

# PROGRAM SUMMARY



## RATIONALE AND PROGRAM GOALS

The IN-clued program is an evidence-based sexual health education program designed to reduce unintended pregnancies and/or sexually transmitted diseases (STDs) among lesbian, gay, bisexual, transgender, and/or queer and questioning (LGBTQ) young people, ages 14-19, across the United States.

LGBTQ young people are disproportionately affected by unintended pregnancy and STDs, with LGB adolescents being more likely to become involved in a pregnancy than their heterosexual counterparts<sup>1</sup>. LGBTQ youth also engage in unprotected sexual behaviors at higher rates than their heterosexual and cisgender peers, and are less likely to access sexual healthcare due to past or perceived negative or discriminatory treatment at healthcare facilities<sup>2</sup>.

**The IN-clued Program uplifts the voices of LGBTQ youth and takes a systems change approach to education** by providing referrals to appropriate clinical services as well as LGBTQ-centered sex education.

**IN-clued takes a dual approach to address the unjust sexual health outcomes for LGBTQ young people:**

**1** A three-hour workshop for LGBTQ youth on sexual health and accessing healthcare, and

**2** A three-hour youth-led workshop for health care providers and clinic staff on best practices for providing care to LGBTQ young people. This combination has the outcome of youth seeking and receiving sexual health services on a more consistent basis.

<sup>1</sup> Reproductive Health Considerations in Sexual and/or Gender Minority Adolescents  
Leonardi, Mathew et al. Journal of Pediatric and Adolescent Gynecology , Volume 32 , Issue 1 , 15 - 20

<sup>2</sup> Raspberry CN, Lowry R, Johns M, et al. Sexual Risk Behavior Differences Among Sexual Minority High School Students – United States, 2015 and 2017. MMWR Morb Mortal Wkly Rep 2018;67:1007-1011. DOI: <http://dx.doi.org/10.15585/mmwr.mm6736a3>.

## BEST PRACTICES

The IN·clued Program is grounded in the Health Belief Model theory of change and several evidence-based best practices in adolescent sexual health prevention education. It uses an established theoretical foundation, sound educational pedagogy, and the use of peer educators for program delivery.

### THE HEALTH BELIEF MODEL

The IN·clued Program is built on the Health Belief Model, which posits that six cognitive constructs impact health behavior change. They are:

**Perceived susceptibility**—a person’s belief that they are at risk.

**Perceived severity**—a person’s belief that the risks have serious consequences.

**Perceived benefits**—a person’s belief of the benefit of changing their behavior.

**Perceived barriers**—a person’s belief that the costs to taking action are outweighed by the benefits.

**Cues to action**—a person’s exposure to factors that prompt behavior change.

**Self-efficacy**—a person’s confidence in their ability to successfully perform an action (e.g. change their behavior).

Each of the activities in the IN·clued youth workshop maps directly to one or more of the Health Belief Model constructs, solidifying the program’s likelihood to impact participant behaviors.

## UNDERSTANDING BY DESIGN

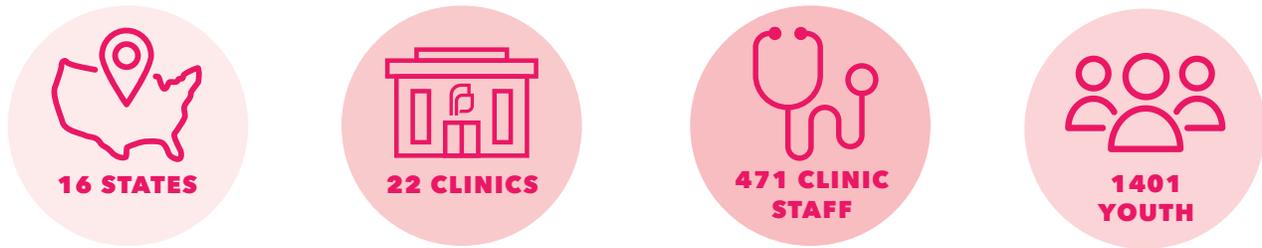
The IN·clued Program uses the Understanding by Design (UbD) pedagogical framework to bolster learner outcomes in both the youth and clinic workshop curricula<sup>3</sup>. The UbD framework uses a backwards design process to develop Enduring Understandings, Essential Questions, and Assessments for each educational workshop. These structures within the activities mean that each workshop delivered will result in the participants achieving the intended learning objectives.

## PEER EDUCATION

The IN·clued Program is facilitated by trained sexual health educators, who may be accompanied by teen peer sexual health educators. The peer educators delivering the curriculum should receive up to 20 hours of training by professional adult mentors. Their involvement is optional but encouraged in the youth workshop, as it enhances the workshops’ relevance and proven impacts for LGBTQ youth participants, especially if the peer educators identify as LGBTQ themselves. Peer Educator involvement is required for the clinic workshop with adult clinicians and health center staff. The peer education model is used with great success in both national and international public health educational programming.

## EVALUATION

The IN·clued Program was rigorously evaluated using a Randomized Control Trial evaluation design. This evaluation was funded through the federal Office of Adolescent Health Teen Pregnancy Prevention Initiative. The evaluation was conducted from 2015 through 2020, and enrolled LGBTQ young people between the ages of 14 and 19 from 16 states, and 22 clinics and 471 clinic staff from seven states across the United States.



## EVALUATION OUTCOMES

The results of this Randomized Control Trial found that participants in the IN·clued Youth Workshop were significantly more likely to have the following positive outcomes than their peers who did not participate in the workshop twelve months after the baseline survey:

- *Lower likelihood of having recent vaginal sex without condoms (and fewer times doing so)*
- *Greater knowledge of sexual health*
- *Greater self-efficacy to advocate for their own sexual health needs*
- *Greater likelihood of having been to a doctor or clinic for (and received) contraception or birth control*

## ELEMENTS - WHAT IS IN·CLUED?

There are two components of the IN·clued Program that can be implemented in a community in combination with one another, or separately:

- The IN·clued Youth Workshop facilitated by adult facilitators or co-facilitated by adult facilitators and youth peer educators;
- The IN·clued Health Center Workshop co-facilitated by adult facilitators and peer educators.

For maximum positive impact on LGBTQ young people in a community, it is recommended that both the Youth Workshop and the Health Center Workshop be provided. The Youth Workshop can include peer educator facilitators or be facilitated solely by adult facilitators. The Health Center Workshop must be co-facilitated by an adult facilitator and youth peer educators.

<sup>3</sup> McTighe, Jay and Wiggins, Grant. 2012. Understanding Design Framework. [https://www.ascd.org/ASCD/pdf/siteASCD/publications/UbD\\_WhitePaper0312.pdf](https://www.ascd.org/ASCD/pdf/siteASCD/publications/UbD_WhitePaper0312.pdf).

## YOUTH WORKSHOP

### ENDURING UNDERSTANDINGS:

1. There are pregnancy and STD prevention options for me as part of an LGBTQ community that I can access and use correctly.
2. I can access and advocate for sexual health care that meets my needs.

### ESSENTIAL QUESTIONS:

1. What unique sexual health risks do LGBTQ young people have?
2. How can LGBTQ young people protect themselves from STDs and/or unintended pregnancy?
3. How can I advocate for myself while accessing sexual healthcare?
4. What actions will I take to support my sexual healthcare?

In order for participants to answer those essential questions, the workshop guides them through approximately three hours' worth of activities that include:

IN·clued Youth Workshop Activities	
Intended Audience	LGBTQ identified youth and allies ages 14-19
Activity	Description
<b>Introductions and Warm-Up</b>	<ul style="list-style-type: none"><li>• Facilitators and participants introduce themselves with warm-up activity.</li><li>• Facilitators review agenda, group agreements, essential questions, and space logistics.</li><li>• Facilitators share a welcoming poem.</li><li>• Participants explore the IN·clued zine.</li></ul>
<b>Why Us?</b>	<ul style="list-style-type: none"><li>• Participants discuss four statistics depicting current sexual health disparities among LGBTQ youth in the United States.</li><li>• Participants complete individual reflection, dissect as a group the root causes of sexual health disparities among LGBTQ youth, and identify potential strategies for reducing the disparities.</li></ul>
<b>Let's Talk About Sex</b>	<ul style="list-style-type: none"><li>• Participants brainstorm sexual and intimate behaviors.</li><li>• Participants discuss an LGBTQ inclusive definition of "sex" based on the brainstorm of sexual behaviors.</li><li>• Participants discuss how sexual and gender identity does not necessarily dictate sexual behaviors, and how being specific with healthcare professionals about sexual behaviors and needs is critical to not transmitting STDs or becoming involved in a pregnancy.</li></ul>

## IN·clued Youth Workshop Activities

<p>IN·clued Video</p>	<ul style="list-style-type: none"> <li>• Participants watch a video created by and for the IN·clued program. The video depicts relevant risks for unintended pregnancy and STDs, pregnancy and STD prevention method options, and basic processes for accessing sexual healthcare.</li> <li>• Participants then directly apply their learning from the video to the sexual behaviors in which they currently engage or intend to engage in the future.</li> </ul>
<p>Break</p>	
<p>Safer Sex and Me</p>	<ul style="list-style-type: none"> <li>• Participants follow along with a demonstration of safer sex methods, including condoms and other barrier methods for preventing pregnancy and/or STDs.</li> <li>• Facilitators instruct participants in LGBTQ-specific safer sex considerations.</li> <li>• Participants discuss where and how they can access safer sex resources in the future.</li> </ul>
<p>Chat Groups</p>	<ul style="list-style-type: none"> <li>• Participants split into small groups with one facilitator leading each small group.</li> <li>• Facilitators lead discussion and instruction on a four-step process for accessing sexual healthcare:             <ol style="list-style-type: none"> <li>1. Deciding to go to the health center and understanding why you are going;</li> <li>2. Getting ready to go to the health center by making an appointment, securing funds and transportation as necessary, and writing down questions for the provider in advance;</li> <li>3. Arriving and checking in to the appointment by filling out paperwork and communicating with the front office staff; and</li> <li>4. Engaging with the provider in the exam room by using the “Health-IQ Steps”: being honest about sexual/gender identities and sexual behaviors/needs, using “I” statements to correct provider mistakes, and asking questions that include follow-up clarifications.</li> </ol> </li> </ul>
<p>Exam Room Practice</p>	<ul style="list-style-type: none"> <li>• Facilitators demonstrate the use of the Health-IQ Steps through a scripted role-play and debrief.</li> <li>• Participants practice communicating with a healthcare provider through structured role-plays.</li> </ul>
<p>Debrief and Reflection</p>	<ul style="list-style-type: none"> <li>• Participants respond to the following questions:             <ol style="list-style-type: none"> <li>1. What is one thing you will commit to doing to take care of your sexual health?</li> <li>2. What is one way you will advocate for yourself when you seek sexual healthcare?</li> </ol> </li> </ul>

## IN·clued Youth Workshop Activities

Anonymous Questions and Texting	<ul style="list-style-type: none"> <li>• If there's time, facilitators answer participants' anonymous questions. If there isn't time, facilitators take participants' questions and provide written answers to the group at a later date.</li> <li>• Facilitators provide an opportunity for participants to opt-in to receive text messages from the IN·clued program.</li> </ul>
Know Your Rights	<ul style="list-style-type: none"> <li>• Facilitators describe location-specific rights of LGBTQ young people related to sexual health and healthcare access.</li> <li>• Participants then read the "GLBTQ Youth's Health Care Bill of Rights."<sup>4</sup></li> </ul>
Closure	Facilitators give reminders and resources to participants about where to access sexual healthcare.

## HEALTH CENTER WORKSHOP

This workshop is always co-facilitated with adult educators and youth peer educators.

### ENDURING UNDERSTANDINGS:

1. I can provide intentionally inclusive and affirming health care to LGBTQ young people.
2. Providing inclusive and affirming care to LGBTQ young people can have a significant and positive impact on the reduction of STIs and unintended pregnancy in this population.

### ESSENTIAL QUESTIONS:

1. Why is inclusive healthcare for LGBTQ young people so important?
2. How does providing inclusive and affirming care for LGBTQ young people help reduce their risk of unintended pregnancy and STIs?
3. How can I be more inclusive and affirming of LGBTQ young people in the care and services that I provide?

<sup>4</sup> Advocates for Youth. 2002. GLBTQ youth's health care bill of rights. Transitions 14 (4). <http://www.advocatesforyouth.org/storage/advfy/documents/transitions1404.pdf>.

IN-clued Health Center Workshop Session 1 Activities	
<b>Intended Audience</b>	Entire health center staff
Activity	Description
<b>Introductions and Warm-Up</b>	Facilitators introduce themselves and the IN-clued Program, set group agreements with participants, and engage them in a brief warm-up to reflect on their own identities and ideas about how welcoming their environment is for LGBTQ youth. Participants are introduced to LGBTQ terms and definitions.
<b>Remember Me</b>	Peer Educators read a welcoming poem entitled Remember Me. The poem depicts diverse sexual and gender identities to orient participants to the content of the workshop.
<b>Believe It or Not</b>	Participants engage in a true-or-false activity using statistics and facts about LGBTQ adolescents' sexual health outcomes. This is designed to increase belief in the importance of inclusive and relevant sexual health care for LGBTQ young people.
<b>Exploring Messages and Beliefs</b>	Participants explore societal messages and personal beliefs about gender, sexual orientation and teen sexual activity. They reflect on why it is important to be aware of and mitigate implicit bias in a health care setting.
<b>Binary Thinking and Sexual Identities</b>	The concept of binary thinking is introduced, and participants examine how binary thinking is detrimental to the health care experience for LGBTQ young people.
<b>Recommendations for Practice</b>	Facilitators model a role-play of "What Not to Do" when an LGBTQ young person seeks health care. Participants are guided through a reflection about a negative interaction with a clinic staff and provider and offer suggestions for how the interaction could have been more successful. Facilitators introduce the six recommendations for clinic staff and providers: 1) Create a welcoming environment, 2) Use correct names and pronouns, 3) Maintain confidentiality, 4) Ask inclusive questions, 5) Positive body language, and 6) Admit mistakes. Facilitators re-demonstrate the role-play, implementing the six recommendations. Participants reflect on the different outcomes between the two role-plays.
<b>Implementing Inclusive Practices</b>	In pairs, participants outline ways they can incorporate the six recommendations for providing inclusive care into their daily job tasks. Pairs report to the larger group to compile a set of practices the entire clinic staff can adopt.
<b>Closure</b>	Participants and facilitators read the "Remember Me" poem together.

<b>IN-clued Health Center Workshop Session 2 Activities</b>	
<b>Intended Audience</b>	Medical providers only
<b>Activity</b>	<b>Description</b>
<b>Introductions and Warm-Up</b>	Facilitators introduce the agenda for Session 2 of the workshop. Through a game of Catch Phrase, participants review LGBTQ terminology. Participants identify the ideas they want to practice during the patient simulations.
<b>Patient Simulations</b>	Peer Educators station themselves around the training space, each with a different patient character to play. Participants rotate to each station and practice engaging with the patient character using the six recommendations.
<b>Simulation Debrief and Q&amp;A Panel</b>	Peer Educators summarize their patient characters for the group of participants and share highlights of the simulations: what the participants did well and recommendations for improvement. Participants reflect on their growth through the activity, and any challenges that arose for them. Participants are invited to ask the facilitators questions at this time.
<b>Closure</b>	Facilitators read a list of “Advice from Teens” that summarizes many of the recommendations practiced during the workshop. To close the session, participants state a word, phrase, or specific idea for application of their learning.