

OPPORTUNITY.

YOUTH SEXUAL HEALTH IN COLORADO: A CALL TO ACTION

COLORADO DEPARTMENT OF
PUBLIC HEALTH AND ENVIRONMENT

Youth Sexual Health in Colorado: A Call to Action

Prepared by Colorado Youth Matter and The Healthy Colorado Youth Alliance

for the

Colorado Department of Public Health and Environment

Fall 2012

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Please let us know how you're using the *Call to Action*! Leave your comments and feedback at www.colorado9to25.org.

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A comprehensive online Appendix is available as a supplement for this Call to Action and includes an annotated bibliography, topic summaries, and additional references.



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Colorado Department
of Public Health
and Environment

Dear Partner in Health:

Colorado youth, like youth across the country, face daily decisions about their bodies, minds, and overall health. The decisions youth make today set the stage for their health and success as adults. How they deal with challenges, how they achieve success, and how they talk with their families about their decisions are among the complex set of questions that young people ask and answer each day.

As public entities and communities, we must work together to support youth as they move through adolescence. The Colorado Department of Public Health and Environment (CDPHE) has identified unintended pregnancy and the prevention of infectious diseases as two of Colorado's ten Winnable Battles.

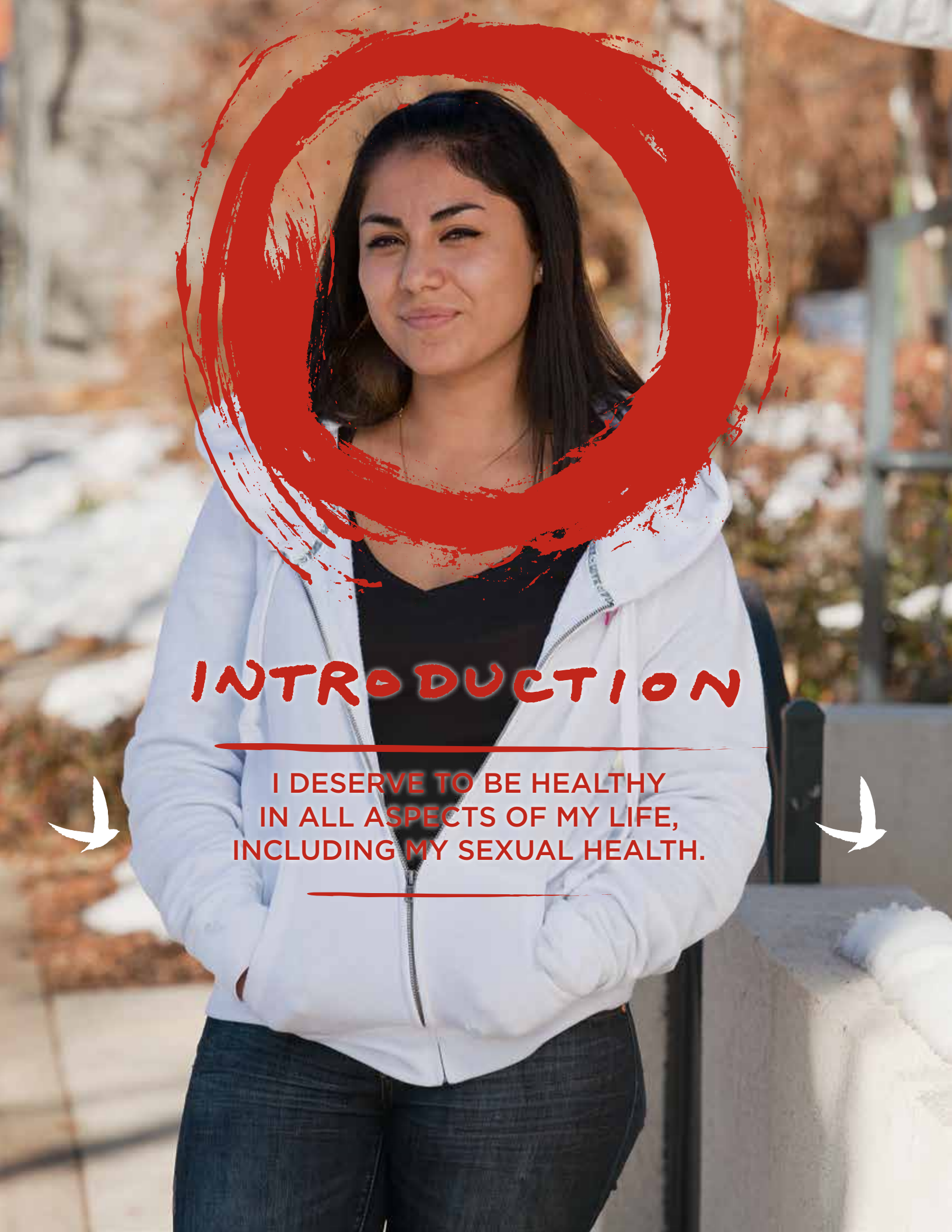
In addition to the potential long-term medical effects of sexually transmitted infections, unintended teen pregnancy can stifle education and employment opportunities for both youth and their parents, resulting in significant financial challenges in the future.

To support taking action to address these two Winnable Battles, CDPHE developed *Youth Sexual Health in Colorado: A Call to Action.* This *Call to Action* offers health, educational, and economic strategies that will help improve the well-being of all Colorado youth. Through open dialogue, complete and accurate sexuality education, and access to affordable resources and confidential services, we can achieve successful health outcomes by engaging young people and adults together, where they live, work, learn and play.

Thank you for the important work you do to make a positive difference in the lives of all Colorado youth. Utilizing the strategies outlined in this document we can all play a part eliminating unintended teen pregnancy and sexually transmitted infections and support promising futures for all Colorado's young people. We look forward to learning how you will use this *Call to Action* to benefit the youth in your communities.

Sincerely,

Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer



INTRODUCTION

I DESERVE TO BE HEALTHY
IN ALL ASPECTS OF MY LIFE,
INCLUDING MY SEXUAL HEALTH.

What is Sexual Health?

Sexual health is attained though the development of skills that support lifelong physical, emotional, mental and social well-being. In addition to information about human anatomy and reproductive physiology, sexual health includes knowledge and skills related to:

- decision-making and goal-setting about when and if to have a family;
- creating safe relationships;
- developing self-acceptance and a positive identity;
- communicating with health professionals, partners and families.

A sexually healthy person:

- knows how to prevent unintended pregnancy;
- knows how to reduce the risk of sexually transmitted infections, including the Human Immunodeficiency Virus (HIV);
- makes decisions about their sexual health that are in line with their identity, goals and values;
- is in a safe and healthy relationship, free from oppression, exploitation and abuse;
- makes healthy decisions based on access to accurate, affordable and comprehensive education, services and resources;
- advocates for their needs, wants, goals and values;
- is an educated consumer of health information, resources and services;
- can talk comfortably about sexual health with health professionals, teachers, partners, friends and family;
- has a strong foundation for lifelong sexual health, whether or not they are currently sexually active.

Sexual health requires a positive and respectful approach to sexuality and relationships, and includes the possibility of having safe and wanted sexual experiences, free of coercion, discrimination and violence.

This definition was informed by the World Health Organization [1] and community input gathered in the development of this Call to Action.

Supporting Youth Sexual Health

Equitable access to health care, education and economic opportunity establishes the foundation for every youth to succeed. In addition to comprehensive health information and skills, youth must have hopes and dreams for their future, have goals to work toward, and receive support and guidance from caring,





trusted adults. All Colorado youth, regardless of race, ethnicity, sexual orientation, physical ability, gender, socioeconomic status and geographic location, deserve to make informed and responsible decisions about their health.

Sexual health is one aspect of a young person's life that is intimately linked to overall health and wellness. How youth use information about sex and relationships impacts how they plan their educational and economic future, how they plan for a future with or without children, and how they communicate with their family, friends, and partners about what matters most to them.

Why a Statewide Youth Sexual Health Call to Action for Colorado?

Colorado has seen significant improvements in youth sexual health over the last decade – teen birth rates are down, sexual activity among youth is slightly below the national average, and more youth are using contraception when they do have sex. [2] However, condom use has been inconsistent, sexual violence among youth is on the rise and, according to 2011 data from the Colorado Department of Public Health and Environment, rates of chlamydia are increasing. [2]

Youth Sexual Health in Colorado: A Call to Action provides a variety of strategies and approaches tailored to the different resources, skills and knowledge available to Colorado communities. The Call to Action is also a reminder about the importance of working in partnership with youth to plan programs and policies using strengths-based approaches to support the sexual health of Colorado's youth. [3] To this end, this Call to Action provides approaches to engage youth as partners with their adult counterparts in finding solutions to the challenges that young people face today.

Goals for Colorado Communities

This *Call to Action* provides strategies for communities to achieve the following goals:

1. decrease rates of sexually transmitted infections, including HIV;
2. decrease the rates of unintended teen pregnancy;
3. decrease the incidence of sexual assault and dating violence; and
4. increase participation by youth in educational and career opportunities.

In addition to services that provide youth with family planning and health education, this *Call to Action* emphasizes strategies to increase the economic and educational opportunities that enable youth to plan for and determine their future, including when, and if, to have children. Youth and adults must work together to implement effective strategies at the individual, family, community and societal levels, as all levels impact health and well-being.

What Works: Causes of the Decline in Teen Pregnancy and Teen Birth Rates

Sexual Behavior

Research shows that the declining teen pregnancy rate nationally is attributed to two key behaviors: reduced sexual activity and increased contraceptive use. Between 1995 and 2002, the number of adolescent females ages 15 to 19 who had ever engaged in sexual intercourse decreased by 10% while use of contraception increased from 29% to 49% (see table, Changes in teen birth rates, page 8). [4]

According to the Healthy Kids Colorado Survey which includes responses from the Youth Risk Behavior Survey (YRBS), nearly 40% of all Colorado high school-aged respondents report having had sex in their lifetime. [2] Among those respondents who were seniors in high school, nearly 60% report having had sex at least once. [5]

While the teen birth rate has decreased and contraception use has generally improved in Colorado, chlamydia rates have been on the rise among youth ages 15-19. [6] At the same time, protective sexual behaviors have fluctuated, including correct and consistent use of condoms and contraception use at first

sex, indicating that more sexually active youth are at risk for infection and unintended pregnancy. [7, 8]

Knowledge and Skills

A sense of personal control over sexual behaviors and trust that contraception helps prevent pregnancy are key factors that influence the delay of sexual initiation (also referred to as abstinence) and the decision to use birth control among adolescent females. [9, 10]

According to the growing body of research, evidence-based comprehensive sexuality programs appear to be the most effective means of promoting positive sexual health behaviors. [11] In particular, these sexuality education programs and curricula have been proven, through

Changes in teen birth rates (ages 15–19): national, Colorado and most populous Colorado counties (1991–2005, 2005–2009 and 1991–2009)[2]

	Birth Rates by Individual Year			% Changes in Birth Rates		
	1991	2005	2009	1991–'05	2005–'09	1991–'09
United States	**61.8**	**40.5**	**39.1**	**-34.5%**	**-3.5%**	**-36.7%**
Colorado	**55.5**	**39.3**	**35.1**	**-29.2%**	**-10.7%**	**-36.8%**
Adams	82.2	68.8	56.8	-16.3%	-17.4%	**-30.9%**
Arapahoe	39.0	35.9	35.7	-7.9%	-0.6%	**-8.5%**
Boulder	29.5	19.9	16.6	-32.5%	-16.6%	**-43.7%**
Denver	104.3	71.6	52.9	-31.4%	-26.1%	**-49.3%**
Douglas	14.3	10.2	9.2	-28.7%	-9.8%	**-35.7%**
El Paso	60.3	38.8	35.2	-35.7%	-9.3%	**-41.6%**
Jefferson	30.1	22.1	21.3	-26.6%	-3.6%	**-29.2%**
Larimer	33.8	22.6	21.9	-33.1%	-3.1%	**-35.2%**
Mesa	59.3	46.0	42.0	-22.4%	-8.7%	**-29.2%**
Pueblo	80.4	53.9	59.8	-33.0%	+10.9%	**-25.6%**
Weld	56.2	43.5	40.6	-22.6%	-6.7%	**-27.8%**

rigorous evaluation, to provide youth with the knowledge and skills to delay sex (abstinence) and use birth control and condoms correctly and consistently if they choose to have sex. Furthermore, these programs impart youth with skills to communicate and negotiate with their partners about delaying sex and discussing options to stay safe and healthy. [11]

Youth-Friendly Health Access and Services

Research supports the important role that testing, screening, contraceptive access and family planning counseling play in helping young people make informed and responsible decisions to prevent unintended pregnancy and sexually transmitted infections (STIs), including HIV. [12] In addition, providing these services in a youth-friendly and confidential manner increases the likelihood that youth will rely on their health care provider for their health care needs in the future. [13]

Youth-serving professionals are not consistently aware of the rules and laws that govern reproductive health services for youth. [12] Confidentiality, age of consent, and knowing how to share information in an age-appropriate way are all factors to consider when talking with young people about their sexual health. [14] Open and medically-accurate discussions about sexual health benefit all youth, whether sexually active or not. Parents,

"You've got to communicate about sex with your kids early on, because the messages are out there. It's not about the act of sex, it's about life. It's about being healthy. It's about taking care of yourself. I tell my kids, 'I don't want you to do it, but this is how it is. If that is your choice please speak to me about it. Please take care of yourself.'" (Parent)

guardians and youth-serving professionals can provide a safe and non-judgmental environment so that when a young person becomes sexually active, or is considering becoming active, he or she are comfortable and confident approaching the supportive adults in their lives with questions about their sexual health. [15, 16, 17]

As many as one in three youth did not seek health care because they did not want to tell their parents. [14, 18, 19, 20]



Educational Access and Future Goal Setting

A young person's sexual health decisions are informed by their ability to set goals and access educational opportunities. Choosing when and if to have a family becomes a critical life decision. Supportive communities provide youth with resources that allow them to focus on learning in a safe and stimulating environment, exploring career paths and educational options, and adequately preparing for the workforce. [21]

Strengthening the safety-net including, expanding access to comprehensive sexuality education and resources, affordable sexual health services, higher education, and postsecondary workforce training will reduce the chances of a young person living in poverty and increase their opportunity to make their dreams a reality. [22]

Where Is Colorado Now?

The teen birth rate in Colorado declined 36.8 percent between 1991 and 2009. [23] According to the National Campaign to Prevent Teen and Unintended Pregnancy, the progress Colorado has made in reducing teen childbearing saved taxpayers an estimated $94 million in 2008. [24] Prevention such as health education and access to clinical services that inform youth of their options before they need them are the most effective ways to maintain and increase this savings. [25]

In any given four years in Colorado, over 24,000 babies are born to adolescent females between the ages of 15 to 19. [26] This means that on average, 17 babies are born to teens in Colorado every day—or about one baby born every 84 minutes. [27] Among students who reported current sexual activity, 63.2 percent reported having used a condom during last intercourse and 22.3 percent used birth control pills to prevent pregnancy. [27, 28]

A Blueprint for Success

The following logic model provides a blueprint for action. The resources, strategies, outcomes and impacts illustrate the sequence of related investments and processes required to achieve the goals of this Call to Action.



Colorado youth who attended the informal focus groups conducted for this Call to Action report that, while they are hopeful for the future, they do not have future goals or plans and are unsure about how to get there.

Call to Action Logic Model

Overarching Goal: Improved sexual health of youth and young adults in Colorado.

INPUTS

Youth

Parents
Families

Teachers

Schools
Colleges
Universities

Health Providers

Community-Based Organizations

Businesses

Faith-Based Organizations

State and Local Government

Foundations

Other Community Members

STRATEGIES

Connect youth with caring, supportive adults at home, school and in their community.

Provide age-appropriate, medically-accurate, comprehensive, evidence-based sexual health education.

Families and parents have regular, life-long conversations about sexual health with their children.

In partnership with youth and parents/families, safe and supportive communities provide educational and economic opportunities for young people, especially those who are most vulnerable.

Communities have and enforce effective education, economic and health policies.

OUTCOMES

SHORT-TERM

Youth are connected to caring adults, safe communities and supportive schools.

Youth have the knowledge and skills to delay sexual activity and use condoms and contraception consistently and correctly.

Youth have the knowledge and skills to choose safe and supportive relationships.

Youth have the knowledge and skills to seize education and economic opportunities.

LONG-TERM

Youth delay sexual activity.

Youth who are sexually active use condoms and contraception consistently and correctly.

Youth are in relationships that are safe and supportive.

Youth maximize their education and economic opportunities.

IMPACTS

Reduced teen birth rate in Colorado

Reduced STI/HIV rates among teens in Colorado

Reduced incidence of sexual violence among teens

Youth attend college and/or receive postsecondary training

Youth achieve their career goals



GUIDING PRINCIPLES

I DESERVE TO HAVE MY VOICE HEARD. MY LIFE EXPERIENCE MATTERS.

Guiding Principles of the Call to Action

Young people are best equipped to determine their own futures when they have knowledge, skills, and opportunities. In addition to supportive, caring adults, youth need access to health services and information, quality education, goals for their future, and economic opportunities in order to reach their full potential.

Positive youth development, health equity and safe relationships set the foundation for youth sexual health and, as a result, these three principles are embedded throughout these strategies for action on youth sexual health.

Positive Youth Development

Positive youth development is an approach to working with and on behalf of youth. It begins with the assumption that all youth have the capacity to make positive and informed decisions for themselves and for the benefit of others when they are provided youth-friendly and youth-centered opportunities and resources for participating in their communities. [29]

Positive youth development engages youth as partners, seeing them as resources and leaders to cultivate, not problems to fix. A positive youth development approach builds skills, opportunities and supportive relationships, while focusing on strengths, engaging/partnering with youth and promoting equity and social justice.

In order for youth to make informed decisions about their sexual health, they must see a future that provides them opportunity and hope. In many cases, a lack of hope leads to ambivalence and a lack of goal setting, both key factors in unintended pregnancies and risky sexual behaviors. [30]



"If you have a child who is gay and you don't know how to respond, you have an obligation to learn as much as you can... at the very least do no harm. Become educated. Don't let your own personal biases get in the way. Find your child some role models. Everybody needs a mentor of some sort." (Parent)

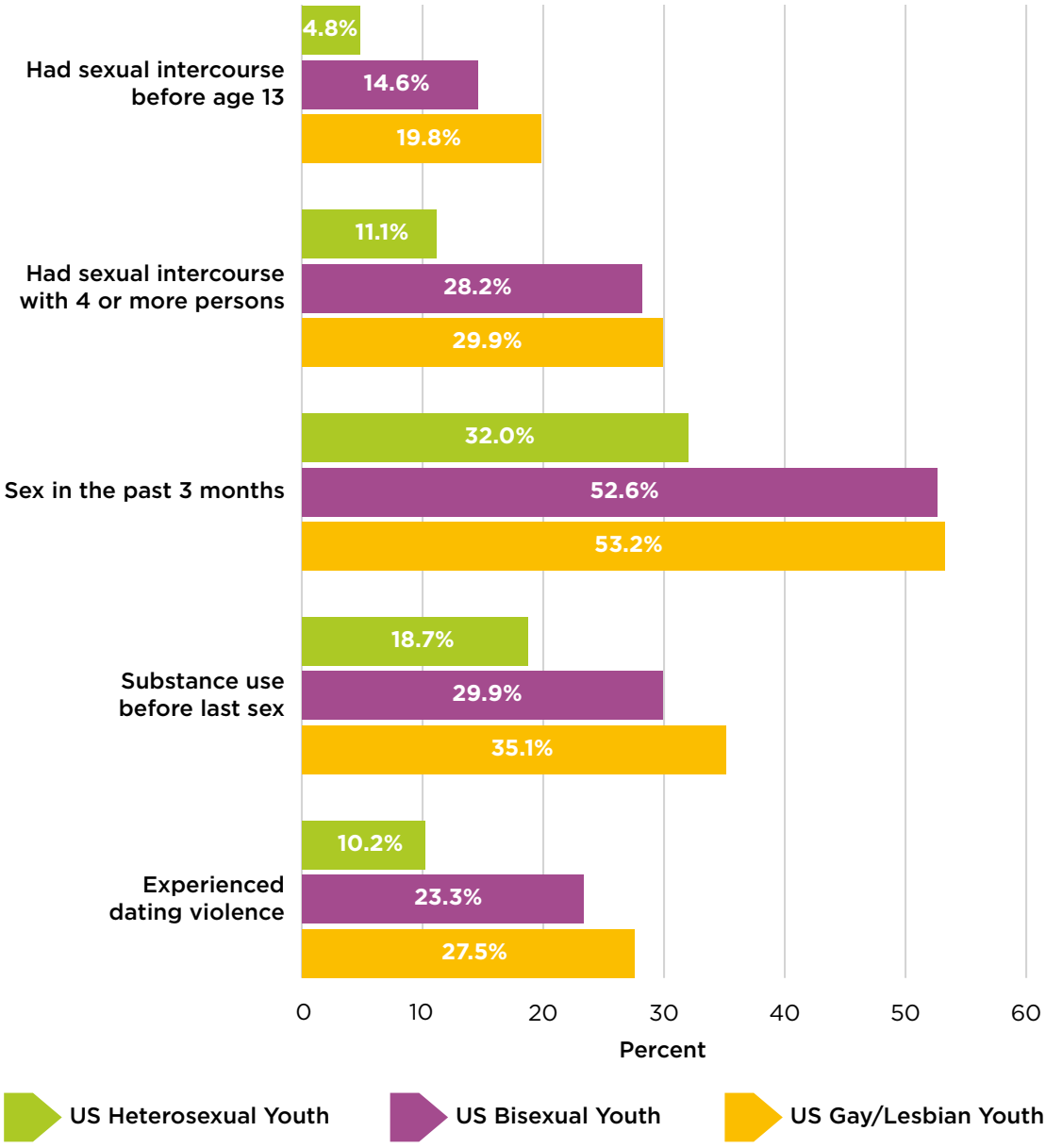
Health Equity for the Most Vulnerable Youth

Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. [31]

Adults, decision-makers, and community-based organizations can invest in policies and programs that work to eliminate gaps in opportunities and resources for young people. Achieving health and educational equity, in particular, among the most marginalized youth and communities, is a way to ensure that all youth have the essential and necessary components for positive health outcomes and a promising future.

In Colorado, adolescent pregnancy disproportionately impacts females in rural communities and girls of color. [32] Youth of color report receiving sex education less frequently than their white counterparts. [33] However, it is equally important to attend to factors that impact other aspects of sexual health, including bullying, dating and sexual violence, increasing homelessness among youth, and inequities based on disabilities. [34] Youth in transition, including homeless

Summary of national sexual health disparities of disenfranchised youth:[38]

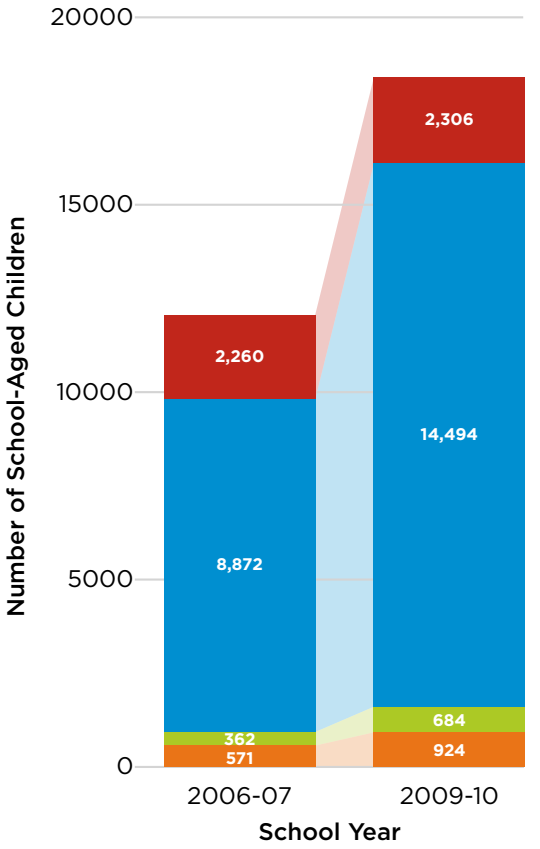


youth, youth in foster care, and adjudicated youth, are at higher risk of sexual violence and unintended pregnancy and infection than youth in stable living situations (see table, Homeless students living in Colorado, page 18). [35]

Furthermore, lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) youth, which include those youth whose gender expression or identity differ from the gender assigned to them at birth, are at particular risk for unintended pregnancy, and sexually transmitted infections, and report being bullied because of their sexual orientation and expression (see table, Summary of national sexual health disparities, page 17). [37, 38]

Through partnerships, adults and underserved youth can debunk myths and stereotypes about each other and develop services and programs that truly meet the needs of all young people. Even in the absence of research on marginalized youth and communities, these investments will go a long way in influencing behaviors and creating positive outcomes.

Homeless Students Living in Colorado:[36]



Change

+2% Shelters, transitional housing, awaiting foster care

+63% Doubled-up (sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason)

+89% Unsheltered (e.g. cars, parks, campgrounds, temporary trailers, or abandoned buildings)

+62% Hotels/Motels

Safe Relationships

Safe relationships are achieved in part when all youth are free from coercion and sexual violence in their personal relationships. Dating violence and abuse can encompass a variety of behaviors including physical, psychological, verbal, emotional and sexual abuse. Research, policy and public health have been slow in addressing sexual violence among youth in comparison to adults. [39] Nonetheless, it is known that intimate partner violence has been associated with unintended pregnancy, coerced verbal demands for sex, sabotaged birth control and refusal to use condoms during sex. [40] Setting family and community expectations for safe relationships eliminates the stigma of talking about intimate partner violence and provides important steps to eliminating sexual violence among young people. [41]



"I think parents are not supposed to fight in front of the kids, because we see it and we may think 'oh, it's normal, my parents do it so everybody must do it.' If you see them treating each other with love and respect then you will want to treat your boyfriend or girlfriend the same way because you have a good example." (Youth)



METHODOLOGY

I DESERVE TO BE A LEADER
IN THE PROCESS.

How the Call to Action was Developed

Sexual Health Data and Published Research

The developers of the *Call to Action* relied on the growing body of evidence documenting the reasons for the decline in teen births and pregnancy over the past 20 years. In addition, this *Call to Action* includes research on evidence-based programs and interventions which show the greatest promise for promoting protective and positive youth sexual behaviors.

Research included briefs from field experts and peer-reviewed, published research related to sexual health topics, health disparities, youth behaviors, academic achievement, poverty, youth connectedness, underserved populations and sexual violence. Citations and an annotated bibliography for this research review are included in the online appendix.

Sexual health data and data related to other contributing factors were derived from the Colorado Department of Public Health and Environment and other sources, such as the Colorado Kids Count reports.

Youth Interviews

The project team and steering committee relied on youth engagement and input throughout the development of the *Call to Action*. As members of the core project team, two youth leaders interviewed peers with guided questions about sexual health topics, relationships, family, community, and other aspects that influence their sexual health behaviors. These interviews took place at schools, among informal peer groups, and with youth advisory committees across the state. Themes from these interviews are incorporated into the *Call to Action* and are detailed in the online appendix.

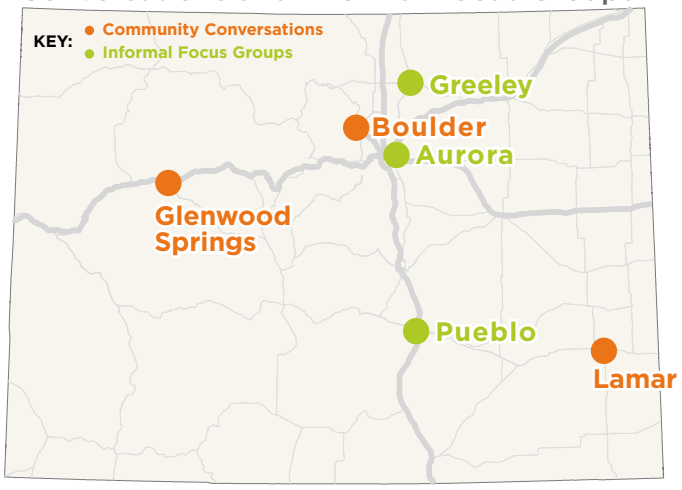
Community Conversations

Three community conversations were facilitated by the project team to provide a forum for youth and adult community members to share their perspective about how to best support and serve the sexual health needs of youth. Participants were recruited through flyers and outreach by local community service providers and county agencies. The youth leaders informed the agenda for these conversations, which were conducted in Boulder, Glenwood Springs and Lamar. These cities were chosen to reflect some of the diverse perspectives across Colorado.

Informal Focus Groups

The project team conducted a total of four informal focus groups in Pueblo, Greeley and Aurora, with eight to 16 participants at each. Two informal youth focus groups were conducted in English and co-facilitated by the youth leaders, while two parent groups were conducted, one each in English and in Spanish. Participants were recruited through flyers and outreach by local community service providers and county agencies, and were compensated for their participation. Youth were between the ages of 14 to 24 and were asked to share their experiences and perspectives about what they want regarding their sexual health, what works, what doesn't and what they suggest for future improvements. Parent, guardians, and trusted mentors of youth were asked to share their perspectives and suggest effective approaches to addressing issues related to the sexual health of the youth and young adults in their lives.

Colorado Communities: Community Conversations and Informal Focus Groups



Statewide Community Survey

A statewide community survey, developed in partnership with the youth leaders, was broadly distributed to gather opinions and perspectives from youth and adults about youth sexual health. The survey was released through multiple media, including listservs, websites, and networks of community partners, and state and local agencies. The online survey included a quick response (QR) code that allowed for instant mobile access. Eight-hundred and fifty-eight people responded to the survey and 701 people completed the survey, with an 82 percent completion rate. The youngest respondents were 14 and the oldest was 79. Youth under 24 years old represented 32 percent of respondents. Respondents live in 52 counties across Colorado. Fifteen percent of respondents identified as a parent or guardian of a youth, and 45 percent identified as an adult who works with youth. Highlights and results from this survey are available in the online appendix.

Emerging Themes from Youth, Community and Adult Input

Youth feedback was gathered through personal interviews, informal focus groups and community conversations. Overall, youth expressed the need for more information about sexual health, whether at school or at home, including information on STIs, contraception, safe relationships, and how to deal with peer and partner pressure. Youth expressed a strong need for comprehensive sexuality education every year in school, not just one time. Youth were split on having their parents talk to them about sex, but expressed the desire to have a trusted adult in their lives that they could talk to about sex. Most youth did not know where to access sexual health resources, including basic information, in their communities, but would like access to resources that are both confidential and affordable. Family attitudes and peer pressure were stated as large influences on the decision to delay or initiate sexual activity for youth. Finally, youth stated they would like to have greater self-confidence and life goals, but must have appropriate opportunities and role models in their lives to develop these personal attributes.



A key theme that arose across communities was how the cycle of poverty affects equitable access and availability of health resources in communities. Moreover, community members stressed the importance of having accurate and reliable information for themselves and others when discussing youth sexual health. They also agreed that services and resources should support youth in their communities. Finally, having role models and a trusted adult or youth mentor were considered important for youth to achieve optimal sexual health.

Similar to youth, adults felt that youth should have more information about comprehensive sexuality education in school, especially with the prevalence of sex in the media. Parents and trusted adults understood that they are the

primary source of information about sex, although some expressed a lack of understanding about what to say and how/when to say it. All parents believed that youth should have at least one trusted adult with whom they could have open communication about sexual health. Finally, parents felt that peer pressure is a large influence on initiation of sex, and without proper information or guidance from trusted adults, youth may engage in unhealthy behaviors.

All of these themes, in conjunction with current research, have informed the strategies for action that are suggested throughout this *Call to Action*.

Strategies and Action Planning

The Spheres of Influence

The strategies identified in this *Call to Action* are informed by existing research and the themes that emerged from community input. These strategies are organized within the Spheres of Influence, an adaptation of the Socio-Ecological model, which demonstrate how a young person's life is impacted by all levels of society. [42]

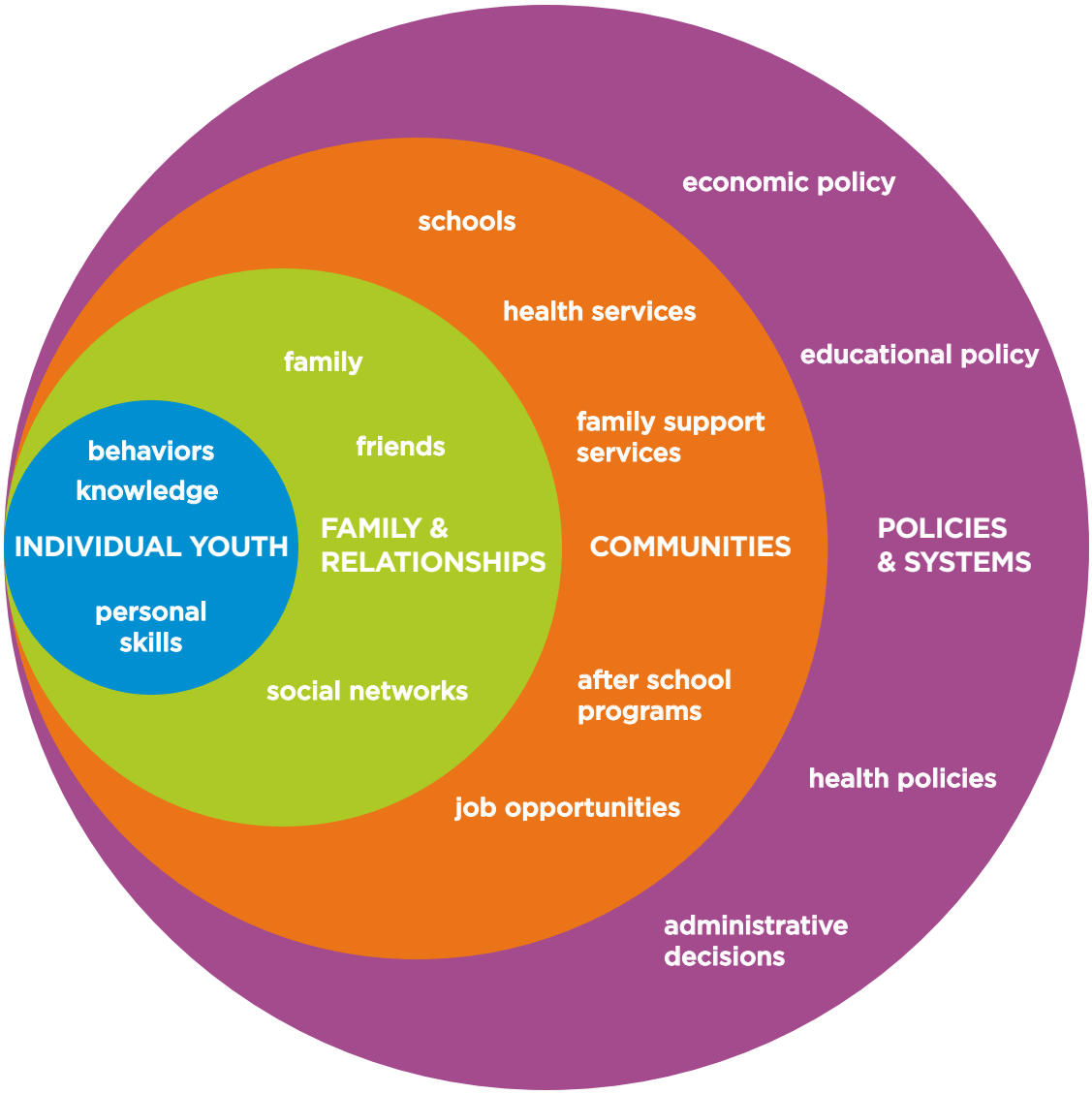
Policies and Systems
This sphere encompasses systems-level or macro approaches that are critical to assuring that youth have on-going access to the resources needed in order to make informed choices about their sexual health. Health policies, administrative decisions, and educational and economic policies at federal, state, and local levels are components of this sphere.

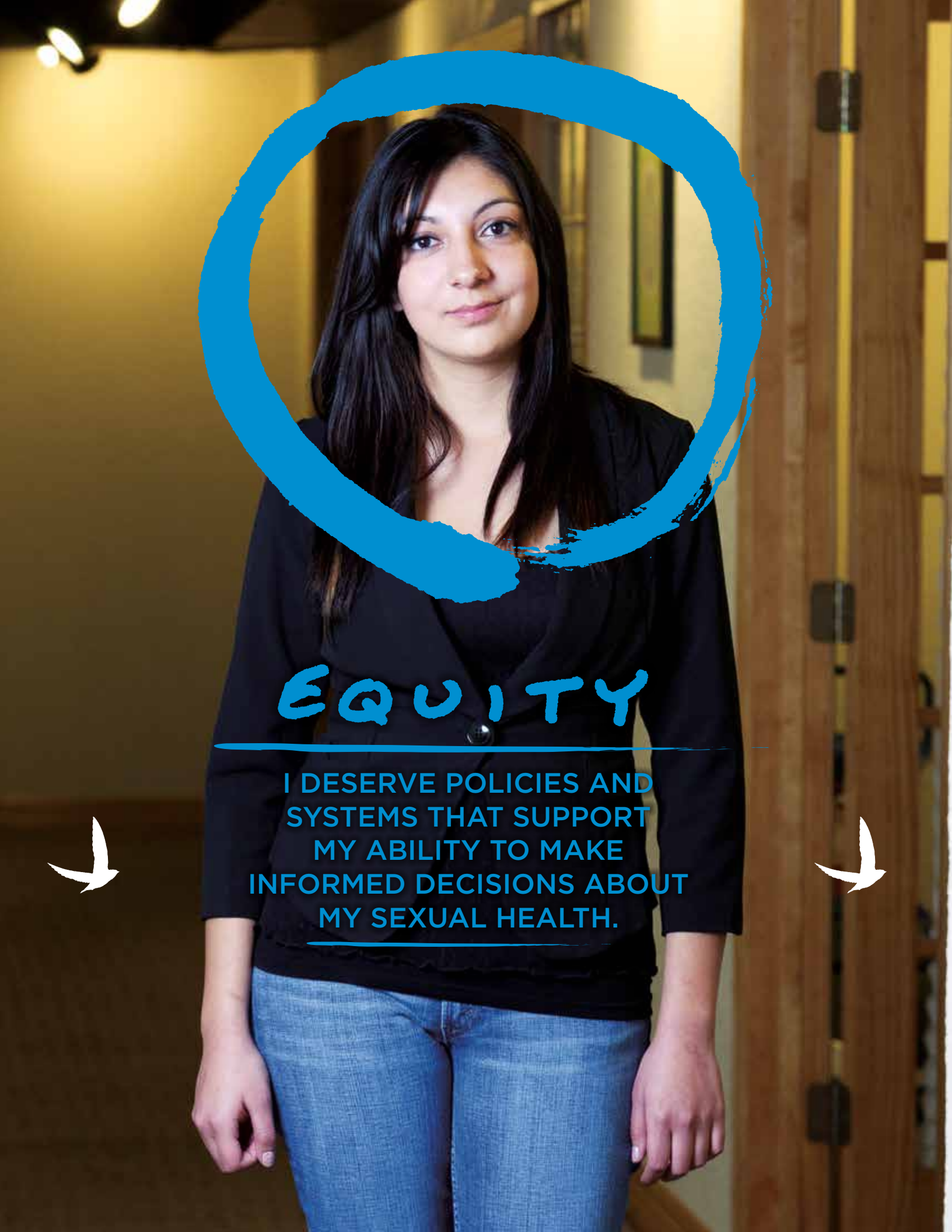
Communities
This sphere includes the local resources and support that must be immediately available, such as health services, family support services, schools, after school programs and job opportunities, as well as the overall support system that is in place for youth, their friends, and families.

Family and Relationships
This sphere includes those who influence the lives of youth – namely, family, friends and social networks – and the resources and education that enable those networks and individuals to be supportive, askable advocates for youth.

Individual Youth
This sphere includes the personal skills, knowledge and behaviors of each individual young person. It includes personal goal-setting and making responsible and informed decisions from adolescence into adulthood.

Spheres of Influence





EQUITY

I DESERVE POLICIES AND SYSTEMS THAT SUPPORT MY ABILITY TO MAKE INFORMED DECISIONS ABOUT MY SEXUAL HEALTH.

Strategies for Policies and Systems

Allocating resources and creating equitable policies that reflect the health needs of youth can help ensure that generations of young people and their families have access to resources and opportunities.

Health Policy

Health policies at the federal, state and local levels must recognize youth and young adults as consumers of their own health care and respect their need for confidential, affordable and youth-friendly services.

- Advocate for continued federal funding for community health centers, school-based health centers, and Title X-funded clinics, which provide affordable family planning services.
- Advocate for contraceptive coverage under health care reform by engaging and educating lawmakers about the role of contraception in teen pregnancy prevention.
- Ensure that health care reform integrates confidential billing and service provisions for youth and young adults by developing local work groups between local providers and youth.
- In partnership with youth leaders, highlight a community's commitment to addressing unintended teen pregnancy and STI/HIV prevention by adopting a local public health or city council resolution in support of youth sexual health. Seek out federal and state funding for health and education programs that are evidence-based, comprehensive, and inclusive of all youth.

Education Policy

Federal and state laws set the standard for systems that support quality comprehensive sexuality education. Local district policies that make the clear link between health and academic success reflect an investment in the overall well being of youth.

- Advocate for alignment between local programs and Colorado's Healthy Youth Act (sexuality education law, HB07-1292) in every Colorado school district.
- Use or build local youth advisory boards to review and inform decisions about inclusive sexuality education policies in their school and district.
- Advocate for the adoption of the National Sexuality Education

Standards at the school and district levels.
- Ensure that school district policies reflect Title IX legislation that protects against discrimination of pregnant and parenting teens.



"It's strange how sex is a huge part of school—if you're not doing it, you're definitely talking about it—but they don't really talk about it in the classroom." (Youth)

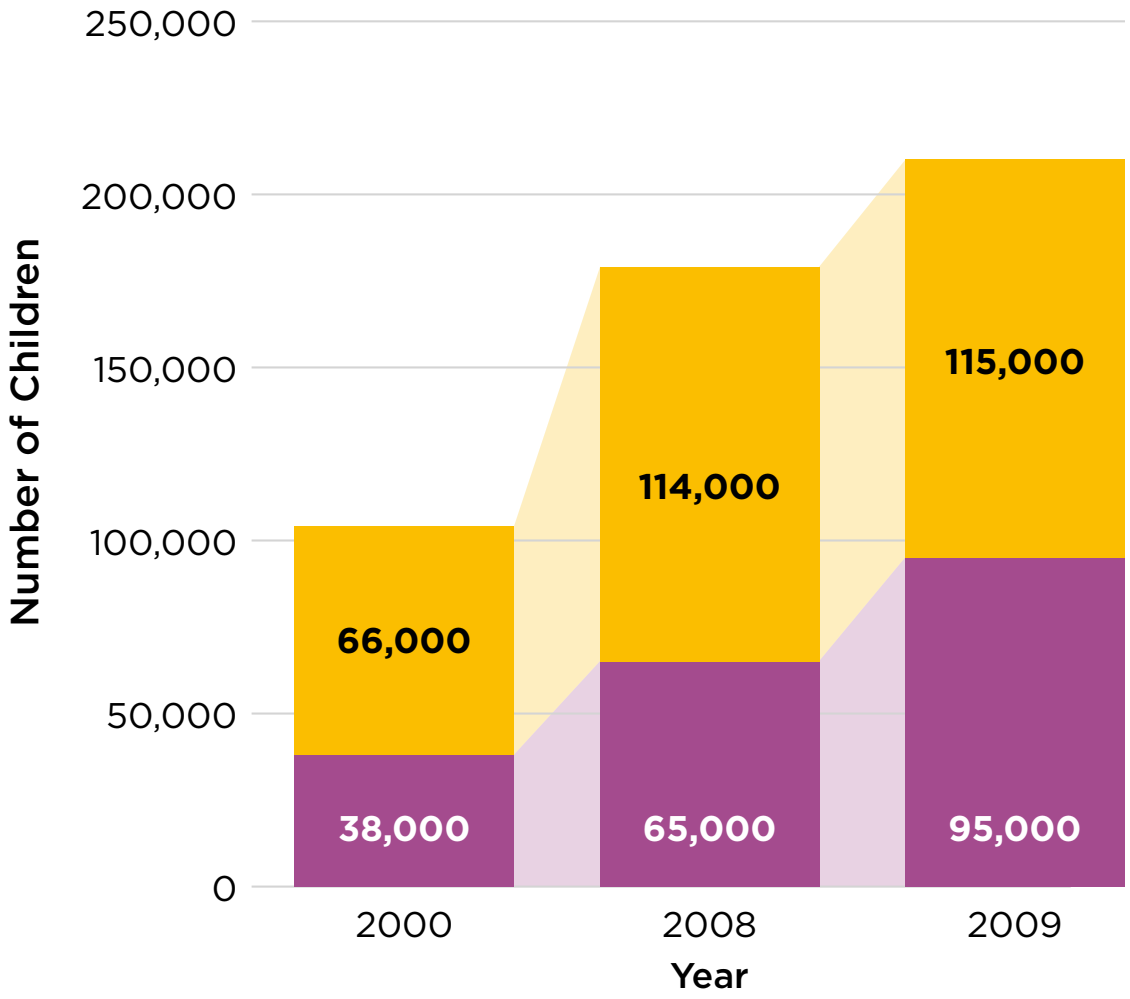
- Advocate for mandated comprehensive health education in schools by engaging school boards, school principals, and educators about the effectiveness and importance of this education.
- Advocate for multi-faceted approaches to make college and post-secondary educational opportunities affordable for all youth that graduate from a Colorado high school.

Economic Policy

Children who live in poverty are at a higher risk of becoming teen parents. State policies must address gaps in opportunity and meet the basic economic needs of Colorado's most vulnerable families (see table, Number of Children in Poverty in Colorado, page 29).

- Promote a state Earned Income Tax Credit (EITC), which has been proven to be the nation's most effective anti-poverty program for working families. States that have EITC have been able to reduce child poverty, cut taxes, and increase incentives to work. [43]
- Support continued state funding for child-care programs, such as the Child Care Assistance Program.

Number of Children in Poverty in Colorado:[44]



Extreme Poverty

50%-100% of the Federal Poverty Level



OPPORTUNITY.

I DESERVE ACCESS TO A WIDE RANGE OF RESOURCES, EDUCATION AND SERVICES IN THE PLACES I LIVE, LEARN, WORK AND PLAY.

Strategies for Communities

Young people in the informal focus groups defined community in a variety of ways, including neighbors, close friends, extended family, school and geographic region. When youth feel connected to their community, they are more likely to feel supported and to make decisions that align with their values and plans for their future. [45, 46]

Colorado communities and families are facing tighter budgets and challenges around how to make ends meet. Community initiatives must rely on limited resources while reaching greater numbers of people in need. Positive and comprehensive youth sexual health can be attained when communities leverage and build upon existing services and supports, such as affordable and accessible health services.

Health Access and Services

Communities can offer a wide-range of health services for youth and their families, including confidential youth-friendly family planning services. These services are affordable and offered in areas across the community.

- Coordinate youth sexual health efforts across city and county programs, including, but not limited to, prevention efforts that address teen pregnancy, sexually transmitted infections, including HIV, bullying, and sexual violence.
- In partnership with youth, create and/or adopt best practice guidelines for health providers to ensure that health care is aligned with minor consent laws, is youth-friendly and confidential, and includes comprehensive sexual health information.
- Support school nurses and school-based health centers to offer preventive sexual health care. If the school district does not currently have a school-based health clinic, assess the need and advocate for one. [47, 48]
- Make sexual health resources accessible to youth. Can youth purchase condoms discreetly at local grocery stores and pharmacies? Do school-based health centers and other safety net clinics provide youth-friendly sexual health services and information?

"There's really not much for teens to do here, so people just hook up, and sometimes get pregnant." (Youth)



Evidence-based programs to consider: Tailoring Family Planning Services to the Special Needs of Adolescents (evidence-based clinic-based program), [49] Nurse-Family Partnership (nurse home visitation program for new mothers). [50]

Educational Opportunities

Schools and after school programs can provide comprehensive sexuality education that is consistent with Colorado's Healthy Youth Act, the Academic Content Standards for Comprehensive Health Education, and the National Sexuality Education Standards.

- Build and strengthen collaborative relationships among schools, youth, parents, faith communities, service providers and local decision-makers to promote youth sexual health issues and related community resources.
- Ensure that the state law and standards are implemented using evidence-based programs in the district. According to Colorado's Healthy Youth Act, the school's sexuality education should provide youth with sexual health education that includes information about abstinence and the benefits and potential side effects of condoms and contraceptives.
- Implement sexuality education programs that have been proven, through rigorous evaluation, to change behaviors among youth.
- Implement culturally inclusive programs and ensure that programs are guided by meaningful input from underserved and underrepresented youth.
- Develop a marketing campaign that encourages discussion about sexual health and affirms the community value of informed, healthy youth.
- Assign school district staff as Title IX coordinators who are experts in the rights of pregnant and parenting teens, as set forth in federal legislation.
- Provide professional development training for teachers, parents, mentors and trusted adults on sexual health

content and how to be trustworthy, supportive and non-judgmental of all youth.

- Integrate best practices that foster safe environments for all students through programs that promote safety, respect and a clear and consistent system for preventing and responding to bullying, discrimination and abusive behaviors.
- Join or convene a youth action committee to identify local youth needs and create a sexual health public education campaign in their schools and communities.
- Support youth leadership and peer education through multi-media strategies (internet, video, cable access, podcasts) that increase awareness of youth sexual health issues and available services.
- Provide skill-building training and other tools that help youth advocate for their own needs and interests in their relationships, including supportive peer skills that promote safe relationships and reject abusive relationships. See *Safe Dates*, an evidence-based program to prevent dating abuse. [51]
- Provide skill-building parent-child communication and connectedness training to parents, caregivers, guardians, and mentors.

"Back in the day you wouldn't dare start so early [talking about sex]. But we're not back in the day. We have to adjust our thinking to what's going on right now. I have conversations with my daughter about "The Plan"...You finish high school, you go to college, you graduate, you meet somebody, you get married, you have a baby. That's "The Plan," in that order, and it's important. But let's also be real. Anything can happen along the way." (Parent)

Resources for evidence-based sexual health programs: *Science and Success, 2nd Edition: Programs that Work to Prevent Teen Pregnancy, HIV and STIs in the U.S.* (Advocates for Youth) [52, 53]; *What Works: Curriculum-Based Programs that Prevent Teen Pregnancy* (The National Campaign to Prevent Teen and Unplanned Pregnancy) [54]; Evidence-based Programs Database from The Office of Adolescent Health, Office of Health and Human Services [55]

Economic Opportunity

Colorado communities can build collaborations across county and municipal agencies, businesses, and community-based organizations to provide youth with summer and school-year job opportunities to encourage the exploration of educational and career interests. Communities can also provide other opportunities for youth to earn income and access public benefits.

Explore funding opportunities from local government, foundations, individuals and others to:

- Offer youth job training, mentoring, and internships in local companies and organizations;
- Offer after school youth development opportunities that allow youth to explore talents and gain employment and/or skills in hobbies;
- Train educators, service providers, parents and policymakers to increase their knowledge, comfort and skill in a strengths-based approach to youth sexual health.
- Map out an economic and financial safety-net for families in the community such as food banks, rent and transportation support.
- Promote financial literacy programs that provide youth with knowledge and skills that they can apply throughout their lives.

"We need to create that window of communication and be open or they won't come. Our kids need to feel like they can talk to us." (Parent)



SUPPORT

I DESERVE TO BE RESPECTED IN ALL MY RELATIONSHIPS. MY FAMILY NETWORKS INFLUENCE THE EXPECTATIONS I HAVE FOR MYSELF AND MY PARTNER. I CAN TALK OPENLY WITH THE IMPORTANT PEOPLE IN MY LIFE ABOUT HOW TO BE SAFE.



“I want to be open with my family about my sexuality. I don’t want to be afraid to ask questions, or worry that they’ll kick me out if I tell them the truth.” (Youth)

Strategies for Family Networks

Research shows that meaningful relationships with parents or guardians can help youth make informed and responsible sexual health decisions that are in line with their values and future goals. [56, 57] Yet, many adults feel ill-equipped to address questions about sex or to start a conversation with their children about sex. [58]

Through access to resources, supportive community networks and direct conversations, families can be positive role models in their relationships with young people.

Healthy Families

Families can support healthy sexual decision-making, including the decision to choose abstinence and the decision to use condoms and contraceptives correctly and consistently by:

- taking their child/sibling to the doctor and allowing him/her to have confidential discussions with the provider.
- getting to know their child’s/sibling’s favorite activities and friends.
- being a positive role model for their child, engaging in healthy behaviors that they want him/her to exhibit.

- taking advantage of "teachable moments" to discuss sexual health with their child. For example, when viewing a sexually explicit commercial and/or TV show, parents can ask their child what he/she thought of it and use it as an opportunity to share their values.
- talking early, talk often. Promote a family norm of talking about family values and sexual health as a part of lifelong health. [56, 59]

Education for Families and Social Networks

Parents and guardians need resources and support to be *askable adults* and serve as the best role models they can be to support youth in making informed decisions about their sexual health that are in line with their future goals and values.

- Participate in sexual health skill-building trainings, such as those focused on parent-child communication and connectedness.
- Attend parenting support classes in the community.
- Talk with other parents and adults about how they talk with their children.
- Seek out resources to learn about youth sexual health, such as www.beforeplay.org.

Programs to consider: *Strengthening Families* (parent leadership program) [60] and *Raíces y Alas* (parent-child communications training). [61]

"I spend a lot of time talking to my kids because we can't pretend that it doesn't happen. And we can't act like we're shocked when we hear things; we have to be open because they have to feel free to tell us." (Parent)



“I feel parents have a huge influence on their kid’s life. Like when you first learn to walk or talk, you depend on them. But once you’re a teenager, they need to follow through and help you figure stuff out.” (Youth)

Economic Support for Families

Economic status should not determine one’s ability to be a positive and supportive parent. Economic stresses such as unemployment, under-employment and housing costs can create additional tensions in families. Therefore, supporting a safety-net for low-income families ensures that parents can meet their potential as supportive and trusted adults and allow them to parent with dignity. Create a family budget and long-term financial plan.

- Utilize Colorado Family Resource Centers, which work with families to “help them become more self-reliant in key areas that affect their family stability, including parenting, health, education, employment, housing and financial management.”
- Advocate and vote for leaders who support the economic development and support of all families.
- Meet with the local human services department to discuss available public benefits that can help achieve economic stability and self-sufficiency.


FREEDOM
I DESERVE TO BE IN CONTROL OF MY SEXUAL HEALTH. I'M PROUD OF THE CHOICES I MAKE!

Strategies for Individual Youth

Youth want and need to take action to improve their sexual health and young people are the best agents of change in their own lives when they have knowledge, skills, and opportunities.

Informed, Responsible, Healthy Youth

Most youth want to learn about their sexual health—and want access to complete and confidential health resources and services—even when they are not sexually active. While parents are the best resource for this information, many do not have the skill or knowledge to initiate these discussions. Some schools don't offer sexuality education at all, while others may provide insufficient information that limits a young person's access to all of their options.

Youth who receive information and education are better equipped to make responsible decisions. Responsibility for one's own actions starts with knowing one's values and goals, which can be a lifelong process of asking questions, making choices, learning from mistakes, engaging with the community and relying on friends and family for support.



This section was specifically **written for youth, by youth,** on how to become advocates for their own sexual health.

- Build confidence in the decisions you make regarding your sexual health by talking with a trusted adult about questions when you are unsure about a topic regarding your sexual health.
- Talk with a caring adult about the important issues in your life, including having safe and supportive relationships.
- Organize a school club/peer education program about teen sexual health. Include peers and teachers who support comprehensive sex ed and positive youth development.



- If your school doesn't offer comprehensive sex ed, ask for it! Then, urge school administration to make it happen.
- Advocate with your school board to make health class a graduation requirement.
- Contact your state legislators about making contraceptives and barrier methods more affordable/available to teens through schools and school-based health centers.
- Talk openly with your partner about sexual health—including options to wait to have sex and options to be safe if you do have sex. Share your goals for your future, and talk about what you want in your relationship together.
- Know your limits! It's always okay to say no. You deserve to feel safe in your relationships.
- Find support to develop your future goals through school, community-based organizations, and mentors.
- Participate in after-school activities, including sports, music, or community-service projects that allow you to explore your interests and make your community a better place to live.
- Be a leader. Get connected to a local youth advisory board. Go to www.colorado9to25.org to learn more.

"Be a leader, not a follower. We need to get rid of the attitude: 'It won't happen to me'—and get educated about this stuff." (Youth)



IMPLEMENTATION

I AM THE SOLUTION,
NOT THE PROBLEM.

Successfully Planning and Implementing Programs

The following section provides guidance for communities working to bring programs and services to youth and their families. With so many programs and services available, communities can begin assessing the options available by asking which ones are evidence-based and medically accurate, which are going to successfully help youth develop healthy behaviors and reach health goals, and which are best at addressing the needs of the youth. The sustainability and effectiveness of programs depend on proper planning, thoughtful implementation and thorough evaluation. [62]

Following this process for planning and implementation will help communities across Colorado select programs and interventions that align with community goals.

Step 1: Conduct a Needs Assessment

- Use available and relevant local data such as the Youth Risk Behavior Survey (YRBS) data, birth rates, sexually transmitted infection data and other epidemiological data to identify trends in behavior, needs and opportunities for improvements.
- Use surveys and community meetings to collect information about youth and adults' perspectives, potential barriers, public will and interest.
- Talk specifically with youth about their perspectives on the issues that impact their lives and how they would like their programs and services to reach them.
- Find out what other educational and community resources are needed that can help impact the ability of a young person to plan for their future.
- Utilize local health departments, Colorado Department of Public Health and Environment's Colorado Health Information Dataset, Annie E. Casey Kids County data bank, and other data reports for relevant health information.

Step 2: Set Measurable Goals and Objectives

- Develop community-wide sexual health goals in partnership with diverse youth, parents and community members.
- Determine the desired change in the following indicators, by when, and how it will be measured:
  - Teen birth rates



- STIs
- Sexual behaviors (delayed sex, increased condom/contraception use, reduced sexual partners)
- Sexual and dating violence

- Develop a logic model that illustrates the outcomes, resources and activities that will lead to behavior change and impact your goal. [63]

Step 3: Program and Strategy Selection and Fit

- Identify possible relevant evidence-based programs and strategies that address the behaviors and goals identified.
- Review evidence-based curricula, including parent-child communication, health education, and sexuality education that support the skills, behavior, and needs of youth and the adults in their lives.
- Select programs and interventions that best fit the community and tailor them for the population, if needed.



Step 4: Build Community and Organizational Capacity

- Develop community leaders and advocates (including youth) to speak about sexual health issues and programs.
- Train educators who are comfortable speaking about sexual health information and trained in programs and curricula.
- Secure funding and identify resources to support planning and implementation of programs.

Step 5: Program Planning and Implementation

- Develop a program budget.
- Create a timeline for planning and implementation for each intervention and program identified in the logic model.
- Address any anticipated barriers to implementation.
- Prepare a written evaluation plan *prior* to implementation.

- Implement programs with fidelity, that is, consistent with the way the program was developed. Ensure that any adaptations of programs or interventions do not compromise fidelity.



Step 6: Evaluation

- Finalize process and impact evaluation tools, such as pre- and post-tests.
- Conduct pre- and post-tests and participant data collection.
- Use and analyze evaluation results to modify and make improvements to the interventions.

Step 7: Improve Upon the Learning

- Assess what was effective and what was not effective about the program.
- Make changes to the program and intervention for future implementation, based on sound evaluation results.

Step 8: Sustain the Success

- Distribute program results.
- Identify strategies to explain benefits, changes, and lessons learned to the community at large, including parents, elected officials, funders, and other supporters.
- Partner with youth to communicate their experience to the broader community.

Sample Action Plan

The sample action plan that follows is meant to serve as an example for communities working toward improving youth sexual health. It contains essential elements of a quality plan and includes goals, objectives, strategies and key activities. In addition, it outlines who is accountable for each objective and activity, along with how implementers know if they are successful. It is essential that each community work in partnership with youth and families to develop its own goals, objectives and strategies. Oftentimes, this partnership results in a local coalition or work group comprised of other stakeholders as well, including local public health and human service agencies, teachers, health providers, businesses, foundations, etc.



This sample plan focuses on reducing the teen birth rate and provides strategies aimed at addressing each sphere of influence—policies and systems, communities, families and youth. This specific plan was written for "Thriving County." However, a plan such as this can be developed for a city, school, neighborhood, etc. depending on the stakeholders and the specific needs. A community who wants to create their own action plan to improve youth sexual health is encouraged to use this sample action plan as a guide, but will need to modify it to meet their own needs. Please remember that this is only an example and should be customized based on communities' financial and human resources and needs.

"Thriving County" Youth Sexual Health Action Plan		
Program Contact Name:		Email:

Context/Background:

- "Thriving County" has a teen birth rate of 30 per 1,000 women ages 15-19.
- Teens in "Thriving County" report a lack of after-school activities.
- 35% of teens in "Thriving County" do not graduate high school.
- "Thriving County" also has a new County Commissioner who is supportive of comprehensive sexual health education and services for the community. Previously this had not been the case, so community members would like to capitalize on the change in leadership to help accomplish their goals.
- There has been a youth council for many years in "Thriving County" and the few youth who still participate are excited to address this topic. The hope is that this plan will reenergize the group.
- The only place that young people can get free contraception is at the local family planning clinic. However, because of the size of the county, youth report not often accessing services because they are afraid to see someone they know.
- The local public health agency recently developed a plan to address unintended pregnancy. This plan will nicely complement their work.

Goal(s)		**Data Source(s)**
G1	Reduce the teen birth rate (ages 15-19) in "Thriving County" by 10% by 2016	CDPHE Colorado Health Information Dataset, local public heath birth data
G2	Delay the onset of sex for non-sexually active youth by 2016	Healthy Colorado Kids Survey/ YRBS, or sexual health program pre/post test data
G3	Increase contraception use among sexually active youth by 20% by 2016	Healthy Colorado Kids Survey/ YRBS, or sexual health program pre/post test data

Objective A: By May 30, 2015, youth sexual health advocates in "Thriving County" will report increased local policies that support access to sexual health education.			**Lead:** **Phone/Email:**	
Target Population: Local policy makers and decision makers				
Criteria for Success: Local policy makers and decision makers are in support of evidence-based programs and services for teen pregnancy, STI and HIV prevention Majority of city council members will vote to approve resolution			**As Measured by:** Local policies or resolutions passed Media reports highlighting support	
Strategy	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Work to pass a resolution in support of the county health goal to decrease teen birth rates	Convene a youth council to lead the development and promotion of the resolution and overall youth sexual health initiatives	September 2012	"Thriving County" Health Dept. Staff	Youth council meeting minutes
	Train and prepare young people and Youth Sexual Health Coalition to have the knowledge and skills to work in partnership	September 2013	"Thriving County" Health Dept. Staff	Notes and evaluations from training
	Train and prepare young people and adults to work on policy change	March 2014	"Thriving County" Health Dept. Staff	Notes and evaluations from training
	In partnership, the youth council and coalition will draft resolution for city council to support the county health goal of decreasing teen birth rates	June 2014	Youth Council/Youth Sexual Health Work Group	Resolution draft
	Youth leaders work with coalition to identify local policy recommendations	December 2014	Youth Council/Youth Sexual Health Work Group	List of recommended policies
	Youth council will present and lobby to city council about the importance of unintended teen pregnancy prevention and support for comprehensive sexual health programs	March 2015	Youth Council	Youth council attendance and activity log
	Youth and adults will plan an event to publicize resolution and highlight to the public the importance of supporting services and education to prevent unintended teen pregnancy	May 2015	Youth Council	Event timeline, agenda, attendance, evaluation

Objective B: By September 30, 2015, Thriving County will increase skills and confidence of parents and caregivers to communicate with youth about sexual health.			**Lead:** **Phone/Email:**	
Target Population: Parents and caregivers				
Criteria for Success: 70% of parents participating in trainings will report greater confidence and skills to talk with their children about sexual health, including engaging in open, supportive dialogue with their teens and capitalizing on "teachable moments"			**As Measured by:** Number of parents participating in parent-child communication workshops Child Health Profiles Survey data	
Strategy	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Provide training to 200 parents and caregivers on parent-child communication and sexual health issues	Using the local schools and existing parenting groups to reach parents, conduct a parent survey to assess knowledge, confidence and skills regarding sexual health topics and connectedness	September 2012	Youth Sexual Health Work Group	Baseline survey results
	Review and choose parent-child connectedness/sexual health training program informed by findings of parent survey	January 2013	Youth Sexual Health Work Group	Literature review of parent-child communication programs
	Determine resources needed, along with an implementation and evaluation plan for the parent-child connectedness/ sexual health training program	June 2013	Youth Sexual Health Work Group	Implementation and evaluation plan including evaluation tools
	Hire and train parent educators on selected parent-child connectedness/sexual health training program	September 2013	Certified trainer of identified program	Training attendance and agenda, training pre/post surveys
	Recruit parents and caregivers for trainings through coalition contact lists, youth council, public health and human service agencies, community organizations, schools and family resource centers	February 2014	Youth Sexual Health Work Group	Recruitment materials distributed
	Implement parent child communication programs	April 2014	Youth Council	Youth council attendance and activity log

Objective C: By January 1, 2015, increase self-efficacy of youth to delay sex, or use condoms/contraception if sexually active.			**Lead:** **Phone/Email:**	
Target Population: Youth ages 12-19				
Criteria for Success: Current youth clients will report an improvement in youth-friendly services by 50% Clinical providers (family planning clinics, teen clinics, and school-based health centers if applicable) will report an increase in the number of youth served each month			**As Measured by:** Clinic youth survey results Aggregated monthly clinic demographic data	
Strategy #1	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Enhance youth-friendly clinical services within existing health clinics to improve access to clinical services for youth in "Thriving County"	Utilize Title X maps and clinic directories to identify the locations and services of safety-net providers in Thriving County	August 2012	Youth Sexual Health Work Group	Mapping results
	Assess quality of services to serve marginalized youth including second-language learners, homeless youth, teen parents, under/uninsured youth, youth with disabilities, and LGBTQ youth through policy and practice review and patient and clinician surveys	December 2012	Identified clinics	Notes and evaluations from training
	Analyze findings and identify top three needs/gaps using mapping and survey results	March 2014	Clinics and Youth Sexual Health Work Group	Survey and assessment report
	Develop a plan to implement and evaluate top three evidence-based strategies for improving youth access to clinical services	May 2013	Clinics and Youth Sexual Health Work Group	Work plan
	Implement the strategies for clinical access improvement	January 2015	Clinics	Implementation and evaluation plan

Objective C: By January 1, 2015, increase self-efficacy of youth to delay sex, or use condoms/contraception if sexually active.			**Lead:** **Phone/Email:**	
Target Population: Youth ages 12-19				
Criteria for Success: 60% percent of target group will receive a comprehensive sexuality education program; 70% completion rate of program by participants 60% will report increased skills and knowledge to delay sex and use condoms and contraception if they become sexually active			**As Measured by:** Attendance logs for sexual health programs Pre, post, and post-post youth program surveys	
Strategy #2	**Milestones / Key Activities**	**Target Completion Date**	**Responsible Persons/Group**	**Monitoring Plan**
Youth ages 13 to16 enrolled in Thriving School District will receive comprehensive, evidence-based sexuality education on prevention of teen pregnancy and sexually transmitted infections (STIs), including HIV	Assess readiness for school district to adopt new curriculum and raise awareness in community as needed	December 2012	School Health Curriculum Coordinator and Youth Sexual Health Work Group	Summary brief of current policies and procedures support of, or hindering, new curriculum
	Assess community data on behaviors and epidemiological data on birth rates and STI/HIV rates.	February 2013	School Health Curriculum Coordinator	Epidemiological data reports (from CoHID website)
	In partnership with a program review committee comprised of youth leaders, teachers, parents, and district representatives, review and select programs based on data and school district resources and classroom availability	April 2013	School Health Curriculum Coordinator, Teachers, Work Group, Youth Council	Literature review of potential programs Attendance at review meeting Meeting minutes
	Present rationale/need and curricula options to other parents and youth; have curriculum available for review per school protocol	June 2013	School Health Curriculum Coordinator, Teachers, Youth Council	Fact sheet on program evidence, rationale and selection process
	Train educators or determine the organization to provide program implementation	September 2013	School Health Curriculum Coordinator	Training attendance, agenda, pre/post test surveys
	Develop program implementation and evaluation plan for programs	September 2013	School Health Curriculum Coordinator and the selected curriculum trainer or author	Program implementation and evaluation plans
	Implement first round of curricula with first group of students	September 2013	Teachers	Program attendance logs, pre/post test surveys
	Review evaluations, assess any changes needed, adjust and continue implementing	January 2015	School Health Curriculum Coordinator	Evaluation summaries, program implementation and evaluation plans

Sexual Health Glossary

Many of the following definitions are adapted from the Centers for Disease Control and Prevention. More information can be found at www.cdc.gov.

Abstinence: Refraining from or delaying the onset of willing participation in oral, anal, or vaginal sex, or sexual/genital contact that could result in pregnancy or sexually transmitted infections (STIs).

Academic Content Standards for Comprehensive Health and Physical Education: adopted in 2009 by the Colorado Department of Education, the standards help school districts implement the most comprehensive, age-appropriate, medically accurate and evidence-based health education, including sexuality education, available to students and provide guidelines for the school grade by which this information should be completed.

Access: The ability of a person to receive health care services based on availability of supplies, and ability to pay for services.

Adolescent: A person in the developmental stage of adolescence, which ranges from ages 10 to 24 years. This term is used interchangeably with teen, teenager, youth, or young person.

Age-Appropriate: Topics, messages and teaching methods suitable to particular ages or age groups, based on developing cognitive, emotional and behavioral capacity typical for the age or age group.

Askable Adult: Those adults that youth perceive as approachable and open to questions.

Colorado's Healthy Youth Act: Colorado's sexuality education law, HB07-1292, signed into law in 2007 and ensures that Colorado youth have access to comprehensive sexuality education that includes information on abstinence, sexually transmitted infections (STIs), the benefits and potential side effects of using contraception, parental involvement and family communication, safe relationships, and responsible decision-making, including how alcohol and drug use impairs responsible and healthy decision making.

Comprehensive Sexuality Education: Programs that teach about abstinence as the best method for avoiding sexually transmitted infections (STIs) and unintended pregnancy, and include information about condoms and contraception to reduce the risk of unintended pregnancy and STIs, including HIV. It also includes interpersonal and communication skills and helps young people explore their own values, goals, and options. Additional content may:

- Encourage family communication between parent and child about sexuality;
- Teach young people how to avoid unwanted verbal, physical, and sexual advances and how to avoid making verbal, physical, and sexual advances that are not wanted by the other party;
- Focus on the development of safe relationships, including the prevention of dating and sexual violence;
- Teach young people how alcohol and drug use can affect responsible decision-making;
- Does not teach or promote religion.

Contraception: The intentional prevention of conception/pregnancy through the use of various devices, agents, drugs, sexual practices, or surgical procedures.

Culturally Sensitive/Competent/ Relevant: The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used to increase the quality of services and, in so doing, produce better outcomes. Includes resources, references and information that are meaningful to the experiences and needs of communities of color, immigrant communities, LGBTQ communities, people with disabilities and others whose experiences have traditionally been left out of sexual health education, programs and policies.

Dating Violence/Abuse: A type of intimate partner violence or abuse that occurs between two people in a close relationship; can be physical, emotional, or sexual.

Evidence-Based Programs: A program that:

- Was evaluated using a rigorous research design, which includes:
    - Measuring knowledge, attitude, and behavior.
    - Having an adequate sample size.
    - Using sound research methods and processes.
    - Replicating in different locations and finding similar evaluation results.
    - Publishing results in a peer-reviewed journal.
- Research has shown to be effective in changing at least one of the following behaviors that contribute to early pregnancy, STIs, and HIV infection:
    - Delaying sexual initiation,
    - Reducing the frequency of sexual intercourse,
    - Reducing the number of sexual partners, or
    - Increasing the use of condoms and other contraceptives.

Fidelity: The degree to which a program is implemented as intended by the program developer. Variations from a program, including adaptations, impact the effectiveness of the program.

Gender Identity: A person's sense of being male or female, resulting from a combination of genetic and environmental influences.

Health Disparities: Types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people.

Health Equity: Achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Human Immunodeficiency Virus (HIV): A retrovirus that is recognized as the causative agent of Acquired Immunodeficiency Syndrome (AIDS).

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

Life Skills: Behaviors that enable individuals to adapt to and deal effectively with the demands and challenges in life, including the ability to: make decisions, solve problems, think critically, clarify and analyze values, communicate, be assertive, negotiate, cope with emotions and stress, and feel empathy with others by being self-aware.

Medically Accurate: Information that is established through use of scientific methodology. Results are measured, quantified and replicated to confirm accuracy. Findings are based on published authorities upon which medical professionals generally rely, defined by 3 interrelated features:

1. Verification or support of research conducted under accepted scientific methods;
2. Publication in peer-reviewed journals; and,
3. Recognition as accurate and objective by mainstream professional organizations such as the American Academy of Pediatrics, American Congress of Obstetricians and Gynecologists, the American Public Health Association, and government agencies such as the Centers for Disease Control and Prevention.

National Sexuality Education Standards: released in 2012, these standards provide clear, consistent and straightforward guidance on the essential minimum, core content for sexuality education that is age-appropriate for students in grades K-12.

Peer-Reviewed: Evaluation of work by other people in the same field in order to maintain and enhance the quality of the work in that field.

Positive Youth Development: An approach that emphasizes the many positive attributes of young people and focuses on developing inherent strengths and assets to promote health. Positive youth development incorporates the following guiding principles into programs:

- Strengths-Based: The approach focuses on positive physical and mental health, education, social, vocational, creative, spiritual and civic outcomes.
- Youth Engagement: Youth have a positive sense of self and are connected to positive peers, adults and communities.
- Youth-Adult Partnerships: Youth work with adults to make decisions for program and policy planning, implementation and evaluation.

- Culturally Responsive: Adults and youth recognize and respond proactively to variations in backgrounds/cultures including, but not limited to, ethnic, racial, linguistic, learning and physical abilities, sexual orientation, socioeconomic status and geographic location, to ensure inclusivity and equity.
- Inclusive of ALL Youth: The approach is inclusive, not solely focusing on youth in at-risk environments or youth who exhibit risk behaviors.
- Collaboration: Private and public agencies, state and local partners and the community, including families, work together to support youth.
- Sustainability: Long-term planning that includes funding, capacity-building, professional development and evaluation exists for ongoing support of youth.

Protective Factors: A personal or environmental characteristic that protects a person from risk of unintended health outcomes.

Risk Factors: A personal or environmental characteristic that increases a person's risk level for adverse health outcomes.

Safety Net: The supports in place for families and individuals to fill financial gaps to meet basic needs, including health care, food, employment, and child care.

Sexually Transmitted Infections (STIs): Any disease transmitted by sexual contact, including HIV, chlamydia, genital herpes, genital warts, gonorrhea, syphilis, yeast infections, and some forms of hepatitis.

Sexual Violence: Any sexual act that is perpetrated against someone's will and encompasses a range of offenses: a completed nonconsensual sex act, an attempted nonconsensual sex act, abusive sexual contact or unwanted touching, and non-contact sexual abuse, threatened sexual violence, exhibitionism, or verbal sexual harassment.

Title IX: Title IX of the Education Amendments of 1972 protects people from discrimination based on sex in education programs and activities that receive federal financial assistance. The Title IX regulation describes the conduct that violates Title IX. Examples of the types of discrimination that are covered under Title IX include sexual harassment, the failure to provide equal opportunity in athletics, and discrimination based on pregnancy.

Title X: The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs"] was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only Federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families.

Underserved Populations: A group of people who do not have equal access to health and health care services, in part due to socio-economic status, medical condition, physical ability, geography, literacy level, or a combination of these and other factors.

Youth Advocate: An adult who acts in the best interests of the youth with whom they are working, and who supports the empowerment of all young people.

Youth Connectedness: Degree of closeness experienced by youth in relation to the environment around them, including their peers, family, community, and society.

Youth-Friendly: Incorporates age-appropriate policies, procedures, and information. The goal of providing youth-friendly services and information is to increase the ability and likelihood of youth access in the future.

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