

Rapid Assessment, Response, and Evaluation



# Cleveland Youth RARE Project

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## Social Marketing Campaign for HIV, STD, and Teen Pregnancy Reduction

### FINAL REPORT AND RECOMMENDATIONS

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# INTRODUCTION

Here is the problem...

- In 2005, 47% of high school students reported ever having had sexual intercourse, and 14% of high school students have had four or more sex partners during their life.<sup>6</sup>
- Half of all new HIV infections in the U.S. occur among 13-14 year olds, primarily due to sexual transmission, while AIDS is the sixth leading cause of death for young people 16-24 years old.<sup>4</sup>
- In 2004, an estimated 4,883 young people aged 13-24 in the 33 states reporting to CDC were diagnosed with HIV/AIDS, representing about 13% of the persons diagnosed that year.<sup>5</sup>
- Each year, one in four teens contracts an STD.<sup>3</sup>
- Each year, there are approximately 19 million new STD infections, and almost half of them are among youth aged 15-24.<sup>16</sup>
- In 2000, 13% of all pregnancies, or 831,000, occurred among adolescents aged 15-19.<sup>15</sup>
- Seventy-one percent (71%) of pregnancies among teen girls are unintended.<sup>12</sup>

In the fall of 2005, the Cleveland Department of Public Health received a grant from the Cuyahoga County Board of Health to implement a HIV/STD/Teen Pregnancy Social Marketing Reduction Campaign to support the ongoing efforts of the Family and Children First Council (FCFC) Teen Pregnancy Prevention Program. In conjunction with the social marketing campaign, it was decided to conduct a mini Rapid Assessment, Response, and Evaluation (RARE) research project to gather data on awareness, risk, knowledge, risk behavior and effective intervention strategies for HIV, STD, and teen pregnancy prevention. Youth ages 13-19 in the City of Cleveland and East Cleveland, along with parents and youth providers, were asked to participate in the assessment.

Mobius Grey, a local marketing and graphic design firm, was hired to design the images for the Social Marketing Campaign. They developed preliminary designs that were then shown to the youth who participated in the assessment to gather their feedback and opinions on the messaging and images. The feedback from the youth was incorporated into the revised designs and a final product was developed.

The overall goal of the project is to improve outcomes related to early/unintended adolescent pregnancies and reduce rates of HIV and STDs among youth ages 13-19 in Cuyahoga County. Through the utilization of a Social Marketing Campaign, the objectives of the project are to:

1. Raise awareness about HIV, STDs, and pregnancy among youth; and
2. Promote and increase health-seeking behaviors among youth.

This report begins with a brief overview of RARE and the process for selecting members for the Community Working Group. Following is a description of the target population. Next, the research methods and recruitment strategies are discussed along with the findings. The RARE findings are presented in three sections by target population: Youth, Parents, and Youth Providers. The report ends with a set of recommendations and a description of the Social Marketing Campaign designed to turn the research into practical application to effectively address HIV, STD, and pregnancy prevention among youth in Cuyahoga County.

## OVERVIEW OF RARE

*The Rapid Assessment, Response, and Evaluation (RARE) Projects were established to address expanding HIV/AIDS epidemics among minority populations in various cities. The RARE Project is designed to work in partnership with local community officials, public health personnel, and community leaders. The focus is on identifying unique characteristics of populations often missed through traditional needs assessments. The RARE approach provides timely data for policy development, interventions, HIV prevention, and services for minority populations at risk for HIV.<sup>14</sup>*

The scientific basis for the RARE Project is the use of Rapid Assessment, Response, and Evaluation (RARE) methodology. The components of RARE include:

- **Rapid Assessments** that describe and monitor the dynamics of local HIV/AIDS epidemics and their effect on vulnerable populations.
- **Rapid Responses** that consist of the implementation of evidence-based interventions, including policy changes, program modifications, and the development of new strategies to intervene in the HIV/AIDS crisis in minority communities.
- **Rapid Evaluations** that monitor the effectiveness of RARE changes in local public health planning, practices, and outcomes.<sup>14</sup>

## COMMUNITY WORKING GROUP

Community support and participation are critical components of the RARE process. The purpose of the Community Working Group (CWG) is to provide the input and direction necessary to successfully complete the rapid assessment project. The main objectives of the CWG are:

- To support the rapid assessment and provide access to stakeholders and contexts for the assessment;
- To monitor and assist in intervention development based on the findings in the rapid assessment;
- To participate in developing the action plan for interventions and messaging for the social marketing campaign;
- To evaluate the rapid assessment and the social marketing campaign; and
- To share knowledge, responsibilities and resources to address the relevant issue in the community.<sup>14</sup>

An invitation to participate on the CWG was sent to various representatives from HIV/AIDS service organizations, educational institutions, and health and social service providers that serve youth. The initial CWG orientation meeting took place on January 18, 2006 with participation from 28 community members. An overview of RARE and local epidemiological data was presented. The CWG discussed the target population and possible survey and focus group questions. The target population of youth aged 13-19 from schools in the City of Cleveland and East Cleveland was chosen as the primary focus. Subpopulations of parents and youth providers from these areas were also chosen to be participants in the assessment.

## **EPIDEMIOLOGIC PROFILE: YOUTH**

Each year in the United States, about 900,000 adolescent females become pregnant, 20,000 young people are newly infected with HIV, and nearly four million new STD infections occur among 15 to 19-year-olds.<sup>1</sup> The youth in Cleveland are not immune to these problems.

In 2004 and 2005, the Division of Adolescent Health at Case Western Reserve University conducted the Youth Risk Behavior Survey (YRBS) among middle school and high students in Cleveland. Among high school students, 71% reported that they have had sexual intercourse in their lifetime, and 25% have had sexual intercourse with four or more partners. Among middle school students, 39% reported that they have had sexual intercourse in their lifetime and 23% have had sexual intercourse with four or more partners. Of those high school students who were currently sexually active, 60% reported that they had used a condom the last time they had sexual intercourse. A higher number of middle school students (85%) reported using a condom the last time they had sexual intercourse. Only 5% of high school students reported they used oral contraceptives the last time they had sexual intercourse, which is significantly lower than state (26%) and national (17%) averages.<sup>7,8</sup>

### **HIV / AIDS**

The Cleveland Department of Public Health reported that, in the past two years, more new HIV infections are being reported among teens 13-19 years of age. During 2004-2005, 19 Cuyahoga County teens were reported as HIV-positive, with two of those teens converting to an AIDS diagnosis during this time. The 17 HIV-positive cases represent 5.8% of all new HIV diagnoses within the past two years, which is more than double the amount (2.6%) of HIV-positive cases among teens from 1994-2003.<sup>10</sup>

Out of the 19 HIV/AIDS cases among teens, all but one of the males (12 of 13) was African American, and 58% of those young men reported exposure to HIV through sex with other men. Six of the HIV/AIDS cases were among female teens: 3 African Americans, 1 Hispanic, and 2 Caucasian. All of the females but one reported exposure to HIV through high-risk heterosexual contact. The other female did not report her exposure route.<sup>10</sup>

### **Sexually Transmitted Diseases (STDs)**

In 2005, the Cleveland Department of Public Health released a report of 2002-2003 data on Chlamydia and gonorrhea infections among teens and young adults in Cleveland. Chlamydia and gonorrhea rates in Cleveland have been on the rise since 1997. Ohio ranked 8th in the nation for Chlamydia rates and 6th in the nation for Gonorrhea rates in 2003.<sup>9</sup>

STD infections among teens 15-19 years old in Cleveland have reached significant levels, with 1 in every 14 infected with Chlamydia and 1 in every 27 infected with gonorrhea. The Chlamydia infection rate for Cleveland teens 15-19 years old was 3.5 times greater than the Ohio rate in 2003. Comparing gender, 1 in 9 females and 1 in 37 males were reported to be infected with Chlamydia in 2003. For males, this was a 20% increase from 2002. On a positive note, the gonorrhea infection rate among Cleveland teens had decreased by 7% since 2002. Comparing gender, 1 in 22 females and 1 in 35 males were reported to be infected with gonorrhea in 2003.<sup>9</sup>

One other concern is the incidence of dual infections among Cleveland teens, when both Chlamydia and gonorrhea are identified in one individual. At the Cleveland Department of Public Health clinic sites, 1 in every 12 teens screened were found to have both Chlamydia and gonorrhea at the time of testing.<sup>9</sup>

## **Teen Pregnancy**

In 2003, there were 39 live births to teens 10-14 years old in Cleveland, for a rate of approximately 2 births per 1,000 females in this age group. This rate was unchanged from 2002, but it was 15% lower than in 2001. Also in 2003, there were 1,263 live births to teens 15-19 years old in Cleveland, for a rate of approximately 78 births per 1,000 females in this age group. This was approximately 5% less than the rate in 2002 and 14% less than the rate in 2001.<sup>11</sup>

Even though the rates of teen pregnancy in Cleveland show a decline, the 2003 birth rates for Cleveland teens 10-14 years old are nearly four times larger than the state rate and double the rate in Cuyahoga County. Further, the 2003 birth rates for Cleveland teens 15-19 years old are approximately twice as large as the county and state rates.<sup>11</sup>

According to the 2004 YRBS conducted by the Case Western Reserve University, 3.4% of Cleveland middle school students reported ever being pregnant or getting someone pregnant. A significantly larger number of high school students (14.1%) reported ever being pregnancy or getting someone pregnant. This percentage for Cleveland students is much higher than the state (4.0%) and the nation (4.2%).<sup>7,8</sup>

## RESEARCH METHODS

*The RARE data collection methods are one of the primary features that distinguish the RARE assessment strategies from other strategies for planning interventions. The methods combine both qualitative and quantitative assessment processes, with an emphasis on high-quality, reliable, and valid qualitative information.<sup>14</sup>*

The traditional RARE methodology uses a combination of focus groups, key informant interviews, direct observations, mapping, and street intercept surveys. Direct observations, mapping, and street intercept surveys were not used since the focus of the project was on youth attending school and that is the location where the focus groups were conducted. Because of a limited timeframe, a pre-focus group survey was administered in the place of the key informant interview in order to gather quantitative data. To gather the qualitative data, focus groups were conducted. The focus groups were designed to stimulate frank and open discussions on awareness, risk, knowledge, risk behavior and effective intervention strategies for HIV, STD, and teen pregnancy prevention.

Prior to collecting any data, the research protocol (including all of the survey and focus groups questions and consent forms) received a full review and was approved by the Institutional Review Board (IRB) at Cleveland State University (See the Appendix for copies of the research documents).

Separate focus groups were conducted for the youth, parents, and youth providers. For the youth focus groups, the groups were divided by age categories (13-16, 17-19) and by gender (all female, all male). Each group took approximately 60 minutes to complete, depending on the amount of discussion during the focus group. At the completion of each youth focus group, Mobius Grey presented the marketing designs to the youth to elicit their feedback.

## RECRUITMENT

The RARE methodology uses representative sampling versus random sampling. The samples are drawn from the actual population who can provide insight on most or all of the research questions, rather than a random sample who may have high inconsistency in their knowledge and experience in a particular area.<sup>14</sup>

Participants for this project were recruited from local middle and high schools, parent groups, and youth provider agencies. Participants who were minors were provided a parent consent form in advance, and the consent forms were collected prior to participation. Even though the parent may have given consent for their child to participate, the youth were also asked to sign an assent form. Youth participants received a \$15 movie gift card and parents received a \$10 grocery gift card as incentives for participation.



# FINDINGS

## YOUTH

A total of 128 youth participated in the pre-focus group survey and focus group. Below is a table depicting the demographics for the youth.

**Table 1. Demographics of Youth**

	Frequency	Percent
<b>AGE</b>		
13	21	16.4
14	31	24.2
15	13	10.2
16	11	8.6
17	23	18.0
18	14	10.9
19	9	7.0
20+	6	4.7
<b>GENDER</b>		
Female	67	52.3
Male	60	46.1
Transgender	1	0.8
<b>RACE / ETHNICITY</b>		
African American	109	85.2
Multi-Racial	13	10.2
White	4	3.1
Arab American	1	0.8
Hispanic / Latino	1	0.8
<b>SEXUAL ORIENTATION</b>		
Straight	117	91.4
Gay	4	3.1
Bisexual	3	2.3
Did Not Answer	3	2.3
Did Not Know	1	0.8

### **Quantitative Results**

The first set of questions focused on knowledge about HIV and STD transmission and methods of protection against HIV/STD infection and pregnancy. All but one of the youth correctly identified that HIV is the virus that causes AIDS. The majority of youth (98%) answered correctly that sexually transmitted diseases (STDs) are infections that people usually get by having sex with someone who already is infected. The youth were asked to identify the routes of HIV transmission from a

predetermined list. The choices highlighted show that there are still myths surrounding how HIV can be transmitted. Below is a table depicting the results.

**Table 2. Knowledge of Routes of HIV Transmission**

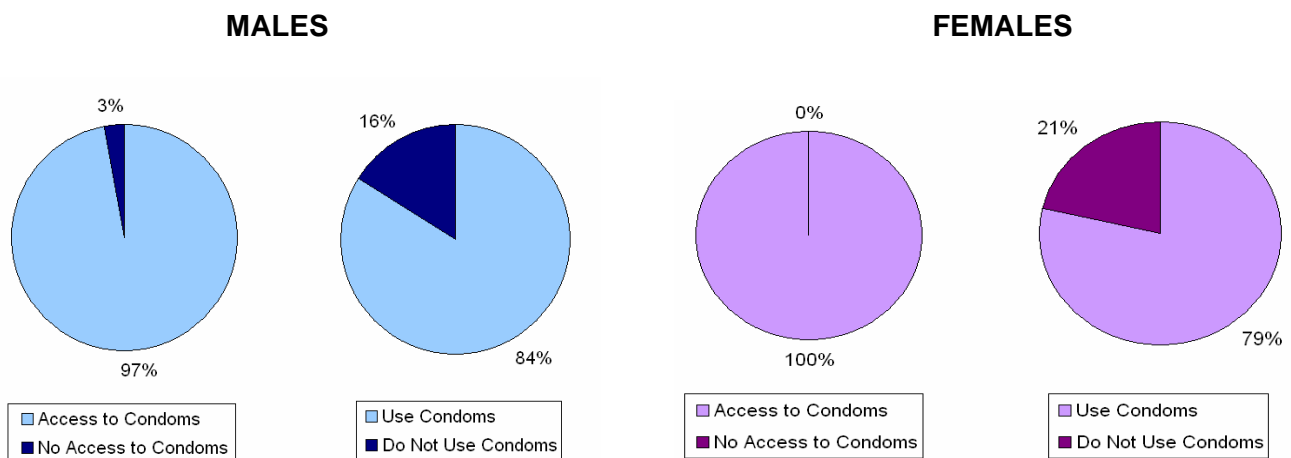
Route of Transmission	Frequency	Percent
Unprotected sex	126	98.4
Sharing needles	118	92.2
Blood	106	82.8
Childbirth / breastfeeding	98	76.6
Oral sex	92	71.9
Mosquitoes	20	15.6
Saliva, sweat, tears, urine	20	15.6
Kissing	18	14.1

The youth were asked to list two ways that a person can protect themselves from getting infected with HIV or a STD. The most commonly listed responses were: use condoms, abstinence, and avoid sharing needles. Next, the youth were asked to list two ways that a person can protect themselves from getting pregnant. The most commonly listed responses were: use condoms, abstinence, and birth control.

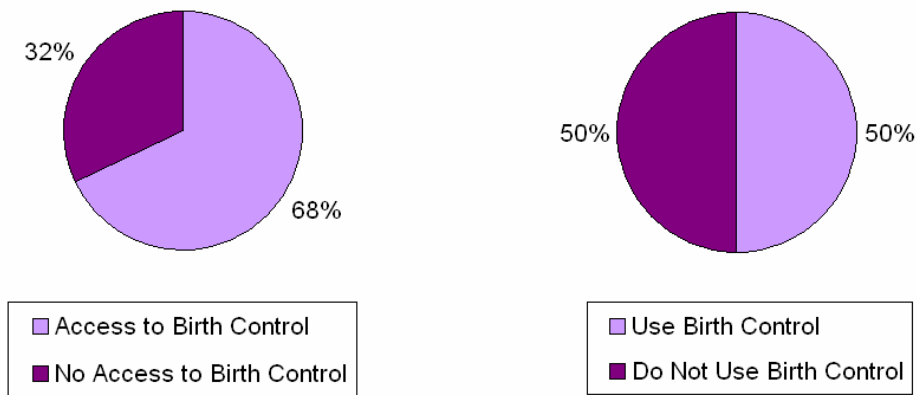
The second set of questions focused on HIV, STD, and pregnancy testing. The majority of youth (91%) knew where to go for an HIV test. Eighty-four percent (84%) of the youth knew where to go for a STD test, and 88% of youth knew where to go for a pregnancy test.

The third set of questions focused on sexual activity, risk behaviors, and access to protection. About half (52%, n=66) of the youth reported that they are sexually active. The 66 youth who reported they are sexually active were asked about access to and use of condoms and birth control. The following figures show the results.

**Figure 1. Access To and Use of Condoms by Gender**



**Figure 2. Female Access To and Female Use of Birth Control**



In the final set of questions, the youth were asked to choose from a list of resources identifying where they go to get information about HIV, STDs, and teen pregnancy. Multiple answers could be chosen for each topic area. The majority of youth prefer their family doctor, their parents or guardians, the Internet, the school nurse, other relatives, teachers, friends, and siblings as their mode for seeking information related to HIV, STDs, and teen pregnancy. Below is a table depicting the results.

**Table 3. Popular Venues for Seeking Information about HIV, STDs, and Teen Pregnancy**

HIV Information		STD Information		Teen Pregnancy Information	
	%		%		%
Family Doctor	76	Family Doctor	79	Family Doctor	75
Parents or Guardians	66	Parents or Guardians	73	Parents or Guardians	72
Internet	61	Internet	64	Internet	61
School Nurse	55	School Nurse	57	Other Relative	57
Other Relative	54	Other Relative	55	School Nurse	53
Teachers	48	Teachers	50	Brother or Sister	50
Friends	43	Friends	44	Friends	45
Brother or Sister	41	Brother or Sister	43	Teachers	45
Television	20	Magazine	19	Television	20
Magazine	20	Television	18	Magazine	20
Newspaper	13	Newspaper	12	Newspaper	13
Church	5	Church	6	Church	9

## **Qualitative Results**

There were 12 youth focus groups conducted among a total of 128 participants. Topics of discussion included definitions of sex, HIV/STD/pregnancy education, risky behaviors, barriers to testing, conversations with parents/guardians, and effective prevention activities (See the Appendix for a complete list of focus group questions).

To begin the discussion, the youth were asked to describe how they define “sex.” There were marked differences in the responses given by the girls versus the boys. The boys simply defined “sex” in physical terms and as an activity. The girls were much deeper in defining “sex,” describing it as an act between two people who are in love and committed to each other.

The majority of youth have received education about HIV, STDs, and teen pregnancy at some point in their life. Most of them have received this education either in health class at school or at home.

The youth were asked to describe how they feel about HIV, STDs, and teen pregnancy and whether they think it is a problem. The youth also remarked that HIV is killing more people, especially African Americans, and more young people are also becoming infected. Most of them feel that getting infected with HIV is much worse than getting infected with an STD, and they are scared of HIV. Most youth do not know if they are infected with HIV or an STD, and they could be passing it along to their partners. Teen pregnancy is seen as acceptable among young people. Both the males and females remarked that some girls like to pretend they are pregnant to be accepted, and some of the females felt that the teen fathers do not want to take responsibility for their children.

The youth were asked to list the behaviors that may put them or their friends at risk for HIV, STDs, or pregnancy. This list includes unprotected sex (don’t like the feel of condoms, “raw”), multiple sex partners or gang bangs, drug and/or alcohol use (“blunt berry” – getting a girl drunk or high and then having your way with her), sharing needles including tattooing, and prostitution. Other interesting answers given that could increase risk were low self-esteem, insecurities, coming from a broken home, and having irresponsible parents.

The youth were then asked to list some barriers that may prevent them or others they know from getting tested for HIV, STDs, or pregnancy. The barriers given include:

- Fear
- Denial
- Embarrassed / ashamed
- Showing no symptoms
- Unaware of testing locations
- Parents might find out
- Over-confident / invincible
- Confidentiality / privacy
- Don’t think you are at risk
- Not sexually active

The majority of youth stated that they do discuss sex and sexuality with their parents or guardians. For those that are uncomfortable talking with their parents, they rely on siblings or other family members to have discussions about sex. Most of the discussions revolve around using protection and not getting pregnant. There is little discussion about HIV and STDs, which shows that youth are not getting a complete education at home. Further, their parents, siblings and other family members may not even be knowledgeable about HIV and STDs to have the discussion.

It is very important that youth are involved in the process of planning prevention efforts for their population. To accomplish this planning strategy, the participants were asked to list prevention activities that would work best among youth. The most commonly cited responses were:

- Positive role models
- Mentoring programs
- Discussions with HIV-positive individuals
- Spend a day-in-the-life of an HIV-positive or pregnant person
- Scared-straight techniques
- Small group discussions similar to the focus group
- Distribute condoms
- Smaller workshops instead of big assemblies
- Mandatory sex education
- Put prevention messages in music
- Use celebrities to give prevention messages
- Get personal with youth (one-on-one)

## PARENTS

A total of 39 parents that participated in the pre-focus group survey and focus group. Below is a table depicting the demographics for the parents.

**Table 4. Demographics of Parents**

	Frequency	Percent
<b>AGE</b>		
20s	3	7.7
30s	13	33.3
40s	16	41.0
50s	5	12.8
No Answer	2	5.1
<b>GENDER</b>		
Female	38	97.4
Male	1	2.6
<b>RACE / ETHNICITY</b>		
African American	33	84.6
White	3	7.7
Hispanic / Latino	2	5.1
No Answer	1	2.6

### **Quantitative Results**

The first set of questions focused on knowledge about HIV and STD transmission and methods of protection against HIV/STD infection and pregnancy. The majority of parents (92%) correctly identified that HIV is the virus that causes AIDS. All of the parents answered correctly that sexually transmitted diseases (STDs) are infections that people usually get by having sex with someone who already is infected. The parents were asked to identify the routes of HIV transmission from a predetermined list. The choices highlighted show that there are still myths surrounding how HIV can be transmitted. Below is a table depicting the results.

**Table 5. Knowledge of Routes of HIV Transmission**

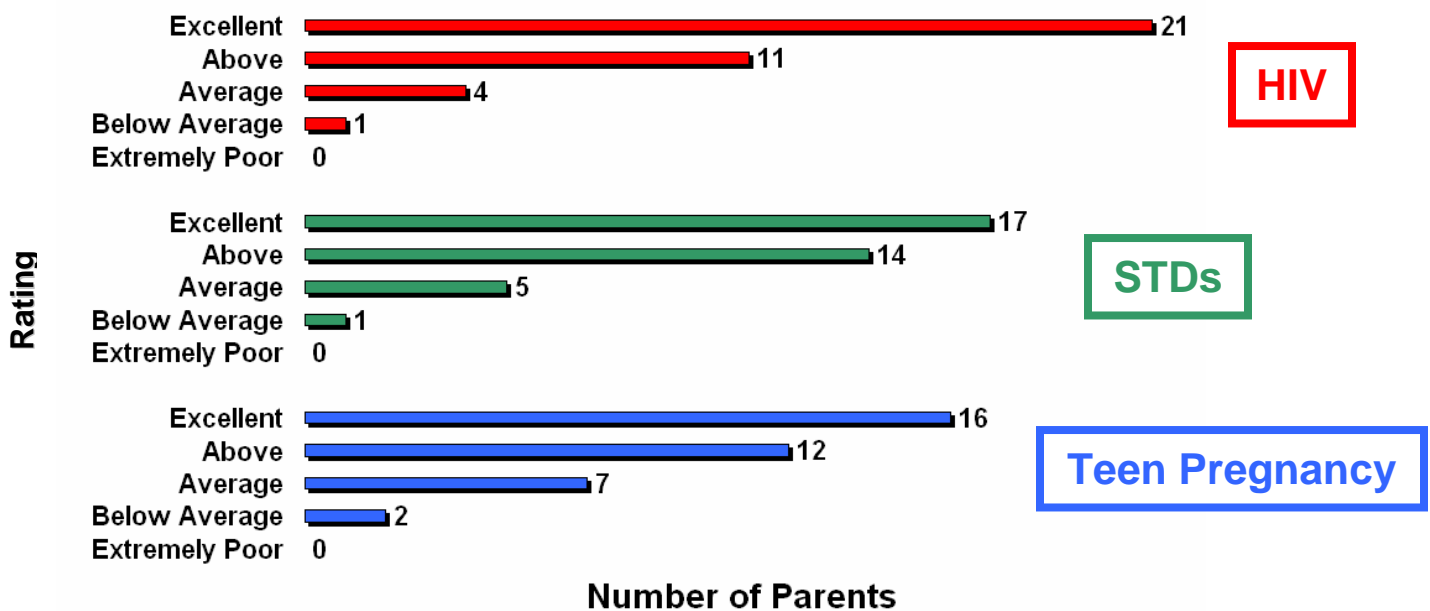
Route of Transmission	Frequency	Percent
Unprotected sex	39	100.0
Sharing needles	37	94.9
Blood	37	94.9
Oral sex	28	71.8
Childbirth / breastfeeding	22	56.4
Kissing	1	2.6
Mosquitoes	1	2.6
Saliva, sweat, tears, urine	7	17.9

The parents were asked to list two ways that a person can protect themselves from getting infected with HIV or a STD. The most commonly listed responses were: use condoms, abstinence, and avoid sharing needles. Next, the parents were asked to list two ways that a person can protect themselves from getting pregnant. The most commonly listed responses were: abstinence, birth control, and use condoms.

The second set of questions focused on HIV, STD, and pregnancy testing and other related health services for teens. The majority of parents (92%) knew where to take their teen for HIV, STD, and pregnancy testing. When asked if school nurses should be able to conduct on-site testing, 49% answered “Yes” for HIV testing; 67% answered “Yes” for STD testing; and 77% answered “Yes” for pregnancy testing. About half (54%) of parents provide condoms to their teens, and 31% of parents provide some form of birth control to their teens.

The third set of questions focused on discussions around sex and sexuality with teens. The majority of parents (95%) have talked to their teens about sex, and all but one of those parents was comfortable discussing sex with their teens. Eighty-seven percent (87%) of the parents felt comfortable discussing sexual orientation (i.e. gay, lesbian, bisexual) and gender identity (i.e. transgender) issues with their teens. The parents were asked to rate their ability to talk to their teens about HIV, STDs, and teen pregnancy. Below is a graph depicting the results.

**Figure 3. Ability of Parents to Talk to Their Teens about HIV, STDs, and Teen Pregnancy**



\* 2 Parents Did Not Answer This Question

In the final set of questions, the parents were asked to choose from a list of resources identifying where they go to get information about HIV, STDs, and teen pregnancy. Multiple answers could be chosen for each topic area. The majority of parents prefer their family doctor, the Internet, community and social service agencies, magazines, other parents and other family as their mode for seeking information related to HIV, STDs, and teen pregnancy. Other examples given that are not listed in the table below were the library and co-workers. Below is a table depicting the results.

**Table 6. Popular Venues for Seeking Information about HIV, STDs, and Teen Pregnancy**

HIV Information	%	STD Information	%	Teen Pregnancy Information	%
Family Doctor	87	Family Doctor	87	Family Doctor	82
Internet	77	Internet	77	Social Service Agency	62
Social Service Agency	59	Social Service Agency	54	Internet	59
Magazine	21	Magazine	21	Other Parents	26
Newspaper	15	Other Parents	15	Other Family Members	23
Other Parents	13	Other Family Members	15	Magazine	18
Television	10	School Nurse	15	School Nurse	15
Other Family Members	10	Newspaper	13	Television	13
School Nurse	10	Televisions	10	Newspaper	10
Teachers	8	Teachers	5	Teachers	8
Church	5	Church	5	Church	5

### ***Qualitative Results***

There were 5 parent focus groups conducted among a total of 37 participants. Topics of discussion included conversations with teens about sex, HIV/STD/pregnancy education, barriers to educating youth, additional assistance needed for parents, and effective prevention activities (See the Appendix for a complete list of focus group questions).

To begin the discussion, the parents were asked to describe how they feel about HIV, STDs, and teen pregnancy among youth and whether they think it is a problem. Concerning HIV and STDs, most parents feel that youth think they are invincible to these diseases, and that HIV is not viewed in the same way as STDs. Like the youth, the parents also feel that teen pregnancy is accepted in society. Further, the cycle of teen mothers having babies continues to be repeated from generation to generation. The parents feel that teens equate sex with love, and that even though their bodies may be developing, their minds are not developed to handle the responsibility that goes along with making the decision to engage in sexual activity.

Most of the parents reported that they do have conversations about sex with their teens. They discuss the basics of HIV and STDs and stress the importance of using protection if they are going to have sex. Some parents even provide condoms and birth control to their teens. During the conversations with teens, the parents emphasize the importance of setting future goals and how the consequences of getting infected or pregnant can negatively affect them successfully reaching their goals.

The parents were asked to list people or groups, besides them, who they think should teach their teens about sex and sexuality. Most parents would feel comfortable with school personnel (i.e. teachers, school nurses, counselors), the church, coaches, family doctors, and other responsible parents teaching their teens about sex.



The parents were asked to identify any assistance that they need in order to be able to effectively educate their teens about HIV, STDs, and pregnancy. The parents suggested literature and visuals that are catchy to teens. They would also benefit from parent education classes that especially teach parents how to effectively communicate with their teens. Parents also need to learn how to be more open with their teens and get over their fear of talking about sex.

The parents were then asked to list some barriers in the community to educating the youth about HIV, STDs, or pregnancy. The barriers given include:

- Poverty
- Lack of funding for programs
- Lack of parental participation
- Working against the mass media
- Unaware of programs / services
- Religious beliefs
- Denial
- Sense of hopelessness
- Abstinence-only programs
- Scheduling of programs

The majority of parents felt that the sex education that the schools provide is inadequate. The parents feel that the sex education only scratches the surface. The parents feel that the administration and teachers need to be more educated about the issues of HIV, STDs, and teen pregnancy, along with garnering more parental involvement in the schools. Therefore, the parents suggested that the schools have a mandatory comprehensive sex education program that reinforces lessons each year.

It is very important that parents are involved in the process of planning prevention efforts for HIV, STD, and pregnancy among youth. To accomplish this planning strategy, the participants were asked to list prevention activities that would work best among youth. The most commonly cited responses were:

- Positive role models / mentoring programs
- Designated “youth space” with structured after-school activities
- Peer education
- Spend a day-in-the-life of an HIV-positive or pregnant person
- Prevention activities that are girl-specific and boy-specific
- Youth support groups
- Citywide-sponsored activities (i.e. bowling, skate night, concerts)
- Provide sex education in the community and recreation centers
- Scared-straight techniques
- Use celebrities to give prevention messages

## YOUTH PROVIDERS

A total of 20 youth providers that participated in the pre-focus group survey and focus group. Below is a table depicting the demographics for the youth providers.

**Table 7. Demographics of Youth Providers**

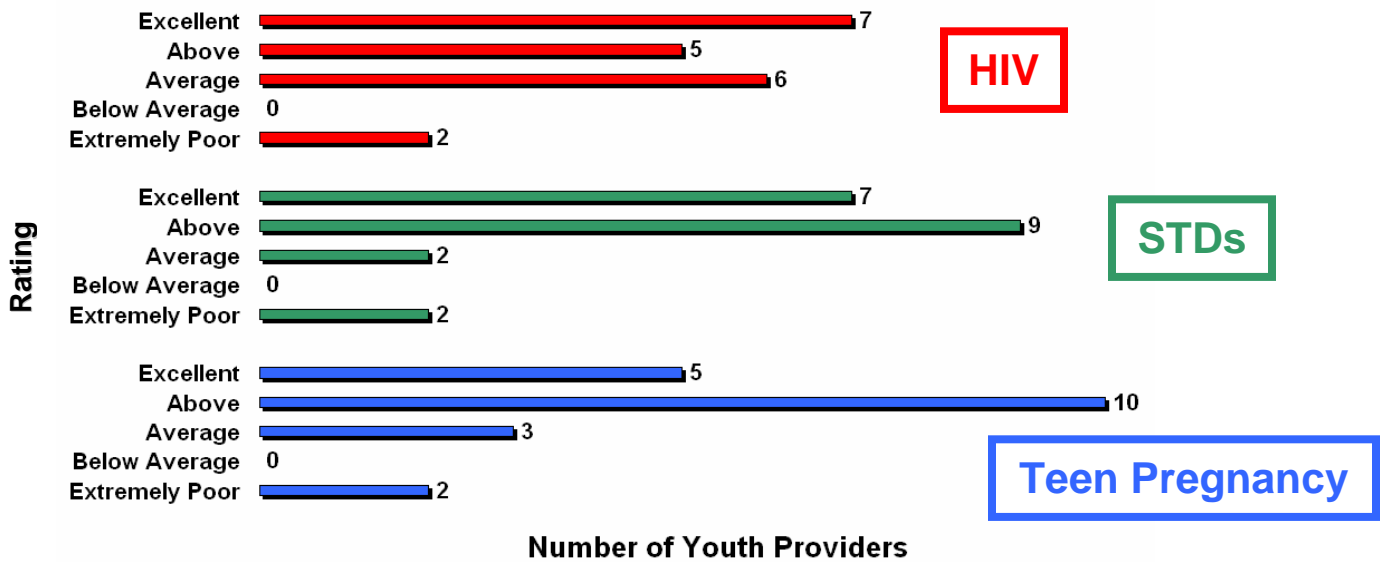
	Frequency	Percent
<b>AGE</b>		
20s	7	35
30s	8	40
40s	2	10
50s	3	15
<b>GENDER</b>		
Female	19	95
Male	1	5
<b>RACE / ETHNICITY</b>		
African American	13	65
White	6	30
Multi-Racial	1	5
<b>AGENCY/AFFILIATION</b>		
Social Services	6	30
Non-Profit Organization	4	20
Educational Institution	4	20
HIV/AIDS Organization	3	15
Hospital / Clinic	2	10
Health Department	1	5

### **Quantitative Results**

The first set of questions focused on HIV, STD, and pregnancy testing and other related health services for teens. The majority of youth providers (85%) either knew where to refer their youth clients for HIV, STD, and pregnancy testing or their agency provided the testing. When asked if school nurses should be able to conduct on-site testing, 45% answered “Yes” for HIV testing; 70% answered “Yes” for STD testing; and 75% answered “Yes” for pregnancy testing. Ninety-five percent (95%) of the youth providers thought that a teen health clinic is needed in the community.

The second set of questions focused on discussions around sex and sexuality with youth clients. The majority of youth providers (90%) were comfortable discussing sex with their youth clients. A slightly smaller number of youth providers (70%) stated they were comfortable discussing sex and sexuality with the parents of their youth clients. Eighty percent (80%) of the youth providers felt comfortable discussing sexual orientation (i.e. gay, lesbian, bisexual) issues with their youth clients. A slightly smaller number (70%) were comfortable discussing gender identity (i.e. transgender) issues with their youth clients. The youth providers were asked to rate their ability to talk to their youth clients about HIV, STDs, and teen pregnancy. Below is a graph depicting the results.

**Figure 4. Ability of Youth Providers to Talk to Their Youth Clients about HIV, STDs, and Teen Pregnancy**



In the final set of questions, the youth providers were asked to choose from a list of resources identifying where they go to get information about HIV, STDs, and teen pregnancy. Multiple answers could be chosen for each topic area. The majority of youth providers prefer the Internet, other community, social service or medical agencies, colleagues, and professional journals as their mode for seeking information related to HIV, STDs, and teen pregnancy. Below is a table depicting the results.

**Table 8. Popular Venues for Seeking Information about HIV, STDs, and Teen Pregnancy**

HIV Information	%
Internet	100
Social Service Agency	70
Medical Agency	60
Colleagues	60
Professional Journal	55
Newspaper	25
Magazine	25
Television	15

STD Information	%
Internet	90
Medical Agency	70
Social Service Agency	60
Colleagues	55
Professional Journal	50
Magazine	20
Television	10
Newspaper	5

Teen Pregnancy Information	%
Internet	90
Social Service Agency	70
Medical Agency	70
Colleagues	60
Professional Journal	50
Magazine	15
Television	10
Newspaper	5

## ***Qualitative Results***

There were 3 youth provider focus groups conducted among a total of 20 participants. Topics of discussion included what parents and youth need to know about HIV, STDs, and teen pregnancy, barriers to educating youth and dealing with parents, additional assistance needed, and effective prevention activities (See the Appendix for a complete list of focus group questions).

To begin the discussion, the youth providers were asked to describe what they think youth need to know about HIV, STDs, and teen pregnancy. Concerning HIV and STDs, teens need to know the basics of transmission and methods of protection. They also need to know that oral sex is “sex” and that disease transmission can occur. The myths and facts about HIV need to be addressed, along with the fact that HIV does not discriminate. Regarding pregnancy, teens need to know the myths surrounding how to and how not to get pregnant, along with methods of birth control. They also need to know that having a baby is not meant to fill a void in their life. The teens need to learn how to be responsible with their bodies and respect themselves and each other.

The youth providers were then asked to describe what they think parents need to know about HIV, STDs, and teen pregnancy. Concerning HIV and STDs, parents need to know the basics of transmission. Teens are becoming sexually active at a younger age, and parents need to know how to talk about sex with their teens. Of great importance is the fact that parents need to also practice safe sex behaviors and be a role model for their teens. Regarding pregnancy, parents need to understand the reason why their girls get pregnant (i.e. don’t feel love, don’t have goals, etc.). They also need to know their role as a grandparent in the event that their teen does get pregnant.

In dealing with parents in regards to sex education and sexuality, youth providers have faced barriers. Some of these barriers include:

- Parental blame / denial of teen’s actions
- Lack of communication skills
- Lack of knowledge and acceptance around sexual orientation issues
- Religion and value discussions supersede health discussions
- Parent’s guilt of their own experiences and choices
- Lack of knowledge about sex education
- Some outsider is trying to parent their teen
- Lack of participation
- Parents are more worried about basic needs (i.e. food, housing), rather than sex education

The youth providers were then asked to list some barriers in the community to educating the youth about HIV, STDs, or pregnancy. The barriers given include:

- Poverty
- Lack of funding for programs
- Lack of family participation
- Illiteracy
- Religious beliefs
- Access to health care
- Understanding LGBT issues
- Uneducated speakers
- Abstinence-only programs
- Scheduling of programs

The youth providers were asked to identify other supportive or education services that are needed in the community to reduce rates of HIV, STDs, and teen pregnancy. Mandatory sex education, more condom distribution, peer educators, mentors and teen advocates, and enhanced training for professionals were suggestions provided. In addition, teen and parents both need to be empowered to make changes and improve their quality of life.

The youth providers were also asked to identify any assistance that the public health department could provide in order to facilitate their effectiveness in educating the youth about HIV, STDs, and pregnancy. Increased funding, readily available materials, free trainings, more focus groups, assessment of needs and evaluation of programs, publicize programs, and information sharing across agencies were suggestions provided. In addition, some youth providers felt that the health department should be a clearinghouse for resources and service coordination.

It is very important that youth providers are involved in the process of planning prevention efforts for HIV, STD, and pregnancy among youth. To accomplish this planning strategy, the participants were asked to list prevention activities that would work best among youth. The most commonly cited responses were:

- Peer education
- Comprehensive sex education
- Promote condom usage
- Parent and teen education together
- Youth support groups / “rap” sessions
- Positive role models / mentoring programs
- Role playing and games to teach prevention

## RECOMMENDATIONS

The participant surveys and focus groups provided the comprehensive information about risk, knowledge, behaviors, services, and prevention efforts related to HIV, STDs, and pregnancy among youth. Based on the data collected, there are definite areas of need when it comes to educating the youth about HIV, STDs, and teen pregnancy. The hope is that youth providers, school administrators, teachers, nurses, health care providers, and parents read this report and recommendations, and take action in order to improve the quality of life and future of the youth in Cuyahoga County.

The recommendations for improving HIV, STD, and teen pregnancy prevention have been discussed and agreed upon by the Community Work Group. The assessment yielded the following recommendations:

- **Provide Comprehensive Sex Education, Including Skill Building** – Medically accurate sex education that begins in kindergarten and continues in an age appropriate manner through the 12<sup>th</sup> grade is necessary given the early initiation of sexual activity by young people. The most effective programs combine abstinence education with medically accurate information on a variety of sexuality-related issues, including contraceptives, safer sex, the risks of unprotected sex, as well as the development of communication, negotiation and refusal skills. Information is not enough; many people still continue to get infected with HIV and STDs despite knowing how they are transmitted. Studies show that a behavioral intervention that combines information with skills building is more effective in producing sustained behavior change and risk reduction.<sup>2</sup>

The American Medical Association (AMA) advises schools to implement comprehensive developmentally appropriate sexuality education programs that:

1. Are based on rigorous, peer reviewed science;
  2. Show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases;
  3. Include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and sexual transmission of diseases;
  4. Utilize classroom teachers and other professionals who have shown an aptitude for working with young people and who have received special training that includes addressing the needs of gay, lesbian, and bisexual youth;
  5. Include ample involvement of parents, health professionals, and other concerned members of the community in the development of the program; and
  6. Are part of an overall health education program.<sup>1</sup>
- **Train Peer Educators** – Peer education is a highly effective prevention strategy with youth. It uses young people as credible prevention messengers to affect change among other young people at both the individual and societal levels, in changing attitudes and skills, and influencing group norms. There are many reasons cited in the literature to justify the use of peer-based interventions. Turner and Shephard (1999) documented 10 commonly cited justifications for the use of peer education. These include:

1. It is more cost effective than other methods.
  2. Peers are a credible source of information.
  3. Peer education is empowering for those involved.
  4. It utilizes an already established means of sharing information and advice.
  5. Peers are more successful than professionals in passing on information because people identify with their peers.
  6. Peer educators act as good role models.
  7. Peer education is beneficial for those involved.
  8. Education presented by peers may be acceptable when other education is not.
  9. Peer education can be used to educate those who are hard to reach through conventional methods.
  10. Peers can reinforce learning through ongoing contact.<sup>13</sup>
- **Involve Youth in Prevention Planning** - Young people will gain more from an experience when they are actively involved in the programming. Research also suggests that programs for youth which are developed through a partnership of youth and adults may be highly effective in building young people's skills and reducing their sexual risk-taking behaviors. Such programs benefit the youth who help to develop them and also have a greater impact on the young people served.<sup>1</sup>

Involving young people can provide an organization with the following benefits:

1. Fresh ideas, unshackled by the way things have always been done;
  2. New perspectives on decision making, including more relevant information about young people's needs and interests;
  3. Candid responses about existing services;
  4. Additional data for analysis and planning that may be available only to youth;
  5. More effective outreach that provides important information peer to peer;
  6. Additional human resources as youth and adults share responsibility;
  7. Greater acceptance of messages, services, and decisions because youth were involved in shaping them;
  8. Increased synergy from partnering youth's energy and enthusiasm with adults' professional skills and experience; and
  9. Enhanced credibility of the organization to both youth and advocates.<sup>1</sup>
- **Foster Family Involvement** – Family involvement has a great part to play because it is the first place that children receive socialization, learn values and imitate learned behavior. The parents of the teens are the ones who are faced with the greatest burden and challenge. Teens care what parents think even if they don't act like it; they want parents to talk to them about sex, love and relationships. Talking to them about sex, condoms, contraceptives and reproduction does not give them the green light to have sex as most parents fear, but instead an open and

honest dialogue prevents misinformation and unnecessary mistakes. Prevention science has demonstrated that involving parents is an effective strategy for preventing HIV/STD infection in youth. Candid discussions about sex between parents and young people can lead youth to adopt healthy behavior, such as condom use. Involving parents can also help overcome community resistance to HIV/STD/pregnancy prevention education in the schools. It's important to have a diverse group of youth health care providers, teachers, parents, researchers, activists, service providers and the youth to promote HIV/STD/pregnancy education and prevention programs for young people, as well as advocating for the epidemic among youth.<sup>2</sup>

## CONCLUSION

The information in this report provides a glimpse into the lives of a population, that being young people, who often are not given the opportunity to have a voice when it comes to HIV, STDs, and pregnancy prevention planning. It is important to understand the points of view and ideas of the young people represented in this report in order to develop appropriate prevention and intervention programs. The integration of education and services – for HIV, STDs, and teen pregnancy – should be the goal of future prevention efforts.

*In a practical sense, integrating HIV/STD and pregnancy prevention may involve organizations in a wide range of activities, including developing integrated messages and programs, networking with other service providers, approaching sexual health issues holistically, and shifting the organization's overall approach regarding the delivery of programs and services. Integrating information and services benefits both youth and organizations: youth, because it can lower the barriers they face – economic, social, and cultural – to obtaining sexual health information and services; and organizations, because they can expand their reach and impact.<sup>16</sup>*

The future of our youth to develop healthy relationships and exhibit positive sexual health depends on the efforts of the entire community working together toward a common goal. Once this goal is reached, young people will have hope and a promising quality of life.



# SOCIAL MARKETING CAMPAIGN

## Public Health Resources Partner to Give Cleveland Teens the 411

In a continuing effort to provide Cuyahoga County youth with the information they need to make solid, healthy choices for their futures, Cuyahoga County Board of Health and the Cleveland Department of Health have partnered on an STD/HIV Teen Pregnancy Social Marketing Reduction Campaign set to launch in the fall of 2006.

Through education and awareness, this campaign promotes health-seeking behaviors among school age children ages 13-19. The program goal is to reach a minimum of 15,000 students and their parents through a comprehensive, evidence based campaign. And, the evidence is staggering.

In the US nearly four million adolescents are diagnosed with an STD each year. In addition, approximately one million teenage girls become pregnant unintentionally each year. The Greater Cleveland area is not immune to this social dilemma. Clearly there is a need for additional programs that educate and inform.



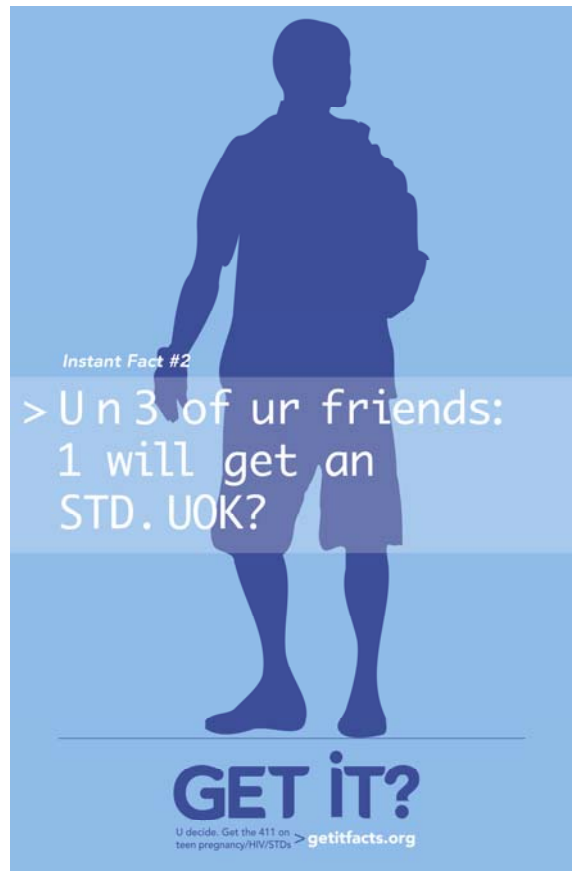
Rack Cards

The campaign theme is based on Instant Messaging – one of the most common means by which teens communicate. The campaign can be likened to a teen’s “buddy list” or contact list where teens can communicate and interact to get the information they need to make healthy choices. The tag line for the campaign – Get It? – carries several connotations for the audience. It can mean understanding the information or grasping the situation or it can mean be careful that you don’t get it. In addition, the messaging uses the instant messaging shorthand so familiar to the teen audience. The campaign message will saturate the market by way of vehicles like, posters, educational materials, a dedicated Web site, rack cards and more. Local school districts have been enlisted to support the campaign by sharing information with their students. Information will also be available at local public libraries, community health centers and recreation centers.

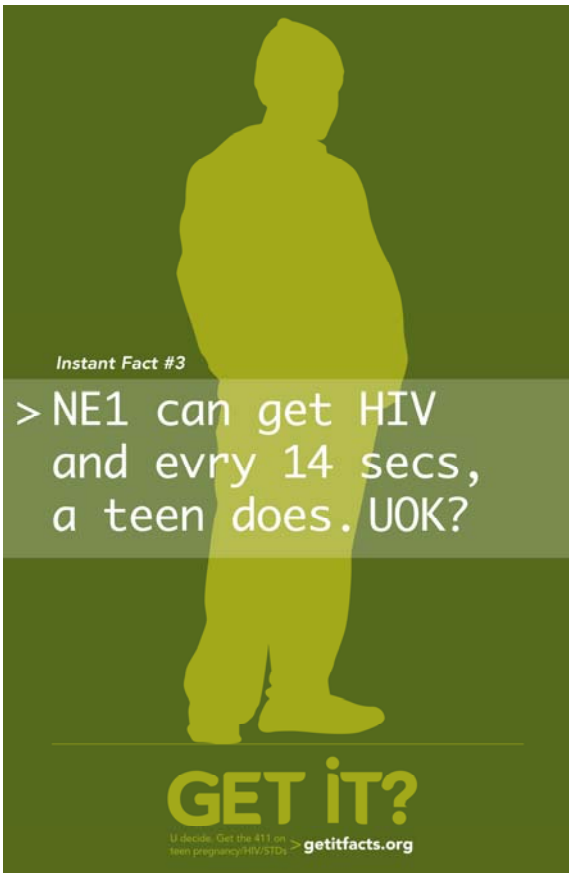
To help accomplish the campaign goals and measure the program’s success, a Community Working Group made up of a cross-section of community leaders has been established for this community based marketing initiative.

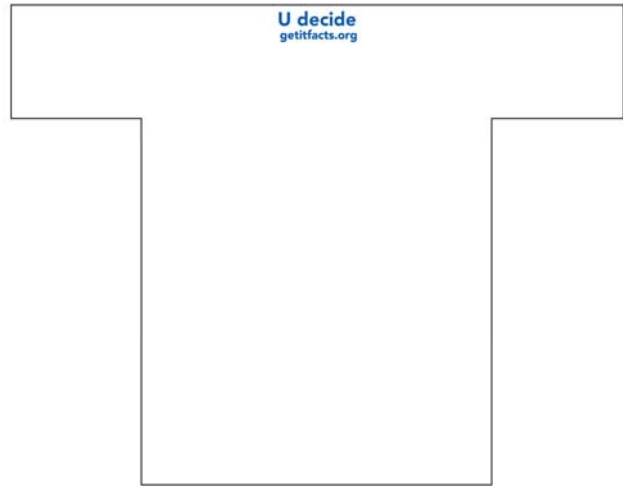
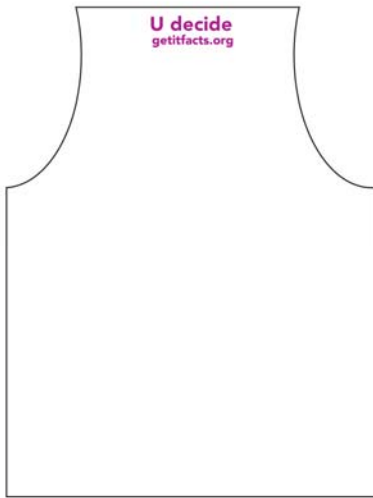
Partners in this initiative, the Cuyahoga County District Board of Health and the Cleveland Department of Health, have long been involved in programs that improve the health and quality of life in the community. Each group works to provide community-based education and information on social issues affecting the region’s residents. Combining resources and experience on this initiative makes for a much stronger and beneficial program for teens and their families.

The STD/HIV Teen Pregnancy Social Marketing Reduction Campaign will give area youths the information they need to make healthy choices for their lives and work toward reducing the number of teen pregnancies and those diagnosed with STDs.



**Poster Designs**





**Girl Tank**

**Boy T-Shirt**



**Get It? Bracelets**

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## **APPENDICES**

**PARENTAL PERMISSION FOR A MINOR CHILD**

**YOUTH ASSENT FORM**

**PRE-FOCUS GROUP SURVEY – YOUTH**

**FOCUS GROUP QUESTIONS – YOUTH**

**PRE-FOCUS GROUP SURVEY – PARENTS**

**FOCUS GROUP QUESTIONS – PARENTS**

**PRE-FOCUS GROUP SURVEY – YOUTH PROVIDERS**

**FOCUS GROUP QUESTIONS – YOUTH PROVIDERS**



City of Cleveland  
Frank G. Jackson,  
Mayor

Department of Public Health

1925 St. Clair Avenue NE  
Cleveland, Ohio, 44114



## **PARENTAL PERMISSION FOR MINOR CHILD Youth RARE Project & Social Marketing Campaign**

### **Introduction**

The Cleveland Department of Public Health invites your child to be in a research study. Please ask questions if there is anything you don't understand.

### **What is the purpose of this study?**

This project is being conducted by the Cleveland Department of Public Health to find out about HIV, STDs, and pregnancy among youth ages 13-19. We will use the information to develop a Youth Social Marketing Campaign.

### **How long will you need my child?**

One session that will last about 60 minutes.

### **What do you want my child to do if I give my permission for him/her to be in this study?**

Your child will be asked to answer a few questions on a survey and then take part in a group discussion. Your child will be asked questions about HIV, STDs, and teen pregnancy. The group discussion will be audio-recorded. Attached is a copy of the pre-focus group survey and focus group questions for you to review before deciding whether to grant permission for your child to participate.

### **Are there any risks to my child if he/she is in this study?**

No, but your child may feel some discomfort when talking about personal beliefs and sexual risk behaviors. Your child does not have to answer any questions that make him/her uncomfortable. A qualified mental health professional will be present for the entire session.

### **Will the information I give you about my child be kept private?**

The information you give us will be kept private to the extent allowed by law. If there are admissions of sexual abuse made, the group facilitators are required by law to report to the appropriate agency. Further, since your child will be participating in a group discussion, it cannot be guaranteed that the information will be kept private among participants.

**Who should I call if I have questions about this study?**

Contact Bill Tiedemann at the Cleveland Department of Public Health at (216) 420-8504 or [btiedemann@city.cleveland.oh.us](mailto:btiedemann@city.cleveland.oh.us).

**Who should I call if I have a question about my child’s rights as a research volunteer?**

If you have any questions about your child’s rights as a participant in this study, please contact the Cleveland State University Institutional Review Board at (216) 687-3630.

**Does my child have to be in this study?**

Participating in this project is your choice. Your child has the right to quit at anytime.

I have been told about the study. I have been allowed to ask questions. I had all of my questions answered. I give permission for my child to be in the study. By signing this form, I agree for my child to be in the study.

\_\_\_\_\_

Printed Name of Youth

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Date



City of Cleveland  
Frank G. Jackson,  
Mayor

Department of Public Health

1925 St. Clair Avenue NE  
Cleveland, Ohio, 44114



## YOUTH ASSENT FORM

### Youth RARE Project & Social Marketing Campaign

#### **Introduction**

The Cleveland Department of Public Health invites you to be in a research study. Please ask questions if there is anything you don't understand.

#### **What is the purpose of this study?**

This project is being conducted by the Cleveland Department of Public Health to find out about HIV, STDs, and pregnancy among youth ages 13-19. We will use the information to develop a Youth Social Marketing Campaign.

#### **How long will you need me?**

One session that will last about 60 minutes.

#### **What do you want me to do if I decide to be in this study?**

You will be asked to answer a few questions on a survey and then take part in a group discussion. You will be asked questions about HIV, STDs, and teen pregnancy. The group discussion will be audio-recorded.

#### **Are there any risks to me if I decide to be in this study?**

No, but you may feel some discomfort when talking about personal beliefs and sexual risk behaviors. You do not have to answer any questions that make you uncomfortable.

#### **Are there any benefits from being in this study?**

You will receive a movie gift card for taking part in the focus group. You will also help us to learn more about how HIV, STDs, and teen pregnancy affect you and your friends.

#### **Will the information I give you be kept private?**

Since you will be participating in a group discussion, it cannot be guaranteed that the information you provide will be kept private among participants.

#### **Who should I call if I have questions about this?**

You can talk to your parents or your doctor. You can also call Bill Tiedemann at the Cleveland Department of Public Health at (216) 420-8504.



**Who should I call if I have a question about my rights as a research volunteer?**

If you have any questions about your rights as a participant in this study, please contact the Cleveland State University Institutional Review Board at (216) 687-3630.

**Do I have to be in this study?**

Participating in this project is your choice. You have the right to quit at anytime. Even though your parents have allowed you to participate in the project, you still have the choice to not participate.

I was told about the study. I asked questions. I had my questions answered. I want to be in the study.

---

Printed Name of Youth

---

Signature of Youth

---

Date



## Cleveland Youth RARE Project & Social Marketing Campaign Pre-Focus Group Survey: YOUTH

1. Age: \_\_\_\_\_
  2. Grade: \_\_\_\_\_
  3. Gender:     Male     Female     Transgender
  4. Race/Ethnicity:     African American     Asian American     Hispanic/Latino     Native American     White  
                           Other: \_\_\_\_\_
  5. Sexual Orientation:     I don't know     I don't want to answer     Straight     Gay     Bisexual
- 

6. HIV is the virus that causes AIDS.  
 True  
 False
7. Sexually transmitted diseases (STDs) are infections that people usually get by having sex with someone who already has one.  
 True  
 False
8. How can a person get infected with HIV? *(Check all that apply)*  
 Unprotected sex                       Mosquitoes  
 Kissing                                       Oral sex  
 Sharing needles                           Childbirth / breastfeeding  
 Blood     Saliva, sweat, tears, urine

9. List 2 ways a person can protect themselves from getting infected with HIV or a STD?  
\_\_\_\_\_  
\_\_\_\_\_

10. List 2 ways a person can protect themselves from getting pregnant?  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you know where to go to get tested for HIV?  
 Yes    List the places: \_\_\_\_\_  
 No

12. Do you know where to go to test tested for a STD?  
 Yes    List the places: \_\_\_\_\_  
 No

13. Do you know where to go to get a pregnancy test?

Yes List the places: \_\_\_\_\_

No

14. Are you sexually active?

Yes

No (If NO, skip to question #19)

15. Do you have access to condoms?

Yes

No

16. Do you or your sex partner use condoms when having sex?

Yes

No

17. Do you have access to birth control (e.g. the pill, the shot, the patch, the cervical ring, etc.)?

Yes

No

18. Do you or your sex partner use birth control (e.g. the pill, the shot, the patch, the cervical ring, etc.)?

Yes

No

19. If you have a question about **HIV**, where do you go for information? (Check all that apply)

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Internet     | <input type="checkbox"/> Magazine             | <input type="checkbox"/> Other Relative | <input type="checkbox"/> School Nurse  |
| <input type="checkbox"/> TV           | <input type="checkbox"/> Parents or Guardians | <input type="checkbox"/> Friends        | <input type="checkbox"/> Family Doctor |
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Brother or Sister    | <input type="checkbox"/> Teachers       | <input type="checkbox"/> Church        |
| <input type="checkbox"/> Other: _____ |   |   |  |

20. If you have a question about **STDs**, where do you go for information? (Check all that apply)

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Internet     | <input type="checkbox"/> Magazine             | <input type="checkbox"/> Other Relative | <input type="checkbox"/> School Nurse  |
| <input type="checkbox"/> TV           | <input type="checkbox"/> Parents or Guardians | <input type="checkbox"/> Friends        | <input type="checkbox"/> Family Doctor |
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Brother or Sister    | <input type="checkbox"/> Teachers       | <input type="checkbox"/> Church        |
| <input type="checkbox"/> Other: _____ |   |   |  |

21. If you have a question about **teen pregnancy**, where do you go for information? (Check all that apply)

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Internet     | <input type="checkbox"/> Magazine             | <input type="checkbox"/> Other Relative | <input type="checkbox"/> School Nurse  |
| <input type="checkbox"/> TV           | <input type="checkbox"/> Parents or Guardians | <input type="checkbox"/> Friends        | <input type="checkbox"/> Family Doctor |
| <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Brother or Sister    | <input type="checkbox"/> Teachers       | <input type="checkbox"/> Church        |
| <input type="checkbox"/> Other: _____ |   |   |  |



## Cleveland Youth RARE Project & Social Marketing Campaign Focus Group Questions: YOUTH

1. How do you or your friends define "sex"?
2. What education have you received about HIV/STDs/pregnancy? Where? When?
3. How do you feel about a.) HIV, b.) STDs, and c.) pregnancy among teens? Is it a problem?
4. What are some things that your friends do that would put them at risk for a.) HIV, b.) STDs, or c.) teen pregnancy?
5. What are the barriers that may prevent you or others you know from getting tested for a.) HIV, b.) STDs, or c.) a pregnancy test?
6. Do you or others you know discuss questions about sex and sexuality with your/their parents/guardians? When do you talk about sex? What do you talk about?
7. What a.) HIV, b.) STD, and c.) pregnancy prevention activities do you think would work best among youth?
8. What is the best way to get a.) HIV, b.) STD, and c.) pregnancy prevention information out to you and your friends? (Rate the top 3)  
*These are only examples – the group should provide the answers and then rate*
  - Billboards
  - Kiosks
  - Bus stations/buses
  - Schools
  - Fast food restaurants
  - Malls
  - Movie theaters
  - Others



## Cleveland Youth RARE Project & Social Marketing Campaign Pre-Focus Group Survey: PARENTS

1. Age: \_\_\_\_\_
2. Gender:     Male     Female
3. Race/Ethnicity:     African American     Asian American     Hispanic/Latino     Native American     White  
                          Other: \_\_\_\_\_
- 

4. HIV is the virus that causes AIDS.
- True
- False

5. Sexually transmitted diseases (STDs) are infections that people usually get by having sex with someone who already has one.
- True
- False

6. How can a person get infected with HIV? *(Check all that apply)*

- Unprotected sex                       Mosquitoes
- Kissing                                       Oral sex
- Sharing needles                       Childbirth / breastfeeding
- Blood     Saliva, sweat, tears, urine

7. List 2 ways a person can protect themselves from getting infected with HIV or a STD?

\_\_\_\_\_

\_\_\_\_\_

8. List 2 ways a person can protect themselves from getting pregnant?

\_\_\_\_\_

\_\_\_\_\_

9. Do you know where to take your teen to get tested for HIV?

- Yes    List the places: \_\_\_\_\_
- No

10. Do you know where to take your teen to get tested for a STD?

- Yes    List the places: \_\_\_\_\_
- No

11. Do you know where to take your teen to get a pregnancy test?

- Yes    List the places: \_\_\_\_\_
- No

12. Do you think that school nurses should be able to conduct on-site testing for: *(Check one for each topic)*

a. HIV tests

Yes

No

b. Urine-based STD tests

Yes

No

c. Pregnancy tests

Yes

No

13. Do you provide condoms to your teen?

Yes

No

14. Do you provide birth control (e.g. the pill, the shot, the patch, the cervical ring, etc.) to your teen?

Yes

No

15. Have you ever talked to your teen about sex?

Yes      At what age: \_\_\_\_\_

No

16. Are you comfortable discussing sex with your teen?

Yes

No

17. How would you rate your ability to talk to your teen about the following topics? *(Check one for each topic)*

a. HIV                       Extremely Poor       Below Average       Average       Above Average       Excellent

b. STDs                       Extremely Poor       Below Average       Average       Above Average       Excellent

c. Teen pregnancy       Extremely Poor       Below Average       Average       Above Average       Excellent

18. Are you comfortable discussing sexual orientation (i.e. gay, lesbian, bisexual) issues with your teen?

Yes

No

19. Are you comfortable discussing gender identity (i.e. transgender) issues with your teen?

Yes

No

20. If you have a question about **HIV**, where do you go for information? *(Check all that apply)*

Internet

TV

Newspaper

Magazine

Other Parents

Other Family Members

Other: \_\_\_\_\_

Teachers

School Nurse

Family Doctor

Community or Social Service Agency

Church

21. If you have a question about **STDs**, where do you go for information? *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Internet             | <input type="checkbox"/> Teachers                           |
| <input type="checkbox"/> TV                   | <input type="checkbox"/> School Nurse                       |
| <input type="checkbox"/> Newspaper            | <input type="checkbox"/> Family Doctor                      |
| <input type="checkbox"/> Magazine             | <input type="checkbox"/> Community or Social Service Agency |
| <input type="checkbox"/> Other Parents        | <input type="checkbox"/> Church                             |
| <input type="checkbox"/> Other Family Members |   |
| <input type="checkbox"/> Other: _____         |   |

22. If you have a question about **teen pregnancy**, where do you go for information? *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Internet             | <input type="checkbox"/> Teachers                           |
| <input type="checkbox"/> TV                   | <input type="checkbox"/> School Nurse                       |
| <input type="checkbox"/> Newspaper            | <input type="checkbox"/> Family Doctor                      |
| <input type="checkbox"/> Magazine             | <input type="checkbox"/> Community or Social Service Agency |
| <input type="checkbox"/> Other Parents        | <input type="checkbox"/> Church                             |
| <input type="checkbox"/> Other Family Members |   |
| <input type="checkbox"/> Other: _____         |   |



## Cleveland Youth RARE Project & Social Marketing Campaign Focus Group Questions: PARENTS

1. How do you feel about a.) HIV, b.) STDs, and c.) teen pregnancy among our youth? Is it a problem?
2. What conversations are you having with your teen about a.) HIV, b.) STDs, and c.) teen pregnancy?
3. Besides you, who else do you think should teach our youth about sex and sexuality?
4. What assistance do you need, if any, to educate your teen about a.) HIV, b.) STDs, and c.) teen pregnancy?
5. What barriers do you see in the community to educate our youth about a.) HIV, b.) STDs, and c.) teen pregnancy?
6. How do you feel about the sex education that the school provides to your teen? What else could the school system do to support effective sex education for our youth?
7. What HIV/STD/pregnancy prevention activities do you think would work best among youth?
8. What is the best way to get a.) HIV, b.) STD, and c.) pregnancy prevention information out to you and other parents? (Rate the top 3)

*These are only examples – the group should provide the answers and then rate*

- Billboards
- Kiosks
- Bus stations/buses
- Schools
- Fast food restaurants
- Malls
- Movie theaters
- Parent newsletters
- Others





10. Are you comfortable discussing sex with your youth clients?

Yes

No

11. Are you comfortable discussing sex and sexuality issues with the parents of your youth clients?

Yes

No

12. How would you rate your ability to talk to your youth clients about the following topics? *(Check one for each topic)*

a. HIV  Extremely Poor  Below Average  Average  Above Average  Excellent

b. STDs  Extremely Poor  Below Average  Average  Above Average  Excellent

c. Teen pregnancy  Extremely Poor  Below Average  Average  Above Average  Excellent

13. Are you comfortable discussing sexual orientation (i.e. gay, lesbian, bisexual) issues with your youth clients?

Yes

No

14. Are you comfortable discussing gender identity (i.e. transgender) issues with your youth clients?

Yes

No

15. If you have a question about **HIV**, where do you go for information? *(Check all that apply)*

Internet

Professional Journal

TV

Community or Social Service Agency

Newspaper

Medical Agency

Magazine

Colleagues

Other: \_\_\_\_\_

16. If you have a question about **STDs**, where do you go for information? *(Check all that apply)*

Internet

Professional Journal

TV

Community or Social Service Agency

Newspaper

Medical Agency

Magazine

Colleagues

Other: \_\_\_\_\_

17. If you have a question about **teen pregnancy**, where do you go for information? *(Check all that apply)*

Internet

Professional Journal

TV

Community or Social Service Agency

Newspaper

Medical Agency

Magazine

Colleagues

Other: \_\_\_\_\_



## Cleveland Youth RARE Project & Social Marketing Campaign Focus Group Questions: YOUTH PROVIDERS

1. What do you think the youth need to know about a.) HIV, b.) STDs, and c.) teen pregnancy?
2. What do you think the parents need to know about a.) HIV, b.) STDs, and c.) teen pregnancy?
3. What barriers do you experience when dealing with parents in regards to sex education and sexuality issues?
4. What barriers do you see in the community in regards to educating our youth about a.) HIV, b.) STDs, and c.) teen pregnancy?
5. What other supportive or education services are needed in the community to reduce rates of a.) HIV, b.) STDs, and c.) teen pregnancy?
6. How can the public health department support you in your education and service to youth regarding a.) HIV, b.) STDs, and c.) teen pregnancy?
7. What HIV/STD/pregnancy prevention activities do you think would work best among youth?
8. What is the best way to get a.) HIV, b.) STD, and c.) pregnancy prevention information out to the youth?  
(Rate the top 3)

*These are only examples – the group should provide the answers and then rate*

- Billboards
- Kiosks
- Bus stations/buses
- Schools
- Fast food restaurants
- Malls
- Movie theaters
- Others