

Reaching New Heights: From Planning to Practice
Second Annual Conference for Pregnancy Assistance Fund Grantees
Pittsburgh, PA
October 11, 2011

Evelyn Kappeler
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Office of Adolescent Health
“Welcome and Housekeeping”

Sharla Smith
HIV/AIDS Prevention Education Consultant
California Department of Education
“Collaboration: State, Local, Private & Community Partnerships”

[Evelyn Kappeler] Good Morning. Good Morning. Good Morning. Good Morning. This is a little loud. If we could all get seated and we will get started, we have a full day. I am Evelyn Kappeler, I am the acting director for the Office of Adolescent Health and I can't tell you how pleased I am to be here with you. This is our second grantee conference. I look forward to hearing from each of you over the course of the day about the work that you have been doing and before we get started I would like to introduce the Office of Adolescent Health team. I would like to start with Alison Ropa. Alison is the director of our Division of Program Development and Implementation for Tier II. I would like to introduce our newest Project Officer Sabrina Chapple, Victor Medrano in the back of the room, another project officer Debra Rose, Tish Hall, Ms. Tish in her pink today, Tyler Rice, and Lilian, and then I would like to introduce our new staff member, Ayesha Hasan. Ayesha just graduated from the University of Maryland and has joined us as a program analyst, helping us with special projects across the office. I would also like to introduce Child Trends and their partners the Healthy Teen Network and the Fain Group who have helped to organize this conference if you please stand. I would like to thank them for all their work, they have had some last minute challenges to deal with in organizing this conference and I think they have done a wonderful job so, if we could give them a hand. And I would like to welcome all of you and to thank you for your first year and the successes; I think you are all to be commended for a job very well done. I have heard some stories about some of the work that's going on in the field and I would like to highlight few examples. I know that in Minnesota there has been a successful advertising campaign promoting text for baby. They are using buses to advertise this initiative and working to reach the broad community to promote health for pregnant and parenting teens and woman and I have also heard about a project in North Carolina where you were in the first place I think you have slipped a second, you are working your way back in to first with the National Healthy Moms, Healthy Babies Coalition competition among states to get woman enrolled into text for baby. I understand that the Healthy Moms healthy Babies Coalition has asked the state to share their TV ads so that they can be disseminated more broadly and I think this is a great way to both promote text for baby and the work that's being done in the Pregnancy Assistance Fund. I would love to hear more stories today from all of you in the other states and the work that you are doing, both to assist pregnant

and parenting teens and woman and work where you are collaborating with project such as text for baby. Created through the Affordable Care Act the Pregnancy Assistance Fund is part of a broader national strategy to provide health and social services to those in need and there is a lot of good news for all of us with the enactment of the Affordable Care Act. Coverage is expanding. Young people whose parent or guardian has commercial health insurance even those were married or parenting can remain on the health plan until age 26. There are protections in place, no child or adult can be denied coverage because he or she has a preexisting condition and that includes pregnancy and health plans can no longer charge woman higher premiums than men. Prevention Provisions are in place for persons of all ages. From immunizations for infants to monograms, to preventive health visits and screenings from Medicare Beneficiaries for adolescents and young adults, this includes coverage for immunizations for recommended screening and counseling for sexually transmitted infections, alcohol and depression and for pregnant woman with Medicaid coverage there is now coverage in all states for smoking cessation. Through the Affordable Care Act we have also seen improvements in clinical preventive services for woman. The Affordable Care Act provides for coverage of all A and B recommendations from the US Preventive Services Task Force from the advisory committee on immunization practices and recommendations for children and youth and bright futures. In this past August the department issued new guidelines that weren't sure woman received preventive health services at no additional cost. Developed by the Independent Institute of Medicine the new guidelines required new health insurance plans to cover women's reproductive, women's preventive health services without charging a co-pay, co-insurance or deductibles. This make sure woman have access to a full range of recommended preventive services including well woman visits, screening for gestational diabetes, HPV DNA testing for woman 30 years and older, sexually transmitted infection counseling, HIV screening and counseling, FDA approved contraceptive methods and contraceptive counseling, breast-feeding support, supplies and counseling and domestic violence, screening and counseling. New health plans will need to include the services without cost sharing, for insurance plans with plans years that begin August 1, 2012. There are also several key national strategic planning initiatives underway and I wanted to highlight a few of them. In particular the National Partnership for Action, a comprehensive federal commitment to reducing racial and ethnic health disparities, the national HIV strategy, a plan that it identifies the set of priorities and action steps for reducing HIV infection in United States and the Healthy People 2020 national health objectives. HHS has recently unveiled the most comprehensive federal commitment to reducing racial and ethnic health disparities. The 2010 Action Plan not only responds to the advice offered by state holders across the country but had also capitalizes on new and unprecedented opportunities in the Affordable Care Act to benefit diverse communities. The Action Plan advances five major goals, transforming healthcare, strengthening the infrastructure and healthcare workforce, advancing America's health and wellbeing, promoting scientific knowledge and innovation and upholding the accountability of the Department of Health and Human Services for making demonstrable progress. The action plan presents a unified framework for HHS in collaboration with other federal departments and communities for moving the country closer to the reality of a nation, free of disparities and health and healthcare. Action steps for transforming healthcare include expanding health insurance coverage, increasing access to care through development of new delivery sites and introducing quality initiative such as increased utilization of medical homes. Action steps to strengthen the Nation's Health and Human Services Work Force include a new

pipe line program for recruiting undergraduates from underserved communities for public health and biomedical science carriers. Expanding and improving health interpretation and translation services and supporting more training of community health worker such as Promotores. Action steps to advance the health safety and well being of American people include implementing CDCs new community transformation grants an additional targeted efforts to achieve improvements and cardiovascular disease, childhood obesity, tobacco related diseases, maternal and child health flu and asthma. The plan also includes steps to implement new data collection and analysis strategies all priced in the Affordable Care Act and increasing patient centered research. Finally, the plan seeks to insure that assessments of programs and policies on health disparities will be compared to all HHS decision making. In this last year we saw the release of the national HIV aide strategy which has three primary goals, reducing the number of people who become infected with HIV, increasing access to care and optimizing health outcomes for people living with HIV and reducing HIV related health disparities. To accomplish these goals the strategies intended to be a concise plan that identifies the set of priorities and strategic action steps with measurable outcomes. Accompanying the strategy is a federal implementation plan that outlines specific steps to be taken by various federal agencies. The plan is ambitious but the vision is simple. The United States will become a place for new HIV infections are rare and when they do occur every person regardless of age, gender, race, ethnicity, sexual orientation, gender identity or social economic circumstance, will have unfettered access to high quality life extending here, free of stigma and discrimination. The plan seeks to intensify HIV prevention efforts and communities where HIV is most heavily concentrated, expand targeted efforts to prevent HIV using a combination of evidence based and evidence informed purchase and to educate all Americans about the threat of HIV and how to prevent it. In late September, representatives from the HHS Operating Divisions and Staff Offices gathered to review our accomplishments over this last year. More than two dozen representatives joined the discussion during which we shared highlights about our progress forecasted TF activities for this upcoming year and identified opportunities for new or continuing Cross Agency Collaboration. The Office of Adolescent Health was pleased to announce at that meeting that would support from the secretary's minority age initiative refunded a new resource center for HIV prevention among adolescents. The resource center operated by the University of Medicine & Dentistry of New Jersey was just awarded and will provide information resources and technical assistance to providers who work with young people. At the meeting it was really heartening to hear so many examples of Cross Agency Collaborations demonstrating an HHSY Commitment to more coordinated response to HIV. I am sure many of you are familiar with Healthy People 2020. It's a national set of health objectives. Healthy People 2020 is organized in 39 topic areas with specific measurable goals and within each topic area there are three sections and overview the objectives themselves and I think most importantly Healthy People 2020 now includes information about evidence based or evidence informed, interventions and resources that can be used at the local community level. Healthy People 2020 also now includes a new topic area that is specifically focused on adolescents and young adults and this is a welcome addition to improving the healthy development, health safety and wellbeing of adolescents and young adults. Adolescents age 10 to 19 and young adults ages 20 to 24 make upto 21% of the population in the United States and we know that the behavioral patterns established during these developmental periods help determine young peoples' current health status and their risk for developing chronic diseases in adulthood. The adolescent topic area covers a wide range of health conditions with

specific targets for adolescents and young adults including smoking substance abuse, motor vehicle crashes, STIs, homelessness and teen pregnancy. I would like to also mention some other important initiatives that are currently being undertaken. We all noted the rates of violence against young woman continued to remain alarmingly high with 16 to 24 year-old experiencing the highest rates of rape, sexual assault and dating violence. The vice president is actively engaged in an initiative to reduce violence against young woman and his office is very interested in the work that's being done by the grantees in these room with regard to intimate partner violence. In late September, the vice president appeared on the view, a morning talk show to discuss the work he is doing to end violence against woman and his current initiative to reduce youth violence. He emphasized the need for colleges and universities to make their campuses safer, encouraging them to review the guidance from the Department of Education outlining their obligation under existing federal civil rights loss to prevent and respond to the problem of campus sexual assaults. He also discussed the importance of pier to pier interaction noting that many times young woman are more likely to discuss issues of dating violence or sexual assault with a trusted friend rather than an adult. And the national dating abuse hotline was recently expanded in an effort to meet these needs but providing a means for youth to reach out to pier advocates 24 hours a day to telephone, chat and text messaging. We note that dating violence is a huge problem starting next month, the vice president is holding a series of round tables on teen dating violence, one in each of the HHS public health regions and one of the areas of focus will be on men and the role that men play in this issue and I would encourage every one in this room to become involved with those round tables and if you would like more information we can let you know what cities and what the plans are for these round tables. I would also like to talk a little about the work that's being done and lead by the Office on Women's Health at HHS they recently held a sustainability conference with HHS partners to help us think about community sustainability of projects in a very thoughtful way. Lydia Marrack shared information about key strategies at that conference and we're excited that she is here today to share that information with us as well. There has also been some work done in collaboration between the Indian Health Service and the CDC on the development of a clinical policy and standard protocol for STD screening for all Indian health sites and that's currently being pilot tested in 15 sites. They have developed materials on partner therapy which some have been cleared and branded by both agencies and which I understand will be posted on the national (inaudible) coalition web site today, so that's another resource for all of us in the room. The pregnancy assistants found in the work that you are doing fits in with these broader policy and governmental initiatives and I want to share information about your successes on a broader level in order to promote that great work across the department. As you may know in August we sent to each of you guidance for the development of your annual progress report which is due on November 30th and in it we made a request that you develop and submit to us success stories and the importance of this is that we really want to put a phase on the work that you are doing. We want to be able to share that information more broadly both within HHS and within the broader community that's working with pregnant and parenting teens and woman. This will allow us to share that information in a very meaningful way in order to continue to promote this important work. I can't stand up here and not talk about some of the changes and challenges that we face this last year in this upcoming year. We have experienced a number of changes and I expect will continue to face challenges and changes over this next year. We have to be frank about some of the challenges we face in the current economic budget climate at the federal as well as the state local level. The

federal government is currently operating under a continuing resolution that runs through November 18th and there are some intense discussions going on right now in Washington about budget for fiscal year 2012. But even with these challenges we need to continue to move forward with our work and I need to encourage you to do the same. As we learn more about the budget we will keep you updated specifically as it's relevant to the Pregnancy Assistance Fund. We have also had some other changes within the Office of Adolescent Health. We have several new faces, I have introduced you to the staff who are here today. We also have staff back at home who are holding down the home front. We have a new staff member Amy Farb, who is our program evaluation specialist. She comes to us from the Department of Education and their works program. Sabrina Chapple is our newest project officer coming to us from CDC. Susan Maloni just joined our office. She comes to us from the Partnership for Prevention. She is now our director for the Division of Policy Planning and Communication. (Inaudible) son who I introduced earlier in one of our newest staff members. Andrea McCain is an epidemiologist from the City Su who is on a short term assignment with our office helping with special projects. Tania Sanders if you have called the main number in the office she is the voice of OAH. She is now a permanent federal government employee as a trainee to become a communication specialist in our office. And now (Inaudible) Wiggins is now our new administrator assistant filling in where Tonia has stepped into a new position. And then finally Amy Margoles who is the director of our Division of Program Development and Implementation for Team I is expecting her baby any day this week so, we may have an announcement today we hope or later this week. Also when I mentioned a couple of new contracts that we have in place to provide supports to the program we are very pleased that child trans now has a contract with the Office of Adolescent Health to provide support through the Pregnancy Assistance Fund Resource and Training Center and we have also have a new contract in place with the RTI to conduct an evaluation of the projects that are being funded to the Pregnancy Assistance Fund. We want to learn from the work that's being done evaluate it and be able to share that more broadly and then finally the really fun part is our new Office of Adolescent Health web site and I couldn't manage the clicker and stand up here and talk at the same time, so the gentleman in the corner is going to bring up the web site.

I am really proud to announce that we have completed our redesign as a new and approved web site as you can see it has a lot of up to date information. We have over 600 pages of content on the re-launched web site. And I am not a web site expert but someone who is looked at me and said that's on (inaudible), nobody launches a web site with that much content, so we are very proud that we have such a rich vibrant web site. The site includes a searchable map of national and state data. Right now, it includes information on mental physical and reproductive health, substance abuse and healthy relationships and you can search it by clicking on a state and (inaudible) data for your state. Could you put them Oklahoma. This is an example. If you scroll down you can see these are the topic areas and let's go into reproductive health facts. If you scroll down you can see all the state's specific information. So I think you all find this very helpful in your own projects. Some of the other updates on the web site include a new and improved searchable database of the teen pregnancy evidence based on program models. We also have interesting facts and figures throughout the site that we have highlighted with a "did you know" statement. We also have multiple spotlight boxes that showcase Office of Adolescent Health activities as well as those of our partner agencies, for example right now the

current spotlight features the domestic violence awareness month and Sams has recently released data from the 2010 national survey on drug use and health. The web site also includes a resource library and there is a section entitled conversation generation that is dedicated to offering tips and strategies for parents on how to talk to their teens about sensitive topics such as drug use or sex that write their conversation generation. And you can scroll through there and their resources there as well. And then if you can go back to the main page, we also have a twitter handle, no I am not a social media person that many young people are, my two boys are always on that little gadget with their thumbs working away, so we do have a twitter page. We have sent out several tweets and this is a way in which to continuously share key information reports and news about activities from the Office of Adolescent Health. Then if you go back to the main page again, we also have a series of Office of Adolescent Health badges. These are badges that you can take from the web site the code is already there. You can lift it and place it on your own web site and I would encourage you to do so. I would really encourage everyone in the room to share this information with your own networks. I think that this is really, really a vibrant rich source of information in one place on issues of adolescent health and information for younger adults and parents. So this is the sending that we are really proud of, very excited about and looking forward to disseminating this week. There is a series of news articles, releases so there will be a lot of information going out this week about our new web site and we would ask that you help share that information with your networks and communities as well.

So in closing, I would like to make a few comments about the work we were going to do today and the ongoing work at the Pregnancy Assistance Fund. When I encouraged you to explore opportunities for new partnerships and new ways of doing business and looking at embracing innovation and these are hard things to do. I recently read an article about online gamers who solved a longstanding scientific problem. Over a three week period, gamers playing folded an online protein folding game and don't ask me what this is helped to map out the structure of an enzyme that could be used to help fight HIV and aids. What these gamers were able to accomplish in unlocking the structure of that protein was something that scientists, engineers and automated computer programs were able to pull off in about a decades worth of work. But basically this group of online gamers managed to crack a puzzle that aids researchers hadn't been able to solve for years, so just think about that in your own work, think about reaching out to unusual partners, folks that we don't normally work with and how they can help further are common goals of improving the health and well being of pregnant and parenting teens and woman. I think this is a great story about engaging unusual and non traditional partners to help solve problems. And as we move forward this next year from planning to practice and as we focus today on the specific topics of sustainability engaging males and interpersonal violence we need to be mindful of the challenges of effective collaboration and open to new ways of doing business. So my charge to you for today please engage with each other, I think we have set aside time for people to network, we set aside some formal roundtables for conversations. I hope that the presentations today are for use of some new skills that are helpful in the work you do and I look forward to seeing you again next year at the third annual Pregnancy Assistance Fund conference. So thank you very much.

And I think I am right on time, so it's my pleasure to introduce our first speaker today Sharla Smith, she is a Prevention Education Consultant with the California Department of Health and

she is going to be talking with us today about collaboration. So with that Sharla if you will come join us.

[Sharla Smith] So thank you so who had to travel as far as California besides (Inaudible) and I, anybody else. Oh...yeah couple of others over there, excellent. So I brought my cell phone up here because I am going to need it for this presentation. Can you guys hear me do I ever need this microphone. You need the microphone, okay. We will make sure than that I actually try to speak into it how's that. Alright, well so who is on the East coast...? I would like that lot of East Coast pride out here. Okay, how are those Midwestern states, yes, I am very embarrassed to tell you that yesterday in Sacramento allows in line to get something to eat in the morning, somebody said where are you from and she said I am from Nicaraguan and he said where is that and she said Central America and they said oh, its up by Wyoming. I swear you, I had not had coffee but I had heard that and I was like a vile. So you know you should not feel bad at all for taking one extra millisecond to find Oklahoma because you weren't looking for Nicaragua thankfully, so let's talk about this. I have been asked to talk about the adolescents sexual health working group and really talking about a model that we kind of you know we stitch together, right we didn't really have a whole grand plan when we started this in 2003 but we have come a long way from starting our Adolescent Sexual Health Working Group and we have learned a lot of things and we produced some really good documents and some other items, so today what I am trying to do is really talk to you about what we have been able to accomplish in California but how did we do that and then layout some steps so that you all can look at where you are in your second year working on this Pregnancy Assistance Fund money looking at your own communities and then be able to start foreign coalitions that I don't know, right, don't you feel like you always get accessed by the federal government, I have to form a coalition. I saw a few people get a little itchy when they heard the word success stories. I too have to write success stories right, so I'm funded by ____, so I have been doing those for years and I only been funded by the federal government but let me tell you there is a way to do this little dance. So we are going to talk about this. Alright, so just to be very, very clear I am just one person right, I am one person, I am part of the card that makes up Adolescent Sexual Health Working Group and I really stand here in front of you as the speaker but my colleagues I could not get anything done without them and because of that I have a lot of appreciation and a lot of respect for them and one of my colleagues this year in the room that's Karen Ramstrom and she is here, she represents California for the Pregnancy Assistance Fund. But I just want to make for sure that you all know that this is not a one woman show, it's not even a two woman show. Right we really need each other; otherwise we could not do the work that we're trying to get done. So I have objectives because this is a federal conference, so you know we have to talk about objectives. So obviously what we want to look at is how and what's the purpose in the function as a Adolescent Sexual Health Working Group and then being able to identify not only the documents but the process so that we can help other states and other territories really do this and really meet their pregnancy prevention goals. But also what are the components that are actually necessary to really replicate this collaboration process because we did learn by hook and by crook and hopefully if we talk through this you all can learn a lot of the steps to not take that unfortunately we had to hitch our way through. So I am going to tell you where we are trying to go by using a quote. When we started out in 2003, we really got together because of the sinners for disease control was paying for state teams to get together and so in 2003 they contacted California and this will be important

later and they invited the chief of the office of AIDS. The chief of STD Control. The state superintendent of public instruction, right these are the people they invited, so in California the state superintendent of public construction, the chief of the STD Control, the chief of the office of AIDS immediately assigned that task to go to these meetings down to mid level managers. So we showed up at the very first meeting in Las Vegas, then we went to Portland, you know, we went all over the west, we went to (inaudible) cities, we showed up, California team showed up the program managers and we looked around the room and every other state had sent their chief of the office of AIDS. Their chief of the STD Control and their state superintendent and we looked at them and they looked at us and we felt like giant idiots right. And then you know how does these conferences right the CDC was like, okay, we will make up your plan, what's your goal going to be, who is going to sign this, who is going to do this work when you get home and we were like, when I really able to make those decisions, right, so we did in 2003, they invited us again in 2004, they kept inviting us and finally I got really grumpy and in Portland airport I decided that I was not going anywhere else as Gail Bolan or as Jack O'Connell because in that time I had switched working for the state STD Control branch in Gail Bolan and now was working for the department of education as Jack O'Connell state superintendent. So I said if we can't get the right to actually make these plans and then move forward, I don't want to go in these trips anymore, so I do admit a hello, you know, a hello, you know, grumpy movement in the Portland Airport with my colleagues. So we talked about and said what we can do when we get home, you know what we can do. So we decided we would you know form a group and really talk about it and one of things that kept going around and around our heads is we heard someone say this and this was just another state and another woman I don't even know who said it but we all had it written down our notes and she said I thing the real collaboration really requires a willingness, a willingness to give things up and address the territorial stuff, it's a willingness to share resources, power and control and that's really hard to do but it's amazing what you can get done if you can. So we started off with that idea you know how can we convince our state to do that, so believe it or not we called the meeting with a group of people that we call the leadership team, the state superintendent, our chief of the office of AIDS, our chief of STD Control, our MCAH chief director. It turns out around the state of California around the same city in Sacramento state capital and none of those people knew each other which was hysterical, right because they'll awkward, they don't know what to do, where there all the mid level managers we all know each other, right, and so we said well you keep sending us to these meetings and you want us to act as you, we are done with that, we want to act as ourselves and you have behind us and believe it or not the room was dead silent. Gail Bolan was the first person that said, alright, then do it and as soon as she said yes because what everybody else said, Oh, she said yes, so I can't be the one person to say no, so everybody else agreed and we got started, that's how we started with Adolescent Sexual Health Working Group but I am going to show you where we can go but before we do that we can't get too far away from this. We need to really concentrate always on who is our priority, right, who are our priorities, so what I want you guys to do I am go to play you a little bit of music here just a second. You are sitting at tables, turn to your neighbors and start asking yourselves, right, who are the youth that are the priority for our state and our try. Go ahead, you guys can talk, it's okay, it's really in the morning you look all nervous, you look nervous, or you get some tunes, all ready lots of talking going on but let's find out what you know. Are you ready, okay, don't make me call on you because I a former classroom teacher I am really good at it. Okay, so thinking about your youth,

anyone does you know shouted it out I should mention to you, you are not going to derail me I know it's really in the morning some of you are on a different timeframe but please if you have a questions just ask it because we need to really get done breast tax, so just ask your question don't like you have to hold it to the end. But let me ask you about your youth. What do you know about that? What do you know? Yes that they want supports, okay, excellent. What else do we know? They want a voice, they do want a voice, right, what else. Exactly right single moms are disproportionately represented and that there are fewer couples right in that age group, okay. What else do we know? Oh! I love it. They are capable of making good decisions right. Kids are capable of making good decisions, even kids you are what pregnant and parenting right. Okay, excellent. Now, how do you know this? Now, how do you know these things? How do you know these things? Did you wake up this morning? You eat your own meal and you're like kids (inaudible) just popped in your head. How do you know this? Experience, okay and they tell us, more important than they tell us what is it mean, it means that you are listening right. It means you're listening and then think about all that you know; think about what else do you need to find out right. Ask yourself what else do you need to find out and then also think about how are you going to do that. Listening is one of the most important things right, just listening because it turns out whatever we do mostly with kids. Yeah, we talked to him. Are they really interested in that? Not so much, right, not so much and look at this right. All the time have you noticed how we get into our own little silos right we get into our own little boxes, we're like what you do? I do pregnancy prevention. What you do? I do STD prevention. What you do? I do HIV prevention. Do you hear anybody say I work on adolescent sexual and reproductive health? Have you met anyone and they said that's what they do? I haven't either, you know, I am saying right, so when I talk about my job, people say what you're doing, you know, I've learned if you speak really broadly they go what and speak little too nearly they'll get nervous right because I work for Department of Education in the HIV, STD, and they're like teaching our kids what, right, but think about it. We need to really come from an integrated perspective right because HIV, STD, unintended teen pregnancy think about what's happening right. We have all the stuff happening and yet if we're on our own little silos, we are perpetuating some other very, very bad things that we are exactly trying to tear down. Like for example, programmatic gaps. Right, it's not enough that we know what a programmatic gap is and can just talk about it like oh, year, we're not really serving that or we're not really functioning that if we know about it and we're integrating our work, can we see if there is someone out there that could help us with us spot, right. Well, look at this, improves our efficiency of our approach. If we have everybody kind of going along in the same drumbeat, in the same direction, in the same place, are we going to get there sooner? I know you guys know this, but think about this right. Karen Ramstrum works for the Maternal Child Adolescence Health Branch, right California Department of Public Health. We were talking one day and she says, you know, we really need to think about integrating for, you know, for department where we really got to talk about preconception care. Okay, fear is in my heart. I hear preconception care in youth I think oh! No, I do not want to talk about youth about preconception care because that implies what? No employees can say like there're going to get pregnant (inaudible) there was no point that they don't get pregnant like that they finish school and everything else and so what am I concentrating on. I am concentrating on my job is to uphold education code which includes what, pregnancy prevention. So, I say in my own little head, oh my gosh! Karen wants me to talk about preconception care with kids that are in school, no, but the difference is that I trust her right and I know her, so I hold on and I wait

and I listen and I find out that preconception care is what, you all know, you're in this room, what is preconception care? What kind of health? Preventive health, right and what is it include, does it include diet, exercise, like all these things. Can the Department of Ed sign onto that or we interested in child's obesity prevention. Yes, because that increase academic achievement, yes. Are we interested in kids smoking less? Are we interested in kids exercising more? Yes, but do you see what happened, we have our own languages, right. Public health says preconception care and I go wholly no way right, so you have to go to hold on and break down some of that language because I heard that I was like there is no way I am going back across the street to the department of ed and say we're staying on preconception care right, but can I talk to them about having healthy youth and how that relates to academic achievement. Absolutely, do I throw out the variant they are calling a preconception care, absolutely. But do I explain to them what it is first. Yes, if you guys had heard this conversation about comprehensive sexual health education. Yeah, if you say that what would people think? It means sex in kindergarten right, it's totally sex in kindergarten, right that's what's going to happen. You are talking about sex, talking about kindergartners, okay no but if you talk about what comprehensive sexual health education is then what do people say, wow, what a good idea right, well look at this, it's not a mystery, right. If you think about HIV, STD and unattended pregnancy look at the risk and protective factors. We are all trying to prevent unprotected vaginal sex, right. Now how do you that. Again, it's not a mystery, right. Sexual abstinence consistent in correct condom use and abstinence from alcohol and other drugs but how do you get everyone in your community, in your state or in your territory on that same message where it's comfortable for them, right. Because some people don't want to talk about any kind of condom use and certainly not consistent and correctly, right and some people are not so sure about the whole alcohol and other drug thing because that means they have to admit that their kids are oh my gosh drinking and using drugs, right and some people just want to hang out in the whole abstinence camp and just talk about that, it's cool, our kids, they are not doing that and you all are looking around thinking maybe not your kid or other while you are looking at them but look around right. Do you see what I am saying, so it's hard because we have to think about a way where we can all start marching towards this prevention and then be unified about it and realize what we are preventing but we have to go about it in a way that all of our communities and all of our partners can go with us. Okay, so this is our goal, are we good. Okay, people are fainting, are you guys hot, no, you guys need the room changed, okay let me know, alright, I had the clicker. Apparently I don't know what it all does but there is a lot of good buttons on here. Alright, so lets turn to (Inaudible) then, so lets talk briefly about (Inaudible) and then lets talk about what you all can do in your communities and this is it, this is how we describe ourselves. When we talk about ourselves this is what we say, we are a standing work group of program managers. We are from the California Department of Public Health, California Department of Education and key non government organizations that are all committed to working more effectively to adjust this sexual and reproductive health of California adolescents and we have a vision statement that we came up with on one of our very first meetings where we met that NSM participant and we haven't really strayed from this vision and this is our vision. We want to create a coordinated a collaborative and an integrated system among government and non government organizations to promote and to protect the sexual and reproductive health of youth in California, is that big, its huge, right I don't know what happens in California, right its huge state and suddenly somehow I don't know we just get really kind of big for our bridges out there. But this was our goal and this

is what we have hung onto and we really stayed on this course since 2003 and I will tell you where we are going. If you think about our membership right we had different parts of public health, you know built in. Now in California we have to have our own office for everything right. Our office of AIDS is a separate entity than our STD control branch which is a separate entity from the office of family planning which is a separate entity from maternal child adolescent health which is separated from the office of women's health riding me on and on right. We have to our own of everything right, and then there is the California Department of Education. We also have involved with the California School Boards Association and the California Department of Alcohol and Drug programs. Are they perfect partners for us, do we see them all time, do they come to every (Inaudible) meeting, are they good, no, are we perfect, no, but I will tell you how you get around some of these missteps. Now look at our nongovernmental partners over here. The California Family Health Counsel, they are the largest right provider, they get all of our title turn money from the federal government and that's what they do. They disburse that to the states, all of our title ten money flows through them. MCI (inaudible) the California Adolescent Health Collaborative somebody (inaudible) works for Sandy Goldstein. There you guys are right there right, the center for health training which has just changed their name to something that I cannot remember, it is Greek goddess, what is it or something what is it, thank goodness, okay, Cardia right and then ETR Associates, the Gay-Straight Alliance Network, (Inaudible) for Youth and then the ISIS Internet Sexuality Information Services. What giant non governmental organization do you see missing from that list, think about it, what's missing. Plan Parenthood. Okay now why is plan parenthood is missing from this list, what is plan parenthood do, oh, Cesar went out to right away right, plan parenthood has this associated stigma to it because they provide abortions, are they California's largest abortion provider, no, are they California's top three abortion providers, are they California's top five abortion providers, no, are they near states, no, but what is plan parenthood do, you guys are all scared to answer now, I don't know, right, they do provide abortions but what else they do, oh, my God right family planning, clinical services, educations, sports physicals, how many people know that you could take your trial that in plan parenthood and get a sports physical, right, how you will knew that, okay but what is plan parenthood do, that's right, they provide abortion, right. So when you invite plan parenthood (inaudible) what immediate happens, some people they politely or not so politely back away from the table, is it true, so does plan parenthood would work with us in (Inaudible), yes, do we have them as a main your nongovernmental partner organization listed with us, no, do we understand that political dance that balance were trying to reach, do they get it, yeah, are that's table with us, yes, do we get it, do they get it, have we talked about with them, yes, do you guys see going with this, you answer like and/or its still early. Okay, so really quickly I'm going to tell you kind of what our structure is, you might have to think what a different structure for you but it took us a while to come up with this, so just to tell you what it is. We have three membership meetings a year, they are always in the afternoon from like 1:00 to 3:00, 1:00 to 4:00. We have a steering committee before that and then we have separate steering committee meetings, you know the other months right, so we have six meetings in the steering committee a year. The leadership group is the group that we call right our leadership is the chief of the Office of AIDS, the chief of the STD Control Branch, the state superintendent, right. We really meet with them once a year or as needed because what, we are standing worker, we can act and do and move and do things, we only really check in with them when we feel like we are going to do something new and big and

if I want to get them onboard and get re-buying, otherwise guess what, we kind of run like gangbusters, it's a good thing, right, so also how we got our work done, we get our actual work done by actually working in steering committees but think about this, what we do with these meetings is it provides a forum for all of us, government and nongovernmental entities to get together and share information in network, we provide input on current issues that are happening in California, you are just like the federal government and just like you all in your states were facing the same things, right. We are losing money, left right in center, you know we are hemorrhaging money at this point, you know we had a very successful thing called the Community Challenge Grants, they were not refunded, so we have all these communities that were counting on that money to do pregnancy prevention, that money is not coming again, so what we do out on those communities and then identifying collaborative opportunities, I'm going to give you an example of one of those and then also creating new affiliations for mutual benefit and programmatic synergy, you know, so myself I worked for in the STD Control Branch, I went over to Department of Education, one of the first things I said was we need to retool a course that we have over an STD Control call, you know the STD HIV review for non clinicians, its very medical base, do teachers want that, no, but your teachers need to know how to teach this in their classroom, yes, so what are they need, they need the education code and they need classroom management skills and they need to know how to do activities because there are lot of teachers believe or not or scared to let their kids up and out of their desks because then goodness knows they are moving, right I can't control them if they are moving, now how the kids learn, moving, right, so right away STD Control and myself we sat down and we retooled, we wrote a whole new course, the HIV STD overview for educators and what is it do that, it provides the biomedical background information that you need to teach any curriculum and had to answer difficult questions (inaudible) about the law but also goes into a lot of classroom management stuff and teachers say to us whole time I didn't know how to do any of this, I have been in the classroom for seven, eight, ten years and now was when I learned from you guys how to do this, right. If we had better teachers teaching HIV/STD Pregnancy Prevention what we have out in all of our counties. Better implementation and hopefully better outcomes for our youth, right because who is our primary population, who is our priority, it's not each other, right, it's not each other. I work for the Department of Education and I can't believe how many times a week I say how it is going to benefit California's youth, because if you can't come up with the immediate answer, I don't think we should do down that trail, right, so think about that, so this is our structure and really basically in 2009 we got together for a day and a half, we did a little strategic planning, I am going to show you what we did but we have three subcommittees, we have data and data integration, the court competencies and then positive youth development. Okay, now everyone (inaudible) for a second, don't be scared when you see that, are you guys scared, it's a lot of writing, you are not going to read it, don't worry. I am just showing you that when we got together for our day and a half strategic planning meeting we actually worked with the visual meeting organizer and she helped to write up all these game plans so we came up with our primary goals over there and then when you see we have a little calendar, you know success factors, our challengers, our team resources but this is how we are moving forward. Now data and data integration, I am not talking something crazy, I am not saying that I am actually going to tell you that the State of California has agreed to do integrated data surveillance because that has not happened, right but what has happened is something really important, believe it or not when we start talking about this in 2005 the Office of AIDS collected data that nobody else in

the State of California is collected, they collected different ages, different genders, male to female, female to male, right whether you are questioning your gender, right, that's not when we collected in Department of Ed can you imagine, Department of Ed collecting information on like that, no, right. They don't even know what exist, right. We collected different races, different ethnicities, so we have all these data in California that you could not compare, it was totally useless and they are always telling our communities you need to make data driven decisions. Yeah, nice, thanks for that, thanks for telling us because you are not really helping out, are you, right, so we did this we actually got together and we created statewide data sets, we started off with doing a retrospective for 2000 or 2004 and we came up with integrated data tables that are really tracking what, STD AIDS and team birth rates for the same ages, the same races, the same ethnicities, its now its comparable. We have been keeping it updated every year, its on our web site and now we just finished, we put up the data for 2008, so now if you are a community no matter where you are in California, you can look and what you have now at least, you have at least trend data, you have some county level data, now you have perfect community data, no but we were working on it, right, so this is something because we all need data to make decisions, okay, you guys really (inaudible) again, there you go, its another big scary game plan. This is our court competences, we were so funny when we got together, we started talking about when it would be greater (inaudible) California's teachers and community health educators and people out in the counties could teach a curriculum and do all these great stuff and then we realized how would you have the skills to teach that curriculum and then we realized what are those skills, so we actually started talking to each other and we found out that other professions have what they call core competencies, so what is the baseline competency that you need to do that work, so we thought somebody has created core competencies right for sexual and reproductive health. We called all of our friends, we even called victim and journal, Paul Gipson called you, right we called everyone, we called Nora Gelperin, we called Secus, you know we called CDC, we called all the universities where our friends worked and guess whatever when told us, well that's fabulous, when you guys find him give him to me, so we never found him, right, we never found court competencies, so then we set out to write them because this was our concept right, is it this could only guide hiring and training but (inaudible) the big E write evaluation, I know some people would rather, you know poke sings in their eyes then evaluate, right but evaluation is important, its the same side as programmed planning, right, it should tell you only three things, stop, go or change, are there is nothing magic about evaluation, that's all its designed to do, stop go or change, right but we also thought about what about collaboration, what about cross training, what about could we support consistent health outcomes, you know what could we do with these things and this is what we did, we sat down, we developed it, it took us two years to do it, we got over 100 professionals to give us input into it and we came up over a lots of meetings, lots of discussions, I swerve that I was jointed at the hip with two of my colleagues John Hopers and Paul Gipson but finally we came down to 52 core competencies, 21 of them is what a provider knows, right, the cognitive ones and 31 of them are operative, what a provider should be able to do, no I am going to encourage each and every one of you after today to go on-line right there, hope below web site did not pop up, hopefully its on the last page, but if its not we will get there to go and look at these core competencies, they are free, download him, print him, hug him, love him, share him, pass around everybody you know, because really these can be the backbone of wherever you are, whatever program you are and you can do a self-assessment with them and after we realized or we actually tell you what they are, so I forgot this

right, the domains, so we broke them down in A through E. There is a professional in the legal role, what do you have to know, what should you be able to do as a core baseline for doing this work, what about adolescent development, what should you know, what should you be able to do. You sent an approach and youth culture, right I am not 15 anymore, I am not, I am never going to be, right, am I cool, I am decidedly uncool and you know why now I am getting like gray hair over here, right, its over, right, the gig is up, I do not look that young anymore, right and kids know it, they know it, okay. So you have to think then as a provider what should I know and what should I be able to do, right and then sexual and reproductive health and then of course our favorite pregnancy STI's and HIV, right, all the fab three in one little group but think about it, once we wrote them we realized we could retool it and think about performance assessment and a Human Resources Tool Kit, right, so using the actual core competencies in a different way or way that you could actually assess yourself and you could assess your staff and I am not talking in a punitive way of assessing your staff like I see that you know these things but you can't do squat, right, you know what I am saying, I am saying look at this and look at it for managing and planning your staff because you know what, this is part of sustainability. If you can look across your staff and say, I have got one person that does this thing really, really well, have them train your other staff or if you look and you say, well all of us are little bit, you know needing some helps, some bolstering in this area, look around, find that training and get it, do you guys see how this is working, all right, so let's move on from the core competencies because I want to get to some meet so that you guys can actually do some more talking, another scary thing just a visual because what now actually I am going to tell you the truth, right, do we have any youths there on (Inaudible) no, so are we walking the talk of adolescent, you know having like positive youth development, not really we are walking our own line meaning we are interacting with providers who have accessed to youth and we know that something we need to work on, right because how do we know its going on with youth, you should be able to listen to them, who do we listen to right now, each other, who listen to what, ourselves, right, we need to get youth involved in an active and engaged way and we will, we are working on that but I don't want to stand and pretend like we are perfect because we are not, so we had that in a couple of fabulous things right we are partner with SECAS and came out to California and did some really interesting trainings for us, we actually have worked also with the Public Health Institute and they have gotten a couple of really good research articles out of us, we love that, right but think about this broadly, you always have to start with what, when you are asking people to collaborate to come together, though we have to kind of give him what, a little pitch, you got to give him a pitch, right, now I don't want to embarrass Karen but I was standing (inaudible) freely tell you that I professionally stocked her, right, are you ready because her position was held by a woman who had worked with us in (Inaudible) was very instrumental in the formation of (Inaudible) and she left to go work for the immunization branch, so this position was open, it sad open and I was across the street and I watched and I waited and I told my colleagues, don't worry I am on, I am on it and then they hired Karen, so I might ensure you in the job two weeks right before I called you and said, hi, you don't know who I am but we need to go to lunch because I go to talk to you about a group, I waited to join and you will and is called Adolescent Sexual Health Working Group, so when you want to go lunch, right, poor thing, she had no hope, right, she could not get away but, you know a little professional stocking is okay when who is your goal, who is my goal, what I am working for, that's right, I am not working for myself, right, I am (inaudible) California's adolescents, so think about your pitch, right, for us this is it, right, all the players

with the table for (Inaudible), so we are the information conduit, right, were it for the statewide adolescent health activities, anything around training, research, policy and technology, why did the public health institute come to us because we were it, we are all together, we are all around one table and they say, hey we want to do this, they come to us to ask us permission, right and to get our collaboration on health and think about this, all of us at the table allows for this continuity of knowledge and expertise across our respective program, right Department of Education let me tell you my employer, they speak a totally different language in public health, what's my job a lot of times with them, translation, exactly translation, right, they are all good about their ADA, what is the mean to them, what is ADA mean to Department of Ed, do you guys know, see that's what I thought too, I am working there weeks are going by, finally I asked my boss and while you guys are so concerned about the American with Disabilities Act. She looks at me, she said what, that's average daily attendance, oh, right they are talking money and I am like wow, they are so concerned about the American with Disabilities Act, I am thinking about access for care, HIV positive staffs, students, I am going told (inaudible) like the whole first week and month, I am working in the Department of Ed, wow, these guys are way more with it than I thought, no, they are talking money, right, so I have a lot of translation to do but think about that it helps right and then also helping our members tackle this whole challenge, I mean California is huge, right, we are probably many states within the state, right, Southern California wants to be their own entity, they want to run us Northern California, they just want our water, right. San Diego is happy if they could have split off and have their own little harbor and does whatever, we don't care but you guys what everyone want to do, right and then there is Jack Sony in California, do you guys know about this. Apparently Sacramento is not far north enough for them, right, they are in the far out of reaches of California, let me tell you, it's the first time I have ever seen a Colt 45 up close in personal and it was in my waitress's pants when she turned around and I went, oh note to self, leaving a very big tip, right, I mean California is multiple states all in one, right and we are all weird, right, we are all out there, we are all doing our own thing, we are all (inaudible) stake our own claim, so we have to figure out how to get together right, so we are all divorced but the fact of the matter is, is they were all focused on youths and that's what you need, so look at this, this forum that we have now, right, we are developing that shared vision that I told you about, we keep reminding people, this is our vision, this is where we were going, we were trying to address HIV, STD's and attending team pregnancy and who is our overlapping priority population, who, who gets pregnant, woman, who causes those pregnancies, yeah, its not a mystery right, okay, so we got a focus on that and then we need to be able be connect up with partners but otherwise we couldn't meet, do you think Department of Education is ever going to call a meeting or have a meeting where they invite plan parenthood, I mean come on, right, I mean the state superintendent is an elected official, do you really think, do you really think, no, right and then also believe it or not you never have this, right, you never have this the time and just the space to collaborate, right, (inaudible) notices what happens when you get to work, holly man there are 86 females already, its like two minutes after 9:00 who are these people, why are they e-mailing me, right, then your phones ringing off the hook and then what happens, meeting, meeting, meeting, all of a sudden is 5 o'clock, you are trying to catch the bus, you get in traffic and when did you have time to really think, I mean I don't want to, you know to rail is too much but if you notice this we all went to school for a long time and it was all about program planning and evaluation and thinking and coming up with innovation and doing this (inaudible) or when this happen, right, you have to make it happen and

that's the beauty of having these meetings and having this people with us and also NGOs, I don't know about you guys but in California NGOs are largely what, they are totally left out of the process, have you knows how it happens in California happens this way I am sure another states, we come up with our plan the state and then we just tell everyone, yeah you are going to march to this drum otherwise you are not getting money, isn't that true, right and who does it to us, the feds, they say we are going to give you this money but we expect XYZ, oh in a little bit of blood and we even know pinch of skin right there, right and whatever we say to us if we don't do that you are not getting the money, right, that's the basic bottom line but if we look that it as we have the money now how come we get together, that's the different prospective so look at this, do we have challenges, yes, I am not going to stand here and pretend that we are a perfect group in a perfect organization but I am going to tell you what our challenges are and I am going to tell you how we really gotten around some of them. Our challenges are same as yours, right, time, (Inaudible) is really in addition to and with our work and what I mean by in addition to is it none of us ever said out in 2003 to have this entity, we have been functioning as a body of people since 2003, this is 2011 have you guys heard of a collaboration lasting this long, come on, anybody, anybody, all right, one. There is 63 people in this room. One, two, right. These were not good statistics. Okay. So, one of the things that we did start building a sustainability integration is we started writing (Inaudible) into our federal work plans. Oh Yeah Baby. Ah, ah, you're (inaudible) going to talk to you. We are going to talk to you sister. We are going to get you into our work plan; we are going to tell you this is how it goes for us. We are going to run things by and we are going to run things through. Right. I am a dash funded partner for HIV prevention. Guess it my first objective is in my work plan that I will function as a member and a steering committee member of (Inaudible) and that we will flow all information, all ideas, all of our things through (Inaudible). Guess what? I am never not been funded by the CDC. Right. Part of it is that we have to help each other. We have to train each other. Right. We need to talk to the federal government like a collaborative partner just as much as they needed to talk to us as a collaborative partner and we needed to talk to our partners in the state the same way. So, we have to help each other learn and then participation, right. We have had some job and some personal changes, but I can tell you honestly there has only been three. There has only been three in this entire time and you know they were four retirement, a move in a job change. No one has actively left (Inaudible). Obviously, we are getting enough out of it that we all stick around. Right and then we do have another chance though right. The lack of useable local behavioral data, you guys know those YRBS maps for whole state of the country. Right and you know how California is always shaded out because we are like, you know, what door key, right. We thought 13 years ago we would do our own cool thing and collar, you know, the California healthy kids survey. Right and we would like it's better in the YRBS, but no one ever stopped and asked themselves what are we going to compare that data to. Yeah, you have done (inaudible). Right. So, we have got great fabulous day and that only works for what. Our state. So, we are trying to get the YRBS started back again. I know it won't calm down the happy dances come in right from the federal government. Right. CDC is like beyond themselves to think. Now, we did an attempt last time, did we get await a data. No, too school shy. Oh too school shy and you know California schools said to us. We are ready do the YRBS. You mean your healthy kids survey why should we do the YRBS. So, guess what. We got a key pitch (inaudible) to him. We are going to do again. We are going to go again but I am going to give up on him and then also you know we have our own style of funding. Right, but we have been

able to overcome our style of funding and I should tell you I am sorry about the participation. Right. We have a couple lackluster agencies that we have to pull, can prod, and beg, and plead for them to come to the table and really work with us. Right. We talked about those earlier. Does it mean we are going to give up on them? Oh, No. I won't give up on them. Right. I watch his personal changes as people move and then I go back and ask. Hey, don't you want to come to this table with (Inaudible)? Don't you want to work with us? Nowhere you can get. Right. So you had to keep at it but I will tell you think about this. Even amongst all of these challenges, we really had a great learning moment. Right, the office of aids, a few years ago actually three years ago, I think came to an (Inaudible) meeting and they said now federal government people (inaudible) close, close, close, don't listen, don't listen, don't listen, don't listen. Okay you (inaudible) you should listen. Right, you know they said. She said we have \$20,000.00 we have to spend in 30 days. I am bringing it to (Inaudible). Because I think at this table we will have the right decision to work on something that will benefit California's youth. So, we sat there, talked about it and we used that \$20,000.00 to fund 20 teachers to go to Rich. Do you guys know about the HS, not the STIHS, not those, right? Do you guys know about the HS? The Institute for Teachers and Community Health Educators right they have NICHE, they have whatever the one is for Seattle as Stitch. Right now, we have reached the Western Regional Institute. They won't leave Boston Haviland. I just can't imagine why. I don't know Boston asks every other year that they won't let Boston start their own Rich. I don't know. Something with the acronym, but think about it right, soe we have these entities where the office of aids paid for 20 of California's teachers to go and to get trained for whole week and you know baseline sexual and reproductive health. Now, how do you think that impacted California's youth. Right. Now because it was so successful we continue it. Now who pays for California's teachers to go to Rich, the department of education? Right because we learned from each other. So, let's really quick and then we are going to talk about what you guys to do. So, you know here we go. Right. We have learned a few things right. We know that now you don't invite the SSPI. You don't invite the chief of the office of aids. You don't invite the chief of the SEI control. What you do is you develop and attain support from those key administrators from the very beginning, but you find committed mid level program managers and you collectively create and develop a vision, a goal priorities and I am going to tell you something very specific that we learned about being an (Inaudible), you need to think about people who have the ability to think what. Micro and macro all the time. You have got to have people that can see all the way down to that kid's face and all the way up to state level policy. You have got to constantly run that back and forth micro and macro. You got to get those people together in the same room and then also you have to utilize support from the leadership to overcome any other challenges, right. Use those people to your benefit and then let's look back at this diagram for we are going to use your stuff. Think about this is what we are all going for. Think about your community. What we are trying to do is train or use in the top one. Right. We need to make sure they feel connected to parents, family, schools, community but in the bottom that's where we have to be working along with our community. Right this is a multi level approach that has to be multi level. We can't just keep focusing on the kids. We have to also focus on our communities and our culture and ourselves and our agencies, right. As a group what are we thinking about? Or there are adult role models or they are mentors or those available for kids. Do we have after school activities? Are there opportunities for preparation right thing multi faceted not just the kids? So, where do we begin? Right where do we start with this? Thinking back the membership you know who would be on

your invite list and I am going to go forward, how are you going to communicate this? What's the first step that you will take when you will get home? I am not sure are you ready. I was going to talk about a little bit and place them on music but we are going to do this. This is where I am calling. It's Wednesday. Now what? Right. Don't you love this, you got to really fun meetings. I have a great time in meetings like this. I learn a lot, I go home and then what I do. I start chipping away at my e-mail and then I start answering my phone calls and then I get sucked in the meetings and I went to these fabulous meeting and did I implement anything. No. so, what I am going to say to you is this, think about this map. I want to map your community. I want you to say to yourself. Now what and think about it. What needs to be changed in your community? Write that down and then think about what's working in your community. Let's start talking some assets for once. What's working and what do you think support that in my community and then ask yourself the real hard question which is what's the challenge to making that change I just said I want to change. What's the challenge to making that change and think about two things that we always say your barriers. They are not a barrier. Those two things support not making that change. Some people would consider those assets. You may not, but you guys start thinking about this from people other people's perspective. So, think about that challenge and say okay what supports that not moving and write those down and then ask yourself who can help me, Right who can help me make this change and what would support them. What would support them? Right. So for us for (Inaudible) what supports us. Right. The office of aids kept saying you guys don't have enough focus on why I am the same. Right, young men who have success men because that's for (inaudible) of diseases in California. Yeah, yeah, yeah, all use are potentially could get HIV. Right. They are only concerned about why MSM and why are they concerned about that? Because, the federal government tells them that's what you should be concerned about. Right and they look it (Inaudible) and they say it's for all adolescents. Right. So, where do we come together or (inaudible) or Gay-Straight Alliance Networks. Right, we have 50% of our California's middle schools and high schools. How many of you guys know today is National Coming Out Day. October 11th every year there you go. Right, every year October 11th is the National Coming Out Day. Is that matter to all gay, lesbian and bisexual transgender and questioning youth. (inaudible). Right. Absolutely. Are they part of our youth? Yes, they are. Okay. So, once you think about that. You are going to leave here. You are going to go home or you are going to the healthy team network conference and what I want you to do is get that community map from your slides and write down in a piece of paper and I want you to fill it out and I want you to consider this. Consider the attitude. Right. Okay, now think about this. Everything that happens to you is really all determined by your attitude. If someone says to you, No, you can't have the holiday off, you can get immediately grump a source about it or you can decide. All right. I am not getting that day off. So, next time I am turning in my slip even earlier and well you (inaudible) around I am going to come to work where my (inaudible), but I don't know what are you going to do. Right, but think about it, you got to make a fun for yourself right and think about your expectations. Right. Now granted a group of who is a NASA rocket scientist but he is always like you know what. If you expect what will you expect that's what you are going to get. So, if you expect greatness, you are going to get that. If you expect mediocrity guess what you are going to get mediocrity. Expect greatness. Think about humility. You don't want to work with the bunch of people who keeps saying I, I, I. I do that. You know what. You didn't. You just didn't. Right there are very few things that you can put your hand on and say I did that. I am hoping that this morning you can

say I got myself dressed, right? If you didn't, yeah, it's okay just don't tell us, right? But you really want to work with people who have a sense of humility about them, who want to say we, we, we, right? And think about this, you want to work with people who are inspired. Figure out what inspires them. Figure out what inspires you and above all I really drives me crazy. Quit thinking about kids as things to stuff. Right they are not empty stuffed animals, you don't just put a bunch of stuffing in them. They are not empty little vessels that you want to cram information into. You know what every kid is? A kid is like a candle. They have got a wick. What you are going to do is figure out how to light it. Right (inaudible) burn, you just got to figure out how to light them, right? And then passion, oh my gosh, I could do anything with anybody who is passionate about it. Right if they are excited about it they want to risks, they want to make mistakes, they are little goofy, that's cool, I'm good by that. Right but think about this. I want you to go home and after you write that down I want you to revisit your map and you go and ask, does this still work for me? If not revise it and after that I want you to think about it and say who is an ally, who can I share this map with and who is going to support me and I want you to ask for their feedback and then revise it if you need to but I want you to start thinking about that map, the three things, right? What do I need to change in this community, what's working, what's not working, what supports it not working and who can help me? And then step five, share your map and you community goal with an agent of change. How many people in this room know of Gail Bolan, know of Gail Bolan, right? She is an agent of change, right? I don't care wherever she is, wherever she goes, she is changing something, right? So, the first thing with (inaudible) is we talk to Gail. If you think about who is our agent of change, it was Gail, right? There are people like that in your states, in your communities, in your territories you want to get an audience with them, find out who they are and talk to them. They are the power broker. Get them to secure buying with you. Ask them for help, right? People are more willing to do something except for when you create more work for them if you say I need your help. That's the only time eye message is good here, right? I need your help and it is even better if you have your (inaudible) when you say we need your help, we need your help to change this for the adolescents of blank's day, blank tribe, blank community, right and then meet with your new group, share your map, share your community goal and then work together to create that shared vision, right? And I know everyone is in love with Margaret (inaudible), her little group of people and doing their groovy stuff, right? I mean, you know, that's cool, right? But what I think about is this, I always think about Mahatma Gandhi and I always think about his quote about this that it is a small body of determined spirits fired by an unquenchable faith in their mission that can, you know, alter the course of history. You know, I want to be part of that, that's what I want to do. I don't want to be a small group of people making a change. I want to be all fired up with other people who all are fired up and I don't want to just make a change, I want to alter the course of history, right? I want the youth in my state to have a wildly different California than I grew up in, a wildly better California than I grew up in and I know we all get stuck in the doom and the gloom and there's no money and we are getting cut and people are retiring and people are leaving and all that and I would say yes, yes, yes and so what. You're still there aren't you? You're still there. Well, if you are still there that means other people are still there and that means you need to look around and figure out you need to hold hands with because you need to hold your hand in union before and you need to realize that action, action alone expresses priorities, right? Just action. Throwing money at stuff doesn't do anything. It's writing a check, just throwing money at it. It's really the action that changes things and that's

what you want to be part of, right? And then I put up here both of our websites, right? We have our own (Inaudible) website, and you know how we have own (Inaudible) website because maternal child adolescent health, right worked with that part of public health and they put up our website and you know how we have our website? Long before we got the state moving forward on getting us the website because you all know how fast states move. Notice there's not a Department of Ed, you know trail on this because they are still not moving, right? But very first thing that we ever got our stuff listed with was with California Adolescent Health Club Collaborative. Very first thing, one of our primary non-governmental partners saw the beauty and the vision of what we were doing and said, you know what, we are going to put the, we are going to put the court competencies up on our website and after they did that they put our data tables up on the website, right? And after that the human resources took kit and after that you guys see where I am going, right? We actually got more of our work done through our non-governmental partners than we did to our state entities and we are going to continue to do that because it's action that expresses our priority. So wherever we can get that happening that's where we are going to go. So, I talked a lot. It's not that I could talk more, let me tell you but what questions do you have? I'm two minutes over. I'm going take maybe one. Okay, Alison says one, go, yeah. Oh, sister, they try to take ownership of it. We are not perfect, right? So, for example I give you the example of the prep moneys, (inaudible), you know raise your hand if I start getting into itchy territory, right? So, you know, here it is right? The prep moneys are flown into California. We are in (inaudible), right? We are like jumping at the back. Who tells money is going to help for you? Okay how can we work on that, right? We are so excited, right? We are like we want to be in there, we wanted to be, we want everything to go through us. We want to talk about it, we want to have our feet in the door, you know, we want to do all this and you know a certain segment of our, you know, state government agency said, well we are thinking we are going to get the money and we are just going to kind of hug it and hold on to it and we'll tell you we got the money but we don't really want to play with it, with you, and what do we do? We start wearing them down, sister, right? You know I start making phone calls, other people start stopping by visiting those key offices, let us talk about the money, right? So, you know what, it's not perfect but did we finally, yes get invited to be in the stakeholder meetings and talk about it. Did we, I've seen, you know, we are getting ready to release the money, write our RFAs, so, I saw iteration one, iteration two, iteration three of the RFA and really saying like this isn't going to work for Department of Ed, right? That's not our education code, what about this, what about that? Because the problem is that we are all used to playing in our sandboxes, right? And money comes and what do we do? Money, we got our own money, right? Everyone flips out about how much money they get and guess what, that's not going to get you anything, right? We have to play together. So, anytime we see money flowing into our estate we are very persistent. I think you are getting the idea, I'm very persistent, right? And, so we just really work at it and work at it and luckily we have enough partners at the table that we are pretty significant entity and so, we can say look we need to really talk about this as a perspective from all of us, from education, from public health and even our partners that are, you know, not necessarily our traditional partners. Like you guys have DOJs involved, right? The Department of Justice is. You know, they historically have had so much money, they don't know to do with themselves and so they are not used to partnering with anybody but you know what this is one of the really critical things. Remember our map in the beginning. Always be willing to think outside the box and what you can do to help them to start selling that point. I

remember when I worked for Gail Bolan I was in charge of, you know, 22 of California's northern counties and she was like look help them reduce STDs. Just help them reduce STDs. So one of my small northern California counties said to me we want to use that money as seed money and we want to get people together and donate things and we want to build a teen center and I like, you want what, state money. You want to build a teen center? But I ran it through Gail and we talked about it and we said, well, you know, most kids gets pregnant between what time and what time you guys know? Yeah three and six, four to seven, right? And these kids have nowhere to be in this town in this whole community. So, if we built a teen center where the kids are going to be? We didn't know, it's a risky venture because they could all be like, you know, but we built a teen center with state money, we helped out and guess where those kids are, they are at the teen center because we really worked with them to figure out how to get the people to staff it. So, has the pregnancy rates in that community gone down? So much so. But you have to give to get, right? You got to give to get and you got to keep thinking remember micro and macro how does this help our kids and what can we give and what can we get to get out of this? Okay, done with questions for now, excellent. All right, thank you so much.