

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, the percentage of knowledgeable and "askable" parents and families having ongoing conversations about sexual health with their youth/children increases by 10%.	FLTI graduates; PYD measures on Youth Risk Behavior Survey (YRBS); Child Health Survey

G5	By January 2014, policy and decision makers support and create policies that directly promote youth sexual health.	Survey for policy and decision makers		
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.				Lead: Mary Jane Cassalia
Target Population: LPHAs and their partners				
Criteria for Success:			As Measured by:	
<ul style="list-style-type: none"> Online version of the statewide Youth Sexual Health Call to Action is being accessed and printed versions are being distributed LPHAs are using the Youth Sexual Health Call to Action to support their MCH action plan goals and objectives with their community partners 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 			<ul style="list-style-type: none"> # of downloads/website hits; # of copies distributed # of LPHAs using the plan through a review of MCH plans and/or survey of LPHAs LPHA MCH action plans submitted to CDPHE 	
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 2013	Mary Jane/Lesley DelRio	Evaluations from each launch event and number of attendees
	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/Lesley Del Rio	List and number of trainings and learning communities held. Training/technical assistance (TA) materials and number of participants
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Objective B: By January 2014, 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

<p>Criteria for Success:</p> <ul style="list-style-type: none"> Youth are aware of the services in their community Youth easily access contraceptives and sexual health care from Title X Family Planning Clinics 	<p>As Measured by:</p> <ul style="list-style-type: none"> 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
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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 Cassalia	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	February 2013	Mary Jane Cassalia	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 Cassalia	Research summary and youth feedback
	Develop and host trainings/TA for Title X family planning clinics and SBHCs to receive professional development and up-to-date accurate information related to youth sexual health	June 2013	Mary Jane Cassalia	Number of trainings held. Training materials and number of participants. Summary of evaluations.

	Provide resources to pilot clinic to improve youth friendliness of services	June 2013	Mary Jane Cassalia and Leslie Del Rio	Process for improving access has been documented
	Evaluate results of changes implemented at "pilot" clinic	December 2013	Mary Jane Cassalia	Number of youth served at Title X clinics. Results of evaluation

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	Work with LPHAs to identify needs for statewide youth sexual health network.	July 2012	Mary Jane Cassalia/Youth Sexual Health Team	Summary of needs
	The youth sexual health network is created based on identified needs and is advertised broadly	March 2013	Mary Jane Cassalia/Youth Sexual Health Team	Network communication mechanism and list of partners
	Define the benefit of joining the network and tailor it to the needs of communities	March 2013	Mary Jane Cassalia/Youth Sexual Health Team	List of Network benefits
	Membership to the network includes representation from multiple sectors of partners, including local public health	April 2013	Mary Jane Cassalia/Youth Sexual Health Team	Number of members and type of members on membership list

Develop opportunities for LPHAs to contribute to the network	September 2012	Youth Sexual Health Team	Regular meetings with LPHAs. Clear opportunities exist for external partners to contribute to the network.
Host meetings/learning forums/networking opportunities for members of the network	Ongoing – beginning December 2012	Mary Jane Cassalia/Youth Sexual Health Team	At least two opportunities have been hosted per year Attendees report connecting to someone new and/or learning something new
Develop clear roles and invite/outreach to LPHAs to join the Youth Sexual Health Team	Summer 2012	Youth sexual health MCH staff at CDPHE	Roles are documented and invitations are sent to LPHAs

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 Cassalia	List of programs that address families and sexual health
	Collaborate with internal stakeholders, including the early childhood staff and Family Resource Centers, to determine opportunities for coordination and integration to reach this objective	March 2013	Mary Jane Cassalia	Number of meetings; Meeting notes; agreed upon actions and next steps.

Identify and fund evidence-based parent-child communication training opportunities	March 2013	Mary Jane Cassalia	Number of trainings; Number of attendees; Evaluation results
Develop sustainability plan for parent/family trainings	September 2013	Mary Jane Cassalia	Sustainability plan is created for ongoing learning for families/parents

Objective E: By October 2013, two policy recommendations related to youth sexual health will be identified and promoted to key policy and decision makers.

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
Identify and promote policy recommendations related to youth sexual health	The Youth Sexual Health Team identifies policy recommendations	January 2013	Mary Jane Cassalia/YSHT/M PH intern	Two policy recommendations are identified
	Draft educational materials related to the recommendations	July 2013	Mary Jane Cassalia/YSHT/M PH intern	Educational materials drafted
	Identify decision and policy makers that have influence on youth sexual health	May 2013	Mary Jane Cassalia/YSHT/M PH intern	List of key decision makers is created
	Assess current policies at the state and local level	November 2012	Mary Jane Cassalia/YSHT/M PH intern	Summary document with current policies is created
	Create communications plan for distributing information to policymakers	June 2013	Mary Jane Cassalia/YSHT/M PH intern	Communications plan with roles and timeline outlined

Create sustainability plan for updating recommendations and continuing communication with policy and decision makers

October 2013

**Mary Jane
Cassalia/YSHT/M
PH intern**

Sustainability plan is established and approved by YSHT

Budget Information

Program Budget - Optional

Data and Evaluation Budget – Optional

General Information

Primary Contact:

Integration Points: Optional

Link with Health Equity: Optional

Phone Number:

Strategic Partner(s): Optional

Key Stakeholders: Optional