Testimony to the Committee on Health for the Public Oversight Roundtable on Youth Perspectives of District Health Programs Testimony on Report Card Findings

Lateaisha Brooks and Derrica Vines Young Women's Project youth staff members October 27, 2011

Hello! My name is Derrica Vines. I am 16 years old, and a junior at Woodrow Wilson SHS. Thank you for creating the opportunity for our youth staff and organization to present our work to you.

I am a part of the youth-staff at the Young Women's project under the PHASE-Peer Health and Sexuality Education campaign. This testimony – which I wrote with Lateaisha Brooks-- focuses on the Report Card Findings for the community based organizations. Lateaisha and I were both part of the Youth Health Assessment team this summer – working with three other teen women who visited eight programs and two government agencies to assess their youth health programs. We interviewed staff and collected information about program, community impact, numbers of youth reached, youth engagement and leadership, and budget and staff.

This testimony is intended to go with the document that includes 10 Report Cards and summary of findings. Youth and adults worked together to develop these materials with youth staff taking the lead on strengths, growth areas, and youth leadership. At the end of our work we not only gained knowledge about what the programs in our community were doing but about what the programs in our community were missing and how youth can be more involved as leaders and contributors to improve sexual health.

We are very glad that you asked us to work with the Committee on Health to complete this research. It's important because DC youth are dealing with a lot of health issues including high rates of HIV, STIs (with half of Chlamydia and gonorrhea diagnoses were among District residents 15 to 19 years old.), and teen pregnancy. The number of youth infected with HIV/AIDS is a major concern, especially when not all that are infected are aware of their status. So the youth really need help. Luckily we have many innovative programs and policies in place to help us –as our Youth Assessment shows. The problem is that many of the programs are not fully evaluated, many policies are not fully implemented, and the community and government are not working together to identify and meet shared objectives. Each person here today will highlight a different aspect of the assessment findings and go in depth to share information and recommendations for policy. Here is an overview of findings.

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This summer, we saw that the DC community has a lot of youth based programs working to meet the needs of the youth. These programs have several strengths and unfortunately several weaknesses. Most of the programs are very youth friendly and have positively impacted the youth involved with those programs. All of the youth we spoke to had nothing but positive things to say. The programs seemed to have really helped them in dealing with issues they were facing or help them to help other people.

Most organizations have clear objectives, well-executed activities, committed staff, and strategic use of resources. We have some very strong programs. Both Teen Alliance for Planned Parenting (TAPP) and Generations are strong, effective, broad reaching programs for teen parents with great long term evaluation results. Metro Teen AIDS reaches a huge number of youth with condoms and information and has very well developed programs for training and hiring youth staff. Smaller programs – like Planned Parenthood (PP) and Teens Against the Spread of AIDS (TASA)– are stretching small budgets very far. Both educate a significant number of youth and help fill in the gaps that are left from inadequate school-based sex education. Some organizations had excellent models in terms of youth involvement and leadership, for example Planned Parenthood which has 4 levels of youth staff. Two programs are based on successful national models (Carerra and Us Helping Us (UHU)). In talking to the youth staff, it was clear that their involvement with the organization had had a positive impact in their lives and that they felt their opinions were truly valued. In terms of youth engagement and leadership -- there were also 2 organizations (MTA, PP) that had year round, paid youth staff and one TASA) that had very involved youth volunteers.

My (Lateaisha) overall impression of the organizations were that they all had a specific goals and they all did outreach in many different ways including health vans at schools, educational plays, classes on reproductive and sexual education, teaching parents how to relate and communicate with their child/ young adult. I especially like the work with younger youth. The earlier they learn about sexual education and the reproductive system the better and safer they'll be.

We also observed some gaps in the work community groups were doing. I (Derrica) noticed that a number of programs appeared to be doing a lot in the community however they had no concrete way of measuring how successful the efforts were. This was a major issue among several programs. How do you know if the program is successful? How do you know what to do and what not to do if you don't know if your current method is working? These were the questions that often had no answers. As a young person in DC, this lack of coordination creates barriers and even confusion. Evaluation was also a problem with HAHSTA run programs. We know how many boxes of condoms are given away but we don't know where they arer going or who is using them. We don't even

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count the condoms distributed in schools. Based on the outcome data that we've been able to collect through this small sample – the only group that we have any outcome data are TAPP and Generations (who both have federal grants to collect long term eval data). MTA reaches an incredible number of youth with condoms, information, and testing – and even sex education through the teacher training initiative. They also have strong systems in place to collect data. But their efforts are so broad and scattered that it's very difficult to measure any impact on youth behavior or life status change.

Outreach: I (Derrica) think another huge problem with the programs is little to no knowledge amongst youth about the programs. Before getting involved with YWP I had only heard about two programs, MTA and Planned Parenthood but didn't know about the other programs.

Youth Involvement: I (Lateisha) was concerned that there were not more youth staff or youth involved in shaping the education and training curricula and program delivery. How can the work be relevant if more youth are not involved in shaping it?

Common Mission: Everyone is out there doing good work but no one seems to have a sense of how that work fits together - or – how their piece contributes to a set of community-defined objectives or what those objectives are. Based on what Michael Kharfen shared in our interview and the HAHSTA oversight documents, it was hard to get a sense of our community strategy for addressing youth sexual health needs there is not a clear strategy for defining the problems they are addressing, what kind of change they would like to see, and how all of the pieces that they are doing and funding add up to the impact they would like to have.

In closing, I want to thank you again for this great opportunity and ask for your support in continuing the work that we started this summer through an ongoing **Youth Health Policy Working Group**. If we had more time – like all year – we could really get a lot done. There are so many other groups we'd like to visit. We'd also like to involve more youth in our working group. Many of the organizations we visited were eager to be involved. The Youth Working Group could take on a range of research and education projects including: 1) researching and producing an annual report card; 2) work with DOH, HAHSTA and other government programs to provide feedback; 3) serve as peer educators and resources for school-based STI and condom programs; 4) collect data from their peers on a regular basis through surveys and interviews; and 5) make recommendations to the Committee about youth needs, issues, and programming. We'd like to work with you to make this happen.

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