ETR & HIV/AIDS
A HISTORY
1981

- ETR is founded
- First reports of AIDS appear in MMWR
From its very beginning, ETR has been committed to delivering HIV education, prevention services and support.

+ We stepped forward when others hesitated.
+ We offered services and materials even before AIDS-related funding was available.
+ We have been national leaders in education, training and research on HIV.
Family life education programs were threatened with reduction or extinction. Planned Parenthood faced the dismantling of its impressive education efforts. In this climate of shifting government priorities, the idea for a new non-profit grounded in financial self-sufficiency was born.

Mary Nelson
ETR Founder

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etr."
ETR published some of the first non-governmental medically accurate information on AIDS, offering pamphlets, articles and even a school-based curriculum as early as 1986. It was a bold step at the time. Many 'mainstream' organizations (that is, any group not specifically focused on AIDS) were stepping back. AIDS was seen as a sort of 'special interest group' issue that didn’t fit easily into more general missions. Some people actually advised ETR’s leaders to avoid working on AIDS because it might be off-putting to those interested in our other areas of focus.
No history of ETR’s HIV work would be complete without special mention of Dr. Douglas Kirby.

+ One of the world’s leading experts on adolescent reproductive health and prevention of unplanned teen pregnancy.
+ Author of No Easy Answers and Emerging Answers, essential publications outlining the best available evidence on effective programs to reduce sexual risk.
+ International work in HIV prevention, collaborations with WHO, USAID, Power to Decide and others.
Doug saw a great opportunity to support better programming and policies in HIV education in the international work he pursued. We did a lot of trainings on risk and protective factors—identifying what they are, using them as a basis for interventions, creating school-based programs. He also did a lot of policy work with ministries of health and education on policy development. It was hard work and he loved it. It was physically exhausting—long flights, different climates and cultures—but he was so touched by the need. The huge disparities were such a driver for him. He felt and experienced an immediate impact when he joined in to contribute. He was so emotionally moved by the things he saw.
In our HIV work, ETR has followed our organizational values from the outset.

+ In the following slides, you will see examples of projects across four decades that resonate powerfully with ETR’s six organizational values.

+ These are mere snapshots of the hundreds of publications, programs and research/evaluation studies ETR has pursued over the past four decades.

+ We continue to deliver national impact on the HIV epidemic through our work today.
Partners in the Fight for Health Equity
Today, we have a stronger emphasis on health equity—helping create more equitable access to resources. The stigma of the early days continues to exist in some settings. Young people who are transgender or gender non-conforming face prejudice and stigma, as do those with HIV. Their needs are still being neglected.

We are working with the Health Equity Framework (HEF), a justice-based framework. At a recent conference session on the HEF, we had over 160 people attend. They responded most strongly to the applied focus we were offering. That’s part of ETR’s history—that we create resources that allow action. We share application strategies and resources and then help people use those to step into action.
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<td><strong>Teaching AIDS Training Project</strong>&lt;br&gt;EKR works with school districts across the country, taking HIV prevention education beyond California and New York.</td>
<td><strong>Vital Publications</strong>&lt;br&gt;+ Training Educators in HIV Prevention (produced in partnership w/CDC).&lt;br&gt;+ Getting the Word Out. Helps educators develop their own HIV materials, tailored to their communities.&lt;br&gt;+ Ending the HIV Epidemic: Community Strategies in Disease Prevention and Health Promotion. Shares “The San Francisco Model” of prevention and care across the nation.</td>
<td><strong>Central Coast HIV Prevention Network</strong>&lt;br&gt;Evaluation of a project that responds to a local outbreak of HIV/STD/Hepatitis among people of color in California’s central coast region.</td>
<td><strong>WILLOW: Women Involved in Life Learning from Other Women</strong>&lt;br&gt;ETR partners with women affected by HIV in this CDC High-Impact HIV Prevention program focused on women living with HIV.</td>
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The majority of the participants in WILLOW are women living with HIV. The women in our training brought compelling, real-world examples to share with other participants, and for trainers to share in our future training sessions. These passionate women are excited about facilitating the new WILLOW High Impact Prevention curriculum in their communities.
Science is Foundational
Very early on, ETR recognized the role that infusing science was going to play in the HIV epidemic. This was an essential step in supporting practitioners in learning how to talk about sexual health. We embraced the notion of providing medically accurate, science-based information from the very beginning. As time went on, we transitioned into providing deeper resources—looking at the ways we support safer behaviors, designing interventions that would work with diverse populations.
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<td><strong>Reducing the Risk</strong></td>
<td><strong>ETR becomes a leader in developing and evaluating evidence-based programs</strong></td>
<td><strong>Promoting Science-Based Approaches</strong></td>
<td><strong>You-Me-Us</strong></td>
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<td>Work on the first edition begins, using focus groups, lesson development and pilot tests. RTR will become the leading pregnancy, HIV and other STD prevention program in the nation, one of the few evaluated by a randomized controlled trial.</td>
<td>Through the late 1990’s and into the 2000’s, ETR makes a significant leap, bringing stronger science into prevention. Programs include RTR, Safer Choices, Draw the Line, All4You! and All4You2!</td>
<td>Funded through the CDC’s Division of Reproductive Health, in partnership with Healthy Teen Network, this 5-year project develops and delivers Training of Trainer packages across the nation.</td>
<td>Funded through the National Institute of Nursing Research, this program looks at relationships, sexual norms and HIV prevention among African-American youth. The program design recognizes the importance of addressing sexual health in the context of relationships, a key element in adolescent development and developmental science.</td>
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As we look back, those of us involved with RTR are amazed that our small organization, still learning its craft, could have made such a groundbreaking impact on the field. RTR was instrumental in starting Programs that Work at CDC. It built positive regard and respect for ETR throughout the country. The program’s success supported ETR’s authoritative voice in matters of health education and risk reduction.

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Diversity + Inclusion
It’s part of ETR’s culture to respond to emerging needs. For example, staff in several different departments, working independently, came to the realization around the same time that we needed to boost our investment in and commitment to the transgender community.

We didn’t tokenize transgender folks the way some programs have—we didn’t just pay someone a stipend to come in and talk to our participants. We collaborated with community leaders, we partnered with them, and we created events that allowed us to share our resources and capacities in order to strengthen their leadership.

We work actively not to tokenize communities of color and queer communities. It’s an ongoing process that is at the top of our list of priorities.
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<td><strong>Vital Publications</strong>&lt;br&gt;The AIDS Challenge, an anthology about AIDS education. Contributors speak to a broad range of populations, settings and constituencies—the first resource to address AIDS from so many different perspectives. An ETR best-seller. Updated in 1995 as The HIV Challenge.</td>
<td><strong>Vital Publications</strong>&lt;br&gt;  + Safer Sex Can Be Fun. Explicit pamphlet for MSM.&lt;br&gt;  + We Can Protect Ourselves from AIDS and Does Your Man Shoot Dope? Low reading level booklets for women.&lt;br&gt;  + How AIDS Works. Research-based curricula for K-3 and 4-6.&lt;br&gt;  + Focus on Kids. Curriculum for grades 7-9.</td>
<td><strong>Tabono Project</strong>&lt;br&gt;This CDC-funded 5-year project offers capacity-building assistance to establish effective interventions for African-Americans at risk.</td>
<td><strong>Transgender Leadership Institute</strong>&lt;br&gt;ETR partners with transgender leaders across the country to strengthen skills in training and prevention among the transgender HIV workforce.</td>
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These three products—Safer Sex Can Be Fun, Women Protect Yourselves and Does Your Man Shoot Dope?—involved some risks for ETR. The Safer Sex pamphlet had explicit illustrations of proper condom use and graphic images designed to appeal to gay men. Would the images be too strong for the customer base?

The women’s booklets used street terms, had drawings of people shooting up, and offered explicit, illustrated images of proper condom use. They took a nonjudgmental approach to injection drug use. Would the use of street lingo seem off-base? Would the nonjudgmental approach be acceptable?

“In fact, we did lose some customers over these publications. Some individuals did not want to purchase any materials from an organization that offered this kind of content. Overall, however, these were successful titles that continued to be in print for many years. We were proud to be an organization that stood by its commitment to serve those most at risk.
Integrity + Excellence
Our trajectory as an organization has shifted focus (as has the field). Our work today is so much more than, ‘Let’s have individuals take up this information and navigate health care and decision-making processes on their own.’ We moved from that to being a leader in addressing fear and stigma, and speaking up to clarify the larger influences on behavior and health status.
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<td><strong>Collaborations with CDC</strong>&lt;br&gt;ETR editors meet and work with Dr. James Curran, Director of CDC’s AIDS Division, on a handbook for clinicians. Ever since that time, we have maintained relationships with CDC staff who have collaborated with us to create and review materials.</td>
<td><strong>Safer Choices</strong>&lt;br&gt;ETR leads on the development and evaluation of a multi-level intervention to reduce HIV/STD and unplanned pregnancy. The study addresses individuals, uses peer-norm approaches, focuses on the entire school environment by establishing school health promotion teams doing school-wide professional development and peer-led activities, includes community-level strategies, and focuses on parents/guardians as well. Among the most comprehensive programs at the time, it demonstrates lasting impacts in a program that takes the focus beyond individual level factors.</td>
<td><strong>Case Management &amp; Outreach for Underserved Populations</strong>&lt;br&gt;Under a grant from HRSA, ETR develops and evaluates a peer-based HIV/AIDS program addressing barriers to treatment for sex workers and their partners.</td>
<td><strong>RTR Works!</strong>&lt;br&gt;ETR develops and evaluates a self-paced online training for educators. Over 200 teachers across the US participate through surveys, logs, interviews, in-person and audio observations to measure fidelity.</td>
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I remember when we first received NIH funding to create RTRworks! We knew there were educators working with the evidence-based Reducing the Risk who could not access or afford the in-person training. We were excited to develop an innovative way to bring skills-based training to this group.

“Our goal was to create an online learning experience that allowed educators to gain critical skills for leading RTR with youth while preserving fidelity to the critical elements of the program. After five years and two phases of funding, we were thrilled to learn that our new media rich training model was indeed successful at improving educator fidelity to the RTR curriculum!

*dfusion is an innovation-based company that frequently partners with ETR on program design, development, evaluation and dissemination.
Responsive to Emerging Needs + Trends
We listen to the data. At one point, the data were telling us to focus on the most at-risk populations, and that we’d do better in prevention if we invested our dollars in identifying those who were positive and getting them into treatment. Or that we would focus on specific populations and offer information about PrEP and prevention.

But we also stayed true to youth populations. While the National HIV/AIDS Strategy was focusing strongly on adults with HIV and shifting more to secondary prevention, the implied subtext was almost, ‘Well, we’re just going to wait until they’re old enough to have HIV, and then we’ll intervene.’ We didn’t follow that path. We didn’t abandon our commitment to youth.
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<td><strong>Vital Publications</strong></td>
<td><strong>Survive Outside</strong></td>
<td><strong>Sex Positive Curriculum for Young Adults</strong></td>
<td><strong>International Advocacy in the South</strong></td>
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<td>What Do We Know About AIDS? ETR’s first AIDS-related pamphlet. Teaching AIDS, the first professionally published, nationally distributed curriculum. Does AIDS Hurt?, a guide for parents and educators on how to talk about AIDS with children age 10 and younger.</td>
<td>Through a CDC-DASH grant, ETR provides national capacity building assistance for staff in alternative schools, homeless youth organizations and juvenile justice to provide evidence-based HIV/STD prevention. We reach nearly 20,000 high-risk youth, from 25 states and 106 agencies.</td>
<td>With funding from the Hewlett Foundation, ETR develops a program for young adults focusing on creating sexual relationships that experience greater pleasure and pose less risk.</td>
<td>With funding from Gilead, ETR develops an e-learning resource focusing on building greater sustainability in Southern HIV programs.</td>
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<td><strong>New Formats in Publishing</strong></td>
<td><strong>Bridge Project</strong></td>
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<td><strong>New Formats in Publishing</strong></td>
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<td>As customers move away from heavy flip charts and displays, ETR creates PowerPoints, Quick Guides and other new formats.</td>
<td>Funded by the California Office of AIDS, this project seeks to improve access to care and retention in treatment among people of color with HIV. It is one of the earliest projects specifically designed to identify and address barriers to care and reach out to individuals lost to follow-up.</td>
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<td>As customers move away from heavy flip charts and displays, ETR creates PowerPoints, Quick Guides and other new formats.</td>
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Our Intentional Advocacy project brought together six Southern organizations that engaged with one another in support, learning, encouragement, motivation and problem-solving. One of the true jewels that has come out of the project is the self-paced e-learning course Advocacy in the South, a collaboration between The Southern AIDS Coalition and ETR.

It is inspiring to engage in such powerful work with these determined and resourceful organizations. I watch their tenacity and grit with wonder. They never stop fighting for their clients, even in this climate where resources are few, and low-income people with HIV are among the first to be ignored.
Enthusiasm for What Lies Ahead
We are living our values as an organization all the time. It’s not new. It’s how we approach the world, and HIV is one example.

We’ve always attended to issues of equity in this epidemic. We’ve always shifted our focus with the shifting needs. We are always looking ahead, striving to do our work at the best possible level as thought leaders and advocates.

We believe in taking it to the people. We are engaged with those at risk, those providing care, those who know best what the needs are. We have stayed in the epicenter all the way through. Some organizations were cautious or reticent, out by the ripples, but we sort of jumped right into it.
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<td><strong>Leading the Field</strong>&lt;br&gt;Over this first decade, ETR has established a presence throughout the HIV education and health care provider world. We are leading the way in sound, compassionate, science-based info and research. Leaders in the field seek out ETR’s services and suggestions.</td>
<td><strong>No Easy Answers</strong>&lt;br&gt;Doug Kirby, working with the National Campaign to Prevent Teen Pregnancy (now called Power to Decide), brings together the evidence on what works in pregnancy prevention. Updated in 2007 with Emerging Answers, the focus was expanded to include HIV/STD. These compendiums have become a bedrock resource for sexual health programs around the globe.</td>
<td><strong>HealthSmart</strong>&lt;br&gt;The first edition of ETR’s signature health education program is published. HIV prevention is woven into units on sexual and reproductive health, reflecting the belief that HIV knowledge is not a “special” issue, but rather a basic right and necessity in health and sexuality education for youth. Fully digital version is now available as well.</td>
<td><strong>ETR Blog and Newsletters</strong>&lt;br&gt;As a service to the field, ETR offers its excellent Blog and newsletters, freely sharing the latest info and the best in thought leadership.</td>
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Over four decades of the HIV pandemic, the engagement of federal, state, local and philanthropic entities has ebbed and flowed. As funders or organizations entered (or re-entered) the work, I have repeatedly heard, ‘The time is now!’

For ETR, the time has always been now. The need for equity-focused Education, Training and Research has been clear from the beginning. Our commitment has never wavered.

ETR’s science-based and community-driven products and services were there at the beginning and will be there for the duration. Our response will continue to evolve as we adapt to changing times. We will innovate, evaluate, collaborate and act against HIV until we achieve the end of AIDS.