A "Shout Out" from Youth to Our Nation's Leaders

Report of the Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color

A "Shout Out" from Youth to Our Nation's Leaders

Prepared by:

The Youth Task Force on the Sexual and Reproductive Health
and Behavior of Young Men of Color

Joint Center for Political and Economic Studies Health Policy Institute
in cooperation with
The Academy for Educational Development

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PREFACE

During the past twenty-five years, a significant amount of attention has been devoted to the issues of teen sexual activity and pregnancy, especially in communities of color. Most of the attention has focused on young women—e.g., reasons why they get pregnant, the ramifications of pregnancy, and challenges that confront single mothers. Policies to curb teen sexual activity and pregnancy have been designed largely with young women in mind. Little attention has been paid, however, to the role of young men and the ramifications of their sexual and reproductive health and behavior, their views of young women and of themselves, and fatherhood.

The Joint Center for Political and Economic Studies Health Policy Institute, with the generous support of the Ford Foundation, has undertaken to fill this void by examining policy issues and interventions related to the reproductive health and behavior of young men of color. Recognizing the need to hear from young people of color themselves, the Joint Center, with the assistance of the Academy for Educational Development (AED), formed the Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color, composed of eight young people ranging in age from 17-28 and diverse in race and ethnicity, gender, and experiences. With help from the Joint Center and AED, the Youth Task Force convened forums in New York City, Washington, D.C., and Atlanta to hear from young people in these communities about policies that affect their sexual and reproductive health and behavior and that of their peers and about promising practices that can influence such behavior. The Youth Task Force drew upon the views voiced in the forums, as well as their own diverse experiences, in formulating recommendations for positive change, which are provided in this report. Accompanying these recommendations is a compendium of promising practices for improving reproductive health outcomes, which are operational in communities across the country.

Poor reproductive health outcomes and behaviors during adolescence and youth can have devastating impacts on the life trajectories of men and women. This examination of such an important, but usually neglected topic is a vital addition to the larger body of work concerning young men of color. This project accompanies the broader work of the Joint Center Health Policy Institute's Dellums Commission, which has examined policies that affect life options and paths of young men of color. The Dellums Commission's work has been informed and improved as a result of working with the young leaders of the Youth Task Force. The Commission's final report and this report of the Youth Task Force are companion documents. With the completion of these two reports, the Joint Center will form a Coalition to Improve Life Options for Young Men of Color to promote the recommendations among policymakers and policy advocates. In this way, it is hoped that the recommendations contained herein will be taken into account and used to make a difference in the lives of young men of color and, more broadly, in communities of color.

The work of the Youth Task Force and the Dellums Commission reflects the Joint Center Health Policy Institute's (HPI) mission to ignite a "Fair Health" movement that gives people of color the inalienable right to equal opportunity for healthy lives. In igniting such a movement, HPI seeks to help communities of color identify short- and long-term policy objectives and related activities that:

- Address the economic, social, environmental, and behavioral determinants of health;
- Allocate resources for the prevention and effective treatment of chronic illness;
- Reduce infant mortality and improve child and maternal health;
- Reduce risk factors and support healthy behaviors among children and youth;
- Improve mental health and reduce factors that promote violence;
- Optimize access to quality health care; and
- Create conditions for healthy aging and the improvement of the quality of life for seniors.

The Joint Center is grateful to the Academy for Educational Development and, in particular, to Bonnie Politz, Raul Ratcliffe, and Nividita Das for their work with the Youth Task Force and for the preparation of this document. Also, the dedication, insights, and candor of the members of the Youth Task Force have been invaluable. Perhaps most importantly, the Joint Center appreciates the thoughtfulness and honesty of the young people who participated in the three forums; they provided an inside look at the issues in a way that could not otherwise have been possible. We thank them and recognize that this report would not have been possible without them.

Margaret C. Simms
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YOUTH TASK FORCE ON THE SEXUAL AND REPRODUCTIVE HEALTH AND BEHAVIOR OF YOUNG MEN OF COLOR

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From left to right: Raul Ratcliffe, Academy for Educational Development; Christopher St. Vil; Jarvis Haugabook; Jessica Gonzalez; Mazi Mutafa; Nivedita Das, Academy for Educational Development; Larry Baker; and Paul Crewe.

INTRODUCTION

The purpose of the Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color, organized by the Joint Center Health Policy Institute in cooperation with the Academy for Educational Development, was to identify the factors that influence the choices and behaviors of young men of color (YMC) and to suggest actions that would lead to positive life choices and favorable reproductive health outcomes. The Youth Task Force (YTF) was charged with gathering youth perspectives on reproductive health and analyzing the impact of health policies that affect the physical, emotional, and social health of YMC. To carry out its mission, the YTF organized and facilitated a series of youth forums in Washington, D.C., Atlanta, and New York City, which enabled them to listen to the views of nearly 200 youth.

The background section that follows this introduction provides data that forms the context for the work conducted by the Youth Task Force. The recommendations and corresponding intervention proposals provided in this report are based on the findings from the forums and on the diverse experiences of the YTF members. The recommendations are organized into four cross-cutting reproductive health themes:

1. Health Care Services, Sexually Transmitted Infections (STIs), HIV, and Pregnancy

2. Media, Music, and Awareness

3. Economics and Product Marketing

4. Family Structure and Healthy Relationships

This organization reflects an effort to provide a complete account of the ideas that were shared by young people during the forums; these themes were used to structure dialogue among forum participants. Because two themes may encompass similar issues, some intervention proposals overlap with those under other themes.

The second section of this report provides examples and information on promising practices for improving reproductive health outcomes. These promising practices respond to two main focus areas:

1. Outcomes of pre-parent behaviors for these young men on the social level (e.g., graduation rates, unemployment), as well as health behaviors (e.g., early sexual activity, STI rates);

2. Cultural aspects at the root of these behaviors and outcomes (e.g., identity of the African American man, posturing and fronting, sense of leaving a mark on society).

While these promising practices focus on African American young men, who bear the heaviest burden of disparities, policymakers and advocates designing programs for other youth of color—Latino, American Indian/Alaska Native, Asian, Native Hawaiian or Other Pacific Islander—may also find this information useful.

BACKGROUND: LOOKING AT THE DATA

This background section excerpts a 2006 Joint Center report, *The Sexual and Reproductive Health of Young Men of Color: Analyzing and Interpreting the Data*, by Wilhelmina A. Leigh and Danielle Huff.[1] The report served as a foundation for the Youth Task Force's exploration of these issues.

Historically, the focal point of the discourse on the sexual and reproductive health of adolescents has been teen pregnancy, and the population of interest has been adolescent females ages 10-14 and ages 15-19. Issues related to the sexual and reproductive health of young males were seldom considered, as reflected in the type of data collected—or not collected—for male and female teens. In the late 1980s, this began to change with an increased emphasis on issues related to male teens, in part due to the spread of infections such as HIV (human immunodeficiency virus) and chlamydia. Our knowledge about the sexual and reproductive health outcomes and behaviors of young men of color[2] (Hispanic or Latino, black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander)is shaped by the methods used to gather and analyze the relevant data. These methods and the resulting data, however, do not always accurately reflect trends for this group.

Outcomes

The sexual and reproductive health of young men of color can be assessed by examining various outcomes, such as impregnation rates and rates of sexually transmitted infection, HIV infection, and AIDS.[3]

- In recent years, the share of male high school students who reported having ever impregnated a female has declined markedly. About half as many black non-Hispanic, Hispanic, and white non-Hispanic male high school students reported having ever impregnated a female in 2003, compared with 1995. In 2003, nearly eight percent of black non-Hispanic, more than five percent of Hispanic, and nearly two percent of white non-Hispanic male high school students reported having ever impregnated a female.

- Among males ages 15-29, between 1999 and 2004, black non-Hispanic males reported the highest rates of infection for chlamydia, gonorrhea, and syphilis, three of the most common sexually transmitted infections.

- Between 1999 and 2004, chlamydia rates increased for all young men ages 15 29. Among 15- to 19-year-olds, rates increased most among black non-Hispan-

[1] This report is available on the Joint Center's Web site at www.jointcenter.org.
[2] The primary age cohort used in this report to define "young" is 13-19.
[3] Data reported represent different years because of the complexities associated with collecting data for the young men of all the racial/ethnic groups of interest.

ic males (by 37 percent). Among young men of color ages 20-24 and 25-29, rates increased the most among American Indians/Alaska Natives, rising by 89 percent and 98 percent, respectively.

- Gonorrhea rates fell significantly between 1999 and 2004 among young black non-Hispanic males in the three age groups between 15 and 29 years. Despite the decline, gonorrhea rates for black non-Hispanic males remained significantly higher than those for young men of other racial/ethnic groups. For example, although rates declined 29 percent for black men ages 15-19 (from 1,964.8 per 100,000 to 1,390.1 per 100,000), their 2004 gonorrhea rate was more than 10 times the second highest rate (137.4 per 100,000) among American Indian/Alaska Native males.

- Although syphilis rates among most young men of color exhibited an increasing trend between 1999 and 2004, this rate declined among young black non-Hispanic men ages 15-19 and 20-24. Even with this decline, rates for black non-Hispanic males remained three times those of Hispanic young men, the group with the second highest rates in most years.

- Young black non-Hispanic men were overrepresented—and men of other racial ethnic groups were underrepresented—among cases of HIV infection and AIDS in 2001. This overrepresentation is most striking among young men ages 13-19. Although black non-Hispanic males were less than 15 percent of this age group, they accounted for 59 percent of cases of HIV infection and 40 percent of AIDS cases diagnosed in 2001 among this cohort.

Behaviors

Undesired reproductive health outcomes often result from risky behaviors in which young men of color may engage. These behaviors include having unprotected vaginal intercourse or engaging in other types of unprotected sexual activity (such as oral or anal sex), having multiple sexual partners, making an early sexual debut, and using alcohol or drugs during sexual activity.[4]

Experience with Sexual Intercourse

- Between 1993 and 2003, the proportion of high school young men of color who ever had sexual intercourse (i.e., vaginal intercourse) declined notably. Rates declined nearly 18 percent among white non-Hispanic male students (from 49 percent to 41 percent), more than 17 percent among black non-Hispanic male students (from 89 percent to 74 percent), and nearly 11 percent among Hispanic male students (from 64 percent to 57 percent). Between 1997 and 2001, rates declined nearly eight percent (from 71 percent to 66 percent) among American Indian male students.

[4] As noted in the section on outcomes, data reported represent different years because of the complexities associated with collecting data for young men of all the racial/ethnic groups of interest.

- In 2002, young males ages 18-19 were twice as likely as males ages 15-17 to have had sexual intercourse (nearly 65 percent compared with nearly 32 percent). This gap narrows for black non-Hispanic males (79 percent versus 53 percent) and for Hispanic males (70 percent versus 43 percent).

- Although a majority of high school young men of color have had sexual intercourse, smaller proportions are currently sexually active (defined as having had sexual intercourse in the past three months). In 2001, 52 percent of black non-Hispanic, 44 percent of American Indian, 37 percent of Hispanic, and 30 percent of white non-Hispanic male high school students reported current sexual activity.

Age at Sexual Debut

- In 2001, black non-Hispanic male high school students were the most likely (26 percent) to report having had sexual intercourse before age 13. In comparison, 17 percent of American Indian, 11 percent of Hispanic, and six percent of white non-Hispanic male students reported the same.

Number of Sexual Partners

- In 2003, black non-Hispanic male high school students were the most likely (42 percent) to report having had four or more sexual partners during their lifetimes. White non-Hispanic male students were the least likely (12 percent) to report four or more partners, while Hispanic male students were half as likely (21 percent) as black non-Hispanic males to report the same.

Use of Contraceptives

- According to a 2002 survey, condoms are the contraceptive preferred by young men ages 15-24, and young black non-Hispanic men are the most likely to use condoms. Nearly 95 percent of young black non-Hispanic men reported using condoms at least some of the time, compared with 84 percent of both Hispanic and white non-Hispanic young men.

- Although a majority of young men do not use condoms every time they have sexual intercourse, more than two-thirds of young men ages 15-19 of all racial/ethnic groups reported using condoms during their first sexual intercourse, according to a 2002 survey.

- In 2001, a majority of male high school students who reported having had sexual intercourse in the preceding three months reported that they had used a condom during their last sexual experience—73 percent of black non-Hispanic, 65 percent of American Indian, 64 percent of white non-Hispanic, and 59 percent of Hispanic male high school students.

Alcohol or Drug Use during Sexual Intercourse

- In 2003, although sizable minorities of young men of color reported drug or alcohol use with their last sexual intercourse, black non-Hispanic male high school students were less likely to report drug or alcohol use (24 percent) than their white non-Hispanic and Hispanic counterparts (31 percent and 30 percent, respectively).

Other Types of Sexual Intimacy

- In addition to vaginal sexual intercourse, young men also engage in other types of sexual activity, such as oral sex and anal sex. In 2002, comparable proportions of males ages 15-24 of the major racial/ethnic groups reported having participated in oral sex (given or received) with a female partner—nearly 71 percent of white non-Hispanic, 69 percent of black non-Hispanic, and 67 percent of Hispanic males.

- In 2002, more than 28 percent of Hispanic males ages 15-24 reported having had anal sex with a female, compared with nearly 25 percent of black non-Hispanic and nearly 20 percent of white non-Hispanic males ages 15-24.

- In 2002, small percentages of young men of color reported same-sex sexual contact; between five and six percent of black non-Hispanic, Hispanic, and white non-Hispanic males ages 15-24 reported having had same-sex oral or anal sex.

Challenges in Interpreting Sexual and Reproductive Health Data

Our knowledge about the sexual and reproductive health of young men of color is filtered through a mesh consisting of several elements. Numerous data collection complexities that can be readily enumerated, if not addressed, comprise one of these elements. Broader societal factors, such as racism and the media, represent another element, but one whose influences can be less clearly described.

Despite the challenges noted above (and discussed in detail in that report), data on the sexual and reproductive health and behavior of YMC are of enormous value in the analysis of related policy options. The report's wealth of data, as well as its discussion of unmeasured influences on the sexual and reproductive health and behaviors of YMC, provided a basis for the Youth Task Force's inquiry into these issues and informed the discussions at the youth forums convened by the YTF.

RECOMMENDATIONS & INTERVENTIONS

REPRODUCTIVE HEATH — HEALTH CARE SERVICES, SEXUALLY TRANSMITTED INFECTIONS (STIS), HIV, AND PREGNANCY

RECOMMENDATION 1

Standardize health education throughout American school curricula.

INTERVENTIONS

➢ The federal government should mandate school-based sexual health education. Sexual education curriculum must, at minimum, cover topics pertaining to hygiene, nutrition, social interactions, relationships, and HIV/AIDS awareness.

➢ Schools should expand curricula to include age-appropriate health education at all grade levels. A broader scope of instruction would cover health-related material on topics such as behavioral health, sexual health, nutritional health, social health, mental health, and financial health.

➢ Conduct a study of the historical origins and outcomes of health education in America, which would include an analysis of the effectiveness of different types of curricula and a needs assessment of communities that would benefit from reintegrating health education into the overall curriculum. The ultimate goal is the nationwide institution of such health education.

RECOMMENDATION 2

Provide all children enrolled in school with access to health care coverage as a basic right.

INTERVENTIONS

➢ Enrollment in health care programs should occur when a child enrolls in school. Ongoing coverage would be contingent upon the child remaining enrolled in school or a recognized learning institution.

➢ Examine similar programs already in existence, such as Affinity and Child Health.

➢ A child's access to immunizations should also commence upon enrollment in a health care plan.

➢ The government should work to promote school and community health care partnerships, which would provide multilingual workshops to parents on accessing health care coverage for themselves and their children.

Recommendation 3

Provide positive images of health and family to YMC through advertising and marketing campaigns.

Interventions

- Billboards, commercials, public service announcements, and print advertisements depicting positive ideals, such as stable families, should be presented to youth for testing and approval. This intervention includes the development of voluntary committees that would review and rate such messages. This may encourage public and private sector partners to provide support for supplemental advertising and marketing.

- Clinics should be built and marketed in underserved communities where they are in demand. Strategies like mobile vans, health cruises, and spoken word poetry are just a few of the ideas for more effectively reaching target audiences. Access and orientation to clinical services and resources should be mandated for all organized sports leagues and community action groups.

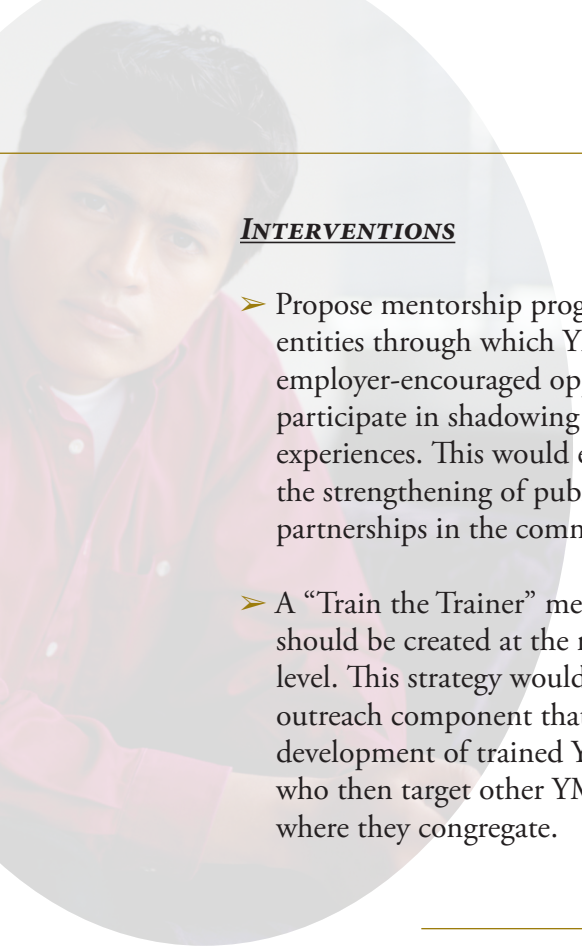
Recommendation 4

Enact new child support legislation to acknowledge fathers' rights. Such legislation would provide fathers with more options for taking care of their children, while allowing them to retain positive life opportunities.

Interventions

- A community service payment option for fathers whose delinquent child support payments have gone into arrears would provide an alternative to traditional repayment plans. The community service performed would include male mentoring programs in which older men can tell their stories to other YMC (discussing healthy marriages, financial and social costs of certain behaviors, etc.), and relationship counseling.

- Activities to help bridge the generation gap among men of color in terms of how they relate to women could include mentoring strategies that bring older and younger men of color together, in an intentional and meaningful way, to share experiences.



Interventions

- Propose mentorship programs to private entities through which YMC will gain employer-encouraged opportunities to participate in shadowing and internship experiences. This would encourage the strengthening of public-private partnerships in the community.

- A "Train the Trainer" mentoring strategy should be created at the national level. This strategy would include an outreach component that supports the development of trained YMC mentors who then target other YMC in places where they congregate.

Recommendation 5

Include mentoring programs through all facets of the workplace. YMC can benefit from mentoring by other YMC; through these experiences, YMC will build social and cultural capital and workforce development opportunities.

Recommendation 6

Provide comprehensive cultural competency training for all clinic and school health staff. All health care professionals should be required to fulfill a community service component that includes stronger cultural competence training.

Intervention

- Cultural competency (including language training) should be incorporated into the training of health care workers. Strong partnerships should be developed with community-based organizations that specialize in cultural competence training. This training should provide opportunities for health care professionals to go beyond the classroom and into the communities that they serve. In addition, there should be regular (quarterly) forums where health care professionals and the community meet to share information and help each other plan approaches to health care and health care work.

Interventions

- Health Insurance Portability and Accountability Act (HIPAA) policies affecting confidentiality and privacy need to be revisited in order to represent YMC and youth in general. A volunteer committee of youth, legal experts, and health care professionals should be established to host community forums, make targeted presentations, and produce a video to increase awareness of the need to strengthen standards of confidentiality.

Recommendation 7

Ensure that school systems offer expanded clinic services and extended hours for on-site clinics in order to make services more accessible to youth, and increase confidentiality.

- Using the national Beacon School model, communities should extend the hours of operation of on-site clinics. Such an extension of clinic hours would create more of a one-stop resource for YMC and families. The state should provide funding to allow schools to provide expanded clinic services and hours.

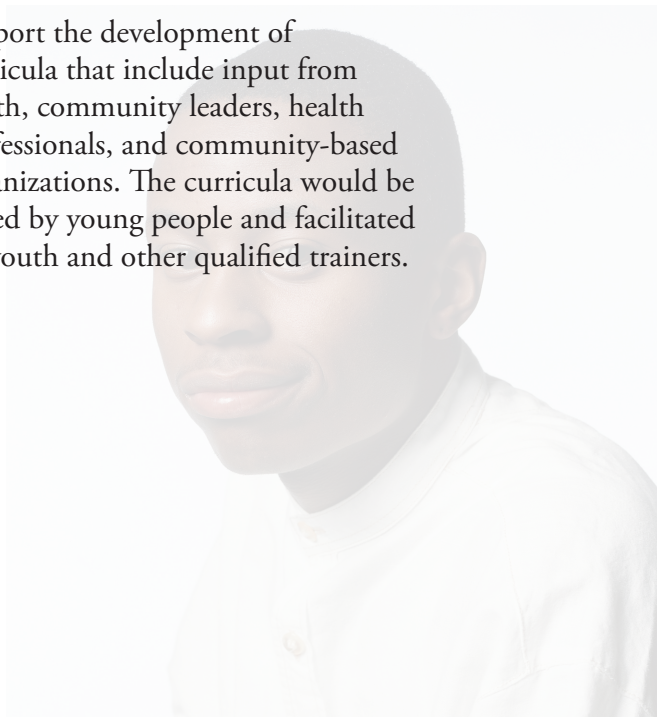
Reproductive Health — Media, Music, and Awareness

Recommendation 1

Create curricula focused on gender-specific sex education programming. The curricula should include a thorough definition of sex, a review of all STIs, and an explanation of all alternatives to sexual intercourse.

Intervention

- Support the development of curricula that include input from youth, community leaders, health professionals, and community-based organizations. The curricula would be tested by young people and facilitated by youth and other qualified trainers.



Recommendation 2

Enlist artist collaboratives in projects with area youth to create pieces depicting positive life choices. Murals, once commissioned, would be placed in areas where youth congregate.

Intervention

- Provide support for a mural contest in which local groups, community-based organizations, schools, and others can participate. The five participants receiving the highest scores would be given space in communities to produce murals. Visits to the murals would be followed by conversations about positive life choices.

Interventions

- Radio programming focusing on reproductive health strategies for YMC could include live forums that are simulcast on multiple stations.
- Produce multimedia public service announcements depicting responsible sexual behavior in the context of conditions in communities in which YMC reside.
- Air peer-to-peer programs that encourage intergenerational conversations on sexual health.
- Financial incentives should be provided for networks and companies that offer positive/realistic examples of life options for YMC in their programming (e.g., storylines about young fathers, AIDS, STIs).
- Develop and use Internet ads in outreach strategies.
- Conscientiously enlist the support of celebrities in the development and production of responsible ad campaigns addressing sexual health issues.

Recommendation 3

Encourage multimedia entities (TV, radio, Internet, music, print, and movies) to work in collaboration with community organizations and nongovernmental organizations (NGOs) to produce sex education programming. The content would range from salient health topics affecting YMC to promotional advertisements for "after school" programming on health topics.

Recommendation 4

Develop awareness-raising clubs that link sexual awareness and health to community service so that YMC not only can learn about positive reproductive health, but also have a chance to make a change in the status quo for themselves and their communities.

Interventions

- Create "Know Your Status" clubs and campaigns that target certain at-risk youth.
- Develop "Connect and Respect" clubs and classes that teach youth basic principles of self-respect and mutual respect. These clubs could provide a basis for curriculum that would later be integrated into K-12 grades.
- Have older men of color lead clubs and campaigns in communities where YMC reside.

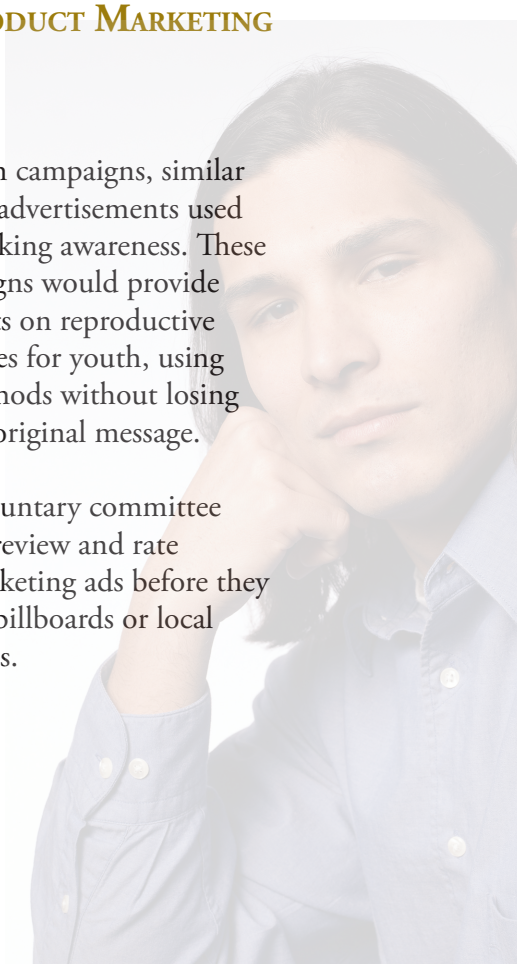
Reproductive Health — Economics and Product Marketing

Recommendation 1

Create public service announcements (PSAs) and campaigns that provide only facts and information. Children often view PSAs without absorbing the message that the PSA was intended to deliver. This tends to occur when PSAs are hidden under more marketable exteriors, such as hip-hop culture, wealth, power, money, fame, sports stardom, or humor.

Interventions

- Create health campaigns, similar to the truth advertisements used for anti-smoking awareness. These new campaigns would provide concrete facts on reproductive health choices for youth, using creative methods without losing sight of the original message.
- Recruit a voluntary committee of youth to review and rate product marketing ads before they are used on billboards or local radio stations.



Recommendation 2

In underserved communities, make sex education and free HIV/AIDS testing available in schools to ensure greater accessibility and affordability.

Interventions

- Encourage public and private sector partners to subsidize training and increase opportunities for sex education and free HIV/AIDS testing. Local community-based organizations and health professionals need to be trained in how to share this information with YMC and the greater community.

Interventions

- Provide more in-kind donations to local organizations as well as national campaigns focused on creating positive life outcomes for YMC.

Recommendation 3

Ensure that large corporations promote social responsibility in the communities in which they are located.

- Create mentorship and internship opportunities for YMC in order to expose the youth to career opportunities and better prepare them to make life decisions that can change their current situation.

Reproductive Health — Family Structure and Healthy Relationships

Recommendation 1

Create health check-up and incentive programs that encourage male-female partner involvement.

Intervention

- Provide compensation, such as money, condoms, movie passes, music gifts, or children's essentials (diapers, food, and toys), as an incentive for young adults to have their health checked.

Recommendation 2

Offer couples and parenting workshops for young parents to teach youth about positive relationships and positive family structures. These workshops could be provided in schools or by community organizations.

Interventions

- Provide models of positive family structures through computer modules and games as part of an expanded K-12 health curriculum.
- Improve programs for fathers, including expanded parenting and partnering programs. Provide models of positive relationships and family structures for YMC.
- Provide increased funding for community-based organizations and NGOs for the development of plays and multimedia pieces that model healthy relationships.
- Provide government funding for conflict resolution classes in schools.

Recommendation 3

Reassess government assistance programs (TANF and AFDC) to account for fathers' rights. Currently, most programs create barriers for fathers who want to provide for themselves and for their children.

Interventions

- Provide assistance workers and social workers with training on the rights of fathers.

Recommendation 4

Ensure that clinic and social workers undergo cultural sensitivity training so that they provide the highest standard of care to underserved communities.

- Alter performance accountability/appraisals of assistance workers to hold workers accountable based on the outcomes for the youth with whom they are working. This can be assessed through an evaluation of the workers' current cases.
- Strategically place health centers near recreation and community centers so that assistance workers are seen as part of the communities with which they work.
- Provide multilingual training for assistance workers in clinics and health centers so that they are more approachable and better equipped to serve diverse communities.

NEXT STEPS

The Joint Center Health Policy Institute will form a Coalition to Improve Life Options for Young Men of Color to examine, promote, and implement the recommendations of the Youth Task Force. This Coalition will consist of organizations representing public officials, youth, and community leaders.

PROMISING PRACTICES FOR IMPROVING REPRODUCTIVE HEALTH OUTCOMES

ORGANIZATIONS WITH PROMISING PRACTICES

This section provides a brief overview of the organizations identified during the initial screening and interviewing process as having promising practices. Each organization's reproductive health model(s), as well as its assets and challenges to implementation (i.e., what factors made the program work or not work and how the organization managed these to its advantage), were examined. The following profiles do not represent an exhaustive list of all the organizations in the country doing high-quality work, but they are the ones that were particularly noteworthy in this study.

NORTHWEST PA RURAL AIDS ALLIANCE

***Organization*: Northwest PA Rural AIDS Alliance**

Address: 15870 Route 322, Suite 2
Clarion, PA 16214

Phone: (814) 764-6066

Fax: (800) 359-2437

Funder: State

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30: 45 percent; African American males; 16-30: 15 percent

Program Goals: Increase awareness of HIV, reduce risky behaviors, and promote healthier behaviors and decision making.

Services Provided: Case management, health clinic, education and prevention (HIV, STI, abstinence, condom use, hepatitis C, local health statistics).

Interventions Used: No specific intervention mentioned.

Program Strategy: Target youth in correction/detention facilities. Implement three programs:

- *HIV Prevention Presentation:* Provide a classroom presentation for boys in middle and high school regarding HIV prevention/transmission. Bring in a HIV-positive speaker.

- *Special Needs Units:* Conduct 15 one-hour needs units (group-level interventions) for boys with severe behavioral, emotional, and mental problems. Units include: risk reduction, condom use, self-esteem, negotiating safer behaviors, and demonstrations.

- *WRAP Project:* Create an art project for students to express their thoughts and feelings regarding HIV, present their projects, and discuss what they have learned.

Recruitment Methods: Conduct outreach at collaborating agencies: correction/detention facilities, substance abuse treatment agencies, schools, and shelters.

Client Involvement in Program Design, Development, and Implementation: Conduct an informal assessment of clients' needs and interests. Collect feedback in the form of letters from clients.

Confidentiality: Ensure confidentiality.

Culturally specific and competent: General program. Not culturally specific.

Collaborations:

- Corrections/detention facility (George Junior Republic)
- State/local agencies (Adagio Health of New Castle, Erie County Department of Health, Guadenzia, and Shout Outreach)

Referral System: Have a formal system. Implement Memoradums Of Understanding (MOUs) with various agencies (substance abuse, mental health, STI clinics).

Most influential program elements: Perspective speakers. The program has a speaker bureau made up of HIV-positive clients who are referred to the program from their clinic or case management services. Speakers are chosen based on their ability to express themselves and receive training on HIV prevention and transmission.

Organization: **AIDS Council of Northeastern NY**

Address: 927 Broadway, Albany, NY 12207

Phone: (518) 434-4686

Fax: (518) 427-8184

Funder: State

Average Annual Funding: Not specified

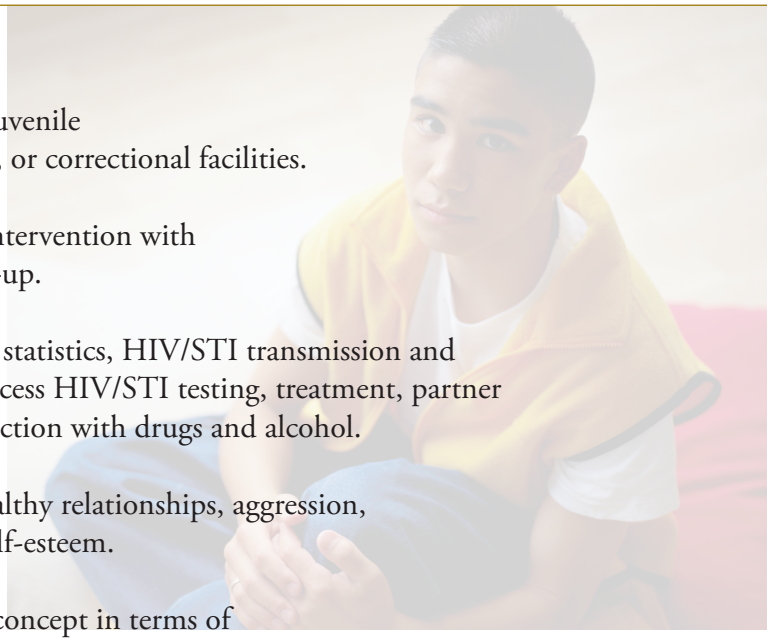
Client Demographics: Males ages 16-30: 35 percent; African American males ages 16-30: 20 percent

AIDS Council of Northeastern NY

Program Goals: Increase access to HIV and STI testing and increase condom use.

Services Provided: HIV/AIDS education and prevention, risk reduction, outreach, and skills building.

Interventions Used: Use activities from Be Proud, Be Responsible and Advocates for Youth's Life Planning Curriculum.



Program Strategy:

- Target youth in juvenile detention, juvenile placement (e.g., a foster care agency), or correctional facilities.
- Implement multiple-session group intervention with an opportunity for individual follow-up.
- Provide information on: local health statistics, HIV/STI transmission and prevention, risk reduction, how to access HIV/STI testing, treatment, partner selection and notification, and connection with drugs and alcohol.
- Encourage skills building around healthy relationships, aggression, communication, decision making, self-esteem.
- Discuss African American male self-concept in terms of communication and relationships and how it affects risk behaviors.

Recruitment Methods: Primarily, clients of existing programs are mandated to attend. Also distribute outreach materials in certain neighborhoods.

Client Involvement in Program Design, Development, and Implementation:

- Utilize a Youth Advisory Council (about six people) to provide input on training curricula, educational materials, evaluation tools, etc.
- Use input from evaluations distributed at the end of each session.

Confidentiality: Facilitators and participants sign a pledge that discusses confidentiality.

Culturally specific and competent: Make culturally competent according to the group with whom they are working.

Collaborations: Washington Correctional Facility and Brookshire Farm Center and Services for Youth.

Referral System: Refer participants to testing and care services within the correctional facility as well as outside the facility once they are discharged. Have MOUs with referral organizations.

Most influential program elements: Focus on skills building rather than just information sharing.

Organization: **Each One, Teach One Inc.**

Contact: 550 South Dupont Highway, Suite 7T
New Castle, DE 19720

Phone: (302) 658-0217

Fax: (302) 658-4249

Funder: State

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30 years: 70 percent; African American males ages 16-30: 90 percent

Each One, Teach One Inc.

Program Goals: Change attitudes toward the use of condoms, and get clients to consistently use condoms.

Services Provided: Educational workshops, outreach, condom kit distribution, and promotion of HIV testing.

Interventions Used: Be Proud, Be Responsible and Act Smart (Red Cross and Boys' & Girls' Club of America curriculum).

Program Strategy:

- Conduct workshops in detention facilities.
- Outreach:
  - o Use a survey to assess attitudes about condom use and knowledge of HIV prevention;
  - o Engage in one-on-one dialogues; and
  - o Exhibit at fairs and basketball tournaments at community centers.
- Do not specifically address healthy relationships, prevention of unintended pregnancies, or African American men's self-concept.

Recruitment Methods:

- Use detention facilities.
- Conduct street outreach.
- Offer financial incentives to come to National Counseling and Testing Day (can win $200 drawing if they attend).

Client Involvement in Program Design, Development, and Implementation: Use peer facilitators to facilitate workshops and conduct outreach.

Confidentiality: Staff must sign a confidentiality clause, and clients are asked to respect confidentiality.

Culturally specific and competent: Use culturally tested interventions, and adapt materials so they are appropriate.

Collaborations:
- Local AIDS Service Organizations (ASOs)
- Substance abuse prevention and treatment agencies
- Mental health agencies
- MSM (men who have sex with men) agency
- Faith-based agencies and churches
- Community centers

Referral System: Have a referral system and use official Memorandums Of Agreement (MOAs).

Most influential program elements:
- Show pictures of STIs to clients.
- Hold videos and condom relays (as prescribed in Be Proud, Be Responsible intervention) that teach clients how to negotiate condom use and how to use a condom.

Metro Teen AIDS

Organization: **Metro Teen AIDS**

Address: PO Box 15577, Washington, D.C. 20003

Phone: (202) 543-9355

Fax: (202) 543-3343

Funder: Federal, State, and Private

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30: 45 percent; African American males ages 16-30: 99 percent

Program Goals: Reduce the HIV infection rate among youth ages 13-25.

Services Provided: Outreach and education, drop-in center, HIV counseling and testing, peer education program, and training.

Interventions Used: Be Proud, Be Responsible, Making Proud Choices, TRAP, Real AIDS Prevention Project (RAPP), and Community PROMISE.

Program Strategy:
- Men Making a Difference – After-school program that meets three times a month and uses the Teens for AIDS Prevention curriculum to address:
  - The definition of a "man" and self-concept
  - Healthy relationships
  - Decision making
  - Sexuality

- Skills-building activities (communication, healthy relationships, condom use, money management) and videos of young men/peers applying these models to their lives.

- Campaign to Prevent Teenage Pregnancy – Have teenage fathers come in to discuss how fatherhood affected their lives and map out what a client's life might be like with an unintended pregnancy.

Recruitment Methods:
- Employ outreach strategies.

- Use peer educators that look like clients.

- Obtain clients through schools, community networks, and partnerships.

Client Involvement in Program Design, Development, and Implementation:
- Use surveys to assess what the client has done, what they would like to see, and what they would change.

- Establish Community Advisory Board made up of youth who speak at fundraisers to potential and current donors.

Confidentiality: Have confidentiality policies, and fill out a form when an individual counseling session is conducted.

Culturally specific and competent: Programs are youth-specific and adapted to ensure cultural appropriateness.

Collaborations: Planned Parenthood, Sasha Bruce (housing), Sexual Minority Youth Assistance League (sexuality), and Children's Hospital. Have official MOUs with listed collaborators.

Referral System: Have a referral network and tracking system. A notice is sent to the referral agency via e-mail. Once the referral agency has seen the client, it sends an e-mail back with questions to address.

Most influential program elements: Peer education component. Peer educators look like the target population and are from the same age group.

United Deliverance Community Resource Center

Organization: United Deliverance Community Resource Center

Address: 821 Grant Street
West Palm Beach, FL 33407

Phone: (561) 659-7988

Fax: Not specified

Funder: Not specified

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30 years: 45 percent; African American males ages 16-30: 100 percent

Program Goals: Promote condom use.

Services Provided: HIV/STI education and prevention, outreach, and peer education.

Interventions Used: Real AIDS Prevention Project (RAPP).

Program Strategy:

- HIV Education Leads to Prevention (HELP) Program is the RAPP intervention.
  - o Community networking – Leave brochures, role model stories, and condoms at community businesses, and encourage them to promote safer sex practices.
  - o Presentations – Provide HIV presentations in the community (e.g., barbers shops).
  - o Safer Sex Gatherings – Gather females and males or females and their partners to discuss HIV and sexual health, provide condom demonstrations, conduct role plays, and build skills regarding condom negotiation.
  - o Peer Educators – Conduct outreach, conduct presentations, and facilitate safer sex gatherings.
  - o Stage-based Encounters – Conduct one-on-one interviews about condom use and provide appropriate information/literature based on client's stage.

- Provide information on HIV/STIs, sex communication and respect, alcohol and drugs.

- Do not specifically address young African American men's self-concept.

Recruitment Methods: Street outreach at apartment complexes and housing developments.

Client Involvement in Program Design, Development, and Implementation: Peer educators assist in implementation and outreach.

Confidentiality: Strictly enforce confidentiality policy.

Culturally specific and competent: Use culturally competent intervention.

Collaborations: Healthy Mothers, Healthy Babies, and Planned Parenthood.

Referral System: Paper/pencil tracking system. Have MOAs with some agencies.

Most influential program elements: Safer sex gatherings, presentations, and stage-based encounters. One-on-one interaction has a greater impact and is more influential.

Organization: **Teen Pregnancy Center**

Address: 1 Barnes-Jewish Hospital Plaza
St. Louis, MO 63110

Phone: (314) 454-8259

Fax: Not specified

Funder: Private Funding

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30: 33 percent; African American males ages 16-30: 98 percent

Teen Pregnancy Center

Program Goals: Prepare men for labor/delivery process and their role as a father/parent. Prevent future unintended pregnancies.

Services Provided: Prenatal health care clinic

Interventions Used: Have adapted Young Fatherhood Curriculum (part of the National Fatherhood Initiative). Use role plays from Reducing the Risk.

Program Strategy: Enroll young men that have a child or are going to be a father. Support groups held weekly for 1.5-hour session over six to eight months. Discussion topics include:

- Correct condom use and its effectiveness;
- STIs and myths about STI prevention;
- How to prevent unintended pregnancies;
- How to access community services/resources (testing and treatment for STIs, locating condoms, etc.);
- Sexual responsibility;
- Effective partner communication; and
- Self-concept (what it means to be a responsible man or father).

Recruitment Methods:
- Promote program with current patients.
- Outreach to schools and agencies serving young men.
- Recruit from partner organization (Father Support Center).

Client Involvement in Program Design, Development, and Implementation: Use client satisfaction surveys to assess why clients chose to attend, what information they would like to receive, and their satisfaction with the appointment. Informal recruitment (i.e. word of mouth).

Confidentiality: Have a client confidentiality policy.

Culturally specific and competent: Create culturally appropriate educational materials and services for young African American men.

Collaborations: Collaborate with Fatherhood Support Center of St. Louis. Support center provides: case management, employment and education assistance, and parenting mediation for custody and involvement.

Referral System:
- Case management (St. Louis Volunteer Resource Parents)
- Father Support Center of St. Louis (see services listed above)
- Health services (Planned Parenthood)
- Use official MOUs
- Developed referral follow-up procedures

Most influential program elements:
- Having young African American men as facilitators and role models.
- Location in a hospital lends the program more credibility.
- Group collaboration and peer support are components.

Organization: **Charles Drew University of Medicine**

Address: 1731 East 120th Street
Los Angeles, CA 90059

Phone: (323) 563-4800

Fax: Not specified

Funder: Federal (SAMHSA)

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30: 25 percent; African American males ages 16-30: 45 percent

Charles Drew University of Medicine

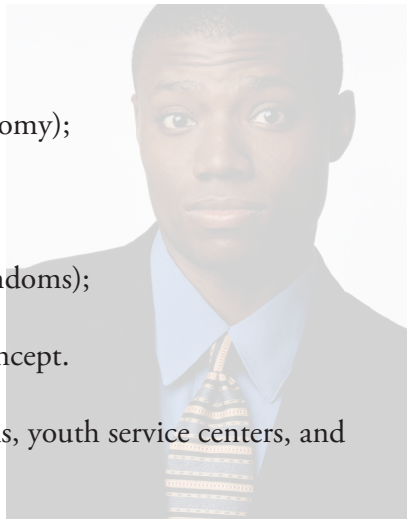
Program Goals: Reduce the transmission/acquisition of HIV/STIs and unintended pregnancies.

Services Provided: HIV/STI education, prevention, treatment, and screening, risk reduction, and outreach.

Interventions Used: Develop their own curriculum.

Program Strategy: Conduct a core curriculum with one high school, provide one-time presentations at high schools during health fairs, and conduct presentations at community agencies on request. Distribute literature and condoms Topics of presentation cover:

- HIV/STI education, prevention, and risk reduction;
- HIV/STI screening through mobile vans;
- Reproductive health (review reproductive anatomy);
- Birth control methods;
- Safer sex demonstrations (male and female condoms);
- Do not discuss healthy relationships or self-concept.



Recruitment Methods: Outreach to high schools, youth service centers, and substance abuse treatment sites.

Client Involvement in Program Design, Development, and Implementation: Limited client involvement. Conduct some focus groups for feedback on what information clients want to receive and if clients are satisfied with services provided. Provide limited input on locations for outreach or collaboration.

Confidentiality: Have a confidentiality policy.

Culturally specific and competent: Provide culturally competent services.

Collaborations:

- Children's Hospital of Los Angeles – Part of a coalition addressing HIV/STIs among MSM.
- Teen Awareness Program – Provide HIV/STI training to their peer advocates.
- Reach LA (Targets high-risk ethnic minority youths in LA County).
- Children's Collective – Provide health education to at-risk minority youths in schools and youth service agencies.
- Shields for Families – Provide reproductive health information to youths enrolled in their substance abuse program.
- Have MOUs with some organizations.

Referral System: Not asked.

Most influential program elements: Providing statistics regarding their community, being open and honest, and having HIV-positive speakers.

Organization: **Steinway Child & Family Services**

Address: 41-36 27th Street,
Long Island City, NY 11101

Phone: (718) 389-5100

Fax: (718) 784-2820

Funder: Federal (SAMHSA) and State

Average Annual Funding: $50,000

Client Demographics: Males ages 16-30: 60 percent; African American males ages 16-30: 50 percent

Steinway Child & Family Services

Program Goals: Educate youth on the dangers of unprotected sex and how to avoid other health and psycho-social risks experienced by teens.

Services Provided: HIV/STI prevention and education, peer education, outreach, and personal growth and development.

Interventions Used: Develop their own intervention.

Program Strategy:

- Target youth ages 13-21.
- Teen Peer Education Program – Train teens to become peer educators who share their knowledge with other adolescents through outreach and

presentations in schools and community events. The group meets once a week for 14 weeks (two cycles per year of 10 youth). The program trains youth on:

- Reproductive anatomy and physiology;
- HIV/STIs;
- Male and female condoms (test youth to ensure they know how to use properly);
- Respecting their bodies;
- Self-esteem;
- Personal health (grooming, washing their clothes);
- Sexuality;
- Public speaking;
- Students conduct field work and are asked to write two self-reflective essays and a research paper.

Recruitment Methods: Recruit members through outreach activities and during presentations.

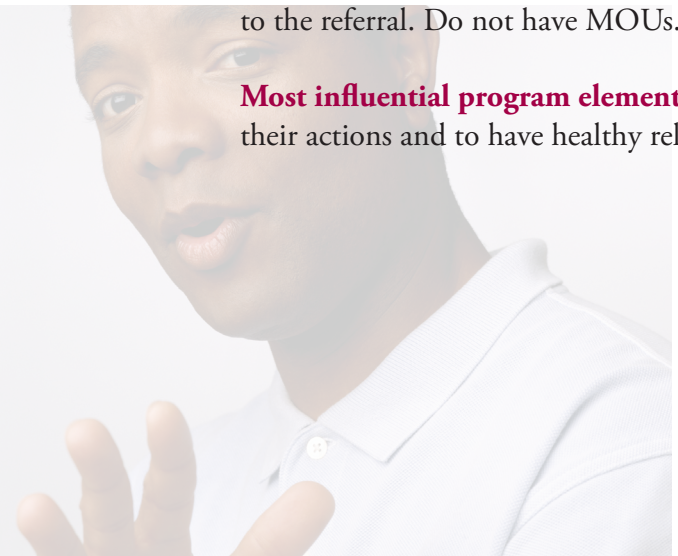
Client Involvement in Program Design, Development, and Implementation: Use evaluations at the end of each session to reshape activities. Teen educators conduct outreach and presentations.

Confidentiality: Have confidentiality policies and procedures. Participants must sign a release form.

Culturally specific and competent: Services and materials are culturally appropriate.

Collaborations: Collaborate with community centers, colleges, high schools, and intermittent schools.

Referral System: Have a referral system. Staff members often go with the youth to the referral. Do not have MOUs.



Most influential program elements: Prepare them to become responsible for their actions and to have healthy relationships.

JC Guy & Associates

Organization: **JC Guy & Associates**

Address: Lutherville, MD

Phone: Not specified

Fax: Not specified

Funder: Private (self-funding)

Average Annual Funding: Not specified

Client Demographics: Males ages 16-30: 50 percent; African American males ages 16-30: 90 percent

Program Goals: Create informed, educated African American men.

Services Provided: HIV/STI education and prevention, peer education, and personal growth and development.

Interventions Used: Positive Peer/ Senior Modeling.

Program Strategy: Conduct workshops to teach young African American men:

- Sexual/reproductive education;
- Sexual responsibility;
- Self-esteem, maleness, and family roles and responsibilities;
- Reading, writing, and general cognizant skills.

Recruitment Methods: Clients are referred through family and friends.

Client Involvement in Program Design, Development, and Implementation: Use surveys to collect client feedback on how to improve program activities.

Confidentiality: Have a client confidentiality policy.

Culturally specific and competent: Program is culturally specific to young African American men.

Collaborations: African American Male Institute at Morgan State University and Mental Health Alliance.

Referral System: Refer clients to Planned Parenthood for reproductive health information. No official MOUs and no referral tracking system.

Most influential program elements: Education and self-esteem/self-concept components.

Organization: **Matthew 25 AIDS Services**

Address: 411 Letcher Street Henderson, KY 42420

Phone: (270) 826-0200

Fax: (270) 826-0212

Funder: Federal (CDC)

Average Annual Funding: Not specified

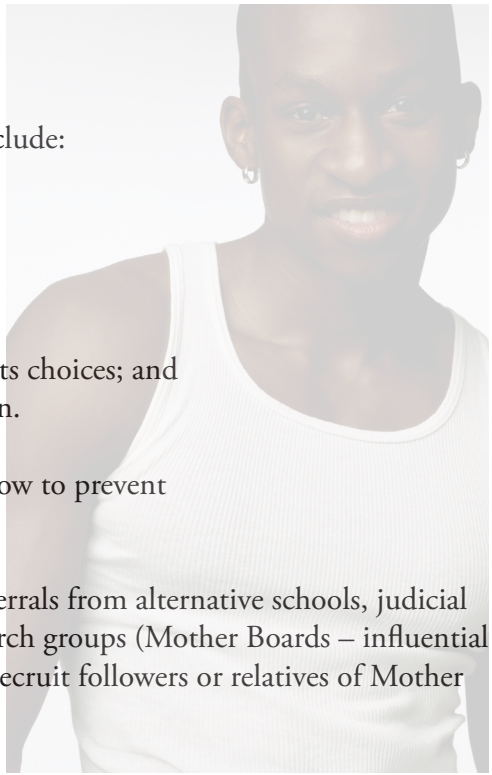
Client Demographics: Males ages 16-30: 17 percent; African American males ages 16-30:12 percent

Matthew 25 AIDS Services

Program Goals: Reduce HIV/STI risk, identify HIV-positive individuals, and get them into early intervention services.

Services Provided: HIV/AIDS education workshops, HIV/STI screening and testing, distribution of Safer Sex Kits.

Interventions Used: Street Smart.



Program Strategy:

- Street Smart – Program components include:
  - o Sexual awareness;
  - o Safe behavior using condoms;
  - o Negotiating condom use;
  - o Condom demonstration;
  - o How to make good choices;
  - o How alcohol and substance use affects choices; and
  - o HIV/AIDS education and prevention.

- Also discuss healthy relationships and how to prevent unintentional pregnancies.

Recruitment Methods: Outreach and referrals from alternative schools, judicial system, etc. Target African American Church groups (Mother Boards – influential women who oversee church activities) to recruit followers or relatives of Mother Board members.

Client Involvement in Program Design, Development, and Implementation: Use an advisory board ("Community Bridge") made up of HIV-positive individuals, community leaders from minority health care groups, health departments, and gay night clubs. Clients make Safe Sexual Behavior Kits and recruit clients.

Confidentiality: Have confidentiality policies and procedures.

Culturally specific and competent: Produce culturally competent materials and services. Use outreach workers from the target population.

Collaborations:
- Local Black Coalitions;
- Churches (youth programs);
- Schools (after-school programs);
- Job Corp (center for delinquent youth) – Provide HIV/AIDS education to the youth.

Referral System: Have a referral system. Use "bounce back" cards – request that the referral agency provide a "bounce back" card to inform the program whether or not the client kept the referral appointment. Use MOUs with all collaborators.

Most influential program elements: Mapping out and showing clients the results or potential results of their behavior in a simplified manner.

Key Promising Practices

Following data synthesis, key elements were identified as common to several of the programs. The following promising practices are presented to encourage replication among existing or future reproductive health programs.

Client Involvement in Program Design

- ***Advisory Boards:*** Some organizations established advisory boards made up of members of the target population to assist in the selection and design of programs, services, and educational materials. This component ensures that programs meet the needs of the target population and are culturally competent.
- ***Client Satisfaction Surveys:*** Some organizations designed satisfaction surveys to gather client feedback regarding the service needs of the client, what services the client might be interested in receiving, and how the client thought services could be improved. This evaluation component ensures that programs meet the needs of target populations and are culturally competent.

Client Involvement in Program Implementation

- ***Peer Educators:*** Some organizations developed programs that selected and trained members of the target population to become peer educators. Educators that match the demographics of the target population in terms of age, ethnicity, and geographic location are believed to be more influential/effective in getting prevention messages across to the target population and can be seen as role models for clients.

- ***Outreach Workers:*** The majority of organizations use clients who are members of the target population to conduct outreach. Outreach workers that match the demographics of the target population in terms of age, ethnicity, and geographic location are believed to be more influential/effective in getting prevention messages across to the target population and getting the target populations to access the organization's services.

Provision of Comprehensive Services

- ***HIV/STI Prevention and Education:*** The majority of programs educate the target population on effective ways to prevent the acquisition and transmission of HIV and STIs. The methods most often utilized include presentations, distribution of educational materials (i.e., brochures) and safer sex kits, and condom demonstrations.

- ***Education to Prevent Unintended Pregnancy:*** Some programs have specific units or workshops that address the prevention of unintended pregnancy. Other programs mentioned that this topic is covered when discussing barrier methods.

- ***Reproductive Health Education:*** Some programs specifically address reproductive anatomy and physiology. Organizations implementing this strategy emphasize the importance of educating youth on this issue because many youth have not been taught or do not know the proper names and functions of their own reproductive organs. Other organizations provide referrals to reproductive health service organizations such as Planned Parenthood.

- ***Empowerment:*** Many programs provide educational sessions to empower clients, such as building self-esteem, making effective decisions, becoming sexually responsible, communicating effectively with their partner, establishing healthy relationships, and being comfortable with their sexuality. Providing these services gives the target population the skills that they need to make healthy decisions about their sexual behavior.

- ***Self-concept:*** Some programs provide educational sessions on self-concept and being an African American male. They discuss what it means to be a male, what it means to be a responsible father, etc.

- ***Employment Training:*** Some programs provide employment training for their clients, and others refer their clients to employment training services. The Teen Pregnancy Center offers an educational session on mock-interviewing.

Effective and Culturally Appropriate Programs

- ***Interventions:*** The majority of programs indicated that they use interventions or training curricula that have already been developed. Several organizations mentioned that they have adapted some of the existing interventions/curricula to better suit the needs of their target population. Others indicated that they have developed their own interventions/curricula.

- ***Group Sessions:*** Many of the programs provide educational sessions in a group setting. This method allows clients to learn from the experiences of others and provides a support network for clients. Some programs indicated that they separate groups according to age and/or gender, while others keep all clients together.

- ***Individual Sessions:*** Some of the organizations felt that one of the most influential components of their program was a one-on-one session between the client and the health educator. Individual sessions allow the client to be more open and provide an opportunity for the client to ask questions that they may be embarrassed to ask in front of a group. Individual attention makes the client feel appreciated and builds trust between the program and the client. The AIDS Council of Northeastern NY uses an activity called "interactive journaling" in which clients write down any comments or questions they have in small binders at the end of each session. The journals are handed into the facilitator who responds to their journal entries and passes them back to the participants during the next session.

- ***Skills-building Activities:*** The majority of programs offer skills-building activities such as role plays, demonstrations, and teach-backs. A few programs give condom demonstrations and require their clients to show the program staff that they know how to use a condom appropriately by using a penile model. One program even requires clients to show the program staff that they know how to use a female condom appropriately by using a vaginal model (Steinway Child & Family Services). A few programs conduct client role plays such as effectively negotiating condom use. Several programs stress the importance of offering skills-building activities to clients rather than just providing clients

with information. In this way, they gain experience and become comfortable using condoms or talking to their partners about using condoms.

- ***Adapt Services for Target Audience:*** The majority of programs adapt their services to suit the needs and learning styles of their target audience. This may include: creating shorter sessions that meet more frequently so that youth with short attention spans can get the most out of the program; adapting materials so that they are more visual; and making sessions more hands-on and participatory.

- ***Access to Services:*** One program mentioned that it is important to schedule times for drop-in visits because youth are less likely to schedule an appointment. Another program felt that many agencies are only open during the day, when clients are working or in school. They recommended that an organization's hours of operation be changed to allow more access to services.

Collaborations

- ***Creating a Comprehensive System:*** No program is able to address or provide every service that a client needs. Therefore, it is essential for organizations to develop collaborations with local agencies that provide the services that they do not. All of the programs that were interviewed indicated that they collaborate with other local agencies. Agencies that the organizations collaborate with include:
  - Schools (middle schools, high schools, colleges, intermittent schools)
  - Hospitals
  - Substance abuse treatment agencies
  - Mental health agencies
  - Correctional/detention facilities
  - Churches
  - Community centers
  - AIDS service organizations
  - Case management agencies
  - Local Black Coalitions

Referral Systems

- ***Varying Systems:*** The majority of the programs interviewed indicated that they have developed a referral system, use official MOUs/MOAs, and follow up on their referrals. However, organizations use different methods for ensuring that their clients utilize referral services. Most organizations require their referral agency to call by phone or send an e-mail or document back to them acknowledging that the client came to his/her scheduled appointment. One organization attempts to bring their clients to each referral appointment.

Client Recruitment

- ***Outreach:*** The majority of programs indicated that they recruit clients for their programs through outreach activities. Methods of outreach included: street outreach, health fairs, churches, collaborating agencies, correction/ detention facilities, substance abuse treatment agencies, schools, shelters, youth service centers, apartment complexes, housing projects, and basketball courts. One organization mentioned using church "Mother Boards" (influential women who oversee church activities) to recruit clients.

- ***Other Recruitment Strategies:*** Some organizations indicated that their clients were mandated to receive their services—e.g., if the youth are enrolled in a detention or substance abuse treatment facility. Other organizations recruit from their partner organizations or during presentations, or clients are referred by family, friends, and word of mouth.

Conclusion

The work of the Joint Center Health Policy Institute's Youth Task Force on the Sexual and Reproductive Health and Behavior of Young Men of Color adds authentic voices of youth leaders to the national call for action to improve life options for African American and other minority males in this country. Presented with statistical data about glaring reproductive health disparities, courageous young leaders on the Youth Task Force tackled difficult issues and asserted responsibility for engaging, listening to, and amplifying the voices of their peers.

While this report of the Youth Task Force provides reproductive health data, policy recommendations, program models, and practice descriptions, the most significant contribution and model is the process itself. Youth are "shouting out" to an older generation of leaders, and adults must respond to them with urgency. Cross-generational partnerships and activities like this are key to the elimination of racial and ethnic health disparities and to the creation of a more "fair" and equitable future for all Americans.

APPENDIX I

SCREENING PROCESS AND SELECTION CRITERIA FOR PROMISING PRACTICES

The following criteria were used to define what constitutes a promising practice:

1. **Defined strategy:** The organization has a clear strategy for targeting young men of color that is easily described. This may include adaptation of existing models or innovative approaches developed on its own.

2. **Peer involvement:** Youth are meaningfully involved in program implementation and/or decision making. These programs do not merely "do for" youth, they incorporate youth feedback and "work with" youth for solutions and success.

3. **Holistic approach through collaboration:** The organization demonstrates linkages to other organizations in an effort to provide a comprehensive set of services through collaborating partners. Referral and follow-up systems in place and/or formalized community linkages with other local organizations would be proxies for this criterion.

In order to identify programs with potential promising practices, an online survey was sent to more than 3,000 organizations across the U.S. involved in any of the following program areas: youth, teen pregnancy, STIs, HIV/AIDS, health clinics, and community outreach. Only programs that focused on reproductive and sexual health and serving young (ages 16-30) African American males were directed to complete the survey. The following screening criteria were used for inclusion in a short-list of programs with potential promising practices:

1. Provided reproductive health services (teen pregnancy, STIs, and/or HIV) to African American men in the 16- to 30-year-old age group.[1]

2. Completed the entire questionnaire with accurate and relevant data,

3. Provided sufficient detail to describe the programmatic issues and approaches used by the organization.

[1] An organization was included if it provided services to a sub-set of age groups within the 16- to 30-year-old age range.

Organizations were ranked in levels. Level 1 organizations provided interesting, innovative, and unique answers in the four or more areas of the open-ended sections. Level 2 organizations provided answers in three of the open-ended sections of merit. Level 3 organizations provided answers in two of the open-ended sections that the team felt were engaging and worthy of follow-up. Level 4 organizations provided answers in one of the open-ended sections that the team felt engaging and worthy of follow-up. X number of Level 1 through Level 4 organizations were contacted for in-depth interviews. Based on the in-depth interviews, only the programs meeting the above definition of promising practices were included in this report.[2]

After data synthesis, key elements were found to be common to several of the programs.

- Client involvement in program design through advisory boards and client satisfaction surveys.
- Client involvement in program implementation as peer educators or outreach workers.
- Provision of comprehensive services, including HIV/STI prevention and education, education to prevent unintended pregnancy, reproductive health education, empowerment, self-concept, and employment training.
- Effective and culturally appropriate program design—e.g., interventions, group and individual sessions, skill-building activities, programs that adapt services for target audiences and improve general access to services.
- Collaborations to create a comprehensive system (e.g., with schools, hospitals, mental health agencies, etc.).
- Referral systems in place.
- Effective recruitment processes.

[2] Because of the grassroots nature of much of these efforts, formal evaluations (which often come with heavy feeds, large staff capacity needs, and long-term tracking) were not required.

APPENDIX II

BIOGRAPHIES OF YOUTH TASK FORCE MEMBERS

Larry Baker Jr.
Mr. Baker hails from Indianapolis, Indiana. He currently represents an organization in Indiana that works with expectant fathers and young families. By trade, Mr. Baker is an assistant park manager for a local Indianapolis parks community recreation center called Municipal Gardens. He is committed to fostering positive outcomes for youth in the local community, apparent through his work with the Fathers & Family Resource Research Center. Mr. Baker became a father of two children at a relatively young age and is dedicated to improving the decisions that young people make as they work toward prosperity in life.

Stefanie Brown
Ms. Brown was born and raised in New Bedford Heights, Ohio. From an early age, she realized her calling was to be a civil rights advocate. This is evident in her extensive career. While attending Howard University, she served as the forty-first president of the Howard University Student Association, as well as president of the Howard chapter of the National Association for the Advancement of Colored People (NAACP). She has done extensive youth advocacy work in Ohio, Washington, D.C., and through her work with the NAACP headquarters. She is currently serving as Director of the NAACP's Youth & College Division in Baltimore, Maryland, where she recently mobilized hundreds of youth on July 19 in a march to the nation's capital in support of renewing the Voting Rights Act (VRA) and to mark the 70th anniversary of the NAACP's Youth & College Division.

Paul Crewe
Mr. Crewe is a 2005 graduate of Howard University, where he majored in print journalism. He served as a staff writer for the District Department of Transportation from 2005 through 2006 before accepting another writer position with the Metropolitan Police Department in Washington, D.C. In both Prince George's County and Washington, D.C., Mr. Crewe aspires to a long career as a responsible and conscientious African American journalist.

Jessica Gonzalez
Ms. Gonzalez obtained her MPH in May 2006 from the Heilbrunn Department of Population and Family Health at Columbia University's Mailman School of Public Health. While completing her degree, she focused on adolescent health and education, worked as a graduate researcher on a young men's sexual-health

education study, and served as co-president of the Black and Latino Student Caucus. In addition, over the summer of 2005, Ms. Gonzalez served as an intern at the National Latina Institute on Reproductive Health, where she worked with the Health Policy team on a Latina immigrant reproductive health policy education kit to be distributed to CBOs and NGOs throughout New York City. Prior to completing her MPH, she graduated magna cum laude from Brown University in May 2002. She earned a BA in Community Health and Hispanic Literature and Culture. Ms. Gonzalez has extensive experience working with underserved youth in the Bronx, Washington Heights, and South Providence.

Jarvis Haugabook

Mr. Haugabook, a native of Atlanta, Georgia, received his BA from Morehouse College School of Religion and his MA in Divinity from Luther Rice University. While he was a student, he was active in community service and advocacy on campus. Mr. Haugabook's passion in life is serving humanity, as is evident in his current work for the Bishop Eddie Long at the New Life Missionary Baptist Church in Mableton, Georgia. In addition to his service to God, he has also been campaigning for city council, and if elected will become the first African American and youngest candidate to date serving the city of Atlanta. In his earlier days, Mr. Haugabook started a mentoring and tutoring program to assist children with academic and social skills; organized alternatives to soup kitchens for the homeless; and provided for the elderly in Atlanta by partnering them with local area high school youth for companionship and organizing dinners. In recognition of these efforts, he was awarded the 2003 "Kids Who Care" award from the WXIA 11Alive News.

Mazi Mutafa

Mr. Mazi Mutafa has immersed himself in many facets of the national hip-hop activist movement. He is executive director of Words, Beats, and Life (WBL), a hip-hop nonprofit serving Washington, D.C. WBL's primary program is the operation of an Urban Arts Academy in Ward 7 of D.C. He is also the editor-in-chief of *Words. Beats. Life. Global Journal of Hip-Hop Culture*, the first and only international academic journal of hip-hop culture. When he's not busy running WBL, Mr. Mutafa is an on-air host of the "Holla Back!" radio show on 89.3 WPFW, part of the DeCipher hip-hop show in the Pacifica Network. Mr. Mutafa is also an accomplished spoken word artist, with one book published under his pen name, Cho-Zen, entitled *Star Gazer*. In addition, he is the author of the forthcoming book *The Incarceration of a Generation: Hip-hop Behind Bars*.

In his professional life, Mr. Mutafa has been the coordinator of a youth leadership development program called Youth as Facilitative Leaders for the Institute of Cultural Affairs. In addition, he developed curriculum for the Maya Angelou Public Charter School as a Resident Male Counselor working with young African American and Latino men in a residence program. He has been

the outreach coordinator for MEE Productions' "Be on the Safe Side Information and Outreach Campaign to Prevent Teen Pregnancy." Mr. Mutafa also has developed a multi-media campaign called "Express Yourself Campaign to Prevent Youth Violence," which was funded by the D.C. Department of Health.

Christopher St. Vil

Mr. St. Vil is a native of New York City. He was born in Queens and raised on Long Island. As a youth, he spent much of his childhood as a ward of the state. He overcame all barriers and went straight to college from a group home. He earned a bachelor's degree from the New York State University at Stoney Brook; a master's degree in social work from Howard University; and is currently working toward his PhD in social work, also at Howard University. His studies focus on human behavior and development with an emphasis on young black men and issues in educational attainment and employability. In addition, Mr. St. Vil is the father of two young children and has dedicated his life and work to teaching them, as well as all young men of color, that there are alternate life options available to them.

Shanice Thomas

Ms. Thomas is currently a freshman at the University of Georgia. As a 2006 graduate of Tri-Cities High School, East Point, Georgia, she maintained high honors. While there, Ms. Thomas represented her school as an ambassador to the Tri-State co-operative. She participated in college-preparatory and career-technical programs, with a focus on early childhood education. She has been an active member of the community, working with the county commissioner's office, organizing charitable drives, promoting anti-drug campaigns, and tutoring children. In her work as a peer educator for the Fulton County Department of Adolescent Health and Wellness, Ms. Thomas created and facilitated workshops for teens ages 13-19 on various topics such as healthy relationships, good nutrition, and abstinence.

About the Joint Center Health Policy Institute

The mission of the Joint Center Health Policy Institute (HPI) is to ignite a "Fair Health" movement that gives people of color the inalienable right to equal opportunity for healthy lives. HPI's goal is to help communities of color identify short- and long-term policy objectives and related activities in key areas. The Joint Center for Political and Economic Studies is a national, nonprofit research and public policy institution. Founded in 1970 by black intellectuals and professionals to provide training and technical assistance to newly elected black officials, the Joint Center is recognized today as one of the nation's premier think tanks on a broad range of public policy issues of concern to African Americans and other communities of color.

About the Academy for Educational Development

Founded in 1961, the Academy for Educational Development (www.aed.org) is an independent, nonprofit organization committed to solving critical social problems and building the capacity of individuals and institutions to become more selfsufficient. AED works in all the major areas of development with a focus on improving education, health, and economic opportunities for the least advantaged in the United States and developing countries throughout the world.

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