

NASTAD TA REPORT

a publication of the National Alliance of State and Territorial AIDS Directors

Youth Involvement in the Community Planning Process: A Special Focus on Youth of Color

July 2001

**National Alliance of State and Territorial AIDS Directors
444 North Capitol Street, NW, Suite 339
Washington, DC 20001
(202) 434-8090 - Phone
(202) 434-8092 - Fax
nastad@nastad.org - Email
www.nastad.org**

**Julie M. Scofield, Executive Director
Mark Loveless, Chair**

**Youth Involvement in the Community Planning Process:
A Special Focus on Youth of Color
Profiles from Six Jurisdictions**

TABLE OF CONTENTS

Introduction.....	1
The Epidemic.....	1
HIV Prevention Community Planning	1
Youth of Color Representation on Community Planning Groups- Key Issues and Methodology.....	2
Profiles.....	4
Alabama.....	4
Illinois.....	7
Minnesota.....	11
Hawaii.....	13
New Jersey	15
Virginia	16
Conclusion	18

Youth Involvement in the Community Planning Process: A Special Focus on Youth of Color Profiles from Six Jurisdictions July 2001

INTRODUCTION

The Epidemic

According to the White House Office of National AIDS Policy (ONAP) Report, *Youth and HIV/AIDS 2000: A New American Agenda*, half of all new HIV infections are thought to occur in young people under the age of 25. According to the Centers for Disease Control and Prevention (CDC), there have been a total of 128,727 reported cases of AIDS in young adults in their twenties since 1981. The delay between HIV infection and the onset of AIDS suggests that most of these young people were infected as teenagers.

Young women of color account for 78% of the AIDS cases among young women. African Americans and Hispanics each make up about 15% of U.S. teenagers. However, African Americans account for 49% of the 3,725 AIDS cases among 13 to 19 year olds, and 67% of the 4,796 HIV infections reported to date in this age group. Hispanics represent 20% of AIDS cases among teens. According to CDC's *HIV Prevention Strategic Plan Through 2005*, Asian and Pacific Islanders and Native Americans and Alaska Natives represent a small number of new infections nationally, but the rates of AIDS cases for those populations demonstrate that HIV/AIDS has made inroads. Yet data about youth within these populations is sparse.

HIV Prevention Community Planning

HIV Prevention community planning enables state and local health departments to engage communities affected by HIV/AIDS and those with appropriate scientific and public health expertise in a process to develop prevention priorities. Each of the sixty-five state, territorial and local health departments funded by the Centers for Disease Control and Prevention (CDC) for HIV prevention activities have been required since 1994 to conduct community planning. The purpose of community planning is to ensure that culturally appropriate programs based on sound science and public health practice are targeted to communities most at risk for HIV infection. Key to this is ensuring the representation and participation on an equal footing (parity) by those at risk as well as those with needed scientific expertise. Community planning is a critical component of a comprehensive prevention program in each jurisdiction.

Community planning groups (CPGs) have used one or more of the following five mechanisms to promote the principles of parity, inclusion, and representation for youth:

1. Full voting membership
2. Youth advisory groups

3. Academic class (A school dedicates an actual class to community planning. Students in the class take turns attending the CPG meetings as full voting members.)
4. Plugging into a pre-existing or established group of youth
5. No youth (There are no youth involved, however, youth advocates serve to represent the voice of youth.)

The ONAP report recommends widely available, coordinated, and user-friendly community-based HIV prevention services for young people. In addition, the report states that community-planning groups should take additional steps to recruit and retain young people. Not only does the epidemiological data show that the disease disproportionately affects youth, but participation by young people also gives the community planning group insight into the best prevention practices for youth. Many times, youth involvement in community planning is an intervention in itself. Youth participants learn about the impact of the disease, especially during reviews of a jurisdiction's epidemiological profile. Community planning not only educates youth about the impact of HIV but also stresses the importance of prevention, impacting their attitudes and beliefs and promoting behavior change. These youth leaders involved in community planning often then diffuse these attitudes and beliefs to their peers.

Since youth do not attend meetings to advocate for funding for any particular agency, they are truly there to represent the needs of youth. Minnesota's current community co-chair is twenty-two years old. She says,

"I have been involved with HIV/AIDS since I was 11 years old and this was a new way I could contribute my talents, dreams, insight, passion, and ideas. It was really important for me, because I represented a population that rarely has a voice, and now I could provide it. I also did not represent an organization or an agency. I was there on my own behalf-on the behalf of youth everywhere."

In addition, many youth who have attended HIV prevention conferences say they feel it is important for youth to be involved in community planning, because "youth know what they need."

Youth of Color Representation on Community Planning Groups - Key Issues and Methodology

The ONAP report recommends that the "Federal government should ensure that adequate resources are targeted to youth-focused HIV prevention, particularly prevention that targets youth at highest risk for HIV infection." Specifically, the report suggests "All Federal funding for HIV prevention among young people should more equitably address the needs of youth at highest risk for HIV infection. They include youth of color, homeless and runaway youth, youth in other high-risk circumstances, youth who engage in substance abuse, and sexual minority youth." Involving youth of color in community planning is one way to ensure an equitable distribution of HIV prevention funds to address the epidemic among their peers.

This NASTAD *Technical Assistance (TA) Report* highlights several states and their strategies to include youth of color in their HIV prevention community planning group process. NASTAD developed this *TA Report* through a series of on-site interviews and focus groups,¹ telephone interviews, and email correspondence. A standard set of questions was used. The models presented in this *TA Report* are not intended to be exhaustive or comprehensive by any means, but simply examples of various practices for others to learn from. However, each jurisdiction needs to decide what would work best to involve youth because what is effective in one jurisdiction may not be effective in another.

Since cultures and regions in the United States are very diverse, approaches for recruitment and retention of youth of color must be flexible and wide-ranging. Strategies presented in this document are diverse and detail a number of mechanisms for involving youth of color in community planning. These mechanisms have fostered meaningful involvement for youth of color in community planning with some very successful outcomes. For example, Alabama's youth took ownership of recruiting youth of color into their community planning group. In another example, one-half of Minnesota's Youth Advisory Group membership has always been youth of color, even though the state's population is predominantly white. The youth NASTAD interviewed reported that they felt included in the community planning group in a meaningful way. However, some jurisdictions involve youth who simply happen to be of color. By virtue of an already diverse CPG, youth recruited to participate are often youth of color.

For most jurisdictions, recruitment and retention of youth in the community planning group is already a challenge. Many youth participants are older and at the cusp of the limit of what is considered a "youth," or plan to move on to attend college or engage in work that does not permit them to attend CPG meetings. Yet while involving youth in community planning in general is difficult, ensuring youth of color representation is an even greater challenge.

In profiling the jurisdictions in this *TA Report*, NASTAD found that many CPGs strive for equal representation for all communities of color. However, both adult and youth members in various jurisdictions feel uncomfortable recruiting a youth simply because of their ethnic background. In addition, some jurisdictions have a category for young men who have sex with men (MSM) of color. CPGs feel equally uncomfortable outing youth and identifying them as MSM simply to "fill a box in the grid" for the demographics of their CPG. Finally, in all jurisdictions profiled, youth and adults alike stated that the issue of involving youth of color is largely an issue of youth culture versus adult culture rather than differences in ethnic culture.

¹ Permission was granted to tape record conversations and to use direct quotes from interviewees.

PROFILES

Alabama's Focus Group Course - Trust is the Key

When students enrolled in Jacksonville High School's Focus Group class were asked what they would like adults to know about youth involvement in HIV prevention, sixteen year old Julia Stanton replied, "I would like for them to know that [adults] can trust us to help with our world." Trust has really become a key to Alabama's successful involvement of youth in community planning. Not only does the state of Alabama involve youth in community planning in a new and innovative way, but youth participants also took ownership of the task to recruit youth of color.

Jacksonville High School offers its students an elective course entitled Focus Group. Although this is the first year the course has been offered, the collaboration with Jacksonville High School and the community planning group (CPG) is in its third year. The program has become a huge success through the trust and cooperation of public health officials, school faculty and administration, and enthusiastic students of Jacksonville High, located in Calhoun County, Alabama.

The project began when Tom Robertson, an HIV Education Coordinator in Alabama, noticed that there were no youth involved in his community-planning group. With the help of Sue Jones, a health educator and one of the master teachers at Jacksonville High School, three students were chosen to serve on the community planning group. Initially, Ms. Jones had selected students to participate in the community planning group whom she thought could afford to miss school to participate. Students were excused from other elective courses about once a month to participate in the CPG meeting. The following year, sixteen students approached Ms. Jones to participate in HIV prevention efforts in their school and their CPG. Because of the overwhelming response of the students, Sue Jones decided to open up participation to anyone who showed an interest. The students rotated turns to attend community planning group meetings. Ms. Jones retired from teaching at the end of the previous school year, and now is a member of the school board. An English/Journalism teacher at the school, Mary Oliver, has taken on the Focus Group class, and Ms. Jones will serve as a voluntary consultant. Twenty-three students participated during the 1999-2000 school year.

Epi Facts: As of May 25, 2001, a cumulative total of 399 AIDS cases in Alabama have been reported in people ages 13-24. However, a total of 2545 AIDS cases, almost 40% of Alabama's cases, have been reported in people ages 25-34. The years it takes for HIV to develop into AIDS indicates that these people were probably infected as teenagers. In fact, 21.4% of Alabama's cumulative HIV cases reported since 1982 are in young people ages 13-24 years of age. In addition, almost 60% of Alabama's cumulative AIDS cases reported from 1982 through May 2001 are African Americans. In comparison, whites made up approximately 40% of all AIDS cases. However, according to 2000 census figures, 71% of Alabama's population is White, 26% is Black, almost 2% is Hispanic, and American Indian and Alaska Natives and Asian and Pacific Islanders each make up less than one percent of the population.

These youth are trained in a variety of life skills, not only conducting focus groups, but also grant writing and developing line item budgets. According to Julie Hope, a health educator at the Red Cross and the community co-chair of the CPG, the Red Cross provides training on facilitation, public speaking, grant writing, and basic HIV training, including substance abuse as it relates to HIV prevention. Students earn a Red Cross certification in HIV prevention. Besides World AIDS Day, other projects include a clothing and toiletry drive, a food bank, and teaching fifth and sixth graders about HIV prevention. The students have gained national recognition by attending state and national workshops to educate health teachers on how to start focus groups in their individual schools.

Trust has been a key to success in Alabama. Sue Jones was already a respected leader in the community, parents and teachers trusted her to teach the students and implement the program. Mrs. King, an African-American mother of one of the students in the class, expressed that she trusts the school and the teachers. She states that because her daughter is very involved in the class and involved in HIV, other students come to her for support. The principal of Jacksonville High School, Ray Hammett, has been supportive from the beginning. When Sue Jones was involved with the program, she would encourage her students to talk to their parents about what was discussed in class. Also, Mrs. Jones has helped infuse HIV into other school subjects. For example, she asked all English teachers to have their students write a short paper reacting to the school's World AIDS Day activities.

Youth at Jacksonville High School really have taken ownership of the task of recruiting youth of color. At the first meeting, three youth were chosen to attend based on their ability to miss class that day. At the meeting, the CPG was reviewing the epidemiological data for their region. The youth were able to see how African Americans were disproportionately affected by this disease in their jurisdiction. These youth then recognized that there were no youth of color involved, and then took it upon themselves to recruit youth of color to become involved in community planning. At the next community planning meeting, six students attended: three Caucasians and three African-Americans. All six of these youth served on committees and were active voting members of their community planning group.

One important consequence of these youth serving on their community planning group is having these youth exposed to the epidemiological data on HIV. Once they saw the actual statistics, HIV became a real source of concern for these students.

African-American students involved in the class recognize the fact that AIDS disproportionately affects their community. They know that African-American youth are infected more, and it scares them. This is not only evident through statistics, but also through their own personal

Trust is the Key

Tom Robertson ensures that the youth have an equal voice at the CPG table and that the students spend time doing valuable activities. The CPG has been very youth friendly, and Jacksonville High School itself has hosted CPG meetings that were scheduled in conjunction with the Focus Group class.

experiences and via the media. Quandra, a seventeen-year-old African-American female has an HIV-infected relative. She represents youth issues in community planning and also youth of color issues. She says,

“In the past two years I have learned a lot, not just about AIDS, but about life. I have learned how to communicate better with my peers and with adults. I have learned how to deal with my uncle who is HIV positive. I found out that he was HIV positive a year ago, and at first I didn’t know how to deal with it. Being in Focus Group has helped me a lot, and my uncle and I have a more open, trusting relationship. Being in Focus Group has made me more mature and open-minded. I am looking forward to more experiences with Focus Group”

These students have really made an effort to participate in the class because they feel that it is an important issue for other youth of color. For example, Kim Walker, an African-American sixteen-year-old female, joined the class,

“Because a lot of young black kids my age don’t really think a lot about AIDS and HIV and things like that. I was just thinking that if I can join and set an example for others then they would look up to me and help try to do something.”

It is obvious that the media also has an effect on youth participation and their desire to make a difference. Kim said that while watching the movie, *Philadelphia*, she understood that Denzel Washington’s character did not understand the disease at all. After that, she wanted to know more about HIV and be able to tell others about the disease.

African-American males also feel that this is an important issue. Nick, an eighteen-year-old African-American male, says that it is important to “learn about [AIDS] and tell all my homeboys about it and make sure they don’t try to do anything to get it.” Students feel that they are a resource for other students. Other students at Jacksonville High School ask them for information because they know they are in this Focus Group course. Once African-American youth were involved in the class, it became more accepted.

Future directions include taking this model to other high schools with large African-American populations to make it much more visible to youth of color. There is hope for representatives at CPG meetings from several other high schools in the future. The students will also be featured during the three-day, Alabama AIDS Symposium.

During the first day, there will be a 90-minute satellite conference uplinked to the school. There will also be pre-taped interviews with the principal, Sue Jones, and the Superintendent of the schools. This will be the first time the AIDS Symposium will do something with youth and actually go to a high school. The conference will feature the youth live and there will be a toll free number available for the audience to call in with questions during the conference.

For more information on this program, contact:
Tom Robertson
HIV Education Coordinator, Public Health Area 6
Cheaha-Coosa Valley CPG
P.O. Box 4699
Anniston, AL 36202
Phone: (256) 236-3274
Email: tomrobertson@adph.state.al.us

Illinois – A Diverse Group at the Table

Illinois takes much effort to have youth of color involved on their community planning group (CPG). Illinois has had several youth of varying ethnicity involved in their community planning group, including Indian American, Native American, and Puerto Rican youth. However, Illinois has a behaviorally defined plan, and CPG members are chosen by risk category, race and then gender.

There is currently one youth under 19 years old on the CPG and six members are between 20 and 30 years old. The youth of color involved are all young men who have sex with men (MSM). A couple of these youth know that they were recruited to participate in the CPG because they are youth of color, but feel that they actually represent all youth issues. All of these youth feel very passionate about having their voice heard on the CPG and taking part in HIV prevention. Ramon, a 23 year old Puerto Rican member, says:

“[My] Mission in life is to save lives... Latinos are very impacted by this disease. It is my duty to advocate for my people. I try to scream a lot and make a lot of noise [for my people’s needs]... We (members of the CPG) are very passionate people...”

Several youth felt that in various cultures, HIV and sex are very taboo subjects. Therefore, they feel it is important to be involved in HIV prevention and to represent their communities on the CPG. The lack of open conversations about HIV/AIDS in communities of color seems to be a reason these youth become involved in the CPG. This is apparent from comments made by the youth NASTAD spoke to. When Carlos, 23, born in Columbia, was asked why he is involved in the CPG he said:

“It’s important to have a voice for Latinos and youth. Latinos tend to be quiet about HIV, and in my household, sex, and you don’t talk about it. If you are not married then its assumed that you don’t have sex. So in our community HIV is a big secret.”

Epi Facts: In 2000, 59% of AIDS cases in Illinois were in Blacks, a 20% increase from the previous year. However, according to 2000 census figures, Illinois’ population is only approximately 15% Black. In comparison, 26% of AIDS cases in Illinois were in whites, a 6% decrease from the previous year. Illinois population is approximately 74% White. Hispanics made up 14% of their AIDS cases in 2000, a 40% increase, and Asian and Native Americans comprised a total of 1%. According to 2000 census figures, Illinois’ population is 12% Hispanic or Latino, 3% Asian and Pacific Islander, and less than one percent Native American.

When asked how he felt about participating in community planning, Vashal, a 21 year old Indian American, said:

“It is absolutely essential because I am part of a population that is affected by this disease, and it is my responsibility as a human, as a person living in this society, to do all I can to try to do my part.”

As with the other youth of color on the CPG, Vashal feels that it is important to represent his community because HIV/AIDS is such a taboo subject in his culture. He feels that the Asian culture keeps things behind closed doors. More specifically, he says:

“ There are people my age who happen to be Asian who are infected with HIV and dying because they’re not getting any medical attention, because they are scared—they don’t want to shame their family name.”

Michael a 24-year-old Native American also encounters the same problem in his community. He says that he was exposed to information on HIV because his mother works in the medical field, and he has never lived on a reservation. He advocates having a person who represents and can relate to specific cultural backgrounds do outreach to the community. He says that he helped coordinate some anonymous surveys for the CPG, and they were better received when participants knew he was Native American.

Youth involved in the Illinois CPG feel they have genuinely made a difference. They can see how changes in programs took place and that they had been a part of the change.

Several of the youth believe the other members of the CPG are more open and receptive to the needs of young people of color and young people in general.

These youth also represent others at risk. Ramon not only represents Spanish speaking monolingual Latinos on the CPG, but he also speaks for the transgender population on the CPG. He feels people are aware of the need for transgender programs and is very excited that for the first time transgender programs are going to receive funding from Chicago. He says:

“Probably about 80% of Chicago’s transgender population is of color...They are out there. We just need to reach them...I advocate [hiring] transgender people and [developing] programs that serve the needs of transgender people.”

Ramon’s partner is transgender, and he feels that it is hard to obtain services for transgender people. He also feels that the support given is “phony support.” Although people recognize the need for programs and services, there are only two agencies that provide services for the transgender population. He feels that people of authority do not support this population.

The youth all felt accepted and valued by the CPG. One youth described the experience as:

“Very empowering to be in the know and see change. These are the programs that you are voting on and actually saying that money should go to this. I get to play an active role and say ‘I’m not going to vote unless money does go to this.’ [By] being involved, you get to see that there is real change.”

Recruitment of these youth takes place through several different means. Many of the CPG members work in organizations that serve youth in some way, so there is much awareness of the need to involve youth in community planning. Arlene Valentine, the Coordinator for the Illinois Gay Youth HIV Prevention Project, looks for gaps in the state and for places to start new youth support groups that can be directly funded by the CPG. Arlene helps recruit youth to the CPG through one-on-one contact. She realizes that time is a barrier to youth participation and has tried to set up internships for students to get class credit for participation. She admits that sometimes the structure just isn’t set up to encourage youth involvement.

Both adults and youth agree that the timing of CPG meetings is a barrier to participation. CPG meetings most frequently convene during ‘normal business hours’; the precise time youth members are in school or attending classes. In most cases the youth who agree to participate on the CPG are conscientious students who can afford to miss class. Being conscientious students, however, some of the youth felt they really needed to focus on school and did not want to miss classes.

In terms of HIV prevention efforts for youth of color, the youth groups are all encouraged to recruit youth of color. However, Arlene stresses the importance of making the youth feel comfortable in a place. She gives the following example:

“We have some [youth] that meet in churches—which is good. If you need an excuse to get out of the house you can say ‘Oh I’m going to a church youth group’ and for some, that’s good. [However], some youth have been sort of hurt by churches so the minute you say church they kind of freak. There’s no one right way to set up a youth group”

Arlene has found retreats to be very effective both for HIV prevention and for recruiting and orienting youth to community planning. Youth come one day early to the retreat for an orientation. Gathering youth together, away from their surroundings has really helped them express themselves more freely.

In addition to an orientation, a “buddy system” is used to help acquaint new members with the organizational culture of the CPGs. Partly because of the use of technical language (jargon), youth are a little bewildered when they first begin attending CPG meetings, The ‘buddy system’ teams a new member with a more experienced member, usually matching them up by

There’s no one right way to set up a youth group.

Illinois uses retreats, orientation and a buddy system to bring on new youth.

demographics, age, or place of residence. The experienced member helps the new member learn the terminology and the meeting process. After a couple of CPG meetings, the youth began to feel comfortable speaking up and representing their respective demographics. A couple of the youth said speaking in front of a large group was intimidating. Again, the buddy system was a way to help the youth overcome that (see attached buddy system suggested guideline).

The youth said they felt especially comfortable speaking up when youth issues or issues pertaining to their constituents were discussed. Frequently, the adult members of the CPGs would turn to the youth and explicitly ask their opinion of a particular issue. The youth said this action on the part of the more seasoned members really made them feel they were a part of the group and that their opinions mattered. When asked if they felt their opinion was valued [by the other members of the CPG] one youth said, “every person’s opinion is heard.”

However, Carlos, who was formerly a member of his regional planning group and is now a voting member of the statewide planning group, did mention the importance of being an actual voting member.

“When you are not a voting member its hard for them to hear your voice. Because to them you are just another member in the audience like listening in. So you don’t necessarily count, I guess. Especially if you are a youth, they probably think you don’t know what you’re talking about.”

Though only one youth specifically mentioned it as a barrier to participation on the CPG, each youth seemed very aware of age differences among members. The youth all referred to the other members of the CPG as adults. The youth who articulated this barrier said it was sometimes difficult to relate to the other members of the group because of the age discrepancy. Again, each youth stated after becoming acclimated to the CPG environment, they felt comfortable participating in the group.

Future efforts include starting a webpage for the planning group members. One of the youth has recently acquired the domain name www.ilpcpg.org. In addition, when the CPG seats members in June, they hope to recruit an African-American female. Frank Brown, the Health Department Co-Chair of the community planning group, states that one of the keys to involvement is finding people’s skills and talents and utilizing them.

For more information, please contact:

Frank Brown
PCPG Coordinator
Illinois Department of Public Health
160 N. LaSalle 7 South
Chicago, IL60601
Phone: (312) 814-4846
Email: fbrown@idph.state.il.us

Arlene Valentine
Coordinator Prevention Through Pride
Illinois Gay Youth HIV Prev Project
Regions 1-8, 710 N. Neil St.
Champaign, IL 61820
Phone: (217) 531-0648
Email: cuphd@cu-online.com, or
stphiv1@yahoo.com

Minnesota's Youth Advisory Council

Minnesota's community planning group, the Commissioner's Task Force on HIV/STD Prevention Planning, hears youth voices through their Youth Advisory Council. The Youth Council, currently comprised of seven members, sends two of its members to become voting members of the CPG. This year, one of the members of the Youth Council, Melissa Palank, 22, has also become the youngest community co-chair in Minnesota. The Youth Council currently has three African American youth, an eighteen year-old female, a sixteen year old female and a sixteen year old male. Considering the demographics of Minnesota, the Youth Council has excellent representation of youth of color, with three out of seven youth involved being African American youth. Historically, there has also been representation on the Youth Council by Hispanic and Native American youth.

When the Youth Council first started, the youth collectively decided that they would do their best to recruit ethnically diverse youth. However, they felt very strongly about not recruiting someone onto the Youth Council simply because that youth was a certain ethnicity. They wanted youth to be involved because of their dedication to HIV prevention. Nevertheless, approximately half of the Youth Council has always been youth of color. Although there has always been steady participation of youth of color, not all communities of color (e.g. Asian and Pacific Islanders) have been represented. The Youth Council has focused most recently on orienting youth of color identifying as African American due to the demographics of HIV/STDs in Minnesota. Specifically, they have worked to include youth of color from Northern Minneapolis.

The Youth Council meets twice a month apart from the CPG at times chosen by them. Voting at the CPG meetings is alternated between members able to attend the meeting. Besides alternating the voting seats on the CPG, most of the Youth Council members participate in other committees on the CPG. The Youth Council discusses various topics ranging from happenings at the monthly CPG meeting, working on focus groups, or planning prevention interventions.

Recommended interventions were made for four target populations, including: Young MSM, Young African-American Women, Young Women All Races, and Young IDU. Recommended interventions included outreach, single behavioral, multilevel, and community awareness

Epi Facts: According to the 2000 census figures, Minnesota's population is only 3.5% Black. However, 19% of the cumulative total of AIDS cases in Minnesota occurs in Blacks. In comparison, 73% of all AIDS cases occurs in whites, while they make up 89% of the population. Minnesota's population is 3% Hispanic or Latino, 1% Native American, and 3% Asian and Pacific Islander. Five percent of the cumulative total of AIDS cases are Hispanic, 2% occurs in Native Americans, and 1% of all cases occurs in Asian/ Pacific Islanders. In the year 2000, over 43% of new HIV infections were in MSM. Of these cases, 35.9% were in MSM of color and over 17% were in men ages 13-24. In the year 2000, 65% of all new HIV infections in women were in Black women. Of those women, 41% were ages 20-29.

components. For example, recommendations for community awareness for young African-American women included a church initiative to work with ministers to put prevention messages into sermons and other church activities. The Youth Council noted that for this population, the sexual partner(s) of the young women must also be considered. A community forum was also held for this target population.

Youth are recruited into the Youth Advisory Council through outreach to youth serving agencies, HIV prevention programs and peer education programs, as well as youth events. Kirsten Gerber, the Youth Advisory Council Coordinator, sends mailings twice a year to agencies. However, the biggest source of recruitment is the youth themselves. Youth invite friends and acquaintances to meetings, as well as to speak at events and put up fliers. In fact, Melissa, the Community Co-Chair, was first involved in the Youth Advisory Council before learning about the CPG. She says,

“First came the invitation for the Youth Advisory Council, if it were not for the Youth Council, it would have been many years before I learned about the CPG. It seemed only ‘known information’ if you worked with services, etc. I was a youth involved with education and advocacy. Kirsten Gerber opened my world to so many possibilities and opportunities.”

Minnesota found it difficult to get buy in from youth without immediate results. Youth are more interested in doing interventions than planning. Minnesota attempts to remedy this by slowly allowing youth to become involved in more time limited projects.

Youth are oriented to the community planning process through the Youth Council. However, Minnesota has found that it is difficult to get buy in from youth on a project that doesn't appear to have immediate results. Youth are more interested in doing interventions than planning. Minnesota attempts to remedy this by slowly allowing youth to become involved in more time limited projects. For example, the Youth Council was able to recruit twenty-five youth, mostly youth of color, to help plan an STD Extravaganza. However, only a few youth continue to show up for just the planning (CPG) meetings.

According to Kirsten Gerber, another barrier to youth involvement is that most of the youth committed to HIV and STD prevention are already involved in peer education, which is time consuming. She says,

“It is difficult to sell community planning to youth who do not have a history or commitment to HIV/STD prevention, those that do are so heavily involved their time is precious, and involvement is sporadic. Not to mention we (the Youth Council) focus on younger youth, so high school commitments get in the way.”

Another barrier is retaining youth that are in transition frequently, such as emancipated youth and homeless or runaway youth.

Future directions include working to establish a Peer Information Network (PIN) comprised of peer education groups in Minnesota. Minnesota plans to add at least four new Youth Council members out of this group. Ideally, more youth of color will be recruited through this effort, specifically Hispanic and Native American youth.

For more information, please contact:
Kirsten Gerber
717 Delaware Street, SE
PO Box 9441
Minneapolis, MN 55440-9441
Phone: (612) 676-5705
Email: kirsten.gerber@health.state.us

Hawaii's Youth Advisory Group

Given Hawaii's diverse population, youth of color involvement in community planning is not an issue. Yet concrete youth involvement in community planning in Hawaii has only been achieved in the last couple years. Hawaii's community planning group voted to include a youth seat at the table in 1999, and subsequently, a Youth Advisory Group was formed in January 2000. This group was formed to support the CPG youth representative as well as to provide a broader base of recommendations to the CPG about HIV prevention needs of youth at risk for HIV. Currently, there is one youth representative and an alternate for the CPG from the Youth Advisory Group.

The Youth Advisory Group started to recruit members through outreach to various community based organizations, but the biggest source of recruitment was word of mouth through the youth themselves. Two CPG members attended the group's meetings several times. These CPG members took on more of a supportive role for the youth, rather than giving input into the process of the Youth Advisory Group. These members, who supervise prevention programs at their agencies, also supervised youth peer educators. Both CPG members were very instrumental in recruiting new youth to the group by talking about the group and encouraging them to attend and actually coming to the Youth Advisory Group meetings with other youth.

The Youth Advisory Group meets monthly to develop strategies and interventions for youth to recommend to the CPG. In addition, various speakers come to speak to the youth and facilitate discussions at these meetings. It is important to the group that meetings be youth led and that the

Epi Facts: Asian and Pacific Islanders make up over 40% of Hawaii's population, and native Hawaiians and other Pacific Islanders make up another 9%. Whites make up over 24%, Blacks almost 2%, Hispanics or Latinos of any race make up over 7%, and Native Americans and Alaska Natives make up less than 1% of the population. Over 20% of the population is two or more races. Over 24% of the population is under the age of 18. In 2000, Asian and Pacific Islanders made up 36% of all AIDS cases. Caucasians made up 56%, African-Americans made up 4%, and Hispanics made up 5%. Caucasians made up 63% of all cumulative cases of AIDS from 1983 to March 2001. Asian and Pacific Islanders made up 27%, African Americans made up 4%, Hispanics made up 5%, and American Indian/ Alaska Natives made up less than 1%. The majority of the cumulative total of AIDS cases (44.4%) are between the ages of 30 and 39 years at the time of diagnosis. Many of these cases were probably infected with HIV as youths. Thirteen percent of cumulative AIDS cases are in people ages 20-29, and less than one percent are in people ages 13-19.

decisions are made by youth. The group recommended and prioritized strategies and interventions for various youth populations, including MSM, transgender, young women, substance using youth, youth sex industry workers, and the youth population in general. For each population, at least one strategy and appropriate levels of interventions have been recommended. For example, two strategies are outlined for the young MSM population, and two group level and two individual level interventions are recommended. For the youth population in general, there are recommendations for linkages and collaborations with Hawaii’s Department of Education.

Hawaii’s Youth Advisory Group is comprised of approximately ten Japanese, Filipino, Caucasian, and African-American youth ages fourteen to twenty-five. The group is predominantly Asian and Pacific Islander, while the number of Caucasians are relatively low. There are slightly more males involved than females, but in the past there were more females involved. Hawaii’s barrier to participation by youth of color is actually a barrier to youth involvement in general. On these islands, transportation is the largest barrier. Flying in from neighboring islands makes it very difficult for youth to stay committed.

Tony Ichishita, age 19, the youth representative on the CPG, has only recently started to attend the meetings. Tony began his involvement with community planning through a half day orientation for all new CPG members. Hawaii’s CPG also has a buddy system where existing members pair up with a new member for support. However, Tony feels that Rosemarie Vergera, a Public Health Educator and the coordinator of the Youth Advisory Council, really helped him understand the CPG process and motivated him to become more passionate about the process.

Because Tony is a new CPG member, he feels that he needs to prove he is an equal at the table. He is also concerned that he may not be consulted at times because he is a youth. However, he is very committed to the process and unafraid to voice his opinion.

Now that youth are incorporated into the community planning group, they hope to make youth a priority population of the CPG. Tony hopes there will be more involvement and interest from the CPG in the future. He says, “Youth are a part of everything [CPG members] represent in the groups that they represent, and I would hope that they would want to be more involved.”

Finally, Tony feels that there is not the same amount of media attention given to HIV because infected people are living longer lives. He says, “It is important to remember that the people that are getting HIV are young people... It is important to do prevention for young people.” He underscores the importance of looking at HIV cases instead of AIDS cases, which will lead others to see how youth are really impacted by this disease.

For more information, please contact:

Nancy Kern	Rose Marie Vergera
Hawaii Department of Health	Hawaii Department of Health
STD/AIDS Prevention Branch	3627 Kilauea Ave., Suite 304
3627 Kilauea Ave., Suite 304	Honolulu, HI 96816
Honolulu, HI 96816	Phone: (808) 733-9281
Phone: (808) 733-9281	Email: rmvergar@camhmis.health.
Email:nkern@hgea.org	state.hi.us

New Jersey – Being in the right place at the right time

At first glance, New Jersey's youth of color involvement may seem like an ideal situation. Almost all of the youth involved in their community planning group over the years have been youth of color, ranging in ethnicity from African American and Latino to South Indian and Korean. Youth of color participation has never been an issue in New Jersey, but New Jersey does have problems maintaining youth participation overall. When the CPG does its gap analysis, programs for youth is one area that has always been identified. Although youth do apply for positions on the CPG, there are very few applications. If there were more applications, the CPG would target their selection of youth members more towards different populations. Fortunately for New Jersey, applications from youth have generally come in at the right time. Youth are recruited through a network of CPG members, and many members of the CPG are staff of programs that work with communities of color, primarily African-American and Latino communities. Therefore, the youth that are recruited happen to be of color.

New Jersey currently has two active voting youth members on their community planning group. Both of these youth are youth of color, and one, a young African-American woman is one of the Co-Chairs of the CPG. The other youth is a Puerto Rican-Haitian MSM. However, as has often been the case in New Jersey, both of these youth are 24 years of age and are reaching the cusp of being considered a youth.

New Jersey has more challenges with recruitment and retention of youth in general. Most youth involved are at the border of the age limit. New Jersey defines youth as ages 13-24. Older youth graduate from school and get jobs that are unrelated to community planning or go off to college. One of the founding CPG members was 13 years old. However, that person became very ill and could not continue to attend the meetings. Another challenge that limits youth participation is transportation. Youth must either own a car and be able to provide their own transportation or rely on an adult to take them to a CPG meeting.

However, there are other venues for youth voices to be heard in community planning in New Jersey. There is a youth committee, which is structured so the members do not need to be a CPG member to be on the committee. The committee researches and prioritizes interventions. They

Epi Facts: As of September 30, 1999, 19.2% of the population living with HIV/AIDS in New Jersey are aged 20-29 and 42.2% of the population living with HIV/AIDS is age 30-39. Many of these people in their thirties may have been infected as young adults under the age of 25. Adolescents aged 13-19 comprised 1.3% of New Jersey's reported population living with HIV/AIDS in that year. Although non-Hispanic Blacks comprise less than 15% of the State's total population, as of September 30, 1999, they comprised 57.4% of the reported population living with HIV/AIDS in New Jersey. Similarly, while Hispanics comprise about 11% of New Jersey's population, they accounted for 19.8% of the State's reported population living with HIV/AIDS. In comparison, non-Hispanic Whites, who comprise about 70% of New Jersey's total population, accounted for only 21.5% of the reported persons living with HIV/AIDS. As of September 30, 1999, less than one percent of the population living with HIV/AIDS in New Jersey as was comprised of Asians/ Pacific Islanders.

also research the target populations and make recommendations for gaps in services. There are more youth involved in the committee with the ratio being at least one youth per adult. The meetings also take place in the evenings for two hours, which is more youth-friendly. New Jersey has also held many focus groups among youth over the years as part of their needs assessment. These focus groups have been targeted towards African-American and Latino youth. Recruitment for these youth has not been difficult. Again, most of the youth that come are clients in various programs that serve these communities. In addition youth of color, including at-risk youth of color, have come to CPG meetings as invited guests and done presentations.

New Jersey would like to see more consistent youth participation, with more than two youth being involved at a time. However, they recognize that this is a big time commitment and that youth would rather be doing interventions. New Jersey's community planning group has always been very ethnically diverse. However, cultural differences are more about youth culture versus adult culture rather than differences between ethnicity.

For more information, please contact
Steve Saunders
New Jersey Department of Health
P.O. Box 363
Trenton, NJ 08628
Phone: (609) 984-6050
Email: ess@doh.state.nj.us

Virginia - Youth Roundtables and Stomp 4 Life

Virginia also has only recently involved youth in their community-planning group. Previous attempts to retain youth on the CPG have been unsuccessful except in one case. The largest barrier to youth retention has been the planning group's meeting times. Those with jobs outside the AIDS field, those in high school, or those in college could not get away to attend a full day meeting during the week. Therefore, Virginia decided to form a youth roundtable, which especially benefits younger youth in high school. The youth now can meet in their local jurisdictions on a schedule that is good for them rather than all the adults on the CPG.

Virginia currently has two youth as full voting members on the CPG. One of these members is an African-American male, aged 20, another is a Caucasian female, age 20. In addition, Heather Womer, a youth advocate who coordinates a youth roundtable, also sits on the CPG.

Epi Facts: Blacks make up 66.1% of all cumulative HIV cases and 53.1% of all cumulative AIDS cases as of December 2000 in Virginia. However, Blacks represent approximately 20% of Virginia's population. While Asian Americans and Hispanics constitute a much smaller portion of the population, 3.7% and 4.7% respectively, the latest census figures show that these populations have been growing substantially, especially in Northern Virginia. Hispanics make up 2.9% of all cumulative AIDS cases and 3.3% of all cumulative HIV cases. Also, Asian and Pacific Islanders make up .6% of all cumulative AIDS cases and .6% of all cumulative HIV cases. American Indians and Alaska Natives make up 0.3% of the total population in Virginia, and 0.1% of all cumulative AIDS cases and all cumulative HIV cases. Whites represent 72.3% of the total population in Virginia, and 29.8 % of all HIV cases and 42.8 % of all AIDS cases.

Currently in Virginia, there are twelve active youth roundtable members. These members are predominantly youth of color, ages thirteen to seventeen. These youth were recruited through the *Stomp 4 Life* program, a hip-hop HIV education program. Outreach to recruit more youth will be done with other youth groups, such as existing peer education groups and gay and lesbian youth support groups. The youth roundtable meetings are held monthly at a very popular local club. The youth enjoy meeting there because it is a place they normally do not have access to at their age. Therefore, even having lunch meetings there is a fun experience for them. All of the members are HIV peer educators and show a commitment to HIV education in their community. The youth in the roundtable represent youth of color and MSM of color. The youth seem to take a vested interest in HIV prevention for youth of color. At one meeting, Heather Womer, the coordinator of the *Stomp 4 Life* program, explained the community planning group's epidemiological profile. She asked members to brainstorm and add to the profile by assessing and describing the extent, distribution, and impact of HIV/AIDS in youth populations in the community as well as relevant risk behaviors. The members of the group identified several youth populations as those at risk for HIV infection, including black males, black females, white females, and youth being raised by one parent of another gender. Interestingly, students did not feel socioeconomic status played a role.

In addition, the youth identified several risk factors for HIV infection among youth that they wanted addressed at the CPG meeting. They first named unprotected vaginal intercourse with emphasis on young black females as a risk factor. Members felt that young black females were at highest risk for HIV infection because condoms are not used consistently and correctly. Reasons given for this include the desire to give the male partner a sense of mutual trust and purity as well as to become pregnant. Youth stated that reasons for wanting to have a baby were the need to receive and give unconditional love, to "show the baby off," and to have a permanent connection with the male partner. Other risk factors that the youth identified were drug use, specifically, marijuana, alcohol, and crack.

Virginia feels that having meetings separate from the full CPG gives the youth an open forum to voice their opinions and feelings. The full CPG is very receptive to the youth voice, and the youth CPG updates are very well received. Youth also have many questions for the CPG. Youth are oriented to the community planning process, including the nine steps of community planning, during the first roundtable meeting. Since then the youth have made recommendations for the CPG. Youth expressed the need to raise awareness around the toll that HIV disease takes on infected individuals. They emphasized the need for young people to meet and hear personal stories of those afflicted with opportunistic infections and other manifestations of AIDS. They also stated that HIV/AIDS education needs to begin in elementary school. Youth in the roundtable feel that HIV awareness education beginning in the sixth grade is too late.

The youth roundtable meetings are held monthly at a very popular local club.

Youth participants expressed a great desire to curb infection rates in communities of color and feel having their voices heard is the first step.

Two additional roundtables will be established in May 2001 for this statewide CPG. Virginia hopes to have each of the roundtables also have a full voting member on the regular CPG.

For more information, please contact:

Elaine Martin

Mainstreet Station, Room 12

P.O. Box 2448

Richmond, VA 23218

Phone: (804) 786-5217

Email: emartin@vdh.state.va.us

Heather Womer

Fan Free Clinic

P.O. Box 6477

Richmond, VA 23230

Phone: (804) 358-6343

Email: h.ashburn@worldnet.att.net

CONCLUSION

Because of the increasing diversity in the United States, it is important that youth voices from all communities of color be heard. Many jurisdictions grapple with involving youth in community planning. Recruiting a diverse group of youth makes this issue even more challenging. All jurisdictions stated that youth representation was more an issue of “agism.” Youth themselves recognized a need to represent their community, but many felt that it was important to speak out on youth issues in general. The youth of color involved in community planning NASTAD spoke with all felt very empowered to speak for their communities. Thus it appears that other factors, such as youth culture, other risk factors, and logistics may play an equal if not more important role in youth of color involvement in community planning than the race/ethnicity of these youth. Attending to all of their needs and concerns is important to ensuring their ongoing participation. NASTAD applauds those jurisdictions that have made inroads in this area.

NASTAD welcomes jurisdictions not profiled in this *TA Report* to share their models of youth of color representation in community planning. Youth involvement in community planning is a hard issue in general. To recruit ethnically diverse youth into a community planning group takes extra effort. However, given the direction of the HIV/AIDS epidemic, it is imperative that these efforts be made.

NASTAD thanks those jurisdictions that shared information on their youth of color representation in community planning. This *TA Report* would not have been possible without their tremendous help.

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents HIV/AIDS program managers in every U.S. state and territory who administer AIDS health care, prevention, education and supportive service programs.

This TA Report was written by HIV/STD Prevention Youth Specialist, Rebecca Wong and developed through funding from the Centers of Disease Control and Prevention.