Healthy Family and Social Relationships

Two Should Know Initiative

Strategic Plan

2014 - 2017

TWO SHOULD KNOW
HEALTHY SEXUALITY

An initiative of the Paso del Norte Health Foundation

Executive Summary

Initiative Goal

The overarching goal of the initiative is to effect long-term improvements in sexual health across the life-span and reduce negative health outcomes in the Paso del Norte region.

Background

Two Should Know (TSK) History:
Dr. Michael Kelly, the original architect of the Two Should Know initiative began this complex effort to make a regional paradigm shift by stating that *"Sexual health, like all other dimensions of health, is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years."*

In 2005 under this premise Two Should Know took its first steps promoting a sex positive approach to health across the lifespan. This leadership position works for regional coordination and collaboration with grantees and other organizations to create and implement effective and imaginative programs ultimately leading to significant reductions in poor health outcomes, such as STIs, unintended pregnancies, and sexual violence and abuse.

During the January 2014 Foundation Board retreat it was confirmed that current priority areas and initiatives would continue. This included the Two Should Know healthy sexuality initiative. This updated strategic plan will guide the next 3 years of initiative activity.

Prevailing Theory for Change

Positive Sexuality Approach:
The Foundation's Two Should Know initiative is based on a Positive Sexuality approach. The Foundation's Positive Sexuality approach is to promote a sex positive society where every touch is a wanted touch and sexual health across the life-span is recognized as an integral human need for healthy development and nurturing. The importance of sexual health as a health priority cannot be undervalued. It carries the awesome potential to create new life (Robinson 2010).

Over the past decade peers anecdotally report that this broad and inclusive approach sets a sound foundation for population level collective impact. Research has shown that sexually healthy persons - persons who are sexually literate, comfortable and competent - are more likely to make sexually healthy choices, including decisions concerning sexually risky behaviors. Exploring, celebrating and communicating about sexuality from a positive position that is self-affirming, age appropriate, aligned with ethical, spiritual and moral beliefs, values and healthy behaviors is essential to achieve long term sexual health and reduced negative health outcomes in the region. The Foundation and Two Should Know initiative partners will work to develop collective impact using a range of positive sexuality interventions including advocacy, collaboration and coordination, media, and evidence based education.

Objectives

Objective 1 - the live birth rate among adolescent females will be no higher than the state's rate per 1000 females ages 15-19 by December 31, 2020. (Current - Texas 57, El Paso, 69, Hudspeth, 79, New Mexico 59, Doña Ana 67, Luna 90, Otero 60).

Objective 2 – Reverse the trend in all forms of sexually transmitted infections (STI) within the Paso del Norte region from increasing to decreasing by December 31, 2017.

Objective 3 - All regional youth ages 12-18 years of age will have access to age and culturally appropriate comprehensive and abstinence based sexuality education by December 31, 2017.

Objective 4 – Increase availability of sexuality education training for professionals on sexually transmitted infections, teenage pregnancy prevention, sexual health, and advocacy skills.

Objective 5 - All regional school districts will pass a sexual health policy by December 31, 2017 that identifies sexual health as a priority, and addresses the allocation of resources necessary to implement evidence based, age and culturally appropriate comprehensive sexual health education.

Objective 6 – Increase regional communication and collaboration on sexual health topics through existing coalitions in each US County and in Ciudad Juarez by December 31, 2017.

Strategies

- Engage regional partners including service delivery agencies in continuous communication
- Increase availability of sexuality education for youth and families for teenage pregnancy prevention
- Increase availability of sexuality education for youth and families for Sexually Transmitted Infection (STI) prevention
- Increase availability of effective sexuality education for youth and families for prevention of sexual violence
- Implement effective Pregnancy and STI, prevention programs for youth, especially youth who have experienced a first STI, a first pregnancy, or sexual assault
- Provide advocacy-related technical assistance and resource materials to community coalitions, school district administrators and school district Board Members
- Establish a regional Organizing Agency
- Expand and refine the regional Talk with Your Kids campaign
- Evaluate the initiative in a cost-effective and feasible manner, yielding usable results

Action overview

Objective 1 - the live birth rate among adolescent females will be no higher than the state's rate per 1000 females ages 15-19 by December 31, 2020. (Current - Texas 57, El Paso, 69, Hudspeth, 79, New Mexico 59, Dona Ana 67, Luna 90, Otero 60).

Strategies
- Increase availability of sexuality education for youth and families for teenage pregnancy prevention.
- Implement effective Pregnancy and STI, prevention programs for youth, especially youth who have experienced a first STI, a first pregnancy, or sexual assault
- Expand and refine the regional Talk with Your Kids campaign
- Engage regional partners including service delivery agencies in continuous communication

Evaluation includes:
- Monitor state and local live birth data to determine progress toward achievement of the objective
- Assess availability through inventory of available programs in the region
- Evaluate reach and frequency of media via community surveys and monitoring of media analytics

Objective 2 – Reverse the trend in all forms of sexually transmitted infections (STI) within the Paso del Norte region from increasing to decreasing by December 31, 2017.

Strategies
- Increase availability of sexuality education for youth and families for Sexually Transmitted Infection (STI) prevention

- Expand and refine the regional Talk with Your Kids campaign
- Provide advocacy-related technical assistance and resource materials to community coalitions, school district administrators and school district Board Members
- Engage regional partners including service delivery agencies in continuous communication

Evaluation includes:
- Monitor state and local STI data to determine progress toward achievement of the objective
- Monitor school health policy changes and evaluate advocacy resources
- Assess availability through inventory of available programs in the region
- Monitor quality of sexual health education programs provided in schools and in out of school settings
- Evaluate reach and frequency of media via community surveys and monitoring of media analytics

Objective 3 - All regional youth ages 12-18 years of age will have access to age and culturally appropriate comprehensive and abstinence based sexuality education by December 31, 2017.

Strategies
- Engage regional partners including service delivery agencies in continuous communication.
- Increase availability of sexuality education for youth and families for teenage pregnancy prevention.
- Implement effective Pregnancy and STI, prevention programs for youth, especially youth who have experienced a first STI, a first pregnancy, or sexual assault.

Evaluation includes:
- Monitor school health policy changes
- Evaluate advocacy resource materials
- Assess access through inventory of available programs in the region and community surveys
- Measure coalition partner coordination of services through coalition surveys and key informant interviews
- Monitor quality of funded sexual health education programs provided in schools and in out of school settings

Objective 4 – Increase availability of sexuality education training for professionals on sexually transmitted infections, teenage pregnancy prevention, sexual health, and advocacy skills.

Strategies:
- Engage regional partners including service delivery agencies in continuous communication
- Provide advocacy-related technical assistance and resource materials to community coalitions, school district administrators and school district Board Members

Evaluation includes:
- Inventory available evidence based training programs in each area of the region
- Monitor state and regional policies for professional continuing education

Objective 5 - All regional school districts will pass a sexual health policy by December 31, 2017 that identifies sexual health as a priority, and addresses the allocation of resources necessary to implement evidence based, age and culturally appropriate comprehensive sexual health education.

Strategies:
- Provide advocacy-related technical assistance and resource materials to community coalitions, school district administrators and school district Board Members
- Engage regional partners including service delivery agencies in continuous communication

Evaluation includes:
- Monitor school health policy changes
- Evaluate advocacy resource materials

- Collect qualitative data on local officials', regional School Health Advisory Council members' and Health Education professional's perspectives on sexual health education
- Monitor quality of sexual health education programs provided in schools

Objective 6 – Increase regional communication and collaboration on sexual health topics through existing coalitions in each United States County and in Ciudad Juarez by December 31, 2017.

Strategies:

- Engage regional partners including service delivery agencies in continuous communication
- Expand and refine the regional Talk with Your Kids campaign

Evaluation includes:

- Monitor coalition activity in each area of the region (i.e. social network analysis)
- Collect qualitative data from regional stakeholders on coalition effectiveness

The TSK initiative will be executed and evaluated with fidelity to the five concepts of Collective Impact. Several recent publications report that Collective Impact approaches increase likelihood of social change. The Foundation will work with community partners to develop a positive sexuality approach using the Collective Impact Framework. For example, measures of collaboration will not be focused merely on number of individuals who attend a coalition meeting or the number of participants who complete evidence based programs. Results will be measured based on indicators that are accepted by community partners.

Initiative Goal

The overarching goal of the initiative is to effect long-term improvements in sexual health across the life-span and reduce negative health outcomes in the Paso del Norte region.

Background

Two Should Know (TSK) History:
Dr. Michael Kelly, the original architect of the Two Should Know initiative began this complex effort to make a regional paradigm shift by stating that *"Sexual health, like all other dimensions of health, is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years."*

In 2005 under this premise Two Should Know took its first steps promoting a sex positive approach to health across the lifespan. This leadership position works for regional coordination and collaboration with grantees and other organizations to create and implement effective and imaginative programs ultimately leading to significant reductions in poor health outcomes, such as STIs, unintended pregnancies, and sexual violence and abuse.

During the January 2014 Foundation Board retreat it was confirmed that current priority areas and initiatives would continue. This included the Two Should Know healthy sexuality initiative. This updated strategic plan will guide the next 3 years of initiative activity

TSK initiative and Collective Impact

The TSK initiative will be executed and evaluated with fidelity to the five concepts of Collective Impact. Several recent publications report that Collective Impact approaches increase likelihood of social change. Achieving Collective Impact is complex and can be perceived in the short term as costly. One primary reason that communities that aspire to achieve Collective Impact find it so difficult is that most practices were either developed in an era of isolated impact or were early practices for Collective Impact. The Foundation will work with community partners to develop a positive sexuality approach using the Collective Impact Framework. For example, measures of collaboration will not be focused merely on number of individuals who attend a coalition meeting or the number of participants who complete evidence based programs. Results will be measured based on indicators that are accepted by community partners. The following are descriptions of the five concepts as they relate to the TSK initiative:

- **Common Agenda:** Funded and non-funded TSK Initiative partners will have a shared vision for health improvement based in common understanding that sexual health problems, such as STI, unintended pregnancy, and sexual violence are rooted in negative sexuality and that solutions arise from a collaborative sex-positive evidence based approaches.
- **Shared Measurement:** All partners are using sex-positive approaches and working toward at least one of two epidemiological measures: reduction of unintended teenage pregnancy or reduction of STIs. A TSK Initiative evaluator will be contracted to affirm shared measures for collecting regional data from grantees and other community partners to improve programs and advance the Initiative's goal.
- **Mutually Reinforcing Activities**: Partner activities must be differentiated while still being coordinated through a mutually reinforcing plan of action. Some partners typically work toward individual or family level change while others work on larger scale organizational and public policy change. It is the synergy of these multiple mutually reinforcing activities by multiple partners that creates change. Funded and non-funded TSK initiative partners including the TSK Sexual Health Cadre members, key regional school district and public health staff and others convene to share

experiences and leverage resources. The TSK initiative organizing agency and Foundation staff will work to strengthen these mutually reinforcing activities.

- **Continuous Communication:** Consistent and open communication is needed across the many partners to build trust, assure mutual objectives, and create common motivation. A coalition is frequently a central mechanism for communication. The El Paso Teen Pregnancy Prevention Coalition will work to effectively communicate the TSK initiative goal, common agenda, and shared measures. Similar groups will be engaged in southern New Mexico and Ciudad Juarez.
- **Organizing Agency (OA):** Collective impact development and management requires a separate organization with staff and specific skill sets to serve as a backbone for the entire initiative. The TSK initiative will establish an organizing agency by November of 2014 to assist with implementing strategies, coordination of partners, and to serve as a liaison between the Foundation and regional partners.

TSK Successes

The Two Should Know initiative contributed to improvements in regional sexual health in several ways. Sex education programs for youth funded under TSK consistently produced positive effects as evidenced in proximal measures of increased knowledge and improved attitudes about STI and pregnancy prevention. These program effects working in complement with talk with your kids media, coordination with coalition partners and other community interventions yielded health improvement results evidenced in epidemiological data. These indicators reflect an important actual reduction in Paso del Norte regional rates of unwanted teen pregnancy, as well as reduction in the rates of STI transmission. Success highlights include:

- The number of births to teenagers aged 15-19 years old in El Paso schools reduced from 2,089 in the 2006-2007 school year to 1,428 in the 2007-2008 school year. That is 661 fewer births or a 32% decrease. The decreasing trend in the 5 United States counties within the Paso del Norte region continues in 2009-2011 data as reflected by County Health Rankings reports.

- Evaluation results from a Foundation contracted external evaluation show significant positive gains in intention to not have a baby before marriage/adulthood among middle school kids, knowledge about dating violence, positive attitudes toward sexual abstinence, intention to use a condom, and parental intention to talk with their kids about sex. The evaluator concluded that the Two Should Know: Healthy Human Sexuality initiative evaluation *shows that all projects are producing positive outcomes by increasing knowledge, improving attitudes towards healthy sexuality, and modifying future behaviors.*

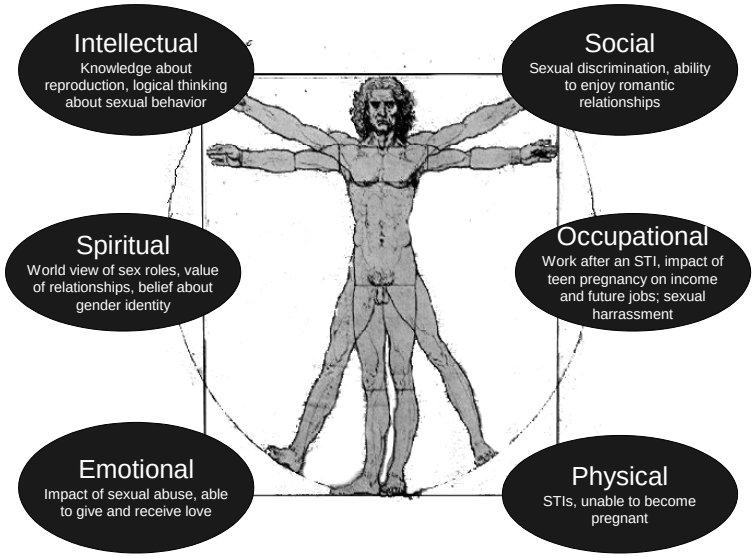
- From 2008 through 2014 the Foundation implemented a set of cornerstone program grants. These multi-year commitments expanded the reach of evidence based programming providing children, youth and parents with opportunity to learn about healthy relationships and positive attitudes toward sex. For example; The FEMAP Youth Culture and Sex program provides comprehensive sexual education in Juarez schools across the city. The Teens Thinking Smart program provides evidence based sexual health education for youth in out of school venues plus peer-led presentations within El Paso high schools on the realities and responsibilities of young parenting, including issues related to child support and paternity. The No Means No program provides presentations for thousands of students annually in most El Paso school districts along with several catholic schools.

Prevailing Theory for Change

The Foundation defines sexual health as a state of physical, emotional, and social well-being related to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Free from sexual coercion, violence, or abuse, it includes the ability of individuals to make informed decisions and to take responsible action regarding sexual behavior, gender identity/roles, contraception, reproduction, and have positive sexual relationships.

Healthy sexuality is bound to physical, social, intellectual, emotional, and other dimensions of health; this is illustrated in Figure #1. Just as physical and emotional health problems can contribute to sexual dysfunction and diseases, those sexual dysfunctions and diseases can lead to physical and emotional health problems. Healthy sexuality is not limited to the absence of disease or dysfunction, nor is its importance confined to just the reproductive years.

Figure #1 Sexuality and the Dimensions of Health



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Over the past decade peers anecdotally report that this broad and inclusive approach sets a sound foundation for population level collective impact. Research has shown that sexually healthy persons - persons who are sexually literate, comfortable and competent - are more likely to make sexually healthy choices, including decisions concerning sexually risky behaviors. Exploring, celebrating and communicating about sexuality from a positive position that is self-affirming, age appropriate, aligned with ethical, spiritual and moral beliefs, values and healthy behaviors is essential to achieve long term sexual health and reduced negative health outcomes in the region. The Foundation and Two Should Know initiative partners will work to develop collective impact using a range of positive sexuality interventions including advocacy, collaboration and coordination, media, and evidence based education.

Major Obstacles For Change

- Parent and caregiver readiness and willingness to discuss sexual health topics

- Despite continued efforts to move school districts toward presenting comprehensive sex education there is still a significant lack of coordination and consistency in both the selection of an evidence based curricula and the fidelity with which the sexual health education is presented. Passing model sexual health education policy will continue to be a priority of the Two Should Know initiative. Strong evidence suggests that comprehensive approaches to sex education that stress waiting to initiate sex but also

provide adolescents with accurate, age-appropriate information about contraception have a positive impact (Guttmacher 2012). Further, comprehensive sex education programs have been shown to help young people both withstand the pressures to have sex too soon and have healthy, responsible and mutually protective relationships when they do become sexually active (Guttmacher, 2012).

- Web sites teens turn to for sexual health information often have inaccurate information. For example, of 177 sexual health Web sites examined in a recent study, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information. (Guttmacher, 2012)

- Exposure to high levels of sexual content on television is associated with an increased risk of initiating sexual activity, as well as a greater likelihood of involvement in teen pregnancy (Guttmacher, 2012).

- More than half (55%) of 7th–12th graders say they have looked up health information online in order to learn more about an issue affecting themselves or someone they know. (Guttmacher, 2012)

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Strategies

- **Engage regional partners including service delivery agencies in continuous communication:** The synergy of multiple mutually reinforcing activities by multiple partners creates a greater likelihood for movement toward a sex positive community. Consistent and open communication is needed across the many partners to build trust, assure mutual objectives, leverage and maximize resources and create common motivation. The Foundation will play a lead role in strengthening regional coalitions to increase collaboration and coordination, build a common agenda and confirm shared measures.

- **Increase availability of sexuality education for youth and families for teenage pregnancy prevention:** At no other time in past history has the Paso del Norte region seen more availability and

quality implementation of effective sexuality education programming. The Foundation's contribution to this dramatic increase in not only availability but also the institutional acceptance and valuing of the implementation of evidence based programs to prevent teen pregnancy cannot be emphasized enough. While there has been a shift in attitude on this front, there is a continuous influx of youth and families who gain long-term benefits from these programs. Foundation staff will continue to actively call for proposals for regional use and integration of evidence based programs in a wide array of settings. Where policy reinforces the use of such programming the foundation will support innovation to increase capacity of staff and set a stage for full integration and scalability (i.e., regional school districts working to improve sexual health policies and integrate evidence based models for sexuality education as part of the regular required course load).

- **Increase availability of sexuality education for youth and families for Sexually Transmitted Infection (STI) prevention:** According to the CDC, (2102) "STI prevention is an essential strategy for the promotion of sexual health. This problem is challenging with a need for approaches that are different from those of teen and unintended pregnancy prevention. The problem of sexual health is largely unrecognized by the public, policymakers, and health care professionals." Effective sexuality education and partner notification programs are an integral foundation to the long-term prevention of STIs. To support the continuous influx of youth and families who gain benefit from these programs. Foundation staff will continue to actively call for proposals for the regional use and integration of evidence based interventions in a wide array of settings. The Foundation will also investigate innovative approaches in this arena to complement and inform the body of available research on this health issue.

- **Increase availability of effective sexuality education for youth and families for prevention of sexual violence:** To create a sexually healthy community, sexual trauma and approaches to aid in recovery are needed. The primary effort should be in communication and coordination of services across sections and leveraging resources. Interviews with regional leaders in El Paso indicate that sexual violence recovery programs are well coordinated and continue to be funded at a sustained level. There, may be a need to emphasize additional reporting of suspected sexual violence. Foundation action in prevention versus reporting and recovery programs is recommended. The Foundation funded several programs for sexual violence prevention. For example, the No Means No program is a 45-minutes presentation designed to educate high school and middle school students and parents about the prevention of sexual assault, especially teen dating violence. Evaluation results from previous years indicate knowledge gain was demonstrated among student participants. The program has been presented continuously since 11/08. While this type of education is helpful, it is not sufficient to produce a meaningful reduction in youth sexual violence. Sexual violence prevention and coping programs need to be expanded, more so in in southern New Mexico and Ciudad Juarez.

- **Implement effective Pregnancy and STI, prevention programs for youth, especially youth who have experienced a first STI, a first pregnancy, or sexual assault:** Effective sexuality education programs for high risk youth, (youth who have experienced a first STI, a first pregnancy, or sexual assault), must be part of a comprehensive and collaborative approach. Foundation staff will continue to actively call for proposals for evidence based interventions to be implemented in a wide array of settings. The Foundation will also investigate innovative approaches in this arena to complement and inform the body of available research on these health issues.

- **Provide advocacy-related technical assistance and resource materials to community coalitions, school district administrators and school district Board Members:** The Foundation and local partners made progress advocating for improved sexual health policy in recent years. A model policy was developed with the help of the TSK Technical Support Team, regional sexual health champions were trained in sexual health and approaches to advocate for policy change. There is still a significant lack of coordination and consistency in both the selection of an evidence based curricula and the fidelity with which the sexual health education is presented. Passing model sexual health education policy will continue to be a priority of the Two Should Know initiative. Supporting the development of resource materials such as policy briefs and fact sheets to a spotlight the problem present a policy solution are examples interventions within this strategy.

- **Establish a regional Organizing Agency:** A regional organizing agency is an integral component for the initiative. By November of 2014 an organizing agency will be established to assist with implementing strategies, coordination of partners, and to serve as a liaison between the Foundation and regional stakeholders.

- **Expand and refine the regional Talk with Your Kids campaign:** Current media messaging for the "Talk With Your Kids" campaign targets parents of youth ages 12-18 years of age. The current reach is greater than 80% of this population with a frequency of greater than 6 times the message is seen. This level of media exposure is based on recommendations TSK independent evaluation findings and consistent with recommendations from public health literature.

- **Evaluate the initiative in a cost-effective and feasible manner, yielding usable results**: Investment in an independent evaluator will be necessary to monitor baseline measures for the initiative's objectives, to provide continuous feedback input as strategies are implemented, and to assess the overall effect of the initiative.

Evaluation

The Foundation will engage an independent evaluator to monitor baseline measures for the initiative's objectives, provide continuous feedback input as strategies are implemented, and to assess the overall effect of the initiative. Data and findings from evaluation will be used to inform community coalitions, create policy briefs and other tools to enhance the synergy of multiple mutually reinforcing activities by regional partners. A proposal from an independent evaluator will be presented to the Allocations Committee at a future meeting. Measures will include but not be limited to:

- Monitoring coalition activity in each area of the region (i.e. social network analysis)
- Collecting qualitative data from regional stakeholders on coalition effectiveness
- Monitoring school health policy changes and evaluate advocacy resources
- Collecting qualitative data on local officials', regional School Health Advisory Council members' and Health Education professional's perspectives on sexual health education
- Taking Inventory of available based training programs for professionals in each area of the region
- Monitoring state and regional policies for professional continuing education
- Monitoring school health policy changes and evaluate advocacy resources
- Assessing access through inventory of available programs in the region and community surveys
- Measuring coalition partner coordination of services through coalition surveys and key informant interviews
- Monitoring quality of sexual health education programs provided in schools and in out of school settings
- Monitoring state and local STI data to determine progress toward achievement of the objective
- Evaluating reach and frequency of media via community surveys and monitoring of media analytics
- Monitoring state and local live birth data to determine progress toward achievement of the objective

Literature Review

Teenage Pregnancy

According to the 2013 National Vital Statistics Report; "from 2007 to 2012, the birth rate for females aged 15–19 years in the United States overall declined by 29%, from 41.5 to 29.4 births per 1,000 females in that age group. Among racial/ethnic populations, declines ranged from 25% for non-Hispanic white females to 39% for Hispanics. Rates decreased 29% for non-Hispanic black females and American Indian/Alaska Natives and 34% for Asian/Pacific Islanders." In 2013, Sarah Brown, CEO of The National Campaign to Prevent Teen and Unplanned Pregnancy explained, "The historic decline in teen pregnancy has been fueled by three factors: waiting to have sex; fewer sexual partners and better use of contraception."

According to the County Health Rankings website, the 2011Texas birth rate per 1000 female population 15-19 year olds is 57. Hudspeth and El Paso Counties had a higher rate of teen births than Texas as a whole; 2011New Mexico birth rate per 1000 female population 15-19 year olds is 59. Hudspeth and El Paso Counties had a higher rate of teen births than Texas as a whole. 2011 data for New Mexico counties in the Foundation service area also report generally higher teen birth rates than the State of New Mexico as a whole:

2011 Texas Birth Data per 1000 Female Population 15-19 year olds

County	Birth Rate	Number of Births	Female Population
El Paso	69	15,566	226,447
Hudspeth	79	75	1,049

2011 New Mexico Birth Data per 1000 Female Population 15-19 year olds

County	Birth Rate	Number of Births	Female Population
Dona Ana	67	4051	60,862
Otero	60	889	14,839
Luna	99	685	6,885

Overall, 57.4 percent of mothers reported being married. However, there were large differences in marriage rates across age groups and race/ethnicities (see table below). In general, white mothers were most likely to be married and black mothers least likely to be married. Very few mothers aged 14 and younger were married, although very young Hispanic mothers were most likely to be married and very young black mothers were least likely to be married. The likelihood of being married generally increased with the mother's age for all race/ethnicities, although marriage rates for all mothers dropped slightly at age 40 and up.

Marital status by mother's age and race/ethnicity; Percent Married among Texas residents, 2010				
Age	**White**	**Black**	**Hispanic**	**All Races**
10-14	**0.0**	**0.9**	**1.0**	**0.9**
15-19	**19.7**	**3.4**	**15.7**	**14.9**
20-24	**51.8**	**16.6**	**39.4**	**40.1**
25-29	**81.7**	**41.9**	**58.8**	**67.0**
30-34	**90.2**	**60.0**	**68.7**	**78.4**
35-39	**90.5**	**66.6**	**71.5**	**80.0**
40+	**88.1**	**73.4**	**70.7**	**79.1**
All ages	**74.4**	**33.4**	**49.4**	**57.4**

According to the Centers for Disease Control and Prevention:

Birth rates declined among women in their early 20s between 2011 and 2012 to a new record low. The rate was also down for women 25-29 years, but increased for women aged 30 to 44 years. Birth rates for the youngest (under 15 years) and the oldest mothers (45 years and higher) were unchanged. The mean age of mother at first birth rose again, to 25.8 years in 2012, up from 25.6 years in 2011.

The birth rate for unmarried women fell for the fourth consecutive year in 2012 to 45.3 per 1,000 unmarried women aged 15-44 years. The percentage of births to unmarried women was unchanged from 2011 at 40.7%, but the number of nonmarital births increased slightly, by less than 1%, to 1,609,619.

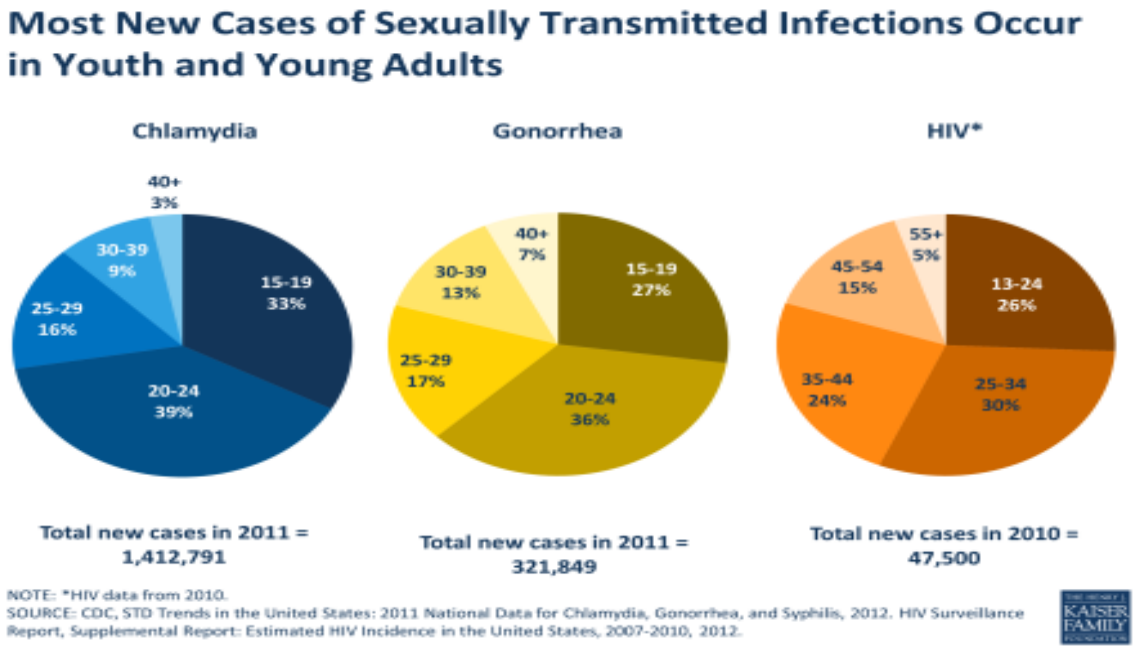
Consequences of Teenage Pregnancy:
Teen births are associated with lower annual income for the mother, 80% of whom eventually rely on welfare, grow up poor, live in single-parent households, experience abuse and neglect.

Teenage mothers are more likely to drop out of school and only about one-third obtain a high school diploma (www.teenpregnancy.org).

Sexually Transmitted Infections:

STI prevention is an essential strategy for the promotion of sexual health. This problem is challenging with a need for approaches that are different from those of teen and unintended pregnancy prevention. The problem of sexual health is largely unrecognized by the public, policymakers, and health care professionals (CDC, 2012). A report published by the CDC in shows that STIs still remain one of the most critical public health challenges facing the United States, with approximately 19 million new STI infections occurring every year. The long-term health and well-being of these individuals is significantly affected by this alarming

epidemic. STIs facilitate sexual transmission of human immunodeficiency virus (HIV). Individuals who are infected with STIs are at least two to five times more likely than uninfected individuals to acquire HIV infection. Health care costs attributed to STIs are estimated at 17 billion annually (CDC 2012). Compared to older adults, sexually active teens and young adults are at higher risk for acquiring STIs, due to a combination of behavioral, biological and cultural factors. Though they make up 25% of the sexually active population, they account for nearly half of new STI cases (Kaiser, 2013).



Gonorrhea and Chlamydia:
Surveillance data continue to show that numbers and rates of reported Chlamydia and gonorrhea cases are highest in Americans between the ages of 15 and 24. Both young men and young women are heavily affected by STIs — but young women face the most serious long-term health consequences. It is estimated that undiagnosed STIs cause 24,000 women to become infertile each year.

2012 Texas Chlamydia and Gonorrhea Cases per 100,000 Population

County	Chlamydia Cases	Gonorrhea Cases	Texas - Cases/100K pop Top 50th Percentile
El Paso	651.3 (Increasing)	108.4 (increasing)	478 Chlamydia
Hudspeth	239.7 (Increasing)	25.9 - 2011 Cases (Increasing)	123.1 Gonorrhea

2011 New Mexico Chlamydia and Gonorrhea Cases per 100,000 Population

County	Chlamydia Cases	Gonorrhea Cases	New Mexico – Cases/100K pop Top 50th Percentile
Dona Ana	591.8 (increasing)	72,7 (increasing)	444.9 Chlamydia
Otero	444.9 (Increasing)	76.2 (increasing)	47.0 Gonorrhea
Luna	791.8 (Increasing)	39.8 (increasing)	

STIs cause many harmful, often irreversible, and costly clinical complications, such as: Reproductive health problems; Fetal and perinatal health problems; Cancer, and Facilitation of the sexual transmission of HIV infection. The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STI infections each year—almost half of them among young people ages 15 to 24.
The cost of STIs to the U.S. health care system is estimated to be as much as $15.9 billion annually. Because many cases of STIs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STIs in the United States.

Sexual Health Education in Schools:

Abstinence education is defined by seven points, commonly called the "A though H Definition". It is important to note that this definition of abstinence education focuses on what is to be taught versus the results. Therefore, programmatic compliance with the A-H definition is relatively easy. However, the national program does require grantees to track effort (how many kids were educated) and behavioral intentions (do kids plan to be abstinent).

	A-H Definition of Abstinence Education for Title V, Section 510 Programs
A	Have as its exclusive purpose teaching the social, psychological, and health gains to be realized by abstaining from sexual activity
B	Teach abstinence from sexual activity outside marriage as the expected standard for all school-age children
C	Teach that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted Infections, and other associated health problems
D	Teach that a mutually faithful, monogamous relationship in the context of marriage is the expected standard of sexual activity
E	Teach that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects
F	Teach that bearing children out of wedlock is likely to have harmful consequences for the child, the child's parents, and society
G	Teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances
H	Teach the importance of attaining self-sufficiency before engaging in sexual activity

Source: Title V, Section 510 (b)(2)(A-H) of the Social Security Act (P.L. 104-193).

The entire focus of abstinence education programs that meet the "A-H" definition is to educate young people ages 12-18 years old and create an environment within communities that supports teen decisions to postpone sexual activity until marriage. Not surprisingly, an industry of entrepreneurial abstinence education consultants has emerged. Some of these consultants provide standardized programs for children across the state and nation for a fee. Others help local school districts write proposals that require subcontracts with the consultant.

The national evaluation of Title V, Section 510 abstinence education programs was conducted over a period of nine years. It started just after the funding authorization in 1998 and focused on the first generation of the A-H abstinence education programs. The results from the four selected abstinence education programs show no impacts on rates of sexual abstinence. About half of all study youth had remained abstinent at the time of the final follow-up survey, and program and control group youth had similar rates of sexual abstinence. Moreover, the average age at first sexual intercourse and the number of sexual partners were almost identical for program and control youth.

Most abstinence education programs have been implemented in upper elementary and middle schools. In addition, most Title V, Section 510 programs are completed before youth enter high school, when rates of sexual activity increase and many teens are either contemplating or having sex. Findings from major studies (Borawski, Trapl, Lovegreen, Colabianchi, & Block 2005; Mathematica, 2007) provide no evidence that abstinence programs implemented in upper elementary and middle schools are effective at reducing the rate of teen sexual activity months later or several years later.

Despite continued efforts to move school districts toward presenting comprehensive sex education there is still a significant lack of coordination and consistency in both the selection of an evidence based curricula and the fidelity with which the sexual health education is presented. Passing model sexual health education policy will continue to be a priority of the Two Should Know initiative. Strong evidence suggests that comprehensive approaches to sex education that stress waiting to initiate sex but also provide adolescents with accurate, age-appropriate information about contraception have a positive impact (Guttmacher 2012). Further, comprehensive sex education programs have been shown to help young people both withstand the pressures to have sex too soon and have healthy, responsible and mutually protective relationships when they do become sexually active (Guttmacher, 2012).

2014 National Sexuality Education Standards:

The Future of Sex Education Project (FoSE) began in July 2007 when staff from Advocates for Youth, Answer and SIECUS first met to discuss the future of sex education in the United States. At the time, each organization was looking ahead to the possibility of a future without federal abstinence-only-until-marriage funding and simultaneously found themselves exploring the question of how best to advance comprehensive sexuality education in schools. In May of 2008, Advocates, Answer and SIECUS formalized these discussions with funding from the Ford, George Gund and Grove Foundations, and the FoSE Project was launched. Two reports were released in 2014 by FoSE to provide standards for both sexuality education and teacher preparation for those teaching sexuality education programs. These tools will help to inform the independent evaluation of the TSK initiative. They will also act as a resource for regional partners implementing evidence based sexuality education programs and advocating for comprehensive sex education.

Youth Access to Sex Related Information:

The Guttmacher Institute has an overarching goal to ensure the highest standard of sexual and reproductive health for all people worldwide. Their reports provide data on some of the most researched sexual health topics. In 2012, Guttmacher released a report on Alternative Sources of Sex information. Some key highlights from this report provide insight into youth access to sexual health information. Including:

- Adolescents consider parents, peers and the media to be important sources of sexual health information.
- Seventy percent of male teens and 79% of female teens report talking with a parent about at least one of six sex education topics: how to say no to sex, methods of birth control, STIs, where to get birth control, how to prevent HIV infection and how to use a condom.
- Girls are more likely than boys to talk with their parents about birth control or “how to say no to sex.”
- Even when parents provide information, their knowledge about contraception or other sexual health topics may often be inaccurate or incomplete.
- More than half (55%) of 7th–12th graders say they have looked up health information online in order to learn more about an issue affecting themselves or someone they know.
- The Web sites teens turn to for sexual health information often have inaccurate information. For example, of 177 sexual health Web sites examined in a recent study, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information.
- Exposure to high levels of sexual content on television is associated with an increased risk of initiating sexual activity, as well as a greater likelihood of involvement in teen pregnancy.

Adolescent Sexual Activity Profile:

The Guttmacher institute also provides data on youth sexual activity. These data reinforce the importance of comprehensive sex education that promotes abstinence but also provides education on myths and facts surrounding STIs, contraceptives, etc., as opposed of abstinence only education. Highlights from Guttmacher show that nearly half of youth age 17 have had sex increasing to more than 70% by age 19:

- Fewer than 2% of adolescents have had sex by the time they reach their 12th birthday. But adolescence is a time of rapid change. Only 16% of teens have had sex by age 15, compared with one-third of those aged 16, nearly half (48%) of those aged 17, 61% of 18-year-olds and 71% of 19-year-olds. There is little difference by gender in the timing of first sex.
- On average, young people have sex for the first time at about age 17, but they do not marry until their mid-20s. This means that young adults may be at increased risk for unintended pregnancy and STIs for nearly a decade or longer.
- Teens are waiting longer to have sex than they did in the recent past. In 2006–2008, some 11% of never-married females aged 15–19 and 14% of never-married males in that age-group had had sex before age 15, compared with 19% and 21%, respectively, in 1995.
- In 2006–2010, the most common reason that sexually inexperienced teens gave for not having had sex was that it was “against religion or morals" (38% among females and 31% among males). The second and third most common reasons for females were “don’t want to get pregnant" and “haven’t found the right person yet."
- Among sexually experienced teens, 70% of females and 56% of males report that their first sexual experience was with a steady partner, while 16% of females and 28% of males report first having sex with someone they had just met or who was just a friend.
- Teen sex is increasingly likely to be described as voluntary. In 2006–2010, first sex was described as “unwanted" by 11% of young women aged 18–24 who had had sex before age 20, compared with13% in 2002. For young men in the same age-group, the share reporting first sex as unwanted decreased from 10% to 5%.
- Teens in the United States and Europe have similar levels of sexual activity. However, European teens are more likely than U.S. teens to use contraceptives generally and to use the most effective methods; they therefore have substantially lower pregnancy rates.
- Three percent of males and 8% of females aged 18–19 in 2006–2008 reported their sexual orientation as homosexual or bisexual. During the same period, 12% of females aged 18–19 reported same-sex behaviors (any sexual experience, including oral sex), compared with 4% of males in the same age-group (includes any oral or anal sex).

Paso del Norte Sex Education Policy Study

In 2010 the Foundation funded a policy study to survey parents of adolescents (middle school and high school age) on the US-side of the Paso del Norte Region. To be eligible to complete the survey, parents needed to have an adolescent attending public school in the U.S. The final sample was 460 parents. The sample was 39% male and 61% female. Ages ranged from 23 to 65 with a mean age of 43 years (younger parents were step-parents). Eighty-four percent lived in the El Paso, TX area. Sixty-two percent were married. The sample appeared to be well educated and was 80% Hispanic or Latino. The sample also appeared to represent a broad spectrum of political views with 14% identifying as liberal, 36% identifying as moderate, and 19% identifying as conservative. Findings from this study show 72 % of respondents were supportive of comprehensive sexual health education taught in schools. Additional findings include:

- Only 14% of respondents believed it was okay for adolescents under age 18 to engage in sexual intercourse.
- For a legal age of consent, the mean value was 18.9 years-of-age. This corresponded to the desired age that males should wait to before engaging in sexual intercourse at 19.0 years and 19.2 years-old for females. Only 7.3% of respondents actually identified age 17 as a desired age of consent—the actual age of consent under Texas state law.
- Forty-four percent of respondents felt that males should wait until marriage to have sex and 54% felt that females should wait until marriage to have sex.

- Sixty-six percent felt that sexual activity outside of marriage was likely to be harmful.
- Respondents tended to believe that adolescents should have access to birth control without parental permission. Forty-four percent believed that middle school aged adolescents should have access, and 68% believed that high school aged adolescents should have access to birth control without parental permission.
- Only 3% of respondents thought sex education should not be taught in schools.
- Eighty-six percent thought sex education was either somewhat or very important.
- Respondents were provided with definitions for abstinence-only and comprehensive sex education (CSE) and were given an option to pick either as preferred or provided with a not sure option. The majority chose CSE (72%) and 19% chose abstinence-only. An additional 9% were 'not sure.'
- Two paradoxical findings were important. First, even though there was a majority desire for sex education in public schools, respondents felt that parents were the 'best able' to teach sex education (47%). Yet they believed at the same time that media had more influence than parents on sex education related topics (76%). Second, many respondents felt that sex education encouraged early initiation of sexual activity (49%). However, in contrast to possible negative perceptions, sex education was identified as encouraging 'safe sexual behavior' by 66% of respondents. Additionally, 63% believed that schools should offer more sex education than was presently available and should be required for students (74%).

Sexual Violence:

To create a sexually healthy community, sexual trauma and approaches to aid in recovery are needed. Thus, the primary effort should be in communication and coordination of services across sections and leveraging resources.

Therapeutic recovery from domestic and sexual violence programs in Cd. Juarez exist and have been funded by the Foundation. Interviews with regional leaders in El Paso indicate that sexual violence recovery programs are well coordinated and funded. There, may be a need to emphasize additional reporting of suspected sexual violence. Foundation action in prevention versus reporting and recovery programs is recommended. The Foundation funded several programs for sexual violence prevention. For example, the No Means No program is a 45-minutes presentation designed to educate high school and middle school students and parents about the prevention of sexual assault, especially teen dating violence. Evaluation results from previous years indicate knowledge gain was demonstrated among student participants. The program has been presented continuously since 11/08. While this type of education is helpful, it is not sufficient to produce a meaningful reduction in youth sexual violence. Sexual violence prevention and coping programs need to be expanded, more so in in southern New Mexico and Ciudad Juarez.

Peer-led sexual health programs:
Peer-led sexual health programs are popular in the Paso del Norte region and nationwide. Nevertheless, nation-wide, evidence that peer-lead education is more effective or efficient in producing sexual outcomes among adolescents is scant. Therefore, having peer-led interventions should not weigh for or against a program as this popular method of delivery is not adequately evaluated (Kim, 2008). The following findings from the evaluation of 2012-2014 Paso del Norte Health Foundation funded projects with peer led components show:

<u>Youth satisfaction with peer-led programs:</u>
Youth from FEMAP were asked to assess their satisfaction with the presentation by both peer educators and adults. Results show that 1, 026 youth who participated rated their satisfaction with peer educators and adult presenters as approximately equal. Approximately 85% of Teen Talk youth rated the educational intervention as either excellent or good when conducted by either a peer educator or adult.
Teen Talk also conducted an analysis youth reaction to the Teen Talk peer educators. A sample of 458 youth (49% male and 51% female, mean age 14.3 years) indicated a high level of satisfaction with peer educators. In general, approximately only 5% identified any level of dissatisfaction with the youth educators. The variables include

- Youth educators able to handle classroom 97.2% agree/strongly agree
- Youth educators able to deal with difficult behavior 94.7% agree/strongly agree
- Youth educators not embarrassed when talking 91.7% agree/strongly agree
- Youth educators had enough knowledge to lead the class 95.4% agree/strongly agree
- Youth educators were able to deal with personal questions 96.5% agree/strongly agree

Teen Talk youth were asked, if the presentation would have been better if done by a youth educator—rather than an adult. Approximately, 95% agreed, and only 5% disagreed/strongly disagreed with that statement.

Peer Educator satisfaction with the intervention:
Peer educators in three programs were pre-test, post-test assessed for their confidence levels, impact on their school experience, and overall rating of the peer educator experience. This data set included three programs, Teen Talk, Las Cruces Public Schools (LCPS), and FEMAP. The sample was 227 peer educators; 20 from Teen Talk, 18 from the Las Cruces Public School, and 189 from FEMAP.
On all five measures, the peer educator improved as a result of the interventions they provided.
- Confidence in running a classroom session (p=.001)
- Confidence in dealing with difficult behavior (p=.001)
- Confidence in not getting embarrassed (p=.001)
- Confidence in having enough knowledge (p=.001)
- Confidence in dealing with personal questions (p=.001)

On the measure of "sex education is better if done by a youth educator—rather than an adult, the difference was not statistically significant (p=.372). Note, however, most youth strongly agreed with the statement that a youth educator was better than an adult educator at the pre-test level.
On the post-test, 88% of youth educators rated their overall experience as a youth educator as very good or good. And, 86% of youth educators would recommend the experience of being a peer educator to a close friend.

** Note that there are two levels of target 'clients' served in the peer-led education model.
1. Youth who are educated by the peer/youth educators
2. Youth who function as peer educators

Ciudad Juarez Data:

Sexual Health data for Ciudad Juarez is challenging to identify. A majority of the statistics are only found at the state level. The following are the most recent sexual health data that could be identified as this 2014 strategic plan update was being developed:

According to data from the ambulatory Center for the prevention and care of AIDS and infections from Sexual transmission (CAPASITS) during 2009; 70 young people between 10 and 19 years were diagnosed with an STI. HIV/AIDS and STIs were at 1671 cases in the State of Chihuahua, Mexico. This figure places the state in the top six places nationwide. The same document reported that Chihuahua has a rate of 4.6 per 100,000 population for Human Papilloma Virus.

According to data provided by jurisdiccion Sanitaria II in Ciudad Juarez, the 2010 teen pregnancy rate was 108 adolescents per 1,000 pregnant women. The same document indicates that of the total number of women who attended prenatal consultation, 40% were women of less than nineteen years.

According to data from the medical units of the FEMAP system, during 2010 a total of 5,410 births were attended, of which 1,884, 34.8%, corresponded to women aged 19 years or less. The same source shows that 49% of these births were via cesarean section and the average age of the mothers was 17.4 years.

Review of Sexual Health Education Programs

Categories for Sexual Health Programs

There is history of substantial national and international work in the varied areas of sexual health and responsible sexual behavior. For example, Harvard University and Kaiser Family Foundation published a report with National Public Radio (NPR) that helps to clarify national attitudes toward sexuality education in schools. Previous work by the Alan Guttmacher Institute investigates various areas of human sexuality across the globe. The classic works of Masters and Johnson and Kinsey continue to inform our conversations about human sexuality. Overall, the four commonly recognized based or homes for sexual health programs are: community, school, clinic, and faith institutions.

Community Based Programs

Community based programs are those housed in regional not for profits or similar agencies and target defined geographical or other communities.

Youth development programs, although they typically do not specifically address sexuality, make a significant impact on sexual health and behavior. Programs that improve education and life options for adolescents have been demonstrated to reduce their pregnancy and birth rates. These programs may increase attachment to school, improve opportunities for careers, increase belief in the future, increase interaction with adults, and structure young people's time. One community based youth program that focuses primarily on sexuality is Thomason's Teen Advisory Council. Youth development and assets are addressed elsewhere in this plan.

Community agencies in Juarez expressed interest in programming to address sexual violence. The January-June Issue 2004 of the Journal of Border Health draws attention to the problem of violence, especially sexual violence, against women on the US/Mexico Border. While the problem is better documented today, solutions are complicated.

School Based Programs

School based programs are housed in school districts or offered predominantly to schools. In 2010 the Foundation's evaluation finding identified challenges with implementation of evidence based programs. Organizations that were funded to provide programs within the schools were allocated insufficient time to provide courses. The Foundation reduced its focus on funding evidence based programs during school days at schools to providing technical support for school district staff to complete evidence based programs, as designed, as part of the regular school year's activity. The Foundation also supported advocacy for policy change within the districts. With technical support from Health Advocates developed a model sexual health education policy.

It is recommended that the Foundation continue advocacy efforts for districts to pass a model sexual health policy and allocate instruction time to evidence based sexual health program delivery.

Clinic Based Programs:

Clinic based programs are housed in regional federally qualified health centers, hospitals, or other clinical settings.

Prevention programs based in health clinics that have an impact on sexual health and behavior are of three types: counseling and education; condom or contraceptive distribution; and STI/HIV screening. Successful counseling and education programs have several elements in common: they have a clear scientific basis for their design; they require a commitment of staff time and effort, as well as additional time from clients; they are tailored to the individual; and they include building clients' skills through, for example, exercises in negotiation. Even brief risk-reduction messages have been shown, in some studies, to lead to substantial increases in condom use. Such clinic based programs may be most appropriate for youth who present with risk factors versus a general youth population.

The Foundation is not funding clinic based sexual health programs at this time. It is recommended that such programs be added to the mix.

Faith Based Programs

Faith based programs are housed in churches or other places of worship. These programs typically espouse the faith structures core religious beliefs.

Religion plays an important role in the lives of many American teens. According to the National Study of Youth and Religion, a nationally representative survey of almost 3,400 13–17-year-olds conducted in 2002–2003, 84% of adolescents identify as having a religious affiliation. Six in 10 adolescents say they attend religious services at least once per month, and about half say that religion is extremely or very important in shaping how they live their daily lives.

Faith based sexuality education programs have been developed and cover a wide spectrum of different belief systems. Taken as a whole, they cover age ranges from early elementary school to adults, as well as youth with different sexual orientations and identities. Although it is reasonable to expect that religion based programs would have an impact on sexual behavior, the absence of scientific evaluations precludes arriving at a definitive conclusion on the effectiveness of these programs. Little is known about religious based sex education programs in the Paso del Norte region.

The Foundation is not funding faith based sexual health programs at this time.

Related and Evidence Based Programs

When TSK began there were few evidence based programs sexual health education programs available in the region. Much less programs with evidence base for a primarily Hispanic population. The Foundation worked with local partners to modify promising practice programs and where necessary, to develop new educational approaches to achieve strategic objectives. In 2014 several lists of program models that met effectiveness criteria in sexual health and pregnancy prevention research were identified by groups such as the United States Office of Minority Health, the National Campaign to Prevent Teen Pregnancy and Advocates for Youth. The following is a listing of programs that were developed, modified and evaluated as part of Two Should Know's regional work or evidence based programs that were found to be effective at preventing teen pregnancies or births, reducing sexually transmitted infections, or reducing rates of associated sexual risk behaviors (defined by sexual activity, contraceptive use, or number of partners). Programs identified with two asterisks (**) have been or are currently being implemented in the Paso del Norte region.

The California Wellness Foundation's Teen Pregnancy Prevention Initiative: Perhaps, the most progressive of its kind when it launched in 2002. It used a 'healthy sexuality' approach that emphasized an entire community must be engaged to create lasting change. In 2007 a reflections report was released summarizing what was learned from this multi-component initiative. The evaluators explained that "California's teen birthrate declined to 37 per 1,000 at the conclusion of the Initiative, down from 75 per 1,000 when it began. That decrease was part of a national trend, but although teen births were down 30 percent across the country over the same time period, in California they were down 44 percent. Of course, those positive outcomes cannot be attributed to the Initiative's efforts alone. The TPPI was part of a larger effort to achieve that result, including significant funding from the state of California during the same time period. It is fair to say that TCWF Grantees and associated activities were a contributing factor."These results reinforce the importance of taking a Collective Impact approach that includes advocacy for policy change and a range of coordinated, collaborative projects.

CAS-Carrera is a national program that works to build assets among youth in a 'family environment.' The assets model shows promise, especially among young women. Versions of this model have been applied in Las Cruces. The Carrera model is a clinic intervention (works with individual high-risk youth) versus a population based program.

****Plain Talk:** This program was designed to increase adult communication with teens about sex. It originated with support from the Annie E. Casey Foundation. Paso del Norte Health Foundation funded organizations in New Mexico to implement this program in collaboration with Annie E. Casey. Results showed increases in the amount of communication about sexuality between adults and sexually

experienced youth. Contraceptive use also increased in the target populations. The Foundation ended funding support for this program in 2009. As of 2012 the State of New Mexico continued to support selected sites for Plain Talk program implementation in New Mexico, including counties served by the Foundation.

****It Takes 2 Program:** This program was funded by the Paso del Norte Health Foundation and implemented by the YWCA Paso del Norte Region. The It Takes 2 Program completed five years of service in 2003. The Program provided presentations of a four-day abstinence-based curriculum to middle school students in El Paso. Pairs of young, male and female, presenters were trained to deliver the lessons in one-hour sessions. Most regional school districts, especially smaller districts, respected It Takes 2. Evaluation results indicate that the initiative was well managed, reached multiple middle school youth, and increased knowledge related sexual health. This program showed that regional schools were accepting of sexuality education.

****CHOICES Two Should Know:** This project developed in collaboration with the City of El Paso Department of Public Health delivered This program is showing success in acceptance by the El Paso ISD School Health Advisory Committee, school administration, and teachers. This acceptance step, while perhaps minor for other health topics, is critical for sexual health programs. The city's Department of Public Health should be commended for this success. Even while many schools accept the program, attention must be directed toward parental notification and, likely, consent for offering of the program. In 2009, YISD did not adequately notify parents and a few vocal parents publicly expressed concern. With the help of independent evaluation reports, the City showed that the education program was well founded and producing positive results. It is recommended that sexuality education programs indicate, in their proposal and progress reports, plans and progress for parental consent. In 2011 the City of El Paso developed a package of materials for the Choices Two Should Know program to be implemented by teachers and health educators employed by the local school districts. The City offers training and technical support to implement this program as part of district coordinated school health education.

**** Jovenes, Cultura, y Sexualidad** is a three-part intervention consisting of youth workshops on comprehensive sexual health, a puppet show on healthy relationships, and a mobile museum exhibit on the history of sexuality. The youth workshops are presented to youth between the ages of 12 to 18 years of age. Youth are recruited through the schools and trained to provide presentations with support from FEMAP staff during school hours. The workshops consist of 10 hours of comprehensive sex education. The puppet show is a one hour presentation provided to youth in school settings. Participation in the puppet show requires parental and youth signed consent. The mobile museum exhibit on sexuality is provided at the same times as the puppet show or in conjunction with the youth workshops.

Rights. Respect. Responsibility.® is Advocates for Youth's national, long-term campaign giving voice to a new vision of adolescent sexual health. These core values underpin Advocates' vision of a society where adolescents are valued, public health policy is driven by scientific research, and sexuality is viewed as a normal and healthy part of being human, of being a teen, of being alive.

Abstinence Education: The Medical Institute, based in Austin, provided a variety of teenage sexual abstinence and character education activities in El Paso, primarily funded by the state of Texas. The San Elizario ISD was the last known group contracting with the Medical Institute for abstinence education. Foundation staff reviewed preliminary data from San Elizario and did not find differences between changes in that school district and others.

Peer-led sexual health programs: are popular in the Paso del Norte region and nationwide. Nevertheless, nation-wide, evidence that peer-lead education is more effective or efficient in producing sexual outcomes among adolescents is scant. Therefore, having peer-led interventions should not weigh for or against a program as this popular method of delivery is not adequately evaluated (Kim, 2008). Evaluation of 2012-2014 Paso del Norte funded projects with peer led components show that "Peer led education showed positive results from both the participants and the peer educator. These results are presented in the literature review section of the strategic plan.

Aban Aya Youth Project: The Aban Aya Youth Project (AAYP) is a program designed to reduce rates of risky behaviors among African American children in 5th through 8th grades. AAYP is an Afro-centric social development curriculum instructed over a four-year period, beginning in the fifth grade. The number of lessons varies each year. The name of the intervention is drawn from two words in the Akan (Ghanian) language: ABAN (fence) signifies double/social protection AYA (the unfurling fern) signifies self determination. The purpose of the intervention is to promote abstinence from sex, to teach students how to avoid drugs and alcohol and how to resolve conflicts nonviolently.

Adult Identity Mentoring (Project AIM): The overall goal of Project AIM is to reduce sexual risk behaviors among low-income youth between the ages of 11 and 14 by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention (e.g., hopelessness, poverty, risk opportunities in low-income environments). Project AIM is a group-level youth development intervention originally designed to reduce HIV risk behaviors among youth. The intervention is based on the Theory of Possible Selves. This theory states that a person's motivation is determined by a balance between the positive and negative ways they see themselves in the future. When youth are able to envision both a possible positive and negative future for them they are more likely to work towards their life goals and achieve future successes. Project AIM makes an impact by taking youth through a series of lessons to help them imagine a positive future and identify how current risk behaviors can be a barrier to a successful adulthood.

All4You!: The primary goal of All4You! is to reduce the number of students who have unprotected sexual intercourse, which is associated with increased risk of HIV, other sexually transmitted Infections (STIs), and unplanned pregnancy. The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms. The target audience is students in alternative high school settings who are between ages 14 and 18. The intervention is designed to be delivered by health educators or classroom teachers during classroom sessions and service-learning visits in the community.

Assisting in Rehabilitating Kids - Assisting in Rehabilitating Kids (ARK) is an intervention designed to increase abstinence, increase safer sex practices, and reduce risky sex behaviors in substance-dependent youth. The intervention is delivered in small groups after the participants' initial detoxification in the drug treatment facilities. Delivery methods include games, group discussion, lectures, practice, and training. ARK is adapted from the Becoming a Responsible Teen (BART) program.

Be Proud! Be Responsible! - Be Proud! Be Responsible! is geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STI/HIV risk in vulnerable youth. The intervention is designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse. This curriculum is a six session curriculum delivered over the period of six one hour sessions which can be implemented in a variety of settings such as schools, community organizations and clinics. The program is delivered through group discussions and exercises, video games, and role-play.

Children's Aid Society-Carrera Program. This after-school program is a long-term, intensive program that includes the following components: family life and sex education, academic assessment, work-related activities, free and comprehensive health care, sports, and arts activities. Tested in an urban setting, the program has been shown to significantly delay the onset of sex, increase condom use, and reduce pregnancy and birth rates among girls in the program, but not boys.12 Some 39% of program participants were Latino, but the results pertain to all teens in the program. Program materials are available in both Spanish and English.

¡Cuídate!/ Take Care of Yourself: The Hispanic Youth Health Promotion Program. This HIV prevention intervention is an adaptation of the *Be Proud! Be Responsible!* program, and was specifically designed for Latino teens. The program includes a focus on the importance of family in teens' lives, and uses these themes to encourage teens to take care of themselves. It emphasizes abstinence and condom use as effective methods for stopping the spread of sexually transmitted infections (STIs), including HIV. Twelve months after baseline, adolescents were less likely to report having had sex recently or having multiple

partners.13 Adolescents in the intervention group were also almost half as likely as their peers in the control group to have had unprotected sex, and were almost twice as likely to have consistently used condoms compared to teens in the control group. Furthermore, Spanish speakers in the intervention group were almost five times more likely to have used a condom the last time they had sex compared to Spanish speakers in the control group. Program materials are available in both Spanish and English.

***Draw the Line/Respect the Line:** This school-based program for youth in middle school focuses on helping students set sexual limits and teaches them that not having sex is the healthiest choice. The program also includes information on condom use. The topics discussed are based on school grade. The program has been found to delay sexual initiation among boys, but had little effect among girls. Program evaluators suggest this might be due to the fact that the program did not address the issue of young girls dating older boys. A 36-month follow-up survey found that 19% of boys in the program had sex compared to 27% in the control group.14 Fully 59% of program participants were Latino, but results pertain to all teens in the program. Program materials are available in both Spanish and English. Texas Department of State Health Services (DSHS) funded a contract in 2010 to the City of El Paso Department of Public Health for abstinence education. The city of El Paso is using a modified version of Draw the Line Respect the Line emphasizing 4th through 6th grade youth sexual health education. Under the emerging new funding streams and national policies, a departure from abstinence education toward comprehensive sexuality education is expected.

****FOCUS:** The goal of this program is to provide a curriculum-based intervention to educate young people on issues such as responsible behavior, relationships, pregnancy and STI prevention and to promote healthy behavior and responsible decision making in the lives of young women. *FOCUS* is an eight-hour intervention consisting of four 2-hour sessions. The sessions are broken down into a varying number of discrete modules. Although there are interactive activities (e.g., role-play exercises, visualizations, etc.), the modules are constructed primarily around the PowerPoint slide sets, accompanied by lecture and augmented with discussion and other activities. The City of El Paso Department of Public Health is providing this program in local WIC clinics in a effort to prevent unintended second pregnancies and STIs.

Heritage Keepers Abstinence Education: This program is a classroom-based curriculum that teaches students the benefits of remaining abstinent until marriage and the risks associated with premarital sexual activity. It aims to teach students resistance skills and tactics to help them practice abstinence and build relationships without having sex. It also provides information about male and female reproductive systems as well as sexually transmitted Infections.

HORIZONS: This program is a culturally tailored STI/HIV intervention for African American adolescent females seeking sexual health services. The intervention aims to reduce STIs by improving STI/HIV risk-reduction knowledge and condom use skills, facilitating communication with male partners about safer sex practices and STIs, facilitating male sex partners' access to STI screening and treatment, and reducing female adolescents' frequency of douching.

***It's Your Game: Keep it Real:** This school-based program for middle school youth is a theory-based intervention designed to reduce participants' risk for HIV, STIs, and teen pregnancy. The program, which was implemented in an urban setting, consists of 12 lessons in both 7th and 8th grade to help students learn to set personal limits regarding risky behavior, to recognize situations that might challenge these limits, and to use refusal skills to protect these limits. Topics covered over the two year program include healthy friendships and dating relationships, risky behavior in general, setting limits, refusal skills, puberty, reproductive health, STIs, and training on condom and contraceptive use. The program also includes activities that involve parents to encourage discussion about these topics at home. An evaluation of the program determined that it successfully delayed the initiation of sexual activity 24 months after baseline. More specifically, 30% of the students in the control group had initiated sex by 9th grade compared to 24% of the students in the intervention group. Approximately 44% of students in the intervention were Latino, but results pertain to all teens in the program. Program materials are available in English only.

Making a Difference (MAD): MAD program lessons provide correct information on puberty and adolescent sexual development, strategies to prevent HIV, STIs, and pregnancy and strategies to foster positive attitudes and beliefs about abstinence. The core components of the program include; building negotiation and problem solving skills regarding abstinence, build self-efficacy in adolescents and a desire to practice abstinence, strengthen sense of pride and responsibility in making a difference. The curriculum is divided into eight 1-hour modules.

Positive Prevention: This school-based curriculum for middle and high school students consists of six 45-minute lessons. The focus of the program is for students to identify, avoid, and/or manage risky sexual behavior. The program includes small group activities focused on improving skills needed to avoid HIV infection, including delaying the initiation of sex and using condoms correctly and consistently. Among those students who had not yet had sex before starting the program, those who received the intervention were significantly less likely to start having sex six months after the program compared to similar students who did not receive the intervention. Nearly 60% of the students in the intervention were Latino, but results are for all teens in the program. Program materials are available in English only.

*****Safer Choices.*** This school-based HIV prevention program for 9th and 10th graders has been used in both urban and suburban settings. The program encourages abstinence as the safest way to avoid pregnancy and/or STIs and includes five main components: school organization, curriculum and staff development, peer resources and school environments, parent education, and links between school and community. The program has been shown to delay sexual initiation among Latino teens and improve contraceptive use.17 At the 31-month follow-up, Latino teens in the program were 43% less likely to have initiated sex when compared to Latino teens in the control group. Latinos in the program who were sexually active were 65% more likely than Latinos in the control group to have used a condom at last sex. Program materials are available in English only. This program is being implemented in Dona Ana County by Families and Youth incorporated.

Reach for Health Community Youth Service (RFH-CYS). This school-sponsored program combines service learning and skills-based health instruction, allowing for meaningful opportunities for community engagement. The two core program elements are a classroom health curriculum and a service learning component, which includes approximately 90 hours of community service in a year. While this program did not focus solely on Latino youth, they did comprise a large proportion of participants in the original evaluation site. When participants were surveyed in 7th grade and again in 10th grade, students who had completed both core components of the program were less likely to have initiated sex by 10th grade than their peers who only participated in the health curriculum component.18 Program materials are available in English only.

****Teen Outreach Program (TOP)**: *TOP* is built on a belief system that youth should be valued and given opportunities to grow. The development of supportive relationships with adult facilitators is a crucial part of the model, as are relationships with other peers in the program. All youth in the program build a foundation of success from three essential goals: 1.Healthy Behaviors- positive, constructive actions that allow young people to be successful now and later in life; 2. Life Skills- competencies necessary to grow into healthy, self-sustaining adults; and 3. Sense of Purpose- knowledge of their own worth as they contribute to their communities through meaningful service. *TOP* is implemented through two primary avenues: *Changing Scenes* curriculum and Community Service Learning. Both components are delivered over a nine-month school year. The *Changing Scenes* curriculum is divided into four separate levels. Sessions from different levels can be mixed throughout the year for *TOP* Clubs based on their needs. The *Changing Scenes* is divided as follows: Level 1: Focused on youth ages 12 to 13 years old, Level 2: Focused on youth ages 14 years old, Level 3: Focused on youth ages 15 to 16 years old, and Level 4: Focused on youth ages 17 years old. Project Vida was funded by the State of Texas to provide TOP Clubs for youth within their service area. Project Vida staff are collaborating with the Foundation and the El Paso Teen Pregnancy Prevention Coalition to complement other community interventions.

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