WHITMAN-WALKER Institute

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BEFORE THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF THE ASSISTANT SECRETARY, OFFICE OF POPULATION AFFAIRS

Proposed Information Collection Activity;) 86 FR at 49037
Components of REAL Essential Curriculum;) Docket ID OS-0990-New-30D

Submitted via online portal www.reginfo.gov/public/do/PRAMain.

COMMENTS OF WHITMAN-WALKER HEALTH

Whitman-Walker Health and Whitman-Walker Institute (collectively referred to hereinafter as Whitman-Walker or WW) appreciate the opportunity to comment on the Office for Population Affairs (OPA) proposed information collection activity "Components Study of REAL Essential Curriculum", 86 Fed. Reg. 49037 (09/1/2021). We are supportive of the information collection and applaud the instruments that use language that is inclusive of sexual and gender diverse (SGD) youth. We have recommendations to improve the accuracy of the instruments.

EXPERTISE AND INTEREST OF WHITMAN-WALKER HEALTH

Whitman-Walker Health is a Federally Qualified Health Center serving greater Washington, DC's diverse urban community, including individuals who face barriers to accessing care, and with a special expertise in HIV care and serving lesbian, gay, bisexual, transgender and questioning/queer (LGBTQ) populations. In our mission we empower all persons to live healthy, love openly, and achieve equality and inclusion. In 2019, our health center's more than 300 highly educated and experienced staff provided high quality, affirming health care across five sites to more than 21,000 individuals.

WWH services include primary medical care, HIV and LGBTQ specialty care, oral health, mental health care, addictions treatment services, psychosocial support, medical nutrition therapy, early intervention services, public benefits and insurance navigation, nurse-focused case management, HIV and STI screening, legal services, youth programs, and an onsite pharmacy. The health center has achieved Level 3 Patient Centered Medical Home accreditation with the National Committee for Quality Assurance.

In 2019, Whitman-Walker Health served 25% of the District of Columbia's reported HIV-positive population, many of them low-income or members of otherwise underserved communities. Our patient populations include African Americans; Hispanic individuals; gay and bisexual men; substance users; low-income and homeless individuals; and transgender persons. We have extensive experience in testing and treating STIs. In 2019, our HIV testing program diagnosed 36% of the new cases of HIV reported in the District. We also diagnosed approximately 10% of the new HCV cases in DC; 52% of the new cases of primary and secondary syphilis; 18% of the new cases of gonorrhea; and 10% of the new cases of chlamydia.

Whitman-Walker Health's research, policy, and education activities occur in the Whitman-Walker Institute (the Institute). Whitman-Walker Institute conducts research, advocates for just and inclusive policies, and engages in clinical and community education to advance the health and wellness of communities of LGBTQ people and people living with HIV. Institute researchers, educators and policy advocates work closely with the over 200 Whitman-Walker Health providers to enhance the impact of their healthcare delivery and to ensure that direct health care, research, education, and public policy mutually reinforce each other. The Institute's large and growing Research Department currently has more than 2,500 participants in 40+ active studies. Recent research projects include collaborations with several other large LGBTQ-focused health centers to identify and address the health needs of marginalized communities.

Whitman-Walker's Youth Services Program offers a wide range of education, prevention, testing and care management services to young people and their families, with an emphasis on sexual and reproductive health and wellness. The Youth Services Prevention team provides sex education programming to youth throughout the community and is an essential source of connection and building of knowledge and skills for many young people across the city. We also provide mental health services to LGBTQ youth who have been victims of crimes, as well as long-term care navigation for LGBTQ HIV-positive youth. Between 2004 and 2015, WWH Youth Services worked with District of Columbia Public Schools (DCPS) on evidence-based health curricula and out-of-school time sexual health programming for students in grades 5-12. WWH also trained all DCPS middle and high school health teachers on issues relating to bullying, LGBTQ sensitivity and how to be creative while teaching sexual health education.

Finally, WWH implemented a co-teaching model with approximately 25 DCPS health educators to assist them in delivering sexual health education.

Making Proud Choices (MPC) is our CDC-approved, evidence-based curriculum geared toward middle school students. MPC provides a series of fun and interactive learning experiences regarding making healthy decisions around HIV/AIDS, teen pregnancy and drug prevention. Becoming A Responsible Teen (BART) is our high school curriculum that provides students an opportunity to explore HIV/AIDS, STIs, drugs and teen pregnancy in an engaging manner. BART allows teens to speak about personal situations in a safe, fun environment. Visionary Youth Becoming Empowered (VYBE), our afterschool program, is our flagship program that blends material from MPC/BART with life skills and fun, interactive discussions and field trips.

Our interest in ensuring that the new health standards are inclusive of the needs of all students, including sexual and gender minority youth, is grounded in this extensive experience working with LGBTQ youth daily in many capacities. It is clear that LGBTQ people suffer from a wide range of health challenges and disparities – as highlighted, for instance, in the U.S. Department of Health and Human Service's *Healthy People 2030* and the National Academies of Science, Engineering, and Medicine 2020 report, "*Understanding the Status and Well-Being of Sexual and Gender Diverse Populations.*" Inclusive health education programming in the schools is an essential component in reducing health disparities among LGBTQ individuals and communities, while also addressing the problem that many LGBTQ youth do not see themselves reflected in their health education classes, many clinical settings, and public health initiatives.

Insights from Focus Groups with LGBTQ Youth and Young Adults

As a component of a two-year research project into LGBTQ Youth Health and Wellness funded by the Washington AIDS Partnership, WWH conducted five focus groups with a total of 43 LGBTQ youth and young adults, ages 16-24 between September and November 2015. The purpose of these focus groups was to learn about the experiences and viewpoints of a diverse range of DC-area LGBTQ youth and young adults on what "wellness" means to them; and their needs for health-related services and education, and the barriers and opportunities they perceive to living healthy lives.

An overarching theme that arose within the focus groups was the experience of participants being left to their own devices to learn about the sexual behavior in which they were engaged – or would someday engage. Participants overwhelmingly shared that the health education received in school was not inclusive of or relevant to their experiences as LGBTQ youth. They indicated a desire and need for comprehensive sex education that provides concrete and useful information about the full range of sexual behavior, including that among same sex partners, and about gender identity. They expressed a need for educators who are not afraid to explain "how things work" when teaching about sex and were comfortable and knowledgeable talking about gender identity.

If young people do not seem themselves represented in the survey data collection efforts, it risks disengaging them from data collection efforts and further leaves their needs out of efforts to develop effective and responsive sexual health education – putting them at further risk. In turn, failure to include information that is relevant to sexual and gender minority youth within sexual health education efforts pushes them to other sources of potentially incorrect information. Youth are likely to learn about sexual practices online from venues that do not prioritize sexual health and development and often create or exacerbate risks. For example, one participant described how young people who engage in anal sex without adequate information about lubricant are at risk of internal tearing and bleeding, which can diminish their sexual experience and increase their risk of contracting HIV and other sexually transmitted infections. Focus group participants also shared that in the absence of relevant sexual health education, youth often learn about queer sex from pornography – and they recognized that pornography as the educator was problematic for many reasons.

Our findings make clear that health education that incorporates the full range of sexual behavior and sexual and gender identities is essential to fostering the physical and mental health of LGBTQ students – and to promoting an understanding of and respect for diversity in all students.

Failing to teach LGBTQ young people about the full range of sexual behavior and gender identities contributes to the social bias toward sexual and gender minorities as "less than" and "other", and sends the message to LGBTQ youth that they are not worthy of being fully acknowledged. In thinking beyond a risk-based strategy, youth expressed a need for a more expansive approach to teaching about sex, which addresses consent, communication, and healthy

relationships. This is a clear call for health education that presents a positive and healthy perspective on sex, while providing the knowledge and skills to identify risks, make sound decisions, and navigate relationships in a healthy way.

Comments on the Survey Instruments

We are pleased that the Youth Outcome Survey instrument uses the gender-neutral term "partner" to ask questions about romantic relationships in question D2. Using this language demonstrates to sexual and gender diverse youth that they are among the intended audiences for this information.

We are concerned that question E3's references to HIV/AIDS are inaccurate and therefore are inappropriate and stigmatizing. AIDS is not a transmissible disease. To be more accurate the survey should only say "HIV" not "HIV/AIDS." Additionally, item f in question E3 reads, "You can get an STD or HIV/AIDS from having oral sex." As phrased, this is a compound question that can lead to confusion and is potentially misleading. Absent open lesions on the genitals and the mouth, HIV is not considered transmissible through oral sex. However, gonorrhea and chlamydia are readily transmissible via oral sex. To ensure that the evaluation is accurately assessing student respondent's knowledge, we recommend bifurcating this item to ask separately about HIV, or remove HIV from this item entirely.

CONCLUSION

Whitman-Walker's expertise and experience delivering behavioral health and healthcare services to youths and young adults, and our research in health prevention and education efforts and healthcare delivery indicates that inclusive, comprehensive health education programming is an essential component in reducing LGBTQ health disparities. Inclusive education and healthcare delivery messaging can address the invisibility that many LGBTQ youth experience in their health education classes, many clinical settings, and public health initiatives. Our experience with patients and research findings make clear that health education that incorporates the full range of sexual behavior and sexual and gender identities is essential to fostering the physical and mental health of LGBTQ students – and to promoting an understanding of and respect for diversity in all students.

Respectfully submitted,

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October 1, 2021