Navigating Adolescent Sexual Health Plans

Thursday, March 23, 2017

2:00 PM EST

NCSD
National Coalition of STD Directors
Promoting Sexual Health Through STD Prevention

Acknowledgments

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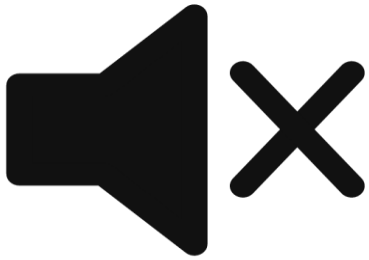
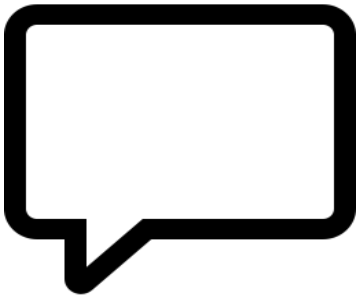
Logistics





Objectives

- Identify strategies and tools to develop and implement an adolescent sexual health plan
- Learn from states who have successfully developed and/or implemented an adolescent sexual health plan
- Determine the appropriateness and relevance of developing a plan

Agenda

- Overview/Introduction
- Partner Presentations:
  - Tom Bertrand (Rhode Island Department of Health)
  - Rosemary Reilly-Chammat (Rhode Island Department of Education)
  - Andrea Augustine (DC Department of Health)
  - Shelagh Johnson (Oregon Health Authority)
- Questions/Discussion

What is a sexual health plan?

- Addresses diverse elements of disease control and prevention
- Includes multi-sectoral partners from health, education, non-profit, academia, industry, and community
- Articulates a shared goal/objective
- Includes an action plan with specific strategies/activities
- Identifies available tools and resources

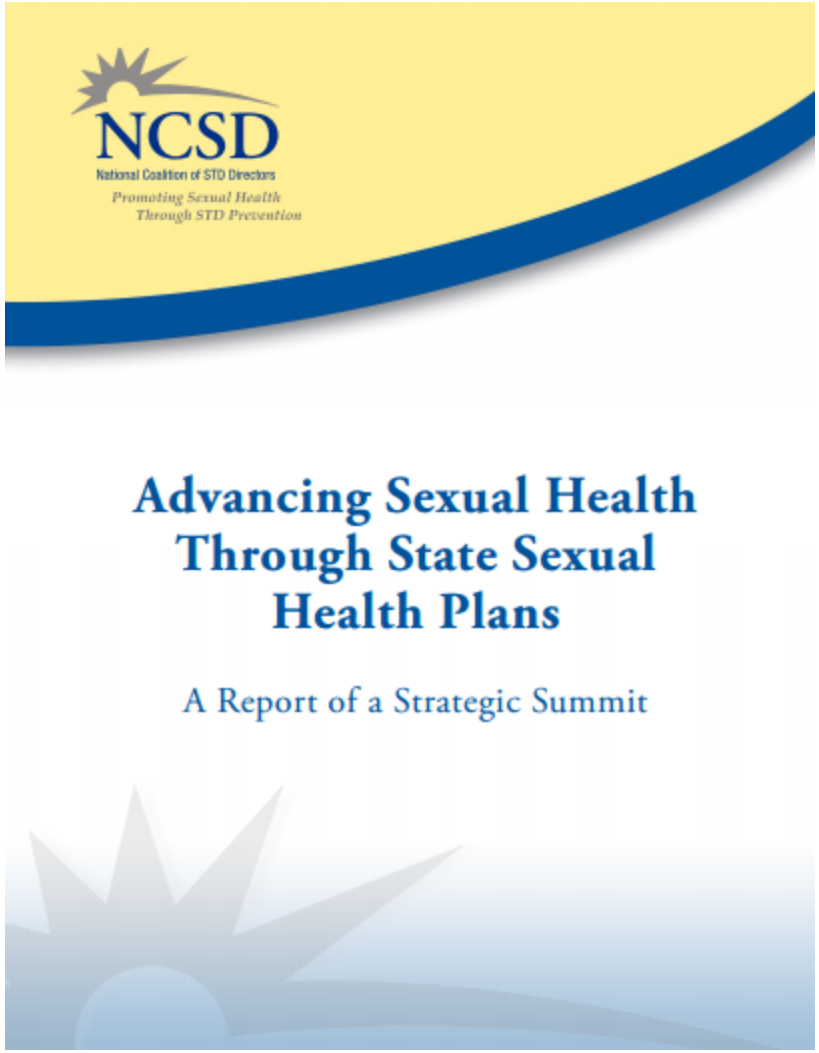
Possible Benefits

- Foster program collaboration and service integration
- Support new partnerships
- Address health equity
- Create greater opportunities for shared and coordinated capacity strengthening
- Create systemic change that is more effective at promoting overall health and decreasing adverse sexual health outcomes

Process

1. Conduct a needs assessment
2. Set measurable goals and objectives
3. Build partnerships and community support
4. Design program and strategy
5. Engage in action planning and implementation
6. Conduct monitoring and evaluation

NCSD Resource

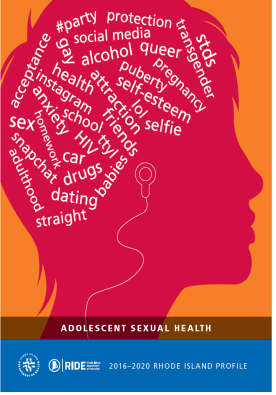


Adolescent Sexual Health Profile

A collaborative effort of the Rhode Island Departments of Health, Education, and Children, Youth and Families

The Big Picture

- Among industrialized countries, the United States ranks
  - #21 for teen pregnancy rates (behind Hungary and Serbia, and narrowly beating Russia)
- While Rhode Island ranks below the national average for unplanned teen pregnancy and STD rates,
- Among New England states:
  - Rhode Island ranks #2 in adolescent teen pregnancy rates
  - Rhode Island ranks #1 in chlamydia rates



State Department Level Profile

- **Children's Cabinet Objective:**
  - *Physical Health & Safety*: Adolescents and young adults develop appropriately by receiving regular, coordinated healthcare, avoiding abuse of substances, and accessing reproductive health services.

- **Project Rationale**
  - Identify opportunities to create synergy and integrate efforts within existing funding priorities/deliverables using evidenced-based research.

- **Background**
  - Build upon existing relationships (RIDE SHAC/RIDOH)
  - One year planning process
  - Staging:
    - 1. Focus on state-agency level gaps and opportunities
    - 2. Community partner engagement
  - Adolescents: ages 11-23

The Process

- Charged by Dr. Alexander-Scott
- Created partnership with RIDOH, RIDE and DCYF
- Identified in-house facilitator
- Solicited involvement internally: injury prevention, immunization, family planning, health equity, school health, STD, HIV/AIDS, data, communications
- Convened monthly meetings for 12 months (2016)
- Provided routine check-in with Directors
- Embarked on writing, drafts, review, editing
- Subcontracted design/layout with Maximus
- Secured final sign-off
- Published January ,2017

Six Strategic Goals

1. Improve knowledge and skills of youth to make informed decisions about their sexual health
2. Reduce unplanned pregnancy
3. Reduce STDs and HIV
4. Reduce teen dating violence
5. Reduce drug/alcohol use associated with risky sexual behaviors
6. Eliminate health disparities

Benefits of the Process

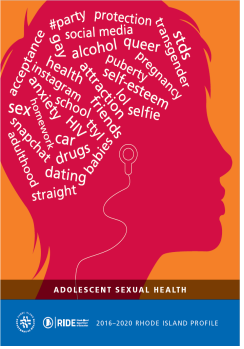
- Developing a shared understanding of
  - Data
  - Laws and policies
  - Consensus around needs
  - Promising Practices
  - Current strategies
  - Opportunities to move forward
  - Strategy to engage other state departments

Benefits of the Product

- Engage other stakeholders
- Share the most current information on adolescent sexual health
- Convene forums to discuss
- Strategy to change norms around sexual health

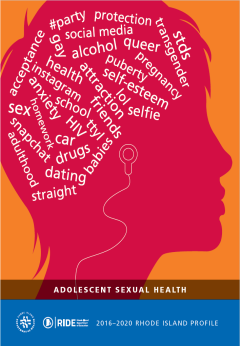
Current Status

- Presentation to the Governor's Children's Cabinet (January, 2017)
- Reconvene March 2017 on implementation plan
- Conduct listening sessions with community/education partners and youth



Success Factors

- Leadership buy-in
- State/National evidence base, best practices and resources
- Facilitated planning process
- Boundary setting
- State level policy framework and representation
- Data driven vs. funding driven
- Layout and design
- “Strategic” Plan vs. “Implementation” Plan



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DC Youth Sexual Health Plan 2016-2020

WE ARE WASHINGTON DC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
PROMOTE. PREVENT. PROTECT.

History of DC Youth Plans

2007-2010

Youth HIV/STD Prevention Plan(DOH)

2009

Youth Sexual Health Framework

2012-2015

Youth HIV/STD Prevention Plan(DOH)

2016-2020 Youth Sexual Health Plan

Process

- Used established youth prevention workgroup
  - Identified weaknesses in previous plans
  - Held large all day workshop with facilitator
- Small Youth Plan working group established
  - Developed cross cutting goals
  - Identified stakeholders
  - Provided update to large group
- DOH staff developed final plan
  - Provided updating to workgroup on all drafts to elicit feedback

Changes from the last plan

- Sexual health instead of disease prevention
- Collaborative effort
- Health equity
- Quantifiable and Measurable
- Annual review process
- Sustainable

Youth Sexual Health Plan

District of Columbia 2016-2020

WE ARE WASHINGTON DC

GOVERNMENT OF THE DISTRICT OF COLUMBIA
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Objective I.A
Delay sexual debut

Strategy I.A.1

Implement best practices to target in-school and out-of-school youth.

Tactic I.A.1.a

Select best evidence-based, evidence-informed, promising, and emerging interventions for implementation.

Activity suggestions (short-term and mid-term)

- Conduct an environmental scan of ongoing/ existing interventions.
- Identify other existing interventions not in use in DC.
- Select the best programs to utilize as a demonstration project.
- Conduct training.

Potential Collaborating Partners

- DBH
- DCPS
- DPR
- OSSE

Tactic I.A.1.b

Select at least three agencies/organizations where identified interventions will be implemented.

Activity suggestions (short-term and mid-term)

- Locate funding resources to support the intervention.
- Develop an application process to create access to the funding.
- Award and distribute funds to the most qualified agencies/organizations.
- Evaluate and share findings.

Potential Collaborating Partners

- DBH
- DCPS
- OSSE

Strategy I.A.2

Create a trusted adults model to support healthy decision making.

Tactic I.A.2.a

Partner with DCPS, OSSE, and the DC Public Charter School Board to identify optimal channels for caregiver engagement.

Activity suggestions (short-term and mid-term)

- Develop an informational SRH text message service for caregivers.
- Establish a mechanism to recruit and train champions of the trusted adult model.

Potential Collaborating Partners

- DC Public Charter School Board
- DCPS
- OSSE
- Parent Organizations

Tactic I.A.2.b

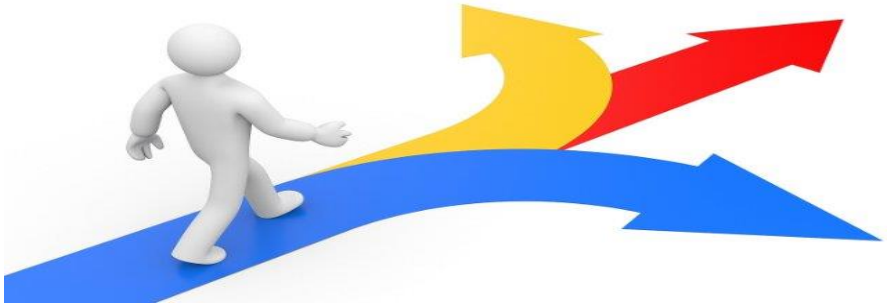
Collaborate with DCPS, OSSE, and the DC Public Charter School Board to implement professional development and informational support for school staff.

Activity suggestions (short-term and mid-term)

- Develop modules for training based on identified areas of need.
- Conduct trainings and provide technical assistance as needed.

YSH Plan Goal 1

Provide accessible resources and pathways that support all DC Youth to make healthy decisions around relationships and sexual health



Goal 1 – Outcomes

- Implemented SRH text messaging system for youth
- Developed school and community educator trainings
- Increased peer educators by 250 including out of school and older youth peers

Goal 1 Upcoming Activities

- Launch trusted adult campaign and trainings
- SRH street team (peer educators)
- Sexual Health Awareness month event for peer educators
- Wrap MC refresh

Goal 2

Reduce unintended outcomes of unprotected sex (STI/HIV infections and unplanned pregnancies)

Goal 2 – Outcomes

- Expanded youth STD screening sites
  - 2 new sites
  - 1 site offering contraception and pregnancy testing
  - 1 new site offering oral and rectal STD screening

- Youth Sexual Health Institute
  - Developed training for clinical and mental health providers

Goal 2 -Upcoming Activities

- 2nd Youth Sexual Health Institute
- Develop partnerships and mechanism to improve services at YSSP sites (additional screening, treatment, contraception and referral)
- TPP funding

Goal 3

Enhance District coordination and collaboration to provide an equitable service continuum

Goal 3 – Upcoming Activities

- Convene Sexual Orientation and Gender Identity(SOGI) workgroup to develop guidance for collecting demographic info from youth
- Data committee meetings to resume and identify uniform data collection opportunities across government agencies and grantees
- Establish subcommittees to conduct activities within and provide feedback on the youth plan

YSHP Subcommittees

Group Name	Intended for	Function	Schedule
Oversight Committee	Consists of directors and managers that have an understanding and decision making capabilities around finance, program direction, policy development, and data collection and sharing.	Guides the direction of the overall plan, determines activities and timeframes, nominates member to program committees.	Quarterly
Program Committee	Consist of program implementers, including program managers, supervisors and direct outreach and program staff	Provide feedback on progress, assist in determining priorities and timelines, serve on population or activity specific subcommittees	Monthly
Youth Committee	Youth ages 13-24 engaged in sexual health work. May include peer educators, advocates, college students, etc.	To provide feedback on progress, share programming successes and determine priorities of the Working Group.	Quarterly

Limitations and Barriers

- Staffing- no dedicated staff to move the plan activities forward
- Fragmented implementation structure
- Lack of conformity in performance measures across funding streams
- Agency and leadership buy in across different sectors

Stay in touch

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Oregon's Youth Sexual Health Plan Then and Now

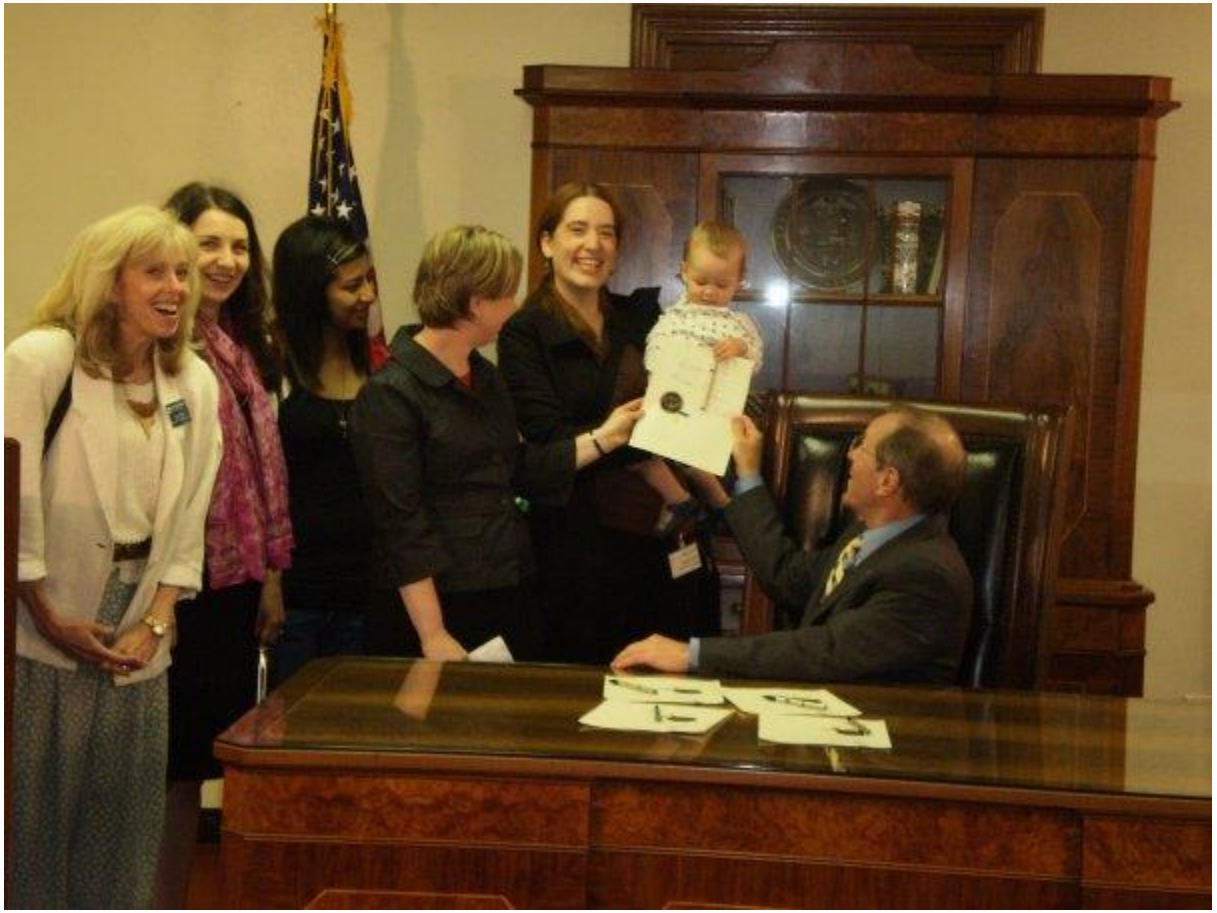
Shelagh Johnson
Youth Sexual Health Program Coordinator

NCSD's Sexual Health Plans Webinar

March 23, 2017

PUBLIC HEALTH DIVISION
Adolescent & School Health Program

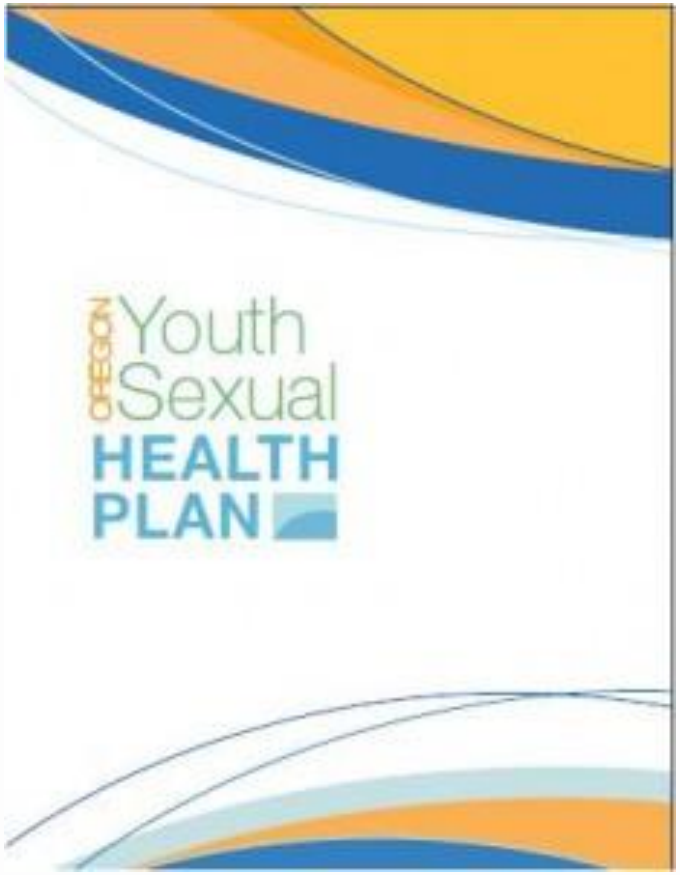
A little about me…

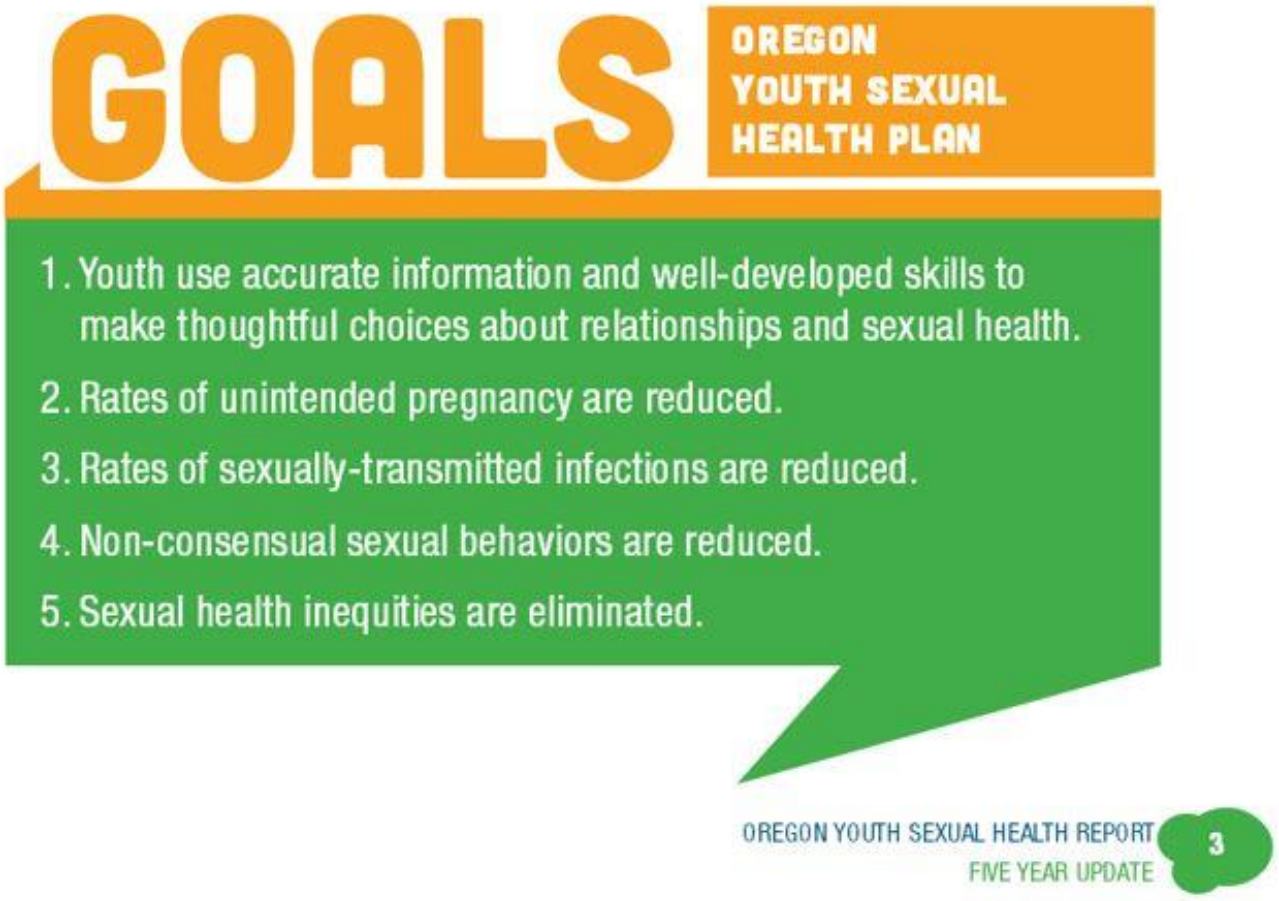


The Oregon Youth Sexual Health Plan

developed in 2008, released in 2009

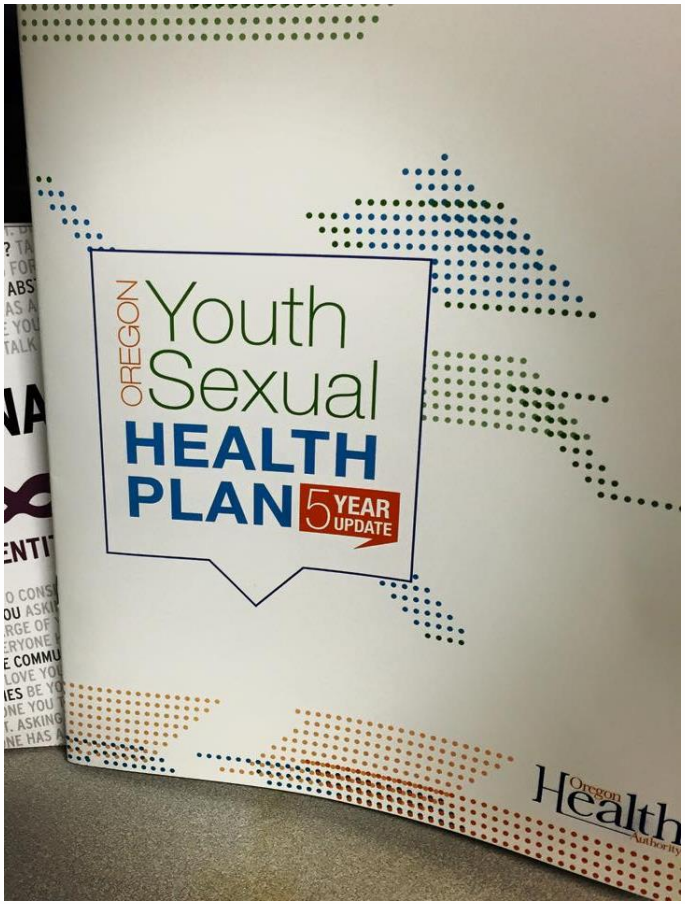
Literature reviews
Data analysis
Stakeholder input
Youth Action Research
Community Forums
Public Comment




GOALS
OREGON YOUTH SEXUAL HEALTH PLAN
1. Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health.
2. Rates of unintended pregnancy are reduced.
3. Rates of sexually-transmitted infections are reduced.
4. Non-consensual sexual behaviors are reduced.
5. Sexual health inequities are eliminated.
OREGON YOUTH SEXUAL HEALTH REPORT
FIVE YEAR UPDATE
3

PHD released a 5 Year Update in 2015

- Shared data trends in all five goals of the YSH Plan
- Included recommendations regarding health care, education & programming, policy & assurance, and social justice & equity



The Plan 2.0

- Beginning discussions regarding what is next as the 10th Year comes up soon
- Considering an online, interactive mapping site for more local access to data, stories, and resources

Guiding Questions

- *What are we missing?*
- *Where should we focus?*
- *What do communities need?*

Contact information:

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Questions/Discussion

Questions to Consider

- WHO is your intended audience?
- WHAT is the ask moving forward?
- WHY will a plan be beneficial to your program?
- HOW do you hope your plan will be utilized?

Next Steps

Questions? Contact:

Sara Stahlberg

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Evaluation

https://www.surveymonkey.com/r/T3TBLT7