Executive Summary

The Task Force believes AIDS should receive special attention from the University of Minnesota and that the University has a special role to play in regard to AIDS. The University must respond as both a community and an educational institution. Four areas of response are suggested, each with a budgetary recommendation.

	Estimated Annual Cost
Health Education	
AIDS Education Coordinating Center	$200,000
Evaluation (pre & post tests)	25,000
Incorporating AIDS Material in Formal Curriculum	
Curriculum development grants	no additional cost
HIV Testing and Counseling	
per 1000 patients	$53,000
per 200 patients (at smaller campuses)	4,500
Stimulating Basic Social and Behavioral Research on AIDS	
Baseline survey	$50,000
Seed money	$200,000

AIDS TASK FORCE REPORT

1. INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) poses a major challenge to both health care providers and the general public. Nearly half of those diagnosed as having the disease have died. Tens of thousands of Americans have been tested as infected with the virus. No cure or preventive vaccine is on the immediate horizon.

Beyond suffering with a serious disease, those with AIDS have been subjected to discrimination and ostracism in our schools, businesses, churches, and nursing homes.

AIDS is caused by the human immunodeficiency virus (HIV). The virus is transmitted primarily through sexual activity, the sharing of needles by those injecting drugs, blood or blood component transfusions, and from infected mothers to their infants either in utero or at birth.

1.1 AIDS Should Receive Special Attention From the University Community

Although AIDS has caused a great deal of suffering and death, it is not the only health problem faced by our society. For example, automobile accidents, cardiovascular disease, cancer, homicide and suicide all exact a terrible toll. Nonetheless, our task force has identified several reasons for the University to give special attention to the problems surrounding AIDS:

1. AIDS has already reached epidemic proportions in our society. Tens of thousands of people have already died from the virus and many more are likely to do so in the next few years. The social costs of caring for patients with the disease in terms of hospital bills, premature years of life lost, and the psychological toll extracted from the variety of caregivers, families and friends are enormous. Beyond the raw numbers associated with it, the relative youth and vitality of those who have contracted the disease give AIDS a special claim to our collective attention.

2. HIV is most likely to strike those who are sexually active or who use drugs. Drugs can increase susceptibility in several ways. Injecting illicit drugs carries a direct risk of HIV infection. But drugs like alcohol can impair judgment, and thus increase the risk of inappropriate sexual activity. The University community is composed of individuals, some of whom are in the process of establishing their sexual identity or engaging in the kind of risk-laden behaviors that put them most at risk of HIV infection.

3. The fear, stigma, and hysteria that have characterized the response of many individuals to AIDS mean that those who are infected with the virus or have the disease must bear an extra burden not faced by those who contract other equally dangerous infections or life-threatening illnesses. The social stigma directed towards and potential for political abuse of those with AIDS or HIV infection demands a special response from the University community.

1.2 The University Has a Special Role to Play in Regard to AIDS

Because the impact of AIDS on those infected with the virus and upon those who have the disease justifies and requires a special response to the AIDS epidemic, our task force believes that the University has a special role to play in helping the University community and society as a whole cope with the disease for a number of reasons. These include the following:

1. The University carries a special ethical responsibility to prepare its students to respond as citizens to the various challenges America will face in the years to come. Even if a cure for the disease or an effective vaccine were to be discovered tomorrow, AIDS would still be one of the major public policy issues for many years hence. Key questions, which will be with our society for years to come, include access to care, civil liberties, the need to protect the public's health, equity in the distribution of increasingly scarce health-care dollars, and the manner in which experimentation and innovation in the prevention and treatment of AIDS ought to be conducted. The University has a responsibility to insure its students have been afforded adequate educational opportunities to engage these issues.

2. The University is both a microcosm of the larger society and a role model for it. The residents of Minnesota will turn to the University community for advice and consultation regarding many subjects raised by the AIDS epidemic. In order to be effective the University must be prepared to respond to such requests not only with ideas but with conduct and action as well.

3. The University possesses the capacity to conduct research into many topics where little is known or understood concerning the AIDS epidemic. These range from inquiries into the biology and the modes of transmission of HIV to the methods by which information concerning the risk of the disease can be conveyed most effectively to various audiences. The University must be prepared to utilize this capacity to conduct research to its fullest.

4. The University is in a unique position to help combat the ignorance and fear associated with AIDS. Through its formal and informal curricular offerings it can influence the thinking of tens of thousands of Minnesotans about AIDS. Through its links to local, state and federal governments, it can help to set the public policy agenda for how best to cope with the AIDS crisis.

1.3 Areas of University Activity

We have identified four major areas of activity relevant for the University:

1. Health education directed at reducing behaviors that increase the risk of acquiring AIDS and at preventing stigmatization of suffering from the disease or infected with the virus.

2. Incorporation of AIDS-related material into the formal curriculum of the University, both in terms of its biology and health consequences and as an example of public policy issues that affect a wide set of constituencies.

3. Specific programs for testing and counseling persons at risk of acquiring HIV, and other counseling programs for those not necessarily at risk but affected by the disease.

4. Research of the social and behavioral aspects of the disease and its consequences, in addition to the active biological and clinical research program already begun.

1.4 Terms and Definitions Underlying the Task Force's Recommendations

We have deliberately avoided any specific recommendations directed at the management of AIDS within the clinical programs operated under the aegis of the Health Sciences. The charge for this committee was to address the AIDS issue as it affects the University campuses. Other groups have already begun work on specific recommendations for the clinical management of AIDS.

We have drawn heavily upon the the advice and guidelines from the Centers for Disease Control as a basis for much of our work. None of our recommendations are in conflict with theirs, but in some cases minor modifications seemed in order because of the special nature of the university community.

For the remainder of this report, we have defined high-risk behaviors for HIV infection as follows:

1. Sharing needles and syringes with other people when injecting drugs.

2. Male-to-male sex with the exchange of body fluids (semen, blood) including anal intercourse and possibly oral genital intercourse with a partner known to be infected or of unknown HIV status.

3. Heterosexual intercourse with exchange of body fluids, including vaginal, anal, and possibly oral sex where at least one partner is known to be infected with HIV or is at high risk of acquiring HIV infection.

a. For heterosexual women, high-risk partners include male sexual partners who have had a history of injectable drug use or bisexuality or hemophilia treated with potentially contaminated clotting factor.

b. For heterosexual men, high-risk partners include female sexual partners who have had a history of injectable drug use or of prostitution.

4. Heterosexual intercourse with multiple sexual partners of unknown HIV status.

5. Heterosexual intercourse with men or women who have been sexually active in areas where heterosexual transmission is common. (At the time of this writing, these include certain areas in New York City, New Jersey, Florida, Haiti, and Central Africa.)

2. HEALTH EDUCATION

Education efforts need to focus on two primary areas: 1) changing attitudes and behaviors of people at risk of HIV infection, and 2) addressing the fear of AIDS in the community. Changing behaviors needs to be viewed as an ongoing commitment as this disease will be with us for many years. Despite the fact that AIDS cannot be transmitted through usual daily work activities, some students, faculty, and staff will be frightened by their first encounter with a person with AIDS or someone suspected of having AIDS or capable of transmitting HIV. Such fear can be abated by accurate information and an opportunity to discuss these fears honestly.

Some AIDS-related educational programs have already begun on several campuses. The plan proposed here expands those important initial efforts. For example, the Twin Cities campus has held several AIDS Awareness weeks with a variety of activities. The Boynton Student Health Service has been active in freshman orientation. Duluth has an ad hoc campus AIDS task force, consisting of staff, faculty, and students that coordinates and shares information. AIDS seminars/lectures are held on campus for general community attendance, but only occasionally. Programs have been directed toward the student population in campus residence halls. At Morris an AIDS series was held on campus in 1987. These activities are welcome, but more needs to be done.

AIDS will undoubtedly affect all of the University, either directly or indirectly. Although HIV infection has been concentrated within certain groups in our society, AIDS education needs to be both broad, addressing attitudes and behaviors of our whole community, as well as specific, addressing those groups considered at high risk of HIV infection.

Successful AIDS education programming requires creativity and innovative approaches to health education. AIDS education cannot focus simply on facts of HIV epidemiology and etiology, but must go beyond traditional health education curricula and teach people how to communicate with one another about their sexuality and sexual behavior and how to confront the social issues of the disease including homophobia and racism.

2.1 Education Programming

Our AIDS education programming efforts need to consider the following key elements:

1. The design of educational programs must consider the racial, cultural, and religious diversity of the University community. Educational materials should include specific language and visual illustrations that appropriately and effectively convey information that will affect the behavior and attitudes of everyone. Program development and evaluation must include leadership and input from the Community, the Office of Minority and Special Student Affairs, and the many international and religious organizations on our campuses.

2. AIDS health education programs should be provided for staff and faculty as well as students. As one of the largest employers in the state, the University is responsible for maintaining stability in the workplace by allaying irrational fear of AIDS. Even though guidelines issued by the Center for Disease Control (CDC) state that, "The kind of nonsexual person-to-person contact that generally occurs among workers and clients...in the workplace does not pose a risk for transmission (of HIV)", AIDS could still be enormously damaging.

3. AIDS education efforts must address the needs of the University's coordinate campuses. Program planners and evaluators and AIDS educators must be sensitive to the differing resources, attitudes, and demographics of the five campuses.

4. An important starting place for a University-wide AIDS education program should be to provide health educators and caregivers with proper training. The existing broad network of counselors (including academic counselors and personnel counselors) should be trained to recognize and respond to AIDS-related anxiety. Presenting AIDS information at the University will require persons with the facts about AIDS who can provide responsible, rational, clear, and accurate information. This staff must be familiar with the common questions and fears people have about AIDS. They must also be aware of their own feelings and attitudes about AIDS so that they can maintain objectivity when working with other peoples' concerns.

5. Ongoing evaluation of AIDS education programs is essential to maintain a dynamic prevention effort. Information that identifies successful methods of changing sexual behavior and attitudes is scarce. Conveying information effectively is one of the primary missions of this University. If we are to know what teaching methods are successful, health educators must be willing to cooperate closely with experts in education and the social sciences to assess their programs.

2.2 Recommendations

2.2.1. An AIDS Education Coordinating Office will be established within the University at a level adequate to allow it universitywide influence.

Because of its broad scope, a University AIDS education program requires efficient organization and use of resources. Many University departments and organizations will be involved in program planning, implementation, and evaluation. Utilization of resources outside of the University such as the Minnesota AIDS project, federal health and education agencies, state and local health departments, and state and national education associations may be extensive. The Task Force recommends the establishment of a University system-wide office to coordinate AIDS education activities for students, staff, and faculty.

A minimum budget of $200,000 is proposed to staff one full time coordinator, a secretary, a student personnel worker, and a graduate research assistant; support and train peer educators; print educational materials; purchase office supplies; support travel for coordinate campus educators; and travel to professional meetings.

The AIDS Education Coordinating Office will be expected to work closely with the Employee Assistance Program and the Personnel Department in developing ongoing education programs for University staff. AIDS education needs to begin with training of personnel providing services to students, staff, and faculty. Close cooperation between the coordinating office and the various student health services, Academic Counseling Service, Housing Office, Chemical Use and Abuse Counseling, Office of Minority and Special Student Affairs, University Gay Community, and faculty and peer student advisors is essential. The coordinating office needs to tap the large pool of health education experts within and outside the University community to develop programs appropriately designed to change student, faculty, and staff attitudes and behaviors. Recruiting a large volunteer force to participate in planning, implementation, and evaluation of all education programs is a primary goal of this office.

The AIDS Coordinating Office will be responsible for developing a variety of meaningful programs. These programs include:

a. Presentations on AIDS and Sexually Transmitted Diseases (STD). Because the classroom is the only central gathering point for all students, we need to have some means of presenting AIDS information within the curriculum at the University. We are proposing that the AIDS Coordinating Office develop a liaison with faculty representatives to bring this needed AIDS information to all students. The objective of this program is to present basic AIDS information with the greatest opportunity of reaching as many undergraduate and graduate students as possible. We recommend that a short (1 hour) classroom presentation on AIDS be offered in introductory level courses. Courses where this presentation could be offered must be selected carefully to include all majors at the University while minimizing the number of presentations. The large lecture classes which are required for many majors within the sciences and liberal arts should be the target courses. The program will include facts about HIV infection, safer sex practices, how to talk to your partner about sex, and, most importantly, University and community AIDS resources. We recommend that the lectures be presented by peer educators. We realize this effort will require the involvement of many components of the University, but are confident this can be accomplished.

   This program will emphasize the importance of sexual activity in the transmission of AIDS. Because of the high risk of STD among this age group, we recommend that the health education material be directed toward the general aspects of STD rather than just toward AIDS.

b. Public Service Media Campaign. University publications including the Daily, Report, Update, and perhaps the UYW's Sojourner as well as the radio stations KUOM, WMMR, and KUMD will be asked to run complimentary AIDS public service announcements on a regular basis. The education office will oversee preparation of all media advertisements. This program has the advantage of making information available to a large portion of the University community at very low cost.

c. AIDS and STD Awareness Week. An expanded version of the current Twin Cities program will provide at each campus a week long information fair consisting of lectures, videos, information booths, and consciousness-raising work shops for students, staff, and faculty opportunities. Topics should focus on how to talk to your partner about safer sex, the pros and cons of HIV antibody testing, wellness focused prevention, homophobia, and drug use. Co-sponsors should include the Boynton Health Service, Employee Assistance Program, Coffman Program Board, University Gay Community, University YWCA, campus religious organizations, fraternities, and the Athletic Department.

d. AIDS In-service Education for Staff and Faculty. This program is designed to provide ongoing education for University staff and faculty. The Coordinating Office will work closely with the Employee Assistance Program to develop a schedule of in-services to provide a forum for the discussion of AIDS issues. Staff will learn how to deal with AIDS in the work place and their own personal concerns. Other topics will include facts and myths about HIV transmission, safer sex practices, drug and alcohol use, and homophobia.

e. AIDS and STD Workshop for Student Orientation. Approximately 8,000 undergraduate students attend orientation on the Minneapolis Campus. There is also an orientation program for incoming graduate students. The education office in cooperation with campus orientation programs will prepare an AIDS workshop to be included in the health education unit of orientation programs on all campuses. Students will be presented with basic information on AIDS in the context of STDs and drug abuse. Students will also be introduced to University and community AIDS resources.

Other education efforts might include:

- Permanent AIDS information display cases
- AIDS brochures included in all pay envelopes and registration packets

Another important activity of the Coordinating Office will be to administer educational support services. These services will include:

- Information Clearinghouse. This service would function to rapidly disseminate up to date AIDS information.

- AIDS Expert List. Both the University and the surrounding community are rich in people resources. The Coordinating Office should maintain and publish a current list of people involved in AIDS teaching, research, and services.

- Speakers Bureau. A list of active speakers both within and outside the University community and schedules of their availability for AIDS education programs will be maintained.

- Peer Education Groups. The Coordinating Office budget includes funds for stipends and training of peer educators. Education by one's peers often builds trust through credibility. Peer educators can present AIDS and STD programs in residence halls, fraternities, student club and organization meetings, faculty and staff meetings, and at brown bag discussion groups sponsored by the Departments and the Employee Assistance Program. Peer educators should be drawn from the University's diverse communities including the University Gay Community, the Black, Asian, American Indian, and Chicano/Latino Cultural Centers, fraternities, and campus religious organizations.

- Audio-visual Technical Support Services. We recommend that the Coordinating Office provide support to develop and maintain audio-visual materials such as slides, overheads, and video presentations. These materials may be purchased or specially prepared. Because of the changing nature of information about AIDS, they will need to be updated regularly.

- Small Grants Program. Student participation in AIDS education is essential. A small grants program, similar to the one offered by the MSA, can provide funds for special AIDS programming for student organizations. Grants will be provided for organizations on all five campuses on a competitive basis. Funds could be used to rent movies and videos and bring in outside speakers.

2.2.2 Evaluation

Such educational efforts should be accompanied by evaluation research to assess the effectiveness of such programs in changing knowledge, attitudes, and behavior. Only then will it be possible to know just how effective such programs are in reaching their goals.

The design of such evaluations should be coordinated with the design of the programs themselves. In fact, evaluation research should begin before the implementation of the programs themselves to insure adequate baseline information against which to gauge the effectiveness of the programs themselves.

One program of evaluation research would first identify baseline information on the source of people's present information about AIDS, their typical attention to various media, and what kinds of messages they might attend to. Then, specific educational programs based on this knowledge

would be conducted and tracking and follow-up surveys would be conducted to measure how effective the programs are in delivering their messages.

The funding for such evaluation research should be independent of the programs themselves, so that service and research do not compete directly. Although the costs of evaluation research are highly variable, the costs for the comprehensive education program would entail an expense of approximately $25,000 each for pre- and post-tests.

3. FORMAL EDUCATION

The University also has a responsibility to prepare its students to assume responsible positions on current social issues. AIDS presents a very real challenge in this area. Numerous opportunities are available within the existing curriculum where different aspects of AIDS can be used to illustrate social and scientific points. One of the issues of great concern in the education of future citizens is the way in which persons with AIDS may be further stigmatized and deprived of rights and opportunities. The AIDS paradigm represents an excellent opportunity to explore the social issues involved in policy decisions in schools, the workplace, and society in general.

The Task Force is currently compiling the results of a survey sent to all faculty on the five campuses to ascertain what is currently being taught about AIDS. At the time of this report, 1208 responses have been received from 4621 mailings (26% response rate). An anlysis of the findings from this survey will be provided at a later date, but some preliminary observations can be offered now. Although many faculty see little relevance in this topic for their subjects, there are a number of opportunities where AIDS-related material has already been introduced and many more where it could be. A few specific courses on aspects of AIDS have already been developed and several others have been proposed. For example, the School of Social Work mounted a major one-day event to highlight the impact of AIDS and ways social workers can respond to it. AIDS is included in the general undergraduate health education course taught by School of Public Health faculty. It is also covered as a policy issue in the School's Introduction to Public Health course. A course on AIDS is being developed in Sociology.

We recommend that special encouragement be given to developing curricular material on AIDS. Health professional students, broadly defined to include psychologists and other therapists, should receive specific instruction in the range of AIDS-related concerns beyond simply the biology of HIV. Other disciplines might profitably explore the social and political aspects of AIDS at both graduate and undergraduate levels. This encouragement might take the form of special grants offered by central administration to offset the costs of preparation. Existing resources, available through programs like the Office of Educational Development Programs, might be earmarked for AIDS-related efforts. We recognize that care must be taken not to encourage courses with weak intellectual content simply because they are trendy. We look to the sponsoring academic units to maintain their usual high standards.

4. HIV TESTING AND COUNSELING

4.1 Current Availability of HIV Testing and Counseling

Through its student health units, the University has a responsibility to provide both public health and personal health services related to AIDS. General guidelines for dealing with AIDS on college campuses have been developed by the American College Health Association (Keeling, 1986). The resources among the University of Minnesota's student health services vary considerably from campus to campus. Accordingly, there is marked variation in the AIDS-related services currently available. Moreover, there is also a difference in the availability of such services in the respective communities. The following summary describes the status of HIV testing and counseling at each of the campuses.

4.1.1 AIDS Testing and Counseling at the Twin Cities Campus

1. In 1985 Boynton Health Service, as the Health Department of the University, established an AIDS Task Force to provide guidance and policies for AIDS prevention services and activities.

2. HIV Testing is offered to all patients (students, staff, faculty) who are at risk of acquiring infection. Currently our laboratory is processing around 7-10 specimens per week for HIV antibody testing.

3. Pre-test counseling is offered on a case-by-case basis to patients requesting HIV antibody testing. The degree of counseling/education depends upon each patient's circumstances.

4. Results of HIV tests are given only in person. Further counseling/education is conducted at the time patients receive their reports.

5. Increasing numbers of requests for HIV testing are coming from "low-risk" groups such as ROTC cadets, Peace Corps volunteers, and women in gynecology clinic.

6. Testing and counseling of registered students is covered through their public health fee. Testing and counseling is available to faculty and staff for a $35 fee.

4.1.2 HIV Testing and Counseling at the Duluth Campus

1. A full time health service facility is available on pre-paid health service fee, including: full time nursing, health educator, and physician coverage; part time nurse practitioner, and counseling coverage. Outreach educational facility and programs are available offsite.

2. AIDS-related counseling is available on campus and within the health service setting from professionals with special interest.

3. HIV testing is performed at the health service on a fee-for-service basis; results are recorded in the student's medical record. No anonymous testing is available on campus.

4.1.3 HIV Testing and Counseling at the Morris Campus

1. A full time health service facility is available on pre-paid health service fee, including full time nursing coverage and part time physician coverage.

2. No AIDS-related counseling is available on campus or within the health service setting.

3. HIV testing is not performed at the health service; students are referred to the hospital.

4.1.4 HIV Testing and Counseling at the Waseca Campus

1. Pre-test counseling is offered to patients requesting the HIV tests.

2. Patients are either tested at the Rochester Free Clinic or at the local clinic at their own expense.

4.1.5 HIV Testing and Counseling at the Crookston Campus

1. In 1986 the Crookston Health Service established an AIDS policy to provide AIDS prevention services, counseling, and testing.

2. Pre-test counseling is offered to all patients requesting HIV tests.

3. Tests are sent to the North Central Laboratory, St. Cloud, at the patient's cost.

4. Results are given only in person; counseling is done at this time.

4.2 Recommendations

There is no current evidence that students or employees who are infected with HIV can spread the infection by ordinary casual contact. Current knowledge indicates that such persons do not pose a health risk to other students or employees in the academic setting, outside of the known mechanisms of transmission noted above. In order to bring the various University health services to a desired and consistent level, we propose the following recommendations:

4.2.1. The April 8, 1986, University statement on AIDS, which is attached hereto and incorporated herein, should be adopted in its entirety.

4.2.2. Based upon the current medical knowledge regarding the risk of transmission of HIV, the University Senate AIDS Task Force opposes routine mandatory screening of any students, faculty or staff.

4.2.3. The University should follow applicable laws, Centers for Disease Control (CDC) and Minnesota Department of Health (MDH) guidelines related to access to University facilities, activities, and employment. For example, if a person is otherwise qualified, HIV-infection status shall not be a basis for making a decision regarding employment. Also, for student admission, HIV-infection status shall not be a basis for an admission decision.

4.2.4. Conduct based upon illegal discrimination against HIV-infected students, faculty, or staff will not be tolerated.

4.2.5. Members of the University community are expected to respect the rights and confidences of HIV-infected individuals.

4.2.6. Counseling will be available to all persons seeking information about HIV testing. Such counseling should include availability of ongoing education to effect behavior change, according to need.

4.2.7 Counseling services for persons concerned about various AIDS-related issues should be available; for example, fear of AIDS in the workplace or classroom. Existing resources should be used for such counseling, but special training will be needed.

4.2.8. All persons who present to the existing health-care clinic with a diagnosis of sexually transmitted disease, hepatitis B, or history of intravenous drug use will be informed that they may be at risk for HIV infection and counseled appropriately about risk reduction and the availability of HIV anti-body testing. Persons with illness consistent with HIV infection, including tuberculosis, should be referred for appropriate clinical services.

4.2.9. HIV testing should be available for persons at risk or who believe themselves at risk of HIV infection. Cost and confidentiality concerns should not be deterents to receiving HIV counseling and testing. HIV testing should be done only with accompanying counseling.

4.2.10. HIV-infected individuals should be referred to appropriate University and community resources for continuing services.

4.2.11. Individuals identified as responsible for counseling at the Twin Cities and coordinate campuses should be given adequate AIDS training.

4.2.12. A standing committee should be created to analyze and revise University policies as emerging medical knowledge related to HIV infection may dictate and to provide advice and counsel to the administrative officers. Individual HIV-related issues should be handled on a case-by-case basis by appropriate existing administrative officers in consultation with medical experts, some of whom may serve on this committee.

The budget for recommendations #6, 7, and 8 would be in the order of $53,000 for testing and counseling 1,000 patients per year. Of this, $8,000 is for staff training and $45,000 for testing and counseling. For 5,000 patients per year the testing and counseling cost would be $233,000--that again includes $8,000 for training. For the smaller health services, we estimate that testing and counseling can be provided at a rate of about $4500 for every 200 tests.

5. BEHAVIORAL RESEARCH

The Task Force endorses the general need for more research in all aspects of AIDS prevention, detection and treatment. The University should encourage such efforts at every opportunity.

The recommendations in this section refer specifically to social and behavioral research rather than biologic and clinical research. This emphasis is not intended as a value judgment but is seen as consistent with the Task Force's mandate. For these purposes, we have defined "behavioral and social science" rather broadly to include the type of work undertaken rather than any particular discipline; in fact, we hope to attract the interest of a wide variety of disciplines, including political science, economics, health education, youth studies, and social work, in addition to more traditional areas like sociology and anthropology.

Part of the research recommendations refer to work needed to guide health education efforts; the other portion addresses efforts to stimulate research related to AIDS in vital areas so far sorely neglected at this university, but where we have the intellectual resources to make an important contribution.

The Task Force has identified at least two types of behavioral research as high priorities for AIDS activities on campus. A rational approach to health educational activities should begin with an accurate sense of the current level of knowledge, attitudes, and behaviors. These extend beyond simply a consideration of high risk behaviors to examine some of the potential prejudices held about infected persons and the groups at high risk. The second level of activity involves the application of what may be termed "basic behavioral science" to issues related to AIDS. Here we urge the application of carefully grounded theoretical approaches to understanding and altering high-risk behaviors and acts derived from social prejudice.

5.1 Baseline Survey of AIDS Knowledge, Attitudes, and Behaviors

The results of such a survey to discover current levels of knowledge, attitudes, and behaviors of members of the University community, could inform the design and implementation of any educational campaigns implemented at the University; furthermore, these results would provide baseline information against which to compare the effectiveness of such interventions.

Without a specific University survey, we would have to rely on general population samples, such as public opinion polls (e.g., Gallup) or national surveys (Dawson, 1988). However, there are problems with generalizing from such data to this university community. Students at Minnesota may well not reflect national norms.

Ideally, any survey of the University community should be designed and directed by a team of social and behavioral scientists with research expertise relevant to survey methods and attitude measurement. In this way, the survey could also probe the social and psychological determinants of the knowledge, attitudes, and behavior being surveyed and hence constitute a contribution to basic research as well as being a descriptive profile of the state of affairs at the time of the survey.

Several different survey approaches are possible. The first of these is a comprehensive telephone survey of a sample of faculty, staff, and students drawn from all of the campuses (with each interview lasting approximately a half hour). Such a comprehensive survey would seek information about: (a) present levels of knowledge of the nature of AIDS; (b) extent of the disease--present number of cases, estimated sero-positives, and estimated future caseloads; (c) recognition that pharmaceutical cures or vaccines are unavailable; (d) extent of respondents own risky behavior; (e) attitudes toward persons with AIDS and their participation in the University.

Preliminary estimates of cost for such a phone survey are about $30,000 for actually conducting the survey and $20,000 for professional expertise in designing, analyzing, and interpreting the survey.

If it is not financially possible to conduct this comprehensive survey, a second and less expensive survey "package" involves cards placed in registration packets for students and pay envelopes for faculty and staff, in each case to be returned by mail. The limitations of such a survey should be recognized. It would be possible to include only a very limited number of questions, and not ones of a sensitive nature. Moreover, the return rate for such a survey is expected to be very low.

A third survey "package" would include an assessment of support by members of the University community for various public policies regarding AIDS. Regardless of a person's own risk of exposure to HIV, all University people are members of the public that must decide questions of public policy concerning AIDS. Therefore it is important to find out levels of support for or opposition to: (a) financing research and treatment programs; (b) educational programs of various types including explicit instructions in risk reduction; (c) legal requirements for testing, identification of carriers, contact tracing, etc.; (d) anti-discrimination statutes.

5.2 Basic Social and Behavioral Research

Perhaps the greatest long run contribution of the University to coping with the AIDS epidemic is in basic research relevant to the prevention and treatment of AIDS. Indeed, it is the research and scientific missions that are among the defining features of the University itself. The University is already a leader in medical research relevant to the treatment of AIDS. Comparable progress has yet to be made in applications of the social and behavioral sciences to the prevention of AIDS by modifying or preventing high risk behavior and to combating AIDS hysteria.

This state of affairs is an unfortunate one, since the social and behavioral sciences have the potential to provide the theoretical and methodological means to understand issues in the prevention of AIDS and to understand societal reactions to the AIDS epidemic.

One such program of research could involve theory and research on attitudes, social influence, and persuasion being brought to bear in designing persuasive messages to induce behavioral changes that reduce individual's likelihood of exposure to HIV.

A second program of research could involve theory and research on the dynamics of denial being used to uncover the reasons why people potentially at risk for infection may deny their vulnerability.

A third program of research could involve theory and research on collective behavior being addressed to the issues of AIDS hysteria and societal prejudice against persons with AIDS and persons believed to be at risk of contracting HIV.

Needless to say, these examples do not exhaust the list of possibilities of basic research in the social and behavioral sciences targeted at concerns associated with AIDS epidemic. So potentially important are the social and behavioral sciences in the prevention of AIDS that the state epidemiologist for the Minnesota Department of Health has asserted that "The behavioral sciences are critical in AIDS prevention. We have to put major efforts into this area." Unfortunately, as a recent issue of the University publication Update reports, the social and behavioral sciences at the University of Minnesota have been slow to move on the AIDS front.

Although the availability of federal funding for social and behavioral science approaches to AIDS prevention and treatment has been on the increase, the fact that the University lags behind other institutions in this regard most likely will disadvantage even its most talented social and behavioral scientist in competitions for federal funding.

We propose a program of "seed money" grants to the full range of social and behavioral science investigators to support the conduct of pilot studies and the development of research proposals of sufficient quality to compete effectively for external funding. The responsibility for overseeing the operation of this small grant program should be given to the Graduate School's Research Advisory Committee. We recommend a budget sufficient to support ten projects at $20,000 per project for each of two years. This should be a sufficient period to assess the effectiveness of this investment. We have specifically targeted the social and behavioral sciences because we view this aspect of AIDS research as being particularly underdeveloped at this university.

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Report of the Task Force on AIDS
Appointed by the University of Minnesota
Senate Consultative Committee

February 15, 1988

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