California Adolescent Sexual Health Workgroup (ASHWG): Collaboration Gets Results

The Office of Adolescent Health

Reaching New Heights: From Planning To Practice
Second Annual Conference for Pregnancy Assistance Fund Grantees – October 11, 2011

Sharla E. Smith, MPH California Department of Education
Appreciation and Respect

ASHWG Steering Committee

John Elfers
Paul Gibson
Robert Gilchick
Sandi Goldstein
Catherine Lopez
MJ Puffer
Karen Ramstrom
Sharla E. Smith
Objectives

At the end of this session, participants will:

- Understand the purpose and function of ASHWG
- Be able to identify how the ASHWG documents and process can help other States and Territories meet their pregnancy prevention goals
- Understand the key components necessary to replicate this collaboration process
Participant Quote

“Real collaboration requires a willingness to give things up and address that territorial stuff. It’s a willingness to share resources, power, and control and that’s really hard to do. But it is amazing what you can get done if you can.”

(NSM participant)
Who Are Our Priorities?

- Turn to someone near you and discuss the youth that are the priority for your State or Tribe.
Why Integrate HIV, STD and Unintended Teen Pregnancy Prevention?

- Promotes sharing of knowledge among health and education agencies
- Provides consistent messages to young people
- Reduces programmatic gaps
- Improves efficiency of approach
- Uses resources effectively
- Increases potential effectiveness
- Elevates importance of the issue
Risk and Protective Behaviors for HIV and STD, and Unintended Pregnancy

Risk Behaviors
- Unprotected vaginal sex

Protective Behaviors
- Sexual abstinence
- Consistent and correct condom* use
- Abstinence from AOD**

* Male and female condoms
** Alcohol and other drugs
California Adolescent Sexual Health Work Group (ASHWG)

A standing work group of program managers from the California Department of Public Health, California Department of Education, and key non-governmental organizations committed to working more effectively to address the sexual and reproductive health of California adolescents.

**Vision:** Create a coordinated, collaborative, and integrated system among government and non-government organizations to promote and protect the sexual and reproductive health of youth in California.
ASHWG Membership

**Governmental**
- CA Dept. of Public Health
- MCAH
- OFP
- Office of AIDS
- STD Control Branch

**CA Department of Education**
- CA School Boards Association

**CA Department of Alcohol & Drug Programs**

**Non-Governmental**
- CA Family Health Council
- MCH Action
- CA Adolescent Health Collaborative
- Center for Health Training
- ETR Associates
- Gay/Straight Alliance Network
- Health Initiatives for Youth
- Internet Sexuality Information Services (ISIS)
California Adolescent Sexual Health Work Group

- Membership – three meetings per year*
- Steering Committee – six meetings per year *
- Leadership Group – one meeting per year
- Provides a forum for government and non-government agency staff to:
  - share information & network
  - provide input on current issues
  - identify collaborative opportunities
  - create new affiliations for mutual benefit and programmatic synergy
California Adolescent Sexual Health Work Group

- In 2009 the priority areas were updated and new strategies, goals and objectives were identified.

- Subcommittees
  - Data & Data Integration
  - Core Competencies
  - Positive Youth Development
**Data & Data Integration**

**Strategic Priorities for Data Goals and Objectives** — all should be used to:
- Support efforts to identify and address sexual & reproductive health disparities (racial/ethnic, gender, age, sexual orientation, etc.)
- Support data-driven program planning and evaluation.
- Support evidence-based interventions to improve adolescent access to sexual and reproductive health services
- Support the principles of Youth Development
- Support Evaluation of interventions and services
- Contribute to the application of Policy
- Support funding & resources to implement ASHWG goals and objectives

**TEAM RESOURCES**

**STAGES/TASKS**

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<tr>
<td><em>Define key ASRH and other related indicator data (youth development, resiliency, school drop out, etc.) for standardized reporting.</em></td>
<td><em>Identify and summarize available data sources, including Youth Development HED, within resiliency data.</em></td>
<td><em>Advocate for inclusion of standardized set of core ASRH behavioral questions in state and local surveys.</em></td>
<td><em>Elaborate health care utilization data for adolescents across programs, providers, and services, including behavioral risk data.</em></td>
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<td><em>Define core ASRH behavioral/vocational education/health surveys.</em></td>
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<td><em>Work closely with the CDE and the 4 school districts to develop additional ASRH questions to WADD in CA.</em></td>
<td><em>Continue to produce statewide IDTs for UMAs.</em></td>
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**SUCCESS FACTORS**

Focus on ASRH disparities data collection in alignment with CDPH Strategic Plan Goal 4 WHP health disparities and Goal 4 of Healthy People 2020.

All CDSS surveys in CA are linked to CDC, DASH, and projections of ASHWG. ASHWG health indicator data elements are formalized across participating programs.

**CHALLENGES**

Challenges include:
- Lack of budgetary support for CDPH and CDE staff to work on expanded and FAO-related documentation and information & extension of Integrated Data Tables.
- Need for flexibility to conduct surveys across programs, state and local surveys, data for program assessment, planning.
- Interpretation of trends in ASRH behavioral indicators may be difficult from non-standardized or inconsistent behavioral questions are used in surveys over time.
- Detail and specificity of multiple subpopulations. For example, "Asian" could include Japanese, Filipino, Vietnamese, Latine, Chinese, Vietnamese, etc. "Mexican" could include Cuban, Puerto Rican, Mexican, Brazilian, Peruvian, etc. in some cases, local data needs will be difficult to meet from state’s perspective.

**GAMEPLAN**

**3 OBJECTIVES**

**Data Objective 1:** By 2013, institutionalize systems for collecting, analyzing, and reporting ASRH outcomes and key related indicator data (e.g., resiliency, assets, behavioral risk data, school drop-out rates, etc.) at the statewide and local health jurisdiction level.

**Data Objective 2:** By 2013, state and local adolescent sexual and reproductive health and associated data are used to support planning, evaluation, funding, and policy formation to address and improve adolescent sexual and reproductive health (ASRH) outcomes — including the reduction of health disparities among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) youth: specific groups of racial/ethnic youth; and other marginalized adolescent populations such as runaway, homeless, foster, and juvenile justice youth.

*Used by State and Local government agencies, education agencies, NGOs, CBOs, and teen advocacy groups.

**Data Objective 3:** By 2013, use a multi-pronged approach to increase the capacity of end users to utilize ASRH and related key indicator data.
Data Integration Subcommittee

1) Create statewide data sets for HIV, STD, Teen Births:
   - standardized measures for age, race, and time frame
   - updated annually
   - readily accessible online
   - linked to respective web pages for CDPH and others

2) Create a similar data set for high-priority local health jurisdictions (LHJs) in CA with same criteria

3) Collect core sexual risk behavioral surveillance data for adolescents in CA high-priority LHJs

CORE COMPETENCY

Cross-Cutting Priorities:
- Support evidence-based interventions to improve adolescent access to sexual and reproductive health services
- Address ASRH Disparities
- Support the principles of Youth Development
- Support evaluation of interventions
- Contribute to policy applications
- Support funding & resources to implement goal and objectives

TEAM RESOURCES

STAGES/TASKS

JAN. - JUN. 2010
- Compile Existing Resources
- CDE Curriculum Project
- Legal requirements
- CCG Curriculum Matrix
- Health Education
- Content Standards
- Pull out subset of sexual & reproductive health

JUL. - DEC. 2010
- Identify non-school based curricula
- Identify Youth Development Criteria for curriculum
- Design evaluation for registered users

2011 - 2012
- Health Disparities Focus
- Cultural specificity to curriculum...
- Health Disparities lesson in curriculum...
- Social Determinants of Health Addressed...
- Post completed matrix online
- Survey the registered users
- EVAL

BEYOND
- Develop job or role-specific core competencies

PROVIDER & EDUCATOR TRAINING
- Identify existing provider trainings
- Analyze CC coverage
- Survey the 400+ registered users of CC

- Based on analyses, use effective components of existing programs to develop pilot training.
- Implement and evaluate pilot training.
- Modify as needed.
- Design evaluation of use of training materials

- Identify conferences and professional development opportunities to promote training.
- Identify funding to fully implement regional training program.
- Conduct and expand regional trainings.
- Survey use and effectiveness of all trainings.
- EVAL
- Prepare Revision of CCs

HR TOOLKIT
- Post Toolkit on CAHC website
- Identify Target Audience for Toolkit

- Identify conferences and professional development opportunities to promote toolkit.
- Promote integration of C.C. into SDW program.
- Development, grant writing,
- Design evaluation of Toolkit

- Identify Additional Areas to promote Toolkit
- Survey Use and Effectiveness of Toolkit
- EVAL

SUCCESS FACTORS

Right people at the table
Shared understanding of youth development
People should understand and use the matrix

CHALLENGES

- How does delivery system occur? Who is identified as "trainers" that are capable of conducting CC trainings?
- Identify "super competencies" to focus on and incorporate into trainings.
- Promoting core competencies to institutes of higher education & accrediting bodies
- Sharing criteria selection with curricula developers to encourage improvement
- How will core competencies be delivered?
- How to prioritize competencies?
- What about job analysis?
- Holding CA Adolescent Health Training institutions' trainers to the CS standards

Where on time scale should this info. go?

2012 TARGET

3 OBJECTIVES

Core Competency Objective 1:
Develop a Matrix that will provide resources for stakeholders to make informed decisions and drive policy about curricula selection.

Core Competency Objective 2:
Promote the matrix to support the use of evidence-based, culturally appropriate youth-focused sexual health curricula.

Core Competency Objective 3:
Promote adoption of the core competencies through provider and educator training and use of the human resources kit.

CHALLENGES

Where on time scale should this info. go?

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Adapted from "Graphic Gameplan" Graphic Guide #12 copyright 1997
Purpose of the Core Competencies

- Guide hiring, training, & evaluation
- Collaboration & cross training
- Support consistent health outcomes
- Shared body of knowledge & skills
- Program Development
- Framework for Higher Education and Licensing and Certification bodies

http://www.californiateenhealth.org/
Core Competencies Subcommittee

- Core Competencies for Adolescent Sexual and Reproductive Health
  - Developed by a subcommittee of the ASHWG in 2006 – 2008
  - Over 100 Professionals gave input into the process
  - 52 Core Competencies
    - 21 Cognitive – What a provider knows
    - 31 Operative – What a provider does
Core Competency Domains

A: Professional and Legal Role
B: Adolescent Development
C: Youth Centered Approach and Youth Culture
D: Sexual and Reproductive Health
E: Pregnancy, STIs, HIV
Performance Assessment and Human Resources Toolkit

- Using the Core Competencies for self-assessment and performance assessment
  - Writing job descriptions
  - Conducting interviews with potential employees
  - Writing professional development plans
POSTIVE YOUTH DEVELOPMENT GAMEPLAN

Cross-Cutting Priorities:
- Support the principles of Positive Youth Development
- Support PYD evidence-based interventions to improve adolescent access to sexual and reproductive health services
- Assure inclusion of disparities in PYD policies and programs
- Contribute to PYD policy applications Support evaluation of PYD interventions
- Support funding & resources to implement goal and objectives of PYD interventions

TEAM RESOURCES

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<td>DEFINING POSITIVE YOUTH DEVELOPMENT</td>
<td>ASHWG subcommittee to identify ASHWG’s proposed core PYD principles</td>
<td>Leadership presentation and adoption of PYD principles and revised game plan.</td>
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<td>DEVELOP RECOMMENDATIONS</td>
<td>National scan of other state youth development frameworks. Develop summary synthesis of information from other states frameworks. Seek funding to develop state recommendations and implementation of ASHWG game plan. Identify youth serving organizations in CA (develop criteria for inclusion).</td>
<td>Continue to seek funding. Identify core CA (8) regions and implement (4-8) youth focus groups. Conduct statewide survey of youth serving agencies. Conduct a survey of state entities. Analyze and summarize survey and focus group data. Develop final recommendations document (ASHWG leadership, state approval, edits, etc.).</td>
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<td>PROMOTE THE ADOPTION OF RECOMMENDATIONS</td>
<td>Develop dissemination plan for youth serving agencies (identify conference, training opportunities, professional development opportunities, web blasts, post on related websites).</td>
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SUCCESS FACTORS
- Youth Involvement
- Youth Interns placed in member organizations
- Input Evaluation: Disparities
- Peer program promotion that represents community culture and addresses marginalized youth
- Expansion (establishment) of linkages, networks of youth organizations
- Policies inclusive of PYD
- State recommendations for PYD

CHALLENGES
- Funding to support the development of state recommendations for PYD
- Funding to develop and implement a PYD statewide assessment
- Evaluation of the usefulness of the document

2012 TARGET

2 OBJECTIVES

PYD Objective 1:
By Dec. 2010, ASHWG will define PYD principles.

PYD Goal:
State and local agencies that serve youth will integrate ASHWG’s PYD principles into all programs and services.

2013 and Beyond
1. Resurvey statewide youth serving organizations for change from baseline.
2. Resurvey state entities for policy change.

PYD 2:
Development ASHWG’s recommendations for incorporating PYD principles into sexual and reproductive health programs.
ASHWG Accomplishments

- Partnered with the Sexuality Information and Education Council of the United States (SIECUS) to plan and conduct two trainings (Focusing on Youth in HIV and Sexuality Education: Cultural Competence and Youth Development) for 65 STD, HIV, and teen pregnancy prevention providers in June 2005.

- Partnered with Center for Research on Adolescent Health and Development/Public Health Institute:
  - To implement the *Across the Map* survey of parent opinions about comprehensive sexuality education in California Public Schools;
  - Successfully add three questions on HPV vaccine acceptability to the *Across the Map* survey
How do ASHWG Members Benefit?

- Information conduit for statewide adolescent health activities, training, research, policy, and technology
- Continuity of knowledge and expertise across our respective programs
- Helps members tackle the challenge of California’s immense size and considerable diversity
How do ASHWG Members Benefit?

- Forum to develop a shared vision for addressing HIV, STDs, and unintended pregnancy with overlapping priority populations
- Connections with partners we would not meet otherwise
- Time and space to collaborate with CDPH, CDE, and NGO programs and partners
ASHWG Challenges

- Time
  - ASHWG is in addition to and with our work
- Participation
  - Job/Personnel changes and commitment
- Lack of usable local behavioral data
  - Need data to complement the integrated data
- Moving infrastructure for funding
  - Silo funding – still!
ASHWG Lessons Learned

- Develop and obtain support from key program administrators from the beginning
- Find committed mid-level program managers who collectively develop a vision, goals and priorities
- Utilize support from the leadership to overcome any challenges
  - Also the NGO Partners!
Protective Factors for HIV, STD, and Unintended Pregnancy

**Internal Protective Factors**
- Connectedness to parents, family, school, community, culture
- Positive values, sense of purpose, hope for future, & resiliency
- Social & cultural competency
- Self-esteem, self-efficacy, self-reliance, & autonomy
- Critical thinking, decision-making, & problem-solving skills
- Communication, negotiation, & refusal skills

**External Protective Factors**
- After school activities
- Adult Role Models/Mentors
- Opportunities for preparation
- Communities that value youth
Now, Where To Begin . . .

- Would this type of group be helpful?
- Looking back at the membership – who would be on your invite list?
- How would you communicate this paradigm and process to these selected individuals?
- What’s the first step you will take when you get home?
What needs to be changed in your community? ________________________________

If there are multiple changes needed, which one resonates with you and is possible for you to complete?

What is working in your community?

Potential challenges to making change?

Who can help you make this change?
It’s Wednesday, Now What?

- **Step One** – Fill out your Community Map
- **Step Two** – Consider . . .
  - Attitude
  - Expectations
  - Humility
  - Inspiration
  - Passion
More Steps

- **Step Three** – Revisit your map and goal for change
  - Does this still work for you?
  - If not, revise!

- **Step Four** – Identify an ally that you can share your map and community goal with who will support you
  - Share and ask for feedback
  - Revise, if necessary
More Steps

- **Step Five** – Share your map and community goal with an agent-of-change/power broker in your community
  - Secure buy-in
  - Ask for help – who else can the two of you talk to so as to move forward?

- **Step Six** – Meet with your new group and share your map and community goal
  - Work together to create a shared vision, goals and priorities
“A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history.”

“Action expresses priorities.”

M. Gandhi
ASHWG Information and Resources

California Adolescent Sexual Health Workgroup

California Adolescent Health Collaborative
http://www.californiateenhealth.org/

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