

# **Appendix C**

## **Co-Factor Lists and Definitions**



**Minnesota Department of Health**  
**Community HIV Health Education and Risk Reduction Projects**

**CO-FACTOR LISTS, INSTRUCTIONS, AND DEFINITIONS**

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The CCCHAP identified co-factors that contribute to HIV risks for each target population. Projects selected for funding are expected to address the co-factors selected throughout their programming. This includes but is not limited to: tailoring where you carry out your activities/interventions; what is included in curricula, risk assessments, and educational material; the skills and background of staff; and who your partner's are (Form I). Consider co-factors when planning and implementing interventions.

**Note: Projects will NOT be funded to address co-factors without addressing their impact on HIV risks. Projects will NOT be funded for activities that duplicate what is already being provided through other resources. Example: If substance use is the selected co-factor, the applicant should not describe fully funding a chemical dependency counselor position, but rather how substance use and its impact on HIV risk will be addressed through the HIV HERR project being proposed.**

The CCCHAP identified the following two **Core HIV Risk Factors**: 1) unprotected anal or vaginal sex with a person or persons of unknown or different HIV status (example: someone who knows s/he is HIV negative who is engaging in unprotected anal or vaginal sex with someone who is HIV positive or whose HIV status is unknown); and 2) sharing of injection drug equipment and other instruments that puncture the skin. Agencies funded through this RFP are expected to address these two Core HIV Risk Factors throughout their programming regardless of the number of co-factors they intend to address.

This appendix provides a list of each target population and the co-factors CCCHAP identified as affecting the population. After the lists, descriptions of each co-factor and how it relates to HIV risk can be found. Some co-factors are more complex to address than others, take this into account when designing and proposing programming. Keep in mind the feasibility of adequately addressing the co-factor(s) you select. Proposals will be evaluated based on how effectively co-factor(s) are addressed, not on the number of co-factors proposed to be addressed. Agencies funded through this RFP are expected to select and address through the delivery of interventions between 1-4 co-factors. **Instructions:**

- Step 1:** Find the list for your selected target population.
- Step 2:** While keeping in mind the capacity of your agency and proposed project, select at least one but no more than four (4) co-factors that will be addressed through the proposed intervention delivery.
- Step 3:** Review the listing for your selected co-factors in the table of definitions of each of the co-factor and a description of their impact on HIV risk. Ensure that you fully understand the definition and impact on HIV risk.
- Step 4:** List your selected co-factor(s) on Form D "Project Information Sheet" and answer questions 10.b. and c. on Form F using your selected co-factors.

**REMEMBER: Select at least one but NO MORE than four (4) co-factors.**

If you have questions about addressing co-factors contact Gary Novotny by e-mail at [gary.novotny@health.state.mn.us](mailto:gary.novotny@health.state.mn.us) or if you do not have e-mail access, telephone him at 651-201-4029.

**Note: Co-factors are listed alphabetically and are NOT prioritized.**

## Co-Factors for HIV Positive Persons (HIV+)

### **HIV + Persons All Races, All Ages and All Genders:**

- Access to Health Care
- Disclosure
- Economic Dependence
- Gender Power Imbalance
- Health Literacy
- Health Physical Appearance
- Homelessness
- Immigration
- Mental Health
- Perception of Risk
- Self Esteem (Low)
- Sexual Networks
- Stigma /Disclosure
- Substance Use

## Co-Factors for Men Who Have Sex With Men (MSM)

### **MSM of All Races (ages 25+):**

- Access to Health Care
- Active/Untreated STDs
- Cultural Barriers
- Disclosure
- Domestic Violence
- Hate Crime Violence
- Health Literacy
- Lack of Healthy Community Norms
- Language Barriers (Latino and other non-English speaking MSM)
- Mental Health
- Non-gay/Bisexual-identified MSM
- Religious/Spiritual beliefs
- Sexual networks
- Sexual Role Power Dynamics
- Sexual victimization
- Short-term emotional fulfillment
- Stigma
- Substance use
- Survival sex

### **Young High Risk MSM All Races (ages 13-24):**

- Access to Health Care (access to HIV (CTR) testing and results)
- Access to Syringes
- Active/Untreated STDs
- Developmental Issues
- Economic Dependence
- Education System Barriers to Discussing Safer Sex and Sexuality
- Health Literacy

- Homelessness

**Young High Risk MSM All Races (continued):**

- Internet (and other technology)
- Mental Health
- Perception of Risk
- Population Mobility
- Sexual Networks
- Sexual Role Power Dynamics
- Social Norms of Risky Behavior
- Stigma
- Substance Use
- Survival Sex

**Co-Factors for High Risk Heterosexuals (HRH)**

**Young High Risk Heterosexuals All Races (ages 13-24):**

- Access to Health Care (testing, privacy/confidentiality)
- Active/Untreated STDs
- Cultural Barriers
- Developmental/Learning Disabilities
- Domestic Violence
- Education System Barriers to Discussing Safer Sex and Sexuality
- Foster Care
- Having Sex Before Age 13
- Health Literacy
- Health/Medical Insurance (paperwork barriers: MA, MFPP, MNCare,etc.)
- Homelessness
- Internet (My Space & Facebook, and other technology)
- Lack of Family/Supportive adult
- Lack of Family Cohesion
- Mental Health
- Peer Pressure
- Perception of Risk
- Sexual Experimentation
- Sexual Networks
- Sexual Victimization
- Substance Use
- Survival Sex
- Unequal Partners
- Unsupervised Youth

**African High Risk Heterosexuals (ages 25+):**

- Access to Health Care
- Active/Untreated STDs
- Chemical Abuse (i.e.: alcohol, drugs, khat)
- Cultural Barriers
- Disclosure
- Economic Dependence
- Gender Power Imbalance
- Health Literacy
- Homelessness
- Immigration

- Incarceration

#### **African High Risk Heterosexuals (Continued):**

- Language Barriers
- Mental Health
- Perception of Risk
- Refusal to Use Condoms
- Religious/Spiritual Beliefs
- Sexual networks
- Stigma
- Survival Sex

#### **African American High Risk Heterosexuals (ages 25+):**

- Access to Health Care
- Domestic Violence
- Gender Power Imbalance
- Homelessness
- Lack of Cultural Competent HIV Services
- Late Stage Diagnosis Due to Barriers
- Medication Adherence
- Mental Health
- Mistrust of Healthcare System
- Perception of Risk
- Religious/Spiritual Beliefs
- Sexual Victimization
- Stigma
- Substance Use
- Survival Sex

#### **Latino/a High Risk Heterosexuals (ages 25+):**

- Access to Health Care
- Active/Untreated STDs
- Cultural Barriers
- Domestic Violence
- Economic Dependence
- Fear of Deportation
- Gender Power Imbalance
- Health Literacy
- Homelessness
- Language Barriers
- Population Mobility
- Religious/Spiritual Beliefs
- Sexual Networks
- Sexual Victimization
- Stigma
- Survival Sex

#### **Native American High Risk Heterosexuals (ages 25+):**

- Access to Health Care
- Active/Untreated STDs
- Cultural Barriers
- Domestic Violence
- Economic Dependence
- Homelessness

- Incarceration

**Native American High Risk Heterosexuals (Continued):**

- Mental Health
- Population Mobility
- Religious/Spiritual beliefs
- Sexual Networks
- Sexual role power imbalance
- Social Norms of Risky Behaviors
- Stigma
- Substance Abuse
- Survival Sex

**Asian Pacific Islander High Risk Heterosexuals (ages 25+):**

- Access to Health Care
- Cultural Barriers
- Domestic Violence
- Economic Dependence
- Education/Low High School Graduation Rates
- Education System Barrier to Discussion Safer Sex and Sexuality
- Gender Power Imbalance
- Health Literacy
- Health/Medical Insurance
- Language Barriers
- Late Stage Diagnosis Due to Barriers
- Low HIV Testing Rates
- Multiple Languages and Cultures
- Non-gay/Bisexual Identified MSM
- Perception of Risk
- Poverty
- Refusal To Use Condoms
- Sexual Role Power Dynamic
- Sexual Victimization
- Stigma
- Transgender Women (primarily M to F)
- Unemployment

## Co-Factors for Injection Drug Users (IDUs)

### **MSM/Injection Drug Users All Races and All Ages:**

- Access to Health Care (insurance loss and self-care activities diminished due to use)
- Access to Syringes
- Active/Untreated STDs
- Cultural Barriers
- Health Literacy
- Homelessness
- Hormonal Injections
- Mental Health
- Relapse Probability
- Sexual Networks (especially through internet use)
- Social Norms of Risky Behavior
- Stigma (shame at being IDU if MSM identified and vice versa)
- Substance Use
- Survival Sex
- Unemployment

### **IDU (except MSM/IDUs), All Races, All Ages and All Genders:**

- Access to Health Care
- Access to Syringes
- Active/Untreated STDs
- Fear of Criminal Prosecution/Incarceration
- Health Literacy
- Injection Drug Use Secrecy
- Isolation
- Mental Health
- Secrecy
- Social Norms of Risky Behavior
- Stigma
- Substance Use
- Survival Sex

## Co-Factor Definitions

The following table includes definitions of each of the co-factors and a description of their impact on HIV risk. Besides addressing selected co-factors, all funded prevention projects, regardless of the target population they are reaching, will be required to address both of the following core HIV risk factors:

- Unprotected anal and/or vaginal sex with a person or persons of unknown or different HIV status.
- Sharing of injection drug equipment and other instruments that puncture the skin.

**Note: Co-factors are listed alphabetically and are NOT prioritized.**

| CO-FACTOR             | DEFINITION   | RELATION TO HIV RISK  |
|-----------------------|--|---|
| Access to Health Care | Health care that is available, acceptable, affordable, accountable and utilized (includes access to health insurance and culturally and linguistically competent care).  | HIV+ persons who do not have access to health care and/or treatment have an increased chance of viral load being high, which increases transmissibility of HIV and drug resistance. Also, if they have an active/untreated STD, there may be a higher likelihood of HIV transmission.<br><br>HIV- persons who do not have access to health care are less likely to test for HIV/STDs, less likely to get treatment for STDs, and will not get HIV messages from health care professionals (in some cultures, messages from health care professionals are deemed to be more important/are valued more than messages from other sources). |
| Access To Syringes    | Ability to access clean syringes. This may include needles exchange programs and syringes available at pharmacies through the Syringe Access Initiative. Accessibility is related to things such as affordability, location, non-judgmental attitude of person providing syringes. | Sharing needles, syringes or “works” contaminated with blood increases risk of HIV transmission. Access to syringes can be difficult for some populations of young MSM due to social isolation, drug use stigma and can lead to unsafe needle use.  |
| Active/Untreated STDs | STDs (e.g., gonorrhea, herpes, chlamydia, syphilis) that have not been treated or are active. Many STDs are asymptomatic.  | Active/untreated STDs make it easier for HIV to be acquired or transmitted.<br><br>Active/untreated STDs in an HIV positive person results in a jump in HIV viral load.   |
| Chemical Abuse        | Drug or chemical abuse has a wide range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. Some of the most   | See substance use co-factor.  |

| CO-FACTOR                           | DEFINITION  | RELATION TO HIV RISK  |
|-------------------------------------|---|---|
|                                     | commonly abused drugs include alcohol, marijuana, amphetamines, barbiturates, benzodiazepines, cocaine, heroin, morphine, and other opiates (codeine, hydrocodone, etc). Use of these drugs may lead to criminal penalty in addition to possible physical, social, and psychological harm, both strongly depending on local jurisdiction.   |   |
| Cultural Barriers                   | Cultural attitudes, beliefs and social norms within a specific cultural group that are barriers to HIV prevention messages and interventions (e.g., myths about HIV transmission and cures for HIV, female genital mutilation, bride price, machismo, fatalism, focus on youth culture, belief that most other youth are having sex).   | Cultural beliefs and social norms are very deeply engrained within individuals and communities. Individuals/communities may not realize their beliefs/social norms impact risky behavior and/or may not be willing or able to change risky behavior because it would go against their cultural beliefs/norms.   |
| Denial of Partners Infection        | Denial is a defense mechanism in which a person is faced with a fact that is too painful to accept and rejects it instead, insisting that it is not true despite what may be overwhelming evidence. The subject may deny the reality of the unpleasant fact altogether (simple denial), admit the fact but deny its seriousness (minimization) or admit both the fact and seriousness but deny responsibility (transference). | A person in denial that their partner is HIV positive or one who minimizes the infectiousness of HIV may not take adequate precautionary measures.  |
| Developmental Issues                | Age related behavioral changes that occur as a child grows up including: motor skills, problem solving abilities, conceptual understanding, acquisition of language, understanding of consequences of actions, perceptions of vulnerability, moral understanding, and identity formation  | A person's understanding of and ability to make decisions related to HIV risk may be influenced by their psychological development or their age (e.g., a normal stage of adolescent behavior includes risk taking and rebellion which could lead to unprotected sex or unsafe drug use. Adolescents also have feelings of invincibility and often lack of forward thinking about the future). |
| Developmental/Learning Disabilities | A disability is a condition or function judged to be significantly impaired relative to the usual standard of an individual of their group. The term is often used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness, and  | A person with developmental disabilities may not be able to cognitively assess they are at risk. General HIV prevention education is not effective. A person with learning disabilities may not be able to effectively take in and process information provided in a written format. A person with a disability may be viewed as  |

| CO-FACTOR   | DEFINITION  | RELATION TO HIV RISK  |
|---|---|---|
|   | various types of chronic disease. This usage is associated with a medical model of disability. Disabilities may come to people during their life or people may be born disabled.  | vulnerable and be pressured, tricked or forced into risky behaviors.  |
| Disclosure  | Disclosure involves issues and concerns around revealing something about one's self (e.g., sexual orientation, HIV status, drug use history, bisexual behavior, etc.).  | For HIV positive persons, fear of disclosing status to sexual partners and/or family/friends, may lead them to engage in risky behavior or not seek care or support services.<br>HIV negative persons may not seek testing, talk about risk behaviors, HIV or condom use with partners.   |
| Domestic Violence   | Violence and abuse (including emotional, physical and sexual) perpetrated by family members, acquaintances, strangers, or intimate partners (e.g., spouse, former spouse, boyfriend or girlfriend, ex-boyfriend or ex-girlfriend, or date). This includes marital rape.             | Lack of sexual choice or consent may place persons experiencing abuse at risk for HIV.<br>Persons in an abusive relationship may feel unable to remove themselves from an activity that places them at risk for HIV.<br>A history of childhood sexual abuse has been shown to be associated with risky behavior in youth and adults.<br>Disclosure of domestic violence is taboo in some cultures and frowned upon. |
| Economic Dependence   | Depending or relying on others for money or basic needs   | A person who has to rely on others for meeting basic needs may engage in HIV risk behaviors such as survival sex or staying in a relationship that puts them at risk.   |
| Education System Barriers to Discussing Safer Sex and Sexuality | Barriers such as reluctance to discuss condom use or sexual orientation within the educational system (schools).  | Educational policies such as abstinence until marriage based curriculums and homophobia within schools may lead to misinformation, lack of access to safer sex materials, and social isolation for some students.   |
| Education/Low High School Graduation Rates                      | Low high school graduation rates refers to populations who have a low rate of students who graduate from high school. Some may go on to pass a General Educational Development (GED) test that certifies that the taker has American or Canadian high school-level academic skills. | Individuals who have not graduated from high school are less likely to be employed and insured which in themselves are barriers to HIV prevention information and health care access. See economic dependence co-factor.  |

| <b>CO-FACTOR</b>                           | <b>DEFINITION</b>   | <b>RELATION TO HIV RISK</b>  |
|--|---|--|
| Fear of Criminal Prosecution/Incarceration | Fear of legal proceedings for engaging in criminal behavior and/or being imprisoned in jail or prison.  | Fear of criminal prosecution/ incarceration can lead some to be less likely to access clean syringes. This fear may also be a barrier to seeking drug treatment.   |
| Fear of Deportation                        | Deportation - The act of banishing a foreigner from a country, usually to the country of origin.<br>Thus fear of deportation is being afraid of banishment and removal (in this case) from the United States.   | The fear of deportation may lead people who are in Minnesota without immigration documentation to engage in survival sex, remain in relationships with gender power imbalance or domestic violence. This fear may also stop HIV- people from getting tested for HIV, or HIV+ people from seeking medical care or other services.       |
| Foster Care                                | Is a system by which a certified, stand-in "parent(s)" cares for minor children or young people who have been removed from their birth parents or other custodial adults by state authority.  | Research shows that adolescents in foster care present with multiple psychosocial and mental health problems that individually are associated with increased risk for HIV infection. They may also be exposed to HIV due to sexual abuse.  |
| Gender Power Imbalance                     | Gender is the perceived masculinity or femininity of a person or characteristic. A person's aggregate gender is complex, encompassing countless characteristics of appearance, speech, movement and more.<br>Power Imbalance is an unequal distribution of control and/or decision making ability within a relationship.  | A person's vulnerability and lack of sexual choice or consent may place them at risk for HIV.<br>An imbalance of power may place one individual at higher risk than another.<br>In some cultures, gender power imbalance favors men over women, making it difficult for women to self determine when, where or how they engage in sex. |
| Hate Crime Violence                        | Occur when a perpetrator targets a victim because of his or her membership in a certain social group, usually defined by race, religion, sexual orientation, disability, ethnicity, nationality, age, gender, gender identity, or political affiliation. Hate crimes differ from conventional crime because they are not directed simply at an individual, but are meant to cause fear and intimidation in an entire group or class of people. Hate crime can take many forms. Incidents may involve physical assault, damage to property, bullying, harassment, verbal abuse or insults, or offensive graffiti or letters. | A victim of hate crime violence may be more likely to isolate themselves from their community and experience distress, depression, and other behavioral co-factors that increase the chance of risk taking behaviors. The hate crime itself may place a person at risk such as in rape or other forms of sexual victimization.         |

| <b>CO-FACTOR</b>                         | <b>DEFINITION</b>   | <b>RELATION TO HIV RISK</b>   |
|--|---|---|
| Health Literacy                          | Ability to read and comprehend health education material (also, ability to understand Western medical interpretation of health and how the body works).   | HIV health education (spoken, visual or written) provided in a manner that does not take into account the client's health literacy will be ineffective. It will also be ineffective if the health education is inaccessible to the target audience (e.g., provider has the information but no mechanism to disseminate it to the target; a radio show may only reach one area of the city).   |
| Health/Medical Insurance                 | The term is generally used to describe a form of insurance that pays for medical expenses.  | Individuals without insurance or underinsured are less likely to access healthcare. This means that they may not get tested for HIV. They may only come in contact with the health system when it is critical (e.g. advanced AIDS and related complications.) Also, for some populations the paperwork involved in acquiring insurance serves as a barrier. See access to healthcare co-factor.   |
| Healthy Physical Appearance (Health POZ) | Refers to HIV positive individuals looking healthy due to medications, nutrition etc. Early in the epidemic HIV was associated to wasting and loss of weight.   | A person may assume that their sexual or injecting drug use partner is not infected and may not take protective measures. Additionally, a population may not perceive that HIV is a risk to their community if they only associate HIV with a sickly demeanor.  |
| Homelessness                             | Homelessness is a situation in which a person does not have a permanent place of residence. The federal McKinney Assistance Act of 1987 defines homelessness as "Lacking a fixed, regular, stable, adequate nighttime residence."                                   | Being homeless may place a person at risk for HIV through engaging in survival sex, being economically dependent, or not protecting oneself from HIV due to gender power dynamics. There is also a correlation between substance abuse, mental illness and homelessness.  |
| Hormonal Injections                      | Hormone replacement therapy (HRT) for transgender and transsexual people replaces the hormones naturally occurring in their bodies with those of the other sex. Its purpose is to cause the development of the secondary sex characteristics of the desired gender. | Hormone replacement therapy is used in the transgender and transsexual community. Those identifying as transgender often experiment with their own sexual orientations and attractions. In addition, many are involved in money for sex in an effort to support substance addictions or to make money for the purchase of necessary hormonal therapy. Some reuse or share needles to inject their hormones because of the insurance industry's unwillingness to cover hormonal therapy. |

| CO-FACTOR                          | DEFINITION   | RELATION TO HIV RISK  |
|------------------------------------|--|---|
|                                    |  | Finding safe ways to get the hormones they need and the clean needles they need to inject the hormones is a daunting task that can lead to sex for money, sharing needles and substance use. Like any population, these sexual behaviors and sharing of needles increase HIV transmission risk.   |
| Immigration                        | Refers to the movement of people between countries. Immigration across national borders in a way that violates the immigration laws of the destination country is termed illegal immigration.  | Health care providers ask for documents such as IDs, SSN, etc. that a person may not have. Immigrants may be less likely to get HIV testing for fear of deportation and what will happen to their immigration status. This may lead to delayed diagnosis and unknowingly continued HIV transmission. Additionally, immigrants may delay HIV testing due to not knowing if they would qualify for medical help if diagnosed with HIV.                        |
| Incarceration                      | Incarceration is the detention of a person in jail or prison. People are most commonly incarcerated upon suspicion or conviction of committing a crime.  | Sexual activity and injection drug use occur in prisons and jails. Condoms and clean needles (HIV prevention tools) are not available to this population.   |
| Injecting Drug Use Secrecy         | Secrecy is the practice of sharing information among a group of people, which can be as small as one person, while hiding it from others. That which is kept hidden is known as the secret.  | Drug use and particularly injecting drug use, is a frowned upon behavior and therefore often done in secrecy. The injecting drug use community is a close knit group of people that are hard to access. Therefore getting information to them regarding prevention and transmission of HIV is difficult.  |
| Internet<br>(and other technology) | The Internet, sometimes called the "Information Superhighway," is a "network of networks" that consists of millions of smaller domestic, academic, business, and government networks, which together carry various information and services, such as electronic mail, online chat, file transfer, and the interlinked web pages and other resources of the World Wide Web (WWW). Youth use internet, text messaging and other technology at higher rates than adult populations. | The internet is becoming a popular avenue for "hook ups". Studies show that people (including MSM) that meet partners online are more likely to have unprotected sex, multiple sex partners and HIV positive sexual partners.<br><br>Youth use electronic technology, including the internet as a means to build and maintain social networks (which may or may not coincide with sexual networks). Text messaging is a highly used means of communication. |
| Isolation                          | An act or instance of isolating. The state of being isolated ( i.e. lack of contact or meaningful relationships with other people).  | See mental health and stigma cofactors.   |

| <b>CO-FACTOR</b>                          | <b>DEFINITION</b>   | <b>RELATION TO HIV RISK</b>  |
|---|---|--|
| Lack of Culturally Competent HIV Services | Is the absence of services that can effectively address varying cultural practices and world views. Lack of cultural competence results in inability to understand, communicate with, and effectively interact with people across cultures.   | Lack of culturally competent HIV services can create an environment where people do not feel understood and may lead to them not access services.  |
| Lack of Family Cohesion                   | The lack of a healthy and supportive family environment.  | This mainly affects youth that end up soliciting affection from unhealthy relationships. The lack of family cohesion may put teens in relationships with people that take advantage of them. (See sexual role power dynamics and gender power imbalance co-factors).   |
| Lack of Family /Supportive Adult          | Lack of a family or supportive adults in a youth's life.  | Youth who have no or few supportive adults or family members in their life may end up soliciting affection from unhealthy relationships. They may also suffer from few positive role models and voices of reason based on life experience. (See also Lack of Family Cohesion and Lack of Healthy Community Norms). |
| Lack of Healthy Community Norms           | In sociology, a norm, or social norm, is a rule that is socially enforced. Social sanctioning is what distinguishes norms from other cultural products. Social norms can also be viewed as statements that regulate behavior and act as informal social controls. They are usually based on some degree of consensus and are enforced through social sanctions. | See social norms for risky behavior.   |
| Lack of Resource Programs                 | Refers to the lack of a set of services to address social needs.  | Lack of resource programs in a community is a missed opportunity for referrals to testing, counseling and care. High risk individuals in such communities therefore miss prevention educational messages and access to condoms when needed.  |
| Language Barriers                         | Difficulties in communication due to not understanding or misunderstanding the dominant language (spoken, read or written)  | Lack of educational material and trained professionals able to communicate in the client's preferred language may lead to low understanding of HIV and increased risk behavior.  |
| Late Stage Diagnosis Due to Barriers      | Refers to barriers like lack of self identified risks, transportation, childcare and non-insurance that   | Untested individuals that engage in risky behaviors due to barriers, if HIV positive, are likely to continue   |

| CO-FACTOR                       | DEFINITION   | RELATION TO HIV RISK   |
|---------------------------------|--|--|
|                                 | hinder access to testing. This also refers to low test rates and individuals discovering their HIV status only after seeking care for HIV/AIDS related infections/health issues.   | transmitting the virus and only access healthcare when faced with complications arising from becoming ill. Additionally, if there are many barriers within a community, there may be an overall low testing rate.  |
| Low HIV Testing Rates           | Refers to a small number of people in a community testing for HIV due to a perception of no or low risk.   | A study shows that Asian Pacific Islanders have a low perception of risk. This has led to low numbers of testing and likelihood of engaging in risky behaviors. Additionally, illness in some API cultures is not openly addressed. Health care and HIV prevention is secondary for individuals with more fundamental human needs. |
| Medication Adherence            | Agreeing to a regimen and schedule of medication prescribed by a medical doctor.   | Adherence to medication is important to manage HIV infection and to suppress viral load. Someone with a high viral load is more likely to transmit the virus. Non adherence also increases the likelihood of developing drug resistance.   |
| Mental Health                   | Mental health conditions such as depression, anxiety, sexual compulsivity, etc.  | Mental health conditions may impact a person's ability to make healthy choices regarding safer sex and/or drug use.  |
| Mistrust of Healthcare System   | The belief that the healthcare system has a hidden agenda and does not have your best interest at heart.   | People that do not have trust in the healthcare system are less likely to test for HIV. They are also less likely to access care when positive. There may be mistrust regarding confidentiality. Trust regarding accuracy of information may be low therefore medication adherence may be compromised.                             |
| Multiple Languages and Cultures | Refers to the diversity of languages and cultures within immigrant communities, and thus within immigrant communities. More than 30 languages are spoken by the Asian Pacific Islander communities in Minnesota. It is estimated that more than 800 languages are spoken in Africa; however, they belong to comparatively few language families. Some 50 African languages have more than half a million speakers each, but many others are spoken by relatively few people. | Immigrants from different countries on the same continent or geographic region are often lumped together. The diversity in language and culture are lost and are often one of the main barriers to prevention and access to HIV/AIDS information.  |

| <b>CO-FACTOR</b>                | <b>DEFINITION</b>  | <b>RELATION TO HIV RISK</b>  |
|---------------------------------|--|--|
| Non-gay/Bisexual Identified MSM | Men who engage in sex with men but don't identify as gay or bisexual.  | Because of stigma and internalized homophobia non-gay/bisexual identified MSM may not take precaution to protect themselves or their partners. They may also perceive themselves as low risk because they associate HIV with a community they do not identify with.  |
| Peer Pressure                   | Peer pressure is a term describing the pressure exerted by a peer group in encouraging a person to change their attitude, behavior and/or morals, to conform to, for example, the group's actions, fashion sense, taste in music and television, or outlook on life.   | Peer pressure can lead to risky behaviors. For example it can be used to pressure someone into having sex without a condom. For popularity, drugs, money, etc. a person may engage in behavior that places them at risk for HIV.   |
| Perception of Risk              | A person's understanding of whether s/he is at risk of HIV infection or transmission. A person may believe s/he has no, low, moderate or high risk based on their risk behaviors, their understanding of HIV, their knowledge of their partner's risk, their religious beliefs, etc.   | A person's perceived vulnerability to HIV may influence their risk taking behavior (e.g., if a person thinks the people they have sex with are unlikely to have HIV, they may chose not to have safer sex).  |
| Population Mobility             | Population mobility is a phrase coined to encompass the entire spectrum of people on the move: who moved, when they moved, how they moved, where they moved, and why they moved. Includes individuals or identifiable groups; voluntary, assisted or forced moves; and moves within or beyond established political, socio-cultural, ethnic or environmental boundaries. "Migrants" are a sub-population of "mobile people." | Evidence of the relationship between mobile populations and HIV/AIDS is increasingly being seen as significant and there is greater acknowledgement that mobile populations are more vulnerable to HIV infection when compared with local populations. Vulnerability to HIV is greatest when people live and work in conditions of poverty, social exclusion, loneliness, and anonymity (e.g. traveling regularly, living away from spouses and partners, working in isolated environments with limited social interaction and health facilities, single-sex working and living conditions among men, and work that is dominated by men where women are in a small minority). These conditions may encourage the use of alcohol, drugs and commercial and/or casual sex. Note: Population mobility may be tied to sexual networks. |
| Poverty                         | Is the condition of lacking full economic access to fundamental human needs such as food, shelter and safe drinking water.   | Health care and HIV prevention is secondary for individuals with more fundamental human needs.   |

| <b>CO-FACTOR</b>                                 | <b>DEFINITION</b>   | <b>RELATION TO HIV RISK</b>   |
|--|---|---|
| Recognition of Risk of HRH by Medical Providers  | The ability of a healthcare provider to recognize and identify risky needle use and/or sexual behaviors in a heterosexually identified person.  | Healthcare providers that don't recognize risk or use a behavioral risk assessment may miss the opportunity to offer testing and prevention education.<br>Furthermore the healthcare provider may not recognize a person in the acute phase of sero-converting that is characterized by a high viral load and a high likelihood of transmitting the virus if engaging in risky behaviors. |
| Re-entry to Community from Correctional Facility | Refers to individuals re-entering the general community after being incarcerated.   | Individuals re-entering the community from a correctional facility maybe eager for sexual and/or injection drug use. They may or may not take precautions and may have engaged in risky behaviors while incarcerated (e.g. tattoos, injection drug use, unprotected sex etc.)   |
| Refusal to Use Condoms                           | A partner refusing the suggestion to use condoms.   | See gender power imbalance and sexual role power dynamics co-factors.   |
| Relapse Probability                              | A relapse occurs when a person is affected again by a condition that affected them in the past. This could be a medical or psychological condition such as depression, bipolar disorder, multiple sclerosis, cancer or an addiction to a drug. It is different from a slip or lapse in that it implies a return to previous behavior patterns, as opposed to a one-time occurrence. | Lack of adequate after-care programs specifically designed for the needs of a population or inadequate community support may lead to isolation and a high probability of relapse. This can include returning to previous behavior patterns that are high risk for HIV exposure.   |
| Religious/Spiritual Beliefs                      | An individual or community's beliefs concerning the supernatural, sacred, or divine, and the practices and institutions associated with such beliefs.   | A person or community's religious or spiritual beliefs may conflict with HIV risk reduction measures (condom use, accepting their sexual orientation).<br>Some religious institutions or dogma may contribute to stigma.  |
| Self Esteem (Low)                                | In psychology, self-esteem reflects a person's overall self-appraisal of their own worth. Psychologists usually regard self-esteem as an enduring personality characteristic, though normal, short-term variations occur.   | For many men who have sex with men (MSM), low self-esteem and internalized homophobia can impact HIV risk-taking.<br>Internalized homophobia is a sense of unhappiness, lack of self-acceptance or self-condemnation of being gay. In one study, men who experienced internalized homophobia were more likely to be HIV+, had less relationship satisfaction and spent less social        |

| CO-FACTOR              | DEFINITION   | RELATION TO HIV RISK   |
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|                        |  | <p>time with gay people.</p> <p>Male-to-female transgender persons (MTFs) identify low self-esteem, depression, feelings of isolation, rejection and powerlessness as barriers to HIV risk reduction. For example, many MTFs state that they engage in unprotected sex because it validates their female gender identity and boosts their self-esteem.</p>   |
| Senior Population      | Often defined as $\geq 55$ years of age, it refers to men and women, gay/bi/straight, of all races and sero-status.  | The false assumption that elders do not have sex reduces the amount of education and screening offered this population. For those who become single after many years in a relationship, they may not have the skills to navigate safer sex standards of today. As individuals with HIV age into the senior population, and new infections occur after age 55, the prevalence of people living with HIV over the age of 55 is increasing. |
| Sexual Experimentation | Although there is variation between individuals, children and teens generally are curious about their own bodies and those of others and engage in explorative sex play.   | If not using safer sex practices and engaging in risky behavior, a person could inadvertently put themselves at risk for HIV transmission while engaging in sexual experimentation. It is not uncommon for sexual experimentation to include same gender exploration.  |
| Sexual Networks        | <p>Sexual networks refer to a combination of patterns of sexual relationships and where people meet their sexual partners.</p> <p>Patterns of sexual relationships include polyamory, serial monogamy, monogamy, dating within or outside of racial/ ethnic group. Also within or between sero-status (e.g. pos/pos; neg/neg; mix status).</p> <p>Places people meet sexual partners include Internet, parks, sex parties, bars, street, traveling, etc.</p> <p>Examples:<br/> MSM – Internet, circuit parties<br/> Young HRH – friends with privileges, concurrent relationships<br/> HIV positive – practicing ser-sorting i.e. staying within all</p> | <p>HIV prevalence is higher among some populations than others, and HIV risk is higher within a sexual network that has a high prevalence of HIV.</p> <p>Some of the places people meet partners facilitate unprotected sex and/or multiple partners.</p>  |

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|                                  | positive circle of sexual partners as a harm reduction behavior.   |   |
| Sexual Role Power Dynamics       | <p>An inequality based on economics, age, outness, relationship status, and gender roles, i.e. roles that partners in relationships may take on related to active and passive sexual roles and/or traditional male and female gender roles.</p> <p>Power dynamics are related to an individual's ability to make choices about their behavior.</p> | <p>A person's vulnerability and lack of sexual choice or consent may place them at risk for HIV.</p> <p>An imbalance of power may place one individual at higher risk than another.</p>   |
| Sexual Victimization             | Is an umbrella term that is inclusive of but not limited to rape, sexual assault, non-consensual sex with spouse/partner, etc.   | <p>Those experiencing sexual victimization have no opportunity to protect themselves during the act. Lack of sexual choice or consent may place persons experiencing abuse at risk for HIV. People that have experienced sexual victimization are more likely to engage in risky behaviors e.g. multiple sex partners, drug use, exchange of sex for drugs or money. There is a loss of self esteem and control. They do not feel like they have the power to negotiate for condom use or clean needles. In the case of sexual victimization with spouse/partner, individuals often are not in a position to inquire about partner(s) sexual history and unable to negotiate safer sex.</p> <p>A history of childhood sexual abuse has been shown to be associated with risky behavior in youth and adults.</p> <p>Disclosure of sexual victimization is taboo in some cultures and frowned upon.</p> |
| Short-term Emotional Fulfillment | Is a state of being content with who you perceive yourself to be for a short duration of time.   | Individuals that seek short term emotional fulfillment are more likely to engage in risky sexual behaviors without considering the longer term consequences. See self esteem co-factor.   |
| Social Norms for Risky Behavior  | A norm, or social norm, is a pattern of behavior expected within a particular society (or group of people) in a given situation. The shared belief of what is normal and acceptable shapes and enforces the actions of people in a society. Those who do not follow their social norms are   | Believing that a risk behavior for HIV is normal and acceptable among your peers may lead one to engage in the risk behavior (e.g., adolescents who believe their peers are engaging in unprotected sex are more likely to do so themselves; IDUs whose peers share needles without cleaning  |

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|   | <p>considered eccentric or even deviant and are typically stigmatized. The very fact that others in one's society follow the norm may give them a reason to follow it. Thus, social norms for risky behavior are the shared belief that a risky behavior is normal and acceptable.</p>   | <p>them are more likely to do so themselves; a person whose sexual network uses drugs is likely to also use drugs). People who are single are often perceived to be at higher risk than those who are married, however this false assumption can lead to social norms that place people at risk.</p>  |
| <p>Stigma</p>                               | <p>Stigma is a characteristic that an individual or group possesses that is seen as deviant and violates a set of shared values, attitudes and beliefs. Stigmatization can lead to prejudicial thoughts, behaviors and/or actions manifested at the individual or societal level.</p> <p>Examples of stigma at the individual level include rejection of an HIV positive persons by family/friends, gay bashing, being passed over for promotion due to race.</p> <p>At the societal level, stigma is experienced through laws, policies, public opinion and social conditions (e.g., laws prohibiting gay marriage, laws prohibiting possession of syringes).</p> <p>Stigma can be internalized or externalized.</p> <p>Stigma can be related to:</p> <ul style="list-style-type: none"> <li>- HIV</li> <li>- Sexuality</li> <li>- Race/ethnicity</li> <li>- Other (poverty, drug use, sex work, gender, age, immigration status, education level, etc.)</li> </ul> | <p>Stigma experienced at the individual level may result in denial of risk, fear of getting tested or seeking prevention or care services, fear of talking about HIV and safer behaviors with sexual/needle sharing partners, or being unable to access services that are culturally and linguistically appropriate.</p> <p>Stigma experienced at the societal level may result in prevention messages not being effective with specific populations, or specific populations being unable to access prevention and care services and tools.</p> <p>Internalized stigma occurs when people believe the attitudes that others have about them. This can lead to loss of self-esteem and a sense that they will inevitably become infected with HIV, or that they deserved to have become infected.</p> |
| <p>Substance Use</p>                        | <p>Use of alcohol and/or drugs (e.g., crystal meth, Khat, marijuana, cocaine, GHB, ecstasy, heroin, etc.).</p>   | <p>Substance use may impact a person's ability to make healthy choices regarding safer sex and/or drug use. Substance use may impair a person's judgment or reduce inhibitions. Some drugs also make people hypersexual.</p>  |
| <p>Survival Sex</p>                         | <p>Trading sex to get something a person needs (shelter, money, drugs, food, etc.). Includes prostitution and other sex work.</p>  | <p>A person who is trading sex is often not in a position of power to negotiate for condom use.</p>   |
| <p>Transgender Women (primarily M to F)</p> | <p>Transgender is a general term applied to a variety of individuals, behaviors, and groups involving tendencies that diverge from the normative gender role (woman or man) commonly, but not always,</p>  | <p>Studies have shown that transgender women, particularly transgender women of color, are more likely to have experienced unprotected sex due to a multiple of risk factors . Also, transgender</p>  |

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|   | assigned at birth, as well as the role traditionally held by society. "Transgender" does not imply any specific form of sexual orientation; transgender people may identify as heterosexual, homosexual, bisexual, pansexual, polysexual or asexual. | women commonly experience a combination of many of the co-factors including but not limited to sexual victimization, survival sex, isolation, violence, and stigma. See also hormonal injection co-factor.   |
| Unemployment                            | Is the state in which a person is without paid work or employment.   | A person that is out of work may be economically dependent on others. See economic dependence co-factor.   |
| Unequal Partners                        | Refers to youth being in a relationship with an older person.  | See gender power imbalance and sexual role power dynamics co-factors.  |
| Unsupervised Youth (Out of School/Work) | This refers to the lack of engagement for youth after school when their parents are at work. Also includes youth who drop out of school before graduation and cannot find a job.   | Youth are more apt to engage in risky behaviors when they are not occupied or supervised by adults and have extensive unstructured time. Likewise, youth who drop out of school may be affected by other co-factors such as economic dependence, poverty, etc. |
| Viral Load                              | Amount of HIV in the body, commonly expressed as "copies (of virus) per milliliter (mL) of plasma." Plasma is a component of blood. Viral load values range from fewer than 100 copies/mL to 500,000 or more copies/mL.                              | Viral load is associated with HIV transmission; the higher the viral load the higher the risk of transmission. This is true for all modes of transmission. Maintaining a low or undetectable viral load is also associated with slower disease progression.    |