

# NEW MEXICO TEEN PREGNANCY COALITION

## NEWS FLASH

July 2006

Welcome to the July issue of the New Mexico Teen Pregnancy Coalition's  
**NEWS FLASH**

If you would like to be removed from the **NEWS FLASH** list, please use the connection at the end of this issue to communicate with us.

### NATIONAL RESOURCES

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### LOCAL RESOURCES

- New Mexico Department of Health
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### Message from the Young Father's Project

### Message from Sylvia Ruiz, Executive Director

### NATIONAL RESOURCES

#### [1. New from the National Campaign to Prevent Teen Pregnancy](#)

#### National Campaign E-Gram

#### Teen Sexual Behavior Essentially Unchanged Between 2003-2005

The proportion of high school students who have had sex (47%) remained unchanged between 2003 and 2005, according to the latest Youth Risk Behavior Survey (YRBS) released last week by the CDC. The proportion of students who used a condom the last time they had sex also remained stable during the same time period.

- [Read the National Campaign's summary of the YRBS questions on sex and contraception.](#)
- [Read the full CDC report](#)

#### What Works: Curriculum-Based Programs that Prevent Teen Pregnancy

What curriculum-based programs work to prevent teen pregnancy? [What Works](#), a new pamphlet available from the National Campaign, examines what is known about carefully evaluated interventions that help prevent teen pregnancy.

- [Read What Works: Curriculum-Based Programs that Prevent Teen Pregnancy](#)
- [Order copies of What Works \(\\$1.00 each, \\$.70 each for orders of 100 or more\)](#)

### **New Research on Parent/Child Communication**

Over two decades of research suggests that parents can play a critical role in their children's decisions about sex. A [new Science Says research brief](#) from the National Campaign explores parent-child communication about sex and related issues. Drawing on data from the 2002 National Survey of Family Growth (NSFG), the research brief sheds light on what parents say and don't say to their kids about such topics as how to say no to sex, methods of birth control and where to get them, and sexually transmitted diseases (STDs).

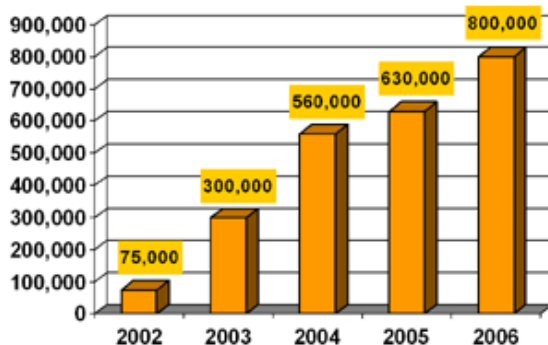
- [Read Science Says #25: Parent-Child Communication About Sex and Related Topics](#)

### **2006 National Day to Prevent Teen Pregnancy Highlights Now Available**

Thanks to the work of individuals in communities, coalitions, and programs across the country, as well as the national organizations and media outlets who served as official National Day partners, hundreds of thousands of teens participated in the 5th annual National Day to Prevent Teen Pregnancy. The following presents some of the key highlights from this year's event. [Click here for a more detailed overview of the 2006 National Day.](#)

**National Day Quiz Takers** In 2006, approximately **800,000** people took the National Day Quiz — up from 75,000 in 2002. Participants were able to take the quiz online, download a print version from the National Campaign's web site, or take the quiz printed in the pages of Teen People magazine.

**National Day Quiz Takers, 2002 - 2006**



**National Partnerships** A total of **208 national organizations** partnered with the National Campaign to promote the National Day. [Click here for a complete list of our 2006 National Day Partners.](#)

**What Did Teens Say About the 2006 National Day Quiz?** Over 1,500 teens who took the National Day Quiz took part in a [post-quiz evaluation survey](#). Among the findings:

- 59% said they'd talk to their friends about the situations described in the Quiz;
- 58% said the Quiz made them think about things they hadn't thought about before;
- 69% said the Quiz made the risks of sex and teen pregnancy seem more real to them; and
  - 83% said the Quiz made them think about what they might do in such situations.

The National Campaign wishes to thank everyone who helped make the 2006 National Day an event to remember. We look forward to working with you throughout the year and on the 2007 National Day to Prevent Teen Pregnancy.

### **Making a Love Connection: Teen Relationships, Pregnancy, and Marriage**

[Making a Love Connection](#) by Barbara Dafoe Whitehead and Marline Pearson argues that it is necessary to find new ways to inspire and motivate teen to avoid pregnancy and early parenting as well as the knowledge to help them develop a positive vision of healthy relationships.

- [Read Making a Love Connection](#)
- [Order copies of Making a Love Connection](#)

### **Job Opening at the National Campaign**

The National Campaign seeks an experienced professional to serve as Manager for the Public Policy and Religion and Public Values programs. The Manager is responsible for supporting three closely related areas of the National Campaign's work: 1) public policy; 2) outreach to faith communities; and 3) support for state and local efforts. For more details, please [visit the Job Opportunities section of the National Campaign's website](#).

## **2. New from Advocates for Youth**

### **New from Advocates for Youth**

#### **Advocates for Youth's Youth of Color Initiative**

#### **Feature: The HIV Vaccine and Communities of Color\***

While anti-retrovirals have given hope to millions of those who are HIV positive, prevention remains our most powerful weapon in the fight to end the HIV/AIDS epidemic. Worldwide, approaches to prevention have included education; encouraging people to modify or avoid risky behaviors; drug abuse treatment; needle exchange programs; testing and treatment of sexually transmitted infections other than HIV; and efforts to prevent mother-to-child transmission. We've learned that when people understand their role in preventing the spread of the virus, they are empowered to keep themselves and others safe. But what about a new and powerful form of prevention – vaccination?

Communities of color are disproportionately infected with HIV and are also disproportionately affected by the HIV and AIDS pandemic. Yet relatively few people of color in the United States volunteer for HIV prevention vaccine trials. The lack of diversity among volunteers for HIV prevention vaccine trials may have a serious impact on communities of color and on the discovery of a prevention vaccine effective for all populations. Scientists need a complete

understanding of how the vaccine works – on women and men; on people of varying ages; and on people of different races and cultures. Volunteering in HIV prevention vaccine trials will help efforts to develop a vaccine – giving us even more power to protect ourselves and others from HIV and AIDS.

### **Barriers to the Participation of People of Color**

The research community identifies several challenges to full participation in vaccine trials by members of communities of color. Myths, misconceptions, fears, and prejudices abound, despite researcher efforts to dispel them. The best way to overcome these barriers is for interested and caring people within affected communities to address the issues directly, both with other members of their community and with researchers.

**Barrier #1, Distrust of government, and belief that a cure or vaccine for HIV already exists.** According to a 2003 survey, 48 percent of African Americans and 28 percent of Hispanics believe that an HIV vaccine already exists and is being kept secret by the government; 20 percent of all American adults believe this. One legacy of the infamous Tuskegee syphilis study, in which the United States Public Health Service withheld syphilis treatment from a group of poor black men for experimental purposes, is a widespread fear in communities of color that HIV is a government-originated illness, designed to kill people of color. The sad truth is that this fear may prevent people of color from taking important HIV prevention steps, such as using condoms and/or participating in vaccine trials.

**Barrier #2, Homophobia and HIV discrimination** —Homophobia fuels the epidemic by provoking sexual risk-taking among heterosexual individuals and among gay, lesbian, bisexual, and transgender people. At the base of these attitudes is fear—fear of being thought gay, fear of being targeted for violence, and/or fear of being thought to be HIV-infected. Discrimination against those infected with HIV or living with AIDS also fuels the epidemic by preventing infected people from being open about their condition and/or seeking treatment.

**Barrier #3, Lack of openness about sexuality**— Research shows that an unwillingness to talk about sexuality and sexual health issues can leave young people unprepared to protect themselves when they initiate sex and can lead to a lack of open and honest conversations between partners about their sexual history and their need for protection.

**Barrier #4, Fear that HIV prevention vaccines may cause HIV infection** —This fear probably springs from a misunderstanding about vaccines. People do not understand that trial vaccines are man-made, contain no HIV, and cannot cause HIV infection. Vaccine trial volunteers may test positive for HIV antibodies because the vaccine properly triggers the immune system to fight HIV.

**Barrier #5, Cultural beliefs**—Different cultures approach topics such as illness and relationships in very different ways. For example, at least one Native American culture teaches that speaking about an illness will bring it into existence. Thus, it is important to approach subjects such as HIV prevention and HIV vaccines in a careful manner that respects and recognizes cultural traditions.

**Barrier #6, Language**—People whose first language is not English can have difficulty finding accurate and understandable information about HIV and AIDS and about HIV vaccine trials. They may experience difficulty in communicating with health care workers, and they may be unable to give informed consent, if vaccine trial information is not readily available in their own

language.

**Barrier #7**, Past encounters with racial/ethnic discrimination—If potential volunteers have encountered discrimination or lack of cultural sensitivity on the part of health care workers in the past, they may be reluctant to expose themselves to further insult.

### **Community Support and Participation—Overcoming the Barriers**

The barriers that inhibit people of color from participating in HIV vaccine trials underscore several needs. Communities of color need accurate, understandable, and culturally appropriate information about current efforts to develop HIV prevention and HIV therapeutic vaccines. Researchers need to build trust within communities of color, because trust is critical to their full participation in vaccine trials. Building trust will require that scientists and researchers are visible within the community; research teams include members of the concerned communities; and researchers build cultural sensitivity and awareness. These actions may help lessen feelings of vulnerability and increase trust between researchers and communities of color.

### **Involving Youth of Color in Vaccine Trials**

Since almost half of all new HIV infections occur among youth under age 25, and since rates of HIV infection are disproportionately high among youth of color, young people in communities of color remain at high risk for HIV infection. With each day that passes, more young people are infected with HIV. Thus, it is crucial that youth ages 18 through 24 participate in HIV vaccine trials. Especially crucial is the participation of youth of color and of young men of color who have sex with men. A successful HIV prevention vaccine trial requires thousands of participants, male and female, from varied ethnic backgrounds, to ensure the vaccine's effectiveness in all populations. And, it is absolutely essential that the vaccine—when found—is also certified for use in teens and young adults.

In addition to becoming trial volunteers, youth in communities of color can show support for HIV vaccine research by:

- Letting others know of their support for HIV vaccine research;
- Providing education about HIV and the critical need for an HIV prevention vaccine;
- Dispelling myths and sharing accurate information about HIV and AIDS and about vaccine research; and
- Supporting a family member or friend who is a volunteer.
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\*This feature summarizes HIV Vaccine Research: Creating Support Among Communities of Colors, by N. Deas, [Issues at a Glance], Washington, DC: Advocates for Youth, 2005.

\*Through out this article, communities of color include: African Americans and/or blacks; Asian and Pacific Islander (API); Latinos and/or Hispanics; and Native Americans, American Indians, and/or Alaskan natives.

### **June 27th was National HIV Testing Day**

In the United States, half of all new HIV infections occur in people under age 25; one-fourth in people under the age of 21.

June 27th was National HIV Testing Day. The goal of National HIV Testing Day is to encourage you to know your HIV status by participating in an anonymous or confidential HIV testing program.

HIV counseling and testing helps people with HIV to take steps to protect their own health and that of their partners, and helps people who test negative get the information they need to stay uninfected.

To learn more about young people and HIV, please visit:  
[www.advocatesforyouth.org/hivsti.htm](http://www.advocatesforyouth.org/hivsti.htm)

To find a testing site near you, please visit: [www.hivtest.org/index.htm](http://www.hivtest.org/index.htm)

Office of National AIDS Policy  
Youth and HIV/AIDS 2000: A New American Agenda  
Washington, DC: White House, 2000.  
[www.hivtest.org](http://www.hivtest.org) . [National HIV Testing Day](#). [Centers for Disease Control & Prevention \(CDC\)](#).

### **High Level UN Meeting on AIDS Opens as Former Bush AIDS Official Challenges US Global Abstinence-Only Policy**

Led by Scott Evertz, former Bush AIDS Tsar, experts on public health and youth briefed media across from the United Nations today on how the Bush administration's policies on HIV/AIDS are failing and leave adolescents at risk for infection of the potentially deadly disease. As teens and young adults account globally for half of new HIV infections and represent more than one-third of those living with AIDS, US policy on abstinence-only programming is having limited to no effect on reducing infection rates.

To read the full press release, please visit:  
[www.advocatesforyouth.org/news/press/053106.htm](http://www.advocatesforyouth.org/news/press/053106.htm)

For more information about the High Level Meeting on HIV/AIDS, please visit:  
[www.advocatesforyouth.org/about/unyouth.htm](http://www.advocatesforyouth.org/about/unyouth.htm)

### **Register for the Rights. Respect. Responsibility.® Conference**

Join Advocates for Youth and Planned Parenthood Health Services of Southwestern Oregon for a national conference on the 3Rs: Rights. Respect. Responsibility.® Learn about a compelling model that is gaining national attention. This positive approach is grounded in the 3Rs and effectively reframes the conversation about adolescent sexual health, ultimately contributing to lower teen pregnancy and sexually transmitted infection rates.

For more information and to register for the conference, please visit:  
[www.advocatesforyouth.org/rrrconference.htm](http://www.advocatesforyouth.org/rrrconference.htm)

### **Join the Advocates for Youth Team!**

Advocates for Youth currently has two job openings:

The Deputy Director of Public Policy will promote state and federal policies that will improve

adolescent access to comprehensive reproductive and sexual health information and services. With the Director, the Deputy acts as the organization's voice on these issues on Capitol Hill and with colleague organizations.

The Program Manager for the Young Women of Color Initiatives will oversee Advocates' Young Women of Color Initiatives, including an Office of Minority Health cooperative agreement, a Young Women of Color Leadership Council, and a peer education program.

To read the full job descriptions, please visit:

[www.advocatesforyouth.org/about/employment.htm](http://www.advocatesforyouth.org/about/employment.htm)

### **Recruiting All Young People!**

Encourage your young people to apply for our youth initiatives!

Advocates for Youth is now recruiting for young people ages 14-24 to join together to fight for accurate sexual health information and services so that they can prevent unintended pregnancy and/or STIs (sexually transmitted infections), including HIV. Apply to be a youth organizer, a peer educator or a council member today!

For more information about the programs, and to download the applications, please visit:

[www.advocatesforyouth.org/youth/programs.htm](http://www.advocatesforyouth.org/youth/programs.htm)

### **Do you make Presentations or offer training???**

SpeakernetNews, a wonderful resource for any of us "speaking" professionals.

[www.speakernetnews.com/post/adapt50.html](http://www.speakernetnews.com/post/adapt50.html)

### **FIRST INVITATION TO PRESENT - Call for Papers**

June 2006

### **Let's Talk About Sex!**

#### **SisterSong's 2nd National Reproductive Justice Conference and 10th Anniversary Celebration**

May 31- June 2, 2007  
Chicago, IL

The SisterSong Women of Color Reproductive Health Collective would like to invite you to apply to participate as a plenary speaker or workshop leader for our 10th anniversary national conference on women of color and reproductive justice called Let's Talk About Sex! The conference will be held May 31- June 2, 2007 in Chicago, Illinois hosted by African American Women Evolving and more than 1,200 people are expected to attend.

Since the right to have sex is a topic rarely discussed when addressing reproductive health and rights issues, SisterSong believes that sexual prohibitions are not only promoted by moral conservatives in this country, but also by reproductive rights advocates who fail to promote a

sex-positive culture. Sex is not just for pro-creation and sexual pleasure – it is a human right. We would like to create a pro-sex space for the pro-choice movement and we hope you will join us.

You are invited to submit an abstract proposal for this exciting conference. Abstracts are limited to 500 words in length and must be presented on a single page by December 15, 2006. Instructions for submitting an abstract are found in the call for papers attached to this e-mail. The conference will be organized over a four-day period to include plenaries, workshops, and roundtables. The conference will be conducted in English and Spanish, and abstracts may be submitted in either language. SisterSong offers free technical assistance to activists who are not experienced in submitting abstracts for a conference presentation or in submitting abstracts electronically. Only women of color will invited to be plenary speakers but all people are eligible to be selected as workshop leaders and speakers.

If possible, title your workshop or presentation in an exciting and provocative way. We want to challenge our thinking, engage in stimulating intellectual exchanges, but most of all, we want to have fun! We are considering organizing the conference tracks similar to the movie rating system: G, PG, R, X, and XXX.

SisterSong is a membership-based organization. We invite all organizations and individuals to become members. Proposals from individual and organizational members will be given preference. Information on joining SisterSong is available at [www.sistersong.net](http://www.sistersong.net).

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### **3. New from the Center for Law and Social Policy**

#### **What Do We Know About Couples and Marriage in Disadvantaged Populations? Reflections from a Researcher and a Policy Analyst**

by Theodora Ooms and David Fein. In this paper, a researcher and a policy analyst examine recent research on couples and marriage through the lens of economic disadvantage to find out implications for program design and policy. It turns out that we know a lot more than we did a decade ago, but there's still much to learn. The paper was first presented at the Annual Research Conference of the Association for Public Policy Analysis and Management.

#### **Paternity Disestablishment in 2006**

by Paula Roberts. This is the latest update on developments in the area of paternity disestablishment. This piece also contains a detailed discussion of issues emerging as parents who have established parentage through the voluntary acknowledgment process attempt to disestablish paternity through the use of genetic testing.

### **Get the Prescription: Child Care Workers Need Paid Sick Days**

by Jodie Levin-Epstein. This handy fact sheet lays out the importance of paid sick days to child care workers. In Congress, states, and cities, initiatives are arising to establish paid sick days laws so that workers who are sick or need to care for a family member do not lose a job or wages if they take some days off. About half of workers in the U.S. are without paid sick days. For child care workers, the lack of paid sick days is particularly problematic. Child care workers have a double whammy reason to support paid sick days. These workers need it not only for themselves but also for the parents of the children in their care. Otherwise, parents with sick children who face losing a day's wages may try to leave a sick child with the child care worker, despite any rules that say otherwise.

### **Job Announcement**

The Center for Law and Social Policy (CLASP) seeks to add two new positions to the policy team focusing on issues related to at risk and disconnected adolescents and youth. The team's activities will focus on advancing policies and practice that support the reconnection of youth who are out of school and out of work and on preventive strategies and developmental supports for disadvantaged youth age 8 to 18. For full descriptions of the two positions listed below go to [www.clasp.org/jobs.php](http://www.clasp.org/jobs.php).

A Senior Policy Analyst will work under the guidance of the Director of Youth Policy, and will be responsible for developing a policy and advocacy agenda around building a continuum of supports for youth ages 8 to 18 in distressed communities that increases their retention in school, decreases their risk behaviors, and ultimately better prepares them for successful transition to adult responsibilities. This will involve policy research and analysis, legislative analysis, and engaging with other constituency organizations to influence federal and state policy and local practice.

A Policy Analyst will function as part of the team on Disadvantaged Adolescents and Youth. This position will focus predominantly on identifying best practice in economically distressed communities related to creating a continuum of support for adolescents and youth, documenting best practice, and facilitating the networking and information exchange among localities involved in drop out prevention or recovery efforts.

## **[4. New from the Office of Juvenile Justice and Delinquency Prevention](#)**

### **CRF Quarterly Promotes Community Service Learning**

The Constitutional Rights Foundation (CRF) has published the Spring 2006 issue of its quarterly online newsletter, "Service-Learning Network."

The lead article describes community service learning, an innovative approach to juvenile justice that applies principles of school-based service learning, balanced and restorative justice, and law-related education to enhance traditional, court-ordered community service.

The issue also features a review of OJJDP's "Juvenile Offenders and Victims: 2006 National Report."

**Resources:**

To access the Spring 2006 issue of "Service-Learning Network," visit:  
[www.crf-usa.org/network/network12\\_1/Net\\_12\\_1\\_home.html](http://www.crf-usa.org/network/network12_1/Net_12_1_home.html).

**Newsletter Highlights Protecting Children from Online Predators**

The summer 2006 newsletter of the Child Abuse Training & Technical Assistance (CATT) Center features an article on protecting children from Internet perpetrators. The newsletter is published by the California Institute on Human Services at Sonoma State University.

The article provides information from the National Juvenile Online Victimization Study, which collected data from Internet-related arrests between July 1, 2000, and June 30, 2001 that concerned victims under 18 years old.

**Resources:**

To access the CATT Center's summer 2006 newsletter, visit  
[www.cattacenter.org/pdf/Summer2006Web.pdf](http://www.cattacenter.org/pdf/Summer2006Web.pdf).

For further information about the Center, visit [www.cattacenter.org/](http://www.cattacenter.org/)

The Office of Juvenile Justice and Delinquency Prevention is a component of the Office of Justice Programs in the U.S. Department of Justice.

**LOCAL RESOURCES****From the New Mexico Department of Health****Condoms and Sexually-Transmitted Infections**

Markus J. Steiner, Condoms and Sexually-Transmitted Infections

Markus J. Steiner, Ph.D., and Willard Cates, Jr., M.D., M.P.H.

NEJM, Volume 354:2642-2643, June 22, 2006

Polarization of opinion about condoms may finally be starting to abate, as scientific evidence mounts that their use can reduce the risk of most sexually transmitted infections, including human immunodeficiency virus (HIV) infection. In the past, proponents of condom use were often pitted against those arguing that the best way to ensure 100 percent protection against sexually transmitted infections was to abstain from sexual intercourse until marriage and then to refrain from extramarital sex. Certainly, the latter approach would offer 100 percent protection if everyone adhered to it. Fortunately, common ground is now being reached, as it becomes clearer that for many people, neither abstinence until marriage and subsequent faithfulness nor consistent condom use alone is a practical preventive solution.

In the United States, the polarization around the issue of condoms peaked in 2001, when Public Law 106-554 went into effect. This law required the Food and Drug Administration (FDA) to reexamine existing condom labels to determine the "medical accuracy" of their description of condoms' effectiveness in preventing human papillomavirus (HPV) infection along with other sexually transmitted diseases (STDs). Previously, in the face of this pending

legislation, four government agencies - the FDA, the National Institutes of Health (NIH), the Centers for Disease Control and Prevention, and the U.S. Agency for International Development - convened a panel of condom experts in June 2000 to review the available evidence. The final report from this meeting concluded that condom use reduces the risk of pregnancy, HIV transmission, and among men, gonorrhea. For all other sexually transmitted infections, adequate data were lacking. The report emphasized that "the absence of definitive conclusions reflected inadequacies of the evidence available and should not be interpreted as proof of the adequacy or inadequacy of the condom to reduce the risk of STDs other than HIV transmission in men and women and gonorrhea in men." Despite this clear caveat, further efforts were undertaken to pressure the FDA to add a warning to condom labels about their lack of protection against HPV transmission.

Six years later, we have strong evidence that condom use reduces the risk of transmission of HIV, gonorrhea and chlamydia, and herpes simplex virus in both women and men; in this issue of the Journal, Winer et al. (pages 2645-2654) present evidence that it also reduces the risk of HPV infection in women. The scientific community clearly made a concerted effort both to collect additional data and to refine analytical approaches so that more accurate inferences can be drawn.

That said, the protection that condoms offer against a specific sexually transmitted infection cannot be precisely quantified. For example, experts estimate that consistent condom use reduces the risk of HIV transmission by about 80 to 90 percent. We are unable to quantify this protective effect more precisely for two reasons. First, we cannot objectively measure the consistency or correctness of condom use, since as with most sexual behavior, these practices are not independently observed or verified. Thus, we have to rely on self-reported sexual activity, with its questionable validity. Second, the transmissibility of HIV hinges on a host of factors, including sex, the stage of infection, the status of male circumcision, and the presence or absence of other infections. These variations in HIV transmissibility will influence the effectiveness of condoms even when they are used consistently and correctly, because they can break or slip off (albeit relatively rarely).

In the case of an infection such as gonorrhea or chlamydia, it would not be ethical, given that treatment is readily available, to conduct studies of discordant couples in order to assess the effectiveness of condoms. Thus, there is the further challenge of appropriately controlling for differential exposure status because the likelihood of condom use is often related to the risk of exposure. For example, mutually monogamous couples with no risk of transmission of an infection are less likely to use condoms than are single young adults with increased risk. Unless this differential risk of exposure is appropriately controlled for in the analysis, it can lead to an underestimation of the effectiveness of condoms. Although we will never have a precise estimate of effectiveness, strong empirical evidence indicates that condom use considerably reduces the risk of transmission of most sexually transmitted infections.

A theoretical concern exists that the promotion of condom use could lead to "risk compensation" - in other words, that men who use condoms might feel safer and consequently have sex more frequently or with more partners, thus reducing or even reversing the protection offered by condoms. However, a review of 174 condom-related prevention approaches concluded that these interventions designed to reduce the risk of HIV infection do not increase unsafe sexual behavior. Despite this reassurance, we must continue to be vigilant when promoting the use of condoms to avoid giving users a false sense of security; we should refer, for example, to "safer sex" rather than "safe sex."

Moreover, the promotion of condom use needs to be part of a more comprehensive approach to risk reduction, often referred to as the ABC approach (abstain, be faithful, and use condoms). In fact, a whole alphabet of prevention approaches will collectively optimize the effect of HIV prevention. This multifaceted approach consists of incremental steps and results in collectively effective (but not perfect) prevention programs. Promising additional components (e.g., male circumcision, microbicides, treatment of herpes simplex virus infections, and vaccines) must be rigorously evaluated and scaled up if and when they are shown to be effective.

What does this mean for clinicians who counsel patients about sexual health? First, persons who abstain from sexual intercourse or who are uninfected and mutually monogamous eliminate the risk of sexually transmitted infections. Second, persons who choose to be sexually active can be reassured that condom use can reduce the risk of most STDs. Third, like any other prevention tool, condoms work only when they are used. Consistent and correct use is essential for optimal risk reduction. Fourth, condom use is only one of a growing array of methods for reducing the risks associated with sexual activity and should be targeted to groups in which sexual exposure to infection is likely. And finally, when used consistently and correctly, condoms also reduce the risk of unintended pregnancy. Condoms are just one tool in the armamentarium against sexually transmitted infections; only by harnessing all the evidence-based prevention tools can we move toward true sexual health.

#### Source Information

Dr. Steiner is senior epidemiologist and Dr. Cates president of the Institute for Family Health at Family Health International, Research Triangle Park, N.C  
Ph.D. and Willard Cates, Jr., M.D., M.P.H.  
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### **From New Mexico Voices for Children**

#### **Special Alert - Your Action Needed Now!**

The Anne E. Casey Foundation released its annual KIDS COUNT data book yesterday. New Mexico – which ranked 46th among the 50 states last year – has dropped to 48th. Poverty levels are up here – especially for very young children – despite the fact that we have a high level of parents who work (higher than the national average, in fact). Obviously, New Mexico's working families are struggling, and our children are paying the highest price.

The time for the state to act is now -- while the economy is strong.

The time for us to act is now -- while this story, which received statewide attention, is still news.

Please send a letter to the editor in your community newspaper about the Kids Count data and how you feel the state can better support our most vulnerable residents – our children.

#### **Some Suggested Topics:**

- A statewide raise in the minimum wage would not only put more money in the pockets of working poor families, but would send the message that in New Mexico we value hard work.
- A state earned income tax credit (EITC) could piggyback on the federal EITC, which has

been a very effective anti-poverty program. It should be at least 10% of the federal EITC and be offered in addition to the state's Low Income Comprehensive Tax Rebate, not instead of.

- Guaranteed, universal health care for all New Mexico children is essential.
- Raise the personal income tax threshold (PIT) so those at 200% of the federal poverty level get tax relief.
- Increasing childcare assistance to at least 200% of the federal poverty level, and improving wages for childcare teachers, would help our youngest kids get on a path to life-long success.
- Raising the exit eligibility levels for childcare subsidies would safeguard families from losing all their supports when their income levels are modestly raised.
- Anything else you want to suggest.

### **Some Tips:**

Some newspapers accept e-mailed letters, some require that you fill out a form online (see below).

All newspapers ask that you keep the letter short (250 words is a good length), sign your name, and include your phone number (this is for verification purposes only, phone numbers are not published).

Your letter has a better chance of being published if you refer to the paper's coverage of the Kids Count story (if they covered it) and if you live in the community the paper serves.

### **Letters via email:**

Abq. Journal: [opinion@abqjournal.com](mailto:opinion@abqjournal.com)

Journal North: [kpeterston@abqjournal.com](mailto:kpeterston@abqjournal.com)

Abq. Tribune: [letters@abqtrib.com](mailto:letters@abqtrib.com)

Alamogordo Daily News: [mbecker@alamogordonews.com](mailto:mbecker@alamogordonews.com)

Artesia Daily Press: [news@artesianews.com](mailto:news@artesianews.com)

Carlsbad Current-Argus: [arich@currentargus.com](mailto:arich@currentargus.com)

Deming Headlight: [barmendariz@demingheadlight.com](mailto:barmendariz@demingheadlight.com)

El Semanario: [info@elsemanarionews.com](mailto:info@elsemanarionews.com)

Farmington Daily-Times: [knoteboom@daily-times.com](mailto:knoteboom@daily-times.com)

Gallup Independent: [gallpind@cia-g.com](mailto:gallpind@cia-g.com)

Las Cruces Bulletin: [todd@lascrucesbulletin.com](mailto:todd@lascrucesbulletin.com)

Las Cruces Sun News: [jlawitz@lcsun-news.com](mailto:jlawitz@lcsun-news.com)

Las Vegas Optic: [optic@lasvegasoptic.com](mailto:optic@lasvegasoptic.com)

La Voz de Nuevo Mexico: [editora@lvnm.net](mailto:editora@lvnm.net)

Los Alamos Monitor: [laeditor@lamonitor.com](mailto:laeditor@lamonitor.com)

Lovington Daily Leader: [leader@leaconet.com](mailto:leader@leaconet.com)

Portales News Tribune: [david\\_stevens@link.freedom.com](mailto:david_stevens@link.freedom.com)

Rio Rancho Observer: [observernews@rrobsserver.com](mailto:observernews@rrobsserver.com)

Roswell Daily Record: [editor@roswell-record.com](mailto:editor@roswell-record.com)

Santa Fe New Mexican: [letters@sfnewmexican.com](mailto:letters@sfnewmexican.com)

Santa Fe Reporter: [editor@sfreporter.com](mailto:editor@sfreporter.com)

Taos News: [forum@taosnews.com](mailto:forum@taosnews.com)

Weekly Alibi: [letters@alibi.com](mailto:letters@alibi.com)

### **Letters via form on website:**

Hobbs Sun News: [www.hobbsnews.com](http://www.hobbsnews.com)

Silver City Sun News: [www.scsun-news.com](http://www.scsun-news.com)

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Each month the New Mexico Teen Pregnancy Coalition provides a review of the research and policy reports distributed by National Resources for your information only. The information, and comments expressed in this newsflash as well as any of the information distributed do not necessarily reflect the position of the NMTPC or its funders. Therefore, NMTPC assumes no responsibility for the concepts expressed in this NEWS FLASH.

### **Message from the Young Fathers' Project**

The New Mexico Young Fathers Project has had an incredibly successful year. As of June 30, 2006 we provided primary, secondary and tertiary care to many young families across the state. We continue to work in Las Cruces and the surrounding area, Albuquerque and the surrounding area, Santa Fe and The New Mexico Boys School at Springer. Primary Teen Pregnancy Prevention Services were provided to 4009 youth in our state! Secondary and tertiary care was provided to 395 young fathers and their families. This represents an 8% increase over last year.

We have undergone changes recently that include promotion of our Community Coordinator, Jesus Gonzales to Santa Fe Site Coordinator, congratulations to Jesus! He has certainly earned this promotion. In addition, we are excited to announce the addition of Miguel Avitia, as Community Coordinator/Case Manager.

Our Program evaluation reveals that we are achieving statistically significant, measurable outcomes in the following areas:

- Significant increase in full time employment (16%)
- Improved Job readiness (18% increase)
- Realistic Career Planning (6% increase)
- Significant increase in above average understanding of children and child development (7% increase)
- Increases in use of non physical forms of discipline (9% increase)
- Increase in attachment and bonding behaviors between fathers and children (10% increase)

In May 2006, several of our young fathers received their high school diploma.

For information on the Young Fathers' Project please call:

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Fax (505) 254-8741

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Albuquerque Case Manager  
(505) 254-8737  
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Santa Fe Site Coordinator  
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Jesus Gonzales  
Santa Fe Community Coordinator  
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Las Cruces Site Coordinator  
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Gilbert Ramirez  
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Larry Maxey  
Therapeutic Visitation Program  
(505) 489-3034

Dave Breault, LISW  
Clinical Oversight  
(505) 266-6334

### **Message from Sylvia Ruiz, Executive Director**

The New Mexico Teen Pregnancy Coalition is pleased to announce the addition of Monica Trujillo to our staff. In collaboration with New Mexicans for Responsible Sexuality Education, we will be working to improve access to comprehensive sexuality education for our youth. For more information email Monica at [nmrse@nmtpc.org](mailto:nmrse@nmtpc.org) or she can be reached at 254-8737. The Ms Foundation has generously funded this project.

Sylvia Ruiz  
Executive Director  
New Mexico Teen Pregnancy Coalition  
505-254-8737  
fax-505-254-8741

Mil Gracias

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