

**NWX-OS-OGC-RKVL**

**Moderator: Jaclyn Ruiz**  
**October 28, 2015**  
**1:00 pm CT**

Coordinator: Good morning, good afternoon. Thank you all for standing by. I'd like to inform participants that your lines will be on a listen-only mode until the question-and-answer session of today's call.

Today's call is also being recorded. If anyone has any objections, you may disconnect at this time. I would now like to turn the call over to your first speaker, Miss Jaclyn Ruiz. Ma'am, you may begin.

Jaclyn Ruiz: Thank you. Hi I'm Jaclyn Ruiz, and I am an OAH project officer, and I will be introducing the webinar today. The webinar will be focusing on why LGBTQ inclusivity matters for teen pregnancy prevention and how to get started.

As you all know in the funding opportunity announcements that were released this year, this was an emphasis that we had within that, um, within our grantees, and so we just wanted to make sure that everybody was on the same page in terms of why this is important, why we're asking our grantees to take this as seriously as we are, and what you can do to get started.

There are a few TA products that will be released at some point after this webinar that will also assist, but this webinar will serve as a very good foundation for understanding this topic and knowing how to get started when it comes to ensuring that your programs are inclusive and responsive to the needs of LGBTQ youth.

Just a disclaimer, the views expressed in this webinar do not reflect the official policies of the Office of Adolescent Health or the U.S. Department of Health and Human Services nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. government. Any statements expressed are those of the presenters and do not necessarily reflect the views of the Office of Adolescent Health or the U.S. Department of Health and Human Services.

I also want to just quickly note that I know sometimes it is technically challenging to get on to these webinars. We have made the PowerPoint presentation available as a handout I believe on the webinar. And Brandon, who I will be turning it over to shortly, will discuss that a little bit more. But if you're on the call and unable to access the web portion, please feel free to e-mail me. My e-mail address is [Jaclyn.Ruiz@hhs.gov](mailto:Jaclyn.Ruiz@hhs.gov). And I will send you the PowerPoint slides so that you can at least follow along as you're listening to the call.

So our presenters for today are Brandon Stratford. He works in the Youth Development Research area at Child Trends. He helps to coordinate technical assistance for teen pregnancy prevention. He has a PhD in public health from the Johns Hopkins University Bloomberg School of Public Health, and a Masters in social work from the University of Maryland School of Social Work. Dr. Stratford will be helping to facilitate the webinar today, as I mentioned.

Our next speaker will be Dr. Stephen Russell. Steven Russell is a Priscilla Pond Flawn Regents professor in child development in the Department of Human Development and Family Sciences at the University of Texas at Austin.

He studies adolescent development with an emphasis on adolescent sexuality, LGBT youth, and parent-adolescent relationships. Much of his research is a guided by a commitment to create a social change to support healthy adolescent development. He's the chair of the board of directors of the Sexuality Information and Education Council of the United States, also know at SIECUS. He was an elected member of the National Council on Family Relations and a full member of the International Academy of Sexuality Research, and is a past president of the Society for Research on Adolescents.

Our third presenter is Dr. Eli Green. He's an assistant professor in public health at William Paterson University. His particular areas of expertise are transgender education and inclusion, and reducing prejudice towards transgender people. He has authored several scholarly papers that focus on making sexuality education more transgender inclusive, and his forthcoming book, *The Teaching Transgender Toolkit: A Facilitator's Guide to Increasing Knowledge, Reducing Prejudice, and Building Skills*, will be released this summer.

For over 15 years Dr. Green has worked as a consultant to help organizations expand their LGBTQ and transgender-related cultural competency. In collaboration with the New York City Administration of Children's Services, Dr. Green co-authored *Safe and Respected Bets for Working with Transgender and Gender-Nonconforming Youth in Foster Care*, and he

currently provides ongoing training of the trainer sessions to help expand the LGBTQ cultural competency training efforts.

Dr. Green holds a PhD in human sexuality studies from Widener University and is a certified sexuality educator, and received a certification from the American Association for Sexuality Educators, Counselors and Therapists. I hope I got that right.

And finally (Megan Wynn) has - is actually a grantee of ours. She has been providing comprehensive sexuality education for over ten years. She currently works for Planned Parenthood of the Great Northwest. As I mentioned, she is an OAH teen pregnancy prevention grantee and works as a teen outreach program trainer.

She provides technical assistance, ongoing fidelity monitoring, site observation, and professional training and learning opportunities to 32 facilitators. She provides training via distance-based e-learning modules, webinars, and in person. Miss (Wynn) has over ten years of experience at direct program implementation adolescent sexual health education training and delivering LGBTQ inclusive curriculum and has been providing distance training and designing online learning opportunities for the last five years.

Her and her colleagues at Planned Parenthood work to adapt TOP to be more inclusive of LGBTQ youth, and we're hoping that she can provide some really great practical advice on ensuring that your programs are more inclusive of LGBTQ youth as well.

So with that I'm going to hand it over Brandon to introduce more about the webinar.

Brandon Stratford: All right. Thanks, Jackie. So I'm going to try and be quick. I'm just emcee for the day. So I'll leave up the objectives while I give you a tour of a couple of different things. Jackie mentioned that we do have some handouts, and those are in the upper right-hand corner of your screen. As you see there's an icon that looks like three pages.

If you click on that, there's actually two downloads there. There are the slides for today and then there's also a recently completed document about creating safe and supportive environments in teen pregnancy prevention programs. And a lot of the information that is in that document will be relevant for some of the things that we're talking about here today.

Later on towards the end, if you have any questions -- and in fact you can do this throughout the webinar, but we'll probably save questions till the end -- but there's a little Q&A box up at the top of your screen on the left side. If you click on that, you can type in your questions and we'll keep track of them and we'll go through them at the end of the session.

So as you can see the objectives today are to define key terms related to gender and sexual orientation, talk about health disparities experienced by LGBTQ youth, identify some factors that promote resilience among LGBTQ youth, and we'll also have a lot of opportunity actually to hear about some strategies that you might use to promote LGBTQ inclusivity in your program.

So before we get started I've got a get-to-know-you question here. So if everybody could take a moment to answer this question: Are you currently working with LGBTQ youth in your programs? So the poll is open. I'll give you a couple more seconds to respond. And then I'm going to go ahead and close the poll.

It looks like we've got a little over half of you responding. So let's see if I got it here. We'll close it. And so it looks like we've got 72% of folks, about 35, who say that they are currently working with LGBTQ youth in their programs. And another eight who say they aren't sure, five who say they are not, 10%.

And I just want to point out that one of the things that we're going to be pointing out today throughout the webinar is that it's not always obvious who is in your program, and because we don't necessarily know, it's important to consider how you can ensure that your program is meeting the needs of LGBTQ youth. Because it is likely that there are LGBTQ youth in your program and you just haven't - they don't maybe self-identify or you're just not aware of it.

So keep that in mind as we go throughout the webinar, and we hope that you'll find this information helpful as you consider how your program can more explicitly meet the needs of LGBTQ youth.

So we'll talk again, as I said, about some issues facing LGBTQ youth in regards to teen pregnancy. We'll define what LGBTQ inclusivity is and discuss several concrete and practical strategies. And then we'll hear from Megan, a TTP grantee on her experiences with ensuring LGBTQ inclusivity. And like I said, keep your questions, write them down, and we'll get to them at the end.

So now I'm going to turn it over to Dr. Russell.

Stephen Russell: Thank you. Thanks, Brandon and Jaclyn and the folks at Child Trends and especially at OAH for your leadership in this. Because I think many of us know that we can't - ten years ago we might not have imagined that we'd be talking about LGBTQ inclusivity like we are now. So that's really exciting.

And it's very exciting since it's very important since most of you on the call already know that you're working with LGBTQ young people in your program and some of you are working with young people who are figuring it out, or you're figuring out whether or not you're working with them.

And we do know very clearly that young people are coming out at younger ages than has been true in the past, and it really is the case that today's LGBTQ young people are among the first, not the very first, some of the people about ten years older were maybe among the first to come out as teenagers. And so many ten years ago the average age of coming out might be have been 15 or 16 and now we're looking at, you know, 12, 13, and 14 in general around coming out as LGB, and different patterns for transgender awareness.

And I think the important thing for me about thinking about LGBTQ youth in terms of teen pregnancy prevention is that LGBTQ young people have been historically absent in sexual and reproductive health services and certainly have been invisible in sex education programs and typical sexuality education programs which have, you know, historically had a heterosexual focus or, you know, you might even say bias.

And so given that we know that young people are coming out at younger ages, just at the ages when sexuality development is happening and when sexuality education is, you know, important and critical for them and their well-being, we need to be thinking about how the programs that we are doing every day are relevant for all young people, including LGBTQ young people, and certainly because, you know, LGBTQ identities are emergent during adolescence.

Just because everybody might present themselves as heterosexual or straight in our classroom or in our community, doesn't mean they necessarily don't have the needs that LGBTQ people might have around sexual health and sexual health care. And we do know that there's significant sexual health needs of LGB youth, which we'll be talking about... LGBTQ youth, which we'll be talking about.

First in terms of some definitions and terms, I suspect that this is familiar to many of you, but it's worth stating and it's worth thinking about, especially how the young people we work with understand these terms and definitions that biological sex is our - birth sex is male or female, or intersex, and intersex is understood as variation in sex characteristics, things like our chromosomes or our genitals that don't mean that we're distinctly either male or female, and that gender has to do with the attitudes or feelings or behaviors that our culture associates with biological sex.

And then our gender identity is our sense of ourselves in light of attitudes and feelings about gender, as a sense of our self is male or female or transgender, or another identity that would be related to our gender. And then everybody has a gender expression, which is the way that we act or communicate gender within a given culture.

And then our sexual orientation is the enduring sense of to whom we are romantically or sexually attracted, and our sexual identity is that label that we use to name ourselves with respect to our sexual practices and feelings and desires. And so gay, lesbian, bisexual are labels to describe our sexuality.

And the important critical thing here of course in adolescents is that the correspondence is not perfect, that everybody has a sex, a gender, identity and expression. And for the majority of the population those correspond - those

are corresponding and normative for the majority of the population, but for a lot of people they are not. For a lot of folks, biological sex might not correspond with gender identity or expression, and our sexual orientation might be to the same rather than to the other sex.

So really quickly to set this up in terms of teen pregnancy, we have a poll. And the question being LGBTQ youth have higher odds of having heterosexual intercourse than their heterosexual peers. What do you think about that? Is that true or false? Act now. Enter your vote.

Let's see. Ooh we have 75 people on the call. So I guess we'll give it a few more seconds, but the falses and the trues. We've got people who are taking longer to discern. It looks like in general -- we'll let it keep going -- the majority of folks are saying this is a true statement, that LGBTQ youth have higher odds of having heterosexual intercourse than their peers who are heterosexual.

And it looks like there's, you know, slightly, it has grown a little bit, or maybe not shrinking proportion, 10 to 15% that don't endorse this statement. Maybe we can close that out at this point, because it looks like we've all pretty much seen that out of 75.

And I think this is a really important point because that has certainly been one of the reasons that LGBTQ young people have been invisible in the sexuality education programs is because we've kind of made an assumption for many years that it was not relevant to them, that teen pregnancy was irrelevant to the gay or the lesbian youth, for example.

But what we know is that in fact there's a lot of data now in the last just five years that shows us pretty clearly that there are higher odds of heterosexual

intercourse among sexual minority kids, among LGB, less evidence for T and Q. Most of this evidence has to do with lesbian, gay and bisexual kids.

But we also note that there's higher sexual engagement risks. So things like substance abuse - substance use before sex or dating violence or multiple partners - things that make kids more likely to be engaging in sexual behavior and in high risk sexual behavior. And other things like the risks that are especially important for teen pregnancy like early sexual intercourse or unprotected sex that we know. All of those things are higher among LGBTQ young people.

And they're also a group of kids who are highly vulnerable. I think most of us understand that. That's been well established in the last several decades that LGBTQ young people are overrepresented in the groups that are at the highest risk for teen pregnancy like young people who are runaway or homeless.

And sadly in the context of the bad news that often report fewer protective factors, the things that are protective against teen pregnancy risk like feeling that they're supported at school or feeling connected to school or having strong relationships home. Often those things, those are areas that are compromised. So they have more of the risk factors and fewer of the protective factors in their lives.

When we think about the things that are really specifically going on like, you know, why specifically, the LGB specific risk factors include things like experience of exclusion, harassment and violence, and we're learning more every day in the last several years about the role of minority discrimination and stigma in shaping high risk behavior.

But they also have, it's very fair to say, a lack of diverse relationship examples. That's changed a lot in things like the media, but when you ask young people about their everyday lives, they say that they don't see relationships like the ones that they imagined for themselves on an everyday basis. Also pressure to conform to norms and expectations around heterosexuality, called hetero-norms here. But also and frankly a lack of awareness of pregnancy risk.

Given that there's so - and one of the reasons for this, in some qualitative work we've learned that there's so much focus on HIV for LGBTQ young people that a lot of LGBTQ young people kind of don't even think of themselves as being vulnerable to pregnancy. And then similar to lack of relationship examples, their lack of positive role models.

And all of that sort of culminates in motives that might be related for LGBTQ young people to their sexual behaviors, including concealment, in the closet, feeling like they don't want to be known as LGBTQ before they come out, for example if they're trying to navigate that, or their own hetero-normative understandings of masculinity and femininity.

And so in a number of studies now, we're learning from young women and young men that hetero sex or heterosexual behavior is a strategy to demonstrate masculinity if you're a boy or femininity if you're a girl, that no one's going to think you're a lesbian or bisexual girl if you're pregnant, for example, or if you're sexually active with a boy, if you're a girl meaning.

So these motives - so there are actually some pretty important reasons that have to do with norms and around heterosexuality that make young LGBTQ people vulnerable to making choices around other sex, hetero sex, sexual behavior.

But the important part for us to remember in all of this is that like all young people are vulnerable, only some LGBTQ young people are higher risk, only some are engaging in high risk sexual behaviors or any other kinds of high risk behaviors. And in fact, this is true across all of the things that we know about LGBTQ young people. All of the things we know them to be at risk for is only true for, you know, a subgroup among LGBTQ youth. Most are just typical kids as we know, or adolescents I should say, right.

And we should be aware of the potential for risk but we've got to avoid assuming that all young people are at risk. But it does mean that we need to normalize and incorporate their experiences and lives in the work that we do around their sexual reproductive health.

And there are some clear resilience factors that we know make a big difference for promoting the well-being of LGBTQ young people that hasn't yet been related to their propensity for, you know, early sexual behavior or teen pregnancy. But we know that when LGBTQ young people report supportive families or report strong - a best friend or a strong peer group that they do better in terms of their academic achievement and their mental health.

And we also have really good evidence now from about the last five to ten years that strategies to create safe and inclusive environments matter, that having clear policies that are nondiscriminatory, having visibility and support that are explicit for sexual minority kids, LGBTQ young people, creates an environment where they feel included, they're more likely to make choices that are consistent with positive health.

And with that I'm going to turn it over.

Brandon Stratford: All right. Thanks, Dr. Russell. And I will point out that we do have that handout up at the top on safe and supportive environments, so make sure to check that out, as we just heard that's such an important aspect to consider in your programming.

I'd also encourage you if you've got questions for Dr. Russell, he'll be back at the end. So feel free to put them up in the Q&A box so you don't forget them. But we will definitely hear from him again at the end. And now we'll go ahead and turn it over to Dr. Green.

Eli Green: Thanks so much, Brandon. So the first part that we want to talk about is what does it mean to be inclusive and why does it matter? So the Office of Adolescent Health considers LGBTQ inclusivity to mean that programs are sensitive towards, responsive to, and do not exclude the diverse experiences and needs of LGBTQ youth and the youths who are part of families who have LGBTQ members.

So in order for us to understand this, we need to break this down a little bit more. So first off I want to start by talking about the difference between inclusive and affirming. So when we define inclusive we're talking about a space that are efforts are being made to make sure that LGBTQ youth are included. That is a good goal.

When we talk about being affirming, what we're talking about is a space where youth feel that their identities are validated, supported and respected and valued. And that is a great goal. So inclusive a good goal, affirming is a great goal.

And so one of the reasons that we want to do this is who does this serve, right? So it serves a lot of people. Not only does it serve kids who are

identifying as lesbian, gay, bisexual and transgender, it also serves young people who have parents or sisters or grandparents or cousins, aunts and uncles, other members of their extended families who are lesbian, gay, bisexual and transgender. And it also supports kids who are questioning their sexual orientation or their identity.

It also benefits youths who are heterosexual and cis-gender. A lot of the times we talk about inclusive and affirming programs and we think that's great for LGBTQ youth but what does that mean for youth who are cis-gender and heterosexual.

And so what we know is that it actually works to create a more affirming environment for everyone with participating in a program that's LGBTQ inclusive or affirming. It better prepares people to navigate the world and overall decreases everyone's prejudice as a part of that program.

Truly inclusive and affirming programs have to go beyond good intention. It really involves a thorough evaluation of people's values, attitudes, materials, lessons, forms, spaces, all of the things that comprise our programs.

A lot of times we hear folks who say, "Okay, you know, tell me the three things I need to do in order to be inclusive." And what we find is that becoming inclusive and affirming is actually a much deeper process.

So the end goal of this is that a young person or people who participate in the program feel that they are being affirmed. They're actually the folks who judge whether or not our program is inclusive or affirming. Adults, we do our best to engage in the program and make sure that it does meet those goals, but at the same time it is really a youth decision as to how affirming each space is going to be.

So in order to do this we want to break it down a little bit further. We've identified six areas for an inclusive program, and so I'm going to go through each of these areas in a little bit of detail.

One of the things that I want to alert you is that this often, this process and going through this raises many more questions than it provides answers. And so if you're listening to this and you're wondering, "Oh I don't necessarily have the answers to these questions," that's actually perfectly normal and a great place to start.

So the first area we're going to look at is organizational policies and practice. So we want to make sure that our youth are equal partners in creating a space that is inclusive and respectful. While staff play an essential role in creating affirming spaces, the ways in which youth engage with each other will also have a dramatic impact on how affirming a space is for an LGBTQ young person.

So some of the examples that we find are in spaces where we used to use language no homo or pause, that's so gay, but that's a very strong indicator of LGBTQ youth who are a part of that program that it is not a safe or affirming space for them, which is other youths are outrightly saying derogatory and negative things about their identity.

So as part of that, staff need to work to create really strong ground rules and group guidelines and agreement with young people that engage young people in the process of making sure that everyone identifies a space as being safe or safer. So some of the things that should be included in that is that peers are not allowed to use anti-LGBTQ language and that there has to be consistent support and guidance on how to be affirming.

One of the things that is really critical to this is having conversations that build some of the young people's critical thinking skills around LGBTQ inclusion. What we hear from young people is, "Oh, you know, I don't mean it like when I say no homo that's bad, that gays are bad, I just want people to know I'm not gay." And what we know of course is that message is something that is perceived negatively by youths who are LGBTQ.

So in addition to just saying hey you can't use this language here, we also need to help young people to have the skills to express themselves differently and use different language.

For the next part we want to look at the different points of entry and how somebody ends up coming to your program. So for this you want to look at what are the forms that a young person is going to encounter as they're navigating entering your space or becoming a part of the program. Do these forms communicate affirming messages that support LGBTQ identity?

Some youths it's important to note may test out a new situation or a group before deciding whether or not to share their sexual orientation or their gender identity. And this is a really great strategy for a young person to protect their safety and preserve their well-being and resilience is to not disclose information until they know whether or not an environment is actually safe and affirming for them.

So one thing that is important to note is that asking sexual orientation gender identity on intake forms don't always capture a young person's identity. Of course we also know that young people reevaluate their identities and they have different language to describe their orientations and identities after their initial point of intake.

When you're talking about intake staff, are the staff who are doing outreach for your program, are they inclusive and affirming? Are the outreach materials themselves inclusive of LGBTQ identities and experience? Does that include different images, does that LGBTQ inclusive language and messages within it?

Another piece that I think is really critical and is often overlooked is if your organization or if your program has security or front desk staff who are either answering the phone or, you know, buzzing people into a space, providing a gateway access to your space or to your program— are these people welcoming and affirming of LGBTQ youth?

What we see is often that there's actually a lot of prejudice that happens and discrimination towards youth as they're entering space by security guards, particularly gender-nonconforming and transgender young people may experience harassment from guards and so that's an important piece to remember.

As we move on and look at physical spaces, we want to know what does the young person see when they walk into your program space. Are there images on the wall that include LGBTQ people, are there LGBTQ people of different races and ethnicities, different abilities? We have a wide range of representation of LGBTQ people.

Are there signs that clearly state that it's an affirming space for program and communicates any no bullying messages that you have, any other non-discrimination policies that you might have in place. Also are there gender neutral, preferably single-still (bathrooms) available?

If not and obviously some places have real restrictions on typical space and whether or not this can happen. But if there's not the option bathroom for single-stall gender neutral bathrooms are there policies and affirming messages placed visibly that explain to youth who can use the bathroom, in what ways that is most affirming for them. And what are the expectations of respect that they can expect from other peers and from adults in this space.

And this is particularly true for transgender youth. We know that bathrooms are particularly challenging for transgender youth who trying to access space.

So if we looked at our next area we're looking at staff competencies. And so staff has to be culturally competent in working with LGBTQ (students). There's no way to have them inclusive and affirming program system if some of the staff members are either overtly prejudiced or evenly quietly prejudiced towards LGBTQ young people.

So some ways we recommend addressing this, is that all staff regardless of their own identify, regardless of their previous training and expertise should attend training on how to be inclusive and affirming. Sometimes we hear from folks, oh I've already been trained or oh I've been coached for a long time, I'm totally good with this information. Having a training that everybody goes through helps manage so that everybody has shared language and shared expectations and shared knowledge. And that can further communication around how you're going to address concerns as they arise. Other pieces are there openly identified LGBTQ staff. Not as in a way of tokenizing people, but in a way that allows youth to have positive LGBTQ role models.

Depending on the community that the young person is coming from they may not know any adults who are happy, healthy, in positive relationships, have

positive sexual self-esteem and all those components that are particularly important to make sure that there are positive role models available for youth.

We also want to make sure of course that staff are trained on the specific pregnancy prevention needs with LGBTQ youth as Dr. Russell mentioned. Some of the stereotypes that we have is that LGBTQ youth, because they might have same sex partners, are not at risk for certain sexually transmitted infections or for pregnancy. And of course we know that's not the case.

So avoid making assumptions based on appearance of somebody's identity. We need to understand that gender expression is not necessarily an accurate indicator of orientation or identity. There are gender non-conforming people who are heterosexual and there are gender-conforming people who identify as lesbian, gay, bisexual, and transgender.

Some LGBTQ youth in particular are very gender conforming and otherwise are ignored when they talk about LGBTQ views, because visibly perceived as being LGBTQ. And some heterosexuals and transgender youth may be very gender non-conforming.

So we have to put aside a lot of our stereotypes, often folks will run through a mental list of all the young people that you've worked with and you think, "oh yes, that person's gender non-conforming. That's the one I should focus my efforts on." And again what we want to give the message is that it's important to be LGBTQ inclusive for the benefit of all youth involved in the program.

So the next piece we want to look at language. So Youth Center neutral language whenever possible both in instruction, gender - excuse me, general greetings; so some of the language, rather than saying ladies you can say folks or everyone. They're trying to take out some of the gendered language.

Avoid making assumptions about young people's affirming pronouns. Ask what is most affirming, what pronoun would be best for me to use with you. And rather than saying what is your preferred pronoun we really want to ask "what is your affirming pronoun" because it's not a preference, it's a way of showing our affirmation of a young person's identity.

We ask them what a role-model affirming language for all these in the program and support young people and do they know affirming language? And so sometimes that means giving young people (alternate phrases) or words that are not prejudiced towards LGBTQ people.

If we look at the program content that is obviously also essential for us to be evaluating. Some key pieces of this: making sure when you're speaking about relationships that you include positive examples with things that in transgender partners. Sometimes what can happen with intents to be inclusive of LGBTQ people and associated risk for STIs or pregnancy is that we only show negative outcomes. And it's particularly important that we include positive portrayals of young people and adults who are LGBTQ.

When speaking about contraceptives and STI risk reduction remember not all safer sex materials are going to work in the same way for people who have same sex partners or for transgender people.

Different things work differently for different folks. Transgender people often depending on different ages of medical transition, if that's something they're engaging in, may mean that certain safer sex materials such as condoms will no longer work for them. And so some of that is knowing about what the differences are and how to make sure a young person has access to materials that will protect their bodies.

And for the next part realizing that this is a lot of information for everybody to think about what we'd like to do is a quick poll on which of these areas seem like they might be the most challenging for you to ensure that your program is inclusive of LGBTQ.

So we're asking folks to take about a minute. What it looks like here is that a majority of folks are concerned about programmatic content, making sure that there is program content that is inclusive and affirming at LGBTQ youth and that is obviously a very essential component to making sure that a space is inclusive and affirming.

Also wanting to recognize though that the other areas are really important. So for example for staff competencies one of the things that I like to remind folks is that your staff and your space is only as affirming as your weakest link. So whoever has the least amount of knowledge or the least amount of affirmations towards LGBTQ youth is actually the standard for how affirming this space is.

As a young person has to navigate through talking with and doing intakes with people who are not affirming in order to get to the affirming person at the end of the line, what we see is that many young people actually will exit out of the program rather than returning. So of course we want to make sure to provide that service for young people.

So Brandon it looks like our poll is complete. And so I'm going to hand it back over to you. Can you allow (Megan) to talk about her pieces?

Brandon Stratford: Yes. Thank you Dr. Green and I want to mention again if you have any questions for either Dr. Russell or Dr. Green, you should feel free to put them in the Q&A box that's up at the top of your screens—that will kind of save

time. We probably will have a little bit less question-and-answer time than maybe would be nice so make sure to get your question in early so it gets asked.

But now I want to turn it over to Megan Wynn who has had a lot of on-the-ground experience working in a program that has been thinking through this process. And again think about questions because she's really going to be able to speak to some very practical decisions that they had to make and conversations that were had.

So Megan, thanks for being here.

(Megan Wynn): Yes, thanks Brandon for having me and thanks everyone also presenting on this Webinar; just the depth of knowledge is really great and for everyone who made it a priority to join the Webinar today.

So to give you a little overview, the program that we did at Planned Parenthood; we did the TOP program or the Teen Outreach Program. And we actually implemented it with six other Planned Parenthoods in five other states. So we were in Alaska, Idaho, Washington, Oregon, and Montana. And in our fifth year of implementation we had 123 clubs and worked with about 2724 young people.

And in a minute I'm going to be talking about how we did that. And we did that through educating staff and stakeholders; really trying to create and support implementation of this adaptation, ongoing training for our staff and committee work, and then the fun part, a little bit about our youth and how they responded to it.

So after our first full year of implementation, during the end of the year debrief with all of our facilitators across all the states; the topic of LGBTQ inclusion was brought up by facilitators. And most of our facilitators felt like the curriculum that we were working with could be updated, to be more inclusive. Specifically the sexual education lessons but kind of - all of it. We know that inclusions should happen in all lessons that we are facilitating those young folks.

And then really a driving force was that inclusive education. Specifically sexual health education that's of value, that's held amongst all Planned Parenthoods and the communities that we work in know that about us. And we felt like we needed to do something to make sure that we were keeping up with our integrity to our community and to the young people that we work with.

And then also another layer - we are doing an RCT, a Random Control Trial - so again maintaining fidelity to our curriculum and fidelities to the developers of the TOP program to make sure that we were implementing their program just with a few tweaks and adaptations.

So the first thing that we did we began our work during the summer and we formed a committee of facilitators, managers, trainers, and a director. And we began working on our LGBTQ adaptations. We didn't really know what we were getting into until we just dug in. So it was kind of messy. So the team outreach program for those of you that don't know have four levels.

And each of those levels contain about 33 to 35 lessons. So it was - it's a lot of work. And we divided off into groups and we all took different levels and went lesson by lesson - really reading through and searching and looking for

places that we could beef up and be more inclusive. Specifically as we went through this we started to notice things that were reoccurring in every level.

And so we looked through the curriculum and we looked for places that divided students by their gender. We looked at all of the scenarios. We looked at the heteronormative language, so boys, girls, boyfriend, girlfriend. Every place that that was brought up in the curriculum.

And then with specific from sexuality education we looked at how it was - the education was delivered. So was the curriculum saying a man's penis or a woman's vagina and really worked to make those - that language - a little more inclusive.

We researched the reasons why LGBTQ inclusivity should be part of pregnancy prevention work. And then after we had done that - all that work - our facilitators were on board, the majority of our stakeholders were as well again. They said they kind of - they knew Planned Parenthood and they knew what we were about from the beginning so that helped.

And then - but then we decided to do a training for all of our facilitators that would include the data to reinforce why we're doing this - just to get everyone on board and engaged. And then we also created a facilitator guide that had tips and tricks for being an inclusive facilitator. Like Eli said, "The organization is only as good as this as your facilitator who maybe knows the least or has the least amount of practice."

So again including everyone in those conversations was super important.

As far as implementing, so we made documents that had all of the changes, the changes where it was at with the page number. We, you know, made some

suggestions for scenario and language fixes. We changed some of the documents so that all of our staff were using the same document to work off of; which we thought led to higher fidelity.

And then also included places on our fidelity forms for people to write in that they were adapting things to be LGBTQ inclusive.

So after that initial work of the committee we sent off and got approval from OAH and while part of my job as a trainer was to go observe folks facilitating TOP sessions in their sites. And what we noticed was that even though the staff had the initial training, folks were on board, they really wanted to provide this adaptation; we know that the reality of some people were running five clubs so they were working with 120 young people...TOP has another component of service learning so they were trying to make sure all 120 young people were getting that community service learning. We needed a better process. So again we got our committee back together. We actually worked with the lessons to make - fix the lessons or create easy, printable handouts that folks could just click and print so that we would have a higher likelihood of folks actually being able to implement this adaptation.

And again we wanted to make sure that we were maintaining fidelity to our TOP project and always documenting everything that we were doing so that it was there if we needed it.

So like I said pretty much throughout this whole time is that an integral piece of this work around adaptations was training. And we provided a couple of sets of trainings for folks. Again that we provided training on just how to implement, we went there to document and show folks where they were, how to print and all of those pieces.

We provided initial training again on comprehensive and inclusive sexual health, sexual health education. We did some Webinars talking specifically about vocab and how to explain vocabulary in a concrete and understandable way for young folks.

And then what we know about this life and inclusivity is that it's ever changing. And what was true in 2014 isn't always true in 2015 or 2016. And so constantly having folks in the organization being aware and on top of what's going on and researching and using websites like Listen and the GSA network; Teaching Tolerance and any other Websites that are out there. I'm sure there's a bunch.

But just to make sure that we are constantly learning and growing with this adaptation and inclusivity was a super important part of our process.

And then the last thing that I will share, I know we are getting close to the time to being done, was just as a trainer again like I said I got to go out and see lots of folks actually help implement this adaptation with one group.

And particularly just to be aware and know what is happening on the ground. And what we found was that yes, folks really noticed and appreciated the changes. There were several occasions where I received direct feedback from young folks or saw young folks giving feedback to their facilitator of like, 'that was really great', like 'I love how you said this and that'. The other piece was really fun to see is creating those scenarios that were gender neutral gave these opportunities to explore different relationships so young folks could be like, oh are Sam and another gender neutral name - are those folks two boys, two girls? Like, yes, I'm supposed to have lots of questions and facilitators were able to say like, 'I don't know' - work this scenario both ways and - or all three ways and see what happens in young folks really able to grasp at the

idea of relationships are pretty fluid and that, you know, some of those foundational pieces like love, respect, honesty - it's something that happens through all relationships.

So it was really fun to see that learning happen for young folks. Occasionally youth would raise their hand and say so if a person was a penis having sex with another person with a penis. And so - it was really fun to see young folks really grasp and use that language.

And it was really also great to that some youth felt safe about sharing their current and future relationships. And thinking about, you know, the possibilities or what that could look like for folks, you know, for their friends and family outside of their TOP Club.

So that is my time Brandon I'll hand it back to you.

Brandon Stratford: Great. Thanks, Megan. I think that's a really great spot to begin our question-and-answer period because I think that talking about really the impact on the youth is kind of the point of why we're all here and why we are all interested. And so I will kind of breeze through this slide of resources because you can go ahead and download the handouts that are up in the little handout section and that will have all of the slides including this one with the resources, so you should definitely check that out.

And I am going to move on to question-and--answer. And I would say please hang on because we are going to have a feedback survey that we're going to post at the end that we'd really like for you to fill out now, while you're still online with us.

So, but with that, I see there is one question in the question-and-answer box. And that one is one we could have predicted asking if Megan can share the tips and tricks for inclusivity that they put in their facilitators guide. So Megan, I think that one's for you.

(Megan Wynn): Yeah, we're in the middle of revising it right now; like I said, always making sure that we are up-to-date. And yeah, I think that's something that we can share for all you folks.

Brandon Stratford: Great. And so I actually have a question for everyone. And that would be: it can sound, I think, a bit daunting to start this process when you really start thinking about all of the components that a program might need to consider as they're reviewing. And I wonder if each of you could just give us maybe one tip or one strategy of how they might be able to get started.

So maybe we'll go back to Dr. Russell, or Dr. Green and then give Megan a chance to pump some water since she just finished.

Stephen Russell: Wow. Well I think I would say the first thing would be to talk about teen pregnancy risk for all young people. Just to, you know, introduce the notion that all of us are, you know, encountering and navigating sexuality in our lives. And begin with the assumption that everybody is - that sexuality is possible for everybody in lots of different ways.

And that, you know, the goal is to promote sexual health. And so how do we assume that every young person is full of possibility, both the risky kind and the, you know, and the positive kind.

Dr. Eli Green: I would say that from an organizational change standpoint is sitting down with your coworkers and your peers and going through some of the things they've

provided and figure out where we need the most growth. And that's always the place to start is, you know, there's a lot of work to do with this. And it can be really overwhelming but having a good understanding of where you're most prominent areas of growth are can be really useful at the starting point.

Brandon Stratford: All right. Megan, any advice for other grantees who are thinking about moving forward on this?

(Megan Wynn): Yes. I mean I would echo what Eli said about, you know, he doesn't say these exact words but, you know, forming a committee like getting folks who want to make and implement this change together is really powerful. And just knowing that folks with all different levels of this information can still come together to create change or make an end-pass.

And don't be afraid to let - because you don't know what you don't know - and that's not going to change unless people are making steps to move forward.

And then the last thing is reach out. I'm sure there's people in your community that are doing this. And yes, there are folks that can help.

Jaclyn Ruiz: And Brandon sorry, just before we get to the next question I just wanted to make sure that people know that they can press Star, "1" to get into the operator's queue and also we have one more question online and after that we'll go to the operator to see if we have any questions.

Brandon Stratford: Great, thanks Jackie. So our last question that we have online right now is just how would you make teaching anatomy gender inclusive. Do you use the term male external anatomy, female internal anatomy or are there other terms to use? And also maybe if you are aware of resources of places where people

could go to get some more ideas of what sort of language they should be using?

Dr. Eli Green: Sure. So I wasn't sure that Megan has some really great practical information about this, I can stay in my own trainings and teachings I'd switched out for, you know, like Megan said instead of saying a man's penis I say a person's penis. Instead of saying a woman's vagina, I say a person's vagina; which helps just shift the language a little bit.

And some folks, participants and students, can find it's awkward. Like why are you saying that when you can just explain that not everybody who is a man, you know, has a penis and not every person who is a woman has a vagina? And so some of it is really about normalizing that language and just being gender neutral with it.

Megan, I don't know if you have other specific strategies you want to include?

(Megan Wynn): Yes. No, I think what you said is great and just saying what you're looking at is the external genitalia of a body with a penis I think is a really simple way to explain it. And as titling things - like a big bold title on a handout is problematic I say just erase it. You know, like it doesn't have to be there if you're giving explanations in the classroom.

Brandon Stratford: All right, let's see if we've got any - we've only got like a couple minutes left. But if there was anybody with a burning question who's in the queue with the operator?

Coordinator: Yes, we do have a question from the phone line that this comes from Alice Liu. You may go ahead with your question.

(Alice Blue): Mine is simple. I just would like Jaclyn to repeat her email address so we can get copies of everything.

Jaclyn Ruiz: Sure. And just so you guys know, all of this information will be posted on the OAH Website. But I'm sure people had technical difficulties unfortunately with our Webinar platform. So it's J - A - C - L - Y - N, dot, R - U - I - Z as in zebra at H - H - S dot gov. Worse comes to worse just email your project officer and let them know that you're looking for these slides and to please ask me for it.

(Alice Liu): Thank you.

Coordinator: And there are no further questions from the phone line.

Brandon Stratford: All right. Well we - it is 3:00 o'clock Eastern Time. So just to summarize today we defined key terms related to gender and sexual orientation. We talked about some health disparities experienced by LGBTQ youth as well as some resilience factors. And hopefully you feel like we got a lot of opportunity to hear some strategies to promote LGBTQ inclusivity in programs.

I will go ahead and move to our slide here that has contact information if you want to follow up on anything that was discussed here. Again this is in the handout so, you know, feel free to be in touch.

And finally I'm going to move us to the feedback survey. So I will turn it over to Jackie for any closing words but I am going to put up the feedback survey. So if you would please - it should take less than five minutes to complete and we definitely use it to think through how to do Webinars in the future. In fact

putting the handouts up at the top was a suggestion from someone at a previous Webinar.

So you can thank them for that. And Jackie I'll go ahead and turn it back over to you.

Jaclyn Ruiz: Thank you Brandon. And just a reminder please, please, please fill out this feedback survey. It really gives us a lot of great information on how we should do Webinars in the - if you like this Webinar - how we could do Webinars in the future.

And I know a lot of information was shared today. If this - if you feel like this is something that you would like additional information on, maybe another Webinar, you know, feel free to include that as well in your response to the evaluation.

I just want to thank everybody on the call - Dr. Russell, Dr. Green, Megan for all the information they've shared. It's been really great sort of going through this process with them because I feel like I was not very knowledgeable about this subject. And thanks for sort of working with them and the work that we've been doing at the office.

It's amazing how many resources are available out there. So if you feel like they're alone and you don't know where to start I would just, you know, encourage you to contact the presenters. As I mentioned we'll be having some TA products come out pretty soon that will have tons of resources as well.

Megan mentioned as well some resources that you can go to such as the Gay-Straight Alliance and obviously within your own community if you know of resources available there - an LGBTQ center that you may be able to tap into,

staff that are there to have that expertise of knowledge. I would just strongly encourage you to follow up with them.

So thank you again to Dr. Russell, Dr. Green, Megan; and thank you for everyone that's joined in taking the time to learn more about this topic.

Coordinator: Thank you. That concludes today's conference. All participants may disconnect. Thank you for your participation.

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