

The SHEIDD Project

Tools for Building Community Capacity to Support the Sexual Health of Youth with I/DD

AAIDD Webinar, February 26, 2019 PRESENTED BY: Lindsay Sauvé, MPH





Objectives:

- Learn strategies that build community partnerships to promote sexual health education and support for young people experiencing I/DD in their communities
- Review the results of the SHEIDD project community needs assessment where we learned from young people with I/DD and support people about how to better meet the sexual health education needs of young people and the training needs of support teams.
- Learn methods of putting the results of the community needs assessment into practice.





The SHEIDD Vision

"To promote comprehensive sexuality education and support for young people (ages 14-21) who experience intellectual/developmental disabilities (I/DD) by working together to build the skills of parents/guardians, caregivers, support workers, teachers, health care providers and others to provide sexual health education and support to the young people in their lives."

This opportunity is made possible by Grant Number TP2AH000046 from the HHS Office of Adolescent Health as part of the Innovative Teen Pregnancy Prevention (iTP3) project. Contents are solely the responsibility of Multnomah County Health Department and do not necessarily represent the official views of the Department of Health and Human Services, the Office of Adolescent Health, or Texas A&M University.





Collaborative Strategies:

- Participatory Learning Approach
- Human-Centered Design
- Person-centered planning process
- Popular education





Collaborative Strategies:

Participatory Learning Approach

The fundamental tenet of PLA is authentic engagement and participation of beneficiaries (i.e. youth with I/DD as well as their caregivers and service providers) in the processes of learning about their needs/opportunities and in the action required to address them. Beneficiary-centered project design and implementation empowers participants to creatively investigate issues of their concern and describe reality as they experience it.





Collaborative Strategies:

Human-Centered Design

Human-centered design involves strategies for working together to design solutions that work for people. It believes that innovation begins and ends with people, is collaborative, and iterative.





Collaborative Strategies:

Person-centered planning process

Person-Centered, defined by Oregon Training and Consultation (OTAC):

- ensures that the person is at the center of decisions that relate to their own life
- emphasizes options that are available to the person rather than changing or "fixing" the person
- understands what a person wants and needs to live their own, personally defined, good life.





Collaborative Strategies:

Popular Education

Popular education uses a variety of facilitation techniques that acknowledge:

- We are all teachers and we are all learners.
- Everyone knows a lot as a result of their life experience.
- The goal of education should be to create healthier communities





We are embarking on a voyage! We need a crew.







Socioecological Model







Tool #1: Top 100 Partners Exercise

- Used to develop a list of possible champions
- Start with brainstorming all possible partners
- Organize list to identify partners the group knows well, knows, have met, or don't know at all
- Assign each partner to a list of key community sub groups





Tool #1: Top 100 Partners Exercise

Key Community Sub-Groups							
Youth Population Served by Your Program	"Grass Root" Influencers: Parents, Elders, & Citizen Leaders, etc.						
Professional, Providers, & Program Partners	"Grass Top" Influencers Funders, Business Leaders, an Elected Officials, etc.						





Tool #1: Top 100 Partners Exercise

Individual's Name	Area of Influence Location, Organization, Neighborhood, Sector, etc.	A Closeness of Personal Relationship? (1 to 5)	B Perceived Influence with Others? (1 to 5)	Quadrants					
				Youth Served by Your OAH Grant Program	"Grass Root" Influencers Parents, Elders, & Citizen Leaders	Pros, Providers, & Program Partners	"Grass Top" Influencers Funders, Business Leaders & Elected Officials	C Readiness to Participate? 1-5	Total Participation Potential Score (A+B+C)





The SHEIDD CAG







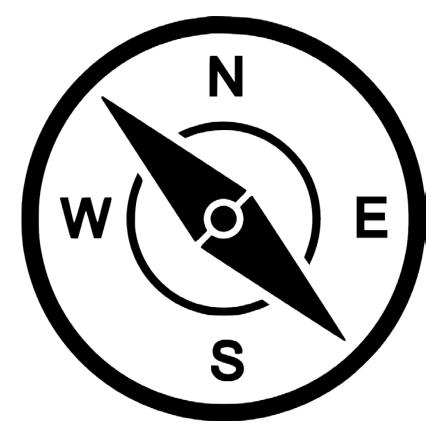
Tool #2: Building Meaningful Community Partnerships

- 1. Build Community
- 2. Designate a Community Advisory Group Coordinator
- 3. Be Transparent
- 4. Treat CAG Members as the Experts They Are
- 5. Be Flexible
- 6. Find Interactive Ways to Get Feedback
- 7. Share Power and Resources
- 8. Celebrate
- 9. Reflect





We need a compass.







Tool #3: Think, Pair, Share

- 1. Think about the question.
- 2. Pair with someone and discuss answers.
- 3. Share with the group.





What does your community have when people with I/DD are fully supported to live healthy sexual lives and have healthy relationships?

- Resources
- Knowledge
- Ideas
- Perspectives





No infantilizing of Representation of people with healthy relationships disabilities Knowledge Different expressions of sexuality are accepted Sustainable and supported and robust systems Equitable access to info & services Education about No stigma consent All abilities are Dignity of risk represented in media **Risks** and mistakes are

okay



Tool # 4: Path Planning





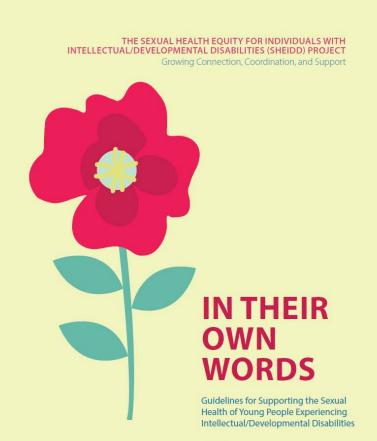


We need to chart our course.











What Young People in Our Community Want and Need





Community needs assessment

Questions we asked:

- 1. Who is the community we serve?
- 2. What sexual health education and help do young people experiencing I/DD need?
- 3. What kinds of help do support people need to provide sexual health education and support to young people who experience I/DD?

Surveys and focus groups/sharing sessions with **young people with I/DD** and **support people** (members of support networks)





Community needs assessment recommendations

Support the Sexual Health of Young People Experiencing I/DD

1. Provide holistic sexual health education to young people experiencing I/DD.

- 2. Learn about young peoples' goals.
- 3. Provide regular skill-building opportunities.
- 4. Facilitate peer connection.





Community needs assessment recommendations

Build the Capacity of Support People to Provide Sexual Health Education and Support to Young People Experiencing I/DD

1. Put policies and procedures in place to support the relationships and sexuality of individuals experiencing I/DD.

2. Support collaboration around sexual health education and support.

3. Make inclusive and adaptable materials and resources available.

4. Provide training opportunities





Tool # 5: Gallery Tour

- 1. Post each recommendation on poster paper around the room
- 2. Begin at one of the posters and brainstorm ideas for what you could do in your community to address this need.
 - What existing resources or connections could you build upon to put each recommendation into practice?
 - What "dream project" could help you put each recommendation into practice?
- 3. Write your ideas on the poster and rotate around the room.
- 4. When you are finished with all 8 posters, return to your seats.



Tool # 5: Gallery Tour

Provide holistic sexual health education for people experiencing I\DD

Get the church involved: curriculum and opportunities

Wider social attitudes influenced by media

Change abstinence based programs

Learn about young people's goals

Stipends are an incentive for young people donations can help Use youth organizations that already exist Focus + survey groups Providers ask + listen without judgment Invite young people to join the CAG Holding a meet +greet





Tool # 5: Gallery Tour

Provide regular skill building activities

Bring back drive movies!

Make a video about dating

Empowerment groups w/ program that meet weekly

Make inclusive and adaptable education available

Utilize physical models

All materials translated + alternative formats

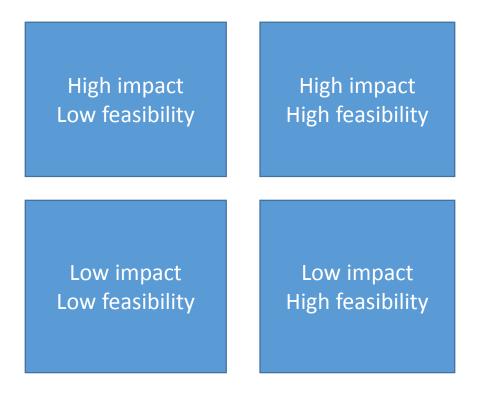
Multimedia internet resource Create a resource hub for accessible information





How to prioritize

Tool # 6: Impact matrix – sort ideas by most important to least important and most feasible to least feasible







Tool #7: Problem-Posing Questions

- Present a scenario, skit, scene that shares a dilemma or problem
- Group discussion:
 - What did you see?
 - What is the problem?
 - What is the cause of the problem?
 - How does this problem affect our community?
 - How can we work together to resolve this problem?





What we did: Community Education Intern







What we did: "Team Work" Training Example from Reproductive Justice Timeline Activity



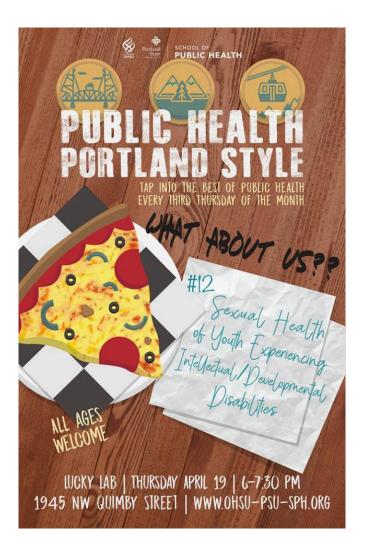
Phoenix and Oklahoma City Indian Health Services use Depo-Provera on Native women with disabilities, despite the fact that it wasn't approved by the FDA. Reason given was for "hygienic purposes" – or to stop the periods of patients with developmental disabilities.

In the 90's – Depo-Provera is given to women of color in public health clinics, often without adequate medical information or consent

Western States Center





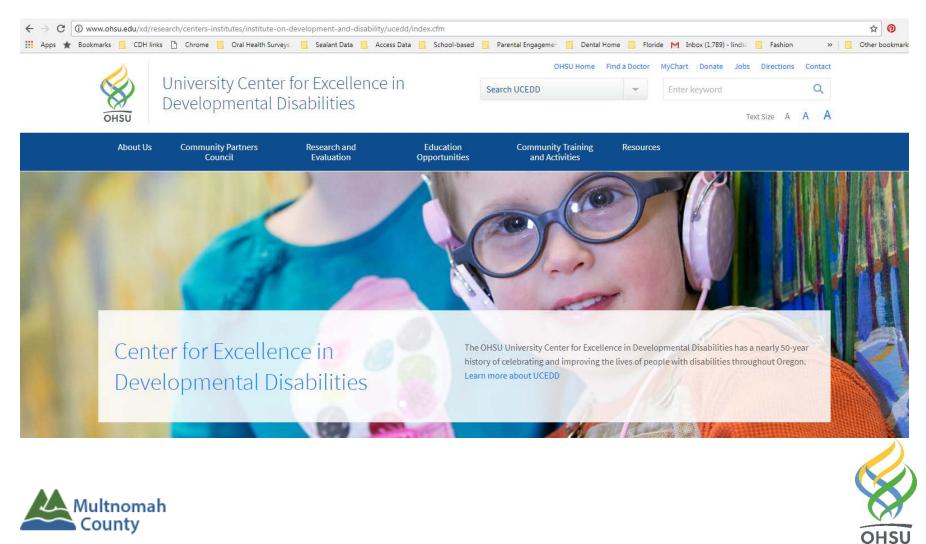


What we did: Public Health Portland Style





What we did: Online Resource Hub (coming soon!)



Thank you!

Contact: Lindsay Sauvé, MPH <u>sauv@ohsu.edu</u> 503-494-3281



