISK REDUCTION CONVERSATIONS	
THE IMPORTANCE OF OPINION LEADERS.....	41
CONVERSATION DEMONSTRATION	43
RISK REDUCTION CONVERSATION PRACTICE.....	45
PLANNING RISK REDUCTION CONVERSATIONS	47
USING <i>d-up!</i> LOGO MATERIALS	49
INVOLVE YOUR FRIENDS.....	51
PRACTICE RISK REDUCTION CONVERSATIONS WITH YOUR FRIENDS ...	53
SESSION 4: CONTINUING RISK REDUCTION CONVERSATIONS AND INSPIRING MAINTENANCE	
RISK REDUCTION CONVERSATIONS.....	57
MOVING FORWARD WITH YOUR RISK REDUCTION CONVERSATIONS ...	59
YOU HAVE AN IMPORTANT ROLE TO PLAY	61
TRACKING YOUR RISK REDUCTION CONVERSATIONS.....	63

OVERVIEW OF TRAINING SESSIONS

SESSION 1: WHY DO WE NEED TO DO THIS?

- ▶ The essential role opinion leaders play in HIV/AIDS prevention
- ▶ The value of the risk reduction norms, strategies, and behaviors opinion leaders will endorse
- ▶ Sociocultural factors influencing high HIV rates among black men who have sex with men (MSM)
- ▶ Basic information on HIV/AIDS
- ▶ Basic information on the relationship of HIV infection or transmission risk and sex and drug use behaviors

SESSION 2: CHANGING NORMS THROUGH COMMUNICATION

- ▶ Misconceptions about HIV and infected persons
- ▶ Relationships between social norms and behaviors
- ▶ Elements of effective risk reduction messages
- ▶ How opinion leaders can influence the perception of social norms among their friends and acquaintances

SESSION 3: PRACTICING RISK REDUCTION CONVERSATIONS

- ▶ Observe modeled conversations
- ▶ Practice conversations and get feedback on strengths and weaknesses
- ▶ Incorporate conversation practice in the real world
- ▶ Learn how to use the *d-up!* logo as a conversation starter

SESSION 4: CONTINUING RISK REDUCTION CONVERSATIONS AND INSPIRING MAINTENANCE

- ▶ Introduce invited friends to *d-up!*
- ▶ Discuss experiences conducting risk reduction conversations
- ▶ Share information that can be included in conversations
- ▶ Revisit HIV/AIDS basics
- ▶ Identify ways to maintain the momentum



SESSION 1

WHY DO WE NEED TO DO THIS?

SESSION 1: WHY DO WE NEED TO DO THIS?

GOALS OF *d-up*: DEFEND YOURSELF!

- ▶ Take prevention to a different level, where you play a very important role.
- ▶ Change the way our community as a whole thinks about protecting its members from getting infected with HIV or transmitting it to others.
- ▶ Create an environment where all can be comfortable saying “no” to unprotected sex because they know their friends want them to.
- ▶ Help you create an environment that supports protected sex.

OPINION LEADER TRAINING

WHAT DO WE EXPECT OF YOU?

- ▶ Attend all four 2- to 2½-hour training sessions.
- ▶ Have conversations with people you know and are part of your circle of friends and acquaintances:
 - Four conversations will occur during the 4 weeks of training.
 - Ten more conversations should occur after you complete the training.
 - At least half of the conversations should be held with black MSM.
- ▶ Continue the conversations after the training.
- ▶ Invite two friends to the last session—people who would make good opinion leaders and are willing to participate in the training.
- ▶ Keep in touch after the training.

WHAT CAN YOU EXPECT OVER THE NEXT 4 WEEKS?

- ▶ We will discuss the following:
 - What *d-up!* is and how it works
 - Some of the factors that contribute to high rates of HIV in our communities
 - Risk reduction strategies
 - Myths and misconceptions about HIV
 - Using social norms to change behavior
 - How to conduct risk reduction conversations
 - Elements of risk reduction messages
- ▶ We will practice risk reduction conversations.
- ▶ We will work with you to plan your future conversations.
- ▶ We will talk about ways to use *d-up!* logo materials and ways that you used *d-up!* logo materials.

WHY *d-up!* IS IMPORTANT AND HOW IT WORKS

You can write down responses to the following discussion questions using the blank space provided below.

Why are rates of HIV infection so high among black MSM?

What are some of the social and cultural factors that might contribute to high rates of HIV infection among black MSM?

How do these factors contribute to high rates of HIV infection among black MSM?

NOTES:

FACTORS THAT CONTRIBUTE TO RISKY BEHAVIOR

Discrimination

Black MSM may experience multiple forms of discrimination, including homophobia, family rejection, and racism.

- ▶ Homophobia and family rejection
 - MSM who have experienced homophobia also experience varying levels of stress and distress and are more likely to report risky sex behaviors.
 - Negative messages about same-gender sex behaviors heard in faith institutions impact how black MSM see themselves because of the strong association that many black people have with their church and other spiritual institution.
 - When family members express disapproval (either openly or through covert behaviors) of same-gender behaviors, black MSM feel more vulnerable and unprotected. The rejection is seen as a loss of expected assurance, support, and protection.
 - Bisexual men who perceive their same-gender relationships as less legitimate than their heterosexual relationships often experience internalized homophobia and the stress of their secret same-gender activities.
- ▶ Racism
 - Experience with racial discrimination can create stress among black MSM.

Social Conditions and Circumstances

In addition to forms of discrimination, social conditions and circumstances, such as incarceration and poverty, can contribute to increased rates of HIV among black MSM.

- ▶ Incarceration
 - Black MSM who have experienced family or community rejection are more likely to be incarcerated.
 - Men who have been incarcerated are more likely to report unprotected insertive and receptive anal sex.
- ▶ Poverty
 - Men with limited financial resources may engage in survival sex.
 - These men also may be more likely to take sexual risks to meet the basic needs of food and shelter.

Social Norms

- ▶ Social norms are unwritten rules of behavior that exist in every community or group.
- ▶ They help members identify which behaviors are acceptable and which are not.
- ▶ Examples of social norms:
 - How people address each other
 - Going to worship services
 - Going drinking
 - Having wine with dinner

CHANGING SOCIAL NORMS

- ▶ Social norms can be changed within groups of people who are friends and acquaintances if people in that group who are perceived as being respected, credible, trustworthy, listened to, empathetic to friends, and self-confident support a different norm.
- ▶ For *d-up!* if these opinion leaders communicate to others that using condoms consistently as a safer sex strategy is a desirable norm, over time their friends and acquaintances will begin to change how they think about safer sex.
- ▶ Some of the friends opinion leaders have conversations with will talk to other friends about the benefits of safer sex practices.
- ▶ A couple of those friends and acquaintances also will become trained opinion leaders, and they will talk to other friends and acquaintances.
- ▶ Over time, the idea will spread and members of a group of friends and acquaintances will adopt safer sex behaviors. Safer sex will become the new social norm or trend.
- ▶ As safer sex practices become the social norm, the following will occur: When your friends and their friends are confronted with decisions to use a condom or not, they will be more likely to think that safer sex is a better decision and one that is supported by their friends.
- ▶ Using social networks to change social norms is called *diffusion of innovation*.

PREPARATION FOR BIAS

Even though the experiences of racism are stressful, men who have received guidance from their parents or someone in their lives whom they trust and respect on how to respond and cope with racial and other forms of discrimination tend to have better health and economic outcomes than those who do not have guidance that prepares them to deal with stress related to racial and other forms of discrimination.

- ▶ Preparation for bias makes individuals more determined to succeed.
- ▶ Individuals may seek to disprove negative views that others have about them.
- ▶ Men who have been prepared for biases that may affect sexual risk may be more likely to associate with peers who endorse safer sex norms.
- ▶ Including messages to help cope with homophobia, family and community rejection, racism, and other social circumstances helps promote self-validation and positive self-worth among friends and acquaintances.
- ▶ These messages will also help your friends and acquaintances see themselves as being worthy of protecting and increase their self-acceptance.
- ▶ These messages are diffused throughout a group of friends and acquaintances over time.

OPINION LEADERS

- ▶ Opinion leaders have the following characteristics:
 - Respected
 - Credible
 - Trustworthy
 - Listened to
 - Empathetic to friends
 - Self-confident
- ▶ Opinion leaders can change norms within a social group of friends and acquaintances by having everyday conversations. Over time, this can help reduce rates of HIV infection.

NOTES:

THE BASICS: HIV/AIDS 101

HIV AND AIDS

- ▶ **H – HUMAN**
 - Transmittal of the virus from human to human
- ▶ **I – IMMUNODEFICIENCY**
 - An inadequacy of the body's immune system to fight infection
- ▶ **V – VIRUS**
 - A living organism that is too small to be seen without a microscope

- ▶ **A – ACQUIRED**
 - A disease you get from someone else
- ▶ **I – IMMUNO-**
 - Body systems that protect against infection
- ▶ **D – DEFICIENCY**
 - Immune system that is damaged or weakened by HIV
- ▶ **S – SYNDROME**
 - Collection of symptoms

HIV'S PROGRESSION TO AIDS

- ▶ HIV infection progresses to an AIDS diagnosis in stages.
- ▶ This progression is marked by changes in the immune system.
- ▶ How rapidly this progression occurs depends on many factors, including the following:
 - Overall health
 - Other medical conditions
 - Response to treatment

THE FACTS

- ▶ HIV is transmitted from one person to another through bodily fluids:
 - Blood
 - Semen
 - Pre-semen
 - Vaginal/cervical secretions
 - Breast milk
 - Any body fluid containing the blood of an infected person
- ▶ Latex condoms block HIV transmission during sex.
- ▶ HIV is spread through the following:
 - Unprotected vaginal, anal, or oral sex with an infected person
 - Needle sharing with an infected person
 - Tissue in the birth canal during child birth
 - Breast milk from a mother infected with HIV
 - Blood or plasma transfusions (very rarely)
- ▶ A person with HIV can have no symptoms and not know they have been infected.
- ▶ It is important for people living with HIV or AIDS to protect and strengthen their immune system.
- ▶ People living with HIV or AIDS are vulnerable to other infections; these infections weaken the immune system more.
- ▶ TODAY, people living with HIV or AIDS can live longer and healthier lives if they take good care of their overall health.
- ▶ The following fluids do NOT transmit HIV:
 - Sweat
 - Tears
 - Bloodless:
 - Nasal discharge
 - Saliva
 - Feces
 - Vomit
 - Urine
- ▶ HIV is not transmitted by the following:
 - Air
 - Food
 - Water
 - Animals
 - Insects
 - Donating blood

DIFFERENCE BETWEEN HIV AND AIDS

- ▶ HIV
 - Having HIV means having the virus.
 - HIV attacks the body's immune system by invading and taking over CD4 cells.
 - HIV treatments can slow the HIV attack on the immune system.
 - HIV treatment can decrease a person's susceptibility to serious opportunistic infections.
- ▶ AIDS
 - AIDS is the condition that occurs over time after being infected with HIV.

For more information, visit the Centers for Disease Control and Prevention's Web site – <http://www.cdc.gov/hiv>

NOTES:

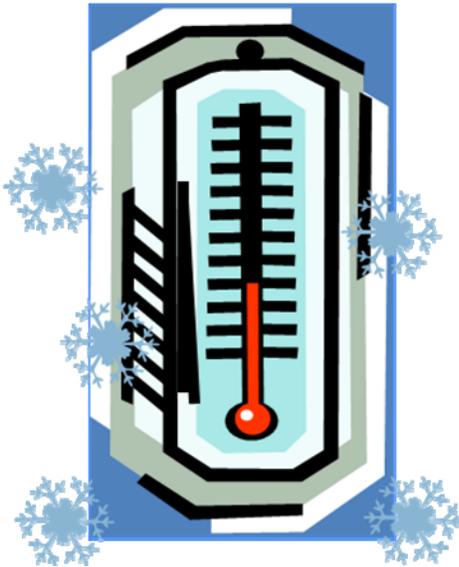
UNDERSTANDING LEVELS OF BEHAVIORAL RISK

HANDOUT

Levels of Behavioral Risk

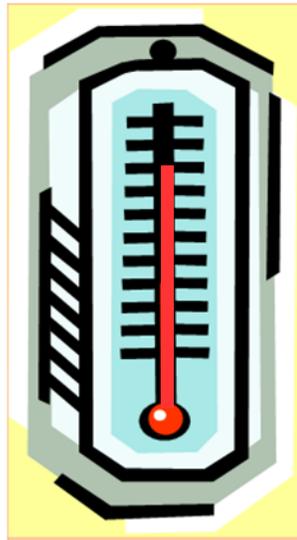
Little or No Risk!

Mutual stimulation, rubbing, cuddling, kissing, using toys (dildos) not shared with a partner, body rubbing to orgasm, oral sex (no contact with the penis head)



LESS RISKY!!

Anal or vaginal sex with a latex condom and a water-based lubricant

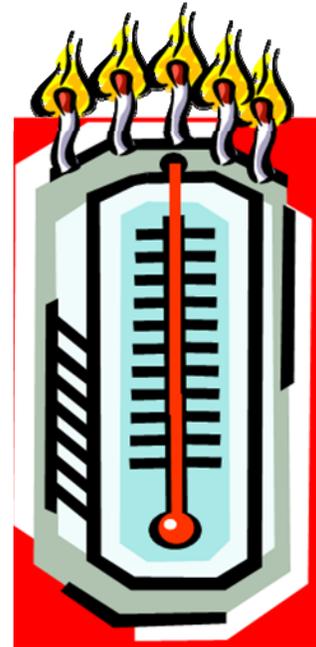


VERY RISKY!!!!

Anal sex without a condom
Vaginal sex without a condom

RISKY!!!

Oral sex to orgasm



NOTES:

RISK REDUCTION STRATEGIES

One can employ a number of strategies to either reduce the risk of getting infected with HIV or to reduce the risk of transmitting HIV to others:

- ▶ Practice abstinence, which is the only sure way.
- ▶ Defend yourself:
 - Unless you are 100% sure and have concrete evidence otherwise, assume sex partners are HIV positive.
 - Practice safer sex.
- ▶ Know your partners' sexual history.
- ▶ Reduce your number of sex partners.
- ▶ Use latex or polyurethane condoms—always.
- ▶ Use only water-based lubricants.
- ▶ Do not use lubricants containing spermicide.
- ▶ Avoid the use of alcohol or other drugs that may impair judgment.
- ▶ Do not share sex toys.
- ▶ Do not share needles for any purpose.
- ▶ Avoid behaviors that may result in contact with the following:
 - Blood
 - Semen
 - Vaginal secretions
- ▶ Educate your partners.
- ▶ Have types of sex that stay outside the body.

NOTES:

HANDOUT

10 Steps for Putting Good Intentions Into Practice

1. Keep a clear line in mind about what you will or will not do with a sex partner.
2. Fantasize about safer sex activities, not about unsafe ones.
3. Before having sex with someone, have a discussion with him about your commitments to health and safety.
4. Keep condoms readily available at home and in your car. When storing condoms in your car, please be aware that they should not be used if they are exposed to high temperatures.
5. Be prepared and able to say no to unsafe sex activities.
6. If your judgment is blurred because of too much alcohol or drug use, postpone sex.
7. Remember that love means protecting yourself and your partner.
8. Learn from your past mistakes.
9. Congratulate yourself and your partner for staying safe.
10. Problem-solve barriers to making effective risk reduction changes.

NOTES:

HIV TESTING OVERVIEW

FOUR TYPES OF HIV TESTS

- ▶ Standard blood test
- ▶ Oral test (mucus between lower cheek and gum)
- ▶ Urine test
- ▶ Rapid test (blood)

NEGATIVE HIV TESTS

- ▶ A person can have a negative HIV test and still be infected: It takes time for antibodies to develop.
 - A test taken immediately after exposure may be negative though infection has occurred.
- ▶ The period between the time of infection and the development of antibodies is the most infectious period: one is more likely to transmit the virus to someone else.

FREQUENTLY ASKED QUESTIONS

Should I Get Tested?

The following are behaviors that increase your chances of getting HIV. If you answer yes to any of them, you should definitely get an HIV test. If you continue with any of these behaviors, you should be tested every year. Talk to a health care provider about an HIV testing schedule that is right for you.

- ▶ Have you injected drugs or steroids or shared equipment (such as needles, syringes, works) with others?
- ▶ Have you had unprotected vaginal, anal, or oral sex with men who have sex with men, multiple partners, or anonymous partners?
- ▶ Have you exchanged sex for drugs or money?
- ▶ Have you been diagnosed with or treated for hepatitis, tuberculosis (TB), or a sexually transmitted disease (STD), like syphilis?
- ▶ Have you had unprotected sex with someone who could answer yes to any of the above questions?

If you have had sex with someone whose history of sex partners and/or drug use is unknown to you or if you or your partner has had many sex partners, then you have more of a chance of being infected with HIV. Both you and your new partner should get tested for HIV, and learn the results, before having sex for the first time.

For women who plan to become pregnant, testing is even more important. If a woman is infected with HIV, medical care and certain drugs given during pregnancy can lower the chance of passing HIV to her baby. All women who are pregnant should be tested during each pregnancy.

How Long After a Possible Exposure Should I Wait to Get Tested for HIV?

Most HIV tests are antibody tests that measure the antibodies your body makes against HIV. It can take some time for the immune system to produce enough antibodies for the antibody test to detect and this time period can vary from person to person. This time period is commonly referred to as the “window period”. Most people will develop detectable antibodies within 2 to 8 weeks (the average is 25 days). Even so, there is a chance that some individuals will take longer to develop detectable antibodies. Therefore, if the initial negative HIV test was conducted within the first 3 months after possible exposure, repeat testing should be considered more than 3 months after the exposure occurred to account for the possibility of a false-negative result. Ninety-seven percent will develop antibodies in the first 3 months following the time of their infection. In very rare cases, it can take up to 6 months to develop antibodies to HIV.

Another type of test is an RNA test, which detects the HIV virus directly. The time between HIV infection and RNA detection is 9–11 days. These tests, which are more costly and used less often than antibody tests, are used in some parts of the United States.

For information on HIV testing, you can talk to your health care provider or you can find the location of the HIV testing site nearest to you by calling CDC-INFO 24 hours/day at 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY), in English, en Español. Both of these resources are confidential.

How Do HIV Tests Work?

Once HIV enters the body, the immune system starts to produce antibodies – (chemicals that are part of the immune system that recognize invaders like bacteria and viruses and mobilize the body’s attempt to fight infection). In the case of HIV, these antibodies cannot fight off the infection, but their presence is used to tell whether a person has HIV in his or her body. In other words, most HIV tests look for the HIV antibodies rather than looking for HIV itself. There are tests that look for HIV’s genetic material directly, but these are not in widespread use.

The most common HIV tests use blood to detect HIV infection. Tests using saliva or urine are also available. Some tests take a few days for results, but rapid HIV tests can give results in about 20 minutes. All positive HIV tests must be followed up by another test to confirm the positive result. Results of this confirmatory test can take a few days to a few weeks.

What Are the Different HIV Screening Tests Available in the United States?

In most cases the EIA (enzyme immunoassay), used on blood drawn from a vein, is the most common screening test used to look for antibodies to HIV. A positive (reactive) EIA must be used with a follow-up (confirmatory) test such as the Western blot to make a positive diagnosis. There are EIA tests that use other body fluids to look for antibodies to HIV. These include:

- ▶ **Oral Fluid Tests**—use oral fluid (not saliva) that is collected from the mouth using a special collection device. This is an EIA antibody test similar to the standard blood EIA test. A follow-up confirmatory Western Blot uses the same oral fluid sample.
- ▶ **Urine Tests**—use urine instead of blood. The sensitivity and specificity (accuracy) are somewhat less than that of the blood and oral fluid tests. This is also an EIA antibody test similar to blood EIA tests and requires a follow-up confirmatory Western Blot using the same urine sample.

Rapid Tests

A rapid test is a screening test that produces very quick results, in approximately 20 minutes. Rapid tests use blood from a vein or from a finger stick, or oral fluid to look for the presence of antibodies to HIV. As is true for all screening tests, a reactive rapid HIV test result must be confirmed with a follow-up confirmatory test before a final diagnosis of infection can be made. These tests have similar accuracy rates as traditional EIA screening tests. Please visit the rapid HIV testing section for details.

Home Testing Kits

Consumer-controlled test kits (popularly known as "home testing kits") were first licensed in 1997. Although home HIV tests are sometimes advertised through the Internet, currently only the Home Access HIV-1 Test System is approved by the Food and Drug Administration. (The accuracy of other home test kits cannot be verified). The Home Access HIV-1 Test System can be found at most local drug stores. It is not a true home test, but a home collection kit. The testing procedure involves pricking a finger with a special device, placing drops of blood on a specially treated card, and then mailing the card in to be tested at a licensed laboratory. Customers are given an identification number to use when phoning in for the results. Callers may speak to a counselor before taking the test, while waiting for the test result, and when the results are given. All individuals receiving a positive test result are provided referrals for a follow-up confirmatory test, as well as information and resources on treatment and support services.

RNA Tests

RNA tests look for genetic material of the virus and can be used in screening the blood supply and for detection of very early infection rare cases when antibody tests are unable to detect antibodies to HIV.

For a list of HIV tests that are FDA-approved, visit the Food and Drug Administration (FDA) Center for Biologics Evaluation and Research.

If I Test HIV Negative, Does That Mean That My Sex Partner Is HIV Negative Also?

No. Your HIV test result reveals only your HIV status. Your negative test result does not indicate whether or not your partner has HIV. HIV is not necessarily transmitted every time you have sex. Therefore, your taking an HIV test should not be seen as a method to find out if your partner is infected.

Ask your partner if he or she has been tested for HIV and what risk behaviors he or she has engaged in, both currently and in the past. Think about getting tested together.

It is important to take steps to reduce your risk of getting HIV. Not having (abstaining from) sex is the most effective way to avoid HIV. If you choose to be sexually active, having sex with one person who only has sex with you and who is uninfected is also effective. If you are not sure that both you and your partner are HIV negative, use a latex condom to help protect both you and your partner from HIV and other STDs. Studies have shown that latex condoms are very effective, though not 100%, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

What If I Test Positive for HIV?

If you test positive for HIV, the sooner you take steps to protect your health, the better. Early medical treatment and a healthy lifestyle can help you stay well. Prompt medical care may delay the onset of AIDS and prevent some life-threatening conditions. There are a number of important steps you can take immediately to protect your health:

- ▶ See a licensed health care provider, even if you do not feel sick. Try to find a health care provider who has experience treating HIV. There are now many medications to treat HIV infection and help you maintain your health. It is never too early to start thinking about treatment possibilities.
- ▶ Have a TB (tuberculosis) test. You may be infected with TB and not know it. Undetected TB can cause serious illness, but it can be successfully treated if caught early.

- ▶ Smoking cigarettes, drinking too much alcohol, or using illegal drugs (such as methamphetamines) can weaken your immune system. There are programs available that can help you stop or reduce your use of these substances.
- ▶ Get screened for other sexually transmitted diseases (STDs). Undetected STDs can cause serious health problems. It is also important to practice safe-sex behaviors so you can avoid getting STDs.

There is much you can do to stay healthy. Learn all that you can about maintaining good health.

Abstaining from sex is the most effective way to avoid transmitting HIV to others. If you choose to have sex, use a latex condom to help protect your partner from HIV and other STDs. Studies have shown that latex condoms are very effective, though not 100%, in preventing HIV transmission when used correctly and consistently. If either partner is allergic to latex, plastic (polyurethane) condoms for either the male or female can be used.

I'm HIV Positive. Where Can I Get Information About Treatment?

CDC recommends that you be in the care of a licensed health care provider, preferably one with experience treating people living with HIV. Your health care provider can assist you with treatment information and guidance.

Detailed information on specific treatments is available from the Department of Health and Human Services' AIDSinfo. Information on enrolling in clinical trials is also available at AIDSinfo. You may contact AIDSinfo by phone at 1-800-448-0440 (English and Spanish) or 1-888-480-3739 (TTY).

Why Does CDC Recommend HIV Screening for All Pregnant Women?

HIV testing during pregnancy is important because antiviral therapy can improve the mother's health and greatly lower the chance that an HIV-infected pregnant woman will pass HIV to her infant before, during, or after birth. The treatment is most effective for babies when started as early as possible during pregnancy. However, there are still great health benefits to beginning treatment even during labor or shortly after the baby is born.

CDC recommends HIV screening for all pregnant women because risk-based testing (when the health care provider offers an HIV test based on the provider's assessment of the pregnant woman's risk) misses many women who are infected with HIV. CDC does recommend providing information on HIV (either orally or by pamphlet) and, for women with risk factors, referrals to prevention counseling. Refer to the Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States for more information.

HIV testing provides an opportunity for infected women to find out that they are infected and to gain access to medical treatment that may help improve their own health. It also allows them to make informed choices that can prevent transmission to their infant. For some uninfected women with risks for HIV, the prenatal care period could be an ideal opportunity for HIV prevention and subsequent behavior change to reduce risk for acquiring HIV infection. For more information, refer to the Revised Recommendations for HIV Testing of Adults Adolescents, and Pregnant Women in Health-Care Settings.

(National Testing Resources: A Service of the Centers for Disease Control and Prevention, available online at: <http://www.hivtest.org/>)

HIV TREATMENT OVERVIEW

THERE IS NO CURE FOR HIV

- ▶ HIV is a living organism. Once it enters the body, it remains.
- ▶ Despite treatments, there is NO CURE.
- ▶ Treatments slow the progression to AIDS, allowing people to be healthy longer.

Treatment of HIV Infection

Drugs for HIV/AIDS

Currently, there are 30 antiretroviral drugs approved by the Food and Drug Administration to treat people infected with HIV. These drugs fall into four major classes.

- 1. Reverse transcriptase (RT) inhibitors** interfere with the critical step during the HIV life cycle known as reverse transcription. During this step, RT, an HIV enzyme, converts HIV RNA to HIV DNA. There are two main types of RT inhibitors.
 - ▶ Nucleoside/nucleotide RT inhibitors are faulty DNA building blocks. When these faulty pieces are incorporated into the HIV DNA (during the process when the HIV RNA is converted to HIV DNA), the DNA chain cannot be completed, thereby blocking HIV from replicating in a cell.
 - ▶ Non-nucleoside RT inhibitors bind to RT, interfering with its ability to convert the HIV RNA into HIV DNA.
- 2. Protease inhibitors** interfere with the protease enzyme that HIV uses to produce infectious viral particles.
- 3. Entry and fusion inhibitors** interfere with the virus' ability to fuse with the cellular membrane, thereby blocking entry into the host cell.
- 4. Integrase inhibitors** block integrase, the enzyme HIV uses to integrate genetic material of the virus into its target host cell.
- 5. Multidrug combination products** combine drugs from more than one class into a single product.

Currently available drugs do not cure HIV infection or AIDS. They can suppress the virus, even to undetectable levels, but they cannot eliminate HIV from the body. Hence, people with HIV need to continuously take antiretroviral drugs.

Highly Active Antiretroviral Therapy (HAART) counters drug resistance

As HIV reproduces itself, variants of the virus emerge, including some that are resistant to antiretroviral drugs. Therefore, doctors recommend that people infected with HIV take a combination of antiretroviral drugs known as highly active antiretroviral therapy, or HAART. This strategy, which typically combines drugs from at least two different classes of antiretroviral drugs, has been shown to effectively suppress the virus when used properly. Developed by NIAID-supported researchers, HAART has revolutionized how people infected with HIV are treated. HAART works by suppressing the virus and decreasing the rate of opportunistic infections.

HIV transmission and antiretroviral drugs

Although the use of HAART has greatly reduced the number of deaths due to HIV/AIDS, and possibly the transmission of HIV/AIDS as well, this powerful combination of drugs cannot suppress the virus completely. Therefore, people infected with HIV who take antiretroviral drugs can still transmit HIV to others through unprotected sex and needle-sharing.

Antiretroviral drug effects on opportunistic infections and AIDS-associated co-infections

People infected with HIV have impaired immune systems that can leave them susceptible to opportunistic infections (OIs) and AIDS-associated co-infections, caused by a wide range of microorganisms such as protozoa, viruses, fungi, and bacteria. One example of an associated co-infection is hepatitis C virus infection, which can lead to liver cancer.

Potent HIV therapies such as HAART, however, have produced dramatic responses in patients. These therapies often allow the immune system to recover, sustain, and protect the body from other infections. Hence, antiretroviral drugs provide a way for the immune system to remain effective, thereby improving the quality and length of life for people with HIV.

Side effects of antiretroviral drugs

People taking antiretroviral drugs may have low adherence to complicated drug regimens. Current recommended regimens involve taking several antiretroviral drugs each day from at least two different classes, some of which may cause unpleasant side effects such as nausea and vomiting. In addition, antiretroviral drugs may cause more serious medical problems, including metabolic changes such as abnormal fat distribution, abnormal lipid and glucose metabolism, and bone loss. Therefore, NIAID is investigating simpler, less toxic, and more effective drug regimens.

Development of new safe and effective antiretroviral drugs

NIAID supports the development and testing of new therapeutic agents, classes, and combinations of antiretroviral drugs that can continuously suppress the virus with few side effects. Through human clinical trials, NIAID-supported studies provide accurate and extensive information about the safety and efficacy of drug candidates and combinations, and identify potential uncommon but important toxicities of newly approved agents. Studies are also under way to assess rare toxicities of older approved agents, especially as a result of long-term use.

Through the Multicenter AIDS Cohort Study and Women's Interagency HIV Study, NIAID supports long-term studies of HIV disease and its treatment in both men and women. Since their inception, these cohort studies have enrolled and collected data from more than 10,000 people. In addition, NIAID supports treatment studies conducted through three HIV/AIDS clinical trials networks: the AIDS Clinical Trials Group, the International Maternal Pediatric Adolescent AIDS Clinical Trials Group, and the International Network for Strategic Initiatives in Global HIV Trials. For more information about HIV/AIDS drugs and treatment trials, please visit the AIDSinfo Web site at www.aidsinfo.nih.gov.

NIAID research on the complications of antiretroviral drugs

NIAID supports studies aimed at understanding the side effects of antiretroviral drugs as well as strategies to reduce exposure to potentially toxic drug regimens, such as:

- ▶ Structured treatment interruption (STI) protocols
- ▶ Use of immune-based therapies with HAART
- ▶ Studies to compare different drug dosing schedules or combinations
- ▶ Studies to compare early versus delayed treatment

NIAID also supports projects evaluating regimens containing agents associated with toxicities. For example, NIAID-funded researchers are conducting studies to evaluate treatments for several drug-associated metabolic complications, including fat redistribution, lipid and glucose abnormalities, and bone loss. In addition, researchers are studying the long-term metabolic effects of various antiretroviral regimens in pregnant women and their infants and in HIV-infected children and adolescents.

Down the road: New drugs in the pipeline

The Pharmaceutical Research and Manufacturers Association of America maintains a database of new drugs in development to treat HIV infection. They include new protease inhibitors and more potent, less toxic RT inhibitors, as well as other drugs that interfere with entirely different steps in the virus' lifecycle. These new categories of drugs include:

- ▶ Entry inhibitors that interfere with HIV's ability to enter cells
- ▶ Integrase inhibitors that interfere with HIV's ability to insert its genes into a cell's normal DNA
- ▶ Assembly and budding inhibitors that interfere with the final stage of the HIV life cycle, when new virus particles are released into the bloodstream
- ▶ Cellular metabolism modulators that interfere with the cellular processes needed for HIV replication
- ▶ Gene therapy that uses modified genes inserted directly into cells to suppress HIV replication. These cells are designed to produce T cells that are genetically resistant to HIV infection.

In addition, scientists are exploring whether immune modulators help boost the immune response to the virus and may make existing anti-HIV drugs more effective. Therapeutic vaccines also are being evaluated for this purpose and could help reduce the number of anti-HIV drugs needed or the duration of treatment.

More information

AIDSinfo

P.O. Box 6303
Rockville, MD 20849-6303
1-800-HIV-0440 (1-800-448-0440) or 301-519-0459
1-888-480-3739 (TTY/TDD)
www.aidsinfo.nih.gov

AIDSinfo is a comprehensive resource for up-to-date information on government and industry sponsored HIV/AIDS treatment and prevention clinical trials. AIDSinfo also maintains the most current, federally approved guidelines for treating and preventing HIV/AIDS in adults and children, for treating and preventing AIDS-related illnesses, managing occupational exposure to HIV, and for preventing HIV transmission from mother-to-child during pregnancy. AIDSinfo is sponsored by the NIH Office of AIDS Research, NIAID, National Library of Medicine, Centers for Disease Control and Prevention, Health Resources and Service Administration, and Centers for Medicare and Medicaid Services.

Food and Drug Administration

5600 Fishers Lane
Rockville, MD 20857-0001
1-888-INFO-FDA (1-888-463-6332)
www.fda.gov



SESSION 2

CHANGING NORMS THROUGH COMMUNICATION

AIR BALLS WORKSHEET

Instructions: Write down what you have heard about how HIV is transmitted, how to prevent HIV transmission, and HIV among black MSM. List as many things as you can think of. Share where you heard the information with your team partner.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

NOTES:

MYTHS AND MISCONCEPTIONS ABOUT HIV/AIDS

HANDOUT

Common Myths

Instructions: Below are some common myths about how HIV is spread. Review each one and identify why the statement is a myth.

MYTH #1: You can look at a dude and tell he is HIV-positive.

MYTH #2: I am not at risk of contracting HIV/AIDS if I limit the number of times I engage in unprotected anal sex.

MYTH #3: Everyone knows what his/her HIV status is. Every brother is honest and will openly disclose his HIV status. All I have to do is ask.

MYTH #4: Spitting out “cum” or “nut” instead of swallowing it lessens my risk of contracting HIV. That way, oral sex is safe. I’m cool.

MYTH #5: It’s OK to “raw dog” when you are entering into or trying to build a relationship.

MYTH #6: It is safe if I douche directly after having unprotected anal sex.

MYTH #7: I am probably already HIV-positive, so it really doesn’t matter if I use protection.

MYTH #8: Having unprotected anal sex with men from small towns is safer than with guys from larger cities. Small-town country boys lack the exposure of city boys, so they are safer sex partners.

MYTH #9: Where you meet someone determines if you have sex with them (bookstore, Internet, club, park).

MYTH #10: This is the partner of my dreams. If I ask him to be safe, he may leave.

MYTH #11: You can’t become infected if you don’t have sex at all.

MYTH #12: I don’t take dick. I give it. Most dudes I hook up with are married with wives and kids. I have a girl of my own. I strap it down with her, but I hit dudes raw. Since it isn’t that often, I don’t see how I could catch anything.

MYTH #13: I am allergic to latex condoms, so my partner and I don’t use anything. Instead, when he is getting ready to cum/nut, he pulls out. So I don’t have to worry about contracting HIV.

MYTH #14: I've been chillin' with the same dude for a year now. We always play safe. Most of the time we start out not using a condom, but never to completion. He came in me once. The next day I got tested and I was negative. I know I am OK.

MYTH #15: It's too late now. I can't learn new habits.

MYTH #16: HIV rates are higher among black men who have sex with men (MSM) than among other groups of MSM because they have unprotected anal intercourse more frequently and more sex partners than other groups of MSM.

MYTH #17: It is no big deal if you get infected. There are so many medications out there that people can live full lives as long as they take the right medications. When was the last time you heard of someone dying with AIDS?

MYTH #18: The government developed AIDS in the laboratory to reduce minority populations.

MYTH #19: A cure for AIDS has been discovered in Zambia (southern Africa), but the pharmaceutical companies have used their strong lobby to not allow distribution in the United States because of all the money they will lose if they stop selling HIV treatment drugs.

CASUAL TRANSMISSION OF HIV

COMMON MISUNDERSTANDINGS

Some of the myths about HIV relate to how it is transmitted. These misunderstandings include transmission as related to the following:

- ▶ The environment
- ▶ Kissing
- ▶ Biting
- ▶ Saliva, tears, and sweat
- ▶ Insects

The Environment

HIV is NOT transmitted through the following means:

- ▶ Sharing kitchen or bath facilities
- ▶ Coughing or sneezing
- ▶ Sharing a bed
- ▶ Using the same swimming pool
- ▶ Being bitten by mosquitoes or other bugs

Kissing

- ▶ HIV is NOT transmitted through closed-mouth kissing.
- ▶ Open-mouth kissing may carry risk if infected blood is present, but the risk is very low.

Biting

- ▶ Biting is NOT a common way of transmitting HIV.
- ▶ In a few instances, HIV has been transmitted by a bite when there was severe trauma, extensive tissue tearing and damage, and the presence of infected blood.
- ▶ There are many more reports of biting that did not result in HIV transmission.

Saliva, Tears, Sweat, and Insects

- ▶ HIV is not transmitted in saliva, tears, or sweat.
- ▶ HIV is not transmitted by insects, such as mosquitoes.

NOTES:

THE USE OF SOCIAL NORMS TO CHANGE BEHAVIOR

WHAT DOES BEING AN OPINION LEADER HAVE TO DO WITH SOCIAL NORMS?

- ▶ Opinion leaders have an important role to play in redefining social norms around risky sex practices in their friendship groups.
- ▶ Think about ways you can respond to your friends and acquaintances when having risk reduction conversations with them.

WHICH ACTIVITY DO MSM PARTICIPATE IN THAT IS THE MOST RISKY?

Please record your responses in the space provided below.

HOW DO SOME OF THE SOCIAL AND CULTURAL FACTORS, DISCUSSED EARLIER, INFLUENCE A DECISION TO ENGAGE IN RISKY SEX ACTS?

A number of beliefs and factors may influence a decision to engage in risky sex acts. Reasons may include the following:

- ▶ Low perception of personal risk
- ▶ Limited or low perception of self-worth
- ▶ Survival needs
- ▶ Safer behaviors not seen as a social norm (don't think peers are being safe)
- ▶ Perception that partner will react negatively (fear of being rejected)

OPINION LEADERS HELP ESTABLISH SOCIAL NORMS THAT SUPPORT SAFER SEX PRACTICES

Research indicates the following:

- ▶ When black MSM believe that their peers support condom use, they are less likely to have unprotected anal sex.
- ▶ Men who stop having unprotected anal sex believe the following:
 - Their friends are safe, use condoms, or engage in outercourse.
 - Safer sex is well accepted.
 - Their friends think it is odd not to be safe all of the time.
- ▶ Men who practice safer sex also believe the following points as related to their friends and acquaintances:
 - Safer sex is accepted.
 - Safer sex is endorsed.
 - Safer sex is the standard of behavior.

OPINION LEADERS HELP REDEFINE SOCIAL NORMS

The roles of opinion leaders are as follows:

- ▶ Help redefine the norms of sexual safety.
- ▶ Help decrease negative social and cultural norms that contribute to unsafe sex.
- ▶ Have conversations with friends and acquaintances while doing the following:
 - Stressing the benefits of being sexually safe
 - Discussing the personal benefits of practicing safer sex

ELEMENTS OF AN EFFECTIVE RISK REDUCTION MESSAGE

HANDOUT

1. Emphasize that AIDS is a serious problem that can be stopped.

New HIV infections can be stopped.

AIDS is not related to being “gay,” but is related to choices and behaviors of a person. Friends and acquaintances understand that friends and acquaintances can use their relationships to help keep each other safe.

- ▶ “AIDS is serious, but we have the power to stop it.”

2. Keep the conversation positive.

People don’t listen to fearful, threatening, or death-related messages. They tune them out. So, stress the positive points of making the change. It is desirable to change to reduce risk or eliminate it altogether. People want to hear something positive.

- ▶ “When I stay safe, I don’t have to worry.”
- ▶ “We are protecting our lives and others in our community.”
- ▶ “Safer sex is the way to go.”
- ▶ “You can have peace of mind by knowing you are protecting yourself and reducing your risk.”

3. Be explicit in communicating what safety means.

Give specific safer sex messages. Just saying “stay safe,” “be careful,” or “use condoms” isn’t enough. People know exactly what you mean when you say the following:

- ▶ “I always use a rubber if I screw.”
- ▶ “I don’t let anybody cum/nut in me.”
- ▶ “The safest thing to do is to jack off together or rub without screwing.”

4. Give helpful hints to change to safer sex behavior.

Provide practical advice. Tell it like it is. Talk about how you are committed to being safe and healthy before you have sex. Give yourself credit for staying safe.

- ▶ “I keep condoms in my car, at home, so when I’m ready to hook up, I can do it without worry.”
- ▶ “Before I have sex with someone, I try to have a discussion with him about my commitment to health and safety.”

5. Do not preach—instead, use “I” examples to make your point.

Don't tell other people what you think they should do. Talk about what you do and provide examples that your friends can relate to. Even if you are not consistently practicing safer sex, talk about your intentions to do so. Talk about how important it is that you stay as healthy as possible. Say things like the following:

- ▶ “I love him, and that means we always use condoms.”
- ▶ “I've been drinking less, so I can remember to use condoms.”
- ▶ “In the past I've been in similar situations, but now I say no when my partner does not want to use a condom.”

6. Talk in a “safe space,” when you are not pressed for time.

Hold the conversation in a “safe space,” a place where both of you feel comfortable talking about risk reduction. Make sure he is paying attention and you have time to talk about these things. Delay the conversation if there are too many distractions. Don't talk with him if he has had too much to drink. Remember that a “safe space” is anywhere that feels safe to you and your friend.

- ▶ A space where you will not be overheard
- ▶ A space where you and your friend are comfortable



SESSION 3

PRACTICING RISK REDUCTION CONVERSATIONS

THE IMPORTANCE OF OPINION LEADERS

OPINION LEADERS PLAY AN IMPORTANT ROLE IN HIV PREVENTION

- ▶ As opinion leaders, you teach others that being safe is the right thing to do, that it can be done, and that it is the socially acceptable thing to do.
- ▶ As a *d-up!* opinion leader, you will initiate conversations about sexual safety.
- ▶ When you have these conversations, you are helping to make safer sex the social norm.
- ▶ The process of changing norms can happen when trusted and influential people endorse healthful roles with others by discussing safety. Through these discussions, norms and accepted standards of behavior will change.

NOTES:

CONVERSATION DEMONSTRATION

Review the elements of an effective risk reduction message discussed previously. Observe and listen to the demonstration risk reduction conversations carefully and use the space provided below each question to record your responses.

1. What elements of an effective message did you hear?

2. What did you like about the conversation?

3. What would you have done differently?

NOTES:

RISK REDUCTION CONVERSATION PRACTICE

WHY PRACTICE?

- ▶ Practice provides you with a safe environment so that you can begin to feel comfortable initiating risk reduction conversations.
- ▶ When you practice in a safe environment, you have the opportunity to get feedback from your peers and the facilitators to make your conversations more effective.

WHEN PRACTICING, REMEMBER...

- ▶ There are a lot of different right ways to conduct risk reduction conversations.
- ▶ Everybody has a different style. Play to your strengths.
- ▶ Use your own words.
- ▶ It is OK to be nervous.

WHEN GIVING FEEDBACK

- ▶ Focus on how the opinion leader was effective in initiating and conducting conversations.
- ▶ Refer to the elements of effective risk reduction conversations.
- ▶ Identify areas where improvement is needed.
- ▶ Make sure that your comments will help the opinion leader have more effective conversations.
- ▶ Be specific. Tell the opinion leader what you saw.
- ▶ Focus on the things that the opinion leader can change.

WHEN RECEIVING FEEDBACK

- ▶ Listen for information that will help you have effective risk reduction conversations.
- ▶ Do not compare feedback you receive to feedback given to others.
- ▶ Respond objectively, not personally.
- ▶ Do not defend yourself.
- ▶ Do seek clarification, as needed and immediately.
- ▶ Ask for suggestions only as desired and as time permits.

NOTES:

PLANNING RISK REDUCTION CONVERSATIONS

POINTS TO REMEMBER WHEN PLANNING YOUR CONVERSATIONS

- ▶ There are natural openings to begin safer sex conversations:
 - When discussing any current events, news articles, and media events (such as TV or radio shows or movies about HIV/AIDS)
 - When discussing relationships
 - When discussing *d-up!*
- ▶ Some times are better than others to have conversations:
 - When there is time for peers to ask questions about how to effectively protect themselves and others while having sex
 - When friends are sober—delay conversations for a time when your friend can appreciate the importance of the conversation
- ▶ Some places are better than others to have conversations:
 - A safe place, out of earshot of others
 - A place where your friend will feel comfortable

NOTES:

USING *d-up!* LOGO MATERIALS

- ▶ The *d-up!* logo materials are conversation starters.
- ▶ When your friends and acquaintances see the logo, it provides an opportunity for you to start a risk reduction conversation as you explain what it means.
- ▶ Think about *d-up!* as defense on a basketball team. The defensive players keep the other team (HIV) from scoring. As an opinion leader, you become part of the defense, one of the individual players working for the benefit of the entire team.
- ▶ *d-up!* encourages safer sex norms in your group of friends and acquaintances (social network) to keep HIV out of your network and community.

NOTES:

INVOLVE YOUR FRIENDS

- ▶ As an opinion leader, you will help to change norms about safer sex practices by talking to your friends and acquaintances.
- ▶ The more people are endorsing safer sex practices, the more likely others are to adopt those practices.
- ▶ Which of your friends are seen as credible and trusted by your friends and acquaintances?
- ▶ Invite two of them to the next session so they can be trained as opinion leaders.

NOTES:

PRACTICE RISK REDUCTION CONVERSATIONS WITH YOUR FRIENDS

- ▶ Over the next week, have four risk reduction conversations. Each conversation should be with a different friend or acquaintance.
- ▶ Because we are trying to reduce HIV rates among black MSM, make sure that at least two people whom you talk to are black MSM.
- ▶ Having these conversations with your friends will start the process of establishing social norms that support safer sex practices.
- ▶ The more conversations you have, the easier it will be to have conversations.
- ▶ Think ahead about what you should include in your conversation.
- ▶ The materials with the *d-up!* logo can be used to start conversations.
- ▶ Remember to use the elements of an effective message when having conversations with your friends and acquaintances.
- ▶ Use the form on page 55 to track your conversations.

NOTES:

d-up: DEFEND YOURSELF! CONVERSATION CONTACT FORM

My first name: _____

Place of Contact (bar, school, house party, etc.)	Age ¹	Race ²	Gender ³	Summary of Conversation
1.				
2.				
3.				
4.				

Remember to try to have your conversations with friends.

¹Age: Age (best of your knowledge)

²Race: black (b), white (w), Latino (L)

³Gender: Birth gender (not gender orientation)



SESSION 4

CONTINUING RISK REDUCTION CONVERSATIONS AND INSPIRING MAINTENANCE

RISK REDUCTION CONVERSATIONS

Please answer the following questions about your experiences conducting risk reduction conversations with your friends.

1. When and where did you have conversations?
2. What is your relationship to the people you talked to?
3. What did you talk about?
4. How comfortable were you having the conversations?
5. What made the conversations successful?
6. How did the friends you talked to respond to your message?

NOTES:

MOVING FORWARD WITH YOUR RISK REDUCTION CONVERSATIONS

SEVERAL MESSAGES THAT CAN BE INCLUDED IN YOUR CONVERSATIONS

The following messages can be included in your risk reduction conversations:

- ▶ HIV/AIDS is a personal concern among the black men in our community.
- ▶ Behaviors can be changed to reduce or eliminate the risk of contracting HIV.
- ▶ Risk reduction changes benefit both sex partners.
- ▶ Safer sex is the new trend and you (the opinion leader) are practicing safer sex or trying to.
- ▶ Share with your friends that a number of steps can make safer sex easier:
- ▶ Decide in advance what you will or will not do.
- ▶ Concentrate on safer sex fantasies and practices.
- ▶ Talk about being safe with any partner before engaging in any sexual activity.
- ▶ Be assertive with yourself and the person(s), if things turn in a risky direction.
- ▶ Keep condoms around at all times.
- ▶ Avoid drinking, smoking, or using any other substances before engaging in sex.
- ▶ Use yourself (and your actions, as well as your words) as a positive example.

NOTES:

YOU HAVE AN IMPORTANT ROLE TO PLAY

- ▶ Your leadership will help promote the trend and benefit of safer sex.
- ▶ You will have an impact on the health of your community.
- ▶ You have already had 4 conversations—imagine the impact when you have 10 more!
- ▶ Don't forget to use the expanded conversation form on page 63 to track your conversations.

NOTES:

TRACKING YOUR RISK REDUCTION CONVERSATIONS

EXPANDED CONVERSATION FORM

d-up: Defend Yourself! Conversation Contact Form

My first name: _____

Place of Contact (bar, school, house party, etc.)	Age ¹	Race ²	Gender ³	Summary of Conversation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Remember to try to have your conversations with friends.

¹Age: Age range, such as 18–30 years

²Race: black (b), white (w), Latino (L)

³Gender: Birth gender (not gender orientation)

