

Preliminary Findings: Adolescent Sexual Health Focus Group Study



**ASSETS COMING TOGETHER (ACT) FOR YOUTH CENTER
OF EXCELLENCE**

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BACKGROUND OF THE PROJECT

The Adolescent Sexual Health Focus Group study was conducted to help the New York State Department of Health (NYS DOH) learn about how young people get information about sexual health, where they go for sexual health care services, their experiences in getting care and accessing services, and what needs they have that aren't being met. We went directly to the experts, young people from all corners of New York State, asking them to share their knowledge, experience and opinions with us. The information gathered is summarized in the following pages of this report. We hope the ideas and recommendations generated from this project will help the NYS DOH plan more effective initiatives and better meet the sexual health needs of youth in this state.

Purpose of Project

- To learn more about how young people across New York State get information about sexual health, and how they access sexual health care services
- To learn more about young people's experiences with sexual health care services, and to obtain their ideas on how to improve these services
- To help inform New York State Department of Health planning activities
- To provide additional youth voice/youth recommendations at the New York State Sexual Health Symposium

RESEARCH PROCESS: DATA COLLECTION

Methods

The focus group study protocols, including procedures for data collection, interview script and questions, and a brief written participant survey, were developed between May and July 2008 by a research team from the ACT for Youth Center of Excellence (COE).

Sample Identification

A list of potential focus group sites was generated with particular attention paid to capturing the diversity of New York state youth. Potential sites were identified based on geographic characteristics including upstate/downstate and rural/urban/suburban as well as participant characteristics including gender/gender identity and race/ethnicity. The final pool of potential focus group sites was narrowed down with input from the NYS DOH.

Local community partners at identified sites assisted with coordinating the focus groups. ACT for Youth coordinators, from the community coalitions, and program staff, from

various DOH pregnancy prevention and HIV prevention programs, coordinated space, recruited participants, and distributed parent information letters for participants under age 18 to allow parents to opt-out minor children. We sought to include youth between 15-19 years of age in the sample.

A total of 291 New York State youth participated in the 27 adolescent sexual health focus groups conducted between July and December 2008.

Piloting and Human Subjects Review

The focus group interview protocol was piloted with five groups of youth (57 participants) between July and September 2008. At the end of each focus group, participants provided feedback on the focus group experience including if there were questions they didn't understand and if they had any recommendations for how to make the questions more youth friendly. Interview questions were revised based on youth feedback, and the final protocol was submitted for human subjects review. Study approval was granted by the Institutional Review Board at Cornell University in September 2008. Subsequently, a team of facilitators and note-takers was trained to ensure consistency in data collection.

Data Collection

Field data collection occurred between October 2008 and December 2008 with a total of 22 additional focus groups being conducted statewide. Separate focus groups were conducted for males and females, although a few groups were comprised of both. All participants received a \$20 cash honorarium for their participation. Each group was facilitated by a trained moderator with 1-2 additional staff serving as note-takers. Groups lasted between 1-1.5 hours. Facilitators and note-takers met briefly following each focus group to review and refine the written notes.

Data analysis

The research team conducted qualitative thematic analyses of the written notes from both the pilot and non-pilot focus groups. This report presents some preliminary findings from these analyses.

Demographics

Demographics based on self-report written questionnaires completed by participants at the end of each focus group are presented below. Characteristics of the pilot and non-pilot groups are presented separately, given that additional questions were added to the questionnaires following the pilot.

DEMOGRAPHICS OF PILOT GROUPS (N=57)

A total of 57 youth participated in the five pilot focus groups. Two of the groups were conducted with youth participants from a runaway and homeless youth program. The other three pilots were conducted with peer educators from Adolescent HIV Prevention Services programs who attended a leadership retreat at Cornell (July, 2008). The mean age of participants was 17.98 (S.D. = 2.13) with ages ranging from 14 to 23. There were slightly more females who participated in these groups (59.6% female, 38.6% male, and 1.8% transgender). More than a third of participants (37%) reported they were not currently in school.

Hispanic Ethnicity: 21% Hispanic

Race (select all that apply):

53% - Black/African American

32% - White

4% - Asian

4% - Other or Native Hawaiian/Other Pacific Islander

* Notes: Some youth did not report race.

DEMOGRAPHICS OF NON PILOT GROUPS (N=234)

A total of 234 youth participated in the 22 non-pilot focus groups. The mean age of participants was 16.28 (S.D. = 1.57), with ages ranging from 13 to 21. Participants in the non-pilot groups were on average younger than participants in the pilot groups (16.28 vs. 17.98). Half were male (50.4%), 48.3% were female, and 1.3% were transgender. Five percent of youth reported they were not currently in school, while the remaining participants were in the following grades: 8th - 3.4%, 9th - 17.6%, 10th - 18.0%, 11th - 26.2%, and 12th - 29.6%.

Hispanic Ethnicity: 25% Hispanic.

Race (select all that apply):

56.8% - Black or African American

23.5% - White

18% - Other (includes multiracial and specific ethnic affiliations)

5.1% - American Indian or Alaska Native

3.4% - Asian

Health Insurance Coverage and Medical Care

Eighty-two percent of participants reported having health insurance while 16% did not know if they did. Eleven percent reported they had missed needed care in the past 12 months, while an additional 7% were not sure if they had.

For routine medical care, 70% of the respondents reported going to a “doctor’s office.” Other places for medical care included:

- 13% Public Health Clinic or Community Health Center
- 12% Hospital Clinic
- 7% School Nurse or School Based Health Center
- 5% Family Planning Clinic
- 5% Other
- 4% Hospital Emergency Room
- 3% No one usual place
- 2% Urgent Care Clinic

*Does not total 100% as participants could select more than one response

Eleven percent of the sample reported that at some point during the past year, they were in need of medical care and were unable to get it; an additional seven percent were unsure whether this had happened to them.

When asked whether they had ever gone to see a health care provider without parental knowledge, thirty-six percent of the participants reported doing so. Of these teens, places where they sought care included:

- Public Health Clinic or community health center - 28%
- Hospital Clinic - 25%
- Sexually Transmitted Disease Clinic - 22%
- School Nurse or School Based Health Center – 16%
- Family Planning Clinic - 10%
- Mental Health Provider - 7%

Definition of sexual health

We began each focus group by asking the participants to share their thoughts on what they believe sexual health means and encompasses. We used the poster below, based on the definition generated by the NYS DOH Adolescent Sexual Health Working Group, to stimulate discussion. We wanted the young people to think broadly about sexual health, and to keep these ideas in mind during the focus groups.



This poster was designed by Kristy C. Jerkins and Kruti Sheth.

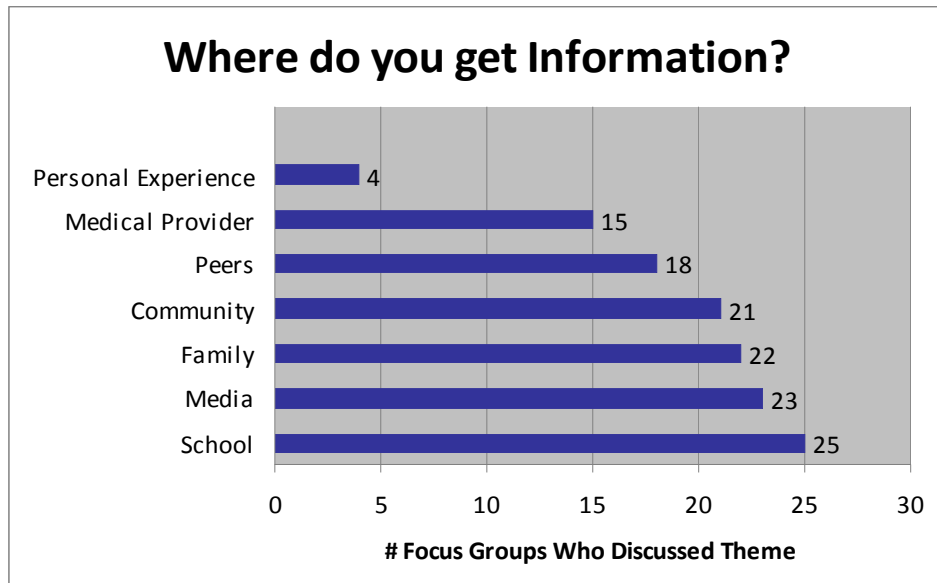
RESULTS

The results are divided into three sections: Education/Information, Access and Services, and Recommendations. Although these findings are preliminary, they offer a fascinating glimpse of the issues facing young people around sexual health, their concerns, and their creative ideas on how things could be improved for youth in their communities.

I. EDUCATION/INFORMATION

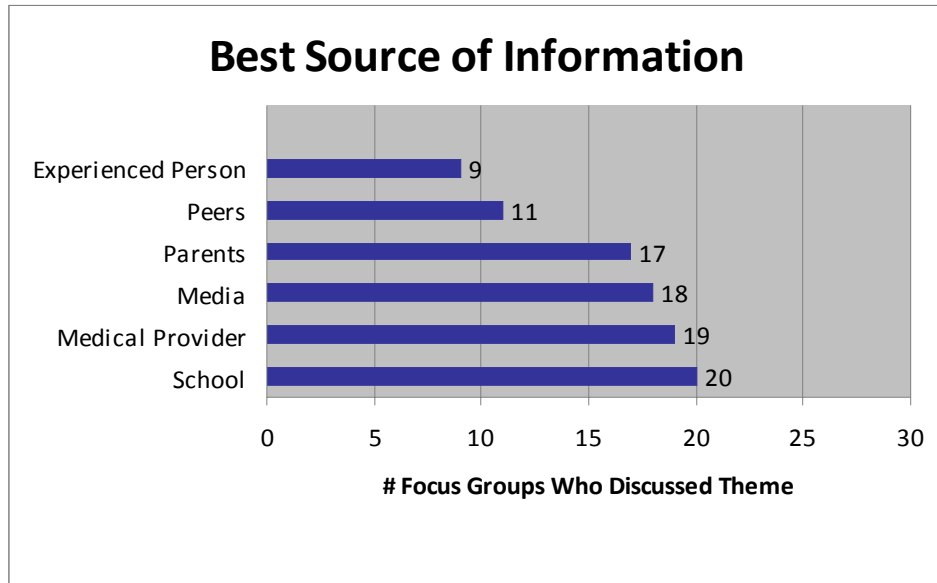
Where do you and your friends get information about sex, HIV, STDs, and pregnancy?

Schools were cited most often as being the place where youth get information about sex, HIV, STDS, and pregnancy, reported in 25 of the 27 focus groups. The most commonly reported venue for receiving information was in health class and from health teachers (discussed in 17 groups). Media was discussed in 23 of the groups, with the Internet and TV being the most popular responses. Family was cited in 22 groups: 16 groups identified their parents while 8 groups identified their siblings as a source for information about sexual health. Community sources (e.g., agencies, Planned Parenthood, and special events) were mentioned in 21 groups.



What are the best, most effective ways for youth to learn about sex?

As illustrated in the chart below, schools were cited as the best source to obtain information in 20 out of the 27 groups – in health class, but also through presentations and guest speakers in school sponsored events. Medical providers were reported as the best source in 19 of the groups, with doctors cited most frequently: *“Doctors won’t tell you things that hurt you; they look out for your best interest; you can trust them, they don’t skim through it and try to tell you what you want to hear.”*



Peers, parents, and the media were frequently discussed in the groups, but generated both negative and positive comments. For example, while 11 groups said that peers were the best source for information about sex:

“Friends...can share your life”

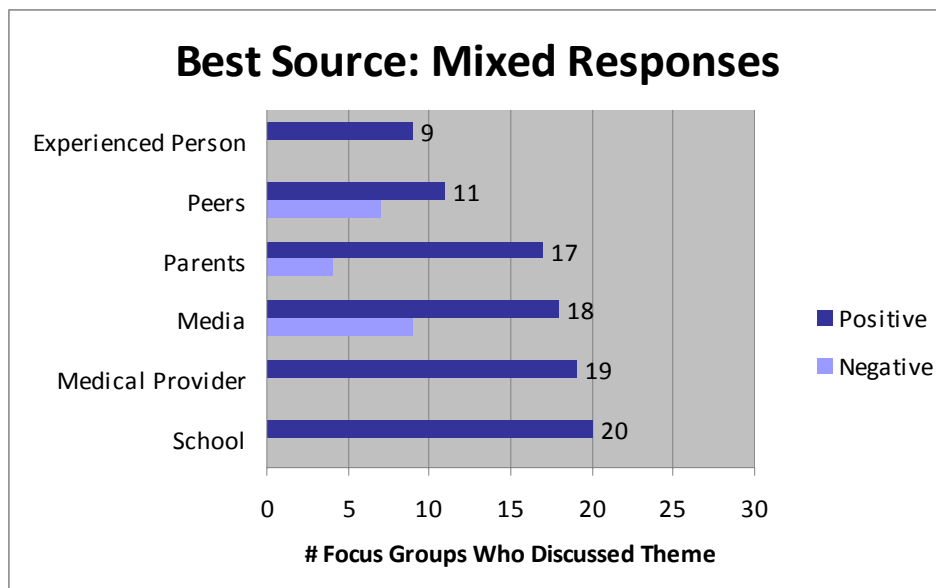
“...you listen to them more”

“Peer educators know more than parents”

7 groups expressed concerns about the information provided by peers:

“You may believe it more but friends may not be accurate”

“They’re going to tell you what you want to hear”



The same pattern was observed in discussions about the effectiveness of parents as sources of information about sex. There was a lot of disagreement here. While on the one hand:

“...they have more experience and know you best so they know how to break it down”

“Parents know you. They know how to talk to you.”

On the other hand, parents can be misinformed: *“Sometimes parents give misinformation – ‘if you have sex you’ll get cancer’...”*

And parents can be uncomfortable talking about sex...*“so uncomfortable it makes you uncomfortable!”*

Whether parents are perceived as good or bad information sources seems to *“depend on your family”* as well as things such as your comfort level, whether they know you are sexually active, or *“only if you are close.”*

The media also generated mixed reactions with regard to being the best source of information about sex. While in 18 groups, young people had positive things to say about the media, 9 groups had negative things to say about the media with comments about TV, movies, music, and the Internet. Two groups mentioned that pornography should be educational: *“everyone watches it”* - and talked about this being a missed opportunity to reach youth and provide them with accurate information to promote their sexual health.

What gets in the way of getting accurate information about sexual health?

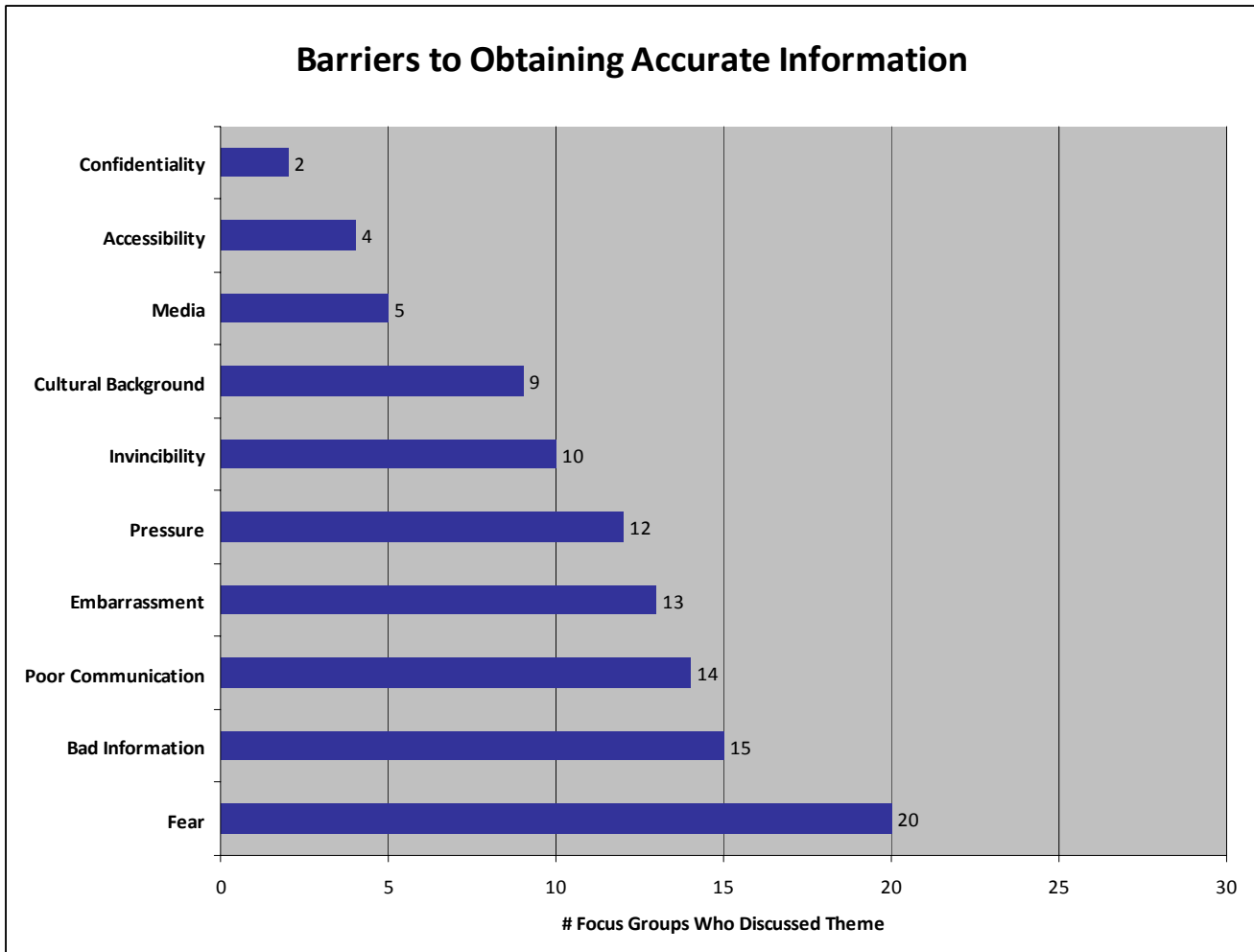
The chart below shows the barriers report by the young people with regard to getting accurate information about sexual health. One of the most significant barriers involved fear. Discussed in 20 of the 27 focus group, young people talked about being scared of what they might find out (i.e., results), as well as fear that their parents would discover things about their behavior. Some examples of fear comments include the following:

“Would rather ask mom but don’t want her to draw false conclusions.”

“Afraid that if you’re asking about it, you’re doing it”; mostly applies to adults (e.g. parents) but applies to peers, too [assumptions]

“Being scared: what if I have something? ‘I look too good to have it’”

“You might just ask a friend and be afraid a doctor or someone would tell your parents”



The theme of “bad information” occurred in 15 of the 27 groups. This included problems such as word of mouth information where people exaggerate:

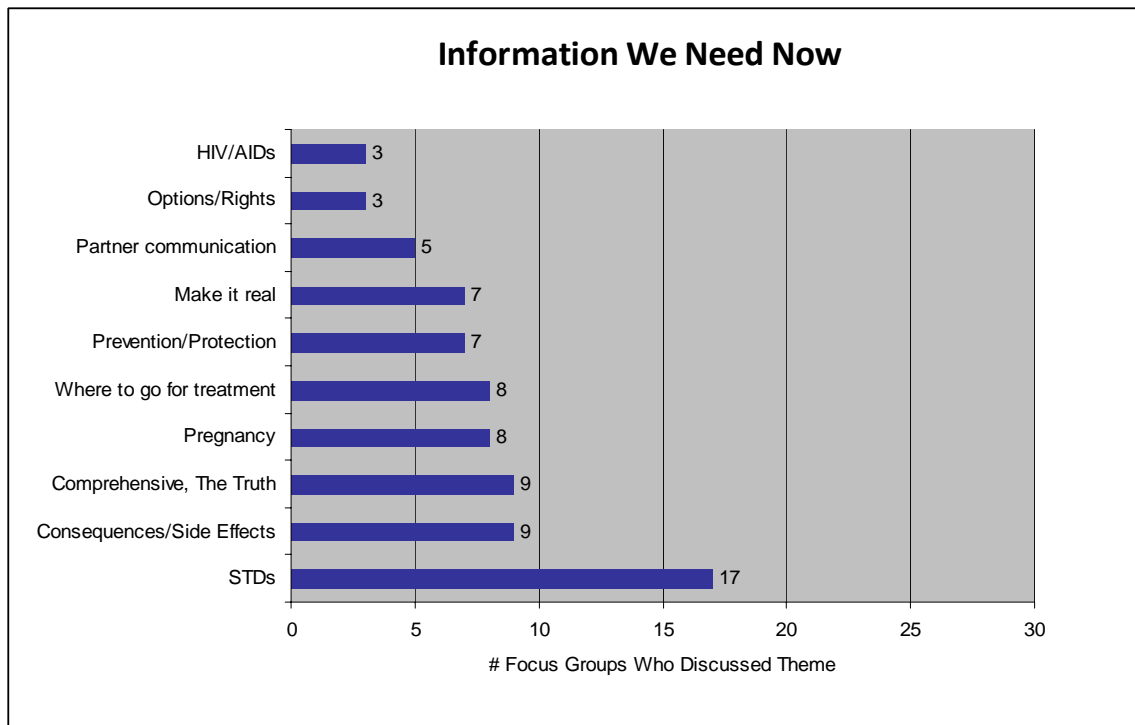
“...they tell you they have big needles, it will hurt, HIV test is not 99% accurate so why take it? You can get poked the wrong way – get bad information this way.”

But it also includes situations of receiving incomplete information, e.g., “*Know that you need a condom, but may not know how to put it on,*” as well as friends who provide wrong information and advice. In the words of one of our respondents: “*Getting very different information leads to confusion*”

Other barriers include:

- **Poor Communication** (cited in 14 groups): *“It’s an awkward topic for some people. Not everyone can open up.”*
- **Embarrassment** (cited in 13 groups): *“Being shy, being judged...don’t want everyone to know what is going on with you...not feeling comfortable asking about it...”*
- **Pressure** (cited in 12 groups): *“Peers...they go with what they think they know and it may not be accurate; they could give the wrong information.”*
- **Invincibility** (cited in 10 groups): *“It won’t happen to me...believing that you know everything”*
- **Culture/Background** (cited in 9 groups): *“Having very conservative parents...how you’re raised...if they don’t talk about sex in your household...religious and cultural beliefs”*
- **Media** (cited in 5 groups): *“Some give true facts, but a good majority of the time, it’s stories...fantasy.in the movies they always try to make it look wonderful and perfect. This isn’t the way it is...”*

What kind of information about sexual health do you and your friends need right now?



17 of the 27 focus groups cited a need for information about STDs – including signs, symptoms, causes, prevention strategies, screening and treatment options. This was far and above the most frequently mentioned type of information the youth said they needed. Participants said that they want comprehensive, truthful information that dispels myths, and tells it like it is. Listed below are some examples of “information we need now.”

“EVERYTHING! – We don’t want it sugarcoated. Sugarcoating leads to people ending up in situations where they don’t know what to do.”

“The facts: What this STD will do to you: side effects, long term side effects”

“Heard you can’t get pregnant in certain ways, i.e., hot tub, salt water...address all the myths”

“Put pictures of diseases on a big screen on TV and be specific and scare people.... What your genitals will look like if you get a disease”

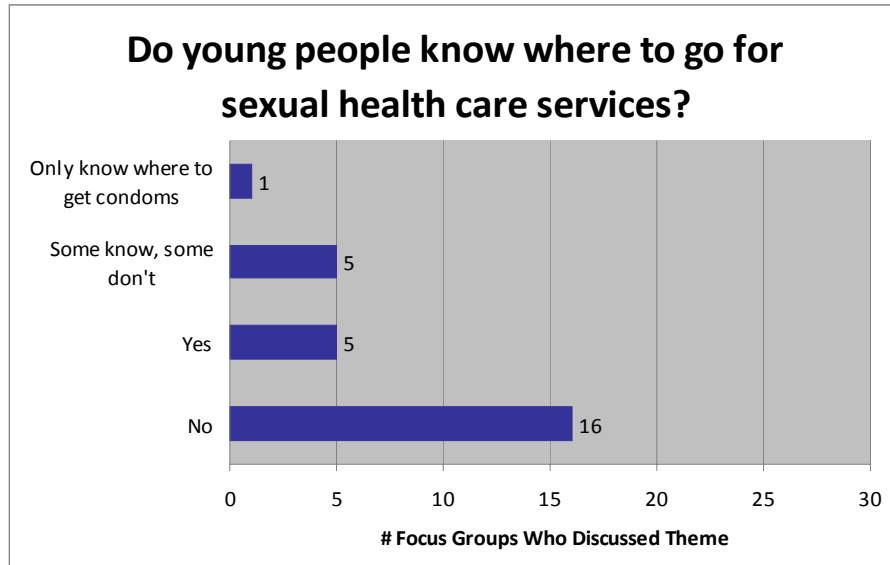
“Videos – They need to hear from people who have it and what they do to live with it, how it feels to have it”

“Know history of your [partner] before you have sex —need to know how to have that conversation”

“That they can meet with their doctor/pediatrician without their parents present.”

II. ACCESS AND SERVICES

Do young people know where to go for sexual health services?

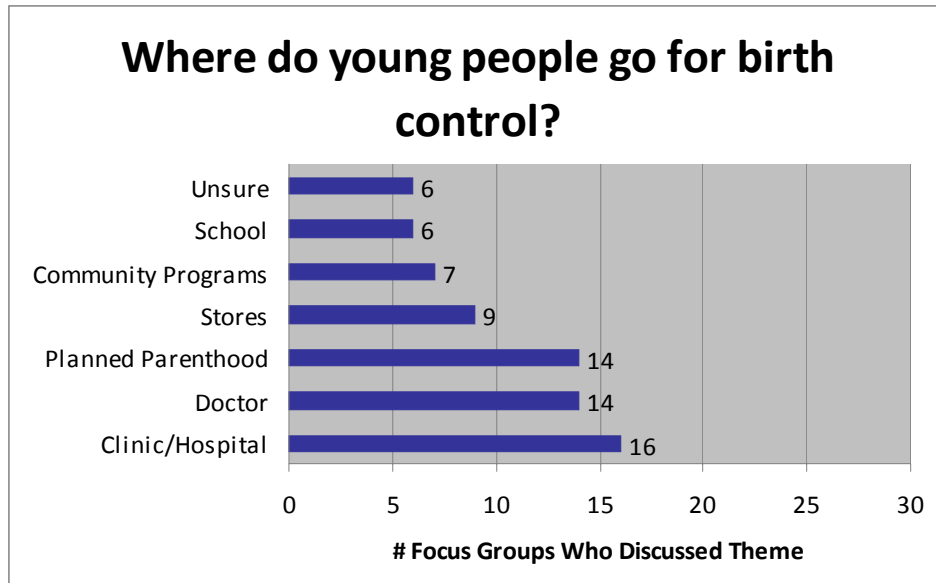


Discussions in 16 out of 27 groups suggested that youth in these focus group locations generally **did not know** where they could go for sexual health services. Five groups felt that young people in their communities knew where and how to access services; participants demonstrated this knowledge by giving specific names and/or locations of services. Five groups felt that some youth in their communities knew where to go for services, while other youth did not have adequate knowledge. One group had an extensive discussion about knowing where to get condoms, but otherwise not knowing where to go for services. Eleven groups listed specific barriers to accessing services. Youth also described specific issues faced by HIV+ young people in accessing services, and two groups discussed issues related to gender.

Three further questions explored specifics about where young people obtained birth control and contraceptive services, condoms, and STD/HIV testing and treatment.

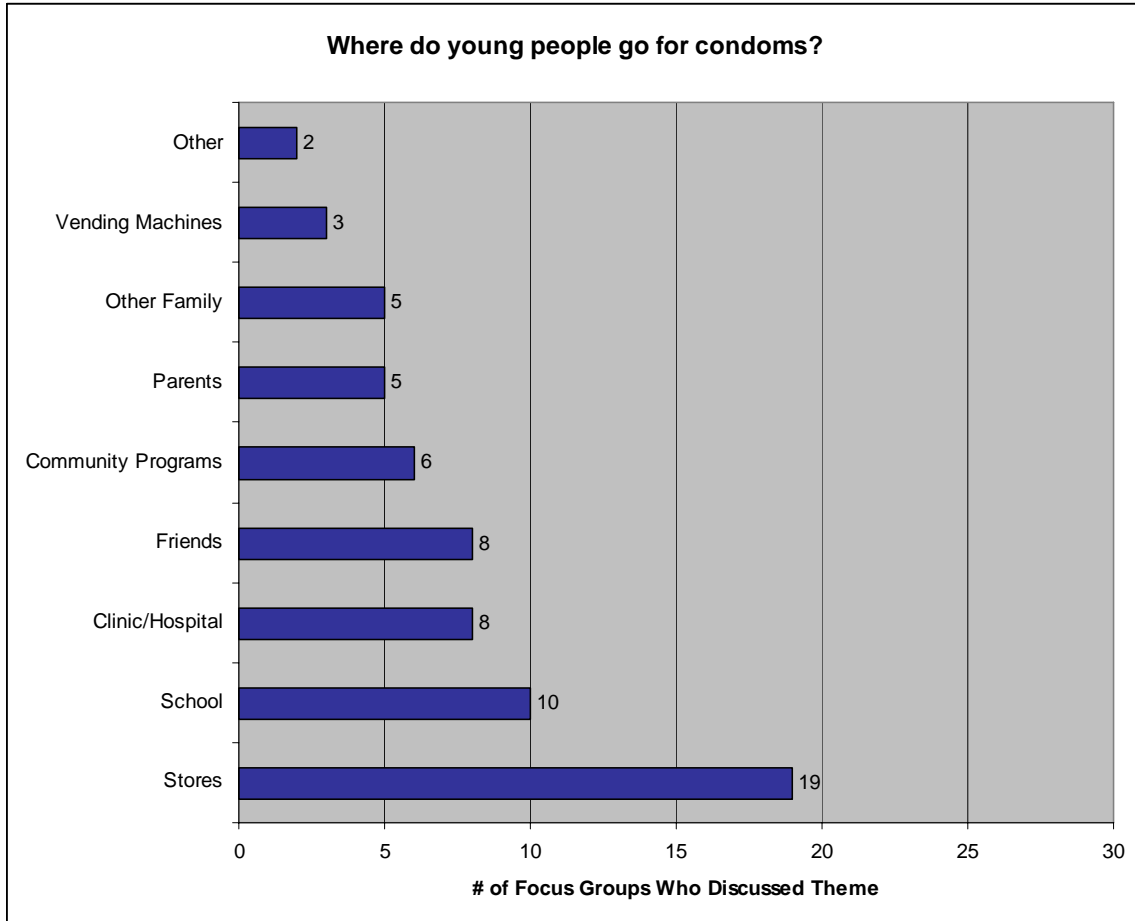
Where do young people go for birth control?

As shown in the next chart, **clinics and hospitals** were described as a source of birth control by youth in 16 groups, with 7 groups giving specific names and/or locations of these services. **Doctors** and **Planned Parenthood** were identified by 14 groups, with **stores, community programs**, and **school** noted by youth in several groups. All 7 groups discussing community programs as sources of birth control gave specific information (names and/or locations) for such programs. Youth in 6 of the 27 groups discussed being unsure about where to go for birth control.



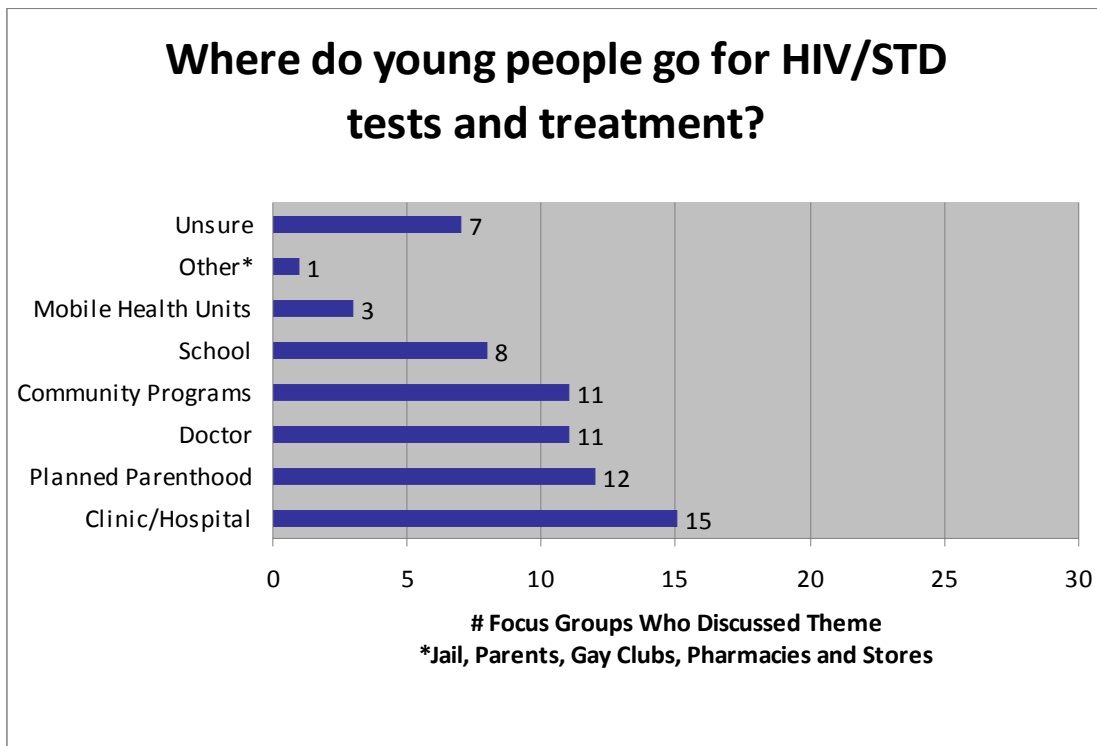
Where do young people go for condoms?

Stores were the most frequently described source of condoms (19 out of 27 groups), with **school** (10 groups) the second most frequently noted source. Service providers such as **Clinics/Hospitals** (8 groups) and **community programs** (6 groups) were also frequently mentioned. Focus groups also noted members of **personal social networks** such as **friends** (8 groups), parents (5 groups), other family members (5 groups) as significant sources of condoms. Fewer groups noted sources such as vending machines (3 groups), mobile health units (2 groups), clubs (2 groups), and peer educators (2 groups) as sources of condoms.



Where do young people go for STD/HIV testing and treatment?

Fifteen groups listed **clinics/hospitals** as places young people go for HIV/STD tests, and 8 of these groups provided specific names and/or locations for service providers. **Planned Parenthood** was described as a source of testing and treatment by 12 of the 27 groups; with 11 groups describing other **community programs** (specific names and/or locations were given for community programs by 10 of these groups). Eight groups described **school** as a source of testing and treatment, while 3 groups described **mobile health units**. It should be noted that 7 of the 27 groups discussed being **unsure** of where to go for HIV/STD testing and treatment.

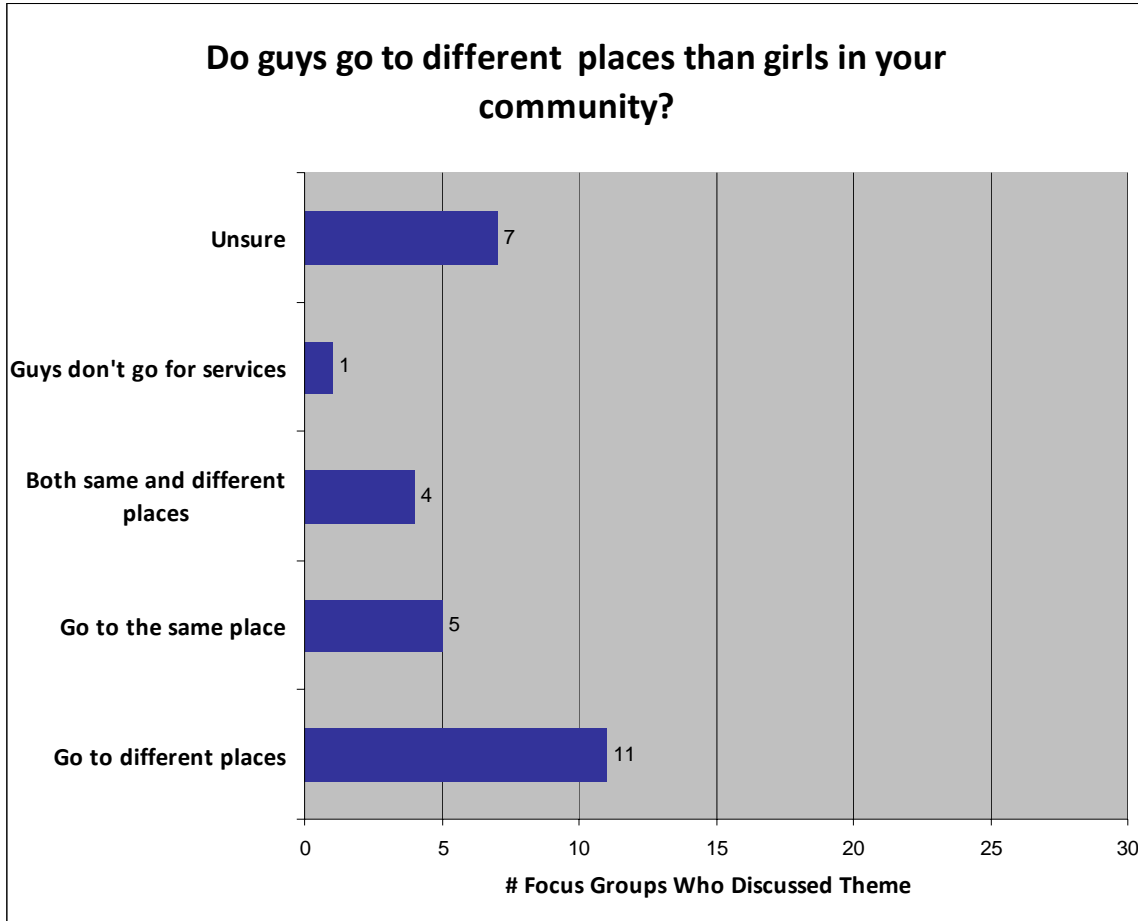


We next probed whether the participants perceived gender differences in access to services and types of services accessed by asking, “Do guys go to different places than girls in your community?”

Do guys go to different places than girls in your community?

As shown in the next chart, 11 of the focus groups described gender differences in sources of sexual health services, while 5 of the groups felt that males and females in their communities accessed services at the same locations. One group of young women felt strongly that “guys don’t go for services.” This question evoked considerable discussion about gender issues. Seven of the focus groups were unsure about differences in service access and utilization by gender. One group felt that this question was inappropriate for getting at issues faced by lesbian, gay, bisexual and transgender youth.



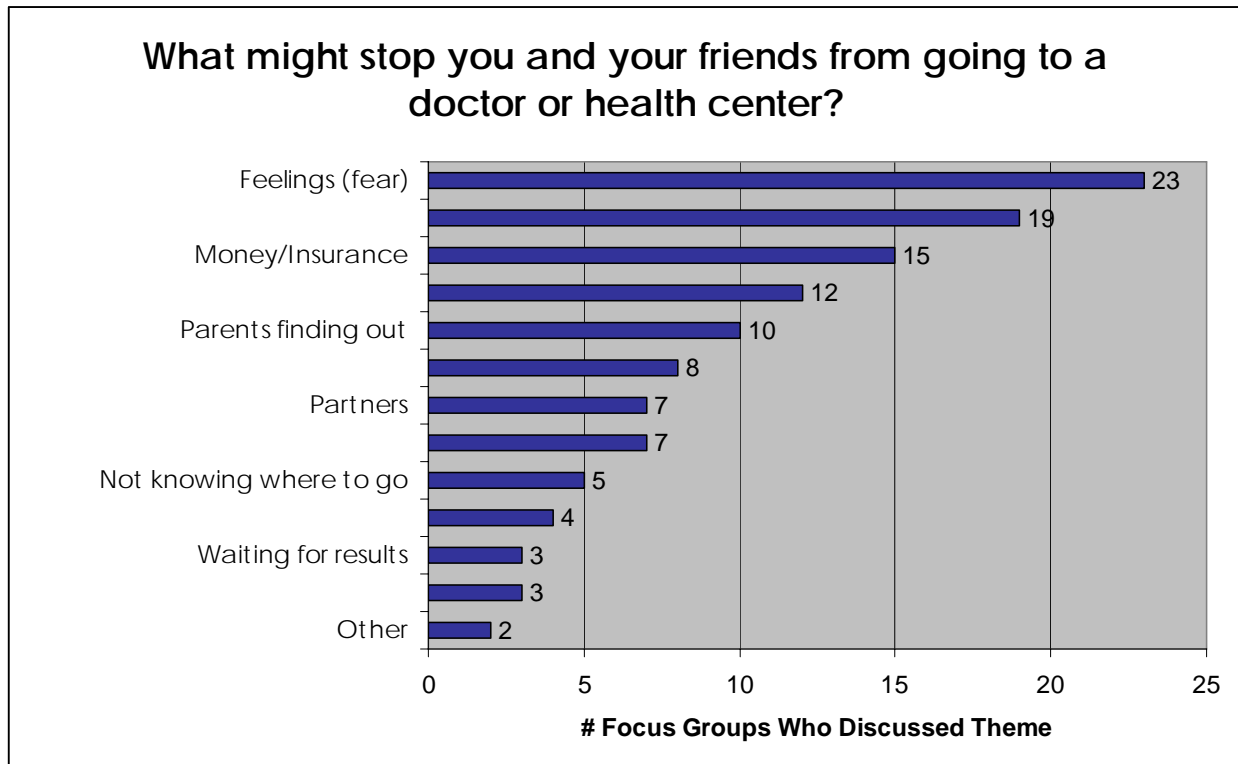


SAMPLE RESPONSES:

“Guys don’t really go to school to find out information. Guys have too much pride and they feel that they are untouchable. They don’t really feel that they will get anything because they are the ones doing the penetration.”

“Boys don’t go at all: don’t want anyone to check them out: would rather be burning or leaking than to get checked out. They say ‘That’s Gay’ to take clothes off and be seen.”

What might stop you and your friends from going to a doctor or health center?



Feelings of **fear** were cited by 23 out of 27 groups as an obstacle to obtaining sexual health care. These feelings ranged from fear of finding out the results of tests, to fear of parents finding out or thinking that youth were sexually active, to fear of other breaches of confidentiality or privacy - being “outed” or seen at a service providers. Examples of how young people talked about fear are listed below.

“Fear of test results...’If I have something, I don’t want to know.’ ”

“Fear of what to do if you find out—do I tell my parents, my partner?”

“Afraid that the doctor will tell your parents or that information will somehow get to” them

“Fear of what other are thinking (may think I am “dirty”), stereotypes and assumptions others have”

“Fear that someone will “out” you regarding your status or visit to a clinic”

“Fear of needles, getting inaccurate test results”

Privacy concerns were cited by 19 groups, and ranked as the second most prevalent reason for not obtaining services.

“Seeing someone you know “like your grandmother” or knowing someone at the clinic”

“Being seen (e.g., if testing is done at school)”

“Rumors going around”

“Confidentiality not being respected by service providers”

“Parents finding out (e.g., when clinic calls people at home or sends things by mail)”

Concerns related to **money and insurance** were described by youth in 15 groups. These concerns included both lack of money or insurance coverage and fears about parents finding out about services used because they received notices from insurance companies.

Concerns about **service providers** were cited in 12 groups. These included characteristics of providers (e.g., *“rude staff,” “not certified or licensed”*) as well as characteristics of the facility (e.g., *“dirty facilities,” “too kid-oriented, e.g., childish decorations”*). Other sample responses include:

Lack of services – too few, too far away

Being judged by the service providers

Location is too public: “people see you coming and going”

If not youth friendly, “you don’t want to stay”

Although the question was about “what might stop you” about 20% of the comments recorded spoke positively about confidentiality practices by service providers.

Parents finding out was cited as an obstacle in 10 groups, as illustrated in the following quotes:

“Worried that medical providers would tell parents”

“I will get kicked out if I have sex.”

“Don’t want parents to know... ‘I would be dead.’ ”

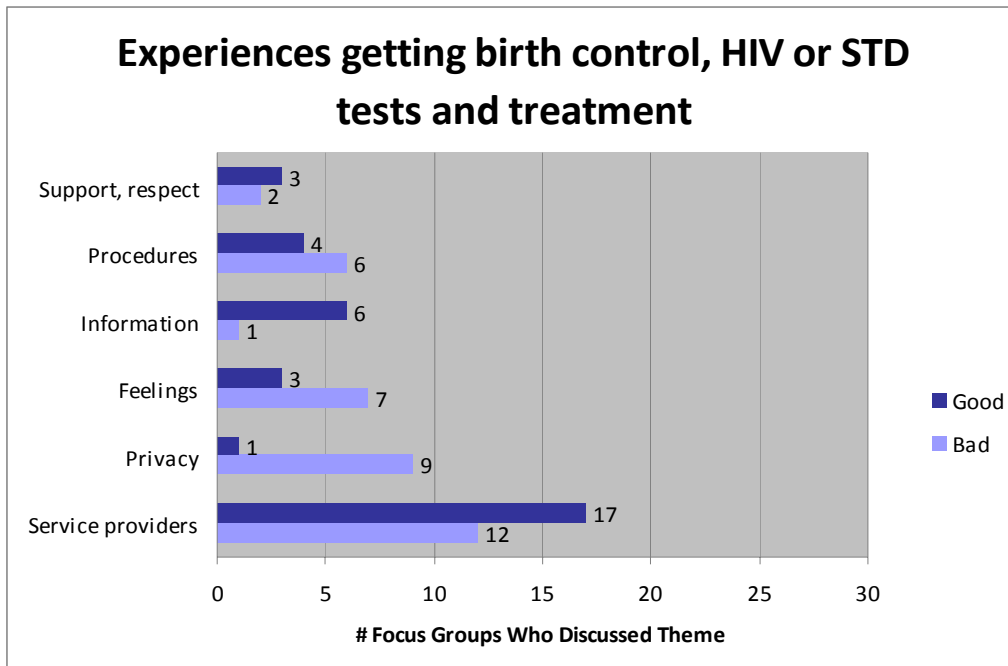
“Can’t ask parents for money... ‘That’s why a lot of people run away.’ ”

Stigma (having peers or providers make assumptions about youth who access services or about their families) was cited as an issue by 8 groups.

Partner attitudes were described in 7 groups. Youth in 7 groups noted **denial** as a reason youth do not access services. Five groups noted **not knowing where to go** as a primary obstacle, while four groups discussed **transportation** issues. The difficulties of **waiting for test results** were discussed in 3 groups. Three groups noted **gender** issues as obstacles to going for services, with smaller numbers of groups noting **lack of incentives, peer pressure, being high on drugs, or being lazy** as things that stopped youth from getting services

What has your experience been when getting birth control, HIV or STD tests and treatment?

We then asked the youth to comment on their experiences with getting sexual health care services, with probes that asked youth about both positive and negative experiences.



Somewhat more groups described positive experiences with service providers than negative experiences (17 in comparison to 12). Six groups described positive experiences getting information, in contrast to one group that discussed negative experiences, and 3 groups discussed positive experiences around being supported and respected while obtaining services while 2 groups discussed lack of support and respect.

In contrast, 9 groups discussed negative experiences regarding privacy issues, while only one group described positive experiences. Seven groups discussed negative feelings, while 3 groups described positive feelings. Six groups discussed bad experiences with

specific procedures, while 4 groups described good experiences with specific procedures. Listed below are examples of what youth disliked about getting services.

“Being sent out of the room scared me.”

“Testing is so nerve-wracking; scary, waiting for yes/no.”

“Clinic was kind to the girl but treated the boyfriend as if it were his fault.”

“I don’t like seeing different doctors at each visit.”

What might make it easier to get services?

Our next questions sought comments on what changes might make it easier for youth to access services in their communities. Responses included specific ideas regarding **actions service providers could take** to improve access, as well as ideas regarding **increasing the visibility** of services such as more advertising. Twenty groups discussed changes in service provider practices including:

“Extended hours (24 hour emergency access)”

“Integrate sexual health care into physicals.”

“More local services especially in rural areas”

“One-stop center for services”

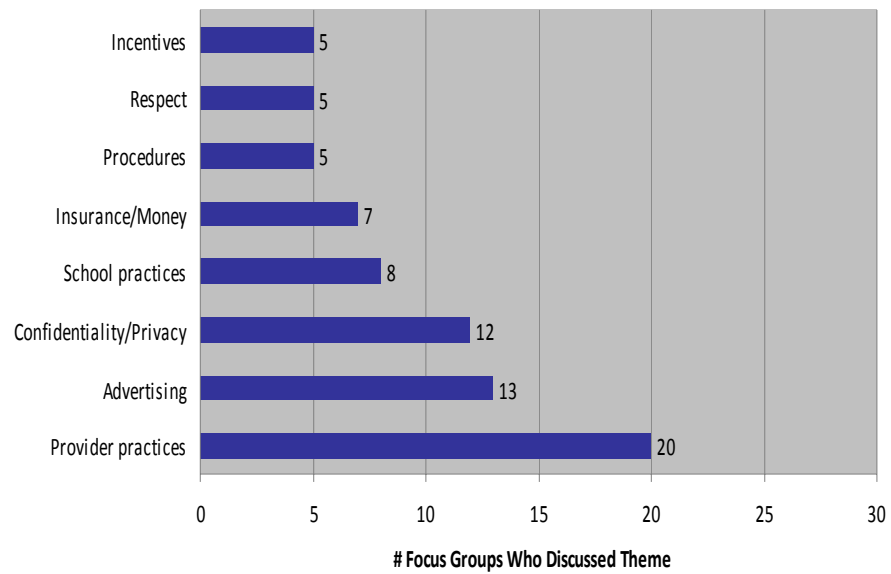
13 groups discussed different advertising strategies. Nearly as many groups (12) discussed added protections for and assurances of **privacy**. Eight groups suggested changes involving **schools** (e.g., offer “school based services”). 7 groups discussed issues related to **insurance and money**, suggesting that services should be “*free or low cost*” to “*Ensure parents don’t have to pay for it.*”

Five groups discussed changes in specific **procedures and protocols**. Five groups discussed the role that **incentives** could play in promoting utilization of services by youth. Five groups discussed the importance of **showing respect to youth** obtaining services.

“Ensure privacy, show respect, welcome us”

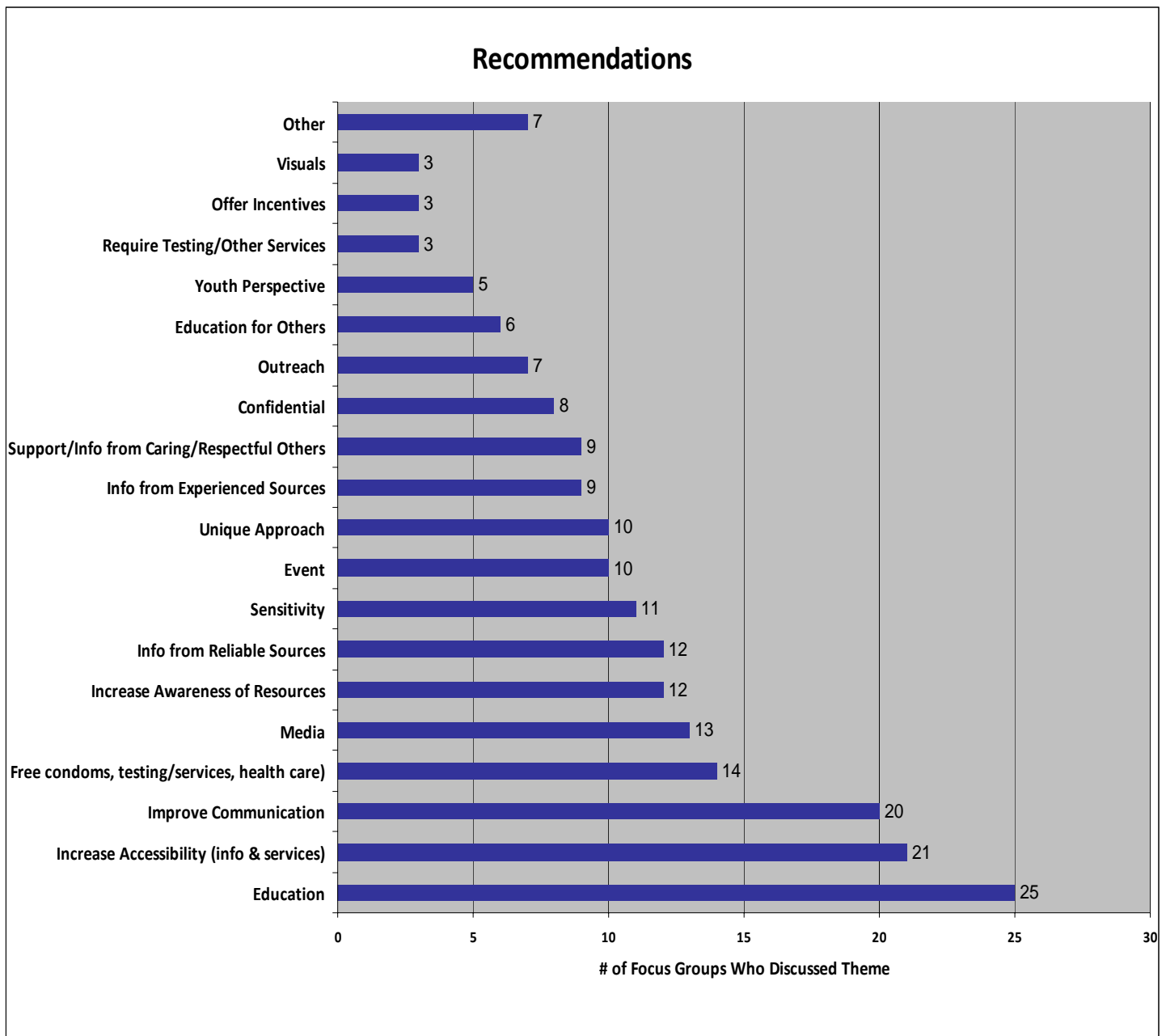
“Support and encourage us: “Don’t make me feel bad for wanting a test” or for wanting information.”

What might make it easier to get services? Changes in:



III. YOUTH RECOMMENDATIONS FOR PROMOTING SEXUAL HEALTH

When asked what recommendations focus group participants have to improve adolescent sexual health information and care, responses were as varied as the focus groups themselves. These questions initiated many rich conversations, often yielding several different and valuable suggestions from a single comment. As illustrated in the chart below, nearly 20 distinct themes emerged from the focus group discussions around these questions.



Offer more extensive sexual health education

Even with such variation in recommendations, some strong trends did emerge. Nearly all focus groups (25 of 27) mentioned the need for more extensive sexual health **education**, and many saw schools as being the most logical vehicle for this. Examples for how to do this include:

- Increasing the amount of sex education in the school (“*We should have health class every year – more in-depth info as you progress freshman to senior years*”);
- Providing sex education at earlier ages (“*More groups in schools – it’s something you need to learn, school is a place to learn – start in elementary school – health class should be longer than 1 semester – sex was only 1 small section of the class*”);
- Making sex education a requirement for high school graduation (“*Should be education requirements for high school graduations and anyone who works with young people*”);
- Teaching alternatives to sex (“*Know you don’t have to have sex. You can hug and kiss to be intimate – you don’t need sex to be intimate. People think if you’re in a relationship you have to have sex.*”); and
- Utilizing peer educators (“*Have young people come over and show them different methods --- use young people as the educators*”).

Increase access to sexual health information and services

Increasing access to sexual health information and services also surfaced as a strong theme during the focus groups, with 21 of 27 groups raising these issues. Generally **increasing access to services** arose frequently as a subcategory within this theme. This includes recommendations such as putting more health centers in rural areas to minimize travel for those needing care or services; and integrating sexual health care services into already existing – and frequented – community centers or organizations. Related to generally increasing access to services, **providing services in school** is another main subcategory of responses within this theme:

- “*Every public school region should have a health center (in or out of school) [within a certain distance from the school, within a certain # of miles]*”
- “*Having [clinic] in nurses’ office—including birth control—I’d feel comfortable with her, she’d keep it confidential, friends wouldn’t know why [you went to the nurse’s office]*”
- “*The best way is at school because a lot of people go to school. There should be a health center in school.*”

Make resources more visible in the community

Though increasing access to services was an important facet of this theme, participants also acknowledged the need to make resources **more visible** in the community. Many

participants knew services were available in their community, but could not name specific organizations, clinics, or other providers. Related to this, several focus groups raised the need to *“put the information where we are”*:

- *“Have events (ex: basketball, BBQ, parties). Introduce sex ed during half time at games. Short brief messages. Maybe make a video to show during parties or the games. Have bowls of condoms at parties and other sexual health info. Make it fun to learn about AIDS. Have AIDS fortune cookies --- bite into it to get the FACTS. Have pamphlets on the table.”*

Improve Communication

The recommendation to **improve communication** emerged in 20 of 27 focus groups. A main subcategory of this theme was helping parents talk with their children about sex:

- *“Offer a course for parents to help them talk with their kids”*
- *“My child is too good to do that.” “Parents need to suck it up and realize they are doing it. Don’t be scared to talk about it – tell them about the birds and the bees early, everybody’s going to have sex [at some point]”*
- *“Parents shouldn’t assume kids are having sex if they ask questions”*
- *One girl’s mother told her that she would get pregnant if you kiss a boy and the girl was torn up. “Parent should be more open and honest even if it is awkward. There should be a parent workshop or send letters to the parents to tell them how to tell your children about sex education.”*

Within this recommendation category, the youth voiced recommendations to hold **discussion groups**, similar to the focus groups themselves. The implication was that these discussions were a safe place to discuss adolescent sexual health broadly, including where information and other resources such as testing and treatment services were available. Participants recommended adapting a similar format for future discussions:

- *“Start a group in school. Now they talk about it in health class but don’t do anything about it in school. They need to ask girls more, have more personal discussions, help them see future possibilities.”*
- *“Groups like this talking together”*
- *“Have more seminars like this -- -WOW – Adults are here! Have more people who are willing to listen to us: we are not being heard!”*

Some participants discussed the need to teach communication skills to their relationship partners. This included how to discuss past sexual experiences – including diagnosis and treatment of sexually transmitted diseases, the need to use a condom, how to talk about alternatives to sex or slow down the physicality of the relationship.

Other recommendations consistently emerged in just over half of the focus groups. These included:

- Providing **free condoms, testing/services, and health care**;
- Focusing on the **media**, such as through launching a media campaign, instituting greater media controls, or developing a reliable and accessible Internet website “that teaches everything”
- Increasing **awareness of resources**, such as by better advertising existing services; and
- Developing a mechanism for information to be transmitted by clearly **reliable sources**, such as from medical professionals, speakers who easily connect with youth, and/or the Department of Health.

As is depicted in the chart above, other themes surfaced from the focus group discussions around recommendations, though less frequently. These themes spanned from ideas such as holding **events** during which information or testing is provided to **offering incentives** for youth to be tested for sexually transmitted diseases or even **requiring** this testing. Other ideas generated include things like ensuring educational materials and services are **sensitive** to the groups they are attempting to reach, such as young women, HIV positive youth, or generally respecting the **perspective of youth**. Other groups recommended that information come from individuals with **personal experience**, such as those living with a sexually transmitted disease or those who became parents as teenagers. Still other groups expressed the desire to have sexual health information and support come to them from **caring adults** in their lives, such as adult mentors, parents, or other relatives. This links to another recommendation, to **educate others** such as parents and community elders about adolescent sexual health, so that they may serve as better conduits of this information and to ease some of the discomfort that can accompany these discussions.

The breadth of recommendations generated during these focus groups reflect not only the diversity of voices heard in the data collection process but also the creativity of youth across New York State in generating new or improved avenues for enhancing adolescent sexual health.

LIMITATIONS AND OUR NEXT STEPS

We have provided an overview of the focus group findings, aggregated across sites and sub-populations. These are preliminary analyses and represent a first step in what will be a series of subsequent analyses – which will integrate the demographic data from the self-administered surveys with the focus group data. Through this approach, we hope to identify and examine differences among subpopulations of the sample and shed light on health challenges facing young people in NYS. We hope to obtain a greater understanding of the factors underlying racial/ethnic and socio-economic disparities in adolescent pregnancy and HIV/STD rates. Next steps will include gathering additional stakeholders’ interpretations of the data, and conducting another series of focus groups with parents/guardians in May-June 2009. These data will be used to inform DOH planning for future adolescent sexual health policies, programs, and initiatives.

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Teens Against Violence (Corcoran High School, Syracuse)

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