

**MCH Implementation Team Action Plan**  
**Youth Sexual Health**  
**3-Year Planning Period: 2012-2014**

**Context**

- 1 of 9 Maternal and Child Health (MCH) Priorities
- The Youth Sexual Health Team, consisting of state agencies and local partners, has been meeting for the past 3 years.
- Youth sexual health is linked to several CDPHE initiatives, including the Winnable Battles of reducing unintended pregnancy and reducing health disparities by addressing the social determinants of health. CDPHE has identified unintended pregnancy as one of 10 Winnable Battles, The Center for Disease Control and Prevention (CDC) has also named Teen Pregnancy as a Winnable Battle.
- Women under the age of 25, with a high school education or less, who are unmarried, African-American or Hispanic/Latina, have an yearly income less than \$24,000 or who qualify for Medicaid for prenatal care and delivery are more likely to have an unintended pregnancy.
- Although Colorado's teen birth rate has steadily declined in the last decade, 6,727 females under the age of 20 gave birth in 2009. The birth rate for women aged 15-19 was 35.1 in 2009 (35.1 births per 1,000 females). This translates to, on average, 17 babies born to teens in Colorado every day.
- Among the 27.4% of students who reported that they were currently sexually active (i.e. reported having sex within the past three months) in 2009, close to two-thirds of these students reported using a condom during their last sexual encounter and slightly over one-fifth reported using a birth control pill to prevent pregnancy. Close to one-quarter of students that were sexually active reported using alcohol or other drugs prior to their last sexual encounter.
- By reducing the disparities that young people face in accessing sexual health services (cost, location, lack of information, etc) the goal is to improve overall outcomes related to youth sexual health.
- The overall framework for youth sexual health in the state moving forward will focus on the socio-ecologic model (individual, family, community and policy) and it will look at how the social determinants of health (SDoH) can be positively impacted to improve sexual health outcomes for young people. The approach that will be used is the Positive Youth Development (PYD) approach, which has been proven to positively impact numerous aspects of sexual health outcomes in young peoples' lives.

Goal(s)	Data Source(s)
G1 By January 2014, at least 5 local public health agencies and their partners implement comprehensive, evidence-based strategies (including those that address positive youth development) to improve youth sexual health.	Survey developed in partnership with LPHAs
G2 By January 2014, increase by X% the number of youth reporting that they were able to access the sexual health resources they wanted and needed at our community's Title X Family Planning Clinic..	Youth survey
G3 By January 2014, at least 5 local public health agencies are informing the youth sexual health network, using state-of-the-art information, and aligning their efforts with other youth sexual health efforts in Colorado	Survey of LPHAs
G4 By January 2014, increase the number of "askable" parents and increase the frequency of conversation they have about sexual health with their youth/children by 10%.	Child Health Survey; Pre/Post tests from programs

G5	By January 2014, policy and decision makers support and create policies that directly promote youth sexual health.	Survey for policy and decision makers		
<b>Objective A: By March 2013, all local public health agencies (LPHAs) addressing the youth sexual health MCH priority use the statewide Youth Sexual Health Call to Action to inform and guide their MCH work.</b>		<b>Lead: Mary Jane Cassalia</b>		
<b>Target Population: LPHAs and their partners</b>				
<b>Criteria for Success:</b> <ul style="list-style-type: none"> <li>• Online version of the statewide Youth Sexual Health Call to Action is being accessed and printed versions are being distributed</li> <li>• LPHAs are using the Youth Sexual Health Call to Action to support their MCH action plan goals and objectives with their community partners</li> <li>• LPHAs MCH action plans relate to sexual health and are in line with the statewide Youth Sexual Health Call to Action and include components of the statewide Youth Sexual Health Call to Action</li> </ul>		<b>As Measured by:</b> <ul style="list-style-type: none"> <li>• # of downloads/website hits; # of copies distributed</li> <li>• # of LPHAs using the plan through a review of MCH plans and/or survey of LPHAs</li> <li>• LPHA MCH action plans submitted to CDPHE</li> </ul>		
Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Launch and Promote Youth Sexual Health Call to Action	Final statewide Youth Sexual Health Call to Action is completed and posted online	October 2013	Mary Jane	Final Youth Sexual Health Call to Action and a list of websites where the plan is posted
	Marketing plan is created and implemented for distributing the statewide Youth Sexual Health Call to Action	December 2012	Mary Jane and Youth Sexual Health Team	Marketing plan created
	Host launch events in Denver metro area and regionally in partnership with local communities	October 2013 – September 2014	Mary Jane/Lesley	Evaluations from each launch event and number of attendees
	Promote the Call to Action through presentations at the state and local level to help communities learn about the process of creating it, how it can be useful, how it's being used and how to stay connected to the work.(note: target groups may include SBHCs, Title X clinics, school nurses, etc.)	Fall 2012 and ongoing	Mary Jane/Lesley	Documentation of presentation dates
	Develop and host a series of trainings with LPHAs and communities on how to use and implement the statewide Youth Sexual Health Call to Action	March-June 2013	Mary Jane/Lesley Del Rio	Training materials developed, number of trainings and number of participants  Summary of evaluations.

	Ongoing technical assistance (TA) and support is provided to LPHAs and communities who are implementing the Youth Sexual Health Call to Action via learning communities, site visits, webinars/trainings, etc. on positive youth development/youth engagement, health equity, comprehensive sexual health education, etc. as needed.	Fall 2012 and ongoing	Mary Jane	List and number of trainings and learning communities held. Training/technical assistance (TA) materials and number of participants
	Create youth-specific pull-out document from the Call to Action to be promoted to youth groups across the state.	Fall 2013/Spring 2014	Lesley	Youth pull-out is created and promoted to at least 2 youth groups
	Explore funding opportunities to fund implementation of the Call to Action in communities across the state	Fall 2013/Spring 2014	Mary Jane	Vision for funding is created and proposal is drafted

**Objective B: By September 2011, more Title X family planning clinics are “youth-friendly” and provide accurate sexual health information/resources to young people .**

**Lead: Mary Jane Cassalia**

**Target Population:** Family Planning Clinics and School-Based Health Centers

**Criteria for Success:**

- Youth are aware of the services in their community
- Youth easily access contraceptives and sexual health care from Title X Family Planning Clinics

**As Measured by:**

- Number of clinics participating in youth-friendly improvement activities
- Number of communities implementing marketing campaigns to youth to help inform them of what is available in the community
- Increased number of youth accessing family planning services

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Fund and support Title X family planning clinics to be youth-friendly	Collaborate with Family Planning Program to develop funding and program needs to meet this objective	September 2012	Mary Jane/Lesley	At least one joint funding goal has been identified with clear timelines and objectives
	Identify “pilot” Title X family planning clinic or who is interested in improving services related to youth sexual health	January 2014	Mary Jane/Lesley	Clinics and contact information are available for future outreach efforts

Review research and obtain youth feedback on ways to increase youth-friendliness of the clinics	March 2013	Mary Jane/Lesley	Research summary and youth feedback
Conduct “make-over” of clinics through providing resources, connecting clinics to trainings, etc. improve youth friendliness of services	January 2014 – September 2014	Mary Jane/Lesley	Process for improving access has been documented
Evaluate results of changes implemented at “pilot” clinic(s)	Summer 2014	Mary Jane/Lesley	Number of youth served at Title X clinics. Results of evaluation
Disseminate findings from pilot project to other Title X clinics, possibly SBHCs and Youth Sexual Health Team	Fall 2014	Mary Jane/Lesley	Findings shared with key partners

**Objective C: By June 2013, at least 8 local public health agencies are represented on the statewide youth sexual health network with at least 3 agencies active on the Youth Sexual Health Team.**

**Lead: Mary Jane Cassalia**

**Target Population:** Local public health agencies

**Criteria for Success:**

- Youth sexual health network includes LPHAs as active partners
- The Youth Sexual Health Team has consistent and active local public health representation and participation
- The Youth Sexual Health Team is collaborating and aligning work

**As Measured by:**

- The role of partners in the network is clearly established with LPHAs’ input
- LPHAs regularly attend and participate in Youth Sexual Health Team meetings

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Create and promote youth sexual health network	Develop clear roles and invite/outreach to LPHAs to join the Youth Sexual Health Team	Summer 2012	Mary Jane	Roles are documented and invitations are sent to LPHAs
	Work with LPHAs to identify needs for statewide youth sexual health network.	July 2012 and ongoing	Mary Jane/ Julie (12/2013)	Summary of needs
	Host two meetings/learning forums/networking opportunities for members of the network	Ongoing – beginning December 2012	Mary Jane/ Julie (1/2014)	At least two opportunities have been hosted per year Attendees report connecting to someone new and/or learning something new

The youth sexual health network is created based on identified needs and is advertised broadly	March 2013	Mary Jane	Network communication mechanism and list of partners
Develop Communications Plan for disseminating youth sexual health information	October 2013	Annie/Mary Jane	Communications plan is created
Record Livestream training based on LPHAs needs related to understanding and using the Call to Action	March, June 2014 and ongoing	Julie and Mary Jane	Recorded Livestream housed on Livestream channel
Contact each LPHA who is focused on youth sexual health to learn about their current work, community needs and what support they need.	January 2014	Julie/Tsering/Kate	Spreadsheet with up to date information about LPHAs
Define the benefit of joining the network and tailor it to the needs of LPHAs	January 2014 and ongoing	Julie	List of Network benefits
Create program spotlights highlighting work of communities across Colorado. Share the information with the network and the Colorado9to25 website	February 2014 and ongoing	Julie	Communities are spotlighted and shared with network and other sexual health partners
Develop opportunities for LPHAs to contribute to the network	February 2014 and on going	Julie	Regular meetings with LPHAs. Clear opportunities exist for external partners to contribute to the network.

**Objective D: By September 2013, parents and families report having access to reliable sexual health information and report feeling more comfortable and knowledgeable about sexual health.**

**Lead: Mary Jane Cassalia**

**Target Population:** Parents and families

**Criteria for Success:**

- Parents/families gain knowledge and skills in speaking with their youth about sexual health.

**As Measured by:**

- Parents/families report feeling more comfortable about the subject and report more conversations about it via the Child Health Survey

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Promote and fund trainings for families/parents	Research and compile information on existing evidence-based or promising programs for parents and families related to youth sexual health	September 2012	Mary Jane/MPH Intern	List of programs that address families and sexual health
	Collaborate with internal stakeholders, including the early childhood staff, FLTI Program and Family Resource Centers, to determine opportunities for coordination and integration to reach this objective	March 2013	Mary Jane	Number of meetings; Meeting notes; agreed upon actions and next steps.
	Identify and fund evidence-based parent-child communication training opportunities	March 2013 and ongoing	Mary Jane	Number of trainings; Number of attendees; Evaluation results
	Conduct follow-up with participants of Roots and Wings train the facilitator trainings and collect evaluation tools	November 2013 – August 2014	Mary Jane	Follow-ups have been completed and evaluation tools collected
	Conduct evaluation of local Roots and Wings trainings and share results	August 2014	Mary Jane/EPE	Evaluation results completed and shared with partners
	Develop sustainability plan for parent/family trainings	September 2014	Mary Jane	Sustainability plan is created for ongoing learning for families/parents

**Objective E: By October 2014, two policies related to youth sexual health will be identified or implemented, and included in funding proposal.**

**Lead: Anne-Marie Braga**

**Target Population:** Policy and decision makers

**Criteria for Success:**

- Educational materials have been created and distributed to key decision and policy makers
- Ongoing plan has been established for communicating with decision and policy makers regarding youth sexual health

**As Measured by:**

- Materials distributed
- Communications plan

Strategy	Milestones / Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
Clarify and assist with implementation of HB-1081 to increase comp sex ed in schools	Work with the Youth Sexual Health Team to identify policy recommendations for the next 1-2 years.	January 2014	Mary Jane /YSHT	Policy recommendations are identified
	Create and share materials related to state level policy (HB 1081) with partners and community members	November 2013	Mary Jane	Materials posted to CDPHE website and shared with YSHT
	Create and share pull-out document summarizing policy recommendations from the Call to Action and distribute to partners (LPHAs, YSHT, Family Planning Program, etc.).	January 2014	Mary Jane	Summary document with is created and shared
	In partnership with the Youth Sexual Health Team, create an "ideal" funding proposal that supports policy recommendations	March 2014	Mary Jane/YSHT	Funding proposal is drafted and approved by YSHT
	Identify potential foundations, government entities or private donors to support the proposal	March 2014	Mary Jane	List of funders, amount of funding and requirements
	Customize and submit funding proposal to at least one foundation, government entity or private donor, etc.	Summer 2014	Mary Jane/YSHT	Funding proposal has been submitted

**Budget Information**

**Program Budget - Optional**

**Data and Evaluation Budget – Optional**

**General Information****Primary Contact:**Integration Points: **Optional****Phone Number:**Link with Health Equity: **Optional**Strategic Partner(s): **Optional**Key Stakeholders: **Optional**