

## 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."

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## **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







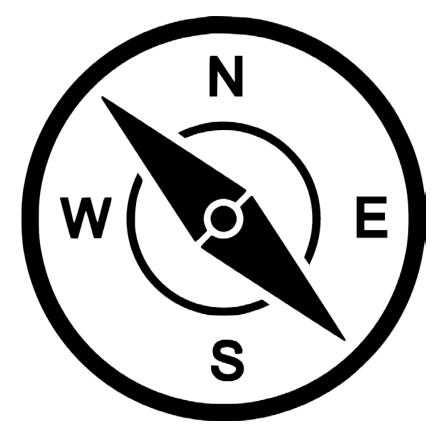
## Tool #2: Building Meaningful Community Partnerships

- 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





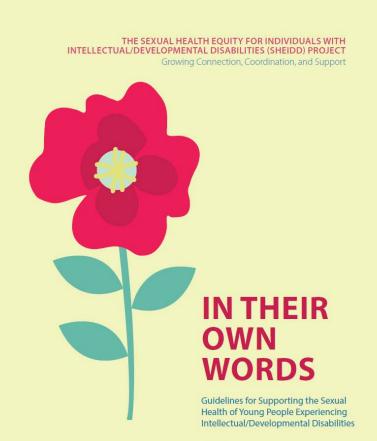


#### We need to chart our course.











## 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

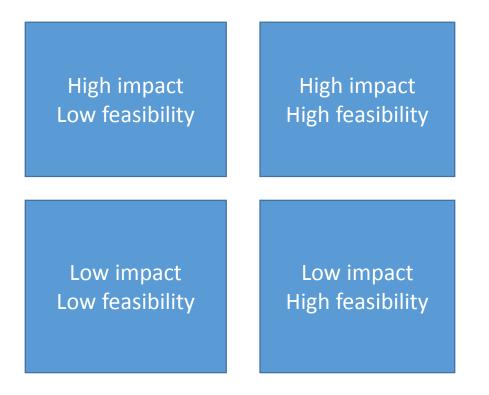
Multimedia internet resource Create a resource hub for accessible information





## 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



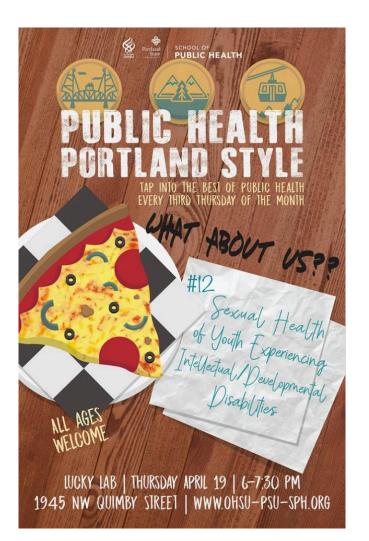
Phoenix and Oklahoma City Indian Health Services use Depo-Provera on Native women with disabilities, despite the fact that it wasn't approved by the FDA. Reason given was for "hygienic purposes" – or to stop the periods of patients with developmental disabilities.

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





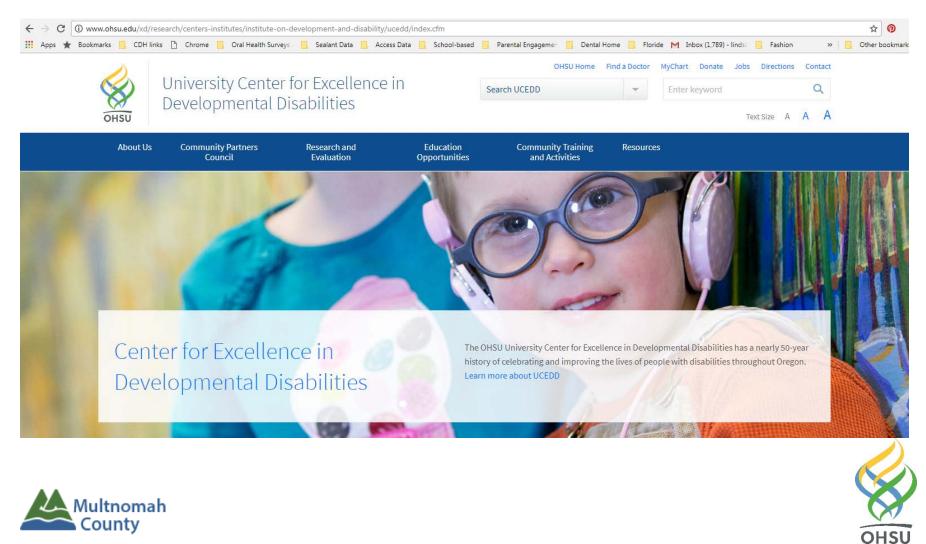


## What we did: Public Health Portland Style





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



## Thank you!

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