

# New Mexico **SHARE** Collaborative

## (Sexual Health And Risk Education)

### NM SHARE

- **SHARE** is a NM Collaborative providing support for organizations and individuals working to reduce risky sexual behavior among school age youth.
- **SHARE** provides opportunities for networking, collaboration and continuing education.
- **SHARE** activities are designed to improve member's ability to successfully impact the youth in their programs.
- **SHARE** has a newsletter, listserv and website access to support the collaborative.

Funded by NM State Department of Education/  
School Health Unit, through a CDC Grant.  
Directed by the New Mexico Teen Pregnancy  
Coalition.

### You Are Invited

to attend a combined statewide meeting of the

New Mexico **SHARE** Collaborative  
&  
**YIPES!**

(Youth Intervention, Prevention, Education in Schools) Coalition

**Friday, August 1, 2003**

**9:00 AM – 12:00 Noon**

**Albuquerque TVI Workforce Training Center - Room 103**  
5600 Eagle Rock Ave. NE, Albuquerque, NM 87113

For any organization or individual who is working  
to reduce risky sexual behavior among school age youth

**FREE & INFORMATIVE**

*We ask that you please R.S.V.P.*

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### NM SHARE Meeting to Present Collaborative Update

The New Mexico SHARE (Sexual Health And Risk Education) Collaborative will hold its second statewide meeting in conjunction with YIPES! (Youth Intervention/Prevention Education in Schools), August 1, 2003, 9:00 am to 12:00 noon, at the TVI Workforce Training Center.

The first NM SHARE meeting, held in Albuquerque on March 26<sup>th</sup>, brought together organizations and individuals throughout the state who work with school age youth to reduce risky sexual behavior. The organizations represented were: NM State Department of Education, School Health Unit; NM Department of Health, Office of School Health; Hogares Casa Antigua; NM GRADS (Graduation Reality And Dual-Role Skills) Gadsden High School program; Maternity & Infant Care Program; DOH/PHD-Estancia Health Office; NM Young Fathers Project; Planned Parenthood of NM; Educational Health Group; Community Abstinence Network; Otero PATH (Preventive Action toward Health); Rio Grande HS School Base Health Center; Socorro Abstinence Program; Adolescent Family Life/La Clinica De Familia, Inc., Las Cruces; Estancia Public Health Department; New Day Youth and Family Services; and New Mexico Teen Pregnancy Coalition.

Michael D. Resnick, Ph.D., keynote speaker for the meeting, is a sociologist and Professor of Pediatrics in the Medical School at the University of Minnesota, where he also directs the National Teen Pregnancy Prevention Research Center. Dr. Resnick spoke on the science-based research involving risky sexual behavior among school age youth. Crucial protective factors like what creates effective youth and how nurturing the resiliency (ability to bounce back from adversity) of youth was a major part of the keynote. A consistent feeling of being cared for (by any family type), and connectiveness to school and to adults who engage in effective parenting, create effective youth, according to Dr. Resnick.

Dr. Resnick reported that abstinent only programs still do not have scientific evidence to show the overall effect on sexual behavior. He did refer to "Emerging Answers: Research findings in Programs to Reduce Teen Pregnancy" by Douglas Kirby and the "Call to Action to Promote Sexual Health and Responsible Behavior" a report by former Surgeon General David Satcher that show how programs that reinforce clear messages on abstinence and the use of birth control, provide medically accurate information, include activities that reduce social pressures, and use effective curricula that are long in duration taught by specialists all constitute an effective program.

Service learning projects that help with youth development, self-image and confidence have strong

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## **YIPES!**

### **(Youth Intervention, Prevention, Education in Schools)**

**YIPES** is a statewide coalition of health educators from government agencies and community-based organizations. The coalition held its first meeting in October of 1995 and is joining efforts with NM SHARE (Sexual Health And Risk Education) Collaborative at the August 1, 2003 meeting.

The mission of YIPES is to provide in service trainings, updates, and activities regarding the reduction of adolescent risk behaviors. **This is the major HIV prevention collaborative between the department of education and Department of Health.**

The objectives of YIPES are two-fold: To assist school districts in improving, expanding and providing more effective school health/HIV education within the context of the New Mexico Health Education content standards with Benchmarks; and to assist agencies, etc. with their prevention efforts to reach “out of school” and “high risk” youth.

YIPES activities include: providing technical assistance; providing networking opportunities; providing “Spotlight” on programs; and laugh therapy.

### **OraQuick – New HIV Test**

The OraQuick, a new test to determine the presence of HIV antibodies in the bloodstream, was administered June 9, 2003 in a pilot project in Albuquerque.

Most current HIV tests, including the OraSure, require a wait of one to two weeks for results, as well as a follow-up appointment to review them. With the Ora Quick, results are ready in 20 minutes after a finger stick.

Public Health officials are hoping that the percentages of people who test positive for HIV will have a better chance of getting into treatment than those who have to wait a week or two. The CDC reports that most of the people tested, and who have to wait, never return to learn their results (30% of those who tested positive and 40% who tested negative).

*For more information go to: CDC- HIV/AIDS, [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov). New Mexico AIDS Services, [www.nmas.net](http://www.nmas.net).*

## **Risk Factors**

### **Not All Kids Are Equal**

New Mexico’s children are at a marked disadvantage when compared to children in other states, according to the Kids Count report released June 11, 2003. New Mexico continues to lead the nation in births to single mothers and teenagers, with NM ranking 4<sup>th</sup> in the nation in teen birth rates.

Poverty continues to be the main disadvantage of children in New Mexico. The percentage of children living in poverty in the U.S. has risen slightly, with the 2001 data showing 16.3 percent of children living in poverty, as compared with a troubling 27 percent of children in New Mexico.

Young people experiencing early school failure, early behavioral problems and/or distress/dysfunctional families are also at a major disadvantage. These are the factors that make New Mexico youth at a higher risk for unintended teen pregnancy, STD’s and infections like HIV/AIDS.

## **FACTS**

- In New Mexico, 49% of 15 –19 year old females are Hispanic. However, 69% of births are to Hispanic girls.
- New Mexico is the 3<sup>rd</sup> poorest state in the nation and has more children living in poverty than any other state. 1 in 4, or 26% of New Mexican children live in poverty, compared with a national average of 17% and 11% of NM children live in extreme poverty (income below 50% of poverty level). (Kids Count 2003)
- In the 1998-99 school year, the New Mexico drop out rate was 11%. (Kids Count 2003)
- New Mexico has the second highest rate of uninsured children in the nation. (Kids count 2002)
- Among currently sexually active youth (those who have had sex in the last 3 months), 26% reported using drugs or alcohol during last intercourse. (2001 US YRBS)
- The 2001 NM YRRS (Youth Risk & Resiliency Survey) reported that in the previous 30 days, 50% of all respondents said they had at least one drink of alcohol and 30% said they had used marijuana at least once.
- Early initiation into sexual activity is associated with using alcohol or drugs before having sex, and with having had 3 or more sex partners in the last 12 months. (2001 YRRS)
- Almost 4 million of the new cases of STDs each year in the US occur in adolescents. African Americans and Hispanics have higher rates of STDs than Anglos. (2001 YRRS)
- AIDS is the 6<sup>th</sup> leading cause of death for youth aged 15-24. (National Center for Health Statistics. Report of final mortality statistics, 1995)
- At least one-half of all new HIV infections are estimated to be among those under the age of 25. Most young people are infected through sex. (CDC, Fact Sheet: Young People at Risk – HIV/AIDS Among America’s Youth, 2002)
- Teen girls now represent more than half (54%) of new AIDS cases among those aged 13 –19. Young African Americans represent 64% of new AIDS cases among 13-19 years old and Latinos represent 20% in this age group. (CDC, HIV/AIDS Surveillance in Adolescents, 2000)

## NM SHARE Meeting to Present Collaborative Update

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evidence of being effective programs, according to Dr. Kirby. He went on to say, “When we feel competent, confident and needed, then we sparkle.” Dr. Kirby then stated that comprehensive programs that “do it all”, are the only programs to show effectiveness in decreasing teen pregnancy. These are the programs that grow confidence and competence in young people.

Tim Karpoff facilitated the afternoon workshops. In Workshop I, all of the attendees shared information about their work and their organization’s efforts to reduce risky sexual behavior. Workshop II was spent in discovering opportunities for staying in touch and working together.

The event was rated high by most of those attending. And several agreed that the meeting met their expectations. Communicating and networking were the top two factors that showed to be the most helpful part of the event. All of the participants agreed that a follow-up meeting to review actions taken on methods to keep the collaborative going would be beneficial.

In a brainstorming activity the group discussed what they could do together to keep the collaborative active. Some of the thoughts were to: lobby the governor’s office to develop a task force, have a way to find out what is going on around the state in connection with this subject, network with rural communities to help with ideas for funding sources and processes, and redefine “stakeholders” to include businesses.

The August Share/YIPES meeting will address many of the ways the discussions of the March meeting have become realities. The outline will include one avenue in which we can share what is going on throughout New Mexico via a newly designed NM SHARE website with a news page and resource page. The website design will include a bulletin board system to facilitate messages.

The new NM SHARE website is under construction at this time, but will be up and running by the August 1<sup>st</sup> meeting. The website can be accessed through the NMTPC website at [www.nmtpc.org](http://www.nmtpc.org).

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## Young People at Risk Reports Tell Us Young People Need Better Sexuality Education

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Approximately one in five adolescents has had sexual intercourse before his or her 15<sup>th</sup> birthday, according to highlights from a May 2003 National Campaign to Prevent Teen Pregnancy report of primary findings on age 14 and younger. This report also states that approximately one in seven sexually experienced 14-year-old girls reports having been pregnant. That translates into about 20,000 pregnancies each year and 8,000 births. Parents are usually unaware that their young children have had sex. Only about one-third of parents of sexually experienced 14-year-olds believe that their child has had sex. The report also indicates that sexually experienced teens were more likely than virgins to engage in

other risky behaviors. Such as smoking, illegal drugs, and drinking once a week or more.

In a survey just released from the Kaiser Family Foundation on young people ages 13-24 we find that there are serious gaps in knowledge about the incidence and transmission of STDs. One-third was unaware that people their age account for 50% of all new HIV infections.

In a 2002 report from the CDC, the United States HIV-related deaths have the greatest impact on young and middle-aged adults, particularly racial and ethnic minorities. Surveillance data analyzed from 25 states with integrated HIV and AIDS reporting systems for the period between January 1996 and June 1999 indicate that young people (age 13 –24) accounted for a much greater proportion of HIV (13%) than AIDS cases (3%). These data also show that even though AIDS incidence is declining, *there has not been a comparable decline in the number of newly diagnosed HIV cases among youth.*

From the same CDC report, Scientists believe that cases of HIV infection diagnosed among 13 –24 year-olds are indicative of overall trends in HIV incidence because this age group has more recently imitated high-risk behaviors. In the Keiser Family Foundation report we learn that boys and girls who have sex at an early age are more likely than their peers who haven’t had sex to use illegal drugs and alcohol and engage in other delinquent behavior.

According to a news report from the Boston Herald, June 24, 2003, one could draw a correlation between the epidemic cases of HIV among those in Massachusetts, in the 13-24 age group, rising by more than 40% over a four-year period, and one of the few prevention programs, aimed at teens, being eliminated due to budget cuts. The program was cut because “it didn’t seem needed”. “We weren’t seeing an adolescent epidemic”.

CDC research has shown that early, clear communications between parents and young people about sex is an important step in helping adolescents adopt and maintain protective sexual behaviors. In addition, a wide range of activities must be implemented in communities to reduce the toll HIV infection and AIDS, STDs, and unintended pregnancy takes on young Americans.

To help make a difference, the CDC lists several actions to reduce the risks:

- School-based programs are critical for reaching youth before behaviors are established.
- There need to be efforts to reach out-of-school-youth by community-based programs.
- Prevention efforts for young gay and bisexual men must be sustained.
- We must address sexual and drug-related risk.
- STD treatment must play a role in prevention programs for young people.
- Evaluation of factors influencing risk behavior must be ongoing.

*“For Young People, it is critical to prevent patterns of risky behaviors before they start. HIV prevention efforts must be sustained and designed to reach each new generation of Americans.”* CDC. March 11, 2002. [www.cdc.gov](http://www.cdc.gov)

### RESOURCES:

The National Campaign to Prevent Teen Pregnancy. [www.teenpregnancy.org](http://www.teenpregnancy.org)  
 The Kaiser Family Foundation. [www.kff.org](http://www.kff.org)  
 CDC, Center for Disease Control – HIV/AIDS. [www.aidsinfo.nih.gov](http://www.aidsinfo.nih.gov)