
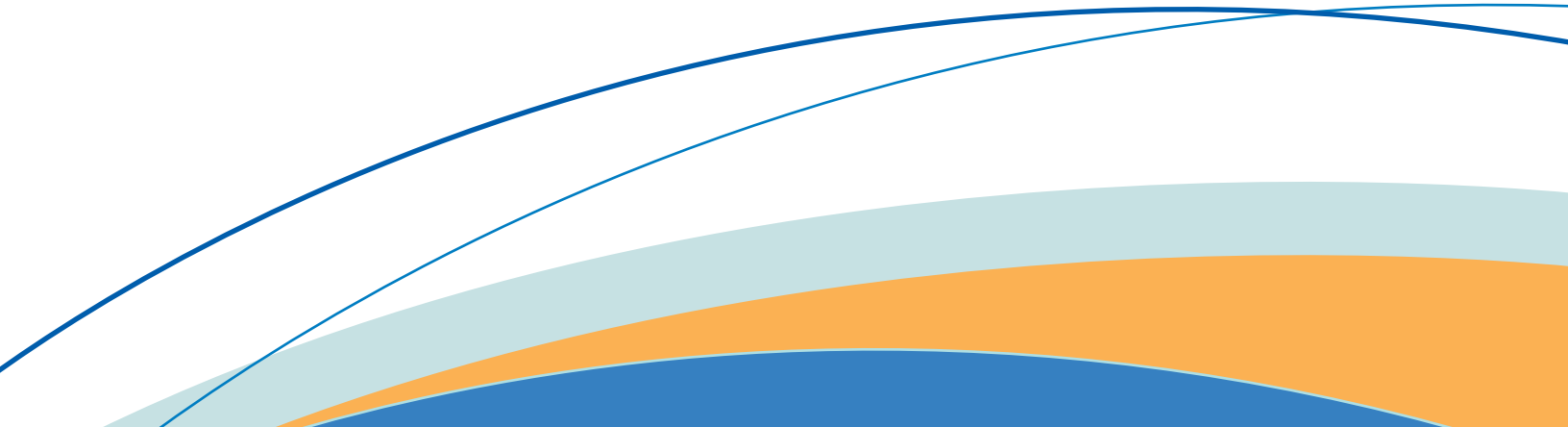


OREGON Youth
Sexual
HEALTH
PLAN 



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Sexual health is connected to overall community well-being. Building and strengthening all community infrastructure – providing quality education and livable wages; maintaining affordable housing; and enhancing mental health, family and social support systems – is important for youth sexual health.





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For supporting documentation please refer to the Youth Sexual Health Plan Appendices.



Oregon Youth Sexual Health Plan

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Executive Summary



The Oregon Youth Sexual Health Plan is a guide for planning programs, advocating for policy, procuring funding and educating stakeholders to support the sexual health of Oregon's youth. It emphasizes adults' responsibility to ensure availability of accurate information, skill-building opportunities and quality health services for all youth. It also recognizes youth must be centrally involved in defining their own needs and identifying programs and policies that support their health.

The sexual health plan arose in response to the rising incidence of teen pregnancy and child poverty. Since 1994, Oregon has formally addressed teen pregnancy through collaborative efforts. Supported by the Governor's Office and a variety of health partners' coordinated efforts, Oregon formed a statewide Teen Pregnancy Prevention Sexual Health Partnership (TPP/SHP) in 2005. TPP/SHP created this strategic action plan to address youth sexual health in a holistic manner.

Youth actively contributed to this plan in order to define their needs and to identify programs and policies that meet those needs. Youth need to feel empowered, hopeful and valued by their community; this support system will better equip them to make positive choices about sexual health.

It is essential to support teens in making healthy, positive choices in order to avoid negative outcomes

such as unintended pregnancy, sexually transmitted infections and sexual violence. A holistic approach to sexual health supports physical, emotional, mental and social well-being in relation to sexuality. As a result, the plan recognizes and advocates policies that help reduce poverty, discrimination, gender inequities and gender role expectations, and cultural assumptions of heterosexuality.

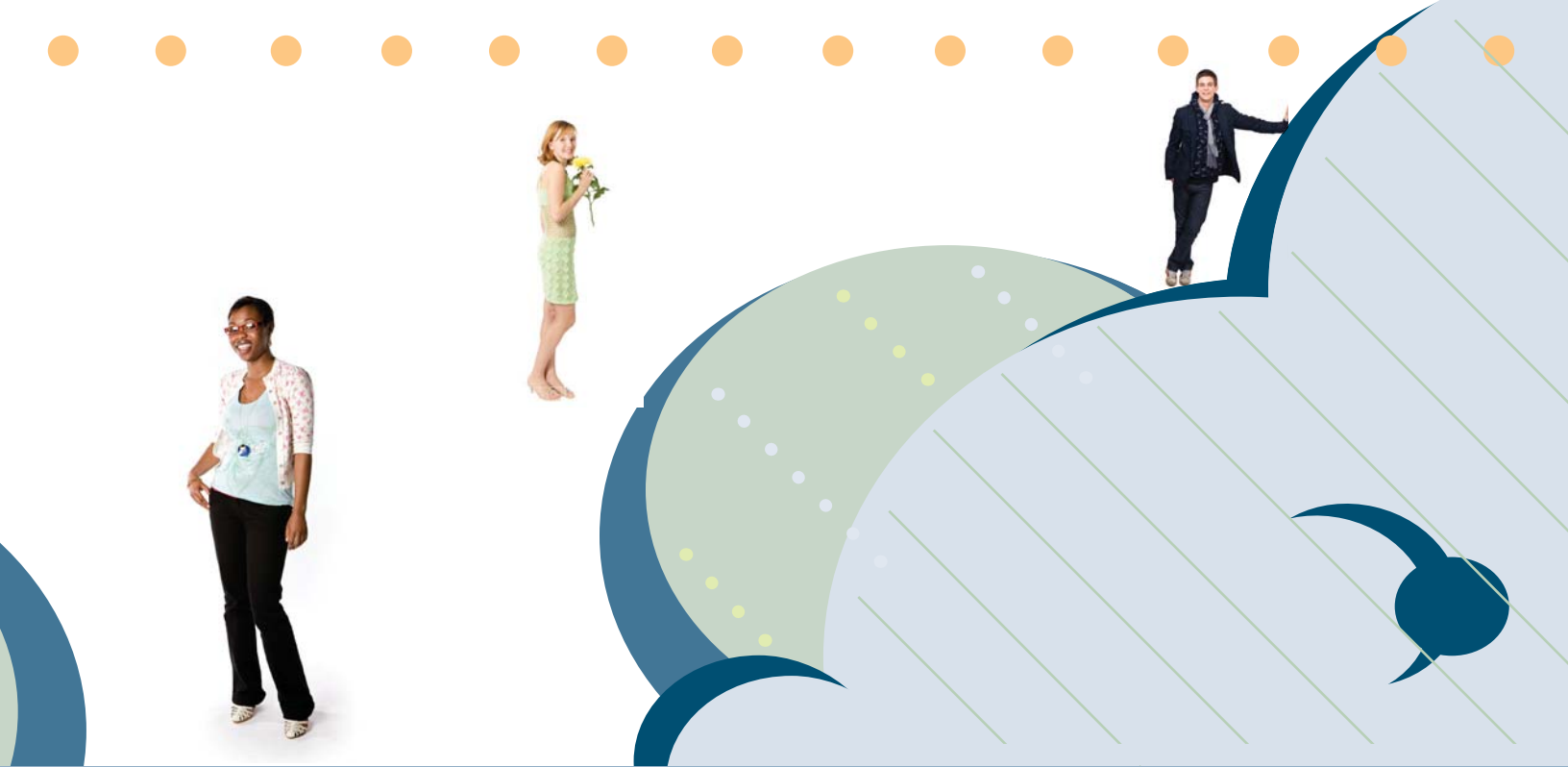
The plan includes five overarching goals:

- Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health.
- Sexual health inequities are eliminated.
- Rates of unintended teen pregnancy are reduced.
- Rates of sexually transmitted infection are reduced.
- Non-consensual sexual behaviors are reduced.

In order to accomplish these five goals, the plan suggests the following objectives:

1. Infrastructure

Build a state and community infrastructure that sustains the delivery of sexual health programs and services and strengthens the community's well-being. This includes both physical structures such as clinics and organizational structures such as collaborations between community and government partners.



2. Policy

Develop evidence-based policies to provide direction, guide resources, encourage consistency, create accountability and help coordinate efforts in supporting youth sexual health.

3. Health Inequities

Ensure access to health care for all youth and community members to eliminate disparate rates of unplanned pregnancy and sexually transmitted infection.

4. Youth Development

Create and promote positive opportunities and connections for youth by engaging them as partners in decision making. A collaborative approach helps youth gain self-worth and see the value of community engagement – both of which are essential to overall health and sexual well-being.

5. Education for Youth and Families

Teach youth to think critically and assert their personal values that will help them reconsider or reject cultural and media messages with negative or stereotypical sexual images. Youth need both peer and adult mentors who provide positive messages and education that promotes healthy sexuality. Adults need to learn as much as possible about the youth culture, especially to help youth communicate confidently and positively about sex and other issues.

6. Services for Youth and Families

High-quality health services to youth need to be accessible, nonjudgmental, developmentally appropriate and youth-friendly. Youth tend to thrive when they get accurate information, feel safe to ask questions and express views, and feel trusted to make the best choices for themselves.

7. Data

Educate community members to effectively use evidence-based research in order to improve youth sexual health. Obtain data from all groups of youth, including those that are often marginalized or under-represented.

8. Assurances

Commit to taking action to promote youth sexual health by creating, supporting and enforcing policies that guarantee high-quality sexual health programs that are available to all.

Oregonians express a wide range of views about the most effective way to approach youth sexuality. We hope the Oregon Youth Sexual Health Plan will foster ongoing dialog and sustained efforts to promote youth well-being statewide through the development of concrete plans and policies. The plan provides a framework and a starting place for communities to address youth sexual health.

Expanding Our Approach

From Teen Pregnancy Prevention to Sexual Health, Safety and Well-being

As all youth transition into adolescence, they experience important physical, psychological and social changes. It is an exciting time. Youth develop more complex communication and relationship skills, define their identities and engage their communities in new ways. They are actively formulating ideas, attitudes and behaviors related to sexuality.

Historically, most sexual health interventions and sex education curricula focused on the prevention of negative outcomes: unplanned pregnancy, sexually transmitted infections (STIs), sexual violence and abortion. It is important to help young people avoid these outcomes. However, fostering sexual health involves more. For example, the World Health Organization offers a holistic definition with a focus on wellness (see glossary). To foster sexual health we must unequivocally communicate to young people that sexuality is a natural part of human experience.

Central to this effort is the recognition that sexual health outcomes are affected by more than individual decision making. Research indicates that sexual behaviors and outcomes are heavily influenced by structural factors including: (1) poverty and discrimination that can severely compromise family and community support systems; (2) gender inequities and

gender role expectations; and (3) the assumption that everyone is or should be heterosexual. Effective efforts to promote sexual health advance socioeconomic and gender equality, challenge definitions of what it means to be male or female and encourage openness to sexual diversity.

The 2009 Oregon Youth Sexual Health Plan reflects a positive approach to working with young people to improve their sexual health. It focuses on promoting comprehensive well-being, rather than simply avoiding negative outcomes. When young people feel valued by their communities, have hope for the future, and are confident their actions make a difference, they are better-equipped to make positive choices about sexual health. Many people and programs in Oregon already incorporate this youth development/health promotion philosophy. For others, adopting this approach may require adjustments in thinking, language, programs, policies and measurement.

This plan emphasizes adults' responsibility to ensure availability of accurate information, skill-building opportunities and quality health services for all. It also recognizes youth must be centrally involved in defining their own needs and developing programs and policies. It aims to incorporate all young people, recognizing that past efforts have not served or included all groups well. It also conveys trust that young people will make responsible decisions when they feel part of communities that support them. In an effort to be responsive to the input of Oregonians and efficiently organize the efforts of this plan, a logic model has been employed.

A logic model is a systematic and visual way to present and share understanding of the relationships among the resources available to operate a program.



.....

The purpose of a logic model is to provide stakeholders with a road map describing the sequence of related events connecting the need for the planned program with the program's desired results. Mapping a proposed program helps visualize and understand how human and financial investments can contribute to achieving the intended program goals and can lead to program improvements. The logic model for the Oregon Youth Sexual Health Plan uses the following elements:

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How A Logic Model Works

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Inputs

The human, financial, organizational and community resources a program has available to direct toward doing the work. Sometimes this component is referred to as resources.



Objectives

How the program uses the inputs/resources. Objectives are the processes, tools, events, technology and actions that are an intentional part of program implementation. These interventions are used to bring about the intended program changes or results.



Outcomes

The direct product of program objectives. The outcomes reflect specific changes in program participants' behavior, knowledge, skills, status and level of functioning. Short-term outcomes should be attainable within one to two years, while longer-term outcomes should be achievable within a three-plus year timeframe. The logical progression from short-term to long-term outcomes should be reflected within about five to 10 years.



Oregon Youth Sexual Health Logic Model

Inputs

- > Young people, parents and other community members statewide.
- > Community partners and government agencies' staff.
- > County, state, federal and foundation funds.
- > TPP/SHP advisory council.
- > State statutes related to health, education and minors' rights.
- > Oregon Healthy Teens Survey and other data sources.
- > Community-based services.

Objectives

- > Build state and community infrastructure.
- > Develop supporting policies.
- > Address health inequities.
- > Promote youth development and opportunities.
- > Provide education and skill building for youth and families.
- > Provide services for youth and families.
- > Collect and monitor data.
- > Measure effectiveness.

Outcomes

SHORT-TERM (1-2 YEARS)

- > Parents, educators, community members and policymakers show increased knowledge of and support for a positive approach to youth sexual health, youth development principles, access to sexual health services and comprehensive sexuality education.
- > Underrepresented and underserved youth are meaningfully engaged in planning and services.
- > Communities demonstrate authentic engagement to ensure ongoing youth contribution to decision making and strengthen young people's community connections.
- > All communities show increased capacity to provide comprehensive, developmentally appropriate sexual health education and services in environments that support their needs.
- > Youth and families demonstrate skills and confidence communicating about sexual health.
- > Data collection tools are improved and implemented uniformly, ensuring inclusion of all populations.
- > Monitoring and evaluation are used to improve service delivery and outcomes.

MEDIUM-TERM (3-5 YEARS)

- > Public and private resources sustain infrastructure to provide family and community support for youth development, sexual health services and comprehensive sexuality education.
- > Evidence-based policies and programs are implemented with fidelity statewide.
- > Youth participation in comprehensive sexual health education and services increases.
- > Youth feel respected and supported with regard to sexual health.
- > Accurate data drive decision making, policies and services at local and state levels.

LONG-TERM (5+ YEARS)

- > Youth use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health.
- > Sexual health inequities are eliminated.
- > Rates of unintended teen pregnancy are reduced.
- > Rates of sexually transmitted infection are reduced.
- > Non-consensual sexual behaviors are reduced.



Objectives for State and Community Action

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The plan is organized around eight objectives identified in the research and through community input. These areas focus the work, determine where to dedicate resources and provide a framework to guide local and state planning and decision making.
.....

1. Build State and Community Infrastructure

Overview

Infrastructure is the organizational structure upon which the delivery of sexual health programs and services are dependent. It supports the people and institutions that provide sexual health promotion. It includes physical structures such as schools and clinics as well as organizational structures such as community groups, and federal, state and local governments. Relationships are a crucial infrastructure component. Collaboration multiplies the effects of our efforts, and trusted contacts connect individuals to needed information and services. Infrastructure also includes planning processes and plans such as this one. A solid infrastructure ensures the foundation for programming and service delivery.

Community investment in infrastructure sends a message to youth that adults respect and value them as important members and citizens capable of making thoughtful decisions to advance their well-being and contribute to the community.

Sexual health is connected to overall community well-being. This includes building and strengthening all community infrastructure, providing quality education and livable wages, maintaining affordable housing, and enhancing mental health, family and social support systems.

Outcomes

- Sustainable public and private resources support infrastructure to further youth development, sexual health services and comprehensive sexuality education; and
- Parents, educators, community members and policymakers show increased knowledge of and support for a positive approach to youth sexual health, youth development principles, access to sexual health services and comprehensive sexuality education.

Strategies

Dedicate funding from federal, state and local governments, foundations and other sources for:

- School- and community-based comprehensive sexuality education and youth development programs;
- School- and community-based health services;
- State-level coordination of youth sexual health promotion;
- Resources and technical support for program development;
- Research, evaluation and enforcement; and
- Training educators, service providers, law enforcement and policymakers to increase knowledge, comfort and skills in taking a positive youth development approach to youth sexual health.

Build collaborative relationships among youth, parents, faith communities and other community groups, service providers and policymakers in order to:

- Increase awareness and promotion of youth sexual health issues and community resources;
- Expand services and increase effectiveness;
- Build support for people who work on youth sexual health issues; and
- Ensure input and participation from a broad spectrum of people.

2. Develop Supporting Policy

Overview

Policies at all levels, from local communities to the federal government, have important effects on youth sexual health. Policies provide direction, guide resources, encourage consistency, create accountability and help coordinate efforts. Effective policies are the product of public processes that allow us to outline shared values and goals, taking into account multiple perspectives and ample information. In Oregon, important regulations that affect youth sexual health include federal, state and local rules related to sexuality education, policies governing access to family planning services (including emergency contraception), professional standards for providers and documentation requirements for access to care.

On a larger scale, policies on welfare, mandatory minimum sentencing and immigration have had significant effects on families, especially in communities of color. The long-term consequences of felony convictions on employment and housing opportunities also affect family stability. Improving these policies is important to consider in a holistic approach to sexual health.

This plan articulates the need for developing and supporting new policies as well as defining overarching goals to include in all policy design. Funding often creates a critical barrier to effective policy implementation. Including provisions for sustainable funding within policies themselves is one way to avoid creating unfunded mandates.

Outcomes

- Policies support evidence-based programs that are implemented with fidelity statewide.

Strategies

- Include youth participation as critical to the creation and implementation of policies that affect youth sexual health.
- Fund evidence-based strategies that reflect a positive approach to youth sexual health.

- Ensure policies consider local community values and needs, and are inclusive of all populations.
- Guarantee access to sexual health care for all youth, regardless of documentation status or income.
- Educate communities about existing laws that provide youth confidential access to medical, reproductive and mental health services.
- Align state statute with administrative rules to require comprehensive, age-appropriate sexuality education (K-12) and provide funding to implement the revised statute.
- Ensure schools offer comprehensive sexual health services.



Objectives for State and Community Action

3. Address Health Inequities

Overview

Disparities in health outcomes reflect broader societal inequities that jeopardize community well-being throughout the United States and in Oregon. Family income, age, race, gender identity, ability, sex, immigration status, sexual orientation, ethnicity and geography all influence youth sexual health outcomes. To eliminate disparate rates of unplanned pregnancy and sexually transmitted infection, policies and programs must address underlying inequalities as well as providing more equitable services.

As Oregonians, we have the ethical obligation and the economic incentive to act strategically to address and eliminate health inequities. Eliminating inequities requires financial investments and innovations in policies, programs and services, as well as individual and collective commitment.

Ensuring access to care for all means taking into account the unique and shared needs of different groups: Will new strategies for schools to be more welcoming for Latino young men help them stay in

- In 2006, African Americans accounted for 69 percent of reported cases of gonorrhea. In that same year, American Indians/Alaska Natives had the second-highest gonorrhea rate (138.3 per 100,000), followed by Hispanics (77.4), whites (36.5), and Asians/Pacific Islanders (21.1). In 2006, there were increases in gonorrhea rates among all racial and ethnic groups, except Asians/Pacific Islanders.¹ (For all references, see Appendices document.)
- People with developmental disabilities are four to 10 times more likely to be sexually assaulted than people without developmental disabilities.²⁻⁴
- Of Oregon school-based health center clients aged 14-19, 82 percent of reproductive health related visits were made by females and 18 percent by males.⁵
- According to one study, 26 percent of gay teens were kicked out of the house when they came out. It's estimated that 20 percent to 40 percent of homeless youth are lesbian, gay, bisexual, transgender or questioning (LGBTQ).⁶

school and successfully plan parenthood? What helps providers offer respectful, quality care to transgender youth? How do stereotypical media images influence attitudes toward African-American young people? How can recent immigrant parents and youth receive youth sexual health information that meets their linguistic and cultural needs? How can we support connections with traditional values that help Native American young people promote their own sexual health?

Outcomes

- Underrepresented and underserved youth and community members are meaningfully engaged in planning and services; and
- Health inequities are eliminated.

Strategies

- Take action to eliminate systemic social inequities related to employment, housing, education and poverty;
- Increase culturally sensitive research and evaluation focused on identifying needs, assets and ways to effectively serve diverse populations;
- Expand evidence-based programs shown to be successful at reducing health inequity, such as culturally specific community outreach, mobile clinics and locally tailored services;
- Ensure that programs are guided by meaningful input from underserved and underrepresented youth;
- Build providers' capacity to offer culturally specific care for everyone in their communities;
- Expand comprehensive health services statewide;
- Connect underserved populations to programs and resources; and
- Develop a sexual health work force that reflects community diversity.

4. Promote Youth Development and Opportunities

Overview

All youth have much to offer. The Positive Youth Development philosophy emphasizes that communities can best support young people's growth and help them avoid negative outcomes by providing all youth with meaningful opportunities for enrichment at every stage of life. Youth thrive when they build skills, exercise leadership, form relationships with caring adults and help their communities. Services employing a youth development approach engage youth as collaborative partners, rather than seeing them as having problems to be "fixed." During the development of this plan, participants in community forums emphasized the importance of having more positive and less stereotypical messages about young people, especially in the media.

Creating and promoting positive opportunities and connections for youth helps them avoid harmful behaviors and develop self-efficacy and community commitment. Youth development stresses a holistic focus that considers individual and community factors as crucial in promoting well-being. With support and resources, youth gain knowledge, skills and confidence to make thoughtful decisions in all areas of their lives and to contribute to society.

Youth participation is essential for successful youth sexual health promotion. When youth and adults work in partnership to create policies and programs, the results reflect the real needs of young people and are more likely to engage other youth. Young people contribute to programs as peer educators, mentors, paid staff, school and/or community board members, action researchers and participants in curriculum selection or media/message development.

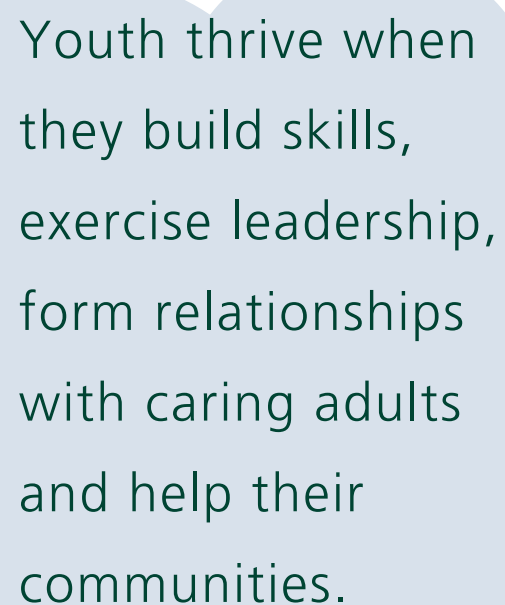
Outcomes

- Parents, educators, community members and policymakers show increased knowledge of and support for youth development principles;
- Authentic engagement ensures ongoing youth contribution to decision making and strengthens young people's community connections; and

- Youth feel respected and supported with regard to sexual health.

Strategies

- Provide training for adults in positive youth development theory and practice to help them more effectively engage young people;
- Increase the use of positive youth development methodology among program leaders and stakeholders;
- Involve diverse stakeholders in developing theory, research and programming using multifaceted and integrative models of adolescent development and youth sexual health;
- Act on youth feedback to improve collaborative partnerships;
- Develop and involve youth leaders who reflect community diversity by identifying and engaging underrepresented groups such as incarcerated youth, teen parents, young men, people of color, lesbian, gay, bisexual, transgender and questioning (LGBTQ), low income, youth with disabilities and others; and
- Promote safe and inviting home and community environments for youth to explore sexual health issues and voice opinions.



Youth thrive when they build skills, exercise leadership, form relationships with caring adults and help their communities.

Objectives for State and Community Action

5. Provide Education and Skill Building for Youth and Families

Overview

All young people benefit from exposure to positive messages about people of all races, abilities, family structures, sexual orientations and backgrounds. Support and encouragement help youth pursue their dreams. Adolescence is a crucial period in physical, psychological and social development when young people are honing their abilities to make decisions, think critically and form and assert their own values. Access to information and opportunities to build skills are key components of lifelong sexual health.

Deschutes County youth action researchers report youth want sexuality education to include more information about topics such as sex, relationships, gender roles and stereotypes and sexual orientation.

This plan promotes opportunities for learning and skill building community-wide. Youth who participated in statewide community forums and action research in Multnomah County noted the importance of peers as sources of information and influence regarding sexual health. Adult mentors can provide crucial support and guidance. Through media, youth are overwhelmed with sexual images that many consider negative or stereotypical. Partnerships among youth, parents, faith communities, the media, community-based organizations and other groups can provide messages and education that reinforce healthy sexuality. Collaborative efforts offer the opportunity to reach more youth, including those not in schools or not living with their parents.

Adults also benefit from learning and practicing new skills. Keeping up with changing youth cultures can be a challenge. Many adults feel especially hesitant when it comes to talking about sexuality with young people and may not have had access to education or



opportunities their children now have. Helping parents and youth communicate confidently and positively is crucial to improving youth sexual health.

Outcomes

- Parents, educators, community members and policymakers show increased knowledge of and support for a positive approach to youth sexual health and comprehensive sexuality education;
- All communities show increased capacity to provide comprehensive, age-appropriate sexual health education;
- Youth and families demonstrate skills and confidence communicating about sexual health; and
- Youth participation in comprehensive sexual health education increases.

Strategies

- Engage youth, parents and other adults as partners in promoting youth sexual health;
- Increase young people's sexual health knowledge, skills and self-confidence;

- Use young people to educate peers and adults;
- Require and fund age-appropriate comprehensive sexuality education beginning in elementary school;
- Require age-appropriate comprehensive sexuality education that acknowledges sexuality as a natural, healthy part of being human and addresses healthy relationships, gender and sexual orientation, stereotypes, abstaining from or delaying sex, communication, decision making, pleasure, contraception, sexual protection, peer pressure, human development and community resources;
- Use evidence-based comprehensive sexual health curricula and programs;
- Broaden comprehensive sexuality education access and services through faith communities, employment programs, juvenile justice, foster care, families, community centers and schools;
- Ensure information is inclusive of all people and communities and is accessible in multiple languages, formats and locations;
- Provide educational opportunities for educators, parents and other adults to gain knowledge and skills for communicating with youth about sexual health;
- Engage media to promote youth sexual health; and
- Promote media literacy to encourage critical thinking about sexual images and stereotypes in popular media.

6. Provide Services for Youth and Families

Overview

Access to high-quality services is essential to youth sexual health, safety and well-being. Nonjudgmental and youth-friendly environments help young people feel motivated and safe to ask questions and express themselves. Receiving accurate and complete information, as well as being trusted to make informed and responsible decisions, encourages youth to act in ways that promote their own well-being.

Effective services incorporate research on topics such as brain development and social development, which explore the complexity of adolescent growth. Broadening our definition of sexual health and the notion of how services are provided will help reach more youth with comprehensive information and care. Essential services

include mental health care, life skills development, comprehensive sexual health information and education, contraceptive options and services, sexually transmitted infection (STI) testing and treatment, pregnancy testing and services for pregnant and parenting teens.

Educating and supporting service providers who work with youth improves quality of care and helps make this work sustainable. Developing the skills of parents and others who interact with youth empowers communities to support and connect youth with sexual health information and care through multiple avenues.

Outcomes

- Parents, educators, community members and policymakers show increased knowledge of and support for access to sexual health services;
- All communities show increased capacity to provide comprehensive services in supportive environments; and
- Utilization of sexual health services by youth increases.

Strategies

- Promote universal mental and physical health care that includes comprehensive sexual health services;
- Providers and other adults deliver sexual health services that are informed, nonjudgmental, youth-friendly and culturally sensitive;
- Referrals are available and accessible if schools or other providers elect not to provide a given service;
- Create supportive work environments to sustain staff who are knowledgeable and experienced in working with youth;
- Ensure sexual health services are welcoming to all and are offered within and beyond traditional health care settings;
- Solicit and respond to youth feedback to improve services;
- Involve youth, parents and other adults in promoting sexual health services;
- Expand school-based health services and ensure they provide or link students to comprehensive sexual health care; and
- Use creative strategies (Internet, video, cable access, etc.) and youth voices to increase awareness of youth sexual health issues and use of services.

Objectives for State and Community Action

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The Oregon Healthy Teens (OHT) Survey is administered annually to nearly one-third of Oregon's eighth and 11th graders. In 2007, the OHT collected information from about 28,000 young people in Oregon. Participating students came from 275 schools in 33 counties.⁷
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7. Collect and Monitor Data

Overview

Health promotion efforts increasingly emphasize the use of data and an “evidence-based approach.” Well-conducted research helps identify needs and successes, offers a reliable means of determining effectiveness and suggests possible improvements. In working to promote youth sexual health, such efforts employ data from program evaluations, vital records, youth-led action research, random-sample questionnaires such as the Oregon Healthy Teens Survey, and qualitative (non-numeric) information gathered from community forums.

Numbers and statistics can be overwhelming. Educating community members, including youth and policymakers, to be efficient, critical analysts of research and statistics is an important step toward effectively using data to improve youth sexual health.

The potentially sensitive nature of youth sexual health information can make data collection complex. Obtaining useful and accurate information from small populations such as American Indians, or often -marginalized groups such as lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth, is important. Most data in the field of youth sexual health reflect a historical approach focused on preventing negative outcomes: STIs, unintended pregnancy and abuse. Future challenges include developing ways to collect data that incorporate a positive, comprehensive approach that serves all groups.

Encouraging programs to share challenges and successes with one another improves quality and efficiency.

Outcomes

- Data collection tools are improved and implemented uniformly, ensuring inclusion of all populations; and
- Accurate data drive decision making, policies and services.

Strategies

- Involve researchers who are representative of diverse communities, and ensure research is developed and implemented in a culturally competent manner;
- Educate program planners, policymakers and community members to critically analyze and effectively use data to ensure implementation of evidence-based approaches;
- Implement data collection and dissemination in ways that ensure usefulness to, and inclusion of, all groups;
- Use new technology to more effectively collect data;
- Incorporate multiple science-based sources and data formats, and include qualitative and quantitative data;
- Provide incentives for schools and local entities to increase participation in data collection;
- Develop new strategies to measure outcomes within a framework of comprehensive sexual health for youth; and
- Increase access to data and local program results, including via a central, Internet-based system.



8. Assurances and Measured Effectiveness

Overview

Assurances declare our commitment as a community to take action to promote youth sexual health. Sexual health is everyone's issue, not just parents, educators, health care providers or the government. The first step is to outline intentions and expectations in the form of policies. The next steps include a guarantee that programs and services are high quality and available to all. Increasing awareness of existing policies and programs expands access for community members. Monitoring, support, evaluation and enforcement ensure effective programs and services are implemented as designed and achieve intended outcomes across the state.

Outcomes

- Sustainable public and private resources support infrastructure to further youth development, sexual health services and comprehensive sexuality education;
- Evidence-based policies and programs are implemented with fidelity statewide;
- Monitoring and evaluation are used to improve service delivery and outcomes.

Strategies

- Promote and enforce policies and programs that support youth sexual health and ensure public accountability for young people's well-being;
- Provide funding for effective implementation and monitoring of comprehensive sexuality education and other health services that guarantee fidelity and improve programming;
- Increase the capacity and competence of the youth sexual health work force to effectively address young people's needs;
- Evaluate the effectiveness, accessibility and quality of youth sexual health programs and services;
- Link youth to education and sexual health services and ensure access to comprehensive, quality care;
- Increase avenues for youth input to ensure their sexual health needs are met; and
- Support research on gaining new insights and innovative strategies to promote youth sexual health, reduce health inequities and address the needs of underserved communities.

Sample Community Action Plan

Plan Objective: Services for Youth and Families

OUTCOME 1

Parents, educators, community members and policy-makers show increased knowledge of and support for access to sexual health services.

Strategy A

Promote universal mental and physical health care that includes comprehensive sexual health.

Community Action Plan Activities:

- Advocate and educate Legislature for universal health care;
- Support State Children's Health Insurance Program (SCHIP) expansion;

- Collaborate with other groups to advocate for comprehensive health care reform;
- Advocate for adequate funding for Title X family planning programs to ensure care for the people who are uninsured or ineligible for Medicaid;
- Expand mental health and psychosocial services at school-based health centers;
- Expand school-based health centers or other forms of health care delivery systems that reach the uninsured; and
- Expand the Family Planning Expansion Project (FPEP).

Strategy B

Involve youth, parents and other adults in promoting sexual health services.



Community Action Plan Activities:

- Publicize policy on confidentiality of services;
- Create “virtual” clinic tours;
- Set up a booth at state and county fairs to educate about health careers;
- Use peer education as a career development skill;
- Organize a concert or youth-led health fair and provide healthy sexuality information (perhaps culturally specific: hip-hop, pow wow, etc.);
- Organize an educational campaign about emergency contraception;
- Increase opportunities for youth/parent/adult socializing;
- Mobilize youth to support and advocate for school-based health centers with school boards, PTA, etc.;
- Elect youth sexual health advocates to school boards;
- Advocate for youth representation on school boards;
- Help youth and adults develop advocacy skills; and
- Organize regular community forums as links to action (community action boards).

Strategy C

Use creative strategies (Internet, video, cable access, etc.) and youth voices to increase awareness of youth sexual health issues and use of services.

Community Action Plan Activities:

- Create curriculum for out-of-school youth regarding: self-care, accessing services;
- Increase “street” outreach;
- Create a sexual health “vodcast” (short video on the Internet) written by and for youth;
- Create interactive Web sites;
- Participate in free trainings through local cable access programs and produce shows;
- Organize community forums featuring youth sharing their experiences;
- Set up a “MySpace” page and use social networking sites or blogs (online discussions);

- Use peer education or teen theatre;
- Organize youth to provide education for parents and providers;
- Conduct “action research” with youth;
- Create youth-designed public service announcements for TV and radio;
- Collaborate with school-based health-career programs; and
- Integrate sexual health information into sports, YMCA/YWCA, Boys and Girls Clubs, faith communities, beauty shops, etc.

OUTCOME 2

All communities show increased capacity to provide comprehensive services in work environments that support their staff.

Strategy A

Ensure providers and other adults deliver sexual health services that are informed, nonjudgmental, youth-friendly and culturally sensitive.

Community Action Plan Activities:

- Provide education on shifting from negative to positive approach to sexual health;
- Engage community to implement culturally specific, evidenced-based programs;
- Identify and educate service providers to provide culturally sensitive services;
- Educate faith community leaders as “youth sexual health” advocates; and
- Institute a requirement for social service and teaching degree programs that would prepare graduates to provide comprehensive sexual health education.

Strategy B

Ensure referrals are available if schools or other providers elect not to provide a given service.

Community Action Plan Activities:

- Create policies to ensure referrals will be given without judgment;

Sample Community Action Plan

- Inform school nurses, school counselors and school-based health center workers of resources available to students in the community regarding sexual health and pregnancy; and
- Allocate time during staff meetings and annual conferences to receive non-biased training.

Strategy C

Create supportive work environments to sustain staff who are knowledgeable and experienced in working with youth.

Community Action Plan Activities:

- Advocate for reasonable salaries and benefits for all staff;
- Provide ongoing work force development and professional development opportunities;
- Create a diverse work force with ongoing support and training to promote workplace equality and respect at all levels;
- Provide staff training to address unconscious bias or judgmental attitudes and support youth development philosophy;
- Offer flexible schedules;
- Encourage self-care and healthy behavior of staff;
- Maintain reasonable workloads;
- Include youth staff;
- Encourage appropriate workplace fun;
- Recognize and celebrate staff accomplishments;
- Provide adequate supervision, support, coaching and mentoring;
- Engage staff in creating and fulfilling the mission;
- Hire individuals who share and support organizational goals and expectations; and
- Compensate youth staff.

Strategy D

Offer sexual health services that are welcoming to all and are offered within and beyond traditional health care settings.

Community Action Plan Activities:

- Assess availability of confidential services;
- Encourage providers to visit other community sites;
- License pharmacists to provide emergency contraceptives (EC) to women under 18;
- Provide EC to youth to have on hand in case of emergency;
- Establish clinic policy to provide emergency contraceptives;
- Connect with community clinics to enhance all types of services: good health care includes access to sexual health care;
- Institute a seamless referral system among specialized clinics; and
- Provide hormonal birth control without gynecological exams.

OUTCOME 3

Youth participation in sexual health services increases.

Strategy A

Solicit and respond to youth feedback to improve services.

Community Action Plan Activities:

- Provide clinic hours that accommodate teens' schedules;
- Encourage youth to implement projects in response to identified needs;



- Use youth-friendly décor where services are provided;
- Remove door buzzer system for friendlier access;
- Hire professional market researchers to gather information;
- Support youth in making their own healthy choices; and
- Create safe, positive community spaces and activities for youth to develop healthy relationships and feel welcome in communities.

Strategy B

Expand school-based health services and ensure they provide or link students to comprehensive sexual health care.

Community Action Plan Activities:

- Contact model school-based health centers (SBHCs) and statewide SBHC network for information and support;
- Communicate reasons that comprehensive sexual health care at SBHCs is important and effective;
- Educate community members about benefits of SBHCs and services they provide, especially with regard to sexual health (e.g., through forums, parent nights, coaches);

- Research funding options;
- Establish specific teen clinic hours through other health service providers if SBHCs are not an option; and
- Educate nursing or other health care staff to provide comprehensive, youth-friendly care.



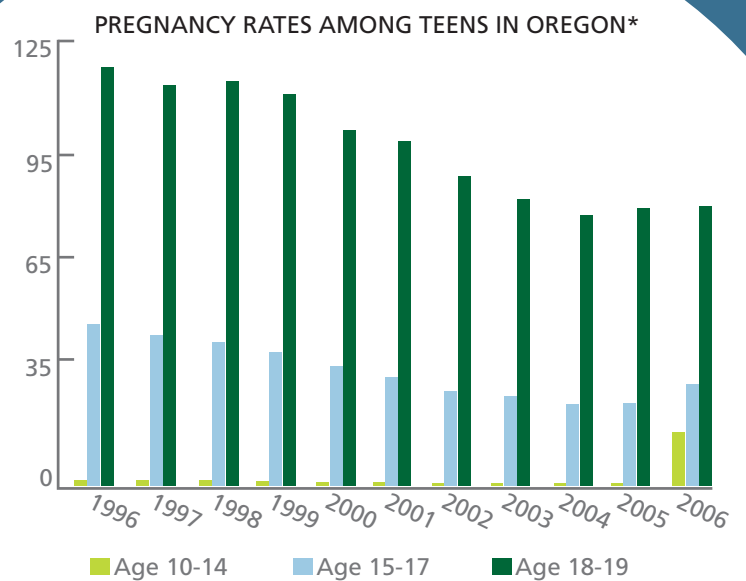
Healthy People 2010 outlines four critical objectives related to adolescent sexuality:

- * Reduce pregnancies among adolescent females.
- * Reduce number of cases of HIV infection among adolescents.
- * Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.
- * Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active.

Sexual Behavior Among Oregon 11th Graders

Year	2001	2002	2003	2004	2005	2006	2007
Had sexual intercourse	37.8%	39.3%	41.0%	41.1%	43.2%	41.2%	45.1%
Used a condom the last time had sex	65.9%	64.9%	66.4%	64.3%	66.0%	68.3%	61.0%
Used birth control the last time you had sex	84.9%	82.3%	83.3%	80.8%	83.5%	85.4%	81.0%

Oregon Healthy Teens Survey



*All Rates per 1,000 female population.
Oregon Center for Health Statistics

Chlamydia Rates Among Oregon Youth

Rates for Males PER 100,000

YEAR	CHLAMYDIA RATES		
	10 - 14	15 - 19	20 - 24
2006	7.7	418	849
2005	7.0	397	824
2004	4.6	375	757
2003	3.9	299	647
2002	5.5	291	660
2001	6.3	394	604
2000	7.2	367	644
1999	5.8	374	60
1998	7.5	346	542

Rates for Females PER 100,000

YEAR	CHLAMYDIA RATES		
	10 - 14	15 - 19	20 - 24
2006	68.1	1847	1972
2005	61.4	1813	1887
2004	81.6	1760	2014
2003	83.5	1653	1761
2002	75.3	1633	1720
2001	90.2	1869	1742
2000	107.3	1868	1605
1999	96.8	1716	1490
1998	123.2	1648	1388

Source: Oregon Sexually Transmitted Disease Program
 *Rates for 15-19 and 20-24 year olds are rounded to the nearest whole number.

Number and Year of First HIV Diagnosis Among Oregon Youth

Males

YEAR	HIV COUNT		
	10 - 14	15 - 19	20 - 24
2006	0	0	10
2005	1	1	10
2004	0	1	8
2003	0	2	4
2002	0	0	5
2001	0	0	2
2000	0	1	3
1999	0	1	7
1998	0	2	2

Females

YEAR	HIV COUNT		
	10 - 14	15 - 19	20 - 24
2006	0	1	1
2005	0	0	1
2004	0	0	2
2003	0	5	3
2002	0	2	2
2001	0	0	1
2000	0	1	6
1999	0	2	0
1998	0	2	2

Source: HIV/AIDS Reporting System

Sexual Health Vocabulary

The 3 Rs:

Rights: Young people have the right to accurate information and confidential health services.

Respect: Young people deserve to be respected as valued members of the community who have much to offer.

Responsibility: Young people are expected to act responsibly to safeguard their health. Society must offer young people the tools they need to do so: accurate information, confidential health services and a secure stake in the future.

Abstinence: In terms of sexual health, no oral, anal or vaginal sex, including any sexual/genital contact that may involve the exchange of bodily fluids and could result in a pregnancy or sexually transmitted infection (STI).

Abstinence-based education: Programs that emphasize abstinence and in addition offer complete, balanced and medically accurate information about the benefits of condom use and other forms of contraception.

Abstinence-only education: Programs that emphasize that abstinence, when practiced consistently and correctly, is the only 100 percent effective way to prevent unintended pregnancy, reduce risks of contracting STIs, as well as HIV/AIDS and Hepatitis B and Hepatitis C (when transmitted sexually). Information about the benefits of condoms and contraceptives is not included in these programs. For a more detailed description, see Title V section 510 of the Social Security Act for criteria for abstinence program funding.

Abstinence-only-until-marriage: Abstinence-only education that includes the message that sex in the context of a heterosexual marriage is the expected standard.

Action research: A reflective process of investigation

and problem solving led by community members, guided by professional researchers, with the aim of improving knowledge and practice in their communities.

Age-appropriate: Curricula designed to teach concepts, information and skills based on the social, cognitive, emotional and experience level of students. (Oregon Administrative Rule #581-022-1440)

Adolescent: A person in the developmental transition from childhood to adulthood between the ages of 10 and 24. Term is used interchangeably with teen.

Comprehensive sexual health services: Providing confidential information and skill building to help men and women make informed choices about relationships and sexual health, as well as reproductive system exams (pap, pelvic, breast, testicular), prescriptions for contraceptives, provision of condoms, pregnancy testing and options counseling, STI testing and treatment (including HIV), and prenatal care. Comprehensive services include prevention and health maintenance.

Comprehensive sexuality education: School-based comprehensive sexuality education programs (as defined by Oregon Administrative Rules) are age-appropriate programs offered in K-12 settings, annually in grades 6-8, and at least twice during grades 9-12, that emphasize abstinence, but also include education about condoms and contraceptives. Such programs are skills-based and provide information that is complete and medically accurate and includes the risks and benefits of condom and contraceptive use. Comprehensive sexuality education promotes both risk elimination and risk reduction strategies. It uses culturally and gender-sensitive materials, language and strategies that recognize different gender identities and sexual orientations. Opportunities are provided for young people to develop and understand their own values, attitudes and beliefs about sexuality as a means of exercising responsibility regarding sexual relationships.

Developmentally appropriate: A perspective within education whereby a teacher or youth caregiver nurtures a youth's social/emotional, physical and cognitive development by basing all practices and decisions on 1) theories of youth development, 2) individually identified strengths and weaknesses of each youth uncovered



through authentic assessment and 3) the youth's cultural background as defined by his or her community, family history and family structure.

Developmentally appropriate sexuality education:

Curricula designed to teach concepts, information and skills based on the social, cognitive, emotional and experience level of students.

Evidence-based: Programs using elements that have a scientifically demonstrated history of having the desired effects on participants. Consideration should be given to the quality of evidence based on the type and number of research studies supporting the relevant findings.

Fear-based: Strategy employed to cease an undesired behavior by using information and objectives that exaggerate the negative consequences of said behavior. Not all curricula or objectives that describe risks of sexual activity can be considered fear-based.

Fidelity: Degree to which programs are implemented as intended by program developer.

Healthy People 2010: A U.S. Department of Health and Human Services, Office of Disease Prevention and Promotion, statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.

Male involvement: Strategies or programs that provide opportunities and encouragement for males to be actively involved in youth sexual health issues. This may include providing services for boys and young men that are gender appropriate and welcoming, encouraging young men as leaders in sexual health promotion and incorporating efforts to eliminate rigid gender roles into work on sexual health.

Medically accurate: Information that is established through use of scientific methodology. Results are measured, quantified and replicated to confirm accuracy. In addition, the information is reported or recognized in peer-reviewed journals or other authoritative publications.

Positive youth development: Providing services, opportunities and support to all young people to enable them to develop a sense of competence, usefulness, belonging and empowerment. This approach works best when communities include young people in creating a continuum of services and opportunities that youth need to grow into healthy adults. All youth

need 1) a healthy start, 2) caring relationships with adults, 3) safe places and structured objectives, 4) marketable skills from education and 5) opportunities for community services.

Science-based: Programs and interventions based on theoretical approaches that have been shown to be effective in achieving the intended outcomes. Evaluation based on studies using scientifically based designs; results published in recognized, peer-reviewed journals.

Sexual health: The integration of the physical, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love. Sexual health includes not only the physical aspects of sexual development and reproductive health, but also valuing one's own body, developing interpersonal skills to achieve meaningful relationships, interacting with others in a manner that reflects respect and equality and expressing love and intimacy. (World Health Organization definition: Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.)

Sexual protection: Use of contraceptives and disease reduction methods that provide varying degrees of protection for those who are sexually active.

Sexually active: Engaging in behavior connected with sexual gratification or reproduction including, but not limited to, genital stimulation or genital contact.

Teen: A person making the developmental transition from childhood to adulthood, usually from 13 to 19 years of age. Term is used interchangeably with adolescent.



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