

**Focus on Youth and HIV AIDS:  
Defining an Agenda for Youth of Color  
June 25–27, 2006  
Meeting Summary**

David Napp  
Practical Applications of Public Health



## Introduction

The National Alliance of State and Territorial AIDS Directors (NASTAD) convened a meeting in Silver Spring, Maryland, June 25–27, 2006, with state health department staff and youth working in HIV prevention programs, with the goals of: (1) strengthening HIV prevention programs targeting youth of color at the national and state level, and (2) gathering input to help shape the focus and direction of NASTAD’s Youth HIV Prevention Program. The meeting provided participants an opportunity to share information about youth of color HIV prevention programs in their jurisdiction and to identify strategies to address programming gaps (see Attachment A for meeting agenda). The specific objectives of the meeting were that participants would:

- Describe the epidemiology of HIV among youth of color,
- Identify major challenges to providing HIV prevention programs to youth of color,
- Name strategies to increase the focus on youth of color at the state and national level, and
- Develop an action plan to increase the focus on youth of color in their jurisdiction.

Teams were invited from jurisdictions with a high prevalence of HIV infection among youth and that have demonstrated a commitment to addressing youth issues. Teams from nine states attended the meeting as well as members of NASTAD’s African American Advisory Committee (see Table 1). State teams consisted of one or more of the following types of individuals:

- AIDS directors,
- Senior HIV prevention managers,
- Managers or coordinators of youth HIV prevention programs, and
- Youth active in local HIV prevention programs or community planning groups.

**Table 1: Participating Teams**

California	Michigan	Pennsylvania
Florida	Missouri	Texas
Georgia	North Carolina	Wisconsin

This report describes key products developed during this meeting as well as the findings from the meeting evaluation. An independent consultant, David Napp, of Practical Applications of Public Health, was contracted by NASTAD to design and facilitate the meeting and to produce this report.

## Defining Challenges

Participants worked individually and then in small groups to identify challenges to providing HIV prevention programs to youth of color. The issues identified by each small group were written on sheets of paper, posted on the wall, discussed and sorted by the whole group to identify common themes, and then labeled to yield seven major challenges to providing HIV prevention programs to youth of color. These seven challenges are presented below. The bulleted items beneath each challenge are the original issues identified by small groups.

### Challenges to Providing HIV Prevention Programs to Youth of Color

#### Stigma

- Low service utilization
- Lack of role models/mentors
- Limited capacity of real community organizations
- Distrust
- Stigma
- Fear

#### Structural and Institutional Barriers

- School district policies
- Local control of school districts
- Negative community attitudes
- Poor collaboration among agencies
- Access to services and youth
- Staffing structure
- Poor integration of communicable disease programs

#### Competing Needs

- Competing interests
- Basic needs vs. HIV prevention

#### Lack of Resources

- Lack of DEBIs for youth of color
- Limited shelf-life of interventions
- Over-reliance on epidemiological data
- Lack of sexual risk programs and marketing

#### Lack of Cultural Competency

- Limited cultural competence
- Cultural competency
- Lack of understanding of youth culture
- Not knowing needs or what works

#### Denial in Community

- Attitude that it's "not *my* kid!!"
- Parents lack sexual communication skills
- Negative community attitude
- Judgment
- Taboo

#### Conflicting Messages in Youth Culture

- Youth culture (e.g., music of Ludacris)

## Developing Strategies

Participants attended facilitated breakout discussions to brainstorm local and national strategies to address the previously-identified challenges of providing HIV prevention programs to youth of color. Team members from each state were assigned to different discussion groups to maximize interaction across teams and increase exposure to new ideas. The entire group reconvened after the breakouts to share their identified approaches. This process yielded the local and national strategies listed below.

Local strategies are intended to stimulate action at the jurisdiction level to address the HIV prevention needs of youth of color. State teams are encouraged to review, refine, and prioritize these strategies to address needs in their jurisdiction. National strategies represent meeting participants' recommendations to NASTAD about its role in addressing the HIV prevention needs of youth of color. NASTAD will review these recommendations and determine priorities for future action. The local and national strategies listed below are not intended to be a comprehensive list of actions nor are they assumed to be appropriate for every jurisdiction or agency. Stakeholders are encouraged to pursue additional or alternative actions as needed.

### **Local Strategies**

Participants suggested strategies that health departments and directly-funded community based organizations (CBOs) and/or AIDS service organizations (ASOs) can spearhead at the local level.

- Increase youth participation on health department and other agencies' panels that review and approve educational materials and curricula.
- Create opportunities for HIV-positive youth to safely share their experiences through speakers' bureaus and speakers' exchanges.
- Collaborate with youth to develop a curriculum on youth cultural competency to educate adults, teachers, community planning group members, health educators, HIV testing and counseling providers, and health care providers about youth culture, youth perceptions of their risk behaviors, and strategies for conducting risk behavior assessment with young adults within their cultural context.
- Involve youth in agency staff hiring processes so they can help choose appropriate providers to work with young adults.
- Survey parents, community, and youth on opinions about sex education in schools and use that information to inform school sexuality education policies.
- Integrate HIV into approved curricula on non-HIV topics (e.g., develop book discussion guides that incorporate questions related to HIV prevention).
- Define youth sub-populations so stakeholders can see more easily that abstinence-only messages are not appropriate for everyone (e.g., youth methamphetamine users).
- Encourage implementation of Youth Risk Behavior Surveillance System (YRBSS) in every community and use these data, in combination with pregnancy and STD data, to make the case for youth HIV prevention and to plan programs that meet youth needs.
- Conduct youth needs assessment to identify priority work areas (e.g., convene focus groups to better understand issues of denial among youth).
- Evaluate CBO youth programs and ensure accurate data about the number and demographic characteristics of youth reached by these programs.
- Develop recommendations and action steps that could be funded by stakeholders who attend youth-led community forums.

- Conduct parent-to-parent peer education workshops to address taboos and judgment.
- Implement social marketing campaigns to combat stigma and denial (e.g., an “It is your kid!” campaign could target parents who think their children are not at risk).
- Create a directory of youth-focused support services and strengthen relationships with service providers to improve opportunities for collaboration and referral.
- Collaborate across health department divisions to elevate the importance of youth issues.
- Develop stronger relationships with community members, faith community leaders, organizations working with parents, and non-traditional partners such as sororities, fraternities, and local associations.
- Increase attention about prenatal transmission, sexual abuse, etc. related to HIV risk.
- Engage in national campaigns that are aligned with local needs and seek materials from national organizations for use with local communities (e.g., the New Jersey State Health Department received materials from the Kaiser Family Foundation campaign on HIV/AIDS and modified them for their target community).

## **National Strategies**

Participants suggested strategies that NASTAD can spearhead and/or that NASTAD can accomplish in partnership with other national organizations, as appropriate..

- Conduct an advocacy campaign targeting elected leaders to promote comprehensive sexuality education in schools.
- Help educate voters about political leaders’ views on comprehensive sexuality education in schools.
- Compile and disseminate data, tools, and other resources that can be used to make the case for comprehensive sexuality education in schools (e.g., distribute existing tools for surveying parent attitudes about sexuality education in schools; compile evaluation data showing that abstinence-only programs have limited effectiveness).
- Convene additional meetings with state teams on HIV prevention among youth of color.
- Provide advocacy training for adults and youth.
- Facilitate media access (e.g., the Kaiser Family Foundation HIV campaign).
- Identify social marketing campaigns related to HIV prevention, youth, and sexuality; post this information on the NASTAD website; and use these models to develop and disseminate a social marketing campaign framework for jurisdictions.
- Focus national organizations on a common, unifying issue related to disparities of HIV among youth of color and plan a collaborative national event to highlight this issue.
- Increase opportunities for HIV-positive youth to share their experiences and feel safe by compiling and disseminating information about national speakers’ bureaus and exploring

opportunities for speakers' exchange (e.g., AmeriCorps' "Stories from the Heart" program).

- Support partnerships with churches by compiling models for working with churches on HIV prevention and youth sexual health issues; gaining buy-in from pastors and educating them on HIV prevention issues, stigma, and homophobia; getting buy-in from church youth leaders and providing tools and resources to help protect their peers; and promoting recognition that churches are a key vehicle to reach parents and establish real dialogue around issues impacting sexual health between parents and children within the church context.
- Explore opportunities to address youth issues across health department programs so as to heighten the importance of youth within the agency (e.g., facilitate collaboration across health department STD and viral hepatitis programs).
- Conduct a consultation with CDC to address youth of color HIV prevention needs.
- Emphasize the importance of collaboration to federal funders (e.g., encourage funders to require collaboration in grant and cooperative agreement applications).
- Collaborate with CDC to address HIV in the context of other issues impacting youth so that HIV is not isolated from other related systemic issues such as race, ethnicity, incarceration, stigma, poverty, mental health, etc.
- Encourage CDC to accelerate the pace at which DEBIs are approved and allow flexibility to develop home-grown interventions to increase interventions for youth.

## **Priority Recommendations**

Participants reviewed the national strategies and identified the following items as priority recommendations. NASTAD intends to review these recommendations, consider which actions are feasible, and identify priorities for implementation. The priority recommendations listed below do not represent a commitment by NASTAD to implement all strategies at this time.

- Establish an ad-hoc youth of color HIV prevention working group.
- Create a listserv to facilitate sharing HIV information and resources among meeting participants and others interested youth of color.
- Post youth of color HIV prevention resources on the NASTAD website (e.g., tools for surveying parent attitudes about sexuality education in schools).
- Compile and disseminate a list of health department adolescent health coordinators and other related staff to promote communication and collaboration across youth-focused health department programs.
- Create a mechanism for health department staff and other stakeholders to learn about home-grown intervention for youth.
- Work with other national organizations to educate voters about political leaders' views on comprehensive sexuality education in schools.

- Convene a consultation with CDC and other stakeholders to create a national “Call to Action” and create and disseminate a template that can be locally tailored.
- Conduct state-specific planning meetings focused on youth of color and HIV and encourage CDC project officers to attend.
- Identify someone from NASTAD to speak with local community planning groups about youth of color and HIV.

## Evaluation

A self-administered evaluation survey was completed by participants at the end of the meeting. The evaluation results are presented below.

### 1. Please rate the quality of each of the sessions listed below.

	Mean Score	Excellent 4	Good 3	Fair 2	Poor 1
<b>Sunday</b>					
Setting the Stage (n=24)	3.5	12	12		
<b>Monday</b>					
Defining Our Challenges (n=25)	3.6	16	9		
Making Our Voices Heard (n=24)	3.9	21	3		
Plenary Lunch: National Youth Advocacy Coalition (n=25)	3.4	12	10	3	
Developing Strategies (n=25)	3.7	18	7		
Influencing Decision Makers (n=24)	3.5	12	12		
<b>Tuesday</b>					
Planning for Action (n=23)	3.8	18	5		
Looking Forward (n=19)	3.8	16	3		

### 2. Please rate the overall quality of the meeting. (n=24)

Mean Score	Excellent 4	Good 3	Fair 2	Poor 1
3.8	19	5		

### **3. What did you like most about the meeting?**

- Having youth in the room
- Involvement of affected youth
- Having youth involved made us think and dig deeper
- The fact that the youth were able to really get into the meeting
- The youth being involved was great and the discussion element versus the presentations
- All the information I read and being with some extremely energetic young adults
- I especially enjoyed having youth actively involved in his meeting; sometimes I feel maybe they should have their own space for their own purposes to explore issues
- Feedback from the group was very good and it was great to have the youth voices
- Hearing from youth, hearing what other states are doing to include youth, and receiving copies of work we did at the meeting and copies of slide presentation
- Coming to the conclusion of the broad barriers as well as the youth involvement and presentations
- Combination of states and ages and the energy of the group
- Meeting with other states, networking, and getting ideas that we can take back and use
- Interest, enthusiasm of everyone, the state coordinators, district program coordinators, and youth leaders
- Small group activities that moved us toward action
- Excellent group dynamics and great mix of people
- The “working group” style and having youth telling their stories and ideas
- Opportunity to interact throughout the meeting
- Small group discussions were very informative
- Brainstorming sessions and discussion
- Kellye and the facilitator were very well organized and the activities were very helpful
- David Napp was an excellent facilitator and moved the meeting along very well
- The ability to work with a multitude of people during the brainstorming sessions, the diversity of individuals in the room, influencing decision makers, having young people at the table, brainstorming sessions, and our facilitator and David’s skills
- Advocacy, abstinence only law that I was not aware of, statistics, hotel and meals, challenges and barriers, developing strategies, meeting new people who offer their opinions, and looking forward
- Epi presentation, legislative training, defining our challenges
- Brainstorming on national and local ideas to promote increased attention on youth issues
- All the information I received
- With such little time so much was accomplished

### **4. What did you like least about the meeting?**

- Meeting on Sunday
- Starting on Sunday and late dinner time
- Starting on Sunday and the location outside of downtown
- Travel on Sunday, time change, and late night ending
- It was too short and I didn't get enough information as to how to let young adults know that having sex is not an activity
- Too little time for networking and informal discussion
- The amount of time for the meeting was a bit short
- Too short and not enough days to brainstorm
- Could have been longer
- Non-stop schedule
- Allocate more time to discuss youth needs
- That more people weren't involved
- Need representation from more states
- Our team did not bring decision makers to the table; we have great ideas but we need to run them through management
- Presentation during lunch added no value to the meeting
- Lunch plenary was too interactive for lunch
- Meeting over lunch and having presentations; I would have liked to speak more directly with participants
- Less presentation, more process
- More pragmatic decisions from young people; one hour is not enough
- The amount of sitting we did, but not sure that is a problem
- Defining our challenges exercise was a little long
- Participants did not adhere to schedules (e.g., breaks) that should have been enforced by NASTAD staff

**5. Should this type of meeting be repeated for other states? (n=24)**

Yes = 24      No = 0

**6. What would you change to make the meeting better?**

- Not start on Sunday
- Longer (e.g., Sunday to Friday)
- Make the meeting longer as there were good ideas but the time cut into our conversation
- The day of the week and the time; was up early Sunday morning and then to from 4 p.m. until 9 p.m. is long; but it was worthwhile
- Meet Monday – Wednesday in downtown location

- More time for discussion
- Make it more interactive; but you all did a great job
- More time for health departments and CBOs to share their successes
- Allocate more time to discuss youth issues and specific needs and how we as adults can work better with young adults to develop effective partnerships
- Include more youth and youth leaders
- Have a youth community planning group (CPG) attend for all states represented
- Equal ratio of adults and youth
- Make sure project officers (POs) for states are present; it is difficult to advocate for change if the state POs don't see youth of youth of color as a risk group
- Listing of state initiatives distributed prior to meeting
- This exact type of process would be very beneficial for Texas stakeholders
- Be aware of the emotion, feelings, and disclosure that may be shared by youth and provide ways to process and support youth
- Discuss how youth feel about adults' opinions and how it impacts their sexual behaviors
- The food

**7. Would you want to attend a follow-up meeting of this group in about a year? (n=24)**

Yes = 24      No = 0

**a. If yes, should the meeting include an advocacy education day on the "Hill"?**

Yes = 21      No = 2      DK = 1

**b. What else should be on the agenda for the follow-up meeting of this group?**

- Ask everyone what they have personally done after the first meeting
- Update from each state regarding "where are you now?"
- What did people accomplish after the meeting?
- See what progress has been made
- Progress report from participating states
- Answer the questions: Where are we now? What has been accomplished? How can we facilitate action on the local level to help NASTAD leverage/advocate for youth serving agencies?
- Steps or activities that have been implemented in states and regions
- What new things NASTAD is doing and the positive changes they have accomplished
- Love the idea of an advocacy education day on the Hill
- How to educate states to educate the Hill

- Advocacy on the hill intimidates me
- Advocacy training and status of states sex education programs
- Get more information on home-grown interventions
- Others issues affecting youth of color that play a role in risky sex
- More time for state-focused issues and also I think sharing action plans with the group and getting ideas about what will work
- Models for joint Public Health and STD/HIV prevention (e.g. planning, intervention, promoting, and evaluation.), youth development (assets approach) having youth involved in the process to address STD/HIV prevention and other adolescent risk behaviors (see searchinstitute.com)
- Viral hepatitis and youth
- Exposure to youth culture
- Just to target HIV-positive youth like myself and to tell them it is going to be OK and that it is OK to come out and tell your story so that they are educated and won't make the same mistakes

#### **8. What else do you want to tell us?**

- Thank you so much!
- Great conference
- Great meeting, well worth attending
- Thank you for this meeting, I have learned a lot
- Job well done
- Thank you NASTAD!
- Overall, a useful training
- Great job; thank you for including the youth
- Ms. McKenzie did a wonderful job; very organized and on-time
- Really enjoyed the meeting and it was a wonderful experience
- Thank you for forging the pathways to make this meeting, collaboration, and networking happen; wonderful job
- I enjoyed learning about all of the programs and I am excited to take some of the energy to the state so change can be made
- This was the best experience I ever had; this was better than the executive committee meeting
- It was my first NASTAD event and it was educational, informative, and exciting; great meeting!, I hope and pray I'm allowed to attend again
- This was a meeting that was long past due for me; excellent meeting
- I am so happy that I got the chance to attend this meeting and to learn so much and not be ashamed that I have HIV; people make mistakes and you can only go forward and learn from your mistakes and make a positive difference to bring the high numbers down

- I feel a little overwhelmed because I can see how far behind my state is on this issue and I have a lot of work to do, but this process and information has given me concrete tasks I can take home and get the ball rolling with your help
- Have some representation from the really big youth service providers (e.g., Job Corps and YMCA) to discuss ways we can work together to provide comprehensive services to young adults and have some entities specifically responsible for programs which target at risk youth (e.g., CDC, NIH, NYAC, and Advocates for Youth)
- Please make sure that youth at the table represent the population
- Have more positive youth to get their feedback
- Is there anyway I can get information on SISTA training and testing and counseling training offered in my state?
- Georgia Office of Adolescent Health produced a media campaign focused on abstinence that included messages on STD/HIV prevention that was youth driven and focused, including the roll out; let me know if you want a copy to share with other materials as a follow up to the meeting

## Attachment A: Meeting Agenda



### **Focus on Youth and HIV AIDS: Defining and Agenda for Youth of Color June 25–27, 2006**

#### **Objectives**

By the end of this meeting, participants will be able to:

- Describe the epidemiology of HIV among youth of color
- Identify major challenges to providing HIV prevention programs to youth of color
- Name strategies to increase the focus on youth of color at the jurisdiction and national level
- Describe an action plan to increase the focus on youth of color in their jurisdiction

#### **Sunday, June 25**

3:00 – 4:00	Registration
4:00 – 6:00	Setting the Stage
6:00 – 7:00	Break
7:00 – 9:00	Reception and Dinner

#### **Monday, June 26**

8:30 – 9:00	Breakfast
9:00 – 11:00	Defining Our Challenges
11:00 – 11:15	Break

11:15 – 12:15	Making Our Voices Heard
12:15 – 1:30	Plenary Lunch: National Youth Advocacy Coalition
1:30 – 3:30	Developing Strategies
3:30 – 3:45	Break
3:45 – 4:45	Influencing Decision Makers
4:45 – 5:00	Closing

**Tuesday, June 27**

8:30 – 9:00	Breakfast
9:00 – 10:30	Planning for Action
10:30 – 10:45	Break
10:45 – 11:30	Looking Forward
11:30 – 12:00	Closing and Evaluation
12:00 – 1:00	Lunch