

IN·clued

Inclusive Healthcare Youth & Providers Empowered

IN·clued is an exciting new educational program from Planned Parenthood of the Great Northwest and the Hawaiian Islands that addresses the sexual health disparities affecting lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ) youth across the United States. **LGBTQ youth are disproportionately impacted by unintended pregnancy and STD rates, making this a much-needed program in the fight for LGBTQ equity and inclusion.**

The IN·clued Program

IN·clued works with sex education adult facilitators, as well as teen peer educators, to:

- Empower LGBTQ youth with sexual health knowledge and skills;
- Give LGBTQ youth the tools to advocate for their sexual health; and
- Educate health centers directly to provide LGBTQ-inclusive sexual healthcare.

This 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.

▶ **Currently, IN·clued is one of the only evidence-based sexual health education programs designed specifically to meet the needs of LGBTQ youth.**

IN·clued is a program that aims to lower teen pregnancy rates and STD rates among LGBTQ youth ages 14-19. The program combines LGBTQ youth-friendly health services with direct, relevant and inclusive sex education – this combination has the outcome of youth seeking health services and getting birth control and testing on a more consistent basis. The program is grounded in the Health Belief Model theory of change and proven sexuality education best practices.

LGBTQ YOUTH WORKSHOP

This 3-hour interactive workshop empowers participants with sexual health knowledge, skills, and tools to advocate for their own sexual health. This workshop includes topics such as:

- Learning about the specific sexual health needs of LGBTQ youth;
- Redefining sex for LGBTQ youth;
- STD and pregnancy prevention methods; and
- How to access sexual healthcare and advocate with a provider practice.

ACCESS TO LGBTQ YOUTH-FRIENDLY SERVICES

IN·clued refers young people to a health center that can meet their needs. This is done in one of two ways:

1. Referring to a health center that is already providing LGBTQ youth-friendly sexual health services; or
2. Providing a workshop for staff and providers from a local health center. This 3-hour workshop covers best practices for working with LGBTQ youth, including how to make the health center more LGBTQ friendly, and how to engage LGBTQ youth in the exam room so that they feel safe, comfortable, and open to sharing their sexual health behaviors.

"I really enjoyed the education on clinician visits because I struggle with that all the time."

PARTICIPANT IN MINNEAPOLIS, MN

"IN·clued offers young queer and trans folk an invaluable space to learn from and with each other. The curriculum gives LGBTQ young people the opportunity to bring their questions and concerns and to leave with the affirmation, information, and skills they need to be their own advocates and educators from that point forward." **IN·CLUED FACILITATOR**

Why This Program is Needed

LGBTQ youth have higher teen pregnancy and STD rates than their heterosexual and cisgender peers.

The reasons for this include greater harassment and discrimination; family rejection, which can lead to risky coping behaviors; and a greater propensity toward substance use, which may also have an effect on pregnancy rates.ⁱ Additionally, a lack of sexual education that includes the needs of LGBTQ youth means that youth are not adequately educated about the need for birth control and testing.ⁱⁱ

AS COMPARED TO THEIR HETEROSEXUAL PEERS:

- Lesbian and bisexual youth experience twice the risk of unintended pregnancy.ⁱⁱⁱ
- LGBTQ youth have significantly more sexual partners.^{iv}
- LGBTQ teens are at an increased risk of STIs, including HIV.^v

In addition:

- As a result of past negative experiences dealing with healthcare providers, those who identify as LGBTQ are often times less likely to obtain regular STI testing and treatment.^{vi}
- Healthcare providers often fail to provide LGBTQ patients with adequate information regarding safer sex, ask about their patients' sexual history regardless of their reported sexual orientation, and screen for STDs.^{vii}

"I really liked learning about contraception that was more inclusive to me and my needs."

PARTICIPANT IN MISSOULA, MT

Evaluation, Curriculum Distribution, and Capacity Building

The IN·clued Program was rigorously evaluated through a randomized controlled trial, with results showing overwhelmingly positive outcomes. ***A year after the workshop, youth who participated in the IN·clued workshop showed significant positive differences related to recent sexual behaviors, accessing sexual health care, sexual health knowledge, and health care self-efficacy.***

IN·clued has established strong partnerships with the communities in the 16 states where the program is being evaluated, and will share the findings at the local level, as well as at national venues and in scholarly publications.

More information can be found on the IN·clued website, plannedparenthood.org/planned-parenthood-great-northwest-hawaiian-islands/education/included and the curriculum and training will be available Summer 2020. For more information about these opportunities, please contact Annika Shore, Director of Education, at Annika.Shore@ppgnhi.org.

ⁱBlake, S. M., R. Ledsky, T. Lehman, C. Goodenow, R. Sawyer, and T. Hack. 2001. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. *American Journal of Public Health* 91 (6): 940-946. Retrieved July 16, 2012, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472>.

ⁱⁱIbid.

ⁱⁱⁱIbid.

^{iv}Saewyc, E., L. Bearinger, R. Blum, and M. Resnick. 1999. Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives* 31 (3): 127-131.

^vCenters for Disease Control and Prevention. 2011. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12—Youth risk behavior surveillance, selected sites, United States, 2001-2009. *Morbidity and Mortality Weekly Report* 60. Retrieved June 1, 2012, from <http://www.cdc.gov/mmwr/pdf/ss/ss60e0606.pdf>.

^{vi}SexSmarts Sexual Healthcare Survey 2001.

^{vii}Bauer, G., and S. Welles. 2001. Beyond assumptions of negligible risk: Sexually transmitted diseases and women who have sex with women. *American Journal of Public Health* 91 (8): 1282-1286.