

MCH PRIORITY:
IMPROVE SEXUAL HEALTH
AMONG ALL YOUTH
AGES 15 – 19

Anne-Marie Braga & Mary Jane Cassalia

March 7 and 8, 2012

Agenda for today

- Welcome and introductions
- Background of priority
- How did we select the state strategies
- State strategies and logic model
- How did we select the local strategies
- Local logic model and action plan
- Small group discussion
- Large group discussion
- Next steps

Welcome and Introductions

Name and Organization

**Why are you interested in
this topic?**

Give and Get slips on table

A horizontal decorative bar at the top of the slide, consisting of an orange rectangular segment on the left and a larger blue rectangular segment on the right.

Background of priority

Sexual Health - Definition

- The integration of the physical, emotional, intellectual and social aspects of sexual well-being in ways that are positively enriching and that enhance personality, communication and love.
- Includes not only the physical aspects of sexual development and reproductive health, but also valuing one's own body, developing interpersonal skills to achieve meaningful relationships, interacting with others in a manner that reflects respect and equality and expressing love and intimacy, free of coercion, discrimination and violence.
- Encompasses the following areas of prevention:
 - ▣ teen pregnancy prevention
 - ▣ HIV/STI prevention
 - ▣ sexual assault prevention
 - ▣ disparities related to the lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations

Why this?

- Decrease teen pregnancy and sexually transmitted infection (STI) rates AND potentially save Colorado taxpayers money.
- Already have:
 - scientific research
 - a reliable surveillance system
 - national, state and local expertise
 - the potential for additional federal funding to address this issue
- Development of a statewide youth sexual health plan – will be completed April 2012

What the data say

- According to the 2011 State of Adolescent Sexual Health Report by Colorado Youth Matter...
- Teen Births:
 - In 2009, Colorado's teen birth rate was 35.1 per 1,000 females ages 15-19.
 - The highest teen birth rates were among Latina and black teens.
 - County birth rates vary widely.

What the data say (cont.)

- Sexually Transmitted Infections (STIs) and HIV/AIDS:
 - ▣ Currently there are almost 20 cases of Chlamydia or gonorrhea reported among Colorado adolescents each day.
 - ▣ In 2009, eight new cases of HIV were reported among 15-19 year olds in Colorado.



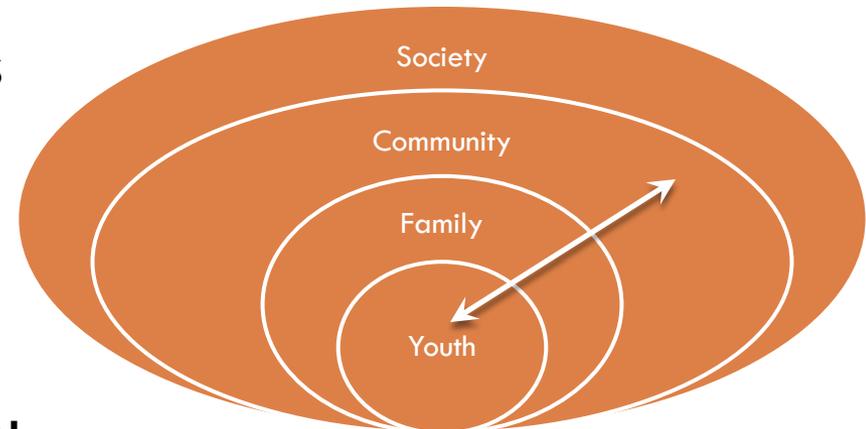
How did we select the state strategies?

How did we select the state strategies?

- Individuals and organizations involved
 - Based on work of Youth Sexual Health Team (serving as MCH Implementation Team – MIT)
 - CDPHE (Women’s Health Unit (Family Planning), STI/HIV Section, Injury Suicide and Violence Prevention Unit (Sexual Violence Prevention), Children and Youth Branch (Youth and Young Adult Unit))
 - Colorado Department of Education (CDE)
 - Health Care Policy and Financing (HCPF)
 - Department of Human Services (DHS)
 - Colorado Youth Matter (CYM)
 - Healthy Colorado Youth Alliance
 - CDPHE Epidemiology, Planning and Evaluation Unit (EPE)
 - CDPHE MCH staff

How did we select the state strategies?(cont.)

- Holistic approach
- Existing literature (“Emerging Answers” by Kirby, etc.)
- Evidence-Based Approaches
 - ▣ Positive Youth Development
 - ▣ Socio-Ecological Model
- Social Determinants of Health





Review of state strategies

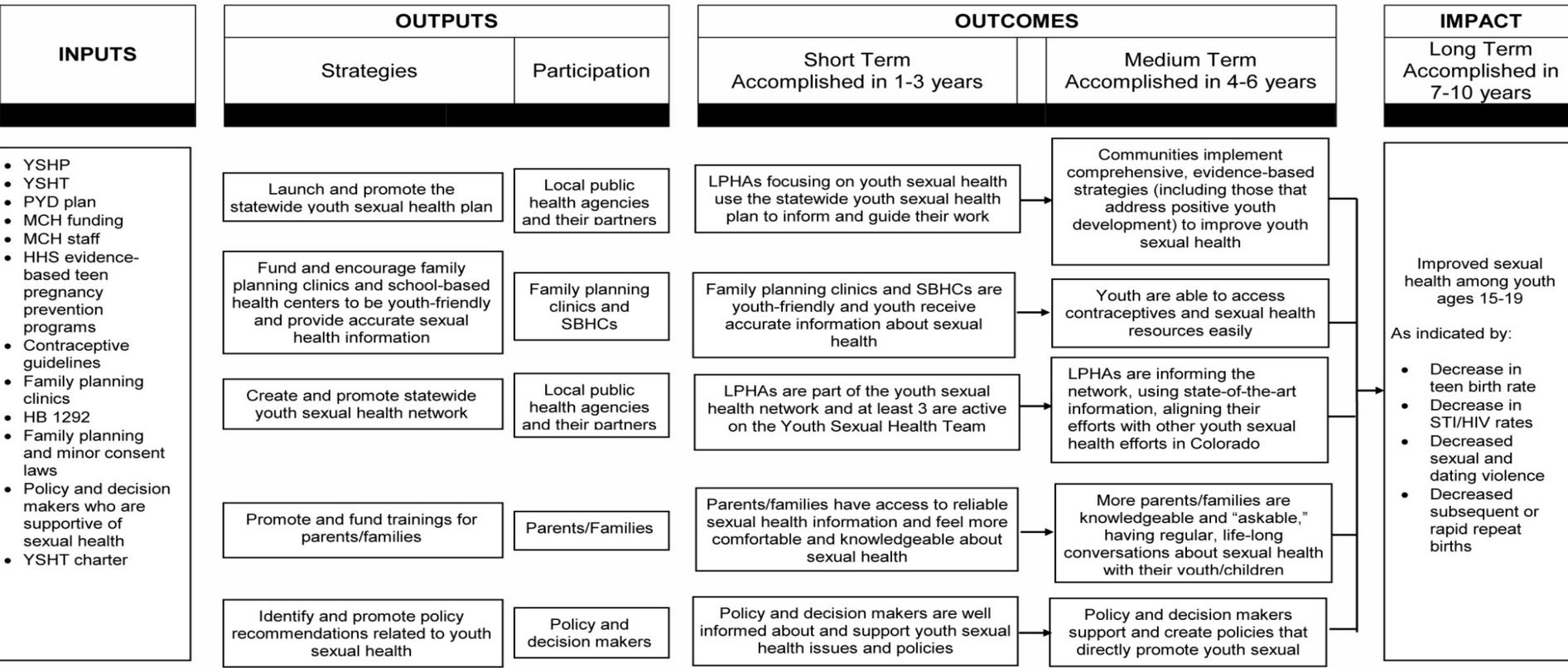
State logic model

- Overarching Goal
 - ▣ Optimal health for the MCH population in Colorado, specifically youth ages 15-19.
- Impact (7-10 years)
 - ▣ Improved sexual health among youth ages 15-19, as indicated by:
 - Decrease in teen birth rate
 - Decrease in STI/HIV rates

State Logic Model

Maternal and Child Health (MCH) State-Level Youth Sexual Health Logic Model December 29, 2011

Overarching Goal: Optimal health for the MCH population in Colorado, specifically youth ages 15-19



LOGIC ASSUMPTIONS

Effectively improving youth sexual health involves a holistic approach, which looks at the entire young person and the environment around them. By combining a positive youth development approach with the provision of accurate, age-appropriate, and evidence-based sexual health education, as well as access to clinical reproductive health services, Colorado is far more likely to achieve and sustain a high degree of sexual and reproductive health among its youth

A positive youth development (PYD) approach that focuses on the youths' lives as a whole, strengthening their connections to school, community, adults and looks at centers around the positive strengths of young people, and is the basis of the statewide youth sexual health plan. It is also important to note that this logic model fits into a larger state-wide sexual health logic model.

EVALUTION FOCUS - OUTPUTS

EXTERNAL FOCUS

EVALUATION FOCUS – OUTCOMES AND IMPACT

Acronyms: YSHP: Youth Sexual Health Plan. YSHT: Youth Sexual Health Team. PYD: Positive Youth Development. MCH: Maternal and Child Health. HHS: Health and Human Services. HB: House Bill. LPHAs: Local Public Health Agencies. SHN: Sexual Health Network. MIT: MCH Implementation Team



How did we select the local strategies?

How did we select the local strategies?

- Aligned local strategies with state logic model, action plan and strategies.
 - Holistic
 - Positive Youth Development
 - Evidence-Based Approaches
 - Socio-Ecological Model
 - Social Determinants of Health

How did we select the local strategies?

- Created draft logic model and action plan.
- Convened meeting with local public health representatives to review.
- Discussed each objective and strategy in small groups.
 - ▣ Population-Based? Feasible? Concerns? Comments?
- Made modifications.
- Emailed revised version to locals for a last round of edits.

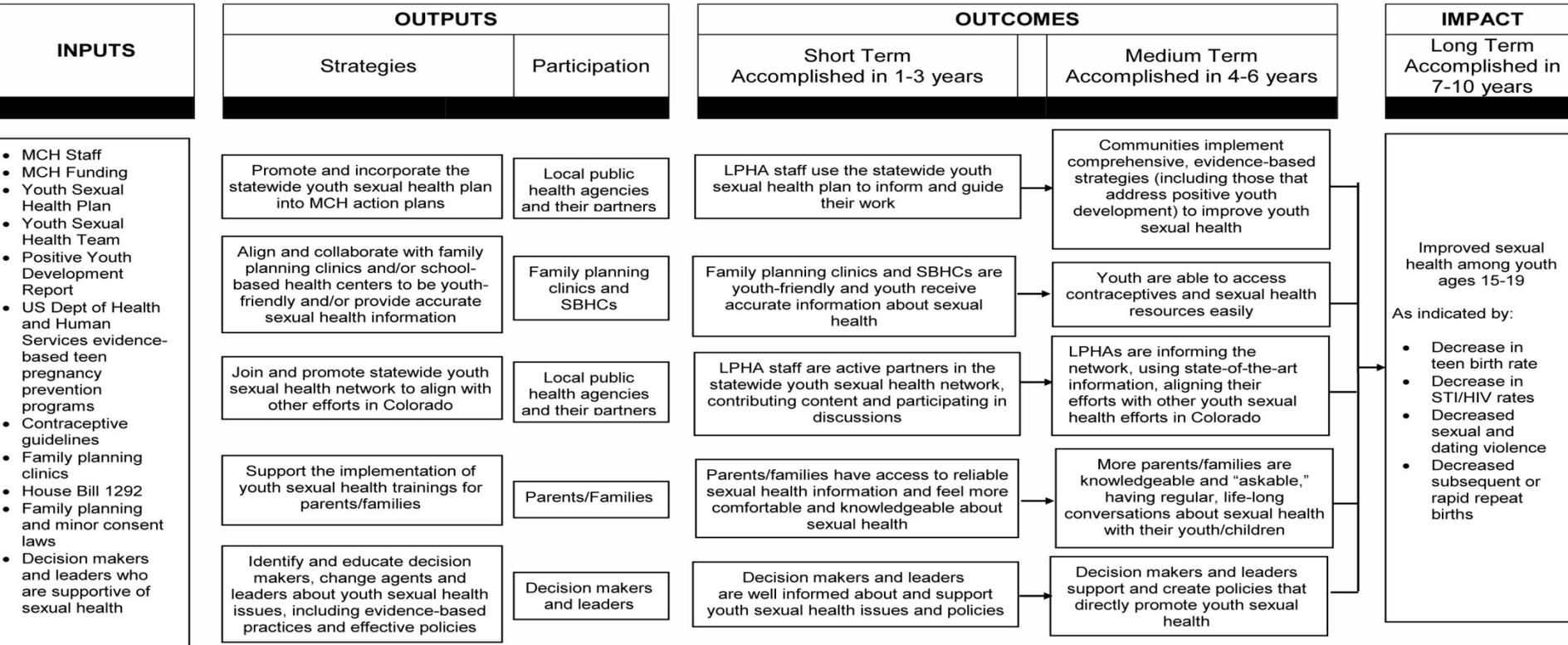
Thank you to our local partners!

- A **big** thanks to those who provided input:
 - Wendy Zieker, Jefferson County
 - Jody Scanlon, Boulder County
 - Judy Shlay, Denver Public Health
 - Kellie Teter, Denver Public Health
 - Sarah Ruybalid, Pueblo City-County
 - Trish McClaian, Meghan and Lori, Northeast Colorado Health Department
 - Jill Law, El Paso County
 - From CDPHE: Cathy White, Anne-Marie Braga, Mary Jane Cassalia, and Emily Kinsella

Local Logic Model

Maternal and Child Health (MCH) Local-Level Youth Sexual Health Logic Model January 17, 2012

Overarching Goal: Optimal health for the MCH population in Colorado, specifically youth ages 15-19



LOGIC ASSUMPTIONS

Effectively improving youth sexual health involves a holistic approach, which looks at the entire young person and the environment around them. By combining a positive youth development approach with the provision of accurate, age-appropriate, and evidence-based sexual health education, as well as access to clinical reproductive health services, Colorado is far more likely to achieve and sustain a high degree of sexual and reproductive health among its youth.

A positive youth development (PYD) approach that focuses on the youths' lives as a whole, strengthening their connections to school, community, adults and looks at centers around the positive strengths of young people, and is the basis of the statewide youth sexual health plan.

EVALUTION FOCUS - OUTPUTS

EXTERNAL FOCUS

EVALUTION FOCUS – OUTCOMES AND IMPACT

Acronyms: LPHAs: Local Public Health Agencies

Local Action Plan - Goals

- ❑ Implement comprehensive, evidence-based strategies (including those that address positive youth development) to improve youth sexual health.
- ❑ Increase the number of youth who were able to access the sexual health resources they wanted and needed at our community's Title X Family Planning Clinic and/or its school-based health center (SBHC).
- ❑ Agency staff inform the youth sexual health network, using state-of-the-art information, and align our agency's efforts with other youth sexual health efforts in Colorado.
- ❑ Increase the percentage of knowledgeable and "askable" parents and families having ongoing age appropriate conversations about sexual health with their youth/children.
- ❑ Decision makers and leaders support and create policies that directly promote youth sexual health.

Local Action Plan

- Obj. A: By March 2013, relevant agency staff are familiar with the content of the statewide youth sexual health plan and use it to inform and guide their MCH work. (core)
- Strategy: Promote and Incorporate the Statewide Youth Sexual Health Plan in MCH Action Plan

Local Action Plan – Objectives and strategies

- Obj. B: By January 2014, MCH staff align with Title X family planning clinic and/or school-based health center to ensure that programming is “youth-friendly” and are providing accurate sexual health information/resources to young people.
(complementary)
- Strategy: Align and collaborate with Title X family planning clinic and/ or SBHC to be youth-friendly and provide accurate sexual health information

Local Action Plan – Objectives and strategies

- Obj. C: By January 2013, MCH staff are active participants on the statewide youth sexual health network. (core)
 - ▣ Strategy: Join and promote the youth sexual health network to align with other efforts in Colorado

Local Action Plan – Objectives and strategies

- Obj. D: By September 2013, increase parents and families' knowledge and ability to have regular lifelong conversations about sexual health issues with their youth. (complimentary)
 - Strategy: Support the implementation of trainings for families/parents

Local Action Plan – Objectives and strategies

- Obj. E: By October 2013, two local policy recommendations related to youth sexual health will be identified and promoted to key decision makers, change agents and/or leaders. (core)
 - ▣ Strategy: In partnership with youth, identify and educate decision makers, change agents and leaders about youth sexual health issues, including evidence-based practices and effective policies



Before we move on, any questions or comments?

A horizontal bar at the top of the slide, divided into an orange section on the left and a blue section on the right. The text "Small Group Discussion" is centered in the blue section.

Small Group Discussion

Small group discussion

- 1) If already working in this area please share lessons learned
- 2) What strengths do you have that you can build upon to implement the action plan?
- 3) What resources are already in place at the LPHAs and in the community to implement the action plan?
- 4) Who are the key partners needed for this work?
- 5) What skills are needed to implement this action plan?
- 6) How does this work tie in/relate to your other MCH work?

Share what we learned



- Lessons learned from those already working on this topic?
- Strengths and/or resources already in place?
- Key partners?
- How does this relate to your current work?

Large group discussion

What can the state provide?

- What training is needed to work on this issue?
- What topics would be useful for learning communities/webinars?

Next steps

- Communication between MIT and LPHA
 - Network
 - Learning communities
 - Unintended pregnancy Google group
- MITs available during planning period
- Ongoing TA with MCH consultants and CDPHE staff

Thank you for your input and
participation today!

Anne-Marie Braga

Anne-Marie.Braga@state.co.us

303-692-2946

Mary Jane Cassalia

MaryJane.Cassalia@state.co.us

303-692-2492

Emily Kinsella

Emily.Kinsella@state.co.us

303-692-2493