



## Inclusive Healthcare—Youth and Providers Empowered

The Peer Education Institute’s Planned Parenthood partners lead Teen Council peer education programs in nine different states in the United States. Teen Council peer educators receive over 100 hours of training each year in order to provide comprehensive sexual health education to their peers in a variety of settings. Teen Council peer educators work closely with LGBTQ groups in their communities to provide sexual health education. Many Teen Council members identify as LGBTQ or as allies to the LGBTQ community.

### Statement of need

LGBTQ youth have higher teen pregnancy and STD rates than their heterosexual peers. There are many reasons for this including: greater harassment and discrimination as well as family rejection which leads to risky behaviors, and a greater propensity toward substance use which may also have an effect on pregnancy rates.<sup>1</sup> In addition there is a lack of sexual education that includes the needs of LGBTQ youth and thus does not adequately educate about the need for birth control and testing.<sup>2</sup>

- Lesbian and Bisexual youth experience twice the risk of unintended pregnancy as their heterosexual peers.<sup>3</sup>
- LGBTQ youth have significantly more sexual partners as compared to heterosexual youth.<sup>4</sup>
- Lesbian and Bisexual young women report lower use of birth control and have a 12% prevalence rate for teen pregnancy and a 24% prevalence rate for multiple pregnancies.<sup>5</sup>
- As compared to their heterosexual peers LGBTQ teens are at an increased risk of STIs, including HIV.<sup>6</sup>
- Young men with partners of both sexes have reduced odds of condom use and increased odds of having had multiple partners.<sup>7</sup>

#### In addition:

- Only 3% of adolescents initiated a conversation about sexual health, STIs, or birth control with their family providers.<sup>8</sup>
- Health care providers often fail to provide LGBTQ patients with adequate information regarding safer sex, knowing their patients’ sexual history regardless of their reported sexual orientation and screen for STDs.<sup>9</sup>
- As a result of past negative experiences dealing with health care providers those who identify as LGBTQ are often times less likely to obtain regular STI testing and treatment.<sup>10</sup>

### Description of Program

It is our intention to provide a program that will help lower teen pregnancy rates and STD rates among LGBTQ youth. We believe that the combination of LGBTQ youth friendly health services and direct relevant and inclusive sexual health education grounded in the Health Belief Model Theory of Change for LGBTQ youth will result in youth seeking health services and getting birth control and testing on a more consistent basis. We propose delivering education on these topics via our Teen Council program.

**Teen Council** is a strong and successful peer education program for high school youth who are expertly trained to deliver inclusive, comprehensive sexual health education for their peers. As part of the IN•cluded project, the Teen Council will deliver two different trainings to two different audiences

**Workshop for Health Care Center staff and providers:** This 3 hour workshop, broken into two 1.5 hours segments, will cover best practices for working with LGBTQ youth including how to make the health center more LGBTQ friendly, how to make the health history more inclusive and how to engage LGBTQ youth in the exam room so that they feel safe, comfortable and open to sharing their sexual health behaviors.

**Workshop of LGBTQ youth:** This 3 hour interactive workshop will include education related to sexual health risk prevention and how to access health services as well as advocate for sexual health needs in a health care setting.

Both groups will receive follow up information and reminders related to the education provided in the workshop.

## Evaluation description and results

The Peer Education Institute in collaboration with eight other Planned Parenthood organizations will apply to the Office on Adolescent Health to fund a broad-scale evaluation of the IN•cluded program and curriculum. This evaluation will establish an ‘evidenced based’ status for this curriculum. Use of evidence-based practices “promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result.”<sup>11</sup> Additionally, evidence-based curricula are more likely to receive funding for implementation and be implemented in other areas. This project will include program and comparison groups for both the Health Centers and the LGBTQ youth groups. We are committed to sharing results from the proposed evaluation with the communities that are involved and communities that could benefit from this information. We expect to establish strong partnerships with the communities where IN•cluded will be evaluated, and find ways to share the findings at the local level, as well as at national venues and in scholarly publications.

1 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91(6), 940-946. Retrieved July 16, 2012 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472>.

2 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91(6), 940-946. Retrieved July 16, 2012 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472>

3 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health*, 91(6), 940-946. Retrieved July 16, 2012 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472>

4 Saewyc, E., Bearinger, L., Blum, R., & Resnick, M. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives*, 31(3), 127-131. 9 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth Risk Behavior Surveillance, Selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60. Retrieved June 1, 2012, from <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>

5 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth Risk Behavior Surveillance, Selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60. Retrieved June 1, 2012, from <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>

6 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth Risk Behavior Surveillance, Selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60. Retrieved June 1, 2012, from <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>

7 Lane, T. (2002). Among sexually experienced male adolescents, those with partners of both sexes exhibit riskiest behavior. *Perspectives on Sexual and Reproductive Health*,

8 Diamant, A., Schuster, M., McGuigan, K., & Lever, J. (1999). Lesbians’ sexual history with men: Implications for taking a sexual history. *Arch Intern Med*, 159, 2730-2736.

9 Bauer, G., & Welles, S. (2001). Beyond Assumptions of Negligible Risk: Sexually Transmitted Diseases and Women Who Have Sex With Women. *American Journal of Public Health*, 91 (8), 1282-1286.

10 SexSmarts Sexual Healthcare Survey 2001

11 Ohio Department of Job and Family Services, “Evidence Based, Evidence Informed, Promising Practice and Emerging Program and Practices.” December 11, 2014 at [https://jfs.ohio.gov/OCTF/Evidence\\_Based\\_Evidence\\_Informed\\_Promising\\_Practice\\_and\\_Emer.pdf](https://jfs.ohio.gov/OCTF/Evidence_Based_Evidence_Informed_Promising_Practice_and_Emer.pdf)