2009

The Youth Sexual Health Project
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Committee on Health
Council of the District of Columbia

Youth Sexual Health Project: A Framework for Change

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ACKNOWLEDGEMENTS

The Youth Sexual Health Project team is grateful for the meeting space and collaborative support of the following individuals and their organizations: Gabriel Benn and Tracee Frazier of Educational Lyrics, LLC; Rick Henning, Michael Snipes, Dayna Edwards, Sherida Dozier, Gloria Succi, and Chanel Mason of Rock Creek Academy; Dorinda Williams and Irwin Royster of Planned Parenthood; Adam Tenner, Angel Brown, and Carmel Pryor of Metro TeenAIDS; Khadijah Tribble of Pediatric AIDS/HIV Care; Jacqueline Bowens, Colleen Whitmore, and Maranda Ward of Children's National Medical Center; and Mabinty Koroma of Multicultural Advocacy and Kommunications.

The Project team is thankful for assistance of volunteers: Erika Purcell-Williams, Chidimma Acholonu, Alison Shaffer, Tiffany Gray, and Ben Williams.

The Project team appreciates the insight of community providers, including Chris Bryant of the Street Wize Foundation; Catalina Sol of La Clinica Del Pueblo; Trina Scott, Jennifer Augustine, and Donald Hitchcock of Advocates for Youth; Carrie Brown of the Association of Reproductive Health Professionals; Abby Charles of the Women's Collective; and Lindsey Mayhew of the Sexual Minority Youth Assistance League.

The Project could not have been successful without the cooperation of government officials, coordinators of school health programs, school nurses, and teachers within the Department of Health and District of Columbia Public and Charter Schools.

The Project team would like especially to thank the following Councilmembers and their offices: Council Chairman Vincent C. Gray and Committee on Health Chairman David A. Catania and their staff for making this work possible and their significant contributions in the editing and completion of the Youth-Inspired Sexual Health Framework.

Finally, the Project team expresses their gratitude to the hundreds of youth who shared their personal stories, thoughts, and ideas with the Project team, helping to make this work authentic and to improve youth sexual health programming in the District of Columbia.

EXECUTIVE SUMMARY

In the spring of 2009, the Committee on Health launched the Youth Sexual Health Project (Project) with the ultimate goal of developing youth-inspired sexual health programming strategies that can be implemented in the District of Columbia. Working with youth advisors, the Committee investigated sexual health information awareness among District youth and attitudes about current programming through focus groups, key informant interviews, youth surveys, and media assessments. This report, *A Framework for Change*, is the culmination of this effort.

Below is a summary of two of the major components of the report – major findings and lessons learned during the research phase of the Project and the Youth-Inspired Sexual Health Framework.

MAJOR FINDINGS AND LESSONS LEARNED

YOUTH FOCUS GROUPS

Youth focus group discussion topics ranged from sexual health curricula and condom availability to the use of digital and electronic media as part of sexual health campaigns.

<u>Sexual Health Information</u>

Youth focus groups participants reported accessing sexual health information from a variety of sources, with health education classes being the most common. Generally speaking, youth are disappointed with health education classes as a source of sexual health information and would prefer the use of more non-traditional formats, including peer-led initiatives and interactive workshops.

<u>Condoms</u>

Despite an awareness of the risks associated with unprotected sex, many youth report not using condoms. While some students report accessing the free school-based condom availability program, overall awareness and utilization of the program is limited. In addition, youth have strong opinions about particular condom brands.

Sexual Education Curriculum

Youth understand the importance of learning about reproductive anatomy, but desire more information about self-esteem and healthy relationships. They also find compatibility with educators essential to the success of a sexual health curriculum and believe that sexual health information is best provided by someone that is relatable, young, and demographically representative of the class.

Sexual Health Workshops

Youth showed a preference for a non-traditional approach to sexual health education. Specifically, workshops were cited as a unique opportunity to disseminate accurate, comprehensive sexual health information that could be particularly beneficial to both youth and parents.

New Media/Electronic Communication

Youth rely heavily on electronic and digital communication tools to converse with friends and family. Text messaging and social networking websites are the most popular modes of communication and may be valuable options to better engage youth in sexual health programs.

Peer-Led Initiatives

Youth reported that peers could make appropriate health educators. Youth are also drawn to youth-led programs that are innovative, convenient, and administered in a safe environment.

School Nurses

Generally speaking, youth do not utilize school nurses as a resource for sexual health knowledge. Youth perceive school nurses as inaccessible, untrustworthy, and judgmental, undermining their potential to disseminate accurate and complete sexual health information.

SCHOOL NURSE FOCUS GROUPS

A focus group was conducted with school nurses to gain a better sense of sexual health in schools and program policies.

School Nurses and Sexual Health Programming

Though school nurses are expected to provide health promotion and educational programs on sexually transmitted diseases, there is a lack of clarity as to the role of school nurses with respect to the delivery of general sexual health information. In addition, though training opportunities are available, school nurses do not always receive continuing education on youth sexual health issues.

YOUTH SURVEYS

To better understand the impact of digital and electronic communications on sexual health programming, the Project team surveyed youth on a variety of New Media tools, such as text messaging and social networking websites.

Cell Phones and Text Messaging

The vast majority of youth – 88 percent – reported having a cell phone. Of those, 86 percent reported that they send and receive text messages on a regular basis. Further, 44 percent of youth reported sending or receiving more than 100 text messages a day.

Computer and Internet

An overwhelming majority of survey respondents – 87 percent – reported having access to a computer at home, of which 94 percent reported having access to the Internet. Of the students that reported not having Internet access at home, many indicated that they use the Internet at a friend's or relative's house.

Online Sexual Health Information

Nearly half of District youth – 41 percent – have searched the Internet for sexual health information. Despite this relatively high number, only 5 percent of survey respondents reported receiving a majority of their sexual health information online.

Current Sexual Health Campaigns

Survey respondents recognized logos and materials from a variety of sexual health campaigns. Youth surveyed described BET's "Rap-It-Up" campaign as the most visually appealing and as the most informative with regard to raising their awareness

of sexual health issues. Metro TeenAIDS's "RealTalkDC" and BET's "Rap-It-Up" campaigns were considered the most effective at mobilizing students to seek sexual health information and services.

Condom Websites

Nearly all respondents reported not having visited a condom website as a source of online sexual health information. When asked whether they would use the information from the condom websites presented, almost half of surveyed youth indicated that they would use the information from the Trojan website.

Celebrity Spokespersons and Sexual Health Campaigns

Survey respondents indicated that receiving health messages from celebrities would help inform them about sexual health issues. Of those celebrities presented, Common and Ludacris were most often recognized for their involvement in public health campaigns. Survey respondents also noted that celebrities known to have engaged in irresponsible behaviors would not have credibility with young people when promoting positive sexual health decisions unless the celebrity acknowledged their own mistakes.

KEY INFORMANT INTERVIEWS

Key informant interviews were conducted with District health professionals to learn more about youth sexual health planning in the District.

Working with Youth

Many experts cited the need for sexual health programs to work more effectively with youth, including seeing youth as partners in the development and implementation of campaigns.

Socioeconomic Factors

A common theme among key informant interviews is that social and economic factors greatly impact youth sexual health and overall well being. These can include financial stability and access to primary care as well as culture and gender norms.

Developing Innovative Health Programs

Health professionals spoke positively about initiatives that involve employing youth to create and develop sexual health programs for their peers. In addition, many discussed using text messaging and social networking to engage and promote youth health programs.

Improving Sexual Health Education

Experts agreed that school-based programs are the primary source of sexual health education but that they often lack consistency in their administration throughout the school system.

WEBSITE ASSESSMENT

To better understand what sexual health information is available to youth and how it can be accessed, the Project team conducted its own assessment of the most prominent youth sexual health campaigns that utilize New Media technologies.

Strengths

Many sites have interactive features that effectively engage youth, such as text messaging, online quizzes, games, educational videos, and question and response sections. In addition, many hold themselves out as "safe spaces" where youth do not have to fear being judged when asking questions about sexual health.

Weaknesses

Several sites failed to engage youth due to design or content weaknesses. Typically design problems included having a dull color scheme, not being interactive, or not being easy to navigate. Other websites were described as having an outdated or "old school" design that was not appealing to youth.

YOUTH-INSPIRED SEXUAL HEALTH FRAMEWORK

Based on the aforementioned research findings, the Project team developed a set of five guiding principles that should drive any effort to develop sexual health programming for youth. For each principle, the Project team selected one overarching goal and then created a specific set of objectives and proposed activities that can be implemented to achieve the desired outcome. These goals, objectives, and activities are directly linked to the issues identified by the youth themselves and represent the first comprehensive effort to improve the health and well-being of District youth through youth-inspired sexual health programming.

GUIDING PRINCIPLE: Social Determinants of Health

Goal: Reduce the detrimental impact social determinants can have on youth sexual health.

Objectives:

- Gain a better understanding of the impact of social determinants on youth sexual health.
- Integrate social determinants into sexual health curricula.
- Ensure that the District government takes steps to alleviate the potential negative impact of social determinants on youth sexual health behavior.
- Ensure that health care professionals and service providers take steps to alleviate the potential negative impact of social determinants on youth sexual health behavior.

GUIDING PRINCIPLE: Health Literacy

Goal: Improve the sexual health literacy of District youth.

Objectives:

- Gain a better understanding of the current sexual health literacy of District youth.

- Ensure that individuals responsible for educating youth on issues related to sexuality and sexual health have sufficient competence in sexual health issues.
- Utilize innovative and non-traditional methods to educate youth about sexual health issues.
- Better utilize school nurses to promote sexual health literacy among youth.
- Expand sexual health curricula beyond reproductive health and STI awareness.
- Ensure parents/guardians have the tools necessary to educate their children on sexual health issues.

GUIDING PRINCIPLE: Community Engagement

Goal: Engage all community members in the effort to promote positive youth sexual health behaviors.

Objectives:

- Create opportunities for community involvement on issues surrounding youth sexual health.
- Create a standard message that all community members can utilize in promoting positive youth sexual health behaviors.
- Work with local businesses and organizations to promote positive youth sexual health behaviors.

GUIDING PRINCIPLE: Youth Leadership

Goal: Increase youth leadership opportunities related to sexual health programming.

Objectives:

- Expand youth sexual health peer education programs in the District.
- Engage youth in the planning process for sexual health policies and programs.

GUIDING PRINCIPLE: Coordination of Health Systems

Goal: Promote greater coordination on youth sexual health issues.

Objectives:

- Establish a shared vision and common goal for the promotion of positive youth sexual health behaviors.
- Enhance data and resource sharing among District health care institutions.

FOREWORD

Earlier this year, the Kaiser Family Foundation released its seventh major survey of the American public's opinions and experiences related to HIV/AIDS. The report, *Survey of Americans on HIV/AIDS*, revealed what many in the public health community had already suspected: the sense of urgency among the American public regarding HIV/AIDS has fallen considerably in recent years and personal concern about transmission and infection has steadily declined, including among young adults.

These findings run in direct contrast to the increasing rates of infection. The number of new HIV infections in the United States is much higher than previously thought and more infections occur among individuals under the age of 30 than any other age group (CDC, 2008). In the District of Columbia, 3 percent of all residents are known to be living with HIV/AIDS (DOH, 2008). This is significantly higher than the 1-percent threshold used by the Centers for Disease Control and Prevention (CDC) to define an HIV epidemic as generalized and severe among a distinct population, and it puts the District at an HIV/AIDS rate that is more comparable to a developing nation than the capital of an industrialized superpower.

Even more concerning are the general sexual health statistics among District youth. Though the number of new HIV cases among this population is relatively low, high rates of other sexually transmitted infections (STIs) are extremely troubling. In 2007, chlamydia and gonorrhea rates among District youth ages 15 to 19 were more than 3 times the national average (RAND, 2009). Sexual activity among this age group was also higher in the District than the national average – 57 percent of District teenagers reported having sexual intercourse as compared to a national average of 49 percent. In addition, 21.5 percent of District high school students reported having had four or more sexual partners versus 14.9 percent nationally, and 30 percent of District high school students reported not having used a condom during their last sexual encounter (YRBS, 2007).

District youth are also becoming sexually active at a younger age. More than 13 percent of youth reported engaging in sexual activity before the age of 13, nearly double the national average of 7 percent. Even more startling, 12.5 percent of children in grades 6 though 8 reported having had three or more sexual partners (RAND, 2009).

Based on these staggering statistics, it is clear that traditional sexual health programming is inadequate. An innovative approach is needed in order to truly impact the sexual health behaviors of District youth. Though the District has launched a

variety of new sexual health programs in recent years, the need for innovation led the Committee on Health (Committee) to undertake a pioneering research project targeting the sexual health of District youth.

Launched in early 2009, the Youth Sexual Health Project (Project) was designed as an investigation of sexual health programming from the youth perspective. The Project team worked with youth advisors to better understand sexual health awareness among District youth and to gain insight into youth attitudes and perceptions about current sexual health programming in the District. The Project team also worked with youth partners on much of the Project's development and execution.

Phase I of the Project revealed that District youth have strong opinions about sexual health and often have a more open view about sexuality than many adults. District youth also believe that effective sexual health programming should include more than discussions about the biology or reproduction and sexually transmitted infections. Youth instead ask that sexual health education programs encompass discussions about the social determinants of health, such as income, employment, gender, and culture, as well as the emotional and mental aspects of sexuality.

Phase II of the Project continued the examination of youth sexual health perceptions with the ultimate goal of developing youth-focused sexual health program strategies. This report is the culmination of the Project and presents to the Council of the District of Columbia a strategic plan for how the District can best address the sexual health needs of District youth.

Taken together, Phase I and Phase II of the Project represent the first time that District youth were full participants in the process of developing the sexual health strategies that target them. This is a critical step toward making positive changes in how District youth make decisions about their own sexual behaviors. In addition, by involving youth in each phase of the Project, the Committee believes that the District can become a true leader in strategic sexual health planning and programming.

WHAT IS YOUTH SEXUAL HEALTH?

As envisioned by the Project team, "sexual health" is more than just the physical well-being of an individual; it represents the intersection between the emotional, physical, spiritual, and societal aspects of sexuality. Youth sexual health is the ability to understand, respect, and enjoy the different dimensions of sexuality so as to ensure healthy development into adulthood and community well-being.

"Sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behavior, practices, roles, and relationships."

-Canadian Health Education Guidelines, 2008

Open discussion of sexual activity, particularly of youth, is taboo in American culture. The result is that youth sexual development has been neglected by parents, schools, government agencies, and community organizations alike. Sexuality is often ignored as a normal part of human development. This void is filled by conflicting cultural messages and barriers to information. Today's youth witness explicit sexual images and messages and then face judgment when seeking information. As a result, they are extremely vulnerable to risky sexual behavior that may have serious physical, emotional, and societal consequences, such as a high prevalence of STIs, unintended pregnancies, and mental health issues.

In order to make a successful and sexually healthy transition from childhood to adulthood, youth need supports that acknowledge and respect their unique needs. This gap was the driving force behind the Project and shaped its goal of promoting sexual health among District youth.

PROJECT PURPOSE AND GOALS

The Youth Sexual Health Project was designed to ascertain general awareness and perceptions about sexual health information among District youth. In addition, the Project sought to create a specific set of goals and objectives to guide a suggested framework to enhance youth sexual health programming in the District.

RESEARCH METHODOLOGY

The Project utilized four major research tools in the development of its recommendations: focus groups, surveys, key informant interviews, and an assessment of digital and electronic communication technologies.

FOCUS GROUPS

Focus groups were the main research tool utilized by the Project team. Focus groups covered a variety of topics, from general sexual health awareness to the use of digital and electronic communication tools in sexual health programming. Participants represented a cross-section of District residents.

YOUTH FOCUS GROUPS

Over the course of the Project, 230 District youth participated in 10 focus groups. In each, a focus group script and questionnaire was developed by the Project's youth advisors. To ensure in-depth discussion and responses from participants, the Project's youth advisors often provided scenario-based questions. Whenever possible, the youth advisors relied on the natural evolution of the conversation to receive unaffected responses from youth participants.

Focus groups were held at a variety of locations, including community sites and schools. The focus group sites were selected to increase youth access to and participation in discussion sessions.

In addition to general topics related to sexual health, focus groups addressed key sub-topics, including the use of peer-led initiatives, a youth-inspired sexual education curriculum, and the examination of socioeconomic and cultural concerns that impede youth from engaging effectively in sexual health programs.

SCHOOL NURSE FOCUS GROUP

The project team also conducted a focus group with six school nurses. These nurses discussed open-ended questions relating to training, sexual health in schools, and program policies.

YOUTH SURVEYS

To better understand some of the key issues raised during the youth focus groups, the Project team created a survey that addressed topics such as the importance of digital and electronic communication tools and the effectiveness of current sexual health campaigns. An initial test survey was administered to more than 75 youth, including participants of Mayor Adrian M. Fenty's Summer Youth Employment Program. Using this test data, the Project team revised the survey to ensure more complete data collection and increased participation by partnering with many local public and public charter schools. A total of 123 students received the revised survey during their health or physical education sessions.

KEY INFORMANT INTERVIEWS

Another research tool utilized by the Project was key informant interviews of District of Columbia health professionals. In order to gain additional information about sexual health programs serving youth, the team conducted 15 key informant interviews over the duration of the Project. Individuals interviewed included youth advocates, curriculum writers, program managers, and school and government officials. In addition, experts were contacted based on specific knowledge areas including public health education, curriculum development, and digital and electronic communication tools.

WEBSITE ASSESSMENT

The Project team also conducted a firsthand review of many of the major websites dedicated to youth sexual health programming. This process allowed the team to gain a better understanding of many of the digital and electronic sources utilized by District youth when seeking sexual health information.

HOW TO NAVIGATE THIS DOCUMENT

The report is comprised of four major parts and can be reviewed as a whole or in individual sections, depending on the interest of the reader.

PART I: Major Findings and Lessons Learned

Part I presents the major findings and lessons learned through the investigative work of the Project team. This includes results from focus groups, surveys, and key informant interviews.

PART II: Guiding Principles

Part II sets forth the key principles that should be the foundation of any sexual health program directed at youth, including principles related to socioeconomics, youth leadership, and coordinated health systems.

PART III: Exemplary Strategies

Part III provides the reader with examples of successful strategies for youth sexual health programming.

PART IV: A Youth-Inspired Sexual Health Framework

Part IV of the report presents the youth-inspired sexual health framework, including specific goals and objectives, to help improve the sexual health of District youth. Additionally, this part highlights proposed activities composed by youth researchers and collaborators of this project such as sexual health curricula, health marketing promotion, and community resources. Sample and prototype activities are listed in the Appendices.

Part I:
Major Findings and Lessons Learned

The Youth Sexual Health Project was designed with the ultimate goal of creating a youth-inspired sexual health action plan for the District of Columbia. As a first step, the Project team gathered research from a variety of sources, including District youth, school nurses, health care advocates, and media outlets. Below is a summary of the team's major findings and lessons learned.

A. YOUTH FOCUS GROUPS

To gain an understanding of youth awareness of and perceptions about sexual health issues, the Project team conducted a series of focus groups with District youth. These focus groups were broken out into two phases: Phase I provided the Project team with a general overview while Phase II probed deeper on key issues.

PHASE I

Phase I of the youth focus groups was designed to gain a clearer understanding of youth awareness of sexual health issues and their access to information. These conversations centered on two key issues: access to sexual health information and youth perceptions of condom availability and usage. Three focus groups were held with a total of 37 youth participants.

SEXUAL HEALTH INFORMATION

The goal of sexual health education programs is to provide youth with the knowledge they need to make healthy decisions in their sexual lives. It is clear, however, that many traditional programs are not reaching their intended audience. Instead, youth rely on a variety of resources when seeking and obtaining information on youth sexuality and risky behaviors. During Phase I, the Project team sought to learn more about how youth obtain their sexual health information, the reliability of these sources, and youth perceptions of current sexual health programs.

Finding: Youth access sexual health information from a variety of sources; health education classes are the most common.

All youth focus group participants reported receiving some level of sexual health information. Of the sexual health information sources cited by youth, health education classes were the most common. Every participant stated that they have received some level of sexual health information as part of the school curriculum, starting as early as elementary school. The most

common topics covered in these classes include abstinence from sex, illicit drug use, the reproductive cycle, prevention of unintended pregnancies, and STIs.

Other commonly cited sources of sexual health information were television commercials and media campaigns, such Black Entertainment Television's (BET) "Rap-It-Up" and MTV's "Staying Alive" campaigns. Additional sources include the media, close friends, sexual partners, parents, and doctors. Some youth cited community organizations that have school-based programs as a source of sexual health information; only a few mentioned receiving sexual health information from community organizations that are not affiliated with a school.

Finding: Youth are generally disappointed with health education classes as a source of sexual health information and have mixed feelings about other commonly cited sources.

Most youth stated that they were disappointed with their health education classes. Though all reported receiving basic information about reproductive health, HIV/AIDS, and STIs, youth expressed disappointment that the existing health curriculum does not adequately address related issues, such as building healthy relationships. As one participant stated, "We learn basic health information about your body, diseases, but not more than that." Youth spoke about the need to discuss self-esteem, respect, and trust. They also want to learn how to better communicate with their sexual partners. For example, youth asked for information about how to engage a partner in a discussion about his or her sexual history. Some female participants also want to be able to discuss more personal issues with health educators and used the focus groups to ask question such as, "What do you do when sometimes when you're having sex and it hurts, but at the same time, you know what I mean – it feels good?" This intimate disclosure highlights both the complexity of the issue and the need for greater access to relevant sexual health information.

Youth also stressed the need for health educators to be open-minded. Youth perceive many educators, especially older adults, as judgmental. Instead, they want someone they can trust to listen to them without "pre-judgment." Participants talked about wanting to speak freely without being labeled promiscuous or viewed as a bad person. In addition, participants requested that public health educators both represent them demographically and be willing to share their own personal experiences with the class.

Focus group participants seemed to be generally pleased with media campaigns such as BET's "Rap-It-Up" campaign, as a source of sexual health information. Youth also cited friends and sexual partners as trusted sources of information. Parents, on the other hand, are not as well regarded as a source of sexual health information. Youth reported speaking to their parents about sex, but many said the experience was uncomfortable – though male participants reported an easier time talking about sex with their parents than the female participants. Youth also believe that their parents "may not know what to say."

Finding: Youth want to receive sexual health information from non-traditional sources.

Youth are very interested in receiving information about sexual health and protective health materials. They recommended that public health educators use blogs, e-mail, social networking sites, and word-of-mouth to reach students. Youth participants explained that they would be most receptive to individuals that were one or two grades ahead of them in school, such as older teens and college students. Peer mentors of the same age were discouraged by some focus group participants because they would be less likely to offer the same level of respect to someone the same age than someone a few years older. In addition, since employment is a concern of most youth participants, one suggestion was to provide a stipend to support training and education of sexual health peer educators.

In addition to non-traditional means, youth recommended that health interventions target individuals in locations they visit frequently. Some places identified as popular with District youth include the clubs located off of New York Avenue, the Magic Johnson Theaters in Largo Town Center, Go-Go concerts, and at a few downtown locations, including the McDonald's near the Verizon Center, Club Bounce, and the H&M clothing store.

LESSONS LEARNED

- Youth want more complete sexual health information. While they understand the importance of coursework address the biological changes of human development and the potential dangers of risky sexual behavior, youth do not feel adequately equipped to navigate their sexual lives. They need information about relationships and identity as well as practicable skills that enable them to proactively choose healthy sexual behaviors.

- The existing infrastructure is not adequately meeting the needs of District youth. School-based programs produce limited information and do not present the curriculum in a format that is youth-friendly.

CONDOMS

Through a program operated by the Department of Health, free condoms are available to youth from their school nurses but, according to anecdotal evidence, youth do not make use of this resource. The youth focus groups sought to uncover youth attitudes about condoms and condom use, where youth obtain condoms when they use them, and the barriers youth have to accessing condoms.

Finding: Despite youth awareness of sexual health issues, attitudes about condom use vary.

While all youth reported having knowledge about how condoms can protect against STIs and pregnancy, some reported knowing several peers who do not use condoms because either "it feels better without a condom" or "slip ups happen in the moment." For example, one young woman described her experience with a slip-up, saying, "it only took a few minutes to forget – 30 seconds and now I have kids." Youth claimed that even with adequate health education, unprotected sex happens in part because "it is harder to make good decisions" when they are sexually aroused or when sexual situations occur more suddenly.

Youth participants also reported that while both males and females should be responsible for having condoms, social mores can make women feel uncomfortable with carrying condoms. One youth expressed, "If I see a condom in my boyfriend's wallet that is fine, but if I see my sister with one then it's a problem… I am aware this is a double standard but that's how society has branded her." Another young female explained, "I don't carry a condom and don't plan to because for one I don't have anywhere to put it. I sometimes don't take a purse and I don't want to be at the store pulling cash out my pocket and a condom out at the same time." Young women are afraid that they will be judged as promiscuous by others or misunderstood by their partner if they carry condoms. To avoid misperception, some female focus groups participants reported leaving the responsibility to their boyfriends.

Finding: Youth have varied levels of knowledge of school-based condom distribution programs; those that are aware of free condoms utilize this service inconsistently.

Though almost all youth participants reported that receiving free condoms incentivizes use for protection against pregnancy and STIs, responses varied about the awareness of free condoms at their schools through the Department of Health Condom

Distribution Program. In fact, fewer youth than expected reported utilizing the school condom program. The main reason reported was a lack of rapport with the school nurse.

Generally, youth regard the school nurse as an elder in the community and do not feel comfortable talking to him or her about their sexual activity. A significant number of the youth stated that getting condoms from the school nurse is comparable to "asking my grandma or auntie for condoms." Another participant reported, "I would not want to talk to a school nurse because it's uncomfortable and it's like talking to your mom." Others stated that they "are okay with it" if the condoms are placed in an open container in the nurses' suite for access without questions. A few reported that their comfort level is dependent upon the school nurse's age, reputation, and trustworthiness among youth: "We know those nurses who talk and have a bad reputation."

Though a small number of youth reported having a close relationship with their school nurse, an overwhelming number of the youth want to receive condoms from someone other than the school nurse, preferably a young person or a "cool" female or male teacher. Youth participants also stated that they would be more receptive to asking a person of the same gender for condoms. One male participant stated, "It is easier to talk to a male figure about these issues rather than my mother."

Finding: Purchasing condoms is a barrier to condom usage.

The youth participants perceive the need to purchase condoms as a barrier to use. The most reported reason is that condoms are "too expensive" and that their peers would be less likely to use condoms if they had to pay for them. Several individuals said condoms should be free to everyone, indicating that the government should make this a formal mandate. Only a few participants could identify places where free condoms are distributed other than at their schools.

Many youth also reported feeling uneasy when purchasing condoms, citing store employees as a primary source of their discomfort, embarrassment, or shame. Focus group participants discussed being uncomfortable when going into a store and having to ask for condoms from an employee or having to retrieve them from inconvenient locations such as a click box or closed glass case with a "red button that makes a loud noise." They described this experience as "annoying" and that it alerts everyone to their "business." One youth stated, "The CVS machine to get condoms is loud and difficult to get condoms – if I can get cereal easily, why can't I get my condoms like that?"

Some of the youth also talked about store employees discouraging them outright not to buy condoms. One participant reported that a clerk at a gas station would not sell him condoms because the employee thought he was too young. The youth also described subtle behaviors, such as looks of disapproval, loud speaking, or questioning at the point of purchase. For instance, a young man described his experience at a local drugstore: "a guy looked at me weird when you ask for [condoms] or when he goes behind the counter – after all that I left with no condoms."

Finding: Youth have distinct opinions about condom brands.

Youth focus group participants indicated that certain condom brands are more preferable than others. When asked about particular condom brands such as Trojan, Lifestyles, and Durex, participants described Trojan brand as the most preferred. Youth feel that Trojan brand condoms are of better quality and offer more protection. Youth also regard Magnums as the best condom type because they are perceived as thicker. According to the focus group participants, Magnum condoms provide extra strength and protection against STIs and "do not break" during sexual intercourse. Additionally, youth stated that Durex brand condoms are the most likely to "pop or break." This is important because Durex is the condom brand currently utilized by the Department of Health for the school-based free condom distribution program.

LESSONS LEARNED

- Despite awareness of the risks associated with unprotected sex, many youth report not using condoms. This is partially due to societal norms; young women reported being discouraged from carrying condoms. In addition, barriers to condom accessibility – such as costs or physical placement of the product in stores – limit condom usage.

- While some students report accessing the free condom availability program in schools, overall awareness and utilization of the program was limited. This was in part due to a general discomfort with talking to school nurses about sexual health issues.

- Youth have strong opinions about particular condom brands. These opinions, whether accurate or not, play an important role in a youth's decision to use the product.

PHASE II

Based on the lessons learned during Phase I, the Project team hosted a series of topic-specific focus groups to learn more about what types of information a sexual health program should include and how that information should be presented. Issues covered included digital and electronic communication tools, curriculum development, and peer education programs. Phase II included seven focus groups of 123 District youth.

SEX EDUCATION CURRICULUM

Building upon the findings from Phase I, the team delved deeper into the adequacy of the District's sexual education curriculum. Youth were also asked what they would teach if given the opportunity to write lesson plans for the curriculum.

Finding: Youth feel learning reproductive anatomy is an important component of sexual health education.

Youth, particularly the younger focus group participants, reported being very interested in learning about general anatomy and reproductive health. Specifically, many youth focus group participants indicated a desire for more detailed health information on the female and male anatomy. Many reported that they also desire a better understanding of how reproduction occurs and its specific relationship to the menstrual cycle. In addition, they want more information on the connection between anatomy and the transmission of STIs as a result of sexual contact. Youth participants acknowledged that they do not always have adequate health information with respect to reproductive health and anatomy. For example, a common question youth raised during the focus groups is, "Can [females] possibly become pregnant while in water?" Some youth admitted that they put themselves at greater risk for pregnancy and STIs due to this lack of information. Many stated that if they were able to have more candid discussions about reproductive anatomy, then they would be less likely to engage in risky sexual behavior.

Finding: Youth request more than simple facts and figures from sexual health curriculum.

Youth are well aware of the disease epidemics in the District of Columbia and acknowledge the importance of protecting themselves and testing for sexually transmitted infections. At the same time, youth participants overwhelmingly reported that the majority of their sex education "barely explains anything" and that the health messages are also "too negative and scary."

Instead, youth indicated a preference for more in-depth information. They also want "hands on" examples of good sexual health practices. For example, youth participants stated that information regarding condom availability is helpful and appreciated but they need someone to "tell and show them" how to use condoms properly. Videos are strongly suggested, particularly in place of lectures.

Finding: Youth find compatibility with sexual health educators essential to sexual health educational programming.

An important finding from Phase I was that youth are generally disappointed with the relationships they have with sexual health educators. They want an educator to whom they can relate and who is trustworthy, otherwise they are unlikely "to pay attention and learn from them." One of the most common reasons youth prefer not to ask questions about sexual health in class is because they feel uncomfortable.

When asked more specific questions regarding health educators, youth generally agreed that there is a greater sense of comfort when the educator is of the same gender and that they may be afraid to ask frank questions of someone of the opposite gender. However, youth participants noted that if the educator is relatable, honest, and knowledgeable, gender "does not matter as much."

Youth also stated a preference for someone "cool," meaning relatively young and demographically representative of the class. If youth feel that they have something in common with the educator, then they tend to be more receptive to sexual health education. Youth view teachers as "older" and find it difficult to build an open relationship in which sexual health issues can be openly addressed.

Finally, youth also prefer that the educator have "personal experience" in sexual health issues and be willing to discuss them with students. They expressed a strong interest in learning from someone directly affected by the sexual health issues being taught, such as an individual living with HIV/AIDS or a teen mother.

LESSONS LEARNED

- Youth reiterated their need for information addressing the biology of human development and the potential dangers of risky sexual behavior, such as STIs. However, youth also need more information about relationships and self-esteem so that they can be more empowered to choose healthy sexual behaviors.

- Youth feel that the desired information can be best provided under the guidance of an educator that is relatable, young, and demographically representative of the class. Educators are also more credible if they can speak from experience about given topics.

SEXUAL HEALTH WORKSHOPS

Youth focus group participants were asked about the use of workshops as a method for sexual health education. Workshops are brief, intensive educational programs that focus on a particular subject matter or skill. Workshops are a common tool in the public health arena and provide educators and participants alike the opportunity to focus on wellness issues facing the community.

Finding: Youth prefer interactive and skill-based workshops; youth also recognize the need for flexibility.

Youth indicated a strong preference for interactive workshops. For example, youth expressed an interest in role-playing games and having a hands-on learning experience. One focus group participant stated, "[The class] was fun because we got to dissect something. I would have a hands-on approach." They also expressed the desire for engaging in conversations; they do not want to simply be lectured to. In addition, youth indicated a preference for workshop curriculums that build off of one another and do not simply provide an isolated educational experience. In talking about program development, one youth relayed his positive experience: "We learn information on Monday, then I have a couple of days during the week to think about it, then on Friday talk about it, then have the weekend to come up with more ideas for Monday."

Youth also recognize that individuals have different learning styles and that workshop instructors should use a variety of methods to communicate lessons. One youth explained that if he led a workshop, "It can't be taught to everyone in the same style. People have different learning styles… People have to have different methods so they can remember."

Finding: Youth want after-school workshops.

Many participants feel strongly that workshops should be held after school. One participant stated: "[Youth] will go only if [the workshop] is at a good time and the best time is either Wednesday or Thursday from 4 to 6 p.m." Some youth cautioned, however, that after-school workshops would only work "so long as they are interesting." Generally speaking, youth feel that after-school workshops would be a good opportunity to learn more about healthy sexual behaviors and other related issues that may not be covered in class.

Finding: Youth suggest a sexual health workshop for parents.

Many focus group participants stated that workshops should be held for parents as well, especially on the issues of effective communication. Youth want parents to learn more about the issues they deal with on a daily basis, including sexual health and relationships. Youth also want parents to hear from educators about the important of keeping conversations about sexual health private. Youth are concerned that their parents will discuss their conversations with other family members and friends. Youth also fear that if they ask questions, then their parents will assume that they are engaging in specific sexual behaviors and will judge them. For example, many believe that their parents do not know how to respond appropriately to sexual health questions and instead will make comments such as: "You are too young to be asking me these questions," or "Why are you asking? Are you having sex?"

LESSONS LEARNED

- Workshops offer a unique opportunity to disseminate accurate, comprehensive sexual health information in an intensive but brief format. Youth request workshops that include interactive lessons and are tailored to different learning styles.

- Youth think workshops would be particularly beneficial for parents – especially on issues of confidentiality and communication.

NEW MEDIA/ELECTRONIC COMMUNICATION

Based on the findings of Phase I, youth were also asked about non-traditional means of providing sexual health information. Specifically, the Project team focused on the use of "New Media" (i.e. electronic and digital communication tools) as a source of sexual health programming.

Finding: Cell phones are the primary means of communication for youth; text messages are a more common tool than telephone calls.

The majority of youth indicated that cell phones have become their primary communication tool. Almost every youth interviewed has a personal cell phone and uses it to communicate with friends and family. The most cited way youth use their cell phones is text messaging. Youth stated that they send text messages more than they talk on the phone. According to the Nielson Company, the average teen with a cell phone sends or receives an average of 2,899 text messages per month compared to 191 phone calls. The majority of youth focus group participants stated that they send or receive over 100 text messages a week, and some described their usage as "24 hours a day and seven days a week." Youth stated that text messages are preferable to traditional phone calls for a variety of reasons. For example, text messaging alleviates cell phone daytime minute use and is more convenient because users can carry on with daily tasks without interruption.

Finding: Text messaging is an effective way to communicate with youth.

Since the majority of youth use cell phones on a daily basis and text messages are the most common means of communication, youth report that text messages are a good method of communicating. Youth also describe texts as a "good and fast" method for sexual health promotion. Youth indicated that the messages should be concise in order to be effective; a longer text message is less likely to be read in its entirety. In fact, youth focus groups participants explained that a longer text message is more likely to be deleted without being read.

Youth focus group participants also recommend using text messages as a way to promote health-related activities and events going on in the city. One youth stated that cell phone communication is better than e-mails or other computer techniques because "everyone has a phone, but everyone may not have a computer." Youth also explained that such text-based promotions should have the date, time, and place clearly visible.

Finding: Text messages should come from a friend or reliable source.

The source of a text determines whether or not youth will read the message. Youth are more likely to read information from family and friends than from an unknown source. Youth mentioned that they like to receive text messages from friends and "hate FWD" or forwarded text messages from people that they do not know. They also do not want to receive unsolicited messages from authority figures. For example, one youth participant shouted during a focus group, "We don't want to receive a text message from the government."

Finding: Youth use social networking websites and highly recommend them to reach other teens successfully.

Youth overwhelmingly reported that they communicate with their peers through social networking websites such as MySpace and Facebook. Though youth also indicated Twitter as a New Media communication tool, most indicated a preference for MySpace and Facebook, as they are perceived as "younger" and "hipper." In addition, MySpace and Facebook are preferred by youth because they are more interactive, and members can design their own personal profile page, post messages on others' "walls", and upload media such as pictures and videos. Facebook can also be downloaded to various cell phones for convenient access to the site.

Youth focus group participants stated that they use social networking websites for entertainment, to connect with peers to share and promote ideas, and to receive information. In fact, many youth said that they often participate in and attend events of which they become aware on MySpace and Facebook. As a result, most youth feel that social networking websites are ideal methods of communication among their generation and would be a successful tool to effectively reach District youth.

LESSONS LEARNED

- Youth rely heavily on electronic and digital communication tools to communicate with friends and family. Popular options include texting and social networking websites.
- Given their acceptance among youth, New Media tools are optimal mechanisms for disseminating sexual health information. Specifically, youth recommend that sexual health programs utilize text messaging, Facebook, and MySpace to increase youth engagement and participation in health promotion activities.

PEER-LED INITIATIVES

Another major finding during Phase I was that youth feel more comfortable talking about sexual health issues with someone closer to their own age. Based on this information, a major focus of Phase II was to study how to develop and implement peer education programs.

Finding: Youth identify their peers by age and prefer sexual health programs led by older peers.

When asking youth focus group participants about their impressions of peer-led initiatives, it became immediately clear that the term "peer" is not consistently defined by youth. Generally speaking, youth consider a peer to be someone within four to eight years of their own age, both older and younger. For example, one sixteen-year-old participant considers her peers to be anyone between the ages of 14 and 22.

With respect to peer-led sexual health initiatives, the acceptable age range of "peer" shifts slightly older. Many youth stated that 18- to 25-year-olds or college students are the most favorable "peers" to lead sexual health programs. When asked to compare these peers with traditional health educators, youth stated that older adults tend to be "stricter and less experienced" in issues that youth encounter on a daily basis.

Finding: Youth want peer-led programs to be held in "youth-friendly" locations.

Youth reported that peer-led education programs should be held at easily accessible locations, including schools and recreation centers. Youth strongly prefer that peer education not take place in churches because "you cannot be honest" there.

In addition to location, youth also suggested that programs be held after school during the academic year as well as during the winter and summer breaks when "there is not much to do." They also suggested tools to entice youth participation, such as interactive sessions that incorporate demonstrations, videos and gaming, separating participants by gender, and providing snacks and refreshments.

LESSONS LEARNED

- Youth feel that peers could make appropriate sexual health educators. A youth's peer group includes individuals both slightly older and slightly younger than the youth, but for purposes of sexual health programming youth prefer peers that are slightly older.
- Youth are drawn to programming in environments that promote safe communication and are innovative and convenient.

SCHOOL NURSES

One of the major findings from Phase I was that many youth do not feel comfortable talking with their school nurse about sexual health issues. During Phase II, the Project team conducted additional focus groups on the subject of the student-school nurse relationship in order to gain a better understanding of why youth do not perceive school nurses as a resource for sexual health information.

Finding: Youth perceive school nurses in a purely medical role rather than as an educator.

Overall, youth reported that they see nurses' role as providing, at maximum, basic medical care. When asked what kind of "medical care," most stated that they see the nurse when they are not "feeling well" and to "receive medication, take a rest,

receive first aid, and possibly go home." Youth explained that they rarely visit the nurse to address anything but medical issues, and their experiences regarding sexual health discussions ranged from non-existent to awkward or outright uncomfortable.

Finding: Youth perceive school nurses as inaccessible.

Youth reported that nurses always seem to be busy and are not very accessible; if they are not seeing other students, they are doing "paperwork." Youth told the Project team that some nurses "will be in their offices and still refuse to see you."

Finding: Youth feel that school nurses are judgmental and untrustworthy.

One of youth's most common responses when asked to describe school nurses was "judgmental." Youth reported being hesitant to have sexual health discussions with school nurses in part because nurses are seen in a parental role, and youth fear being judged based on the questions they ask. In addition, many youth feel that school nurses would not keep sexual health discussions confidential. Though this sentiment was more common among District of Columbia Public Schools (DCPS) students than public charter or private school students, almost all raised the issue of trustworthiness as a concern. One youth described a situation where a young woman in her class believed that the school nurse disclosed the results of her positive STI test with colleagues. The youth stated that the young woman never returned to class because she felt that her privacy had been violated. Regardless of the validity of this story, it highlights the very strong feelings students have regarding the ability to trust school nurses. Despite these negative perceptions, many youth stated that they believe that stronger relationships with nurses could occur if the youth were certain that confidentiality would not be broken.

LESSONS LEARNED

- Despite the presence of school nurses in every school, youth do not utilize school nurses to enhance their sexual health knowledge.
- Youth perceive school nurses as both inaccessible and untrustworthy, undermining their potential to disseminate accurate and complete sexual health information.

OTHER RELATED CONCERNS

Focus groups discussions during both phases of the Project revealed that youth sexual health issues cannot be discussed independently of social, cultural, environmental, and economic concerns. Below are just a few examples of common subjects raised by youth participants.

Finding: Youth experience limited access to organized activities and lack financial resources.

In the majority of the focus groups, youth stated that that "they tend to get in more trouble" when there "is nothing to do." Generally speaking, youth cited winter and summer school breaks as problem periods, and that "spring break is not a huge concern because it is just one week." Youth expressed a sincere desire for more organized activities. In their own words, "we need things to do." Youth also reported that there is "no place for them to go after school" and that "most after school programs end at 6:00 p.m."

Older youth expressed the importance of having money and how this relates to greater independence from their parents. Many also stated a desire to help support their families or to have discretionary income for items such as clothes, shoes, and jewelry.

Finding: Youth want to learn more about the GLBTQ community.

Many youth focus group participants discussed a lack awareness of GLBTQ issues and expressed a desire to learn more about the GLBTQ community as a whole. In addition, many youth acknowledged that they lack the cultural understanding, such as appropriate terminology, to facilitate positive dialogue and interactions with the GLBTQ community.

Some focus group participants also perceive GLBTQ youth as having their "guard up" as it relates to their interactions with heterosexuals. For example, one participant described a scenario in which a same-sex couple is walking down the hallway, sees a group of heterosexuals looking their way, and automatically takes offense. Several youth stated, "we are not looking at them in a negative way, [GLBTQ youth] just assume we are and when one person jumps to the defense, the next person follows through and that's how problems occur."

Many youth also admit that GLBTQ youth face greater ridicule in school and in the community, especially from heterosexual males. When asked why, many youth simply responded, “they just do.” Some believed that heterosexual males view male-to-male relationships as a threat to one’s manhood. There did not, however, seem to be the same feelings among young heterosexual women. Overall, heterosexual female focus group participants expressed a greater acceptance of GLBTQ youth. Several young women stated that “[gay males] are good friends because they’re less catty than women.”

Finding: Youth describe neighborhood safety as an issue.

Although the Project team did not specifically ask focus group participants about personal safety, a number of youth raised it as an issue – especially as it relates to potential peer outreach activities. Youth focus group participants describe mobility between District neighborhoods as a barrier, and many youth said that traveling to a different neighborhood for an activity may draw negative attention from other youth: “You can’t just be in one neighborhood – they know you are not from around there.” Many youth describe this as a “territorial issue” and acknowledge that it may be problematic for District-wide approaches to sexual health programming.

LESSONS LEARNED

- Youth sexual health programming cannot be created or implemented independent of other social, cultural, environmental, and economic issues.
- Youth suggest that the incorporation of these issues within youth sexual health programming, such as conversations about cultural sensitivity and personal finances, may enhance the overall efficacy of such programming.

B. SCHOOL NURSES FOCUS GROUP

School nurses play a critical role in promoting the health and wellness of school-aged children and adolescents. Nurses provide health assessments, medical interventions, and follow-up care to millions of youth every day. In addition, school nurses can serve as educators on key health and human development issues. Yet, as reported by youth focus group participants, school nurses in the District are not generally regarded as resources for sexual health information. Students are concerned about the trustworthiness and open-mindedness of school nurses and feel that many are not able to adequately address their sexual health needs.

The District's school nurse program is a partnership between the Department of Health and Children's National Medical Center (CNMC). The philosophy of the program is that the school nurse is at the core of a child's well being and connects every child with quality healthcare services. As of this report, the partnership supports full-time nurse coverage in almost 100 percent of public schools, and part-time coverage in many public charter schools. Services provided include health screenings, management of chronic conditions, and basic medical coverage. The school nurse program also supports capital improvements, such as information technology upgrades and equipment support.

In order to learn more about the school nurse program and its role in sexual health programming, the Project team held a small focus group session with six school nurses. The nurses represented five DCPS public schools and one charter school. The team also spoke with the nurses about the program's administrative structure and how they perceive their role within the greater school bureaucracy. Due to the size of the focus group, conclusions drawn cannot be generalized; however, it is important to the Project team to include these nurses' insights.

SCHOOL NURSES AND SEXUAL HEALTH PROGRAMMING

Based on youth reports about limited availability of comprehensive sexual health information and their disinclination to access school nurses for this purpose, the Project team asked the school nurses themselves about their perceived role in youth sexual health programming.

Finding: There is a lack of clarity as to whether nurses are responsible for sexual health education efforts.

The School Nurse Program contract requires "collaboration between DCPS and [the Department of Health] to implement AIDS prevention and condom availability as well as other HIV and [STI] prevention programs in all covered high schools." In addition, the contract states that nurses shall implement "health promotion educational services and programming on nutrition, physical activity, family life and smoking cessation, sexual assault, sexually transmitted [infections]." In addition to these contractual requirements, nurses also have defined roles with respect to certain sexual health programs. For example, as part of the District's Condom Availability Program, school nurses are required to provide sexual health education and counseling services to students seeking various forms of birth control.

Despite the existence of these specific requirements or obligations, when asked about their role in providing sexual health information to students, a majority of the school nurse participants reported that they considered sexual education to be a school system responsibility rather than their own. Though some nurses do in fact provide such information to students who seek it, it is clear that the role of a school nurse with respect to sexual health programming is not sufficiently defined.

This lack of clarity in part stems from the current administrative structure of the School Nurse Program. While the nurses serve DCPS and public charter school students, they are employed by CNMC, which manages the program via a contract with the Department of Health. Though all parties work together to address necessary issues, this structure can at times create a narrowed sense of responsibility. As reported to the Project team, there is some level of confusion as to how a nurse should interact with the DCPS health educators and classroom teachers, each of whom has responsibility for sexual health education as part of DCPS-approved curricula. Within the group of six nurses, two had reported occasionally working in conjunction with the school's physical education teacher to conduct health workshops. Others reported limited interaction with DCPS staff. This lack of coordination results in a fragmented approach to sexual health education which often creates opportunities for information gaps to arise.

Finding: School nurses have opportunities to receive additional training in sexual health issues.

All nurses who are licensed in the District, including school nurses employed by the School Nurse Program, are required to meet continuing education requirements as part of their license renewal. These continuing education requirements may be satisfied by attending conferences, workshops, or trainings or by completing online courses. As one nurse put it, "being a nurse is a lifetime learning commitment."

Continuing education courses cover a wide range of subjects, including youth sexual activity and STIs. For example, the American Academy of Pediatrics conducts an 8-hour seminar on sexual health for high school nurses. These courses are optional, however, and not all school nurses choose to attend. In fact, none of the nurse focus group participants had completed a continuing education course or workshop that focused primarily on youth sexual health issues.

In addition to continuing education courses, school nurses can receive sexual health training from other, non-traditional sources. Although it is not mandatory, Metro TeenAIDS conducts a training sponsored by the Department of Health for school nurses on sexual health.

LESSONS LEARNED

- Despite contractual obligations regarding health promotion and educational programs on sexually transmitted diseases, there is a lack of clarity as to the role of school nurses with respect to the delivery of sexual health information.
- There is limited coordination between relevant officials to ensure that school nurses play an appropriate role in the dissemination of sexual health information.
- Though training opportunities are available, school nurses do not always receive continuing education on youth sexual health issues.

SCHOOL NURSES – GENERAL ISSUES

In addition to reports on reproductive and sexual health, nurses shared with the Project team how administrative and governance issues relate to patient care.

Finding: Nurse-to-student ratios present a barrier to care.

As of the publishing of this report, there were nearly 200 nurses within the District's school nurse program. These nurses provide services to approximately 49,000 District students. On paper, this results in an average ratio of one school nurse for

every 245 students. In reality, however, the ratio seems to vary widely depending on the particular school. For example, four of six of the participating nurses reported nurse-to-student ratios higher than the "on paper" average.

Some of the participating nurses expressed concerns that schools are increasing administrative responsibility while nurse-to-student ratios continue to grow. An increase in administrative responsibility can result in a critical loss of patient-care time and can leave less time for educational programming, such as sexual health workshops. One suggestion offered by a participating school nurse was to provide school nurses with additional administrative support. This would allow the school nurses to spend more time during the school day providing services to students rather than managing paperwork.

Finding: School nurses want greater connectivity between school medical records and other health information systems.

A common issue raised by school nurses is the inability to gain a complete medical understanding of the students they serve. Establishing an electronic medical records system that is compatible with the school nurse system would allow school nurses the ability to more readily view the needs of their patient population. Additionally, school nurses would be able to offer more seamless continuity of health coverage. Electronic medical records would reduce the number of administrative hours school nurses spend researching a student's health status, and add to the number of hours spent increasing the quality of care provided.

LESSONS LEARNED

- Alleviating administrative burden on school nurses would enhance the ability to provide direct care to students.
- Coordinated health information system would support greater continuity of care for students.

C. YOUTH MEDIA SURVEY

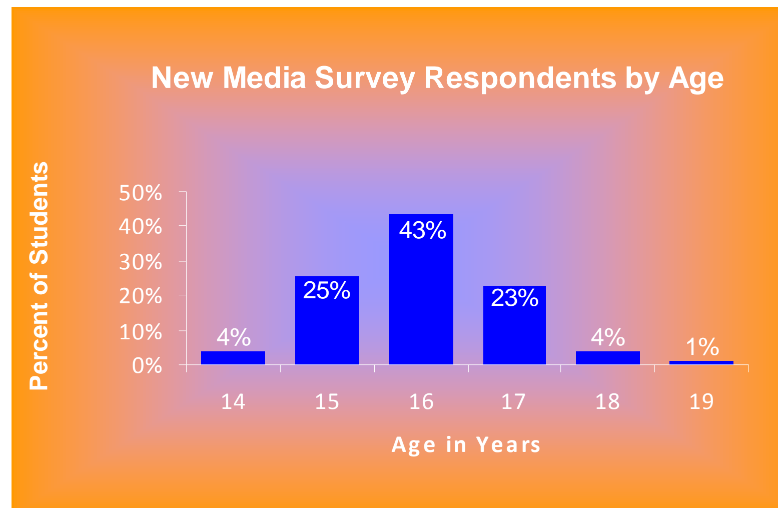
In nearly all of the ten youth focus groups, certain key issues emerged, including the prevalence of New Media and the current state of youth sexual health programming. To learn more about these issues, the Project team conducted a more focused survey of 123 District youth. The survey results are presented below.

NOTE: Due to rounding, the percentages on some of the graphs in this section do not add up to exactly 100 percent.

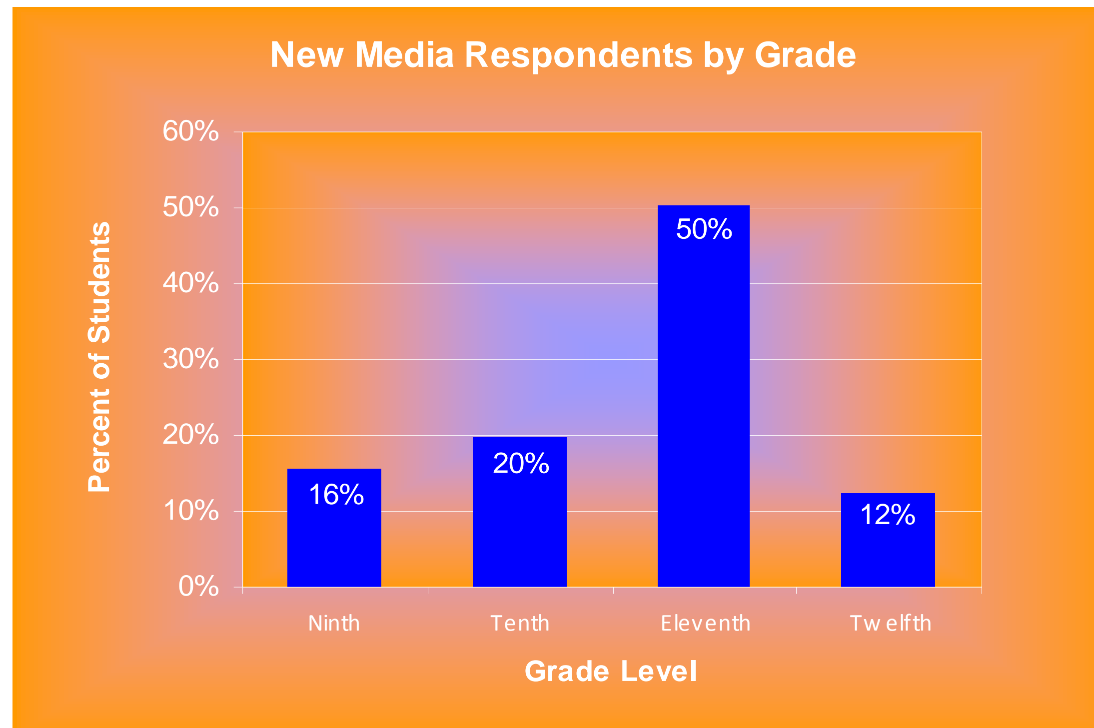
SURVEY RESPONDENTS

Survey respondents represented a cross-section of the District's youth population, from all quadrants, backgrounds, and ages.

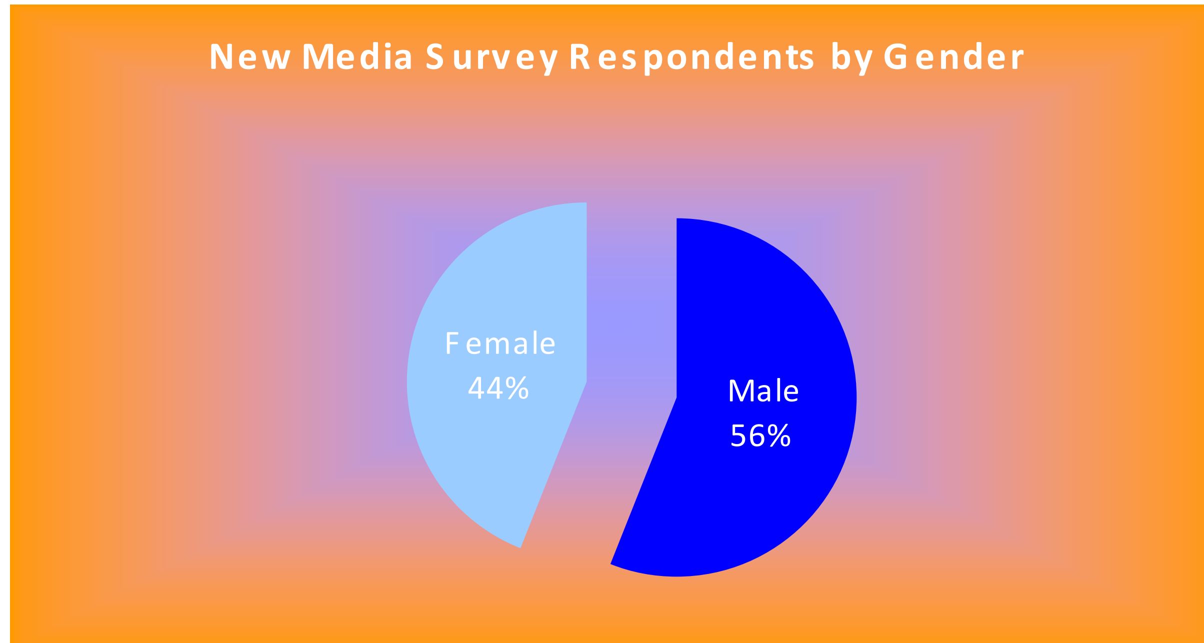
SURVEY RESPONDENTS BY AGE



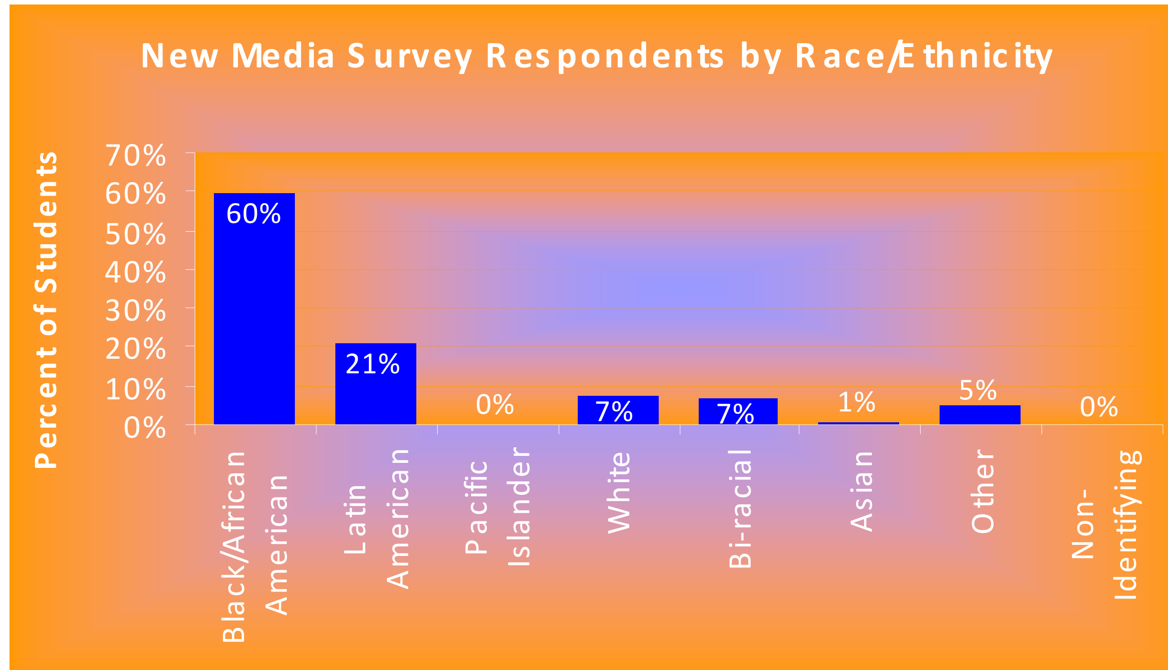
Most respondents were ages 15-17, with 16-year-olds comprising the largest group. However, both younger and older respondents were also represented in significant numbers.



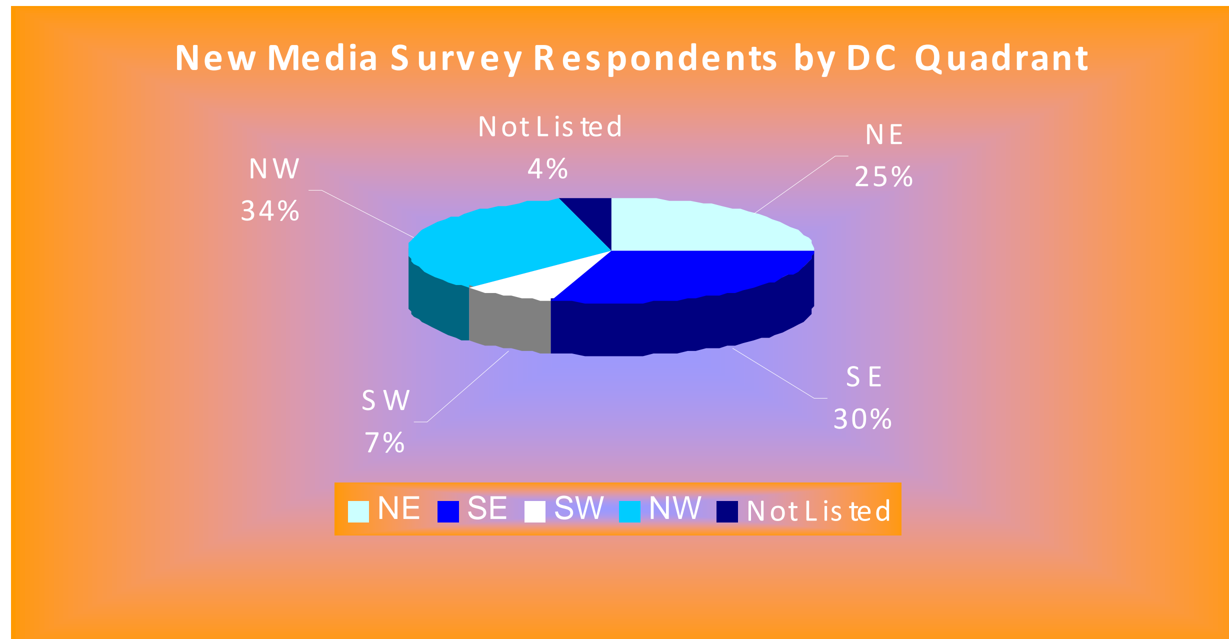
Half of the respondents were in eleventh grade while the remaining students were more evenly distributed across the other grades.



More than half of the survey respondents were male.



The majority of survey respondents (60 percent) identified themselves as Black or African American. Individuals of Latin American origin comprised 21 percent of the respondents. Whites and individuals who identified themselves a bi/multi-racial each made of 7 percent of the responses.

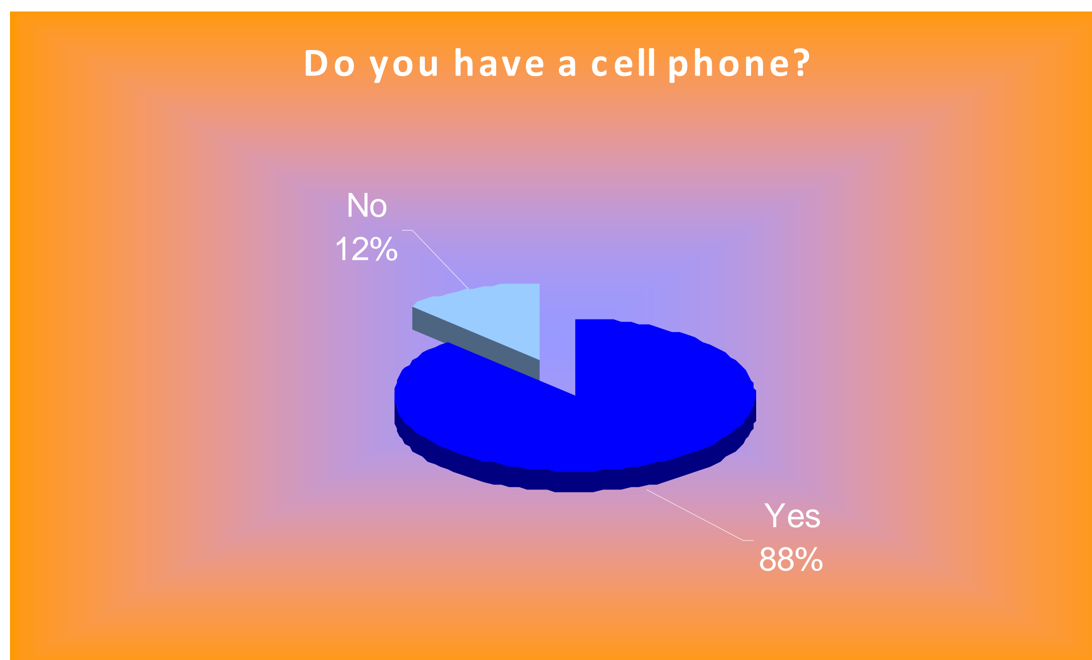


The majority of youth respondents (34 percent) reported living in the District's most populous quadrant, Northwest. Southwest, the District's least populous quadrant, was represented in the youth survey by 7 percent of respondents. Northeast and Southeast were represented by 25 percent and 30 percent of youth respondents, respectively.

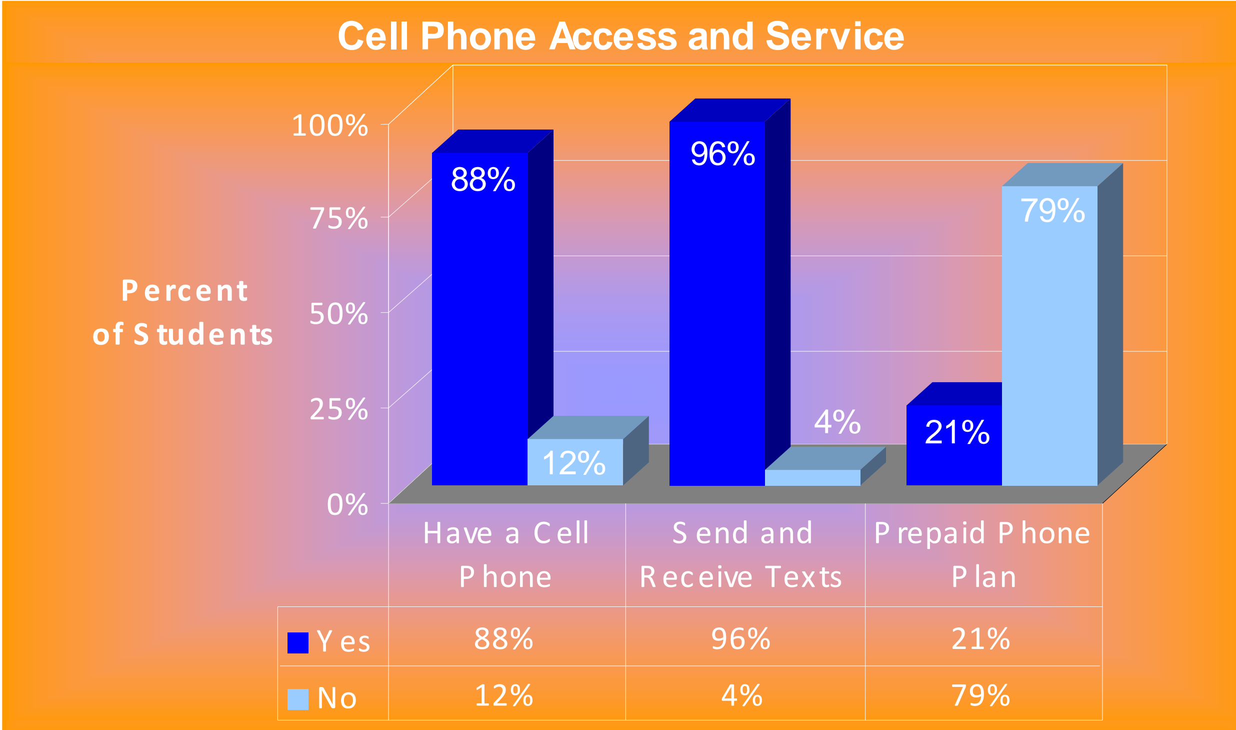
NEW MEDIA AND ELECTRONIC COMMUNICATION

One of the key findings of the youth focus groups was that the vast majority of participants rely on New Media or other electronic tools for their basic communication needs. For many youth, websites, text messages, and social networking applications have replaced more traditional communication methods, such as television and radio.

CELL PHONES AND TEXT MESSAGING

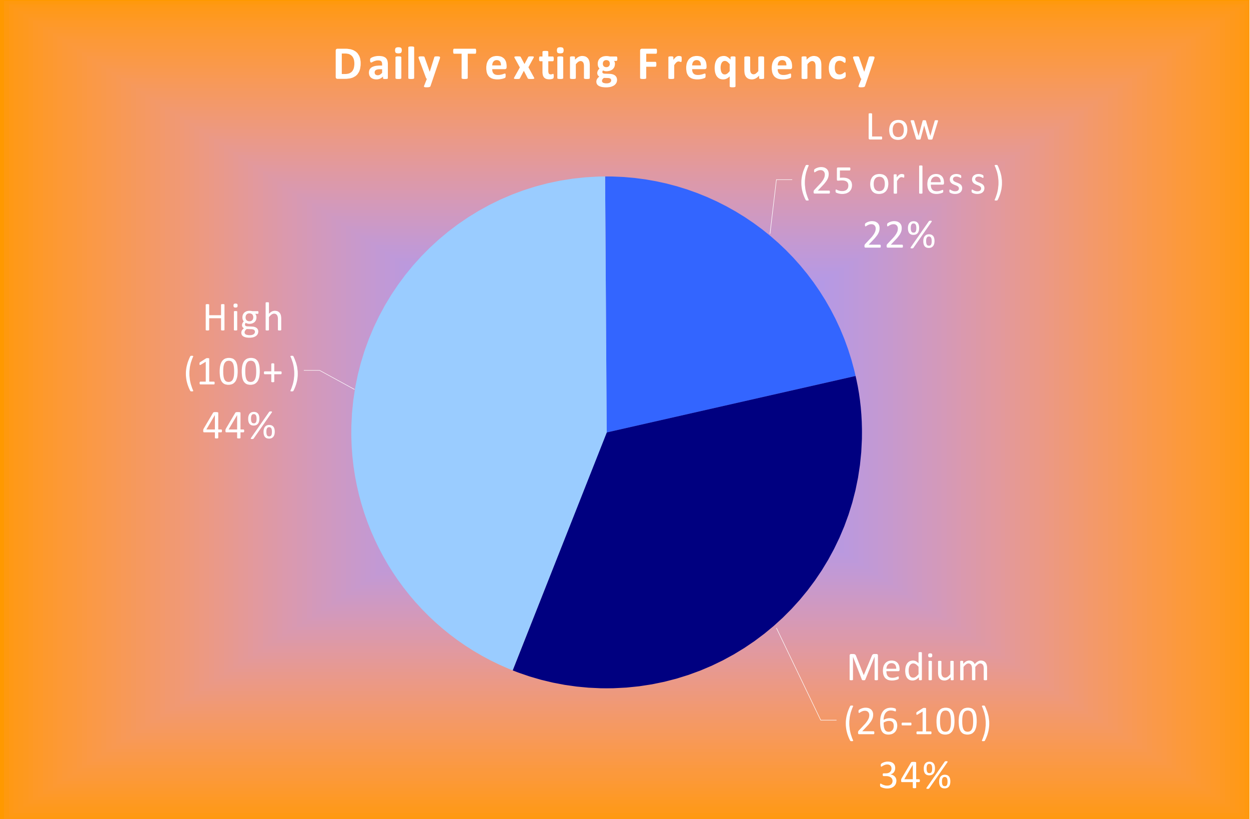


The vast majority of District youth (88 percent) reported having a cell phone. Only 12 percent of youth respondents did not have cell phones.

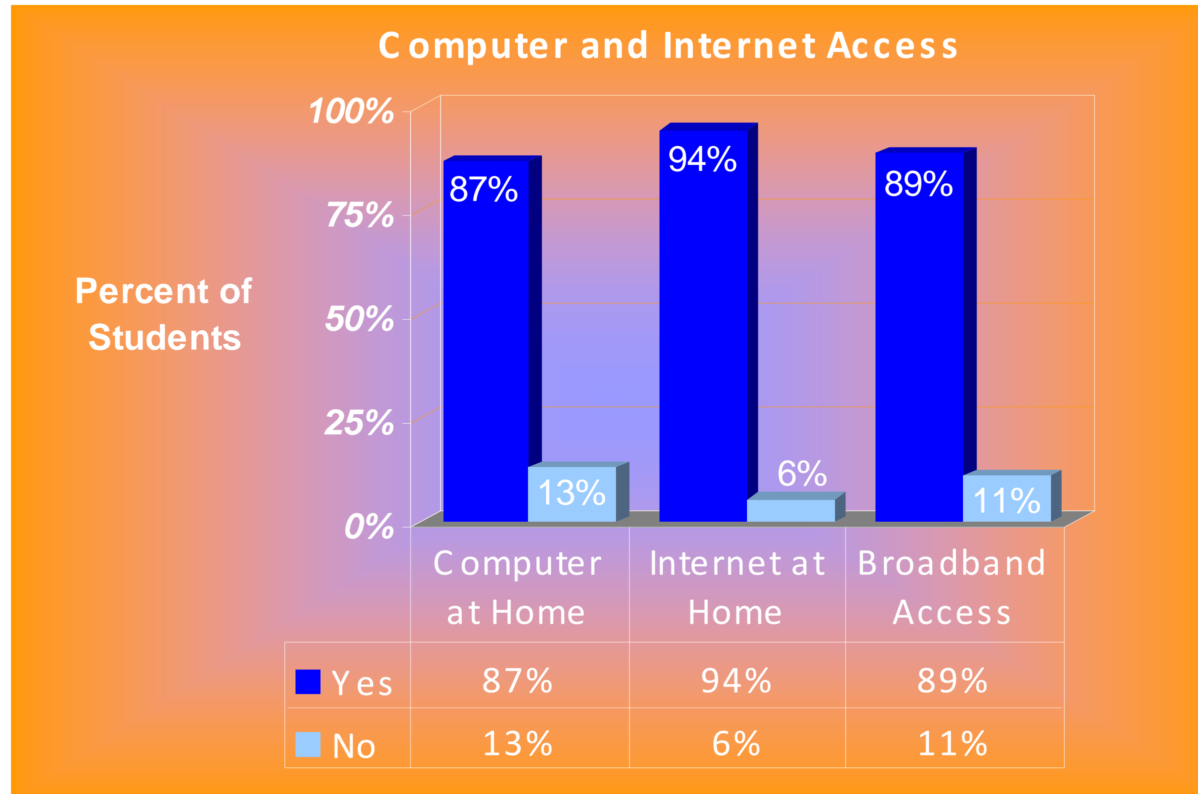


	Have a Cell Phone	Send and Receive Texts	Prepaid Phone Plan
Yes	88%	96%	21%
No	12%	4%	79%

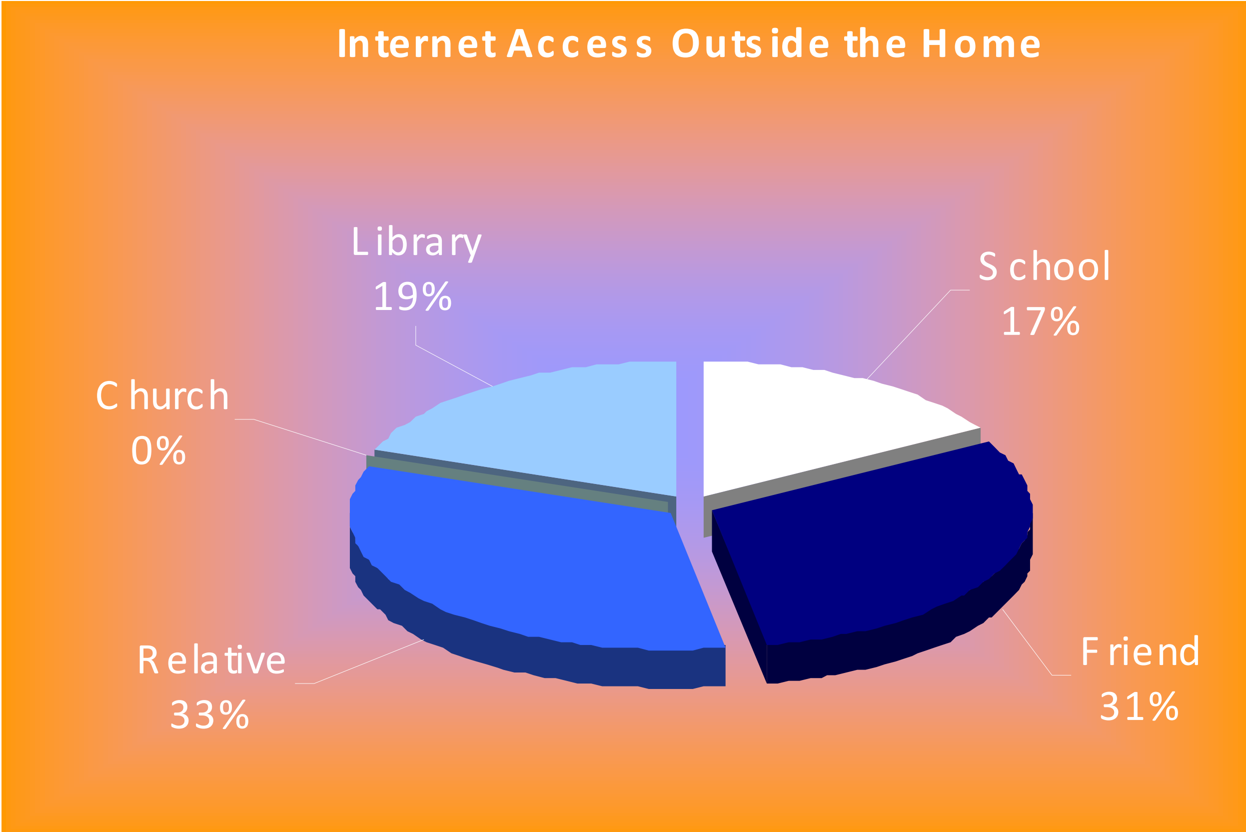
Of those District youth who reported having cell phones, nearly all (96 percent) reported that they send and receive text messages. Few youth report having cell phones with prepaid plans (21 percent).



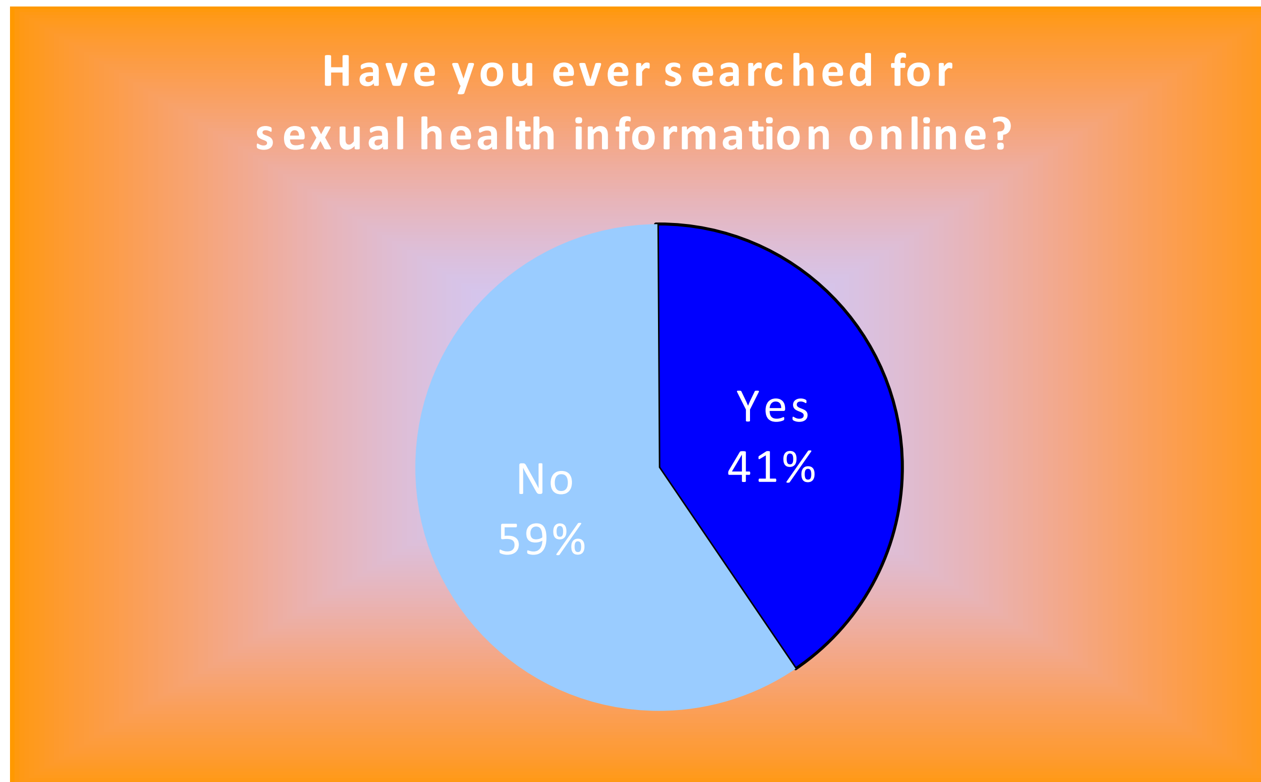
A large percentage of youth (44 percent) reported sending or receiving more than 100 text messages a day.



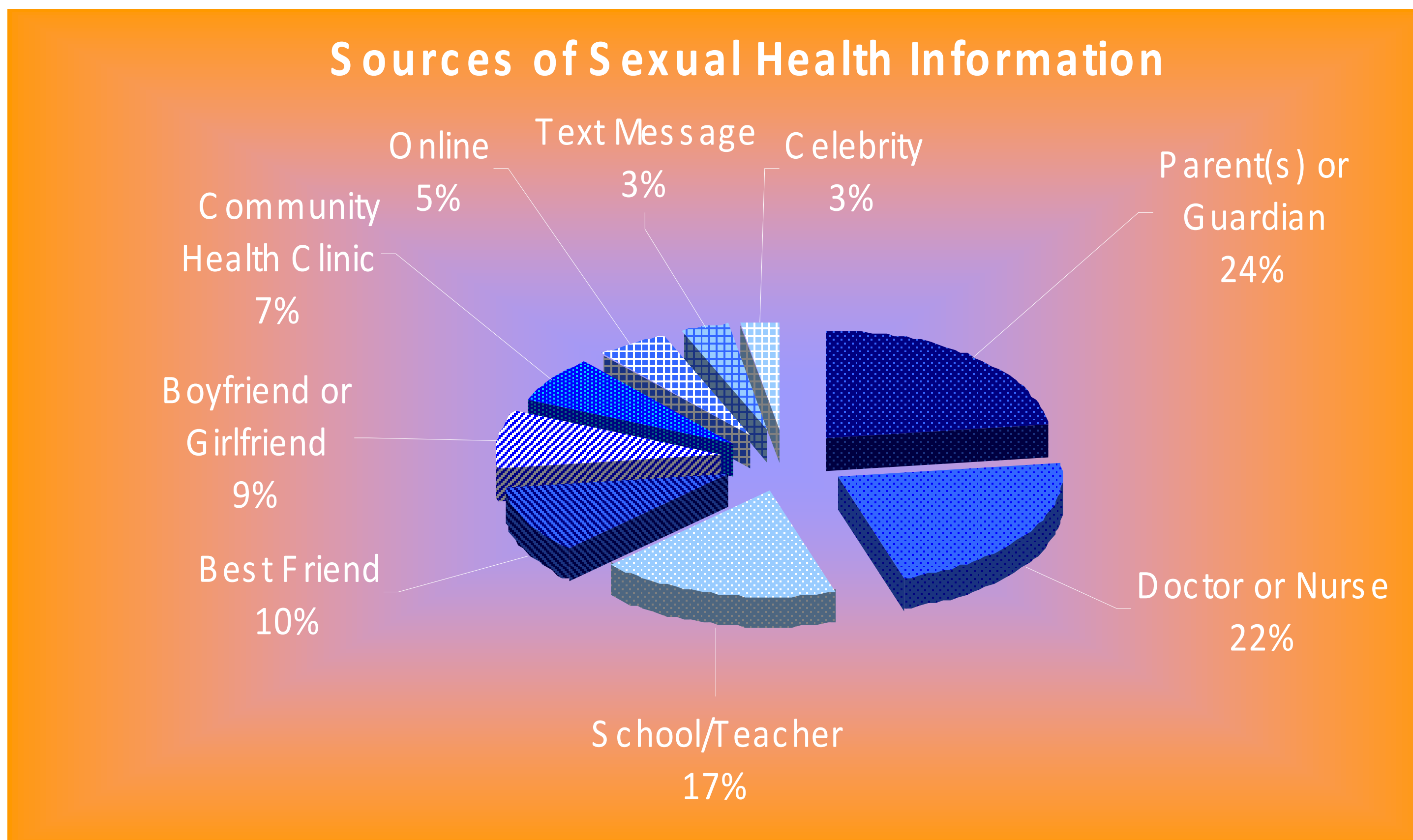
The vast majority of survey respondents reported having access to a computer at home (87 percent). Of those with a computer in the home, 94 percent reported having access to the Internet. The majority of students with internet access stated that they have access to broadband or “fast internet service” (89 percent).



Of the respondents who reported not having computer or Internet access at home, many indicated that they used the Internet at a friend's or relative's house. Others reported accessing the Internet at school or at a public library.



A significant number of District youth (41 percent) have searched the Internet for sexual health information.



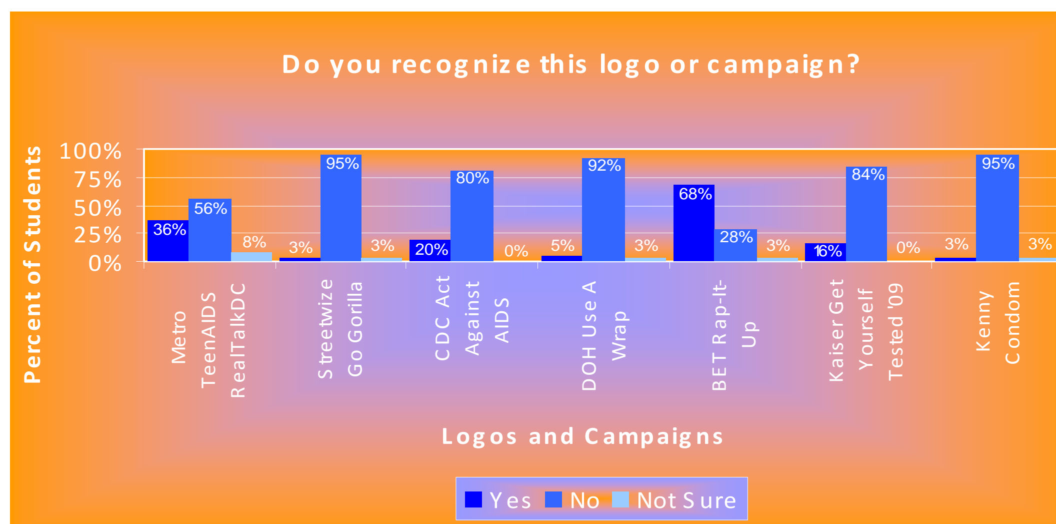
Despite the relatively high number of youth that have searched for sexual health information online, only 5 percent of survey respondents reported receiving a majority of their sexual health information online.

CURRENT SEXUAL HEALTH CAMPAIGNS

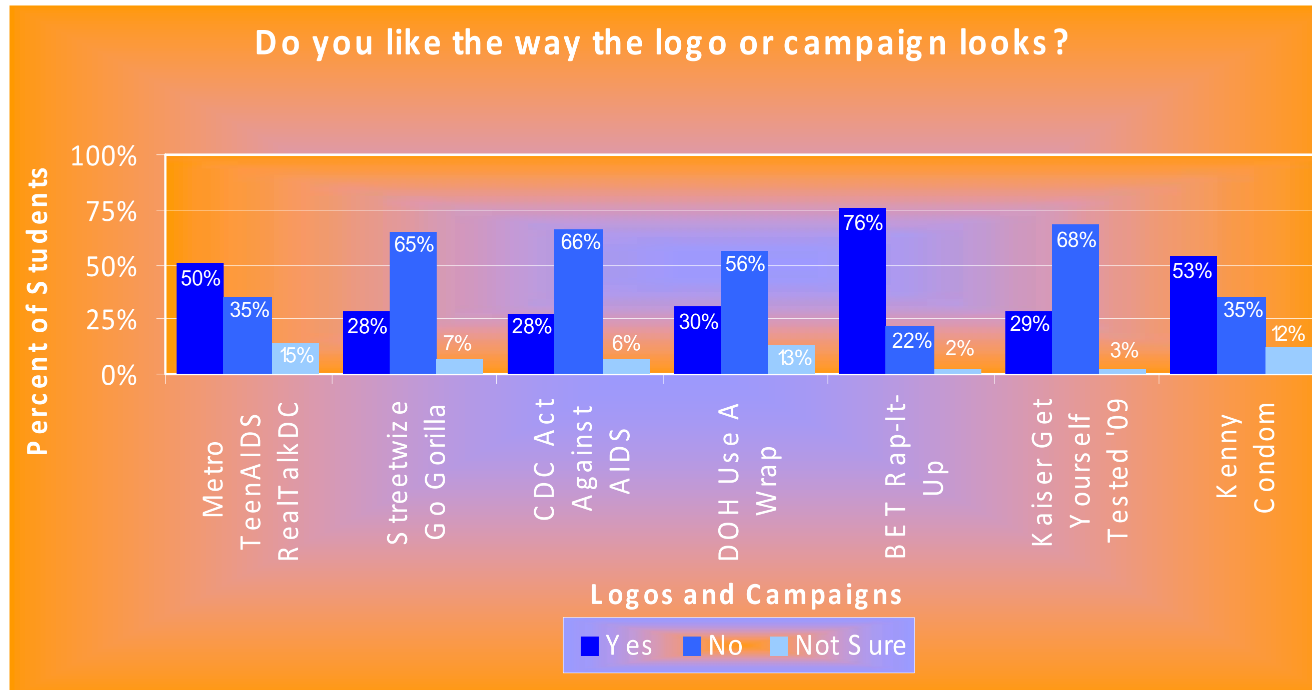
Another issue discussed during the youth focus groups was the effectiveness of sexual health campaigns, especially those that use New Media. To learn how youth perceive these efforts, the Project team asked youth survey respondents to provide opinions regarding a series of current sexual health campaigns. The information below presents a summary of these findings.

RECOGNITION OF SEXUAL HEALTH CAMPAIGNS

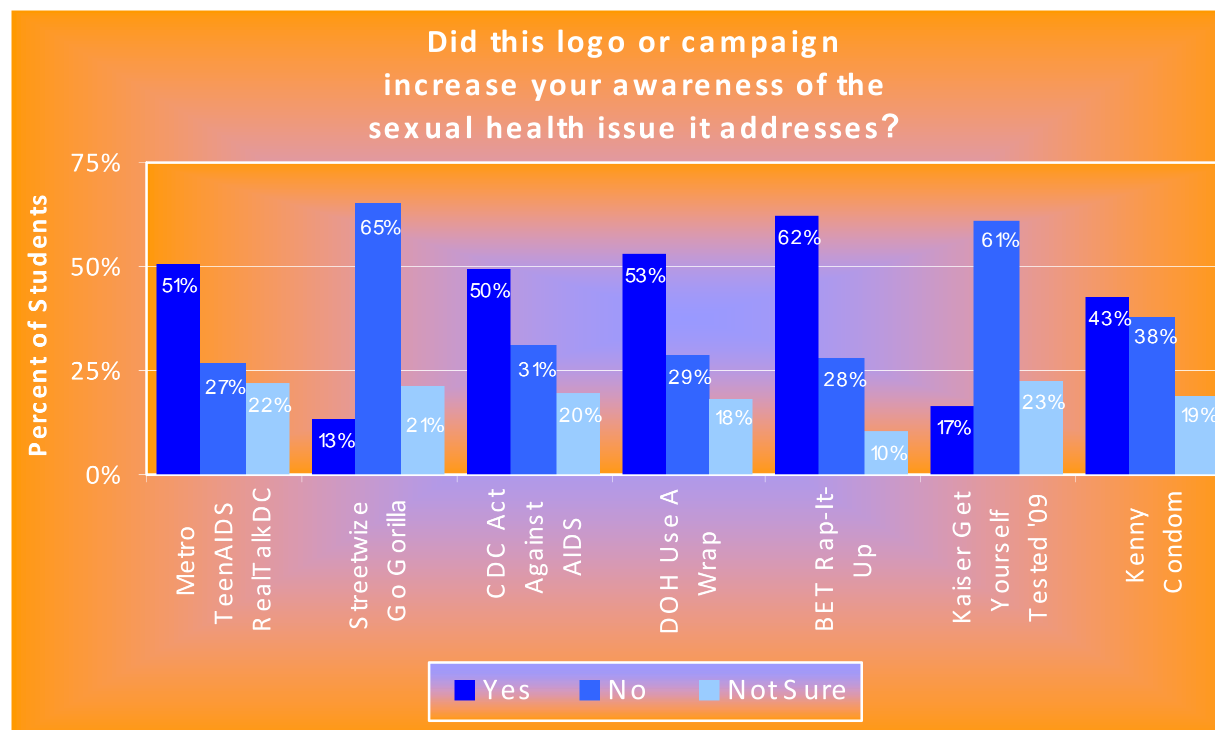
The Project team showed survey participants examples of logos from a variety of current sexual health campaigns. The respondents indicated at least some level of recognition for each of the campaigns reviewed. A few, including BET's "Rap-It-Up", were recognized by a majority of respondents while some of the smaller campaigns were the least recognized.



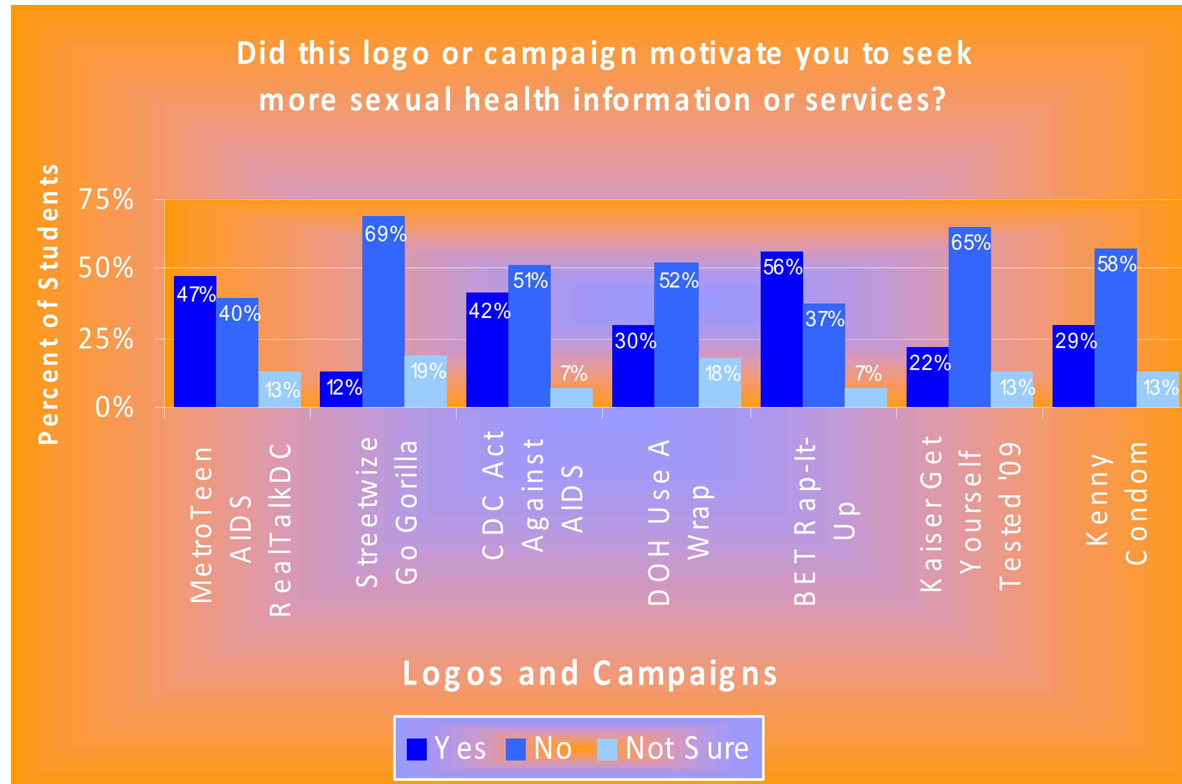
It is important to note that not all the campaigns discussed are of similar size and scope. Some are targeted to a distinct audience while others are broad in nature. As such, the purpose of the survey was not to rate the success of any individual program. Instead, the survey was more focused on the New Media methods and tools employed by the different campaigns and how each resonated with District youth.



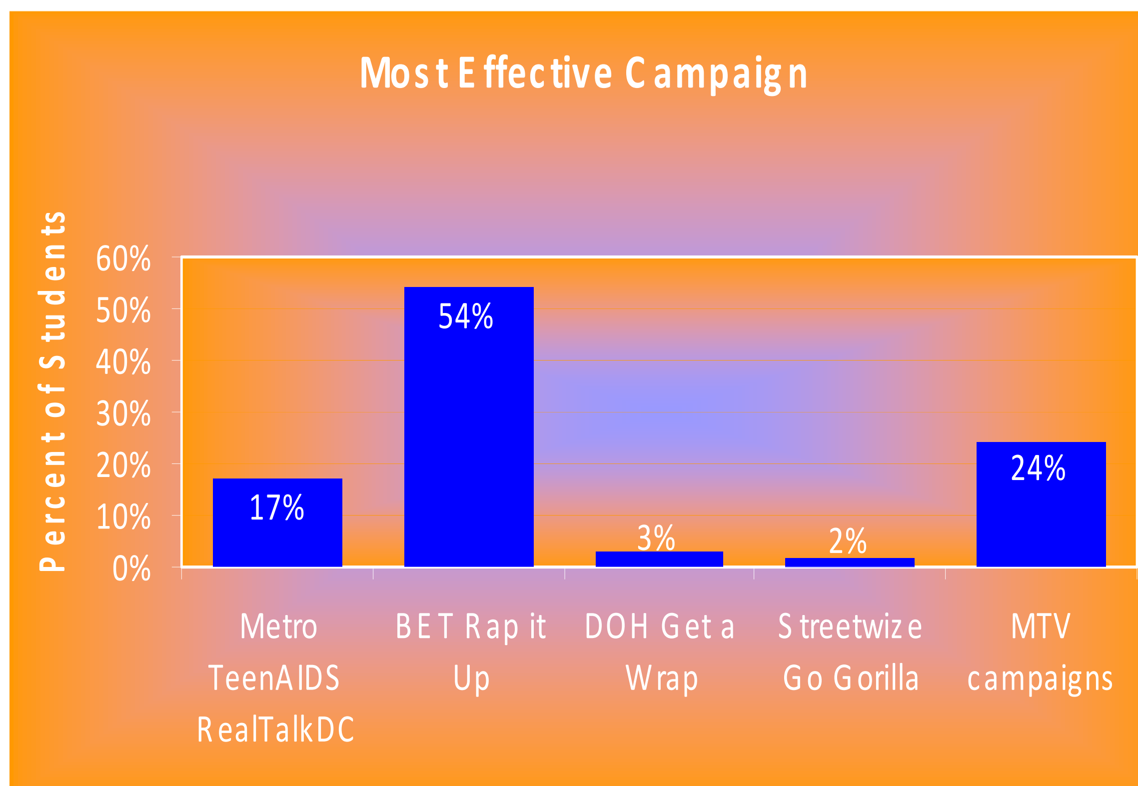
Respondents were asked if they liked each logo and campaign. BET's "Rap-It-Up" was the most popular campaign among youth surveyed in terms of visual presentation. Many respondents described the website as "cool" and said that it relates to their interest in popular music. Despite not being as well known among youth respondents, many reported that the logo and related materials for the Kenny Condom campaign were visually appealing.



Respondents were asked which campaigns, if any, raised their awareness of sexual health issues. Once again, youth rated BET's "Rap-It-Up" campaign the most informative. The Department of Health's "Use A Wrap" campaign and Metro TeenAIDS's "RealTalkDC" were also rated highly by respondents.



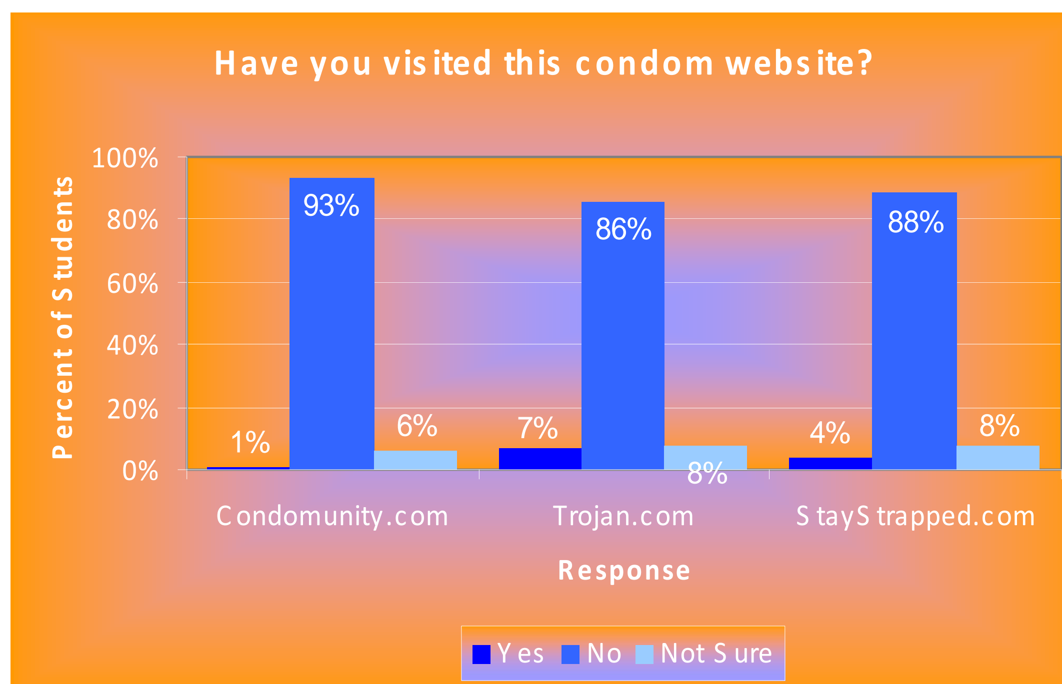
Respondents were asked which campaigns, if any, motivated them to take action based on what they learned. Metro TeenAIDS's "RealTalkDC" and BET's "Rap-It-Up" campaigns were considered most effective at mobilizing students to seek health information and services than other campaigns.



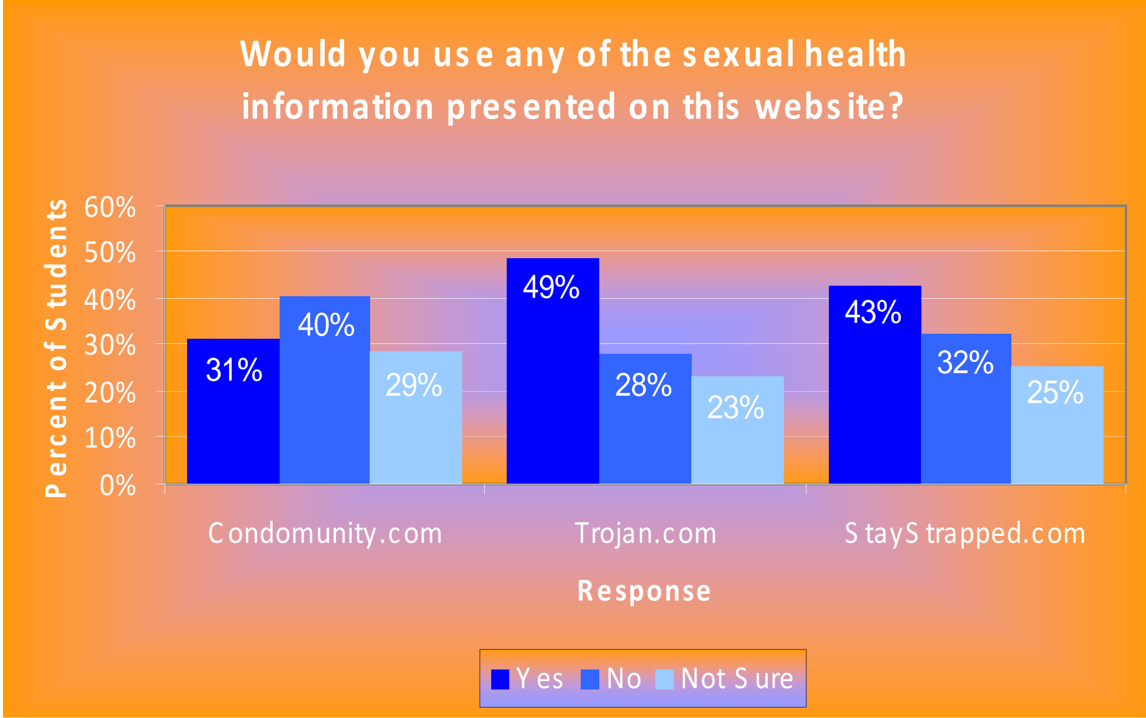
Finally, respondents were asked which of the selected campaigns they found most effective overall. BET's Rap-It-Up campaign was rated the most effective by respondents. Though not included in all surveys, MTV's "16 & Pregnant" and "Stay Teen" campaigns also received a significant number of positive responses.

CONDOM WEBSITES

In addition to specific sexual health campaigns, the Project team asked youth whether or not condom websites are or have the potential to be online sources of sexual health information for youth. Survey respondents were shown selected condom websites and asked to respond to a series of questions.



The overwhelming majority of survey respondents reported that they have not visited any of the condom websites as included in the survey.

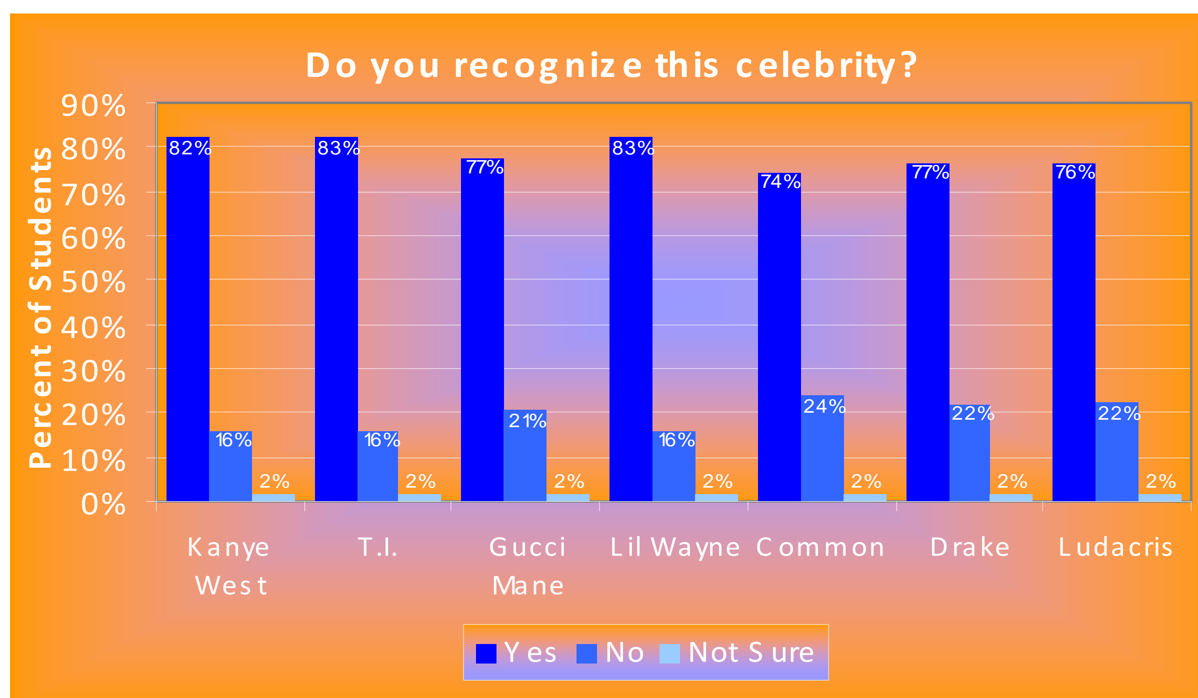


When asked about whether they would use any of the three condom websites to obtain sexual health information, almost half of the respondents indicated that they would use information presented on the Trojan website while a smaller number reported that they would visit the other sites.

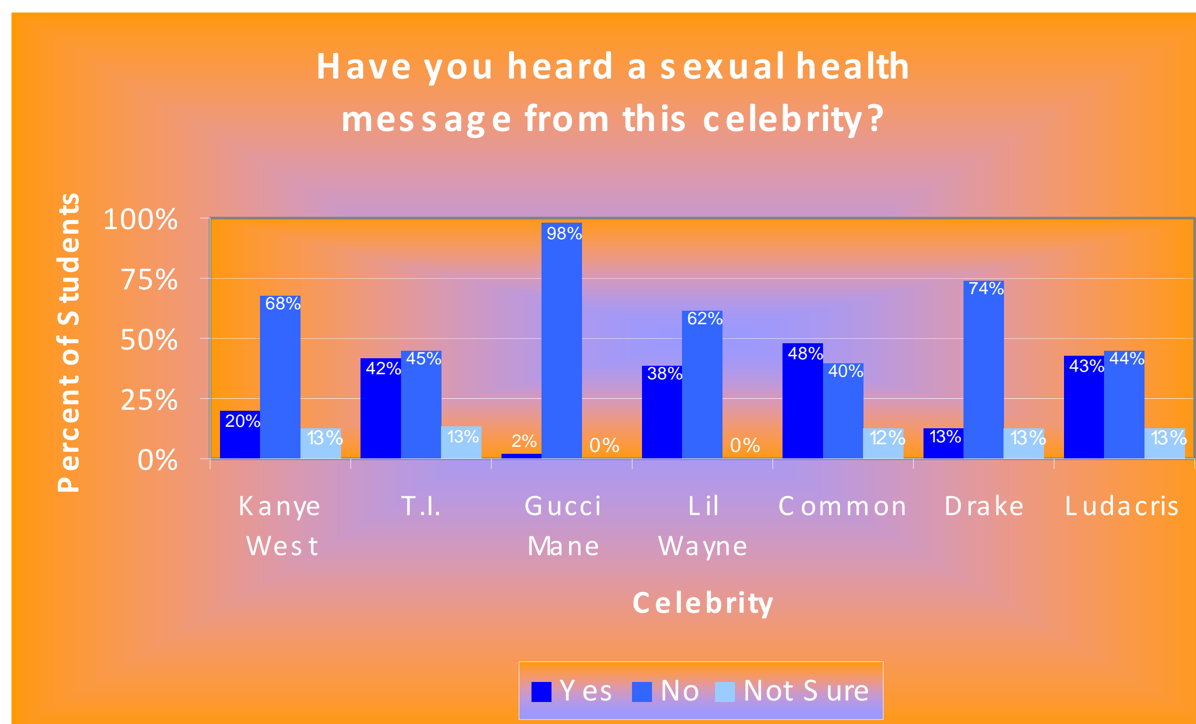
CELEBRITY SPOKESPERSONS AND SEXUAL HEALTH CAMPAIGNS

Celebrities can be extremely influential over the behaviors of young people. In addition, many celebrities use New Media tools to communicate and interact with their fans. To learn more about the impact celebrities can have on youth behaviors, and the effectiveness of celebrity spokespersons for sexual health campaigns, the Project team presented a list of popular hip-hop artists to the survey respondents and asked about their perceptions of each with respect to sexual health messaging.

CELEBRITY RECOGNITION

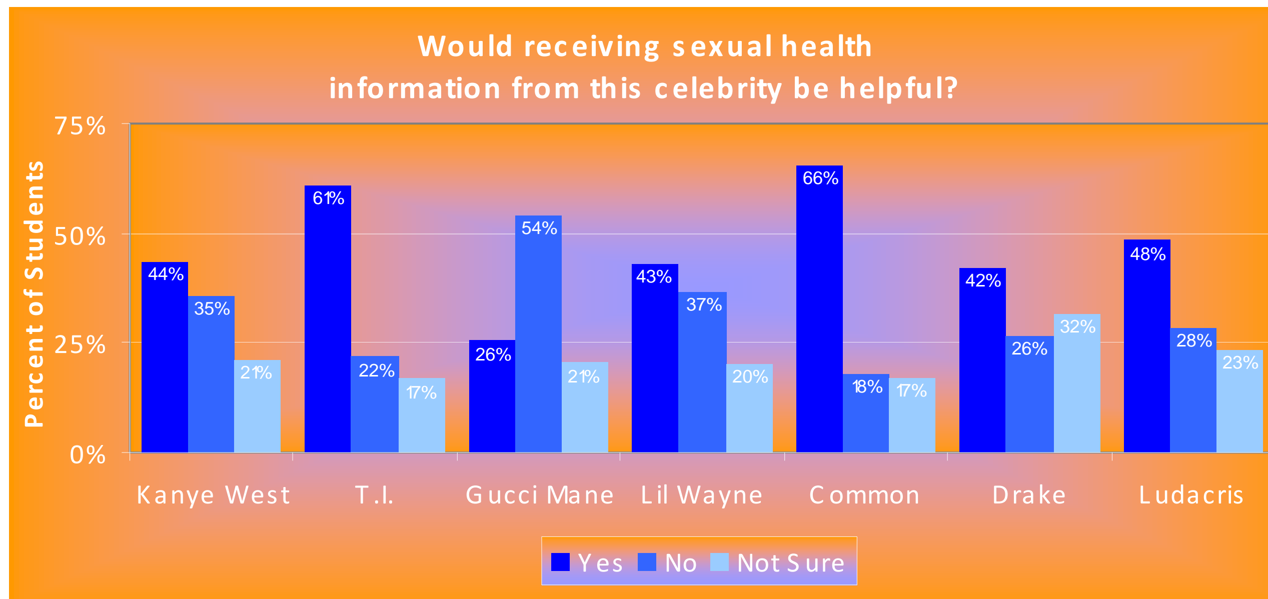


The vast majority of respondents recognized each of the celebrities presented as part of the survey.



The youth respondents were then asked whether or not they had heard any of the celebrities deliver a positive sexual health message. It is important to note that of the 7 celebrities listed in the survey, 6 have participated in some kind of public event or campaign designed to promote safe sex or healthy relationships. For example, Common has participated in MTV's "It's Your (Sex) Life" public service campaign, Ludacris served as an ambassador for the Youth AIDS Initiative, and Drake filmed a public service announcement for the Stay Strapped condom campaign. To the knowledge of the Project team, only one – Gucci Mane – has not participated in a public health campaign.

Generally speaking, survey respondents reported hearing some form of public health message from all the listed celebrities. Common and Ludacris were most often cited, likely due to their personal involvement in public health campaigns rather than simply lending their name to a cause.



Survey respondents were also asked whether or not receiving sexual health information would be helpful in their own decision making process. In almost all cases, youth indicated that hearing information about healthy sexual behaviors from the particular celebrity would be more helpful than not. These results demonstrate that most of the youth felt that health messages from celebrities would be helpful in informing them about sexual health. This finding may indicate that integrating celebrities into sexual health campaigns could increase a campaign's appeal as well as raise youth awareness about sexual health.

Survey respondents cautioned, however, that celebrities who are known to have engaged in irresponsible behaviors would not have credibility with young people when promoting positive sexual health decisions unless the celebrity acknowledged their own mistakes. Many cited Lil' Wayne as an example: though Lil' Wayne has promoted safe sex programs, his first child was born when he was only 15 years old. Youth generally stated that despite becoming a teenage parent, Lil' Wayne would be a credible source of sexual health information if he highlighted his own mistakes as part of the promotion of healthy behavior.

D. KEY INFORMANT INTERVIEWS

In addition to focus groups, the Project team discussed youth sexual health programming and activities with key public health experts in the District of Columbia. This section of the report highlights the key topic areas discussed in these interviews.

WORKING WITH YOUTH

Many of the key informants discussed how sexual health campaigns fail to effectively partner with youth in the development and administration of programs. For instance, advocates at a recent conference addressing women and girls' issues were challenged by the fact that there was limited participation by young women.

Experts explained one way to get youth involved in sexual health campaigns is to employ young individuals to create and develop sexual health programs for their peers. In fact, a great number of health education materials and public service messages were created by youth in the District of Columbia.

Experts also reported difficulty in reaching those District youth who are considered "middle range" - neither the best nor the worst pupil. Many of these students do not receive individualized interventions and therefore often get left out when developing and administering smaller, more targeted sexual health campaigns.

ADDRESSING SOCIOECONOMIC AND CULTURAL FACTORS

Health experts stated that acknowledging and addressing socioeconomic issues is of critical importance when developing sexual health programs. Health experts highlighted how related factors, such as financial stability and access to primary care, impact youth sexual health and well being. They also reported that in order to develop a culturally competent program it is important to (1) understand the impact of prejudice and discrimination on young people, (2) assess the needs and assets of youth in the community, and (3) empower youth and offer culturally competent programs in the community.

Many experts reported that socioeconomic challenges can be more severe for girls, and include issues of abusive and controlling relationships, domestic violence, sexual assault, and family incest. One expert relayed a story of how a young

woman turned down free condoms from a peer educator. When asked why, the young woman stated, "[My boyfriend] don't want me to use a condom."

Experts also stated that youth find themselves in abusive relationships involving risky sexual behavior in order to meet basic needs, such as bus fare, school clothes, and other material items. District health experts also raised a particular concern about minority and immigrant women who are in abusive relationships because they feel less empowered to make healthy decisions regarding sex. Therefore, a fundamental aspect of sexual health programs designed for youth is self-esteem building to reduce female vulnerability to negative relationships and risky behavior.

DEVELOPING INNOVATIVE HEALTH PROMOTION

Collectively, experts reported that the use of New Media is becoming a standard approach to engage youth in sexual health programming and outreach activities. They also explained that successful health promotion must incorporate various digital and electronic communication tools including text messaging and online social networking. Most informants cited new public health initiatives that use text messaging to disseminate sexual health messages including Metro TeenAIDS's "RealTalkDC" campaign.

One expert discussed a new text messaging service that sends pregnancy tips and medical information to expecting teens every week on their phone. Experts also consider social networking sites such as Facebook and MySpace pages where they can post information, videos, and pictures about their promotional activities as a considerable resource in youth partnership and engagement.

IMPROVING SEXUAL HEALTH EDUCATION

Most key experts agreed that school-health programming is a major source of sexual health education. They also commended District agencies, specifically the Department of Health, for enhancements in school health programming. Despite this, several experts reported concerns that the existing programs are not uniformly administered across all District schools. For example, experts spoke about the lack of consistency in execution of DCPS sexual health curriculum. Currently, the District of Columbia uses three sexual education curriculums: (1) Becoming A Responsible Teen (BART); (2) Making Proud Choices; and (3) Making

A Difference.   Despite the existence of these three classroom guides, experts spoke about how student education depends in large part on the ability of individual teachers and the culture at a particular school. One key informant stated candidly "There is no education without a standardized curriculum."

Another concern raised was that the existing curricula were not necessarily designed to meet the needs of District youth. BART, for example, was initially designed as a community-based education tool and not as a classroom guide. As such, it is difficult to translate the proposed lessons plans to classroom settings. In addition, one expert noted that the level of information set forth in the curricula could be daunting to teachers because there is a "substantial amount of information expected to be taught and time is of the essence when teaching."

ADDRESSING HEALTH LITERACY

An important piece to the success of any sexual health curriculum is health literacy. One expert states, that "no matter how succinct and complete materials are developed, if the student does not comprehend the readings then the curriculum is void." This is particularly important for materials used outside the classroom by community-based organizations. Key experts explain that literacy handouts should be age-appropriate and target reading and interest levels. Curricula experts further claim that pictures, for example, are an "added touch" to information handouts.

E. WEBSITE ASSESSMENT

In order to gain a better understanding of what sexual health information is available to youth and how it can be accessed, the Project team conducted its own assessment of the most prominent youth sexual health campaigns that utilize New Media technologies. Specifically, the Project team reviewed over 30 sexual health campaigns, including those administered by local stakeholder groups (e.g., Metro TeenAIDS) and others operated by national organizations (e.g., MTV).

Each campaign reviewed maintains its own website. The content of the each website varied. Some are designed to serve as a comprehensive sexual health resource while others are more focused in their message. For example, the Sexually Transmitted Infection Community Coalition of Metropolitan Washington (STICC) website focuses on medical information about STIs, while MTV's "16 & Pregnant" website focuses on teen pregnancy. On the other hand, Planned Parenthood's TeenWire website covered a wide range of sexual health topics, including dating and relationships, sex and masturbation, contraception, STIs, pregnancy, and GLBTQ issues. At the same time, some websites provided a range of information but were targeted to a very specific audience. The Young Ladies of Tomorrow, for example, targets young women who have been involved in the juvenile justice system but maintains a website that addresses a variety of issues ranging from teen pregnancy to anger management.

In addition to websites, many of the campaigns use other forms of New Media to reach their target audience, such as social networking tools. For example, RealTalkDC uses Twitter, MySpace, Facebook, and YouTube to spread its message. Planned Parenthood, UrbanAlliance, and Advocates for Youth also utilize Facebook as an outreach tool. In fact, at the time of this report, Planned Parenthood had 60,594 Facebook fans, more than any other organization in this assessment. Other common New Media tools include blogs and video journals. UrbanAlliance and Advocates for Youth, for example, maintain blogs.

Below is a summary of the strengths and weaknesses of each campaign's website and New Media tools below. For a more complete review, please refer to the Appendices.

STRENGTHS

Websites were evaluated based on a number of factors, including ease of navigation, interactive features, the appeal of the design to a youth audience, age appropriateness of language, users' ability to ask questions, and whether the site connects users with resources.

Many sites have interactive features that effectively engage youth. For example, Metro TeenAIDS's RealTalkDC website has multiple interactive interfaces, including text messaging, an online quiz, and the ability to submit questions and get an answer. Columbia University's GoAskAlice site polls visitors on a variety of health issues including sexual health, enabling users to weigh in with their thoughts. Planned Parenthood's TeenWire site offers games and several entertaining educational videos. STICC's site evaluates visitors based on their answers to questions and offers a STI risk analysis. Sex, Etc. is particularly interactive, offering youth the chance to be staff writers, photographers, videographers, or interviewees.

Often, sites also allow users to ask questions directly to health professionals. Metro TeenAIDS's RealTalk DC invites visitors to text message questions by phone or to use an online application to ask questions. Answers are guaranteed within one week. Planned Parenthood's TeenWire website also enables visitors to ask questions of experts.

Some websites meet the needs of their youth audience in specific and unique ways. For example, the Sexual Minority Youth Assistance League website advertises itself as a "safe space" where youth can discuss issues relevant to them without the fear of being judged. Visitors over the age of 21 are not allowed to post on the discussion board in order to maintain the space for youth only. BET's Rap-It-Up web page also targets the specific needs of youth. It provides conversation starters for discussing important issues with sexual partners and tips on how to address responses from a partner and encourages HIV/AIDS testing.

WEAKNESSES

Some websites failed to engage youth due to design or content weaknesses. Typical design problems include boring color schemes, not being interactive, or being difficult to navigate. Other websites were described as having an outdated or "old school" design that was not appealing to youth.

Many websites fail to put their information into a context that youth can use to make healthy decisions. While accurate and compelling medical information is critical, youth also seek information related to dating and relationships.

Finally, some sexual health campaign websites suffered because of an association with its sponsor. For example, both MTV's and BET's websites lack some credibility because each network promotes celebrities who engage in risky sexual health behavior that the websites purport to discourage. Planned Parenthood's Teenwire campaign website was also discouraged in large part because of the large banner at the top for Planned Parenthood, since the brand is not universally appealing to youth looking for sexual health information.

Part II: Guiding Principles, Issues, and Ideas

A. INTRODUCTION

Generally speaking, guiding principles are a set of key concepts or themes that serve as a foundation for action. The majority of successful public health campaigns have a set of guiding principles at their core – critical components that must be addressed and integrated in order to bring about healthier outcomes. Based on the Project's findings and lessons learned, the Project team developed a set of guiding principles that should drive any effort to develop sexual health programming for youth. These principles ultimately served as the building blocks for the youth-inspired sexual health framework as presented in Part IV of the report.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health are the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

HEALTH LITERACY

Literacy means to the ability to read, write, compute, engage, and listen. Health literacy refers to a basic literacy in a health care environment and the ability to make appropriate medical decisions as a result.

COMMUNITY ENGAGEMENT

Community engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.

YOUTH LEADERSHIP

Leadership can be characterized as the ability to guide or direct others on a course of action. Youth leadership refers to the influence of youth on the opinions and behavior of others.

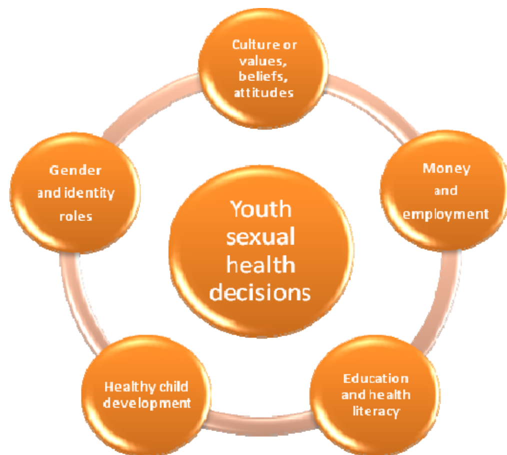
COORDINATED HEALTH SYSTEMS

A health system is comprised of multiple players, including medical professionals, health care facilities, governmental agencies, and private foundations. A coordinated health system is one in which all of these individuals and organizations work together to improve health outcomes.

B. SOCIAL DETERMINANTS OF HEALTH

The Commission on Social Determinants describes social determinants of health as the conditions in which people are born, grow, live, work, and age (CSDH, 2008). Common social determinants of health include: education, physical environment, employment, gender, cultural norms, housing, income distribution, and social safety nets. These social and economic conditions have a direct impact on the health of both an individual and the community as a whole.

Youth are especially vulnerable to the negative impact of social determinants of health. Youth often perceive socioeconomic conditions as complex and beyond their control, and they must often navigate these conditions without clear and accurate guidance from adults they trust. This is especially true within the context of sexual health. Social and economic factors, such as education and access to health care, play a defining role in what information and services are available to youth with respect to human sexuality and development. This was a common theme identified among youth focus groups participants; one such youth said, "I like the school health clinic because I don't have to take off from school to go the doctor. It is easy – right there."



Gender norms can also influence how youth approach sexual health issues. For example, gender norms may dictate a passive role in sexual decision-making among girls whereas boys are celebrated for sexual growth and development. Another example is when a female focus group participant commented, "girls are supposed to act like a lady so some of my friends don't know how to talk to guys in the right way." Meanwhile, a male focus group participant said, "I don't worry about what somebody else says about me carrying a condom."

Customs, beliefs, and attitudes within a particular racial or ethnic community also impact youth health outcomes, especially as they relate to sexuality. In addition, social determinants may have a heightened effect on certain minority populations, such as the GLBTQ community.

Despite the enormous impact of social determinants on health, few youth sexual health programs take into account the socioeconomic conditions that influence sexual behaviors. The majority of sexual health programming is developed and

implemented in isolation; social, economic, and cultural conditions are an afterthought rather than a key component. Health education programs should instead acknowledge these determinants and provide youth with the support they need to neutralize the negative impact that socioeconomic conditions may have on sexual health.

SPECIAL FOCUS: GLBTQ SOCIAL DETERMINANTS AND YOUTH SEXUAL HEALTH

The socioeconomic conditions facing GLBTQ youth put them at greater risk for engaging in negative sexual health behaviors. Recent studies reveal that half of all youth experience negative reactions from parents when they identify themselves as GLBTQ and 26 percent are kicked out of their homes (NGLTF, 2007). According to the National Gay and Lesbian Task Force, more than 40 percent of all homeless youth identify as gay, lesbian, bisexual, or transgender, and, while all homeless youth are more prone than non-homeless youth to participate in risky sexual behaviors, homeless GLBTQ youth are more likely to engage in "survival sex" than their homeless, heterosexual peers.

In addition to homelessness, social stigma is a driving determinant of sexual behaviors among GLBTQ youth. In the District in 2007, approximately 13 percent of high school students identified themselves as GLBTQ, and 9 percent of students reported being harassed during the past 12 months because of perceived sexual orientation (YRBS, 2007). That same year, nationwide, over 80 percent of all GLBTQ youth reported being verbally harassed at school and almost 40 percent reported being physically assaulted because of their sexual orientation (Advocates for Youth, 2005). Studies have shown that increased harassment and victimization is directly associated with risky sexual behaviors. For example, the Massachusetts Youth Risk Behavior Survey found that young men who have sex with men and who were harassed at school were more likely to be diagnosed with an STI, have more than four sexual partners, and not use a condom than their peers who had not been bullied.

Given the heightened risks facing GLBTQ youth, it is important that youth sexual health programming take into account the specific social and economic factors that may drive unhealthy behaviors. At the same time, experts agree that GLBTQ concerns should not be singled out but rather presented within the context of normal human development. This ensures that all youth are sensitized to these important issues (SMYAL, 2005).

C. HEALTH LITERACY

Health literacy is an emerging concern within the public health arena. The National Center for the Study of Adult Learning and Literacy at Harvard University describes health literacy as an individual's ability to seek and understand information regarding both his or her own health care and the greater health care system (NCSALL, 2007). Health literacy is dependent upon a variety of issues, including individual skills and social factors.

Individual Factors and Skills	Social Factors and Demands

• Literacy skills
• Applied literacy
• Efficacy
• Emotional state
• Experience
• Background and knowledge
• Setting and circumstance
	• Environment & context
	• Culture of Medicine
	  • Hierarchy
	  • Language
	  • Procedures
	• Institutional requirements
	• Materials in use
	• Underlying assumptions

According to the Institutes of Medicine, more than 90 million Americans struggle with health literacy (IOM, 2004). Low health literacy negatively affects health promotion and prevention efforts and also limits access to care. Youth are particularly impacted by low health literacy. While most youth are introduced to basic health topics starting in elementary school, a true understanding of the subject matter depends largely on health literacy. If a child has low general literacy skills or if the information presented is limited in nature, then it is very unlikely that that youth will have the ability to make informed decisions about his or her health care. This is especially critical within the context of sexual health. As reported by Project participants, youth in the District possess a general knowledge of reproductive health and HIV/AIDS and STI prevention, but they are lacking information on broader issues of human sexuality: "we learn basic health information about your body, diseases, but not more than that."

Despite increased awareness on the issue of health literacy, schools often do not adequately address the individual and social factors that can lead to low sexual health literacy among youth. Lesson plans and classroom materials often leave students with limited access to integrated information regarding human sexuality and development. As a result, youth are not provided with the knowledge and skills necessary to make healthy decisions throughout their sexual development.

Curriculum development and enhanced school-based services offer unique opportunities to improve health literacy by ensuring that individual skills and social factors are adequately addressed. In addition, classroom teaching can include lessons on health literacy as an issue independent from larger public health messages. For example, the Center for Disease Control and Prevention's National Health Education Standards provide clear guidance on the specific elements of health literacy that should be attained by each grade level, and the District's recently revised health standards set distinct health literacy

benchmarks for elementary, middle, and high school. A question remains, however, as to whether or not this enhanced curriculum is being appropriately and sufficiently implemented to make a true impact on the health literacy of District youth.

D. COMMUNITY ENGAGEMENT

One of the most effective ways to overcome a problem is to actively engage all individuals who are affected by the situation as part of the solution. This is especially true in the public health sector. Collaboration among community members is a powerful vehicle that can lead to environmental and behavioral changes that improve the health of a community and its members. It also ensures that there is a consistent public health message and that information gaps are minimized.

Community engagement is a critical component when developing a public health strategy related to youth sexual health issues. Though there has been a growing movement to engage youth in conversations about the programs and policies that will directly affect their lives, more often than not these community members are left out of the planning process. One project participant stated, "[adults] never ask us what we think – like we don't know anything."

The failure to fully integrate youth into the development and implementation of a sexual health strategy can cause public health leaders to miss important opportunities to effectuate change.

The failure to fully integrate youth into the development and implementation of a sexual health strategy can cause public health leaders to miss important opportunities to effectuate change. Almost all youth interviewed as part of the Project have distinct views about how sexual health programming should be developed and implemented in order to best speak to their generation. For example, the youth overwhelmingly support peer education programs and interactive education modules as effective methods for facilitating honest conversations about sexual health development. They also spoke about their desire to hear from individuals they could relate to demographically. These are not, however, standard methods employed by most educators who engage youth on human sexual development.

By failing to obtain input from the very community members most affected by the issue, most efforts to provide sexual health education fall short of their goal of adequately promoting healthy sexual behaviors.

E. YOUTH LEADERSHIP

Broadly speaking, youth leadership refers to the opportunity and ability for a young person to effectuate change. Such change can be within a school, the community, a family, or even among peers. Leadership skills also provide youth the tools necessary to successfully transition into adult life and become active and engaged members of society.

With respect to youth sexual health issues, youth leaders can play a critical role in promoting healthy behaviors among their peers. Youth leadership is directly tied to the concept of community engagement, such that youth leaders can work with public health officials to ensure that programming is designed to meet the needs of the youth.

In addition, youth leaders can bring about change by example. Studies show that youth are directly influenced by their peers, and that they are more likely to hear a public health message when it is delivered by someone who is perceived to be an equal. Youth leaders can be extremely influential teachers because they often share similar interests, ideas, and motivations with their peers. These commonalities allow youth leaders to serve as role models and help empower their peers to make better decisions regarding their sexual health.

Being a youth leader also has a direct impact on an individual's own future. Peer educators often obtain a more complete knowledge of sexual health issues and report fewer risk behaviors (Advocates for Youth, 2003). In addition, youth that are involved in peer leadership develop greater self-esteem and learn the skills necessary for future success in the workplace. A focus group participant stated, "I would be a peer educator because I would feel good about myself."

F. COORDINATED HEALTH SYSTEMS

According to the World Health Organization, a health system is comprised of all the organizations, institutions, and resources devoted to producing actions whose primary intent is to improve health (WHO, 2009). A coordinated health system is one in which all parties work together toward a shared public health vision. Coordinated health systems are also well-integrated, sharing data and resources across organizational lines. This collaborative approach better promotes the overall goal of improving the health and well-being of the individuals being served.

The District of Columbia's "health system" has a variety of actors, including hospitals, universities, non-profit organizations, and government agencies. Though each is dedicated to improving the lives of residents, there is little in terms of a coordinated vision on youth sexual health issues. In part, this is due to a lack of shared guiding principles. Each institution has its own set of core beliefs and develops youth sexual health programming accordingly.

Even if shared principles occur, integration of data and resources is a challenge. For example, many health care facilities have their own information systems that limit the ability to merge ideas, concepts, and information across a shared network. A school nurse explained that they have "to rely on the medical information students give them and have no way of accessing the information they need." This lack of integration increases the likelihood for inconsistent or incomplete sexual health information being transmitted to youth.

Part III: Exemplary Sexual Health Strategies

A. OVERVIEW

In developing the youth-inspired sexual health framework presented in Part IV of this report, the Project team conducted a comprehensive review of local, national, and international sexual health campaigns from both the public and private sectors. The team also reviewed other innovative public health initiatives to determine whether protocols and themes can be applied to the youth sexual health arena.

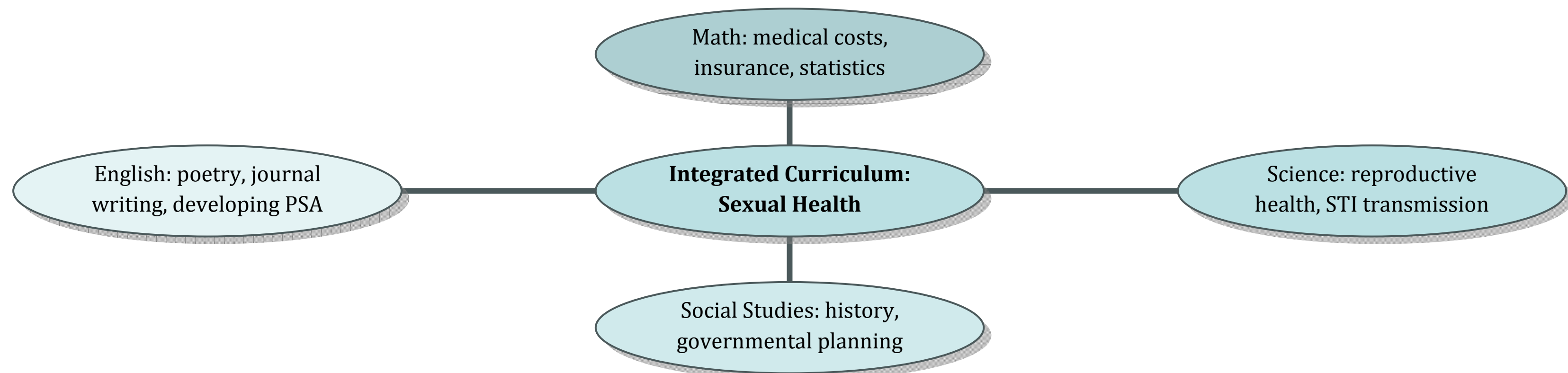
The information presented in this section provides an overview of the tactics that have been most successful in protecting and promoting youth sexual health. These exemplary strategies, combined with the investigative findings and guiding principles outlined in Parts I and II, provided the foundation upon which the youth-inspired sexual health framework was developed.

B. INTEGRATED SCHOOL CURRICULUM

An integrated curriculum is an "education that is organized in such a way that it cuts across subject-matter lines, bringing together various aspects of the curriculum into meaningful association to focus upon broad areas of study" (Shoemaker 1989). Sometimes known as an interdisciplinary curriculum, an integrated curriculum includes a combination of several school subjects, emphasizes group and individual projects, utilizes non-textbook sources, and focuses on uncovering relationships among concepts. In an integrated curriculum, teachers utilize a common language in order to describe personal and social development, learning outcomes are agreed upon from the outset and are mapped across the whole school, and school policies embed the integrated approach within all lesson plans.

Using an integrated curriculum to address youth sexual health is an effective model for disseminating age-appropriate information regarding sexuality and development. Instead of relying on a single lesson plan within an isolated health class, an integrated curriculum puts the issue of sexual health within a larger context and is likely to reach more students. It also "normalizes" sexuality and sexual health rather than treating it as a special study. Finally, bringing a sexuality curriculum into multiple disciplines ensures that a variety of educators will interact with students, providing increased avenues for meaningful interaction on the subject.

Example of Integrated Curriculum



C. NEW MEDIA

The phrase "New Media" refers to the emergence of digital, computerized, or networked information and communication technologies. Prior to the development of New Media in the early 1990s, media consisted primarily of print and art analog or one-way broadcast models, such as television and radio. New Media is a more fundamentally collaborative technology and has even resulted in the revolution of "old media" – such as the advent of digital television and online publications.

Within the public health context, however, New Media generally refers to those technologies specifically designed to enhance an individual's interaction with other members of the larger community. Sometimes referred to as "social media", these New Media tools include social networking sites, such as MySpace and Facebook, web-based journals, or blogs, and mass communication systems (e.g. Twitter).

Inherently interactive and collaborative, New Media empowers participants to share ideas, knowledge, and skills in an equal access environment. This has made New Media especially attractive to youth. According to a recent study by the Pew Internet & American Life Project, more than one-half of all youth have created media content, and roughly one-third of youth who use the Internet have shared content they produced (Lendhart and Madden, 2005). In addition, cell phones and text messaging services have become pervasive within youth culture. In fact, youth now use text messages rather than phone calls as the primary means of communication.

Given its inherent characteristics and its acceptance within youth culture, New Media outlets are ideal tools for youth sexual health programming. They allow a consistent safe sex message to be widely disseminated among the youth population in a means that it most appealing or acceptable to them. They also allow for youth to interact on a confidential basis with the public health entities through text message and web-based health forums. For example, the District's InSpot.org and the "Ask for the Test" text messaging service allow individuals diagnosed with STIs to send anonymous emails to their partners alerting them to the possibility of infection or to text message their zip code to a local number to identify the closest HIV testing location, respectively.

D. PUBLIC-PRIVATE PARTNERSHIPS

Public-private partnerships (PPPs) exist when the public sector join with the private sector to pursue a common goal (Relave and Deich, 2007). These partnerships differ from contractual relationships in that one party does not serve the other. Instead, the hallmark of public-private partnerships is cooperation and collaboration, maximizing the strengths of both the public and the private sectors (Linder, 1999).

The value of PPPs within the public health arena is well documented. Cooperation between public and private entities often allows for better penetration of a target audience, creates consistent messaging across a variety of settings, and allows for better integration of health programs. Increased collaboration also fosters innovative solutions that may not be possible otherwise.

Within the context of sexual health, PPPs have played a vital role in disseminating information regarding safe practices and promoting access to services. Most often these PPPs involve government agencies and private media companies. The Netherlands, for example, has invested heavily in mass media and public education campaigns for over a decade. Germany also has a media strategy that relies on cooperative agreements with television stations and advertising companies for free distribution of a safe sex message (Berne and Huberman, 1999).

PPPs offer the opportunity to standardize comprehensive sexual health messaging and to normalize healthy sexual behavior in our culture. Furthermore, PPPs are a unique strategy for communities to maximize limited resources. Private entities can leverage more financial dollars and social capital where governments may be constrained by access, expertise, or political factors.

E. PUBLIC HEALTH TOOLKIT

A Toolkit is a centralized resource that allows for a single point of access to current and timely health information. Toolkits can be web-based or in manual form, and often include key components such as fact sheets, research analysis, and educational materials.

In addition to providing access to information, Toolkits can offer public officials and private citizens alike with a standardized roadmap of how to best address a specific area of concern. This can be especially helpful when the issue at hand is as sensitive as youth sexuality and risky sexual behaviors. In addition, a Toolkit can help prevent inconsistent or incomplete messaging and reduce the number of information gaps within the community. For example, England's Department of Health created a Toolkit to ensure that all local health officials have the tools necessary to implement the national strategy for sexual health and HIV prevention. This Toolkit is available online and includes practical templates that could be adapted to a particular audience and the official's own experience and skill level.

Public Health Toolkits can also be used to empower individuals that may have limited access to health care information. For example, Public Health Toolkits have been used to overcome cultural or societal norms that limit a woman's access to information; if it is not considered socially acceptable to publicly discuss reproductive and sexual health issues, a woman can access information privately through a Public Health Toolkit.

F. CASE STUDY: WESTERN EUROPE

Some of the most effective strategies in addressing youth sexual health issues are being developed and implemented in Western Europe. Specifically, the Netherlands, Germany, and France are widely hailed for their demonstrated decreases in risky sexual health behavior among adolescents. A study conducted on adolescent sexual health in Europe and the United States shows that teenagers in the United States are more likely to become pregnant than teenagers in the Netherlands, Germany or France (Advocates for Youth, 2009). In addition, the rates of STIs are much higher among U.S. teenagers than their counterparts in Western Europe. Highlights from this study are reported below:

- The teen pregnancy rate in the United States is more than 9 times higher than that in the Netherlands, nearly 5 times higher than that in Germany and nearly 4 times higher than the rate in France.
- The estimated HIV prevalence rate in young men ages 15 to 24 in the United States is over 5 times higher than the rate in Germany and nearly 3 times higher than the rate in the Netherlands.
- The gonorrhea rate among teens in the United States is over 74 times higher than that in the Netherlands and France.

One of the major reasons for these disparities is that Western European attitudes about youth sexual health are more progressive than those within the United States. Sexual health is fully integrated as part of an interdisciplinary curriculum, providing students with ample opportunity to receive accurate and complete information. Families also speak openly and honestly about sexuality as part of normal human development. In addition, governmental youth sexual health programs are guided more by public health research than political, cultural, or religious beliefs and are often based on the idea that teens have the right to freely access information about their own sexuality. Western European counties also have greater coordination among key stakeholders and are able to develop effective partnerships across a variety of disciplines. Germany, for example, has cooperative agreements with media outlets worth millions of dollars for free airtime to promote consistent and explicit health messages about sexuality.

Another key component of many successful European strategies is that health professionals actively work to reduce barriers to sexual health services. France, for example, promotes youth access to sexual health care by ensuring that medical and other public health professionals are available for walk-in or scheduled appointments at times when youth are not in school.

Part IV:
A Youth-Inspired Sexual Health Framework

A. INTRODUCTION

The Youth Sexual Health Project was designed with the ultimate goal of developing youth-inspired sexual health strategies that can be implemented in the District of Columbia. The Youth-Inspired Sexual Health Framework (Framework) presented below represents the culmination of the Project team's efforts.

HOW THE FRAMEWORK WAS DEVELOPED

Using the findings and lessons learned during the Project's investigative phase, the Project team developed a set of five guiding principles that should serve as the foundation for youth sexual health programming. The Project team also reviewed examples of successful youth sexual health strategies to determine what could be implemented here in the District. Taken together, the results helped inform and guide the Project team in the development of the Framework itself.

UNDERSTANDING THE FRAMEWORK

The Framework is divided into five major components, representing each of the guiding principles presented in Part II of the report. For each principle, the Project team selected one overarching goal and then created specific set of objectives and activities that can be implemented to achieve the desired outcome. These goals, objectives and activities are directly linked to the issues identified by youth themselves and represent the first comprehensive effort to improve the health and well-being of District youth through positive sexual health programming.

Because of the intended integrated and cross-curricular nature of the Framework, some of the activities listed may lend themselves to multiple objectives or goals. These are included within each of the appropriate components.

B. SOCIAL DETERMINANTS OF HEALTH

GOAL: Reduce the detrimental impact social determinants can have on youth sexual health.

Objective

Gain a better understanding of the impact of social determinants on youth sexual behavior.

Proposed Activities:

- Compile a summary of population-specific health factors, corresponding priorities, and targeted strategies for youth.
- Conduct a District-wide Youth Sexual Needs Assessment that will allow District public health officials to study youth sexual health behaviors.
- Work with community-based organizations, especially youth-serving providers, to establish culturally-competent and linguistically-appropriate indicators and baseline measurements for youth.

Objective

Integrate social determinants into sexual health curricula.

Proposed Activities:

- Review and revise current primary and secondary teaching and learning standards and curricula to ensure that students learn about the relationship between social determinants and health.
- Review and revise sexual health curricula to ensure that population-specific information is fully integrated into classroom lesson plans within the context of normal human development.
- Broaden awareness of condom availability program and counseling services that can be accessed through school nurse and provide access to additional condom brands that youth prefer.

- Address gender biases and social norms that impact protective behavior such as condom purchasing.

Objective

Ensure that the District government works to alleviate any potential negative impact of social determinants on youth sexual health behavior.

Proposed Activities:

- Design and implement a formal structure to allow appropriate District agencies to collaborate on issues related to social determinants and their impact on the sexual health of District youth.
- Provide training to District public health officials and health education administrators so that they have the knowledge and skills to work with diverse populations.
- Design an online Public Health Toolkit that will help educate District youth, parents and public health officials about youth sexual health using uniform messaging.
- Increase the participation of health education programs that have proven competence in working with underserved or at-risk youth populations.
- Offer technical and financial support to organizations that combat the negative impact of social determinants through innovative programming, such as peer-led sexual health workshops.
- Establish a District-wide youth sexual health education program that will attract youth and create opportunities for youth to earn money as peer educators.
- Develop opportunities for peer educators to receive training and professional development.
- Engage District businesses in a public-private partnership so that those that sell condoms and other personal protective equipment echo the established uniform sexual health message.

Objective

Ensure that health care professionals and service providers take steps to alleviate the potential negative impact of social determinants on youth sexual health behavior.

Proposed Activities:

- Provide training to health care professionals so that they have the knowledge and skills to work with diverse populations.
- Design an online Public Health Toolkit that will help educate public health officials about youth sexual health issues.
- Require contracted health and human service providers to improve competencies and develop specific strategies to address the impact of social determinants on youth sexual health.
- Offer youth sexual health programming in locations frequented by District youth beyond the traditional classroom setting, including in community recreational centers.

C. HEALTH LITERACY

GOAL: Improve the sexual health literacy of District youth.

Objective

Gain a better understanding of the current sexual health literacy of District youth.

Proposed Activities:

- Conduct a District-wide Youth Sexual Health Needs Assessment that will allow District public health officials to understand youth sexual health perceptions and awareness of sexual health issues.
- Provide grant opportunities for public health organizations to develop evidence-based evaluations that will measure the changes in youth sexual health beliefs, attitudes, and behaviors.
- Review and report on youth literacy and competency evaluations in health education annually.

Objective

Ensure that individuals responsible for educating youth on issues related to sexuality and sexual health have sufficient competence in sexual health issues.

Proposed Activities:

- Evaluate DCPS teachers' understanding and ability to appropriately teach the District's Health Learning Standards and Pacing Guidelines.
- Establish specific indicators and measurements of literacy and competency in sexual health that correspond to child and adolescent development.

- Develop an evaluation tool for annual reporting by schools and provider organizations on literacy and competency of health education for teachers and health educators.
- Implement an annual evaluation of literacy and competency in total sexual health.
- Require school nurses to attend a continuing education course or workshop that is focused primarily on youth sexual health issues.
- Equip existing youth sexual health educators with skills that enable them to become more relatable to youth.

Objective
Utilize innovative and non-traditional methods to educate youth about sexual health issues.

Proposed Activities:

- Offer after-school and weekend sexual health workshops for District youth that are interactive and tailored to different learning styles.
- Develop interactive classroom curricula focused on issues related to youth sexual health.
- Incorporate peer mentors into the classroom curriculum who can give personalized, first-hand knowledge of sexual health issues facing youth.
- Use an integrated curriculum to teach youth sexual health education that "normalizes" sexuality and sexual health.
- Examine opportunities for New Media and other electronic communication tools to become a strategic component of sexual health education. (See Appendix C for an example).
- Enlist celebrities and other opinion leaders to help promote sexual health awareness campaigns and collaborate with existing organizations that have expertise in working with celebrities and opinion leaders.
- Work with District organizations that have expertise in developing innovative health curricula in diverse settings.

- Establish a District-wide youth sexual health education program that includes peer educators.
- Design an online Public Health Toolkit that will help educate District youth, parents and public health officials about youth sexual health issues.
- Create a truly integrated curriculum that address sexual health issues in all aspects of teaching.

Objective
Better utilize school nurses to promote sexual health literacy among youth.

Proposed Activities:

- Ensure that nurses have sufficient time to devote to student needs rather than administrative work.
- Work with students and nurses to build trust so that students can speak with nurses about sensitive issues and not be concerned about confidentiality.
- Provide opportunities for peer educators and community-based organizations to collaborate to implement health literacy activities sponsored by the school nurse.
- Equip existing youth sexual health educators with skills that enable them to become more relatable to youth.

Objective
Expand sexual health curricula beyond reproductive health and STI awareness.

Proposed Activities:

- Provide demonstrative examples in health instruction to empower youth to engage in protective health behavior.
- Develop advanced lessons related to anatomy, reproduction, and the transmission of STIs in the context of choosing healthy sexual behaviors.

- Create lesson plans that teach youth about developing strong and healthy relationships with sexual partners, self-esteem, respect, trust, and communication skills.
- Integrate interactive lesson plan activities that assist youth in critically analyzing and developing skills about sexual health, relationships, gender, and identity.

Objective

Ensure parents/guardians have the tools necessary to educate their children on sexual health issues.

Proposed Activities:

- Design a reproductive and sexual health workshop for District parents on youth sexual health issues that correspond with the DCPS curriculum.
- Design both a manual and an online Public Health Toolkit for parents and community members that will facilitate communication about youth sexual health issues and corresponds with the DCPS curriculum.
- Work with community-based organizations to create opportunities for intergenerational participation and learning regarding sexual health.

D. COMMUNITY ENGAGEMENT

GOAL: Engage all community members to promote positive youth sexual health behaviors.

Objective

Create opportunities for community involvement on issues surrounding youth sexual health.

Proposed Activities:

- Identify stakeholder groups, including parents, teachers, community-based organizations, policymakers, and youth that have an interest in youth sexual health issues.
- Host an annual youth sexual health summit open to all stakeholders who have an interest in youth sexual health issues.
- Create opportunities for community members to learn more about sexual health issues, such as parent workshops, public health toolkits, and peer education programs.
- Establish a Youth Sexual Health Commission to consist of youth representatives from each of the wards, representatives from each of the District agencies providing services to youth, and other youth sexual health experts.

Objective

Create a standard message that all community members can utilize in promoting positive youth sexual health behaviors.

Proposed Activities:

- Establish a standard definition for sexual health that includes all components and elements of sexuality as defined by the World Health Organization and other leading experts in reproductive and sexual health.
- Identify key stakeholders that can take a leadership role in a public message campaign regarding youth sexual health in the District.

Objective
Work with local businesses and organizations to promote positive youth sexual health behaviors.

<u>Proposed Activities:</u>

- Encourage partnerships between the Condom Distribution Program and private organizations including corporations, universities, and hospitals to make reproductive and sexual health products such as condoms more accessible to all residents.
- Engage District businesses in a public-private partnership so that those that sell condoms and other personal protective equipment echo the established uniform sexual health message.
- Establish a formal agreement with drug stores to remove barriers to reproductive and sexual health product purchasing, including condom lock up.
- Develop partnerships and contractual relationships with corporations to increase access to preferred condom brands.
- Develop public private partnerships with local media outlets to promote positive sexual health messages

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E. YOUTH LEADERSHIP

GOAL: Increase youth leadership opportunities related to sexual health programming.

Objective

Expand youth sexual health peer education programs in the District.

<u>Proposed Activities:</u>

- Develop a city-wide peer education program that is available during school, after school, on weekends, and over school breaks.
- Offer peer-led youth sexual health education programs that target underserved populations, such as incarcerated or GLBTQ youth.
- Link peer-led youth sexual health education programs with eligibility requirements for community service hours.
- Train college students as peer educators in comprehensive reproductive and total sexual health training.

Objective

Engage youth in the planning process for sexual health policies and programs.

<u>Proposed Activities:</u>

- Allow youth to work with school administrators on the development of curriculum to implement the District's health standards. (See Appendix E.)
- Allow youth to work with the District on the development and implementation of a citywide peer education program.
- Task the Mayor's Youth Advisory Council to review sexual health programs in the District and make recommendations for action.

- Encourage community organizations and District agencies to employ youth in leadership roles and to coordinate youth approaches to self-advocacy.
- Empower all youth to utilize New Media programming to popularize and disseminate information about healthy sexual behaviors.

F. COORDINATED HEALTH SYSTEMS

GOAL: Promote greater coordination on youth sexual health issues among District health.

Objective

Establish a shared vision and common goal for the promotion of positive youth sexual health behaviors.

Proposed Activities:

- Outline clear roles and responsibilities for the administration of youth sexual health education and services within DCPS and other District schools.
- Incentivize youth sexual health providers and provider institutions to work to establish a standard set of patient education and communication goals and objectives regarding reproductive and sexual health.
- Design an online Public Health Toolkit that will help educate District youth, parents and public health officials about youth sexual health using uniform messaging.

Objective

Enhance data and resource sharing among District health care institutions.

Proposed Activities:

- Allow for increased data sharing across public and private agencies on sexual health issues.
- Create partnerships among public and private organizations that address sexual health issues to allow for resource maximization.
- Create and integrated data system that would allow school nurses to access certain information related to the health status of students.

Appendix A:
District Youth Sexual Health Programming

SEXUAL HEALTH PROGRAMMING IN THE DISTRICT

The District currently has a variety of programming designed to increase youth awareness about health risks and disease, some of which focus exclusively on sexual health issues. These programs offer educational, intervention, and care-oriented services. Below is a summary of a few major initiatives:

Health and Sexuality Education Program (HSEP)

Administered by the Department's HIV/AIDS Administration (HAA), HSEP seeks to reduce unintended pregnancies, enhance knowledge of STIs, and facilitate health communication between parents and their children. During fiscal year 2008, more than 4,000 children received health and sexuality education through the program. A future goal is to increase pregnancy prevention education and awareness sessions for middle and high school students and to emphasize male responsibility in pregnancy and STI prevention.

D.C. Takes On HIV

In 2009, HAA launched the first year of its five-year "D.C. Takes On HIV" Campaign. The initial phase is the "Ask for the Test" program, which aims to get more residents more routinely tested for HIV and uses consumers to drive providers to implement routine HIV testing as the new standard of care. The Campaign's website includes a new text messaging feature by which residents can find the nearest location to get free HIV testing

Testing Programs

HAA has recently scaled up its HIV and STI testing efforts for District youth. According to HAA's *HIV/AIDS Epidemiology Annual Report 2008*, the number of District youth tested for HIV doubled between 2007 and 2008, from 10,000 to 20,000. In addition, HAA partners with other District agencies, including DC Public Schools (DCPS) and the Department of Parks and Recreation, to provide testing services in the community. HAA also partnered with the Department of Employment Services to offer STI and HIV screening for young people participating in the Summer Youth Employment Program.

Condom Distribution

The District's Condom Distribution Program, a coordinated effort between HAA and the Community Health Administration, provides free condoms to District agencies and community providers. Through this program, DCPS and the Summer Youth Employment Program make free condoms available for students and community youth. Plans are currently underway to expand the distribution program further to public charter schools and to engage youth-serving community partners and young people in a promotional campaign.

Health Standards and Curriculum

HAA has partnered with DCPS and the Office of the State Superintendent of Education (OSSE) to ensure appropriate implementation of the new school health standards. This partnership includes assistance in the development of a new curriculum that addresses HIV, substance abuse, STIs, and pregnancy prevention.

OSSE receives funding from the Centers for Disease Control and Prevention to provide HIV prevention education and conduct the Youth Risk Behavior Survey. The goal of the HIV prevention education program is to increase the capacity of schools to provide planned, sequential, and developmentally-appropriate, skills-based health education to prevent behaviors that result in HIV/STI infection and unintended pregnancy. OSSE's partnership with HAA will offer needed expertise in the implementation of this programming.

REALTalk Campaign

The REALTalk social marketing program uses text messaging to distribute information regarding HIV testing opportunities and other sexual health programs to District youth. It also allows youth to send questions to health counselors anonymously regarding HIV testing, relationship issues, condom availability, and safe sex practices.

Appendix B:

Youth Sexual Health Web Assessment

Youth Sexual Health Web Assessment

Organization	Web Site	Easy to Navigate	Interactive	Design appealing to youth	Age appropriate language	Visitors able to ask questions	Connects user with resources	Other
Metro TeenAIDS	www.RealTalkDC.org	•	•		•	•	•	Multiple interactive interfaces - texting, online quiz, the ability to submit questions and get answers.
Black Entertainment Television (BET)	www.RapItUpPresents.com	•		•	•		•	Provides conversation starters and tips on how to address possible responses from a partner.
Planned Parenthood	www.TeenWire.com	•	•	•	•	•	•	Sexual health topics covered include dating and relationships. Offers several videos and games.
Columbia University	www.GoAskAlice.com	•	•		•	•		Weekly updates of content entice users to visit the web site frequently - Theme of the Week, This Week's Poll, etc.
Sexually Transmitted Infection Community Coalition of Metropolitan Washington	www.sticc.org	•	•			•	•	Evaluates STI risk based on gender, sexual partner, and age - both level of risk and which type of STI the user is more likely to contract.
National Campaign to Prevent Teen and Unplanned Pregnancy	www.StayTeen.org	•	•	•	•		•	The website is well-designed – it has an urban feel with good graphics that are appealing to younger generations.
HIV/AIDS Administration	www.doh.dc.gov	•					•	While the site is not designed specifically for a youth audience, it provides objective and accurate information about STIs.
Sex, Etc.	www.SexEtc.org		•		•	•	•	Offers youth the chance to be staff writers, photographers, videographers, or interviewees.
MTV / 16 & Pregnant	www.16andPregnant.com	•	•	•	•	•	•	Because it depicts real teenagers going through difficult situations, it is easier for teens to relate to than a textbook or a lecture.
One DC	www.OneDCOnline.org		•			•	•	Youth actively engage in peer leadership. Events are continuously updated to allow viewers to participate in activities.
Sasha Bruce	www.SashaBruce.org						•	Has a Youth Advisory Board. Programs such as "Youth Lead" are peer-led mentoring programs.
Street Wize Foundation	www.StreetWizeFoundation.org		•	•			•	Peer-led and fun!

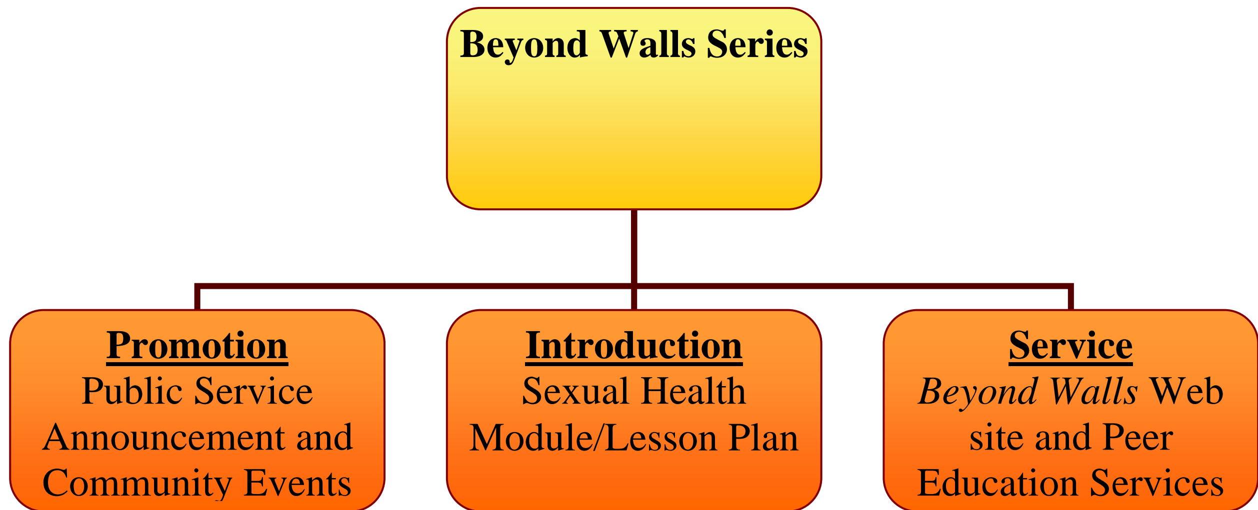
Organization	Web Site	Easy to Navigate	Interactive	Design appealing to youth	Age appropriate language	Visitors able to ask questions	Connects user with resources	Other
Sexual Minority Youth Assistance League	www.smyal.org		•	•	•			Offers a "Youth View" that is tailored for youth to understand the language and messages.
Stone Soup Films	www.StoneSoupFilms.org							Youth decide which social issues will be focused on in campaigns.
The Urban Alliance	www.TheUrbanAlliance.org							Utilizes all New Media approaches. Offers "real-life" job skills and job training, including a paid internship.
Words Beats and Life	www.wblinc.org							Founder of organization is local to D.C. and understands the unique challenges in the District.
Young Ladies of Tomorrow	www.YoungLadiesOfTomorrow.com							Uses hip hop music as the medium to learn.
Latin American Youth Center	www.layc-dc.org	•						Web format makes searching for health-related servies and programming easy.
I Wanna Know	www.IWannaKnow.org		•		•	•	•	Enticing web address. Health content is concise, precise, and explains STIs in simple terms.
Advocates for Youth	www.AdvocatesForYouth.org	•						Organization enables schools, parents, youth, advocates, teachers, and organizations to find information designed for them.

Appendix C: Youth Sexual Health Public Service Announcement

Beyond Walls PSA Series Introduction

The Beyond Walls series is a health marketing approach to promote the youth sexual health initiative. The series is intended to:

- Influence and promote positive discussion about sexual health issues;
- Highlight present day sexual health related topics and issues to viewers;
- Promote the *Beyond Walls* brand on television, direct users to utilize *Beyond Walls* web site and services, and introduce specific modules and lessons plans covered in the sexual health curriculum.



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Identity, Gender, and Sexuality
Public Service Announcement/TRISH Prototype Curriculum Script

Introduction

To correspond with the TRISH Prototype Sexual Health Curriculum, the Project Team designed a sample public service announcement (PSA) that covers aspects of sexuality, gender, and identity. Thus, this sample PSA has a dual purpose. It can be used to promote sexual health to youth as well as to enhance sexual health curriculum as a lesson plan activity in the classroom or community-based setting.

Design
A Black & White Background
Location: Washington, DC

Characters:

- African American male: slender, high school senior, 17 years old.
- Latino male: high school sophomore, 15 years old, slightly shorter than African American male.
- Group of four males: ethnicity and appearance varies.
- Mother: African American female, mid to Late 30's
- Little Brother: young African American male, age can vary ~5 to 10 years old.
- Teacher Late 30's: ethnicity can vary

Scene One:
Setting: Household kitchen
An African American male is helping his mother make breakfast for his little brother. The mother is rushing around getting ready for work.
Pitch Black. Dramatic Sound.

Scene Two:
Setting: Classroom
African American male is in class at his desk. The teacher walks over to him and hands him a graded assignment with an *A+* and *Well Done!* written across his paper. Then she hands him a letter of recommendation for college.
Pitch Black. Dramatic Sound.

Scene 3:
Setting: Boys restroom

African American male stands in front of the mirror washing his hands next to a younger Latino male. Both look into the mirror and see a group of four males standing in the corner.
Pitch Black. Dramatic Sound

Scene 4:
Setting: Boys restroom (freeze frame)
Three of the males from the group are standing over the African American male. Male 1 has African American male by the throat. Male 2 has a fist to the African American male's stomach. Male 3 is seen ripping the African American male's letter of recommendation. Male 4 is standing by the restroom door as the watch out person. Latino Male is seen trying to run out the restroom but looking back.
Pitch Black. Dramatic Sound

Scene 5:
Setting: Empty parking lot garage
African American male is seen walking across a parking lot. Latino male approaches him and places his hand on the African American male's shoulder. The African American male turns around and looks at the Latino male.
Pitch Black. Dramatic Sound

Scene 6:
Setting: An empty room with one large table.
Several newspapers from various media outlets such as the *Washington Post*, the *Examiner*, and the *Express* are being thrown on the table one at a time. Each has a picture of the African American male with a headline "Boy Found Dead".
Pitch Black. Dramatic Sound

Scene 7:
The word *WHY?* is written across the screen in white with a black background.
Pitch Black. Dramatic Sound

> **For PSA:** Proceed to final Scene 8. Viewers will be instructed to visit the website to view the ending of the PSA and learn additional information about the sexual health initiative.
>
> **For Intro Curriculum:** Formulate class discussion. After discussion move to Scene 9 then click on hyperlinked topics for lesson plans.

Scene 8:
Setting: A screen with additional information is shown
Want to find out WHY? Please visit www.[insert website here].com.

Scene 9:
Setting: Flashback to parking lot scene (scene 5)

African American male is seen walking across a parking lot. Latino male approaches him and places his hand on the African American male's shoulder. African American male turns around and look at Latino male.

Latino male: Why did they beat you up?
African American male: Because I ….
Pitch Black. Dramatic Sound.

Viewers will then be asked to create a username and password for an account on the web site. Once a member, viewers will be able to create an alternate ending. Educational materials on Gender, Identity, and Sexuality will be linked to the PSA.

Viewers will be able to upload their ending for the PSA; all videos will be monitored for content. Once all videos are submitted by predetermined date, members will be able to vote on the ending of their choice. The chosen alternate ending will be premiered on the website's homepage.

<u>For Intro Curricula (Continuation):</u>
Screenshot of PSA: The words Gender, Identity, & Sexuality are hyperlinked. Each word is linked into a particular lesson plan.

<u>End.</u>

Appendix D:
Youth Sexual Health Education Curriculum

Teen Relationships Identity and Sexual Health (TRISH)

Artwork produced by Guerilla Arts LLC

October 2009

Introduction

Background

Beginning in June 2009, the Youth Sexual Health Project Team established a partnership with Rock Creek Academy and Ed Lyrics to develop a prototype sexual health education curriculum. Rock Creek Academy and Ed Lyrics were sought because of their expertise in special and nontraditional instruction in Washington, DC. In particular, Ed Lyrics has acclaimed work in innovative curriculum development that uses New Media applications including hip hop and visual imaging to enhance youth reading and analytical competencies.

For five months, the Project Team met with faculty and staff of Rock Creek Academy and Ed Lyrics to create a sample sexual health curriculum that meets national and local health learning standards while simultaneously incorporating suggestions gained from the more than 200 youth interviewed throughout the course of the Project. The following is a result of this collaboration, *Teen Relationships, Identity, and Sexual Health* (TRISH), a prototype sexual health education curriculum, which encompasses goals, outcomes, and cross-curricular activities to foster healthy sexual development among youth in both classroom and community-based settings.

Executive Summary

Purpose & Framework

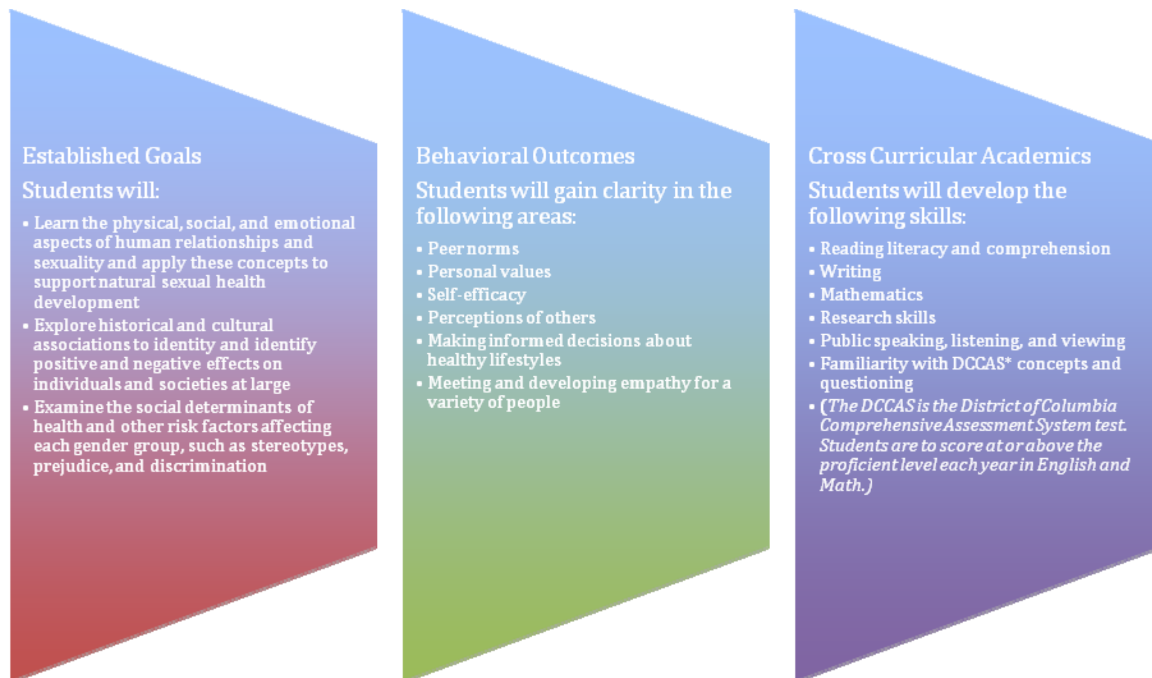
The Council of the District of Columbia's Youth Sexual Health Project aims to move the discussion of youth sexual health beyond its traditional purpose of preventing negative behaviors or addressing disease-burdened youth and to instead reposition youth sexual health within the framework of normal human development.

The terms sexual health, identity, and gender are thus meant to include the essential understandings that will help guide youth through this organic process into adulthood, to empower them to lead healthy sexual lives.

TRISH is a prototype that demonstrates how to integrate District youth recommendations into a health curriculum and lesson plan activities to enhance sexual health programming. TRISH allows youth to explore their sexuality and self-identity and offers clear communication and an understanding of both the effects of media and society on self-image and the cause and effect relationships that individual choices have on youth's lives. This sample only contains Units I through III and lesson plans for days one and two of a 6-9 week program.

Established Goals and Curriculum Implementation

The framework includes daily lessons to address all key topics designated by the curriculum as well as implementation activities for each.



Duration

Each unit will last 2 weeks and each session will last 45 to 75 minutes. Session times may vary 15 minutes to accommodate individual programs or schools' block schedules.

The entire TRISH curriculum can be completed in a time period of 6-9 weeks.

Teaching Scenario

The TRISH curriculum uses age-appropriate lessons, sets clear goals and objectives, covers participatory methods, provides a balance between content and skills, and conducts performance-based assessment in a classroom setting. Additionally, the curriculum can be used as:

- A supplemental instructional tool in a local school health curriculum;
- A unit of study in a language arts or literacy classroom for schools with no health curriculum;
- A local school health curriculum;
- An after-school enrichment program in language arts, literacy, or health; or
- Small group counseling sessions or focus groups.

Targeted Population

The TRISH curriculum targets students in grades 7-12.

Unit I: Sexual Health

Unit I: Sexual Health

Duration: 2 weeks, 10 sessions, 45 – 75 minutes per session

Established Goal:	
Students will learn the physical, social, and emotional aspects of human relationships and sexuality and apply these concepts to support healthy development.	
Essential Questions	**Essential Understandings**
• How does one process and communicate emotions and attractions related to dating? • How do external pressures affect health behavior? • How does one make the decision to become sexually active? • What determines a person's sexuality? • How do we know if we are in positive or negative relationships? • What role does abstinence play? • Why are pregnancy and STI rates different across demographic populations?	• Individual differences are necessary in order to establish healthy relationships. • External pressures (including peers or the media) and unique situations may influence a person to become sexually active. • There are many challenges and responsibilities that arise when one becomes sexually active. • Self-confidence, respect, and self-worth are key facets of any relationship and must be valued.
Knowledge: Students will know…	**Skills: Students will be able to….**
• How to use correct terminology when discussing sexuality and sexual health. • How to identify one's own strengths and needs in a relationship, as well as what one has to offer in a relationship. • How to identify a positive or negative situation or external influence. • How to participate in group discussions and debates and how to express opinions. • How to distinguish between an outside point of view and one's own perspective. • How to critically examine sexual values and ethics.	• Actively listen and discuss in pairs, small groups, and large groups. • Interpret positive and negative elements of sexual health and relationships. • Compare and contrast theories about what determines sexual orientation, including genetic, prenatal, social, and cultural theories. • Identify types of preventive methods for diseases and pregnancy. • Support an understanding of media and textual images with evidence. • Distinguish between stereotypes, prejudices, and discrimination as they relates to sexuality.

Performance Tasks (what the students will do)

- Write a reflection of what was learned or connections that were made during the unit.
- Create a graph showing trends in STI and pregnancy rates across the nation.
- Interview an adult about relationships and sexual health issues in the news.
- Generate a class newsletter with an entry from each student.
- Write a FACTION (Facts and Imagination) story to incorporate unit lessons into real life scenarios.
- Write a poem reflecting the state of the United States as compared to other countries with respect to STIs, pregnancy, and sexual orientation.
- Form teams to organize a self-directed debate.
- Write a content-based research report.
- Create, conduct, and analyze a sexual health survey of a given population.

Culminating Event/Project

Students will become activists for the Rights, Respect, and Responsibility Campaign by displaying learning in the form of a written public service announcement that includes the following:

- A visual/audio component,
- Oral presentation of work, and
- Cited research.

Standards (DCPS Content Standards)

Strand: Language Development

✓Discussion
✓Questioning, Listening and Contributing
✓Oral Presentation
✓Vocabulary & Concept Development

Strand: Information Text

✓Document and Procedural Text
✓Argument and Persuasive Test

Strand: Literary Text

✓Poetry

Strand: Research

Strand: Writing

✓Expository Writing
✓Revision
✓Media

Unit I: Sexual Health
LESSON PLAN
DAY 1

SAMPLE

Objective: Students will create a graph showing trends in STI and pregnancy rates across the nation.

Materials:
- Computers and Internet access
- Time Magazine, Issue VII pages 12-15, "What has happened to our Youth: A discussion of teen sexual health in America"

Workshop Component	Teacher	Students
Introduction 10 Min	Ask students what they know about sexuality. Get background information. Ask students, "Do you think students are responsible enough to handle adult relationships?" Select 2-3 students to share responses.	Students discuss ideas orally and then answer the questions in their writing journals.
Guided Practice 15 Min	Read page 13 of the Time Magazine article aloud. Tell students to write their initial response and any words they are unfamiliar with in their journal. Highlight new word and write them on the board. These will be vocabulary words for the unit. Go over the new words. Students should keep a vocabulary section in journals. Direct students to computers to log onto Google.	Students listen to oral reading then complete the article themselves. Students write a response to what they have just read and write down vocabulary words. Students log onto computer and search for information about STI and pregnancy rates across the nation.
Independent Practice 25 Min	Direct students to take notes on trends in Washington, D.C. and at least 5 other states or countries.	Students take notes of their findings in their journals. They must look at Washington, D.C. and 5 other states or countries with similar demographics.
Mini Lesson 10 Min	Show students the various ways to display information in graph form. Do a model graph on the board.	Students take data from their notes and formulate it into a graph of their choice.
Homework		Students finalize their graphs and prepare a presentation for the next class meeting.

Unit I: Sexual Health
LESSON PLAN
DAY 2

SAMPLE

Objective: Students debate the question of whether to teach abstinence or safe sex in public schools.

Materials:
"The Great Debaters" film
4-5 note cards

Workshop Component	Teacher	Students
Introduction 10 Min	Ask students, "What is the difference between a debate, a discussion, and an argument?" Instruct the students to respond in their journals. Ask for 3-4 volunteers to share their responses.	Students respond in journal and share responses.
Guided Practice 15 Min	Play film clip from "The Great Debaters." Ask students to take notes on what they notice as they watch, specifically focusing on the question: What are key components of a good debate? After viewing the clip, ask students to about their answers and what the students noticed while watching.	Students view the film clip and take notes, focusing on components of a good debate. Students share their findings and opinions (noting that these are two different things).
Independent Practice 25 Min	Divide class into groups of 5 and ask each group to nominate a leader. The leader will select an index card from the teacher. The cards will say either "Abstinence should be taught in schools" or "Safe Sex should be taught in schools." Direct students to prepare for a classroom debate on the topic.	Students form groups and begin preparing for a debate, keeping in mind the key components of a good debate.
Mini Lesson 10 Min	Show students the rubric for determining the grade on the debate.	Students take notes. (Information may be in the form of a handout to save time).
Homework		Students prepare for the debate in the next class meeting.

Unit II: Identity

Unit II: Identity

Duration: 2 weeks, 10 sessions, 45 – 75 minutes per session

Established Goal:	
Students will explore historical and cultural associations to identity and identify their positive and negative effects on individuals and societies at large.	
Essential Questions	**Essential Understandings**
• How are identity and health related? • What aspects of one's identity can be changed? • To what extent do outside influences shape values and self-image? • How can a person learn to like themselves and others who are different? • How does the presentation of gender, age, sexual orientation, race, and social class in the media affect teens?	• Every member of community and society should be respected, regardless of sexual orientation or gender identity/expression. • Valuing one's own uniqueness is important. • Sexual orientation is a complex and multi-dimensional concept that is fluid and may change over time. • Everyone is responsible for developing healthy attitudes toward others in order to effect positive personal behavioral change and change in others.
Knowledge: Students will know…	**Skills: Students will be able to….**
• The importance of rules and boundaries and why they exist, at home and in society. • How to respect themselves and relationships with others. • How to engage in respectful communication and expression. • How to have a positive self-image and acknowledge natural abilities. • How to identify stereotypes and discrimination. • How to be a leader in conflict resolution and how to dispel negative perceptions of others.	• Actively listen and discuss in pairs, small groups, and large groups. • Identify ways to manage stress and resolve conflict. • Support their understanding of media and textual images with evidence. • Distinguish between stereotypes, prejudice, and discrimination as they relate to identity. • Make decisions and choices according to their own beliefs in the face of peer pressure. • Evaluate how words, images, and sounds influence a message and affect identity perceptions in individuals.

Performance Tasks (what the students will do)

- Participate in a peer pressure parade, in which behaviors are imitated in the form of dramatic improvisation.
- View a series of commercials and identify stereotypes and the roles they play in discrimination.
- Formulate a set of rules and standards for accepting diversity and conduct a self-evaluation to determine where each individual stands.
- Discover personal strengths and weaknesses through a series of workshops on personality and self-discovery.
- Read and interpret inferences found in literary works by Alice Walker and James Baldwin.
- Debate topics of sexual discrimination and racism found in popular music and the media.
- View various video clips on offensive language and categorization of gender and ethnic groups, and keep a journal for responses.
- Assess the state of race and gender relations in the school by creating an editorial/newspaper article that discusses the findings and steps for improvement.

Culminating Event/Project

Students will create a personalized photo book about themselves, highlighting their identity, family, and culture and including written captions about each entry.

Standards (DCPS Content Standards)

Strand: Language Development

✓Discussion
✓Questioning, Listening and Contributing
✓Oral Presentation
✓Vocabulary & Concept Development

Strand: Information Text

✓Document and Procedural Text
✓Argument and Persuasive Test

Strand: Literary Text

✓Poetry
✓Narrative literature

Strand: Research

Strand: Writing

✓Expository Writing
✓Revision
✓Media

Unit II: Identity
LESSON PLAN
DAY 1

SAMPLE

Objective: Students will participate in a peer pressure parade, in which behaviors are imitated in the form of dramatic improvisation. **Materials:** None

Workshop Component	**Teacher**	**Students**
Introduction 10 Min	Write the following definition of peer pressure on the board and ask students to expand it by sharing their personal experiences. Write notes on the board that capture the students' examples. *Peer pressure: social pressure from members of your group to accept certain beliefs or act in certain ways in order to be accepted.*	Students share responses orally.
Guided Practice 15 Min	Write the following questions as column headers on the board. Ask students to respond to each question: • What evidence of peer pressure exists in this classroom? • How do kids communicate messages of peer pressure? • How can peer pressure get kids into trouble? • When is peer pressure a good thing?	Students write responses to questions on the board and then share in a brief classroom discussion.
Independent Practice 25 Min	Break class into four groups and explain the concept of skits.	Students create 5-minute skits that show examples of both negative and positive peer pressure.
Mini Lesson 10 Min	Give students a handout on ways to reject negative peer pressure: • Say no over and over. • Say no and leave. • Change the subject. • Ignore the person and walk away. • Suggest an alternative. • Suggest they do it alone. • Say you're not allowed. • Give a reason why you can't. • Give a reason why it's a dumb idea. • Go hang out with someone else.	Students discuss the reality of responding in the given ways and suggest alternatives.
Homework		Students create a columned chart showing the positive and negative effects of responding to peer pressure in the given ways.

Unit II: Identity
LESSON PLAN
DAY 2

SAMPLE

Objective: Students will view music videos and commercials from the 1980s and 1990s and will analyze how images, sounds, and language influence the identities of young viewers.

Materials:
Streaming clips of the following:
- Fast food commercials (McDonald's, KFC, Kraft Mac N Cheese)
- Hair product commercials (Pantene, Dark and Lovely, Afro Sheen)
- Featured Artists Videos (Bobby Brown, Wrecks N Effect, Queen Latifah, and The Notorious BIG)

Workshop Component	Teacher	Students
Introduction 10 Min	Ask the following questions: • What is your favorite music video? Why? • What is your most memorable commercial? Why?	Students share their responses orally.
Guided Practice 15 Min	Students view the listed clips.	While viewing the clips, students take note of images of women and men.
Independent Practice 25 Min	Select one video or commercial and rewrite the script. Give an example using one of the commercials. Ask students the following questions: • How does viewing the images over the years affect the viewer's self-perception? • How is beauty perceived? • How is happiness represented?	Students work in student-selected groups to recreate one of the media clips viewed using positive images. In addition, students begin making a chart comparing the trend over the past 3 decades of media images of: • Black women • White women • Black males • White males • GBLT community
Mini Lesson 10 Min	Describe to the students the concept of script writing and brainstorm the components of a well-written play.	Students brainstorm their ideas of a music video that promotes self-esteem and acknowledges different conceptions of identity.
Homework		Students complete in their journals their vision of a good music video.

Unit III: Gender

Teen Relationships, Identity, and Sexual Health
Curriculum Guide

Unit III: Gender

Duration: 2 weeks, 10 sessions, 45 – 75 minutes per session

<table>
<tr><th colspan="2">Established Goal:</th></tr>
<tr><td colspan="2">Students will define and normalize conversation about gender types while examining social determination and behavioral risk factors affecting all groups.</td></tr>
<tr><th>Essential Questions</th><th>Essential Understandings</th></tr>
<tr><td>How do we address the needs of each gender group?
How does living up to stereotypes lead to abuse and violence?
What are the defined roles of each gender group in our society and what role do I play?
In what ways are individuals marginalized by gender or sexuality?
How are social change and social justice related, and what affect do these concepts have on various gender groups?</td><td>“Going along with the crowd" can involve sacrificing one's own principles, as well as infringing on the rights of others.
Local resources are available to assist the needs of all gender groups.
Many gender roles are determined by cultural beliefs, history, and values.
Gender stereotypes are simplistic generalizations about gender attributes, differences, and roles of individual groups. They can be positive or negative but rarely communicate accurate information.</td></tr>
<tr><th>Knowledge: Students will know…</th><th>Skills: Students will be able to….</th></tr>
<tr><td>How to use correct terminology when discussing various gender groups.
How to determine if they or their peers are interacting negatively with different gender groups.
How to acknowledge the socially-constructed character of gender and how the implications may affect life chances in individuals.
How to classify various pieces of literary and artistic work by genre and type and note characteristics of each.
How to determine similarities and differences among gender groups both within and across cultures and at different historical moments.</td><td>Actively listen and discuss in pairs, small groups, and large groups.
Explore and practice a positive approach to situations involving peer pressure.
Generate school wide surveys on cultural discovery and analyze its affect on gender roles, beliefs, and behaviors within the community.
Examine the ways that gender, race, ethnicity, class, sexuality, nationality, and able-bodiedness intersect in the construction of identity and experience.
Think critically about prevailing assumptions.</td></tr>
</table>

Performance Tasks (what the students will do)
• Critically examine social, historical, psychological, literary, artistic, philosophical, and biological gender roles. • Read excerpts from Steve Harvey's book *Act Like a Lady, Think Like a Man* and make comparisons and contrasts to societal norms. • Research medieval Iceland and other countries that have different gender roles than those in the United States. • View artwork from Jessica Walker and Georgia O'Keeffe, determine the artists' point of view, and make inferences about their artwork. • Read magazine articles about gender and critique the articles' user-friendliness and ability to reach the intended audience. • Describe and explain how the relative sizes of a sample and the population affect the validity of predictions from data set. • Demonstrate a sustained, intensive effort to achieve a significant personal goal. Present a log of effort and assess challenges and outcomes. • Research local/global causes and sponsor a school-wide community service project in teams.
Culminating Event/Project
Students will create an abstract self-portrait as it relates to gender, in addition to a three-page reflective essay on the impact of gender studies on their lives and perspectives.
Standards (DCPS Content Standards)
Strand: Language Development ✓Discussion ✓Questioning, Listening and Contributing ✓Oral Presentation ✓Vocabulary & Concept Development **Strand: Information Text** ✓Document and Procedural Text ✓Argument and Persuasive Test **Strand: Literary Text** ✓Poetry ✓Narrative literature **Strand: Research** **Strand: Writing** ✓Expository Writing ✓Revision ✓Media **Strand: Probability and Statistics**

Unit III: Gender
LESSON PLAN
DAY 1 & 2

SAMPLE

Objective: View the film "Crooklyn" by Spike Lee and determine how the main character's experiences frame her view of gender roles and identity.

Materials:
Film, "Crooklyn" DVD player & TV

Workshop Component	**Teacher**	**Students**
Introduction 10 Min	Give students a brief background on Spike Lee and his films.	Students take notes on oral information given about Spike Lee.
Independent Practice 55 Min	Play film. Ask the students to focus on the following characters: • Mother • Father • Older Brother • Neighbors • Aunt in VA • Cousin in VA • Store owner • Girls on the block • Lady dancing in store • Children/girls on block • Children/boys on block	Students take notes while viewing the film "Crooklyn" and focus on the roles and influences of the characters listed.
Homework		Students respond in their journals to the following questions: • What are your feelings about the movie thus far? • Why do you think Spike Lee called the film "Crooklyn"?

Unit III: Gender
LESSON PLAN
DAY 3

SAMPLE

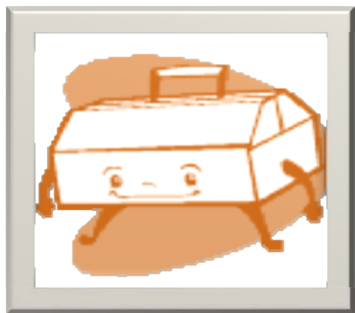
Objective: Research communities in medieval Iceland and other countries that have different gender roles than those in the United States.

Materials:
Literature about medieval Iceland
Literature on African societies
Clips of streaming video

Workshop Component	Teacher	Students
Introduction 10 Min	Ask students the following questions and write the responses on the board: • What are the roles of men, women and children in America? • How do these roles differ amongst various cultures and races?	Students share their responses orally.
Guided Practice 15 Min	Play the streaming clip.	Students write a paragraph comparing the featured culture to with American culture.
Independent Practice 25 Min	Break class into four groups. Two groups will receive literature on Iceland and two groups receive literature on Africa.	Students create a visual display describing the characteristics and roles of men and women in the culture. Student groups present their visual displays.
Mini Lesson 10 Min	Travel to each group to present a mini lesson about how to determine an author's purpose, main idea, and point of view.	While creating a chart paper display, students individually write down what they think the author's purpose is for writing the article and write a reflection statement.
Homework	Describe the form, purpose, and benefits of using a Venn Diagram.	Students create a Venn Diagram comparing either the Icelandic and African cultures, African and American cultures, or Icelandic and American cultures.

Appendix E:
Youth Sexual Health District Toolkit

A PUBLIC HEALTH TOOLKIT



The youth focus group participants and key informants state a need for a comprehensive sexual health system of knowledge, skills, and applications that addresses the needs of youth beyond the basics of awareness and testing. These resources should deliver sexual health education and services in an innovative way. They also requested this information be centralized in one place. As a result, the Project Team developed a sample schematic for the District Toolkit to accommodate recommendations and the specific needs of District youth.

These toolkits normally encompass medical resources, health information, and linkages to services. Some toolkits are also interactive and users can ask questions and have responses sent lack to them by health professionals.

As a result, the team recommends an online District Toolkit that provides centralized sexual health information for youth, parents, providers, and other community members. This Toolkit will provide a means for users to access sexual health information and resources tailored to the needs of the District. There are already several community and governmental resources that provide a variety of sexual health resources both online and through traditional distribution (such as pamphlets, brochures, and personal consultations). However, these resources are often limited to STI and HIV/AIDS education and prevention, often without respect for social determinants of health or out of the context of total human development. The proposed District Toolkit maximizes and organizes these community resources to make them better suited to meet user needs.

INTENDED TOOLKIT USERS

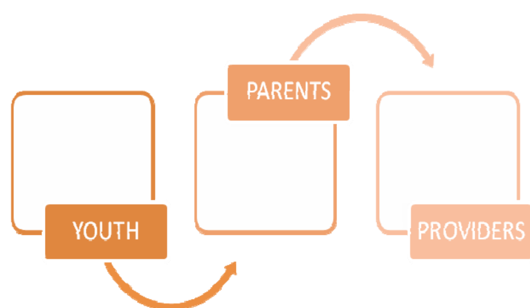
YOUNG ADULTS

The youth focus groups revealed that youth are knowledgeable and aware about the consequences associated with risky sexual behaviors, including exposure to HIV/AIDS and other STIs and unintended pregnancy. In addition, many youth understand the importance of being tested for STIs and the services provided in the District. However, youth seek a more modernized, comprehensive sexual health education that incorporates programs and skill development both within and outside of school.

With the District Toolkit, youth will be able to access a variety of options that will enhance their knowledge and skills about their sexual health needs. For example, youth peer educators may want to develop an after school event focused on domestic relationships among youth. Through the Toolkit, youth will be able to identify local resources in their area for speakers who would be able to speak at their event, trainings on workshop development, where to seek funding, organizations that would provide free materials for their attendees, and interactive tools to organize with other peer educators. The purpose of the District Toolkit is to provide a one-stop venue for youth to utilize resources and tools in their immediate area.

PARENTS

During the focus groups, many youth voiced that parents are not comfortable with providing sexual health information. Some participants believe parents may not be as knowledgeable about the subject matter, and apprehension by parents is often interpreted as judgment by youth.



To address the gap between parents and their children, the District Toolkit will provide online training opportunities for parents to gain the necessary skills and resources needed in order to become an advocate and resource for their child and his or her sexual development. If, for example, a parent wants to approach a child about condom use, the Toolkit will provide a calendar of events where local trainings and counseling sessions are located in the area, places where youth can obtain free condoms, Adolescent 101 trainings, online support groups or forums with other parents, and tips to building trust between parents and their youth.

PROVIDERS

Within the metropolitan area, youth encounter numerous providers and stakeholders that are involved in their sexual health needs. These providers range from school nurses and physicians to teachers, church clergy, local store clerks, and others. Through our primary research, youth expressed a lack of understanding from various providers and stakeholders of their actual sexual health needs. Specifically, youth expressed anxiety and other barriers to purchasing condoms from local stores due to strong personal judgments and a lack of cultural sensitivity expressed by store employees.

With the District Toolkit, providers will be able to seek ways to enhance their interactions with youth. Such tools will range from cultural sensitivity trainings for employees to additional continuing educating opportunities addressing the reproductive rights of youth.

COLLECTION OF NEW MEDIA TOOLS

Because of the prevalence of New Media use, particularly among youth, the District Toolkit should be accessible online and have various components to address the emergence of New Media tools among youth. Each of the tools that will be included in the online Toolkit either currently exist or will be created by local and national organizations for the purpose of expanding available sexual health resources for youth, parents, and providers alike. The District Toolkit will be created with the partnership and participation of various D.C. agencies, community organizations, and youth. Locating the Toolkit online will centralize all resources into one umbrella location and provide an easier mode for collaboration among parties.

Appendix F:
New Media SWOT Analysis

A SWOT ANALYSIS OF NEW MEDIA IN THE DISTRICT OF COLUMBIA

A SWOT analysis examines the Strengths, Weaknesses, Opportunities, and Threats of a project in order to determine its advantages and disadvantages. Because of youths' prevalent use of New Media and organizations' attraction to New Media as a mode for reaching youth, a SWOT analysis is beneficial in determining the potential role of New Media in a new youth sexual health framework.

STRENGTHS

New Media will increase competition among providers and improve in the quality of service.

Youth-serving organizations will be able to provide additional resources to their clients, and creating additional options for youth may increase the quality of services that each organization provides to their clients.

New Media will increase communication and interaction with the target population.

Using New Media allows organizations to constantly access the population they serve. Educational materials, for instance, and other services are available around the clock and are not restricted by a program's hours of operation. The MacArthur Foundation found, "Youth turn to networked publics to connect with like-minded peers who share knowledge and expertise that may not be available to them locally. By engaging with communities of expertise online in more geeked out practices, youth are exposed to new standards and norms for participation in specialized communities and through collaborative arrangements" (Ito et al., 2008).

New Media will increase the delivery of diverse products and services.

Due to an overwhelming array of New Media tools, providers' clients will be able to select services that are specifically tailored to their needs. For example, a person without Internet access at a personal computer will be able to download a podcast of a youth sexual health message from a public computer at any time.

New Media will provide a venue for participatory culture.

According to the MacArthur Foundation, "A participatory culture is culture with relatively low barriers to artistic expression and civic engagement, strong support for creating and sharing one's creations, and some type of informal mentorship whereby what is known by the most experienced is passed along to novices. A participatory culture is also one in which members believe that their contributions matter, and feel some degree of social connection with one another" (Kahne and Evans, 2008). More than one-half of all teens have created media content, and roughly one-third of teens who use the Internet have shared content they produced, emphasizing the importance of New Media in the development of a youth participatory culture (Kahne and Evans, 2008).

WEAKNESSES

Youth may lack access to necessary technological devices.

Many youth own a computer with an adequate Internet connection, a MP3 device, and a cellular phone. However, those who do not currently own these technologies for accessing New Media will not have access to the pertinent materials that a New Media program will make available. There are existing public spaces that offer free Internet access, such as public libraries and schools, but these may have additional barriers for New Media use, such as limited access to social networking websites, limited time use, or outdated software. Additional funding and outreach may be necessary to give youth access to New Media resources.

Maintenance of long-term New Media projects will require funding.

Technology is constantly changing and, as such, organizations will require continued funding to maintain and upgrade the appearance and content of their New Media tools used. In addition, monitoring changes in clients' behavior is a gradual process and organizations that seek to measure the effectiveness of their tools will require additional time and financing.

OPPORTUNITIES

New Media programs will teach organizations and clients how to maximize new tools.

New Media tools will provide an opportunity for organizations and clients alike to learn a new skill set. Organizations that utilize such tools will need to stay up-to-date with New Media usage trends that emerge within the target client population. This will require continuous professional development for employees and educators, process evaluations, and creativity. In addition, interactive New Media programs will offer clients the opportunity to similarly engage in New Media skills.

New Media will create effective and efficient evaluation methods.

New Media tools will give organizations a multitude of opportunities for measuring their progress: For instance, New Media will allow organizations to track their programs' usage more easily. Online surveys will allow organizations to poll their clients quickly on their opinions or to give feedback services provided. In addition, interactive games can be tailored for each subject topic and used to evaluate clients' developing knowledge and skills.

New Media will create synergy among stakeholders.

New Media tools will provide multiple organizations a venue for collaborating to address given health needs of their mutual target populations. For example, community organizations that have proven effective client trainings for reducing stigma within certain populations will be able to incorporate their materials into New Media tools for use by other organizations.

New Media will offer unique alternatives to formal instructions.

According to the MacArthur Foundation, "[In p]eer-based learning in networked publics in the mainstream friendship-driven sites like MySpace and Facebook…the focus of learning and engagements is not defined by institutional accountabilities but rather emerges from kids' interest and everyday social communication" (Ito et al., 2008). New Media tools will give organizations the opportunity to appeal to their clients in unique, variable ways that may prove more successful than a traditional lecture environment.

THREATS

New Media tools will turnover quickly.

Technology is constantly changing and products and services used today will soon be outdated and replaced with something new. As a result, organizations that utilize New Media must keep up with the trends relevant to their target populations. For example, a social networking website may become obsolete in two years but a new cell phone application may be adopted as its replacement. Any intervention must be able to adjust to the changing needs of the clients.

Clients may experience information overload and desensitization to messaging.

An overabundance of information or overuse of programming may lead to the desensitization of the intended client population. Organizations must balance reinforcing information with innovative strategies for message dissemination in order to prevent repelling possible clients.

Appendix G:
Work Cited

WORK CITED

Advocates for Youth GLBTQ Youth Fact Sheet, July 2005. http://www.advocatesforyouth.org/storage/advfy/documents/fsglbt.pdf.

Advocates for Youth Peer Education: Promoting Healthy Behaviors Fact Sheet, September 2003. http://www.advocatesforyouth.org/storage/advfy/documents/fspeered.pdf.

Advocates for Youth Sexual Health in Europe and the U.S. – Why the Difference, September 2009. http://www.advocatesforyouth.org/storage/advfy/documents/fsest.pdf.

Berne, L. and B. Huberman European Approaches to Adolescent Sexual Behavior and Responsibility, Advocates for Youth, 1999.

Centers for Disease Control and Prevention, Estimates of New AIDS Infections HIV/AIDS Fact Sheet, August 2008.

Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, Youth Risk Behavior Surveillance – United States, 2007. http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbss07_mmwr.pdf.

Centers for Disease Control and Prevention *Youth Risk Behavioral Survey*, Comparisons Between District of Columbia Students and the U.S. Students, 2007, http://www.cdc.gov/HealthyYouth/yrbs/pdf/states/yrbs07_dc_us_comparison.pdf.

Chandra, A., Gresenz CR, Blanchard JC, Cuellar, AE, Ruder T, Chen, A, Gilen, EM, Health and Health Care Among District of Columbia Youth, RAND Health Report, October 2009.

Commission on Social Determinants of Health Closing the Gap in a Generation: Health Equity through Action on Social Determinants of Health Final Report, Geneva, World Health Organization, 2008, http://www.who.int/social_determinants/en/.

Department of Health HIV/AIDS Administration The District of Columbia HIV/AIDS Epidemiology Update 2008, March 2008.

Institute of Medicine, *Board on Neuroscience and Behavioral Health* Health Literacy: A Prescription to End Confusion, National Academies Press, 2004.

Ito, M., Heather H, Bittanti M, Boyd D, Herr-Stephenson B, Lange PG, Pascoe CJ, Robinson, L, Living and Learning with New Media: Summary of Findings from the Digital Youth Project The John D. and Catherine T. MacArthur Foundation Reports on Digital Media and Learning Program, November 2008.

Kahne, J., Middaugh E, Evans C, The Civic Potential of Video Games The John D. and Catherine T. MacArthur Foundation Digital Media and Learning Program, September 2008.

Lendhart A. and M. Madden, Teen Content Creators and Consumers: More than Half of Online Teens have Created Content for the Internet; and Most Teen Downloaders Think that Getting Free Music Files is Easy to Do, Pew/Internet & American Life Project, November 2005.

Linder, SH Coming to Terms with the Public-Private Partnership: A Grammar of Multiple Meanings, American Behavioral Scientist, 1999.

National Gay Lesbian Taskforce Report Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness, January 2007.

Public Health Agency of Canada, Canadian Guidelines for Sexual Health Education, 2008, http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/pdf/guidelines-eng.pdf.

Relave N. and S. Deich A Guide to Successful Public-Private Partnerships for Youth Programs, The Finance Project, January 2007.

Sexual Minority Youth Assistance League Issues Facing Lesbian, Gay, Bisexual, Transgender and Questioning Youth, Especially LGBTQ Youth of Color, in the District, 2005.

The National Center for the Study of Adult Learning and Literacy (NCSALL), 2007. http://ncsall.net/.

Shoemaker, BJE Integrative Education: A Curriculum for the Twenty-First Century, October 1989.

World Health Organization (WHO), 2009. http://www.euro.who.int/healthsystems.