

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

The Office of Adolescent Health

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

Sharla E. Smith, MPH California Department of Education

# Appreciation and Respect

ASHWG Steering Committee

John Elfers

Paul Gibson

Robert Gilchick

Sandi Goldstein

Catherine Lopez

MJ Puffer

Karen Ramstrom

Sharla E. Smith

# Objectives

At the end of this session, participants will:

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

# Participant Quote

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

(NSM participant)

# Who Are Our Priorities?

- Turn to someone near you and discuss the youth that are the priority for your State or Tribe



# Why Integrate HIV, STD and Unintended Teen Pregnancy Prevention?

- Promotes sharing of knowledge among health and education agencies
- Provides consistent messages to young people
- Reduces programmatic gaps
- Improves efficiency of approach
- Uses resources effectively
- Increases potential effectiveness
- Elevates importance of the issue

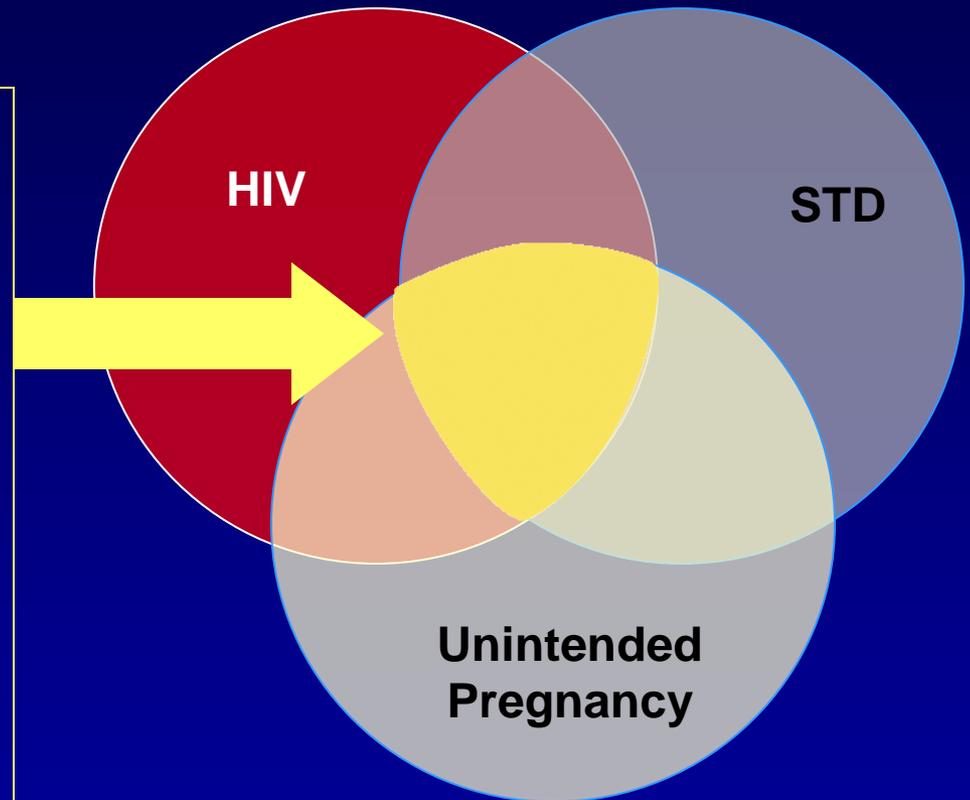
# Risk and Protective Behaviors for HIV and STD, and Unintended Pregnancy

## Risk Behaviors

- Unprotected vaginal sex

## Protective Behaviors

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



\* Male and female condoms

\*\* Alcohol and other drugs

# California Adolescent Sexual Health Work Group (ASHWG)

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

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

# ASHWG Membership

## Governmental

CA Dept. of Public Health

- MCAH
- OFP
- Office of AIDS
- STD Control Branch

CA Department of Education

- CA School Boards Association

CA Department of Alcohol & Drug Programs

## Non-Governmental

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

# California Adolescent Sexual Health Work Group

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

# California Adolescent Sexual Health Work Group

- In 2009 the priority areas were updated and new strategies, goals and objectives were identified.
- Subcommittees
  - Data & Data Integration
  - Core Competencies
  - Positive Youth Development

# Data & Data Integration

# GAMEPLAN

## Strategic Priorities for Data Goals and Objectives – all should be used to:

- Support efforts to identify and address sexual & reproductive health disparities (racial/ethnic, gender, age, sexual orientation, etc.)
- Support data-driven program planning and evaluation.
- Support evidence-based interventions to improve adolescent access to sexual and reproductive health services
- Support the principles of Youth Development
- Support Evaluation of interventions and services
- Contribute to the application of Policy
- Support funding & resources to implement ASHWG goals and objectives

## TEAM RESOURCES

**Data Integration Subcommittee:**  
 Joan Chow, Chair (STD), Jan Malvin (UCSF), Matt Facer (OA), Valerie Eckert (OA), Denise Gilson (STD), Marina Chabot (MCAH-UCSF), Paul Gibson (STD), Sandi Goldstein (CAHC), Kate Cordell (MCAH), Kathryn Horsley (CFHC), Kim West (MCAH-LA), Holly Howard (STD)

**Data Generation & Collection Tract** →

**End-User & Capacity-builders Tract** →

## STAGES/TASKS

Jan.-Jun. 2010	Jul.-Dec. 2010	2011 - 2012	Beyond
<ul style="list-style-type: none"> <li>• Define key ASHR and other related indicator data (youth development, resiliency, school drop-out, etc.) for standardized reporting</li> <li>• Identify and summarize available data sources, including Youth Development (YD) and/or resiliency data.</li> <li>• Define health service utilization data elements</li> <li>• Produce 1<sup>st</sup> integrated data tables (IDT) for 15-20 high priority local health jurisdictions</li> </ul>	<ul style="list-style-type: none"> <li>• Determine sources and processes for regular collection of defined indicator data</li> <li>• Document the need for standardized ASRH behavioral questions (including YD/resiliency) at the state and local levels</li> <li>• Define CORE ASRH behavioral/YD question set to promote to various surveys</li> <li>• Continue to produce statewide IDTs and IDTs for LHJs</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate for inclusion of standardized set of core ASRH behavioral questions in state and local surveys</li> <li>• Work closely with the CDE and the 4 school of data and add additional SRH questions to YRBS in CA</li> <li>• Continue to produce statewide IDTs</li> <li>• Continue to produce IDTs for LHJs</li> </ul>	<ul style="list-style-type: none"> <li>• Report health care utilization data for adolescents across programs, providers, and services – including behavioral risk data (e.g., standardized "scannable" data sheets and charts)</li> <li>• Continue to produce statewide IDTs</li> <li>• Continue to produce IDTs for LHJs</li> </ul>
<ul style="list-style-type: none"> <li>• Define and identify "end users" of data and bring into effort.</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the existing STD Racial/Ethnic Disparities FAQ for Trainers/Presenters to also address HIV/AIDS and Teen Birth disparities</li> <li>• Add narrative and annotation to ASHWG Integrated Data Tables</li> </ul>	<ul style="list-style-type: none"> <li>• Research, vet, and develop a compendium of trainers and training resources on use of ASRH data</li> <li>• Identify a cadre of trainers and training organizations that will conduct trainings on data utilization – including how to collect, analyze and apply data in youth programs</li> <li>• Promote and conduct trainings on districts/cities conducting YRBS to consolidate utilization of data</li> </ul>	

## SUCCESS FACTORS

For goal and all objectives – continued support of Leadership Group for staff and resources committed

Focus on ASRH disparities (data) is in alignment with CDPH Strategic Plan Goal #1 on health disparities and Goal #2 of Healthy People 2010

All YRBS surveys in CA are linked to CDC-DASH, the progenitor of ASHWG ASHWG health indicator core data elements harmonized across participating programs

Family Health Outcomes Project (FHOP), ETR Logic Model on-line training, Center for AIDS Prevention Studies, Sociometrics, CA STD/HIV PTC, CHT, CFHC – all address different pieces of training and/or capacity-building related to end-users ability to utilize data to improve programs and outcomes.

## CHALLENGES

For goal and all objectives – changes in Leadership Group could lead to erosion of ongoing support for ASHWG. Need to add "End-Users" to Data Integration Subcommittee. Budget cuts and/or lack of budgetary support for any specific task or goal above.

Lack of budgetary support for CDPH and CDE staff to work on "expanded" FAQ disparities document and annotation & narration of Integrated Data Tables. Need for flexibility in survey content across programs using state and local survey data for program assessment and planning

Interpretation of trends in ASHWG behavioral indicators may be difficult if non-standardized or inconsistent behavioral questions are used in surveys over time

Detail and specificity of multiple subgroup/nationalities. For example, "Asian" could be Japanese, Filipino, Korean, Laotian, Hmong, Chinese, Taiwanese, etc. "Hispanic" could be Cuban, Puerto Rican, Mexican, Brazilian, Bolivian, Peruvian, etc. In some cases, local data needs will be difficult to meet from State's perspective.

Health Care Utilization research (report) is a huge, labor-intensive, and expensive under-taking that requires unprecedented collaboration and support among CDPH programs and partners

## 2012 Target

### 3 OBJECTIVES

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

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

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

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

**Data Objective 2:** By 2013, standardize and incorporate a set of CORE ASRH behavior questions into YRBS, CHIS, CHKS, and other relevant state and local adolescent behavior surveys.

# Data Integration Subcommittee

- 1) Create statewide data sets for HIV, STD, Teen Births:
  - standardized measures for age, race, and time frame
  - updated annually
  - readily accessible online
  - linked to respective web pages for CDPH and others
- 2) Create a similar data set for high-priority local health jurisdictions (LHJs) in CA with same criteria
- 3) Collect core sexual risk behavioral surveillance data for adolescents in CA high-priority LHJs

[http://www.californiateenhealth.org/download/ASHWG\\_Integrated\\_Data\\_Tables.pdf](http://www.californiateenhealth.org/download/ASHWG_Integrated_Data_Tables.pdf)

# CORE COMPETENCY

# GAMEPLAN

## Cross-Cutting Priorities:

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

## STAGES/TASKS

	JAN. - JUN. 2010	JUL. - DEC. 2010	2011 - 2012	BEYOND
<b>MATRIX</b> • Core Competencies • Health Standards • California Education Code • Youth Development	<ul style="list-style-type: none"> <li>• Compile Existing Resources</li> <li>• CDE Curriculum Project</li> <li>• Legal requirements</li> <li>• CCG Curriculum Matrix</li> <li>• Health Education Content Standards</li> <li>• Pull out subset of sexual &amp; reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>• Identify non-school based curricula</li> <li>• Identify Youth Development Criteria for curriculum.</li> <li>• Design evaluation for registered users</li> </ul>	<ul style="list-style-type: none"> <li>• Health Disparities Focus</li> <li>• cultural specificity to curriculum...</li> <li>• Health Disparities lesson in curriculum...</li> <li>• Social Determinants of Health Addressed...</li> <li>• Post completed matrix online</li> <li>• Survey the registered users</li> <li>• EVAL</li> </ul>	
<b>PROVIDER &amp; EDUCATOR TRAINING</b>	<ul style="list-style-type: none"> <li>• Identify existing provider trainings</li> <li>• Analyze CC coverage</li> <li>• Survey the 400+ registered users of CC</li> </ul>	<ul style="list-style-type: none"> <li>• Based on analysis, use effective components of existing programs to develop pilot training.</li> <li>• Implement and evaluate pilot training. Modify as needed.</li> <li>• Design evaluation of use of training materials</li> </ul>	<ul style="list-style-type: none"> <li>• Identify conferences and professional development opportunities to promote training.</li> <li>• Identify funding to fully implement regional training program.</li> <li>• Conduct and expand regional trainings.</li> <li>• Survey use and effectiveness of all trainings.</li> <li>• EVAL</li> <li>• Prepare Revision of CCs</li> </ul>	<ul style="list-style-type: none"> <li>• Develop job or role-specific core competencies.</li> </ul>
<b>HR TOOLKIT</b>	<ul style="list-style-type: none"> <li>• Post Toolkit on CAHC website</li> <li>• Identify Target Audience for Toolkit</li> </ul>	<ul style="list-style-type: none"> <li>• Identify conferences and professional development opportunities to promote toolkit.</li> <li>• Promote integration of C.C. into SOW program</li> </ul>	<ul style="list-style-type: none"> <li>• Identify Additional Areas to promote Toolkit → ongoing</li> <li>• Survey Use and Effectiveness of Toolkit → ongoing</li> <li>• EVAL</li> </ul>	
		<ul style="list-style-type: none"> <li>• development, grant writing...</li> <li>• Design evaluation of Toolkit</li> </ul>		

## 2012 TARGET

### 3 OBJECTIVES

#### Core Competency Objective 1:

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

#### Core Competency Goal:

Providers of adolescent sexual and reproductive health, anyone who interfaces with youth are capable of delivering effective interventions and services through best practices.

#### Core Competency Objective 3:

Promote adoption of the core competencies through provider and educator training and use of the human resources kit.

#### Core Competency Objective 2:

Promote the matrix to support the use of evidence-based, culturally appropriate youth-focused sexual health curricula.

## SUCCESS FACTORS

Right people at the table

Shared understanding of youth development

People should understand and use the matrix

## CHALLENGES

Communicating purpose/utility of core competencies

• How does delivery system occur? Who is identified as "trainers"? that are capable of conducting CC trainings?  
• Identify "super competencies" to focus on/or incorporate into trainings.

Promoting core competencies to institutes of higher education & accrediting bodies

• Sharing criteria selection with curricula developers to encourage improvement  
• How will core competencies be delivered?  
• # of training programs, trainers?  
• How to prioritize competencies?  
• What about job analysis?  
• Holding CA Adolescent Health Training institutions' trainers to the C2 standards

Where on time scale should this info. go?

MATRIX  
Add how much time does it take to teach the curricula  
-hours of instruction

Healthy People 2020  
-Add adolescent ones to matrix

Trainer competency?  
-? Self assessment  
-? Role specific CC or level of comp

Trainer of trainer of competencies not clearly identified

# Purpose of the Core Competencies

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

<http://www.californiateenhealth.org/>

# Core Competencies Subcommittee

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

# Core Competency Domains

A: Professional and Legal Role

B: Adolescent Development

C: Youth Centered Approach and Youth Culture

D: Sexual and Reproductive Health

E: Pregnancy, STIs, HIV



# Performance Assessment And Human Resources Toolkit

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

# POSTIVE YOUTH DEVELOPMENT GAMEPLAN

## Cross-Cutting Priorities:

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

## STAGES/TASKS

	JAN. - JUN. 2010	JUL. - DEC. 2010	2011 - 2012
<b>DEFINING POSITIVE YOUTH DEVELOPMENT</b>	<ul style="list-style-type: none"> <li>•ASHWG subcommittee to identify ASHWG's proposed core PYD principles</li> <li>• ASHWG, Steering Committee to provide feedback on core PYD principles</li> </ul>	<ul style="list-style-type: none"> <li>•Leadership presentation and adoption of PYD principles and revised game plan.</li> </ul>	<ul style="list-style-type: none"> <li>•Disseminate Core PYD principles to the ASHWG membership.</li> </ul>
<b>DEVELOP RECOMMENDATIONS</b>		<ul style="list-style-type: none"> <li>•National scan of other state youth development frameworks.</li> <li>•Develop summary synthesis of information from other states frameworks.</li> <li>•Seek funding to develop state recommendations and implementation of ASHWG game plan.</li> <li>•Identify youth serving organizations in CA (develop criteria for inclusion).</li> </ul>	<ul style="list-style-type: none"> <li>•Continue to seek funding.</li> <li>•Identify core CA (8) regions and implement (4-8) youth focus groups.</li> <li>•Conduct statewide survey of youth serving agencies.</li> <li>•Conduct a survey of state entities.</li> <li>•Analyze and summarize survey and focus group data.</li> <li>•Develop final recommendations document (ASHWG leadership, state approval, edits, etc).</li> </ul>
<b>PROMOTE THE ADOPTION OF RECOMMENDATIONS</b>			<ul style="list-style-type: none"> <li>•Develop dissemination plan for youth serving agencies (Identify conference, training opportunities, professional development opportunities, web blasts, post on related websites).</li> <li>•Promote adoption amongst state entities (identify possible policy implementation opportunities).</li> </ul>

Develop ASHWG Youth Involvement Committee –

## 2012 TARGET

### 2 OBJECTIVES

#### **PYD Objective 1:**

By Dec. 2010, ASHWG will define PYD principles.

#### **PYD Goal:**

State and Local agencies that serve youth will integrate ASHWG's PYD principles into all programs and services.

#### **PYD 2:**

Development ASHWG's recommendations for incorporating PYD principles into sexual and reproductive health programs.

#### **2013 and Beyond**

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

## TEAM

### RESOURCES

- "Some" discretionary funding
- OFP regional networks
- Valuable network & membership
- Grant writing/experience

#### **PYD**

**Subcommittee:**  
Daniel Coronado  
Susan Reno  
Karen Ramstrom  
Kim West  
Dana Goodrow  
Sandi Goldstein  
Maryjane Puffer  
Catherine Lopez  
Matt Moyer

## SUCCESS FACTORS

- **Youth Involvement**
- **Youth Interns placed in member organizations**
- **Input Evaluation Disparities**
- **Peer program promotion that represents community culture and addresses marginalized youth**

- Expansion (establishment) of linkages, networks of youth organizations

Policies inclusive of PYD

State recommendations for PYD

## CHALLENGES

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

# ASHWG Accomplishments

- Partnered with the Sexuality Information and Education Council of the United States (SIECUS) to plan and conduct two trainings (*Focusing on Youth in HIV and Sexuality Education: Cultural Competence and Youth Development*) for 65 STD, HIV, and teen pregnancy prevention providers in June 2005.
- Partnered with Center for Research on Adolescent Health and Development/Public Health Institute:
  - To implement the *Across the Map* survey of parent opinions about comprehensive sexuality education in California Public Schools;
  - Successfully add three questions on HPV vaccine acceptability to the *Across the Map* survey

# How do ASHWG Members Benefit?

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

# How do ASHWG Members Benefit?

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

# ASHWG Challenges

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

# ASHWG Lessons Learned

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

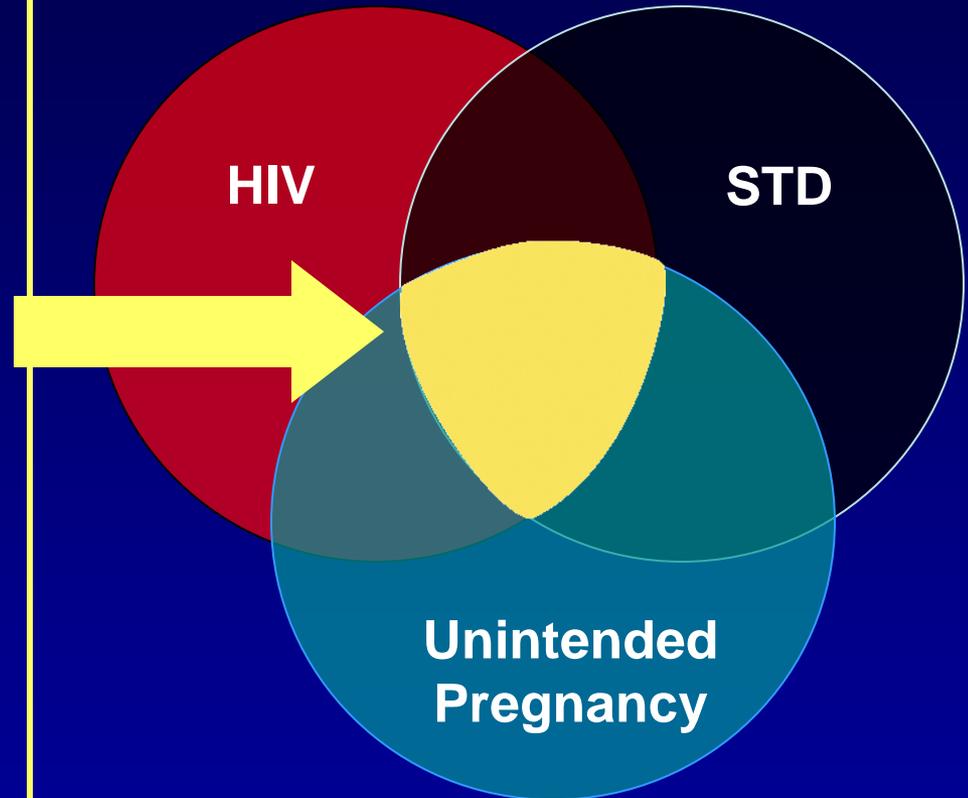
# Protective Factors for HIV, STD, and Unintended Pregnancy

## Internal Protective Factors

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

## External Protective Factors

- After school activities
- Adult Role Models/Mentors
- Opportunities for preparation
- Communities that value youth



# Now, Where To Begin. . .

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

What needs to be changed in your community? \_\_\_\_\_

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

**What is working in your community?**

**Potential challenges to making change?**

**Who can help you make this change?**

# 1

# 2

# 1

# 2

# 1

# 2

# It's Wednesday, Now What?

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

# More Steps

- **Step Three** – Revisit your map and goal for change
  - Does this still work for you?
  - If not, revise!
- **Step Four** – Identify an ally that you can share your map and community goal with who will support you
  - Share and ask for feedback
  - Revise, if necessary

# More Steps

- **Step Five** – Share your map and community goal with an agent-of-change/ power broker in your community
  - Secure buy-in
  - Ask for help – who else can the two of you talk to so as to move forward?
- **Step Six** – Meet with your new group and share your map and community goal
  - Work together to create a shared vision, goals and priorities

# And Finally...

“A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history.”

“Action expresses priorities.”

M. Gandhi

# ASHWG Information and Resources

California Adolescent Sexual Health Workgroup

<http://www.cdph.ca.gov/programs/mcah/Pages/ASHWG-HomePage.aspx>

California Adolescent Health Collaborative

<http://www.californiateenhealth.org/>

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