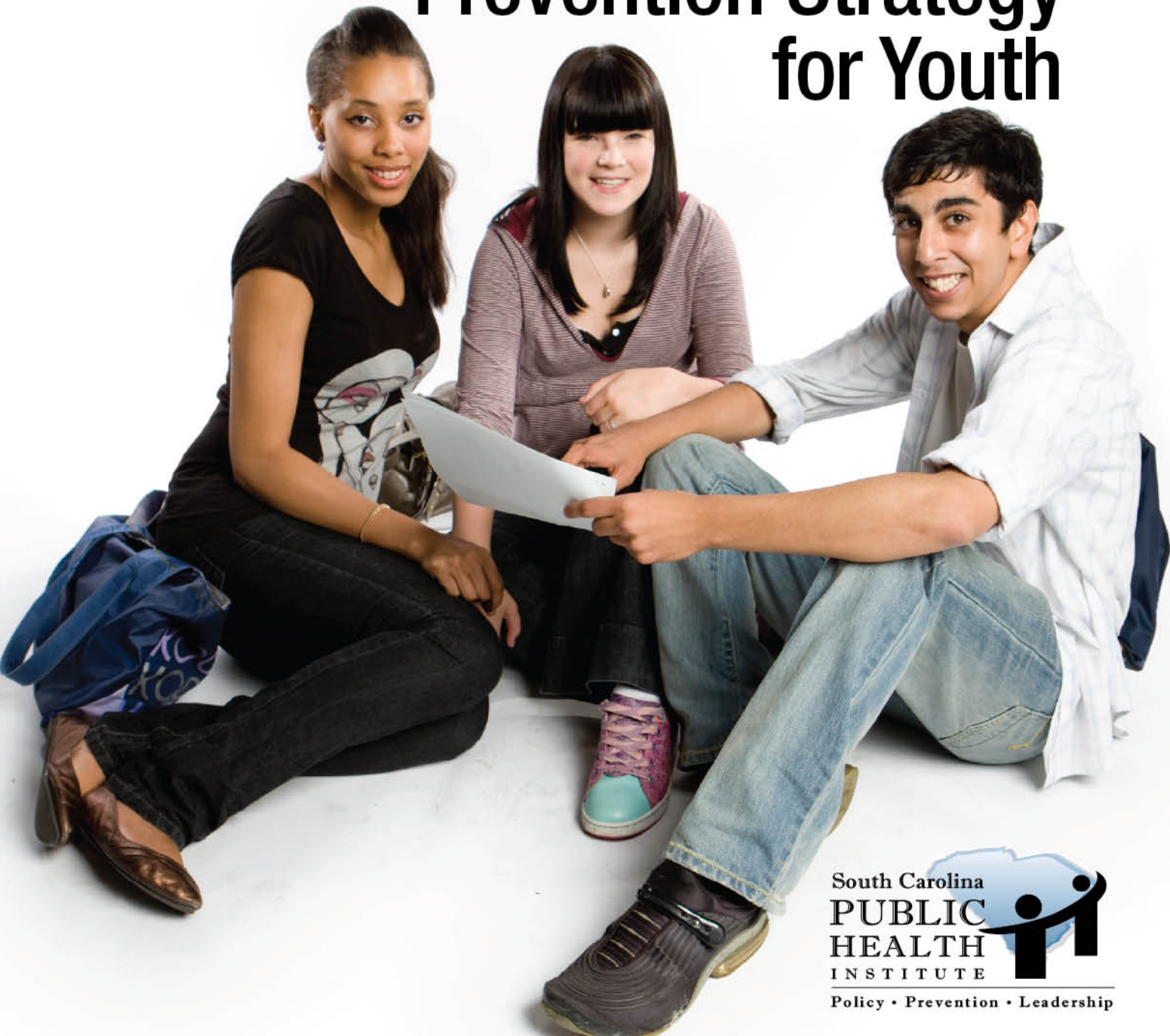


LAYING THE GROUNDWORK FOR A
STATE-WIDE
HIV/AIDS
Prevention Strategy
for Youth



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INTRODUCTION

The most recent data (2007) from the Centers for Disease Control and Prevention (CDC) show that persons aged 13-29 account for the largest number of new HIV infections in the United States.¹ Behavioral surveillance of middle and high school aged youth across the United States also indicates high rates of sexual risk behaviors including early onset of sexual activity, unprotected sexual contact, and multiple sexual partners.²⁻³ These data underscore the need for HIV/AIDS strategies that focus on providing evidence-based interventions to vulnerable populations.

The White House Office of National AIDS Policy has released a national HIV/AIDS strategy, which includes an intensive focus on youth.⁴ To put South Carolina in the best position to implement the upcoming national HIV/AIDS strategy, the South Carolina Public Health Institute (SCPHI) with support from the New Morning Foundation, began facilitating the discussions to inform the development of a state-wide HIV/AIDS prevention strategy for youth. The goal of the initial phase of this project was to convene stakeholders and to plan for the development of a state-wide HIV/AIDS strategy for youth. As a part of this effort, SCPHI engaged key stakeholders from across South Carolina in a preliminary collaborative planning process to address the critical steps of consensus building, information gathering, and prioritization. The purpose of this process was to identify and explore the driving and blocking forces in the environment that could facilitate or hinder the development and implementation of a state-wide HIV/AIDS prevention strategy for youth.

PROCESS

Community perspectives on HIV prevention efforts with youth were gathered through twelve in-depth interviews with executive directors of AIDS service organizations and other youth-outreach professionals in South Carolina. Additionally, six regional discussion groups were held with key stakeholders identified by the individuals who participated in the initial interview process. Interviews and discussion groups were conducted between March and April of 2010 in community-based venues across South Carolina selected for the convenience of the participants.

Topics for both the interviews and discussion groups included community infrastructure; influences on youth; current youth programs; home, school and faith-based involvement; and existing youth HIV prevention efforts. Participants were asked to reflect on the motivating factors and barriers to reaching youth, and they were encouraged to share their views on the potential pathways for successful HIV prevention strategies in South Carolina.

Qualitative data from the interviews and discussion groups were compiled and analyzed to determine salient concepts to guide the development of the foundation for a statewide HIV prevention strategy for youth. Categories representing the most common perspectives on HIV prevention were also identified along with participant statements that demonstrate the strength of the data and represent these perspectives. This report summarizes key findings from this assessment and provides recommendations for future HIV prevention efforts among youth in South Carolina.

KEY FINDINGS

Two overarching key concepts emerged from this qualitative assessment:

- 1) The rising rates of sexually transmitted infections, pregnancy, and new HIV infections among youth in South Carolina is a community issue that needs to be addressed in a holistic manner.
- 2) Youth in South Carolina are not the problem; youth are an important and key determinant in the solution.

Six factors influence these two overarching key concepts: perceived risk, parental involvement, mentorship, evidence-based education, collaboration, and leadership.

These factors play an essential role in the development of a state-wide HIV/AIDS prevention strategy for youth, and ultimately in reducing the incidence of HIV among youth in South Carolina.

Perceived Risk

“Young people feel invincible.

It’s not just our at-risk kids; it’s honors students, too.”



Youth’s perception of risk may affect behavior choices, intervention outcomes, performance in schools, and relationships with family, friends, and significant others.

There was a clear message from assessment participants that today’s youth do not have adequate concern for the consequences of engaging in high risk sexual behaviors. This sentiment was well summarized by the statement: “[youth] are not scared of anything, they are numb to everything.” Participants also suggested that services should be provided for all youth, not just youth who have already been identified as engaging in high risk sexual behaviors. “Experiences come from the norms in their environments” and the term “at risk” should be “loosely defined, such as the child with good grades and unsupportive parents.”

As the first generation removed from the start of the HIV/AIDS epidemic, a detachment from the severity of the effects of HIV and AIDS exists for many youth. Participants expressed that “HIV is no longer seen as a threat... it is not properly discussed... it is so common like diabetes or cholesterol, you can just take a pill.” Statements like this one demonstrate an important missing link between youth’s access to knowledge and translating information into perceived risk. Furthermore, the message frequently being sent to youth is “don’t get pregnant.” There is a noticeable lack of concern for the impact sexually transmitted infections and HIV will have on their lives, income, health insurance, and ability to work.

Parental Involvement

“[If you] don’t reach the parents; [you] can’t reach the child.”

Parents play an important role in accessing and providing medically accurate health information to youth in South Carolina. Youth participants shared, “people want to hear from their parents when they are young.” Parents need to have the skills and knowledge to be comfortable communicating with their children about sexual health. Assessment participants also suggested that parents need to be more realistic about youth behaviors and move beyond the idea that HIV, teen pregnancy, and sexually transmitted diseases are “not my child’s problem”.

Parents have the opportunity to reinforce important educational messages; however, they must have access to medically accurate information. Although parents face daily barriers such as lack of time, transportation, and access to medically accurate information, avenues need to be opened to engage parents further in providing consistent health education messages in and outside of schools.

Mentorship

“Understand that the biggest thing with our young people is lack of self-love; teach them to love themselves so they can love others.”

Participants believe that mentorship is an essential component to a state-wide HIV/AIDS prevention strategy for youth. Participants agreed that successful programs should provide training opportunities for potential mentors to help them build self-esteem and encourage positive decision-making skills in the youth they serve. It is a challenge to engage youth because on-line social networking is providing their vital connections. “Kids are losing their identities and not realizing it... the [media] is taking their privacy away and normalizing inappropriate behavior;” mentor relationships offer an alternative perspective on negative social norms. Mentors provide personal connections for youth, encourage self-love, and reinforce values. Furthermore, programs need to be fun, interactive and judgment free to retain the interest of youth.



Evidence-based Education

“I can tell you better how a flower reproduces than a human.”

The question “how can we not educate the youth when they are the ones being infected?” was repeatedly expressed by participants. Likewise, a common theme shared during the discussion groups was that “children are partaking in adult behaviors without adult information.” Evidence-based health education programs have the ability to reduce high risk behaviors among youth by addressing topics such as medically accurate health information, perceived risk, stigma, and healthy decision-making skills. Another important message shared for health educators is “not to say ‘sex education’, say ‘choice-making’.” Assessment participants also felt that health education should be consistently reinforced and not provided only as a one-time, two-week course in schools.

Collaboration

“No reason not to understand the importance of partnership and collaboration. We have enough kids to go around.”

In all regions of the state, community and faith-based organizations are developing creative ways to build bridges to reach youth and provide sexual health education. Among assessment participants, it was apparent that interest in providing HIV prevention programs to South Carolina youth is not the issue; the challenge is building organizational capacity for prevention efforts. Community and faith-based organizations shared that they spend too much time looking for resources to the detriment of meeting their missions; as evidenced in the following quote: “money is being pulled into too many directions to be effective. It is important to build coalitions and partnerships to get the job done”.

Leadership

“We need to use the Comprehensive Health Education Act as a strength.”

The Comprehensive Health Education Act (CHEA, 1988) mandates health education and promotion across South Carolina. CHEA creates a strong foundation; however, assessment participants consistently shared that CHEA is implemented and enforced with great variability across the state. The flexible language of CHEA allows each district to tailor educational programs and materials to the perceived needs of the district. Several concerns about health education in schools emerged from the assessment: 1) variability in interpretation, implementation, and assessment of the CHEA; 2) concern over the ability of individual school districts to accurately evaluate health education programs; 3) need to identify teachers that have the capacity and interest to teach evidence-based programs.

Discussions also focused on the role of leadership in community-based organizations’ youth HIV prevention efforts. While school-based health education is essential in reaching South Carolina youth, community-based organizations play an important role in this and tailoring prevention messages to hard-to-reach populations. Participants shared that “the role of community-based organizations is to “be the voice for people who don’t know they have a voice and provide services that are needed.” Staff of community-based organizations need the financial means and flexibility to seek continuing education and professional development. These opportunities will nurture strong leadership skills enabling community-based organizations to fulfill their missions and ensure program survival. Additionally, one of the noted attributes of successful leadership in community-based organizations is the recognition that youth are an integral part of the solution and there is great value in implementing peer-education programs.

RECOMMENDATIONS

As a result of this assessment, SCPHI offers the following recommendations to frame the development of a state-wide HIV/AIDS strategy for youth.

1. Ensure that medically accurate information is consistently communicated to youth.
 - i. Increase the availability of evidence-based programs implemented in schools and by community-based organizations.
 - ii. Increase the engagement of parents, families, and communities to encourage open communication about adolescent sexual health.
2. Build capacity of community-based organizations to provide HIV prevention services to youth.
 - i. Increase resource sharing and collaboration among organizations with similar missions.
 - ii. Increase leadership development and continuing education opportunities for community-based organization staff and board members.
3. Develop a more thorough understanding of how the Comprehensive Health Education Act is applied throughout the state of South Carolina.
 - i. Increase the capacity of teachers to implement evidence-based health education programs effectively.
 - ii. Increase the ability of individual school districts to evaluate evidence-based health education programs accurately.

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SOUTH CAROLINA PUBLIC HEALTH INSTITUTE

The South Carolina Public Health Institute (SCPHI) works to advance the public health priorities of our state by bringing together academic, governmental and community-based stakeholders around issues important to the health and well-being of all South Carolinians. In conducting this work, SCPHI takes a comprehensive approach to advancing public health issues through programs and services addressing three core areas: policy, prevention and leadership. Central to this effort is SCPHI's mission to promote informed policies, strategic prevention efforts, and effective leadership designed to improve the public's health now and in the future. The ultimate vision of SCPHI is to ensure healthy, informed and involved South Carolinians realizing maximum quality of life.



NEW MORNING FOUNDATION

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