

WHY US?
LEFT BEHIND AND DYING

Video Curriculum Modules

Using the Curriculum:
Video Modules,
Lessons and Activities

LEARNING WAS NEVER LIKE THIS



Introduction

“Why Us? Left Behind and Dying,” a documentary film and research project, is an in-depth examination of the reasons why HIV rates are disproportionately high in black communities. It was made from the point of view of a small group of inner-city African-American teenagers, ages 14-17, from Westinghouse High School in Pittsburgh, PA.



The students conduct most of the interviews and one of them narrates it. They participate as “co-researchers” along with the filmmakers. They ask probing and direct questions of scientists, health workers and people in their own community with HIV and full-blown AIDS. They talked to heterosexuals, homosexuals, and intravenous drug users. The students are also research subjects within the documentary. As the film unfolds they discuss their ideas and beliefs about HIV as well as their own safe and/or unsafe sexual practices.

The documentary film, video modules, and corresponding lessons/activities are an opportunity for educators to bring the complex realities of health and society into the classroom and community based health organizations. Knowing the mechanics of the virus is simply not enough – the myriad of factors that contribute to HIV’s impact on the African American and African communities demonstrate the visceral realities of the disease in the context of social and cultural factors. The film and educational modules not only connect science to society (an increasing demand of national and state standards); it is a springboard to several opportunities:



Youth and adults who are excited about science realize that science has societal and ethical repercussions which demand sensitivity, empathy, and cultural competency.

Youth and adults who are less excited about science experience a real-life and emotional “hook” which helps them engage with the sciences.

Youth and adults connect societal and cultural pressures to personal choices regarding health and safety.

Youth and adults are able to understand the causal relationships between diseases and communities – the social determinants of health.

Students see the connections between Biology, Social Studies, Government, Health, and other subjects often taught disparately in typical classroom settings.

Furthermore, the film is told from a youth perspective, raising the level of engagement and interest significantly and allowing for deeper learning and connection. The curriculum offers numerous opportunities for critical thinking, dialogue, and ethical decision making.



Frequently Asked Questions

What is the target audience for the curriculum?

There are a number of target audiences for the curriculum. The curriculum certainly targets high school students—each lesson includes health and science standards as well as skills practiced and gained. However, the curriculum is also used with college audiences and by nonprofits, activists, and community groups. The film modules and resulting discussions powerfully impact adults and youth equally. Middle School classrooms may also use the curriculum with some adaptations.

What classes and seminars can use this curriculum?

The following are some suggested uses for the curriculum:

High School Biology Classes – studies of diseases, health, social determinants of health, and HIV/AIDS

High School Social Studies Classes/Public Policy Seminars – historical impact on communities, race relations, government policy, social services

Health Classes/Public Health Seminars – personal choice, HIV/AIDS, sex and sexuality, societal and peer pressures, social determinants of health

Community-based Programming – diseases and health of a community, social determinants of health, social justice, personal choice, and HIV/AIDS

In all areas, the curriculum encourages dialogue and critical thinking.

Is the curriculum meant for only African American audiences?

Though the film examines the impact of HIV and AIDS in African and African American communities, the curriculum uses the topic as a springboard to examine the experiences of other groups, other diseases, etc. Furthermore, the critical analysis of society and health is applicable to all audiences.

To what extent does the film deal with sex and sexuality?

Because the topic is HIV/AIDS, there is discussion of sex and sexuality. The film deals with the facts of sexually transmitted diseases, stereotypes, oppression, etc. It does NOT teach values – what is right and wrong – about sexual behavior, sexual orientation, etc.



Frequently Asked Questions

Do I have to use all of the curriculum modules?

The curriculum is designed in such a way that you can use one, some, or all of the curriculum modules. Please use introductory notes and resources to prepare your audience; however, the order and number of modules used are flexible.

Do I have to show the documentary film, or can I use the video modules and corresponding lessons/activities only?

Ideally, the documentary film is shown in order to help connect the multiple facets of the central issue. However, the film is 86 minutes and you may not have the capability or time needed to show it. The video modules and corresponding lessons/activities are therefore designed to be ready-to-use without viewing the documentary film.

Do I have to pay to use the video modules and corresponding lessons/activities?

No, absolutely not! The videos modules and corresponding lessons/activities are free. The documentary film must be purchased but it is a reasonable price.



Documentary Film Synopsis

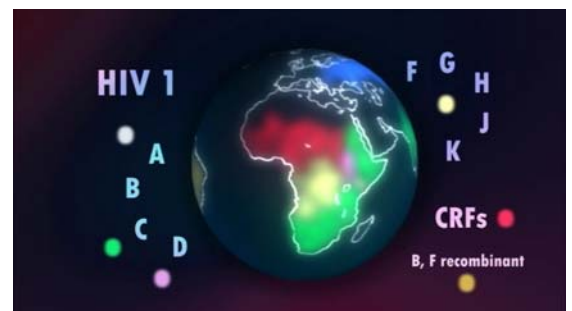
“**W**hy Us? *Left Behind and Dying*” is an in-depth examination of the reasons why HIV rates are disproportionately high in black communities. It was made from the point of view of a small group of inner-city African-American teenagers, ages 14-17, from Westinghouse High School in Pittsburgh, PA.

The students conduct most of the interviews and one of them narrates it. They participate as “co-researchers” along with the filmmakers. They ask probing and direct questions of scientists, health workers and people in their own community with HIV and full-blown AIDS. They talked to heterosexuals, homosexuals, and intravenous drug users. The students are also research subjects within the documentary. As the film unfolds they discuss their ideas and beliefs about HIV as well as their own safe and/or unsafe sexual practices.



The film begins with startling statistics about the impact of HIV and AIDS on African and African American communities. The premise of the research project and the role of the researchers and students are introduced. Students embark on a journey interviewing various stakeholders. The film examines the numerous contributing factors to why HIV/AIDS has affected the African and African American communities including:

- V**iews of Black Sexuality
- T**he Black Church
- P**overty, Conspiracies, and Distrust
- D**rug Policy (HIV medicine)
- M**ale vs. Female Power
- G**enetic Variation
- M**asculinity
- M**igration and Prison
- O**rigin
- S**ecrecy and Fear
- S**elf-Hatred





Documentary Film Synopsis



Throughout the film, student interviews demonstrate the complex nature of the disease; science and the human condition; shifting and rigid attitudes; realities students and their community face; and the impact of the project on personal behavior. The film closes with a powerful examination of what we can do as individuals and communities to combat this epidemic and the societal factors that continue its spread.

The video modules bring to the audience critical footage that is not in the film. More importantly, the modules complement the film so that further discussion and analysis of key topics can ensue.

Key topics covered in the video modules:

1. Project Begins
2. Genetic Variation
3. Poverty
4. Views of Black Sexuality
5. Secrecy, Shame, and Fear
6. Gender Inequality
7. Masculinity
8. Sexual Orientation
9. The Church
10. Self Hatred
11. Drugs and Prison
12. Migration
13. Access to Medicine
14. Distrust and Conspiracy
15. HIV and SIV
16. Subtypes
17. Natural Transfer Theory
18. Serial Passage Theory
19. OPV Theory
20. Student Project Ends



SKILLS AND STANDARDS

There are two sets of standards and one set of skills that we have incorporated into the curriculum modules. You will find references to these standards and skills in the red textbox on the left side of the introduction page for each module, as seen below. The two

sets of standards are **Health Standards** and **Science Standards**. The skills are called **Skills Practiced and Gained**. In the left textbox on each of the introduction pages, you will find the number linked to a particular standard or skill. The numbering systems are found on the following pages.

Why us? Curriculum

Lesson 1: The Project Begins

Standards: Health: Science: Skills-Building:	<p>Introduction</p> <p>Key Concepts</p> <ul style="list-style-type: none"> Impact of HIV and AIDS on Africans and African Americans Social determinants of health Common myths about HIV and AIDS <p>Materials for Educator Background Knowledge</p> <p>http://www.webmd.com/hiv-aids/top-10-myths-misconceptions-about-hiv-aids (A PDF version can be found in the Educator Resources Appendix.)</p> <p>Procedure</p> <p>Part I</p> <p>Introduce the lesson: the disproportionate impact of HIV and AIDS on Africans and African Americans, the many contributing factors, and the importance of examining social determinants of health. View introductory clip if this lesson is the first one in the module you are presenting. After the viewing, discuss or journal:</p> <ol style="list-style-type: none"> 1) What new information did you gather from the introductory clip? 2) What are the factors contributing to the disproportionate impact of HIV/AIDS on African and African American communities? Did any of these factors surprise you? 3) Social determinants of health are the economic and social conditions under which people live that determine their health. Most major diseases are determined by a network of interacting scientific and social factors that increase or decrease the risk for the disease. What were some of the social determinants of health discussed in the clip? 4) What other questions do you have?
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Lesson 1 22

The **Health Standards** are from the CDC's School Health Education Resources (SHER), National Health Education Standards (NHES). The website is provided on the Health Standards page. We are not referencing every standard listed in SHER. However, for these standards we have kept the same numbering system used in SHER. So some numbers (or standards) are missing. For example, we used standard **1.12.1** *Predict how healthy behaviors can affect health status*, but you will not find standard 1.12.5 listed.

The **Science Standards** are from National Science Education Standards (1996), Grades 9-12, Center for Science, Mathematics, and Engineering Education (CSMEE). The website is provided on the Science Standards page. We are not referencing every standard listed by CSMEE. However, for these standards we have kept the same numbering system used by CSMEE. So some numbers (or standards) are missing. For example, we used standard **7.6** *Science and technology in local, national, and global challenges*, but you will not find standard 7.2 listed.

The **Skills Practiced and Gained** are adapted from a number of sources. The websites to these sources can be found on the Skills Practiced and Gained page. Because we adapted the skills practiced and gained, we are using our own numbering system.

We hope you find this resource helpful!



HEALTH STANDARDS

CDC's School Health Education Resources (SHER) National Health Education Standards (NHES)

(<http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm>)

Standard 1: Students will comprehend concepts related to health promotion and disease prevention to enhance health.

- 1.12.1** Predict how healthy behaviors can affect health status.
- 1.12.2** Describe the interrelationships of emotional, intellectual, physical, and social health.
- 1.12.3** Analyze how environment and personal health are interrelated.
- 1.12.4** Analyze how genetics and family history can impact personal health.
- 1.12.6** Analyze the relationship between access to health care and health status.
- 1.12.8** Analyze personal susceptibility to injury, illness, or death if engaging in unhealthy behaviors.

Standard 2: Students will analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors.

- 2.12.1** Analyze how the family influences the health of individuals.
- 2.12.2** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
- 2.12.3** Analyze how peers influence healthy and unhealthy behaviors.
- 2.12.4** Evaluate how the school and community can affect personal health practice and behaviors.
- 2.12.5** Evaluate the effect of media on personal and family health.
- 2.12.7** Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- 2.12.8** Analyze the influence of personal values and beliefs on individual health practices and behaviors.
- 2.12.10** Analyze how public health policies and government regulations can influence health promotion and disease prevention.



HEALTH STANDARDS

CDC's School Health Education Resources (SHER) National Health Education Standards (NHES)

(<http://www.cdc.gov/HealthyYouth/SHER/standards/index.htm>)

Standard 3: Students will demonstrate the ability to access valid information, products, and services to enhance health.

3.12.1 Evaluate the validity of health information, products, and services.

3.12.2 Use resources from home, school, and community that provide valid health information.

Standard 5: Students will demonstrate the ability to use decision-making skills to enhance health.

5.12.2 Determine the value of applying a thoughtful decision-making process in health-related situations.

5.12.4 Generate alternatives to health-related issues or problems.

Standard 7: Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.

7.12.1 Analyze the role of individual responsibility for enhancing health.

Standard 8: Students will demonstrate the ability to advocate for personal, family, and community health.

8.12.1 Utilize accurate peer and societal norms to formulate a health-enhancing message.

8.12.3 Work cooperatively as an advocate for improving personal, family, and community health.



SCIENCE STANDARDS

National Science Education Standards (1996)

Grades 9-12

Center for Science, Mathematics, and Engineering Education (CSMEE)

(excerpted from http://www.nap.edu/openbook.php?record_id=4962)

- 1.** Unifying concepts and processes in science.
 - 1.2** Evidence, models, and explanation.
- 2.** Science as inquiry.
 - 2.1** Understanding of scientific concepts.
 - 2.2** An appreciation of "how we know" what we know in science.
 - 2.4** Skills necessary to become independent inquirers about the natural world.
 - 2.5** The dispositions to use the skills, abilities, and attitudes associated with science.
- 4.** Life science.
 - 4.3** Biological evolution
 - 4.4** Interdependence of organisms
- 7.** Science in personal and social perspectives.
 - 7.1** Personal and community health
 - 7.5** Natural and human-induced hazards
 - 7.6** Science and technology in local, national, and global challenges
- 8.** History and nature of science.
 - 8.1** Science as a human endeavor
 - 8.2** Nature of scientific knowledge
 - 8.3** Historical perspectives



SKILLS PRACTICED AND GAINED

(adapted from http://en.wikipedia.org/wiki/Critical_thinking#Skills,
<http://danielgoleman.info/2009/05/02/empathy-whos-got-it-who-does-not/>,
http://en.wikipedia.org/wiki/Bloom%27s_Taxonomy, <http://www.nwlink.com/~donclark/hrd/bloom.html>, and
http://projects.coe.uga.edu/epltt/index.php?title=Bloom%27s_Taxonomy)

Category

1. Cognitive and Critical Thinking Skills

1.1 Remembering

- * Knowing specifics – terminology, facts, etc.
- * Knowing means – conventions, classifications, methodology, etc.
- * Knowing abstractions – principles, generalizations, theories, etc.

1.2 Understanding

- * Organizing
- * Translating
- * Interpreting

1.3 Applying

- * Using new knowledge
- * Problem solving
- * Using old knowledge in a new way

1.4 Analyzing

- * Examine elements of a whole and their relationships
- * Identifying motives or causes
- * Making inferences

1.5 Synthesizing

- * Combining elements in a new pattern
- * Proposing alternative solutions
- * Producing a plan, or proposing a set of operations



SKILLS PRACTICED AND GAINED

1. Cognitive and Critical Thinking Skills (continued)

1.6 Evaluating

- * Presenting and defending opinions
- * Making judgments about information
- * Assessing validity of ideas

1.7 Thinking About Thinking (Metacognition)

- * Understanding the importance of process in problem solving
- * Recognizing unstated assumptions and values
- * Reconstructing one's patterns of beliefs on the basis of wider experience

2. Affective Skills

2.1 Valuing

Attaching a value to an object, phenomenon, or piece of information.

2.2 Characterizing

Holding a particular value or belief that now exerts influence on his/her behavior so that it becomes a characteristic.

2.3 Empathizing Cognitively

Understanding how another person thinks; seeing his/her point of view.

2.4 Empathizing Emotionally

Understanding how another person feels; feeling with him/her.

2.5 Empathizing with Concern

Sensing another person's need and wanting to help.



Resources and Facilitating Discussions

We realize that educators who choose to use this curriculum will have varying levels of experience and skill. For those new to the art of engaging youth or adults in complex and challenging discussions (and for those who want to see if there is something new to learn), we have included some resources for you. The facilitation resources are in this section. Additionally, relevant articles and tools for brushing up on background knowledge can be found in each specific module or in the **Educator Resources Appendix**. Enjoy, we hope these resources are useful!

Facilitation skills adapted from Cross Cultural Connections' Train the Trainer Manual.

Ways to Create a Welcoming Space

- M**ake the room comfortable and engaging.
- P**ut posters on the walls with information, quotes, etc.
- I**f possible, arrange seats in a circle.
- P**rovide a meaningful takeaway: journals, handouts, etc.
- P**lace norms on tables or post them visibly in the room.
- P**rovide resources for taking notes or sharing thoughts in a nonverbal way.

Ways to Encourage Open Dialogue

- B**uild relationships by calling people by their names, giving them a sincere compliment for the work they are doing, etc.
- G**ive of yourself and be vulnerable at times through appropriate self disclosure, being fully present, and modeling your own learning.
- B**e willing to change your plans to meet the group's needs.
- P**raise moments of courageous conversations that lean into discomfort

Also see Adult Learning Principles (page 11) if facilitating a group of adult learners.



Resources and Facilitating Discussions

Suggested discussion norms adapted from Northwest Association for Biomedical Research: An Ethics Primer and National Association of Independent Schools' Summer Diversity Institute.

Discussion Norms

Speak from the “I” perspective.

Remember that a discussion is not a competition or a debate with a winner and a loser.

Demonstrate respect for individuals and the different viewpoints expressed.

Balance the power – everyone has an equal voice.

Be open-minded, seek clarification

Take risks; lean into discomfort

Suspend judgment; assume positive regard

Share time; speak to what is core

Critique ideas, not people.

Remember that all are responsible for following and enforcing the rules.

Also see The Declaration of Good Participation on page 10. The version of the declaration that we have included was taken from <http://snarkyoptimist.blogspot.com/2009/07/declaration-of-good-participation.html>. You may have a version that you prefer.



The Declaration of Good Participation

As a community of engaged individuals, we embrace the following principles in order to obtain the most enjoyment, benefit and support from our own efforts and the efforts of those around us.

We get what we give. We respect others as we would like to be respected. We recognize that each individual's level of enthusiasm and participation will determine the quality of his or her experience.

We were born with two ears and one mouth. We should listen twice as much as we speak in order to learn from those around us, but we are never afraid to use the power of our own voices. We listen to the words of others, be they soft or loud, pleasant or controversial.

We assume both the role of teacher and the role of student. We all have much to teach and much to learn. The sharing of collective experiences and reflections will be the basis of our learning and growth. We all have knowledge and value to contribute, regardless of age, rank, or influence.

We are capable of learning from our mistakes. We are open to feedback, questions, and constructive criticism. We are not afraid to challenge each other in a respectful way. We admit to our mistakes in order that we may grow, and we support others so they can do the same.

We are solely responsible for changing ourselves. Growth cannot take place except when it is enacted and embraced by the individual. We engage with information and opinions that may not align with our personal attitudes and beliefs, and we do so in a positive and open-minded manner. We challenge ourselves to examine different perspectives and to develop empathy for others. We encourage the open expression of ideas and beliefs as part of the growth process.

We are strengthened by change. We are a diverse group of individuals that – like the world in which we live – is growing and changing every day. We strive not simply to adapt but to innovate, not simply to move but to grow. It is through change that our lives are made beautiful.



Adult Learning Principles

Malcolm Knowles (1975,1980,) considered the father of adult learning theory, used the word andragogy to describe the study of adult learning. He distinguished adult learning from pedagogy, the study of how children learn. Initially, it was thought that pedagogy and andragogy were two distinct processes, but current theory sees the two processes on a continuum with pedagogy on one end and andragogy on the other. What separates these two processes on the continuum is the amount of experiences the learners have when they enter the learning experience and the amount of control that the learners have over the learning process and environment.

Adults typically bring a great deal of background experiences and prior learning to any new learning process. Acknowledging adults' understanding and experiences validates them as competent and capable learners. Obviously, the experiences that adults bring into the learning environment do not all relate directly to the new learning topic. It is important, however, that the facilitator of adult learning help adult students see the connections between earlier learning experiences and new information. Guiding adults to use what they already know to understand new concepts is critical. Trainers of adults should begin training sessions by finding out what the adults already know about the topic, whether the information is totally accurate or not.

There are several effective strategies for assessing prior learning. One is the KWL strategy (handout) that asks learners what they already KNOW about the topic, what they WANT to learn about the topic, and finally, (at the end of the training session,) what they did LEARN about the topic. Another strategy is the anticipation guide, which is a true-false quiz with questions about the topic, given at the beginning of the session. (Ex: "Children learn equally well from play and worksheets..") The trainer reviews the questions, and participants indicate whether they thought the answer was true or false. This exercise enables trainers to find out what people already know and whether the information they know is accurate. At the end of the session, the anticipation guide is used again to see which questions the participants feel differently about. An additional strategy used to assess prior learning allows participants to react to statements or questions about the topic on large charts or tablets at the beginning of the session. Then, a discussion ensues, allowing the trainer to review the responses with the group and ask for clarification about what is written. From this process, trainers receive reliable information about participants' prior learning on the topic.

Stephen Brookfield (1986) identified conditions necessary for adult learning. He believed that adult learners should have control over the learning environment. They want to feel that their needs, goals, and expectations can influence what will occur in the learning setting. Trainers must be willing to listen to the voices of the learners and alter the course of the training, if necessary, in order to make sure that the learners have some modicum of control over the outcome. This can be done without changing the overall goals of the training. Often, small adjustments, like additional breaks, discussion time, or collaborative groups, will satisfy the needs of the participants.



Adult Learning Principles

Creating respectful learning environments, in which all opinions are valued, helps to allay any concerns or discomfort. Adults should participate voluntarily. In a true learning community, all participants, including the trainer, share ideas and learn from each other. The trainer is seen as a facilitator or guide rather than the only one with knowledge. Adults respond positively to comfortable physical environments, frequent breaks, snacks, and opportunities to collaborate with others in the session.

The concept of self-directed learning for adults was promoted by Knowles. He felt that adults should create personal learning objectives that would allow them to set individual goals and be able to practice using the new learning in practical ways. Being able to connect new learning to real-life situations is a requirement of effective adult learning sessions. Time to discuss the use of new learning in everyday experiences should be built into adult learning programs. Knowles created the concept of a learning contract, which allowed participants to identify and write down personal goals and how they felt that these goals could be met. A learning contract form that has been adapted for use with this program is included in the hand-outs. The trainer could be used as a resource person when participants complete the learning contracts.

Critical reflection is another important element of adult learning programs. John Dewey (1933) recommended the concept of using reflection as a way of seriously considering one's actions to promote growth and change. Posner (2000) suggested that people do not learn from experience, but rather, they learn from reflecting on experience. Reflective journals can be helpful in enabling adults to keep track of changes in their behavior or actions as a result of new learning and to keep track of how those changes affect their practice over time. Journals allow adults to chart their own courses and be aware of their personal growth and development. Through journaling, adults can gain valuable insights which can then inform future practices. Entries can be shared or used solely by individuals.

Howard Gardner's theory of multiple intelligences is helpful in designing adult learning training that meets the needs of a wide range of people. He identified eight major ways that individuals can learn information. His theory gives teachers the understanding that different people learn material differently. Trainers need to attempt to include as many of these different intelligences as possible in the design of their programs. The intelligences that Gardner identified are linguistic (language and words,) logical/mathematical (numbers and problems,) spatial (perception of objects through senses,) bodily/kinesthetic (use of body to learn,) interpersonal (social skills, working with others,) intrapersonal (learn on one's own,) musical (learning through music,) naturalistic (learning through natural world.) Adults possess a combination of intelligence strengths and will respond more positively to a learning environment in which the teacher incorporates one or more areas of their learning strengths. See handout for a listing of the intelligences identified by Gardner.



Adult Learning Principles

In summary, adult learning theory offers trainers valuable information about how to create effective training sessions for adult learners. Adults enter learning situations with knowledge of what they want to learn and how the information will help them in their own personal growth and development. They want control over the learning process and need to believe that their ideas and opinions are valued. Since adults begin any program with a great deal of prior knowledge, the training facilitator needs to access that prior learning and help adult students link what they already know to new knowledge and ideas. Adults should have the opportunity to create real-life scenarios in which they can use their new knowledge. Being able to link theory with practice is an important goal of all adult learning programs.



Adult Learning Principles

CHARACTERISTICS OF ADULT LEARNERS

- Possess variety of background experiences and prior learning
- Need to participate voluntarily
- Need control over learning environment
- Desire practical applications
- Require respectful environment, in which all individuals and ideas are valid and valued
- Enjoy collaboration
- Need to integrate new concepts with prior knowledge
- Believe in lifelong learning
- Act as change agents

PRINCIPLES OF EFFECTIVE PRACTICE for ADULT LEARNING (Brookfield, 1986)

- Voluntary participation
- Mutual respect among participants
- Collaboration
- Self-direction
- Control over learning environment
- Action and critical reflection

TERMINOLOGY

- Andragogy (Malcolm Knowles) vs. Pedagogy
- Critical reflection
- Self-directed learning
- Learning contract
- KWL