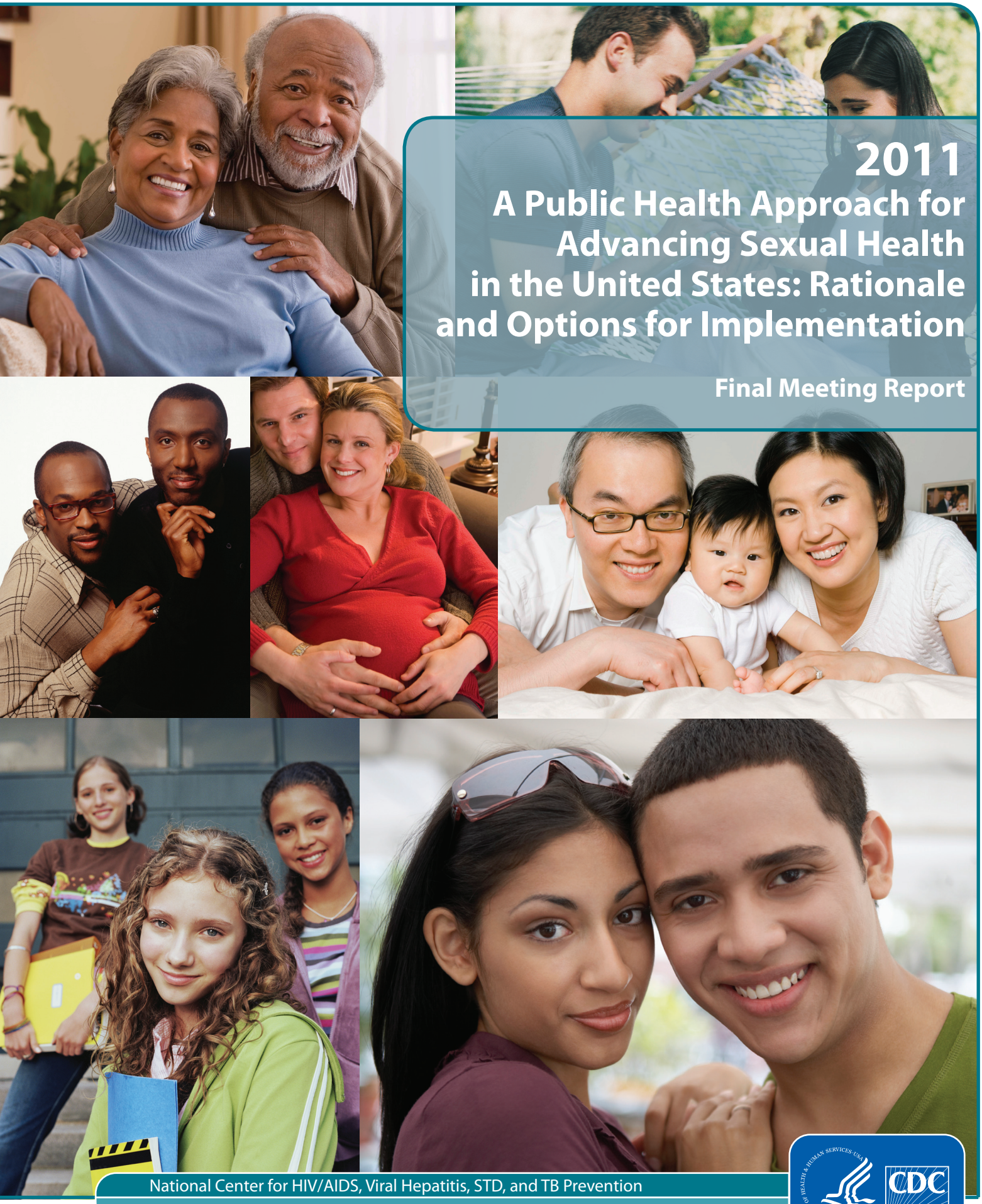
2011
A Public Health Approach for Advancing Sexual Health in the United States: Rationale and Options for Implementation

Final Meeting Report



National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

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Executive Summary

Overview

The purpose of this document is to provide highlights of a technical consultation with experts in the field of sexual health convened by the Centers for Disease Control and Prevention (CDC). CDC sought current perspectives on the topic to inform their work in the area. This meeting was the first of a series of conversations held with a broad range of stakeholders. This report is a summary of the meeting's proceedings and reflects the views of meeting attendees; such accounts do not necessarily reflect the opinions of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) or CDC.

Introduction

In 2001, the United States Surgeon General released *The Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior (Call to Action)*. This was the first formal government recognition of the importance of a sexual health framework to enhance population health in the United States. Over 10 years later, many measures of adverse health outcomes of sexual behaviors have worsened, prompting a need for refocused national attention on sexual health-related issues, especially HIV prevention and adolescent sexual health outcomes (e.g., unplanned pregnancy and STDs). These circumstances, as well as opportunities presented by new health reform legislation to improve population health, highlight the importance of exploring the potential benefits of using a broad sexual health prevention approach. In recognition of this situation, CDC developed a *A Public Health Approach for Advancing Sexual Health in the United States* "green paper"—a discussion document outlining a more positive health-based approach addressing sexual behavior across the lifespan and serving as a potential framework for public health action to build upon and advance the Surgeon General's 2001 *Call to Action*.

The discussion document contained six draft objectives for a public health approach to advance sexual health in the United States:

1. Increase healthy, responsible, and respectful sexual behaviors and attitudes
2. Increase the awareness and ability to make healthy and responsible choices, free of coercion
3. Promote healthy sexual functioning and relationships, including ensuring that individuals have control over, and decide freely on, matters related to their own sexual relations and health
4. Optimize and educate about reproductive health
5. Increase access to effective preventive, screening, treatment, and support services that promote sexual health
6. Decrease adverse individual and public health outcomes including HIV/STDs, viral hepatitis, unintended pregnancies, and sexual violence

On April 28–29, 2010, CDC held a consultation with 67 experts in the field of sexual health to discuss the elements of the green paper and to further explore the rationale, vision, and priority actions for a public health approach to advance sexual health in the United States. Consultants included experts from public interest groups, communities of faith, sexual health researchers, professional organizations, media and communications, private sector businesses, and government agencies. These experts met in plenary sessions and later formed small groups to address specific topic areas.

Key Highlights of: Plenary Sessions

The sessions were organized into: (1) history and future directions; (2) sexuality across the lifespan; (3) advancing a sexual health paradigm; and (4) the role of partners. Plenary sessions included Q&A discussions.

Lessons learned were offered from historical and international perspectives. An analysis of the history of the *Call to Action* concluded with recommendations for government leadership and collective action from diverse perspectives. The Pan American Health Organization (PAHO) offered its experience and success in advancing a regional sexual health initiative by strengthening HIV programs and services.

Sexuality affects individuals and society across a broad spectrum of activities: through health, but also through factors at multiple levels, such as gender relations, reproduction, and economics. Physiologic, behavioral, and affective measurement of sexuality and sexual behavior is complicated by cultural values and norms, but is essential to individual health (including happiness) as well as public health. Cultural or structural norms that stigmatize aspects of sexuality, such as sexual orientation, have adverse effects on individuals across their lifespan, with homophobia being a prominent example of such. In addition, survey data reveal several individual and relationship factors that are important to sexual health at all levels, with overall health noted as the greatest predictor of sexual satisfaction.

Multi-sector partners interested in promoting a sexual health framework include private sector foundations, other government entities, and faith communities. The Ford Foundation has a long history of work in the area of sexual health, growing out of the observation that progress in responding to concerns such as teen pregnancy and the HIV epidemic could not be made without addressing sexuality. The Navy's approach to sexual health includes clear policies, clear expectations, and comprehensive education, with accompanying evaluation and attention to scaling up evidence-based practices. Faith-based perspectives are centered on connecting individuals to their communities around sexual health, emphasizing the principles of individual ownership and responsibility relating to community concerns, as well as collective action around common interests and goals, fellowship, and personal investment in developing community potential.

Leaders from the National Coalition of STD Directors, the National Coalition for LGBT Health, and the National Alliance of State and Territorial AIDS Directors provided perspectives and an assessment of the sexual health framework's broader effect on their members. Each committed their support to move the sexual health effort forward. Common issues were raised, and each provided suggestions for solutions including the following key recommendations: (1) maintaining consistent engagement of members; (2) adopting short-term solutions and strategies to move the sexual health agenda forward; (3) ensuring that funding for programs is sustainable and pooling resources where funding is limited; (4) anticipating the necessary support CDC needs to move the sexual health effort forward; (5) ensuring that effective communication occurs to show how this initiative links to others; and (6) addressing fiscal and political challenges at the state and local level.

Small Group Sessions

The consultants were divided into six groups to examine the green paper, including the sexual health framework and the six objectives. To guide the discussion, each group examined each of the six objectives by applying one of the six strategies: providing national leadership; promoting effective policy; promoting communication and education; expanding monitoring, evaluation, and research; enhancing strategic partnerships; and strengthening infrastructure.

With respect to the overall framework, the consultants noted the need to define clearly both sexual health as well as CDC's role in efforts to enhance core disease control and prevention priorities through development and promotion of a sexual health framework. Groups also spoke frequently about expanding the data reach in the discussion document, including greater balance across the lifespan, across sexual minorities, and in terms of measuring the levels of violence and coercion. They recommended systematic reviews of evidence to strengthen the document, noting that evidence is crucial to retaining credibility and support from a variety of stakeholders. Consultants generally recommended more attention to defining sexual health, to positive framing, and to emphasizing the positive value of sexual health. They noted the pervasive influence of media on sexual health and the potential for a more positive media role with the same level of influence. Finally, the consultants emphasized the need to include perspectives from across the social and political spectrum, including stigmatized populations, racial/ethnic minorities, and socially conservative groups.

Regarding the six strategies, consultants spoke to advancing sexual health through policy development. They noted the importance of health departments in leadership roles; this is connected to their suggestions for more detail on outreach to policymakers and other partners who can advance sexual health issues. They noted that CDC can play a direct leadership role through activities such as including sexual health topics in *Morbidity and Mortality Weekly Report* articles and incorporating sexual health into current activities and initiatives. Effective policy needs to draw on health reform more broadly. Policies that empower people and their caregivers (e.g., parents and health providers) would be generally helpful, as would materials that reinforce individual rights and responsibilities around such topics as sexual coercion and healthy behaviors. Policy suggestions included enhancing strategic partnerships and communication, awareness, and education; identification and enlistment of opinion leaders; public education campaigns around clinical services; and evidence-based

and age-appropriate sex education in schools. Broad communications tactics should be supported by partners, by constructing guidelines and standards, and by ensuring the use of all forms of media.

Recommendations regarding surveillance, monitoring, evaluation, and research began with a call to identify clear measures and indicators of sexual health. These indicators should include measures of positive sexual health (e.g., planned pregnancies, sexual safety, and satisfaction), in addition to the core measures of reported diseases. The consultants recommended common monitoring and evaluation approaches, core variables across programs, and the construction of an expert panel to identify current needs across the research spectrum. Sexual health infrastructure can be strengthened through program-level service integration and flexible spending rules combined with categorical funds. Sexual health topics tailored to groups falling across the lifespan and facing different social and economic contingencies could be incorporated into the infrastructure serving overall health.

Many of the groups named specific actions, policy directions, and partners to enlist. These are included in the body of this report. Leaders from key CDC divisions whose work involves issues affecting sexual health—the Divisions of STD Prevention, HIV/AIDS Prevention, Reproductive Health, Adolescent and School Health, and Viral Hepatitis—acknowledged and emphasized the importance of a sexual health framework to advance priorities and programs relevant to the missions of each of their divisions. Finally, Dr. Kevin Fenton, Director of the National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), closed the meeting highlighting four significant themes arising from the consultation: the need to develop broad and inclusive partnerships; embedding sexual health in a public health approach; balancing existing "vertical" disease prevention programs with a strong "horizontal" sexual health framework; and the "urgency of the now"—the need to move rapidly to accelerate progress in this critical effort.

Meeting Summary

Welcome and Introduction

Kevin Fenton, MD, PhD, *Director, NCHHSTP, CDC*

Sexual health represents an important strategic opportunity for CDC and the federal government—one that enhances the core focus on disease prevention with a broader focus on health. Dr. Fenton noted that the effort must be supported by a public health framework of evidence-based practice. Dr. Fenton stated the purpose of the meeting: to articulate the rationale, vision, and priority actions for a public health approach for advancing sexual health in the United States and to gain feedback and perspective from external consultants.

Sexual Health: An Examination of History

David Satcher, MD, PhD, *Director, Satcher Health Leadership Institute, Morehouse School of Medicine*

Overview

The experiences garnered from the 2001 *Call to Action* suggest that government leadership and collective action toward "higher ground" to advance efforts to promote sexual health are imperative.

Key Points:

"What happens to a dream deferred? Does it dry up like a raisin in the sun? Or fester like a sore and then run? Maybe it just sags like a heavy load. Or does it explode?" – Langston Hughes

It is imperative to improve sexual health in America, and the dream to make this a reality began with the *Call to Action*. Upon his appointment as the 16th Surgeon General of the United States, Dr. Satcher worked to develop and release this report by engaging a diverse group of individuals. His goal was to reach common ground in order to advance this critical issue. Subsequently, at Morehouse School of Medicine, Dr. Satcher established the first Center of Excellence for Sexual Health, created specifically to advance the recommendations set forth in the *Call to Action*.

Dr. Satcher recommended that CDC focus its collective efforts toward "higher ground" to encourage growth and development through the understanding of a diversity of viewpoints. The *Call to Action* represents higher ground, as it reflects the hard work achieved by individuals with diverse perspectives but common goals.

"It must be borne in mind that the tragedy of life doesn't lie in not reaching your goal. The tragedy lies in having no goal to reach. It isn't a calamity to die with dreams unfilled, but it is a calamity not to dream. It is not a disaster to be unable to capture your ideal, but it is a disaster to have no ideal to capture. It is not a disgrace not to reach the stars, but it is a disgrace to have no stars to reach for. Not failure, but low aim is sin." – Benjamin E. Mays

Dr. Satcher noted that government leadership is critical to advancing sexual health and responsibility in this country, and he commended the CDC for taking the lead. He further remarked that leadership should be looked at as a team sport and a relay race. It requires developing a team of leaders from various sectors within public health who are all committed to advancing the sexual health effort. Of critical importance, leadership must continue over a long timeframe and those involved must not "drop the baton," but rather continue to work towards the dream of implementing a public health approach to sexual health.

Promoting Sexual Health through a Public Health Approach: An International Perspective

Rafael Mazin, MD, MPH, ***Regional Advisor on HIV/STI Prevention & Comprehensive Care, Pan American Health Organization / Regional Office of the World Health Organization***

Overview

HIV prevalence and related negative health outcomes continue to affect Latin America and the Caribbean. By strengthening HIV programs and services within this region, the Pan American Health Organization (PAHO) has used this opportunity to advance a regional sexual health effort.

Key Points:

PAHO is engaged in the sexual health effort; data on the burden of disease indicates interconnected problems stemming from sexual behaviors.

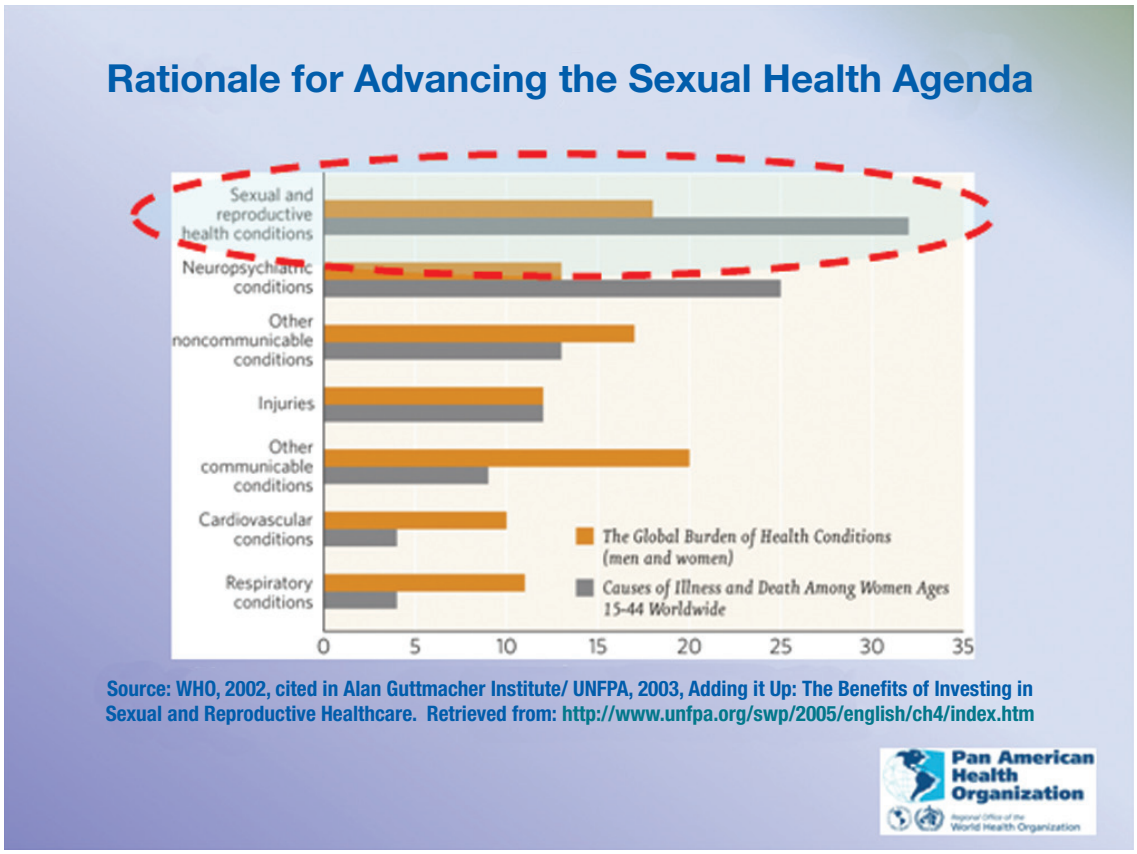
An estimated 9 million sexually transmitted infections (STIs) occur in teens each year in Latin America and the Caribbean, and an estimated 2 million people are living with HIV in Latin America and 240,000 in the Caribbean. Gender gaps remain, as prevalence of HIV is higher in men who have sex with men (MSM) and is, at times, two-fold higher in males 15–24 years in several countries.

PAHO embraces the sexual health approach to eliminate negative health outcomes while gaining a sense of health and wellness.

Along with an examination of conspicuous problems caused by sexual behaviors such as teen pregnancy or STIs, the organization identifies other, hidden conditions associated with public health problems such as intolerance or ignorance. It is necessary to consider complex, interrelated situations that may not be quantifiable, such as stress or anxiety associated with sexuality, but that nonetheless are critical to the achievement of optimal sexual health.

PAHO has strengthened HIV programs and services to address multiple problems.

PAHO has identified the evident problems and visible gaps, and addressed them with focus placed on key populations where prevalence is high and access to services is limited (e.g., MSM and female sex workers). The most effective interventions have been used where possible, yet the organization considers the costs, ethical obligations, and consequences of inaction or procrastination in the absence of sufficient or robust evidence.



To gain momentum in sexual health, PAHO utilized the HIV agenda to spearhead and advance the sexual health effort.

Between 2000 and 2008, PAHO led and engaged in a number of activities to strengthen and advance a sexual health approach. In 2000, PAHO redefined sexual health and proposed a plan of action to promote a sexual health approach as a way to curb HIV in the region. In 2005, PAHO joined the World Association for Sexual Health to develop, "Sexual Health for the Millennium," and in 2007 and 2008, PAHO convened consultations with stakeholders to design a strategy to articulate sexual and reproductive health (SRH) services with HIV/STI prevention and care efforts. In 2008, PAHO hosted a consultation to review the impact of HIV in the region, and a group of ministers of health and education issued a declaration that called for intensified efforts in providing access to comprehensive sexuality education and SRH services to youth. Also, seven core tenets were identified and outlined by PAHO to advance a regional sexual health initiative. At present, PAHO is working to rekindle effective HIV prevention by promoting a sexual health approach through several important initiatives.

A Public Health Approach to Advancing Sexual Health in the United States

Kevin Fenton, MD, PhD, *Director, NCHHSTP, CDC*

Overview

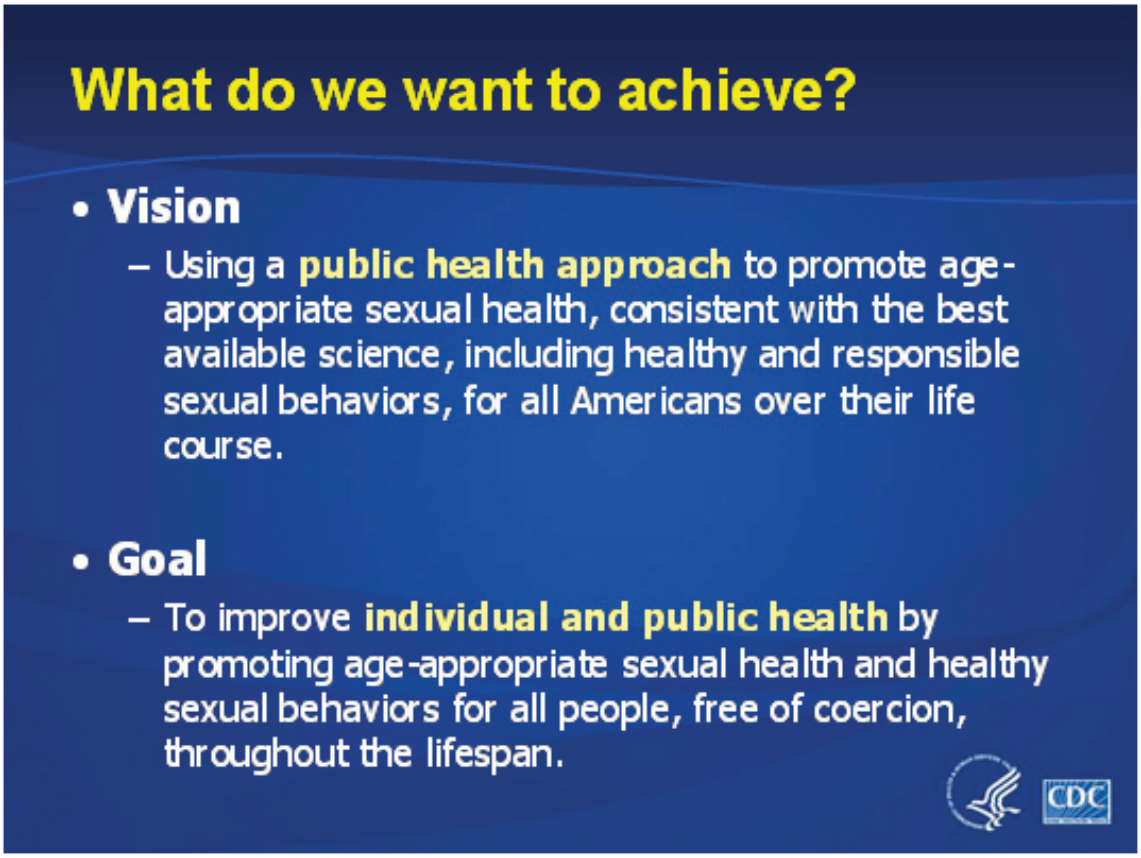
CDC hosted this consultation to initiate dialogue and action to promote sexual health within the United States. Dr. Fenton provided an overview of an effort to advance a public health approach to sexual health in the United States, why the time is right to focus on a sexual health framework, and how the sexual health discussion document and consultation will support this priority. This initiative is grounded in the principles of public health and intended to complement core efforts in the area of disease-focused actions with a more positive, health-based approach characterized by understanding complex factors that shape human sexual behavior.

Key Points:

Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality and is not merely the absence of disease, dysfunction, or infirmity. In the United States, there are a number of obstacles impeding the achievement of optimal sexual health, as there is a high burden of STDs, HIV, and other sexual health problems. The potential benefits of a sexual health approach, however, are great; they include creating a broader coalition for change by emphasizing a prevention and wellness approach and an expanded role for public health in promoting sexual health across the life course.

The principles of public health provide a useful approach for understanding sexual health issues in the United States and for addressing causes and consequences of sex-related health outcomes.
The public health approach provides scientifically tested and proven interventions and engages communities in their own health. Advancing a sexual health framework can effectively shift the focus to a more positive, health-based approach from a disease-based focus, enhance the efficiency and effectiveness of prevention, and normalize conversations regarding contributions of sexuality to overall health.

This holistic approach to health is consistent with public health priorities.
Within the U.S. Department of Health and Human Services (HHS), sexual health and responsible sexual behavior has been 1 of the 10 leading health indicators for *Healthy People 2010*, and CDC has identified teen pregnancy prevention and HIV prevention as priorities of the new CDC Director. With the recent health reform legislation and the new focus on prevention, the new administration has committed to initiatives to prevent unintended teen pregnancies and to improve the sexual health for MSM. Additional opportunities for enhanced coverage of preventive services are evident through the new Patient Protection and Affordable Health Care Act.



The purpose of the sexual health consultation is to articulate the rationale, vision, and priority actions for a public health approach to advance sexual health in the United States as well as to obtain input on the green paper.
The green paper is a preliminary discussion document intended to stimulate conversation and debate rather than a final policy statement. It outlines why now is the time to focus on a public health approach to sexual health, responsible sexual behavior and the potential benefits and next steps. In order to advance a national dialogue and action, six objectives have been developed to inform critical and priority actions, and six strategies have been outlined to implement these at the national, state, tribal, and local level. These actions will help to achieve the vision and goal of this initiative to promote age-appropriate sexual health and healthful sexual behaviors for all people across the lifespan.

Sexual Health Research: A Few Things We Know and How We Know Them

Julia R. Heiman, PhD, ABPP, ***Director, The Kinsey Institute for Research in Sex, Gender, and Reproduction, Indiana University***

Overview

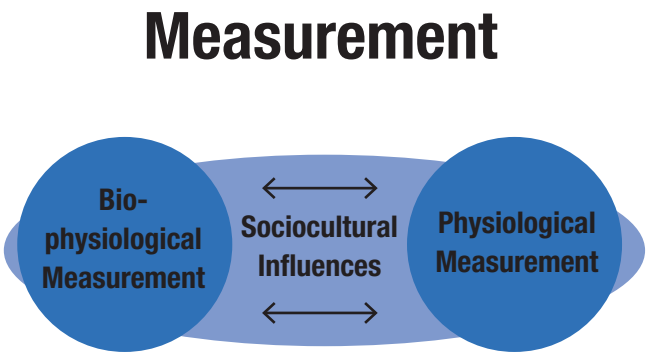
Sexuality and sexual health research is important to society and provides insight into sexual health problems in addition to STIs and HIV.

Key Points:

Sexuality is important to society not only because of health implications; it also affects gender and property relations, reproduction potential, and economics.
Physical, mental, social, and cultural factors affect health, especially sexual health. For instance, infidelity between couples often leads to hurt and divorce, and in Western countries, between 25% and 50% of divorcees cite a spouse's infidelity as the primary cause of divorce.

Human sexuality is both a culturally social and private activity, which can complicate sex research.
Human sexuality research requires consent and can often be limited by economics or cultural and religious values. U.S. legislation and court decisions demonstrate that privacy related to sexual behavior is limited by conflicting cultural values regarding sexual conduct.

Sex is measured through both bio-physical and psychological measures with interacting sociocultural influences.
Sexual behavior is measured through epidemiology, surveys, questionnaires, etc. The physiology or neurophysiology of sex is measured though MRIs, fMRIs, body fluids, sensitivity, response, and physical exams. Sex as a subjective experience is measured though interviews, questionnaires, and scales.



The Kinsey Institute®

Sexual dysfunction can pose public health problems, as it is related to public health issues and affects people's happiness and general well-being.
According to the National Health and Social Life Survey, the prevalence of sexual dysfunction was found to be higher among women than men. Lack of sexual desire is the most common problem among women, and for men, the most common sexual problem is premature ejaculation, not erectile dysfunction. Sexual problems increase with age, but sex-related personal distress decreases.

Condoms remain the most effective method of preventing HIV/STI transmission if used consistently and correctly; however, studies indicate problems associated with correct condom use.
Condom effectiveness is determined by a number of factors, yet most studies focus on consistency of condom use without regard to condom use errors. In a heterosexual sample, one study found a high prevalence of condom use errors (e.g., not checking condom for visible breakage [75% among men and 83% among women], not checking the condom's expiration date [61% among men and 71% among women], and not checking whether or not space was left at the end of the tip [40% among men and 46% among women]). Putting on a condom late occurred among 38% of men and women. Further, men reporting condom-associated erection loss were found to report more frequent, unprotected vaginal sex, less consistent condom use, and condom removal before sex was over.

Lesbian, Gay, Bisexual, and Transgender Sexuality across Life Course: Sexual Health and Well Being

Gilbert H. Herdt, PhD, ***Director, National Sexuality Resource Center, San Francisco State University***

Overview

Lesbian, Gay, Bisexual, and Transgender (LGBT) sexual health and well-being is affected by numerous social and cultural challenges across the life course, contributing to negative health outcomes and posing barriers to attain such protective health indicators as marriage and family formation, community support, and inclusion in faith communities.

Key Points:

It is critical to ask the right questions. The fundamental issue we face in this field is not "What is wrong with LGBT people," but rather "What is right with them?"

Homophobia has proven to be a structural norm in the United States.
The incidence of hate crimes, continued discrimination promulgated though denial of marriage rights, and policies such as, "don't ask, don't tell," in the armed forces contribute to the continuation of homophobia as a structural norm. Psychological, interpersonal, and cultural scripts perpetuate attitudes that homophobia is normal, that discrimination is okay, and that high levels of society approve of homophobia.

As a result of cultural and societal discriminations, LGBT people suffer an added burden of stress and experience health disparities.
U.S. culture has historically disapproved of LGBT people as evidenced by "sodomy" laws and institutional recognition that homosexuality was a psychiatric disorder. In addition, the LGBT population experiences health disparities and minority-related stress based on their marginalized social status.

Sexual attraction is established early, and LGBT youth are susceptible to the added burden of emotional and physical trauma.
Some research suggests that sexual attraction is established by the ages of 9–10 years in humans. Around the ages of 13–14 years, young LGBT persons typically have their first sexual experience (13.5 for males, 15.5 for females). However, some studies have indicated that many young LGBT persons aspire to save themselves for love or more committed relationships when they are older.

Societal values and norms may preclude sexual expression, as LGBT youth are stigmatized early. Young gay men experience disproportionate rates of sexual victimization and pre-pubertal LGBT youth are often marginalized or victimized in schools. Violence and harassment against LGBT students is widespread. One study indicates that 86% of LGBT youth were verbally harassed at their school because of their sexual orientation. Families do not always provide protection for those LGBT youth who are victimized, nor do they offer acceptance if young LGBT choose to express their sexuality. Transgender youth experience further marginalization within families and schools.

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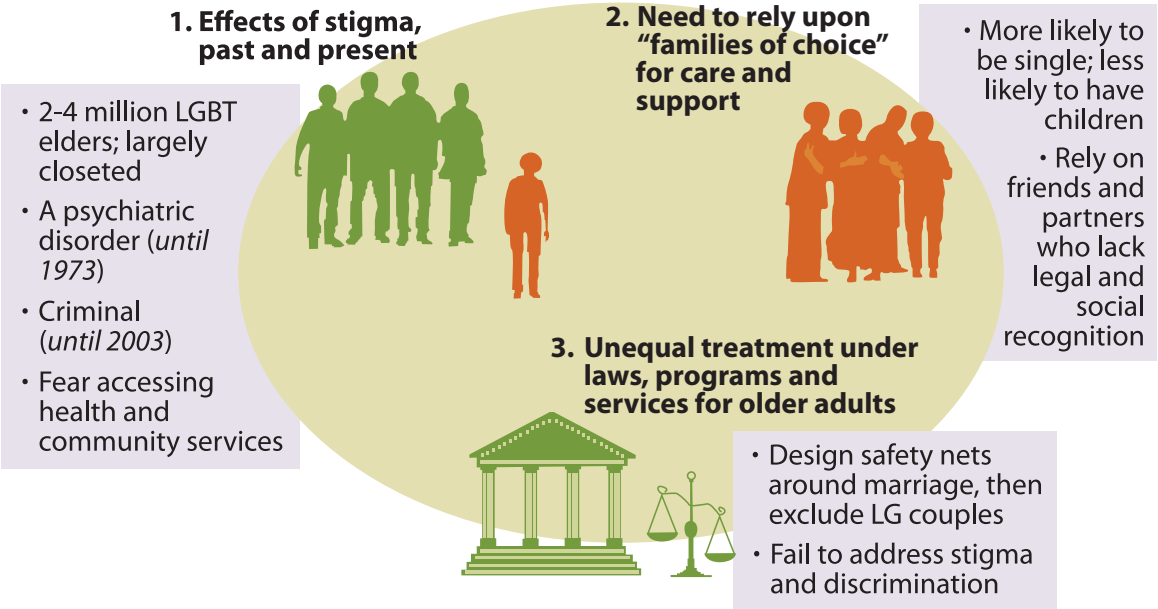
Knowledge of young adult sexual behavior and related negative health outcomes proves to be critical when implementing interventions to ensure the health of this population.
The majority of new HIV diagnoses are made in young MSM, with the bulk occurring in black and Latino MSM. The Internet is used as a source of sexual health information, pornography, and as a main source for "hooking up" in the MSM population. Also, recent research indicates that women are more sexually fluid, changing lesbian identification and indicating a higher degree of bisexuality.

LGBT seniors face many barriers to successful aging.
Unlike heterosexuals, LGBT seniors can't count on legal and biological families, which poses a tremendous challenge when assessing basic needs as they age. Further, along with incurring past and present stigmas, elderly LGBT are more likely to be more single and to have less good health care, and thus, must come to rely upon their friends or "families of choice" as a primary source of social support.

Marriage matters to LGBT persons, and marriage denial proves to have negative effects for LGBT populations.
Marriage bestows numerous mental and physical benefits on people in happy marriages, yet in most states, marriage rights for LGBT people are not recognized. Marriage denial reinforces stigma, contributes to lower self esteem, and justifies family rejection, among many other negative effects.

LGBT Elders' Unique Challenges to "Successful" Aging



Baby Boomers and Beyond

Pepper Schwartz, PhD, *Clarence and Elsa Schrag Professor of Sociology, Department of Sociology, University of Washington and Sex & Relationship Ambassador, American Association of Retired Persons*

Overview

Sexuality continues to be an important part of the life cycle, even with age. Older Americans, particularly baby boomers, are a large and new group in which sexual behaviors can be studied. The belief that there is too much sex in our culture has gradually declined in this group. Today, older Americans accept premarital sex, and attitudes about sex have continued to be more positive with time. Findings were presented from the 2009 American Association of Retired Persons (AARP) national sexuality study of persons aged 45 years or older.

Key Points:

Sexual frequency is important for sexual relationship satisfaction.
Sexual intercourse frequency is noted as being the most important factor when predicting sexual satisfaction. Satisfaction declines with age but not as steeply as sexual frequency declines. However, although satisfaction is lower in women, satisfaction levels do not change over time among women, compared with men.

Duration and age matter, but health matters most of all.
Health proves to be a critical predictor of sexual satisfaction. Among those indicating their health is at least "very good," more than half say they are satisfied with their sex lives.

The majority of older Americans do not practice safe sex, even if they have multiple partners.
It was reported that only 1 in 5 sexually active, dating singles use condoms regularly. Many older Americans report dating more than one person at a time and being sexually active

with more than one sex partner (6% of men and 1% of women). Consequently, it will be important to monitor STDs within this population.

There are cultural differences that affect sexual and romantic happiness.
Despite having a lower overall reported health rating, Hispanics report being happier with their sex lives compared with the general population. Sexuality was found to be a higher priority for older Hispanics, who report higher levels of sexual activity and satisfaction.

Having a partner matters.
The most important indicator of the sexual happiness of older Americans is having a steady sex partner. That indicator is less important than the frequency of sexual intercourse, good health, low levels of stress, and the absence of financial worries.

There are still behavioral differences between older men and women, and older men and women continue to rank the importance of sex and the enjoyment of sex differently—even as they age.
Older men continue to have more sex and think about sex more than older women; they see it as more important to their quality of life. Older men report having more frequent orgasms than women (2 out of 3 men, compared with 1 in 3 women), but their frequency of orgasm drops with age. Older men are twice as likely (21% compared with 11%) to admit sexual activity outside their relationship than women.

Sexual Happiness is connected to:

1 - Having a Partner

59% are married or in a committed rel.
10% long term dating
18% "looking"
3% long distance relationship

- *2-Frequent sexual intercourse* (more than once a week but not necessarily daily)
- *3-Good health* for oneself and one's partner
- *4-Low level of stress*
- *5 Absence of financial worries*

Discussion Session 1–2: Historical Perspective and Future Directions of Sexual Health & Sexuality and Sexual Health across the Lifespan

Panel Representatives: **Rafael Mazin, Gilbert Herdt, Julia Heiman, Pepper Schwartz**

Question 1: Although LGBT adolescents and adults include only a small portion of the population, when "Q"(questioning) is added, approximately 50% of the population is included. When addressing positive attitudes towards sexuality, it is important to include "Q." The speaker wanted to know what the panel thought of this idea.

Gilbert Herdt: Prevalence is a complicated issue and is related to many different variables. It's clear that if queer or questioning people are added, the prevalence of the LGBT population increases. The stability of queer or questioning groups is not yet known, which is difficult to model. Dr. Mazin's presentation helps address this through inclusivity—including all desires, sexualities, transitions, and other issues—making the numbers more significant. This will vary by age cohort, as young people today think and act on their sexuality in a very different manner compared with the boomer generation.

Question 2: As movement toward a sexual health framework occurs, the intersection of faith and HIV, STIs, and sexual health becomes increasingly important, especially within certain communities. The speaker asked Dr. Schwartz whether the role of faith as an interaction with either the behavioral or satisfaction outcomes is included in the analysis

of older adults. The speaker also asked Dr. Herdt whether he could comment on the intersection of faith and satisfaction in LGBT communities. It is important to consider other components of an individual's life and perspective that can either help or hinder our approach.

Pepper Schwartz: Religiosity is included in the study. Hispanics who identified as being Catholic report being more positive about sexual activity, but this group also had the largest proportion who were negative about sexual activity, and 12% felt sexual activity for any reason other than reproduction was a sin.

Gilbert Herdt: When it comes to sexuality among LGBT communities, religion is a large factor. In the United States, the three most important issues that divide American religion today are homosexuality, homosexuality, and homosexuality. Will they be included in the congregation? Will they be part of the clergy? What status should they have in terms of their ability to be leaders? Many LGBT people coming out of faith communities have negative or traumatic experiences, and they are often searching for a way of healing, often seeking forgiveness and reconciliation. Spirituality proves to be very important for many gays and lesbians, and they are not quite sure how to combine the two.

Additionally, the current widening scandal about sexual abuse and the Roman Catholic Church has made this conversation complicated. Often, there is a tendency toward moral panic and homosexuals are blamed. It's critical to highlight the new resilience paradigm in sexual health. Further, the Black church is very important. It is important to recognize these points and build these into our models.

Julia Heiman: It is very important to examine how religiosity and spirituality are measured—which she mentioned learning while speaking with legislators in Indiana. There are many ways to define faith and determining whether it's possible to work together on a particular topic is more important than determining whether or not people can be included or excluded based on religious beliefs.

Question 3: Positive well-being, positive sexuality, and all issues regarding body image, desire, and excitation are absent from the discussion document. There has been a great deal of discussion regarding the limitations of pleasure in a public health model. The speaker questioned how to creatively address positive sexuality, such as desire and pleasure, in a public health model.

Julia Heiman: Both orgasm and sexual frequency are included as pleasure and are related to numerous strictly health outcomes such as lower blood pressure, better mental health, and lower incidences of cancer. These observations could suggest cost impact on other health conditions, as sexual health has many health-related benefits.

Question 5: The speaker requested further discussion regarding how the Internet and the pornography industry have changed the gay community. The pornography industry eroticizes unsafe sex and puts people in direct contact with each other across the globe. There is no connection to safe sex messages or testing locations. The speaker is happy to see CDC engaging with the sex industry on the social, electronic network. However, the need for an aggressive initiative to engage the global sex industry in a new way is needed since people "hook up" online rather than in bars or bath houses. The speaker stressed the changing face of the gay community owing to the electronic social-networking context.

Eli Coleman: The electronic social-networking context within the gay community was addressed at the recent MSM conference in Boston. One challenge in our sexualized culture on the Internet is to present compelling public health material, as this material is competing with pornography. He noted seeing progress at CDC in this area. However, he stressed the need to include more interesting information on public health Web sites, as people spend very little time on these sites.

Gilbert Herdt: Dr. Herdt agreed with the previous comments. Compared to 30 years ago, the Internet is now serving as the fulcrum for sexual contact. He further suggested that studies indicate that up to 60% of MSM are going online to seek sex and relationships. He noted the lack of information regarding sexual protection within these populations and concern over information regarding condom use and breakage. He recommended emerging strategies to help people protect themselves sexually.

Additionally, both older and younger men access the Internet. This provides an opportunity for public health to design innovative research interventions that partner private-sector recreational sex or pornography with public health platforms. When it comes to LGBT health, consistent messages, platforms, and infrastructure are lacking, which are necessary to help people separate reality from fantasy when it comes to good, usable sexual health information.

Rafael Mazin: A consultation to address both evidence and indicators is necessary. He suggested relying on the presence or absence of sexual health as a whole.

Dr. Mazin questioned whether it is possible to talk about comprehensive health if someone feels alienated from a community, namely a faith community. He further highlighted conversations about social, mental, cultural, and physical dimensions and he advised examining spirituality as a critical dimension for many, if not all, persons.

Ford Foundation: Sexuality and Reproductive Rights

Margaret Hempel, *Director, Sexuality, Reproductive Health and Rights, Ford Foundation*

Overview

The Ford Foundation deems sexuality and the right to reproductive health as fundamental to the human experience. The Foundation supports those working to ensure that all women and men are able to exercise these rights free from coercion and violence and that young people have access to the information and services they need.

Key Points:

The Ford Foundation works with visionaries on the front lines of social change worldwide and adheres to four values: dignity, inclusion, social change, and hope.
The Foundation's values underlie all of its 34 initiatives. There are four initiatives related to sexuality and reproductive health: supporting sexuality research; promoting reproductive rights and the right to sexual health; policies and programs for adolescent sexual and reproductive health; and sexuality and reproductive health education. The Foundation has committed $150 million over 5 years to activities related to sexuality, and to reproductive health and rights.

The Ford Foundation supports sexuality research through core strategies.
The Foundation advances these interrelated strategies through: (1) research by examining structural inequalities and social contexts; (2) training by forming research teams, community partnerships, and relationships with key stakeholders; and (3) strategic communication by building the capacity of researchers, students, advocates, and media. At present, the Foundation intends to award 8–10 grants for $500,000 over a 2-year period to support sexuality research. With an increased investment in sexuality research, the Foundation hopes that stronger policy and outcome orientation will stimulate other donors to work in this often overlooked issue.

The Ford Foundation supports sexuality and reproductive health education.
The Foundation is working to advance sexuality *education* as an educational issue. The Foundation is partnering with the educational sector to include gender norms and sexual and reproductive health rights in comprehensive sexual health education. Through this initiative, the Foundation hopes to help reduce unwanted pregnancies, gender-based violence, and educational underachievement as well as to help young people increase their ability to act on their own choices, self-efficacy, and sense of sexual well-being.

At present, the Foundation is involved in such activities as the *Working to Institutionalize Sex Education* initiative. The Foundation is also working with the Camino Public Relations Company to determine how to help advocates and practitioners more effectively communicate messages about sexual health.

FORD FOUNDATION'S GLOBAL FOOTPRINT

Ford Foundation Values

FORDFOUNDATION

Sexual Health and Responsibility Program (SHARP)

Michael R. MacDonald, MS, CHES, *Manager, Sexual Health and Responsibility Program, Navy and Marine Corps Public Health Center*

Overview

The Navy's Sexual Health and Responsibility Program (SHARP) provides sailors, marines, and families with health information, education, and behavior change programs for the prevention of sexually transmitted infections, including HIV and unplanned pregnancies, and collaborates with other Navy and Marine Corps stakeholders to support healthy sexual behavior and relationships.

Key Points:

Evolving from an HIV "train the trainer" program in the mid 90s, the Navy's SHARP program is a trusted source of subject matter expertise for HIV, STI, and unplanned pregnancy.

The vision of SHARP is to have a Department of Navy cultural norm in which sexual responsibility and sexual safety are encouraged, supported, and expected; and a population where all pregnancies are planned, syphilis is eliminated, and other STIs, including HIV, are prevented. Its motto is, "Chart a Safe Course," affirming that each individual has the right and responsibility to make choices about his or her health and sexual health decision-making. Below is a table outlining the strategies used to reach this vision.

Ten measurable sexual health objectives have been identified to measure progress.

Among these objectives are increasing the proportion of intended pregnancies; reducing or eliminating contraction of an STI; increasing the use of condoms by sexually active, unmarried members; increasing the proportion of Chlamydia screenings; and increasing the proportion of clinicians who assess sexual risk behavior during routine examinations.

SHARP efforts include development and marketing of targeted, education-level interventions; advocacy and support of medical centric services and prevention programs, biological screenings, surveillance, research, and inter-agency coordination and collaboration.

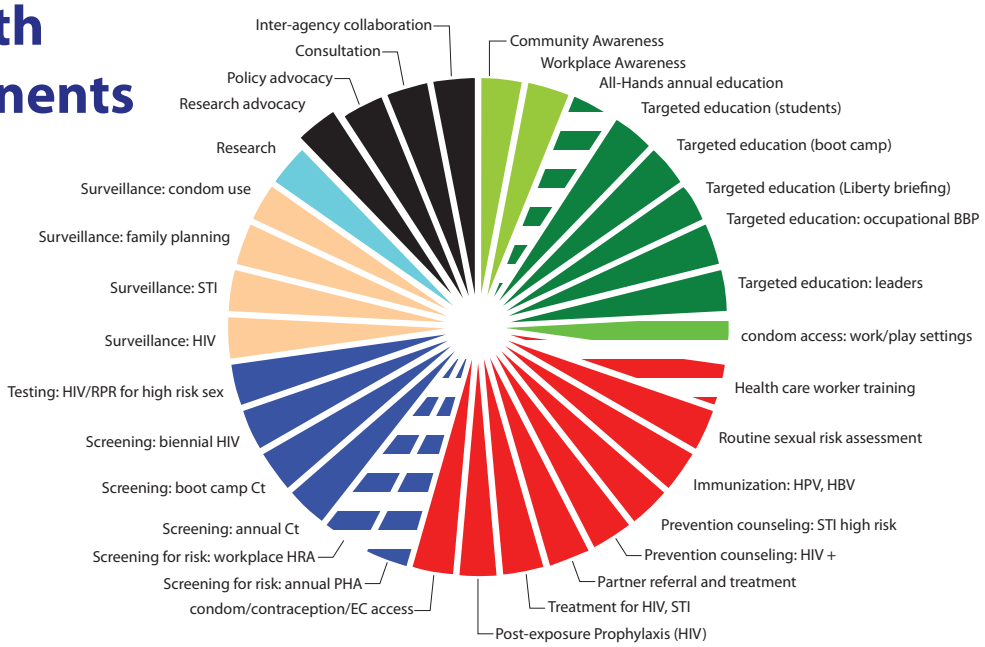
SHARP maintains its premise that: (1) a more comprehensive sexual health message is more likely to include at least one personally relevant issue for any given individual, and is, therefore, more likely to be internalized and acted upon by the greatest number of individuals; and (2) risk reduction for any one of these consequences of sexual activity may reduce risk for all. Programmatically, a comprehensive approach to sexual health promotion is practicable and enables efficiencies; however, there is insufficient data to demonstrate that any specific program, policy, or activity has directly affected the incidence of STI, HIV, or unplanned pregnancy. Additionally, separate from SHARP, the Navy and Marine Corps also operate robust programs for sexual assault and drug/alcohol abuse prevention, as well as offer faith-based counseling and services.

SHARP has found success through a focused program vision, partner trust, evidence-based practice, organizational placement, and clear written policies.

In addition to closely collaborating with traditional sexual health advocates such as clinicians and preventive medicine professionals, SHARP's organizational placement within the Navy's Health Promotion Directorate, enabled the program to collaborate with the workplace health promotion

Navy Sexual Health Strategy / Components

Other programs: Sexual Assault Prevention; Drug-Alcohol Abuse Prevention; Faith-based Services



partners—a group not typically involved in sexual health. SHARP has assisted with and engendered improved sexual health policies and activities across the Navy and Marine Corps through specific, targeted actions and trust building, adhering to evidenced-based practice, when such evidence is available, and by rigorous respect for partner turf. SHARP has institutionalized many such improvements by establishing a foundation in written policies

Faith-Based Perspectives on Sexual Health from the Metropolitan Interdenominational Church

Reverend Edwin Sanders, II, *Senior Servant, Metropolitan Interdenominational Church*

Overview

Positive attitudes toward sexual health can be encouraged through faith-based initiatives connecting communities and individuals through ownership, partnership, fellowship, and stewardship. Social issues, like sexuality, must be addressed within a framework that can be substantiated, validated, and understood within the context of an individual's faith experience.

Key Points:

Ownership: Personal Connection to Community Concerns

To transform communities, it is necessary to take actions to ensure individual ownership of issues. For instance, epidemiological data related to sexual health must be translated to the community level in order to ensure comprehension and relevancy. Furthermore, to affect, "dysfunctional belief systems," at both the individual and community levels, it is necessary to address sexual behaviors through conversation. Two ways to change dysfunctional belief systems are to ensure that individuals and communities understand one another collectively as spiritual beings and to hold conversations about sexuality that are contextually framed in a positive, healthful manner.

Partnership: Collective Action around Common Interests and Goals

When working within the faith community, it is necessary to build interdisciplinary partnerships utilizing an anthropological perspective to effectively educate, inform, and enhance awareness regarding sexual health. Collaboration by partners enables structured unification and collective agreement on strategic response, which is best achieved through the application of the communication for social change model.

Fellowship: Psycho-social Spiritual Construct for Community Development

The principle of fellowship is achieved by helping people overcome the effects of social stratification by developing mutual respect to assist them in understanding their equal placement in life. Fellowship is further achieved by cultivating trust within the environment and ensuring that disproportionately affected communities have the ability to unite and effectively work for change. Finally, fellowship is further promulgated by convincing faith communities to commit themselves to engage in conversations about issues of sexuality

Stewardship: The Necessity of Personal Investment

Stewardship is achieved by continually assessing resources, committing to the development of potentials, and valuing every individual as an asset. The energy needed for change is already within communities, yet communities need to learn how to harness it, structure it, and advance it in a manner that allows the community to develop a model for change. This can be achieved through "time banking," which enables

people to value themselves as they are and to enhance their knowledge in a way that could change their community.

Discussion Session 3: Advancing a Sexual Health Paradigm: Multi-sector Perspectives

Panel Representatives: Margaret Hempel, Michael R. MacDonald, and Reverend Edwin Sanders II

Question 1: Do other branches of the armed services have similar sexual health programs or initiatives?

Michael MacDonald: The Army, Air Force, and Coast Guard do not dedicate any people (FTEs) specifically to the promotion of sexual health. However, much of the same work is offered in these branches. For example, testing for HIV is done uniformly across the armed services, as is Chlamydia testing. In the Army and Air Force, there is no centralized policy for awareness campaigns or workplace health promotion, nor is there any annual educational requirement.

Question 2: What is the sexual health question that is on SHARP's general health assessment?

Michael MacDonald: There are two separate behavioral risk screening tools—clinical and workplace. The question on the workplace screening tool is: Did you use a condom the last time you had sex? Responses can include "not sexually active" or "in a long-term, mutually monogamous relationship." The question on the clinical screening tool is: Do you use condoms when you have sex? This is a yes or no question.

Mr. MacDonald also mentioned their counseling guide and the importance of using a uniform, quality screening tool. He shared an example of one base which was using the following sexual health question: "Have you been counseled about STDs this year?" for which they had no shared understanding of how to respond to the patient's answer. He stressed the importance of not only teaching clinicians how to ask sexual health questions, but also how to respond to the patient's answers.

Question 3: How did Ford happen to enter the area of sexual health? On what past, present, or future activities does the Foundation plan to collaborate with other foundations?

Margaret Hempel: Ford started work in sexuality in the early 1990s. Many people at this CDC consultation helped to shape that work. At that time, Ford had a number of different programs that were organized around the public health model. There was an adolescent pregnancy program, an HIV program, and a women's rights program. All of these programs were brought together and the Foundation stepped back, started to focus on the underlying issues, and shifted its focus to social science and policy change. The person leading the program, Dr. Jose Barzolarto, noted that the Foundation could not make progress without addressing sexuality. The Foundation used a 2-year process to educate the Board on the importance of this work, and with the help of scholars, the Board accepted this change.

Ms. Hempel noted that the incumbent in her position is charged with exploring how to engage other foundations and establishing an understanding of sexuality education for foundations. Partners understand the sexual health frame but realize that there are institutional restraints that act as barriers to participation. She noted the need to determine how to encourage participation from other foundation Boards. Her efforts are continuing and she is open to suggestions.

Question 4: A question was directed toward Reverend Sanders. The speaker noted that the challenge between sexuality and religion seen at his institution (Morehouse School of Medicine) has been that religionists are suspicious about sexologists and sexologists are suspicious of religionists. New denominations develop and build themselves around issues such as social justice, rather than theological beliefs. People join these new denominations rather than older, established denominational churches. He noted the necessity of collaborating with these new religious institutions and asked whether this is what Reverend Sanders is also noticing.

Edwin Sanders: Yes, definitely. Reverend Sanders noted seeing several mainstream denominations which have endorsed more inclusive stances on relationship issues of human sexuality, especially the United Church of Christ, the Unitarian Universalists, and Covenant of Baptists, for instance.

Comment: The speaker noted that Morehouse School of Medicine gathered religious leaders to talk about the challenges of sexuality and sexual health. The leaders noted that they lack a pulpit language to address these issues with their congregants. He noted that the Anglican Church is working to develop a lexicon and language to address some of these issues.

Question 5: Regarding the SHARP project, the speaker noted that many women in inner city Baltimore request female condoms from Planned Parenthood. The women claim the female condoms are empowering and not uncomfortable. The speaker asked whether female condoms are available on military installations.

Michael MacDonald: Female condoms were sold in the Navy and Marine Corps exchanges for a couple of years but were dropped due to low sales. All Navy Disease Intervention Specialists and sea-duty-bound clinicians are taught about the female condom. Female condoms are as accessible to those in the armed forces as they are to civilians—through commercial venues and the web.

Navy women learn about female condoms and receive demonstrations. There is an annual conference in March, and there are 30 hours of sexual health education every year, which includes education about female condoms. He also noted that their condom use question does not distinguish between types of condoms used. The question is, "The last

time you had sex, was a condom used?" Mr. MacDonald also remarked that condom use remains low overall—about one-third of unmarried women report using a condom the last time they had sex.

A Sexual Health Framework: Its Impact on Partners

Julie Scofield, *Executive Director, National Alliance of State and Territorial AIDS Directors*

Overview

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the chief state health agency staff who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive service programs. An overview of pertinent issues related to sexual health and potential solutions are provided.

Key Points:

Public health is affected by the political climate.
In the intervening years following the release of the 2001 *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, many AIDS prevention programs were challenged by the political climate. Likewise, during the more recent debate on the stimulus bill, specific funding for STD and HIV programs was removed because of political concerns. Now, it is a challenge to ensure that some of the monies coming out of health reform's prevention and wellness fund will be dedicated to infectious diseases, specifically HIV and STDs. It's critical to have public health representation at the decision-making tables within government.

CDC needs many allies.
It is critical to increase the number of organizations interacting with CDC in order to inform and support sexual health efforts. Gaining broad support will ensure communication at the state and local level, which is necessary to address challenges.

Limited funding has created incredible challenges requiring more collaboration.
Huge budget cuts limit state and local government capacity to effect change. CDC's own internal capacity to manage its work and initiatives is also limited. Therefore, it's important to pool resources to support CDC, ensuring that it has the capacity and infrastructure to move the sexual health effort forward.

"Prevention du jour" slows change as new initiatives come and go.
AIDS directors are mindful of the era of "prevention du jour." Since state and local health departments are in a budget shortfall, it is necessary to stay the course. For the last 10 years, the HIV response has been toward a biomedical response where the focus is on testing and treatment with less emphasis on behavioral interventions, yet both are necessary to optimize HIV prevention and sexual health more broadly.

Clear communication is necessary to demonstrate how the sexual health effort will link with other initiatives.
How will the new sexual health effort fit in with the National HIV/AIDS Strategy and other strategies?

What are some short-term recommendations for CDC to advance a public health approach for sexual health?
CDC is at its best when it is establishing the evidence and science base for moving forward. It is critical for CDC to collaborate with other federal partners to establish a science base for a sexual health effort and to build a base of support to encourage the needed change. Also, broadening the Program Collaboration and Service Integration (PCSI) initiative to include family planning, reproductive health, and adolescent and school health makes sense, and health departments are very supportive of this initiative.

Rising HIV infection rates in gay men of all races requires urgent attention.
This is an issue that cannot wait for a sexual health framework. While building this initiative, it is imperative to develop an urgent response with additional resources, conversations, and support from CDC to work with state and local health departments.

A Sexual Health Framework: Its Impact on Partners

Rebecca Fox, *Director, National Coalition for LGBT Health*

Overview

The National Coalition for LGBT Health is an organization that focuses on federal policy and technical expertise and represents 70 organizations across the country whose focus is LGBT health, including community health centers, national LGBT organizations, and state health departments with an LGBT section. Rebecca Fox, the Coalition's Director, speaks on behalf of the organization and provides examples of how the sexual health framework will affect its members.

Key Points:

Focus on large-scale societal and structural effects.
It is critical to focus on interventions that affect the whole person and that focus on behaviors rather than simply on testing and treating. Target interventions early before sexual health becomes an issue. For instance, teach youth as young as kindergarteners about sharing, negotiation, boundaries, and what healthy looks like.

Address research gaps in LGBT populations to build an evidence base.

It is not fully understood how lesbians and bisexual women end up being infected with HIV and other STDs, and it is not known what kind of interventions work for them. Furthermore, there is a lack of evidence regarding transgender populations.

Ensure that funding for programs is sustainable.
Funding needs to be available for multiple years and needs to be sustained in order to allow time to think, develop, and change programs.

LGBT health care is critically important.
There are only nine community health centers focusing on LGBT health in the United States. It is important to examine how to provide funding to regular community health centers to do LGBT-focused work to ensure that this population receives appropriate care. Please do not portray LGBT people as vectors of disease. It is critical to examine what healthiness looks like for an LGBT person.

Continue to engage the LGBT community in this issue.
While politics will always remain an issue, it is important to keep the LGBT community on the agenda regardless of how politics change. The LGBT community has always played defense but is capable of working proactively for constructive solutions. Part of the strategy is to move forward and be proud of the sexual health model, as it has the potential to effect change.

A Sexual Health Framework: Its Impact on Partners

William A. Smith, *Executive Director, National Coalition of STD Directors*

Overview
The National Coalition of STD Directors (NCSD) is a partnership of public health professionals dedicated to the prevention of STDs. NCSD provides dynamic leadership that strengthens STD Programs by advocating for effective policies, strategies, and sufficient resources and by increasing awareness of their medical and social effects. An examination of how the sexual health framework could affect NCSD members is provided.

Key Points:
It is critical to have concrete, short-term solutions to move sexual health efforts forward.
In order to move the sexual health framework forward, short-term, concrete solutions are necessary. Creating an official CDC definition of sexual health is recommended; a sexual health definition will provide an authoritative source to move the effort forward. Further, exploring international activities in this arena can help inform a sexual health approach that we can build on in the United States.

What does sexual health look like for NCSD?
Since NCSD and other member organizations representing health departments work through the federalist system of government, they have a unique opportunity to promote change. If an official sexual health definition from CDC were developed, there would be potential for NCSD members to adopt the definition and push it forward within their states.

NCSD is engaged in activities supporting a sexual health framework.
Currently, NCSD promotes sexual health through STD prevention, testing, and treatment, which is a deliberate change as to how the organization describes its work. In the future, NCSD and NASTAD might put together a joint workgroup to examine a sexual health agenda, to collaborate on activities to provide feedback on the green paper, or to develop a policy statement for members of both organizations to adopt.

There is an increasing focus on integrated programming.
Health care reform is going to fundamentally alter resource allocation to categorical STD clinics. There are arguments that STD clinics need to remain since men use them for reproductive health services. Consequently, it's a target population that requires investigation. With a push toward integration and promotion of a sexual health agenda, what will the STD work force look like as we move forward? A full examination of integrated programming is necessary. Integration needs to be approached in a holistic model—at least with a focus on reproductive health.

Discussion Session 4: General Discussion

Panel Representatives: William A. Smith, Rebecca Fox, Julie Scofield

Question 1: How should we determine strategies for finding shared values and what values or framing might be salient at this point?

Rebecca Fox: Ms. Fox noted the importance of finding shared beliefs. A person might be homophobic, but there are beliefs common to everyone. For instance, most people would advocate for safe schools and that bullying disproportionately affects people who will later be LGBT or kids who don't fit in. If public messages are created around this, it's important to be inclusive and note that anyone's child might be affected by bullying. She noted a great ad campaign that depicts a mother and father holding their babies. The ad asks, "Would you love them any less if they were gay?" The LGBT population is only a fraction of the population, but their families make up 100% of the population. It's critical to find common ground among all organizations, to listen and to engage in conversations; this will help us down the road.

Question 2: The speaker mentioned the need to navigate horizontal and cross-cutting issues, and the need to focus on social determinants, sexual health, collaboration, and integration. He noted choices to either continue along the same, traditional route of vertical programs or a different integrated approach based on better leveraging existing networks and forming new connections. As a leader in his organization, the speaker finds this challenging and wants to hear how NASTAD and NCSD help their members navigate the horizontal and vertical intersection.

William Smith: There are likely existing jurisdictions integrating programs out of necessity and noted the benefit of identifying them as likely best practices. The low- and medium-morbidity areas have determined an appropriate way for integration.

Mr. Smith suggested examples to move toward the integration of vertical and horizontal programming. For instance, he suggested including language in the funding announcements that speaks to embracing certain prevention approaches or adopting a sexual health definition. He suggested providing technical assistance to our members to help them figure out what that looks like and he noted that the PCSI initiative evolving within CDC at the Center level will help us further.

Julie Scofield: This question is complicated. National leadership does not mean telling state and local governments what to do with their resources, but rather it means setting the tone and providing strong guiding principles. She mentioned the importance of understanding issues and challenges at the local level in order to implement appropriate strategies. For example, to implement successful prevention strategies for gay men, it's not possible to have a broad national platform which treats all jurisdictions alike; it's important to use different approaches depending on the jurisdiction. She noted the importance of valuing the partnership between state and local health departments and the federal government. Ms. Scofield urged appropriate use of existing resources and freedom and flexibility to implement effective activities.

Question 3: The speaker wanted to know more about Ms. Scofield's perspective on finding common ground. He noted that we need everyone, including those not in agreement, to be a part of the conversation as the initiative moves forward if we want true, lasting change.

Julie Scofield: Ms. Scofield said that the current way of operating under, "I win or you win," does not work. She noted that examining a different approach that includes conversations across viewpoints and deep listening is necessary.

Question 4: What about the disproportionate needs of the American Indian or African-American population regarding these issues? There has been a great deal of discussion about sexual health related to one's sexual orientation, but not with regard to other communities.

Julie Scofield: As this framework moves forward, there needs to be a fundamental principle that respects and addresses differences based on race, ethnicity, gender, etc.

William Smith: Indian Health Service is a partner and funder for his organization. They are doing amazing work on teen pregnancy prevention, STDs, and HIV. They would be a natural partner to incorporate this into the work they are currently doing.

Question 5: The speaker observed that it will be a challenge to move forward. The National HIV/AIDS Strategy is coming out to address the high level of HIV infection, and it's clear this new frame is a welcome step forward. However, he noted his concern that groundwork for some of the political and social issues hasn't been laid. The speaker asked the panel representatives what they as leaders would recommend to help make this a success.

Julie Scofield: It's necessary to work at many different levels. At the national level, it's about creating a context where there is pressure and accountability, but also freeing them up to do work at the local level without fear. Now is the time to go from jurisdiction to jurisdiction to have conversations and to find out what is occurring within the communities. New York will be different from Mississippi, for instance. Ms. Scofield spoke of an initiative for black gay men that NASTAD is leading. They are working to help build indigenous organizations of men who can create community, be empowered, and have their needs addressed. Doing this type of work has required work on jurisdiction-specific issues and capacity.

Rebecca Fox: It would be helpful to have a clear explanation of CDC's path for the purpose of the white paper. She asked which existing programs indicate that now is the time to focus on a sexual health frame. Ms. Fox further suggested using the word "network" as opposed to "jurisdiction" because for many LGBT people, there are many points of impact where health is not discussed. She noted how she instructs her co-workers to be the health voice at the LGBT table and the LGBT voice at the health table. Health is a social justice issue and needs to be tied into all programming.

Eli Coleman: Dr. Coleman wanted to talk about interim actions. He noted the excitement about the opportunity for reinvigoration of a national effort and strategy to promote sexual health but wanted to stress the existing template produced from the 2001 Call to Action. We need to work toward integration despite limited resources, just as organizations have started to engage in mature discussions. In order to move this agenda forward, a national strategy is critical, but it's not necessary to wait until the white paper is complete, as communities and states can act now.

Small Group Discussion and Analysis

For the small group discussions, sexual health consultants were divided into six groups and engaged in discussions on: (1) the sexual health framework, (2) the green paper, and (3) recommendations regarding the strategies.

1. Examination of the Sexual Health Framework

a) What opportunities can arise when adopting sexual health as a framework for public health action? How can CDC and partners leverage these opportunities?

General Thoughts on the Sexual Health Framework
The sexual health framework is broad, contextual, positive, and inclusive. It provides an opportunity to address health, wellness, and prevention which is inclusive and it connects issues and people. Moreover, a public health approach to advancing sexual health emphasizes access to information, education, and tools to make healthful decisions. The framework helps to explain the importance of sexual health as a public health priority. It promotes sexual health as a reciprocal relationship to enhance the quality and duration of relationships, and it enables services and interventions to be more sex-affirmative and accessible. The framework also brings groups together around common concerns including academic curricula, social networks, and professional education and accreditation. It is empowering, and a holistic approach to sexual health promotes both a right to health and also personal responsibility.

An Opportunity for New Avenues to Communicate
A sexual health framework creates unique opportunities for communication. It provides an opportunity to create constructive dialogue among groups across the political, professional, and social spectrum. The framework builds awareness and support for sexual health initiatives and creates multi-space/venues to discuss sexuality and to address what it means for wellness and well-being.

Within the health care setting, there are unique opportunities for communication to occur between the patient and provider. The consultants also noted the potential to incorporate public health language within the medical school curricula and possibly the religious arena. They recommended a community approach to create open dialogue that focuses on issues about sex and sexuality and how they impact health.

An Opportunity to Promote Open Dialogue about Sexuality and Sexual Health
A sexual health framework could help to engage the public and help partners work on a common agenda. Enhanced dialogue around sexuality and sexual health has the potential to address health, wellness, and prevention, and engage audiences such as families and faith-based communities.

An Opportunity to Define Sexual Health
This national effort to address sexual health provides an opportunity to create a CDC definition of sexual health and to define the framework. However, the consultants also remarked that this framework is a challenge, as it must be inclusive of the entire lifespan. A definition needs to clarify both the connection and also the difference between disease and health. They note that the federal government must be careful in its promotion of sexual health and not lean toward moral behavior or issues, as people conceptualize the subjects of marriage and sex differently.

The consultants made the following suggestions for a CDC definition of sexual health:

- Not limiting sexual health to intercourse, as sex is multidimensional and extends to relationship issues;
- Endorsing the World Health Organization's definition of sexual health;
- Addressing the emotional and physical enjoyment of sex as part of its intrinsic nature;
- Including care for sexual and reproductive systems;
- Addressing age-appropriate and culturally acceptable messages;
- Including sexual rights and the right to access unbiased health care and relevant information;
- Addressing "pleasure" within the definition to engage young people, as they are interested in improving the quality of their sexual experience; and
- Reframing sexual health for youth by discussing it in terms of academic achievement, pregnancy prevention, relationship building, life skills, etc.

An Opportunity for De-stigmatization
A public health approach to sexual health will provide an opportunity for de-stigmatization. Since this framework is broad and inclusive, it would help engage the public by encouraging discussion through a positive, wellness-oriented approach.

An Opportunity to Leverage Partners
A sexual health framework could provide an opportunity to develop deeper partnerships through a broadened perspective that would encourage support from new players and stakeholders. A common framework would encourage participation by more partners. Suggested partners include researchers, coalitions, and youth (millennium generation), including additional federal agencies. It also would be important to determine which partners are supportive of the framework and which may have issues.

Media partners could also serve as a source of support to help get the message out and address cultural norms. The consultants suggested partnering with professional, educational, and scientific organizations. CDC should identify its actions and the actions for the various partners (media houses, faith communities, non-governmental organizations, and nonprofits) required to move this initiative forward. The consultants suggested that nonprofits should become advocates for change.

An Opportunity for Policy Development
A sexual health framework will provide an opportunity for policy development. Since prevention and wellness have been emphasized in the current health care reform efforts, the timing is right for this framework, and it clearly fits into CDC's goals of healthy people and healthful environments. Identifying all of the stakeholders is as important as demonstrating that a sexual health promotion approach is cost effective.

Enhanced governmental leadership support could help gain endorsement with funding for research. The consultants mentioned that it will be helpful to establish an explicit connection with the *Surgeon General's Call to Action*. Furthermore, they suggested examining other countries' sexual health models for reference (e.g., Canada and The Netherlands).

An Opportunity for Research and Surveillance
A focus on sexual health across the lifespan will create opportunities and needs for research and surveillance. This framework will create innovative opportunities attracting researchers to the field to identify the baseline data of sexual health, for instance. They suggest implementing a new infrastructure of surveillance to investigate new areas of color/gender/sexual orientation and to include public-sector partners in the process. Many opportunities exist for designing different intervention strategies. It can also provide reliable information and empirically based knowledge in order to distinguish between inaccurate and accurate information.

b) What risks can occur when adopting sexual health as a framework for public health action? What can CDC and partners do to mitigate these risks?

An examination of this framework identified a number of risks, although many felt that the greater risk was not using this framework for change. If the framework is too broad and without a specific focus, clear definitions and action steps may be difficult to implement and measure. Those with infections or those in the highest-risk groups might fall through the cracks. It also might be harder to advance a broad health promotion framework rather than specific problems of acknowledged public health importance (e.g., HIV, STDs, and unplanned pregnancy). CDC should consider if it is the right agency to lead this initiative (versus HHS); at the least, many agencies need to be involved.

Also, since sexual health is controversial subject matter, it will be important to clarify an appropriate role for government; some wonder if this is the government's role. Adopting this framework could raise concerns from elected officials, other policymakers, and more conservative sectors of society. One risk is that CDC could lose its credibility with certain populations if this framework goes forward. The consultants wanted to know the evidence base for the framework and wondered whether it would really drive change. Additionally, this framework raises many questions defining exactly what sexual health is, what is sexually healthful, and who decides. Some suggested that it would be important for the government to acknowledge pleasure as a primary component of sexual health but that it should not be involved in *defining* pleasure for people, while others questioned whether the government should actually focus on the promotion of sexual pleasure at all. Another risk includes affirming sex within marriage as the norm. As a result, harm could come to gay men and others (e.g., unmarried women) who are greatly affected by HIV/STIs and who express their sexuality in socially unsanctioned ways.

Potential Ways to Mitigate Risks
Although many risks are associated with adopting sexual health as a framework for public health, the sexual health consultants offered ways to mitigate these risks. The consultants noted that it will be important to create a mission statement for clarity and to outline strategies to move the agenda forward. They also mentioned that it would be helpful to identify barriers, such as laws and conservative reactions, to advancing the frame. For the discussion document, some suggested including language about "marriage" to appeal to broader audiences.

Broader support from sister agencies and perhaps from the Surgeon General will be necessary. Many consultants also noted that CDC must become comfortable with both sexual health conversations and the potential for divergent opinions. Ensuring careful selection of a spokesperson for the initiative is important. Further, the consultants suggested that those partners identified for support should also assume responsibility for voicing support.

Consultants suggested using communication campaigns to change social norms to reduce stigma. Regarding the framework itself, one consultant suggested that calling the framework a "paradigm shift" might be risky. However, an alternative title could be a "comprehensive lifespan approach to sexual health." Also, the initiative could be explained as an approach to enhancing cost-effectiveness, especially in the more efficient delivery of comprehensive sexual health services.

2. Feedback on the Green Paper

Overall Comments and Suggestions

- Clarify the audience.
- Edit the tone of the paper to be more understandable and reader-friendly in order to reach the largest audience.

- Edit the paper to ensure a strong, positive tone, emphasizing governmental involvement and responsibility.
- Include more graphics to define the frame and to illustrate the public health approach.
- Present clear, guiding value statements up front.
- Place more emphasis on the positive aspects of sexual health across the lifespan and the inherent value of sexual health.
- Include an examination of what hasn't worked, lessons learned, and gaps in the evidence base.
- Provide definitions of terms and do not use interchangeably (e.g., public health framework, sexual health framework vs. approach).
- Strengthen reasons for developing this framework and highlight its connection to current programmatic efforts.
- Add a sustainable operation or implementation plan that would address the following: how to translate the plan into action at the state and local levels, what next steps should happen, what goals need to be accomplished in the short/mid/long term, and what policy action programs addressing intersectoral issues, structural determinants, and social justice issues need to take place.
- Flesh out the six strategies to demonstrate how the six objectives can be accomplished.
- Address programmatic shifts from the present looking toward the future as well as how the frame will complement and enhance existing programs. Existing efforts need to be added to the paper as well as linking current initiatives to the framework (e.g., National HIV AIDS Strategy, Program Collaboration and Service Integration, and Social Determinants of Health).
- Edit the paper to strike a more moderate tone.
- Explore ways to ensure that this initiative has a positive effect on the sexual health of the communities where it is most needed.

Suggested Definitions to Include

- CDC definition of "sexual health"
- National leadership
- Public health approach
- Provide more examples to make concepts more concrete
- Sexual rights
- Sexual identity
- Sexual activity
- Age-appropriate
- Consent
- Gender identity
- Gender orientation
- Sexuality education that includes abstinence, condoms, and contraception

Suggested Topics to Include – What's Missing

- Include a clearly stated, desired outcomes of sexual health.
- There is no mention of outreach to a broader set of policy makers.
- Add state and local governments wherever the federal government is mentioned.
- Include the benefits of healthy sexual functioning and relationships.
- The concepts of "desire" and "pleasure" do not appear in the paper.
- Include the following populations more prominently: men, adults over 65 years, injection drug users, and sexual minorities.
- Include a focus on environmental strategies to create healthful environments for healthful behaviors.
- Incorporate information on provider training to promote the sexual health of patients.
- The following words are missing: sexual prejudice, intimacy, and sexual abuse or coercion.
- Past or present sexual trauma needs to be recognized and addressed.
- Incorporate the connection between media and sexual health.
- The strategies are too narrow and do not capture the social networking online communities.
- Communication options are more than just mass media. Include segmented marketing as specialized outreach or targeted media efforts for specific communities.
- Topics regarding family and faith communities are not prominent.
- Incorporate both positive and negative family issues in the paper and define families to include those comprising non-blood members (e.g., networks of mutual commitment).
- Adding the faith-based sex education program, "Keeping It Real," to the evidence base.
- The paper lacks a reference to religious institutions and marriage.

Evidence

- The vision for the sexual health effort is greater than the evidence presented in the paper.
- The quality of evidence-based interventions needs to be strengthened by including a systematic review. Case studies also need to be included in the paper to reinforce support.
- There is too much of a focus on adolescent sexuality. More data are needed to emphasize demographics across the lifespan, especially data on older and middle age groups and various target populations like MSM/GLBTQ.

- Include measures of family planning activities.
- Strengthen statistics on sexual trauma, violence, or coercive behavior.
- There is concern that not all parts of the framework are measurable.

3. Analysis of Strategies and Objectives

Strategy 1: Provide National Leadership

Key Elements of CDC implementation

- Identify key leaders and partners and outline key phases necessary for implementation.
- It will be necessary to mobilize and guide health departments.
- Internal CDC coordination, and even a possible reorganization of CDC, could be considered to facilitate a coordinated approach to sexual health.

Overarching Leadership Concerns

- Determine those populations requiring the most help to affect epidemics, including specific messaging for heterosexual males.
- Engage with traditional media partners (e.g., MTV, BET, print, or networks) and online sources, as well as engage people in the entertainment industry, as a vehicle to circulate the message (e.g., screen writer's guild, producers, or studios).
- Include youth organizations.

Objective 1: Increase healthy, responsible, and respectful sexual behaviors and attitudes

Objective 2: Increase the awareness and ability to make healthy and responsible choices, free of coercion

Objective 3: Promote healthy sexual functioning and relationships, including ensuring that individuals have control over and decide freely on matters related to their own sexual relations and health

To accomplish Objectives 1, 2, and 3 by providing national leadership:

- Combine Objectives 1–3, as they are overlapping and synergistic.
- There is a need for federal guidelines for sexuality education in schools.
- Create new sexual health program announcements.
- Regarding specific sexual health campaigns, build on the successful campaigns of other health issues.
- Develop a national campaign that would incorporate all six objectives. Within this national campaign, identify national leadership, inform the public about sexual minorities, create a campaign that would influence parents (e.g., the work of Caitlyn Ryan addressing family rejection of LGB youth), and include a campaign that addresses people with disabilities.
- Develop this frame in phases starting with small, incremental steps.
- Have high-level spokespeople who are familiar and fluent with the issue (e.g., Assistant Secretary of Health and the Surgeon General).
- Endorse the Inter-Ministerial Declaration. (http://data.unaids.org/pub/BaseDocument/2008/20080801_minsterdeclaration_en.pdf)
- Strengthen research and identify gap areas within research.
- Formulate messages that would help the public understand the frame's goals.
- Work with the media to frame the issue and to question whether it would be possible to have an online advertising campaign.
- Develop sexual health communication guidelines for individuals such as parents and business guidelines like a sexuality responsibility index.
- Work across sectors to provide access to, and utilization of, condoms for sexually active persons.

Objective 4: Optimize and educate about reproductive health

To accomplish Objective 4 by providing national leadership:

- Focus on positive outcomes like parenting and spacing children.
- Include both "sexual" and "reproductive health"—thus, "sexual and reproductive health."
- Examine existing programs and research to ensure alignment with the sexual health framework.

Objective 5: Increase access to effective preventive, screening, treatment and support services that promote sexual health

To accomplish Objective 5 by providing national leadership:

- Leadership should provide education and support to health departments and non-governmental organizations.
- Support policies that increase access to support services without parental consent for youth.
- Develop integrated sexual health screening recommendations.
- Update recommendations for youth aged 15–17 years to include well-child check-ups.
- Educate about sexual health to providers, covering existing laws.
- Create more student-based health centers and develop relationships with retail clinics.
- Strengthen relationships with professional societies in order to provide information to professionals.

Objective 6: Decrease adverse individual and public health outcomes including HIV/STDs, viral hepatitis, unintended pregnancies, and sexual violence
To accomplish Objective 6 by providing national leadership:

- Remain grounded in current core activities.
- Examine how to present a comprehensive overview for the public that would cross health outcomes, address sexual health in related Morbidity and Mortality Weekly Reports, and highlight innovation.

Strategy 2: Promote effective policy actions

Overall Comments and Suggestions

- Define "policy."
- There are a number of overarching themes: funding, social marketing/media, partnerships, medical homes, social determinants, public health departments, sustainability, and changing attitudes, as well as common themes addressing the linkage to health reform and the need for educational policies to include sexual health education and health promotion.

Objective 1: Increase healthy, responsible, and respectful sexual behaviors and attitudes
To accomplish Objective 1 by promoting effective policy actions:

- Identify strategies on policies, create incentives for parents, and ensure access to information and marketed tools to capture a reaction.
- Create an avenue for empowerment for parent and health provider buy-in.
- Support school-based policies to increase healthful behaviors.
- Promote policies that would create a safe space for all students regardless of sexual orientation.
- Support policies that would enable comprehensive education about preventive health care in schools and enable integration with current initiatives.

Objective 2: Increase the awareness and ability to make healthy and responsible choices, free of coercion
To accomplish Objective 2 by promoting effective policy actions:

- Provide further clarification to understand the change this objective targets and suggest defining healthful, responsible choices. A more defined focus will determine funding, public awareness, educational campaigns, and a focus on personal responsibility and self-efficacy.
- Provide examples of model types of behavior through mass media.

Objective 3: Promote healthy sexual functioning and relationships, including ensuring that individuals have control over, and decide freely on, matters related to their own sexual relations and health
To accomplish Objective 3 by promoting effective policy actions:

- The language inspires discussion of sexual and reproductive health choices.
- Clarify what respectful, sexual behavior entails. Include a discussion of respectful behavior especially regarding sexual abuse and violence for both sexes.

Objective 4: Optimize and educate about reproductive health
To accomplish Objective 4 by promoting effective policy actions:

- Expand the definition of reproductive health.
- Establish a research agenda with a gap analysis.
- Establish best practices.
- Create a policy on general awareness.
- Identify the types of coverage and funding.

Objective 5: Increase access to effective preventive, screening, treatment and support services that promote sexual health
To accomplish Objective 5 by promoting effective policy actions:

- Since the general population will not have knowledge of, or access to, all available support services, have a public information campaign.
- Combine those services that would increase access to health care to those promoting sexual health and increase funding for these services, additional staff, and other resources.
- Develop policy on the quality and delivery of services.

Objective 6: Decrease adverse individual and public health outcomes including HIV/STDs, viral hepatitis, unintended pregnancies, and sexual violence
To accomplish Objective 6 by promoting effective policy actions:

- Create policies that would aid in creating infrastructure for comprehensive reproductive health care services to include social work and mental health counseling services along with staff training.
- Promote policies that would help to destigmatize testing and treatment when seeking care and information.
- Apply non-traditional, creative approaches to affect the learning process for youth.
- Target interventions and policies that include sexual health content for motherhood, childbearing, and pregnancy.

- Prioritize attention to social determinants of disparities through root causes.

Strategy 3: Promote communication/awareness/education

To accomplish all objectives by promoting communication, awareness, and education:

- First, create partners for communication, awareness, and education. The group outlined what CDC, nonprofits, and the private sector can separately accomplish. They advised CDC to research messages and provide technical assistance for translation. For nonprofits, the group recommended grants for capacity-building to talk about sexual health and adapting these conversations to specific communities—particularly the faith community. For the private sector, group members suggested partnering with a variety of organizations, including large media houses.
- Second, communicate the benefits of healthy sexual functioning, like stress reduction, health improvement, and relationship quality.
- Third, generate communication guidelines and standards. Create standards for media to depict responsible sexual practices. Develop guidelines and standards for health care providers, a sexual health checklist, and sexuality education in medical school. These guidelines need to be sensitive to homophobia, ageism, and disabilities.
- Fourth, develop new tools that would capitalize on new media to empower individuals. Devise participatory approaches to engage the entrepreneurial spirit of the current generation. Create tools for different groups by age, race, sex, gender, or sexual orientation, for instance, and use the online pornography, alcohol, and mainstream media industries for these new tools. A bottom-up approach is recommended.
- Finally, create curriculum-based programs which ought to address broader sexual health issues and include such topics as pregnancy and STDs. Create programs for people throughout the lifespan.

Strategy 4: Expand and strengthen surveillance, monitoring/evaluation, and research

Overall Comments and Suggestions

- When applying Strategy 4 to all six objectives, map a research agenda for priority areas and gaps to increase knowledge of healthful, responsible, and respectful sexual behaviors and related attitudes.

Objective 1: Increase healthy, responsible, and respectful sexual behaviors and attitudes

To accomplish Objective 1 by expanding and strengthening surveillance, monitoring/evaluation, and research:

- Identify and create the appropriate *measures* to assess healthful, responsible, and respectful sexual behaviors and related attitudes.
- Use the existing General Social Survey to submit questions that would assess sexual attitudes and behaviors at the national level.
- Explore the armed services as a potential venue for assessing outcomes in terms of behaviors and attitudes.
- Generate common guidelines for monitoring and evaluation (M&E) for CDC programs incorporating the sexual health framework, and identify potential barriers for conducting M&E surveys.
- Build M&E relevant to sexual health into current CDC evaluation surveys and developing channels to share M&E data to establish benchmarks of effectiveness.
- Create a "sex-us"—as compared with the census—to collect sexual health information every decade, as is now conducted in the United Kingdom.

Objective 2: Increase the awareness and ability to make healthy and responsible choices, free of coercion

To accomplish Objective 2 by expanding and strengthening surveillance, monitoring/evaluation, and research:

- Focus on the barriers that hinder the awareness of, and the ability to, make healthful and responsible choices.
- Formulate a list of models for best practice that increase awareness.
- Map current and gap research, focusing on gender and sexual coercion, specifically.
- Conduct contextual research to identify psychosocial, cognitive, and environmental consequences.
- Develop a grounded understanding of these consequences to inform program development and policy.

Objective 3: Promote healthy sexual functioning and relationships, including ensuring that individuals have control over, and decide freely on, matters related to their own sexual relations and health

To accomplish Objective 3 by expanding and strengthening surveillance, monitoring/evaluation, and research:

- Convene an expert panel to identify current research, particularly the spectrum of healthy sexual functioning and sexual rights, as well as key components of healthy relationships.
- Determine measurements for these components.
- Fund a longitudinal study on sexual behavior that tracks positive outcomes and examines what healthy sexually functioning of adults entails.
- Create a sexual health study for adolescents and older adults among individuals, partners, and groups to identify healthful, positive, sexual health.

- Explore health factors that affect sexual performance and focus on communication in relationships.

Objective 4: Optimize and educate about reproductive health

To accomplish Objective 4 by expanding and strengthening surveillance, monitoring/evaluation, and research:

- Change the language to, "educate and broaden reproductive health education."
- Teach reproductive health within the context of sexual health across the lifespan.
- Examine the efficacy of education across the lifespan and how/what/when education is provided and measured across the lifespan.
- Identify successful and relevant sexual health models outside of the United States.
- Measure access to sexual/reproductive health across the lifespan. Identify and study effective vehicles for delivering information and tools.

Objective 5: Increase access to effective preventive, screening, treatment, and support services that promote sexual health

To accomplish Objective 5 by expanding and strengthening surveillance, monitoring/evaluation, and research:

- Commission a study to assess needs and barriers to providing a comprehensive model of sexual health service provision in diverse populations. Determine access levels for sexual health services in all states.
- Launch a pilot project to increase access to, and quality of, services.

Objective 6: Decrease adverse individual and public health outcomes including HIV/STDs, viral hepatitis, unintended pregnancies, and sexual violence

To accomplish Objective 6 by expanding and strengthening surveillance, monitoring/evaluation, and research:

- Revisit the use of terms STIs vs. STDs.
- Strengthen surveillance systems by including positive indicators (e.g., planned pregnancies, school-based programming, sense of sexual safety and tolerance for sexual diversity, and cultural competence).
- Identify sexual health programs that work and then monitoring their scale-up.
- Have a follow-up consultation where organizations could highlight successful programs and possibly adapt them for the Internet.

Strategy 5: Enhance strategic partnerships

Overall Comments and Suggestions

- Clarify the objectives for a lay audience
- Objectives 1–3 seem to overlap.

Objective 1: Increase healthy, responsible, and respectful sexual behaviors and attitudes

- Create a CDC definition of "healthy" that speaks to the appropriate audience—a global message with U.S. sensitivities.
- Include individual and social well-being within the objective.
- Include the objective as a preamble.

Objective 2: Increase the awareness and ability to make healthy and responsible choices, free of coercion

- The objective is too vague and lacks a specific reference to sex.
- Add "sexual" to "healthy and responsible choices."
- Question where children would fit since they cannot make sexual decisions.
- Include lifespan language throughout.
- Clearly define and explain "community" and broaden its definition.
- Add the language "developmentally appropriate and social conditions" and "individuals and their partners."

Objective 3: Promote healthy sexual functioning and relationships, including ensuring that individuals have control over, and decide freely on, matters related to their own sexual relations and health

- Objective 3 seems to encompass Objectives 1–2, as it appears to address "rights" and needs to be more explicit. Objective 3 is the only objective that can potentially address children.
- The objective needs to be inclusive of all age groups.
  - » Reword this objective to include the rights of children.
  - » This objective is the most challenging and needs clarification for each lifespan stage.
- Emotional attachments need to be included in the objective.

Objective 4: Optimize and educate about reproductive health

- Identify the healthy outcomes.

Objective 5: Increase access to effective preventive, screening, treatment, and support services that promote sexual health

- Promote sexual and reproductive health.
- Conduct a SWOT analysis to identify strengths, weaknesses, opportunities, and threats as related to this objective.

Objective 6: Decrease adverse individual and public health outcomes including HIV/STDs, viral hepatitis, unintended pregnancies, and sexual violence

- Objective 6 seems to offer a conclusion statement about Objectives 1–5, rather than garner enough strength to stand alone. Combine Objective 6 with Objective 1 into a preamble.

Suggested List of Partners (not exhaustive)

- Health-focused organizations inside and outside of government (e.g., pharmaceutical companies)
- Businesses
- Religious community
- Educators
- Media
- Entertainment
- Not-for-profits
- Labor groups
- Local community leaders (in and out of office) and other community stakeholders
- National- and state-level coalition organizations
- Associations of state legislatures
- Caucuses (mayors and health secretaries)
- State-level education entities
- EPA
- Local principals
- Juvenile justice
- Teachers' unions
- Boy and girl scouts
- Child protective services workers
- HHS agencies
- Payers, Medicare, and private payers
- Entertainment and social media
- Faith community (to reach community on moral issues)
- Internet providers (PSAs)
- Mail-in testing kit companies for rural areas
- The business community or the workplace. Take advantage of diversity training and workplace sexual harassment programs.
- Medical, educational, and law communities
- AIDS/HIV NGOs
- Schools, and school-based clinics
- Youth-friendly entities

Strategy 6: Strengthen infrastructure to provide appropriate sexual health services

Overall Comments and Suggestions

- The objectives and strategies overlap considerably. Examine which objectives need to be combined.
- Prioritize the objectives.
- Include more evidence for the frame.
- Address issues of racial and cultural competencies within the framework.
- The green paper could be a 10th year edition of the *2001 Call to Action*.
- Issue an Institute of Medicine (IOM) report, as it may have more of an effect than the *Call to Action*.

To accomplish all objectives by strengthening infrastructure to provide appropriate sexual health services:

- Regarding partners:
  - » Gain the support of opinion leaders.
  - » Allow community planning groups to embrace the sexual health framework to gain community support.
  - » Develop an Office of Sexual Health and an Office of Men's Health.
- Strengthen and define the public health infrastructure to enhance services at the local level.
  - » Encourage program-level integration of services and flexible spending to finance sexual health services from categorical grants instead of block grants.
  - » Create prevention resource centers and a mechanism for programmatic planning.
  - » Devise a text message program for sexual health and provider training around sexuality.
  - » Incorporate specific topics such as reproductive coercion and equal treatment of boys and girls within the frame.
  - » Integrate sexual health into relationship/marriage promotion.
- Regarding monitoring and surveillance efforts:
  - » Additional data gathering and development would create better surveillance and sharing across categorical programs.
  - » Monitor prevention services through electronic medical records and propose a national health registry.
  - » Create a coordinating center to track programs.
  - » Devise Government Performance and Results Act goals for sexual health.

The group also suggested potential leads for related sexual health activities by other governmental and non-governmental partners such as the following:

List of Identified Leads

- Develop Office of Men's or Sexual Health (Assistant Secretary of Health, HHS)
- Surgeon General's report (Office of the Surgeon General)
- Popular Opinion Leaders (MTV, Google, Ford Foundation)
- Tech/Media (ISIS, MTV, Facebook, Apple, AARP, Gates Foundation)
- Coordinate or implement policy on training providers, HRSA, CMS, SAMHSA, NGO, Title 10, OPA, academic institutions, faith-based institutions

CDC Leaders' Closing Comments

Cathleen Walsh, PhD, *Acting Director, Division of STD Prevention (DSTDP)*

Dr. Walsh thanked the audience and meeting organizers for the opportunity to attend the meeting. She noted that the sexual health frame is a challenge, but also an opportunity for DSTDP to examine this approach with a broad perspective to potentially affect change. She noted the opportunity for change toward a different course. She suggested examining other areas of success like drunk driving and smoking where norms and acceptability levels have changed through strategic actions and potentially adapting that to the approaches taken for sexual health.

Richard Wolitski, PhD, *Deputy Director for Behavioral & Social Science, Division of HIV/AIDS Prevention (DHAP)*

Dr. Wolitski shared his pride at being part of the sexual health organizing committee since its inception a year and a half ago. He mentioned a meeting that the Fenway Institute held shortly before the current meeting, which was sponsored by the National Institute of Health, DHAP, and the American Foundation for AIDS Research. The meeting focused on the sexual health of MSM. Dr. Wolitski noted the value of collective efforts to achieve sexual health, as evidenced by both meetings. He further mentioned that DHAP is completing a strategic planning process, and since they are in the process of taking a critical look of past and present efforts, they are in a position to integrate the sexual health framework into all aspects of their work. Since HIV infections among gay, bisexual, and other MSM have been steadily increasing for the past 15 years, Dr. Wolitski noted that the scale of programs is insufficient and that a different approach is necessary. He mentioned that a sexual health approach with affirming messages has tremendous potential to help balance negative, invalidating messages that gay men receive from the government.

Jonathan Mermin, MD, MPH, *Director, DHAP*

Dr. Mermin began by noting that we all are involved in public health to further issues of justice and to make the world a better place. He mentioned that the framework for sexual health allows for broad thinking and enables a place for health for all people. The sexual health framework enables forward movement to achieve greater health equity and justice for all people regardless of sexuality, and that this inclusive framework will enable us to move the agenda forward and do a better job. He noted that commonality can be found when focusing on issues or relationships, love, social acceptance, and feeling confident in oneself within the greater society. Finding common ground will enable forward movement with the sexual health agenda that will ultimately sustain future efforts. The primary purpose of the Division is HIV prevention, but a positive, sexual health framework will not only facilitate HIV prevention but will also improve sexual health in its broadest form for everyone.

Lee Warner, PhD, *Associate Director for Science, Division of Reproductive Health (DRH)*

Dr. Warner acknowledged the tremendous effort and success of the planning committee to complete and provide a draft document for the consultation. He noted that DRH supports the initiative and provided examples of current activities that would integrate well with the initiative, such as their national action plan on fertility prevention and medical eligibility for contraception systematic reviews.

Dr. Warner noted that a sexual health framework tied to disease prevention is something that needs to be evaluated empirically. He also mentioned that a definition of sexual health needs to be established. Finally, considering the lifespan approach associated with this broad frame, along with current limited resources, he recommended focused action toward young people as early as 9 or 10 years of age, with continued targeted activities to high-risk communities and populations.

Howell Wechsler, EdD, MPH, *Director, Division of Adolescent and School Health (DASH)*

Dr. Wechsler noted his Division's excitement about the sexual health framework. He mentioned that the initiative is useful for DASH in two ways: (1) it affirms the past and present integrated, sexual health work they have been working towards and (2) it provides leverage to continue work in this manner. He noted current activities, including the Health Education Curriculum Analysis Tool, which guides school districts to choose evidence-based health education curriculums across a number of topics—including one chapter entitled "sexual health" which was a bold step for the Division. Also, DASH funds four organizations to bring together those working in HIV with those working in STDs and teen pregnancy. Dr. Wechsler concluded by noting the fact that a sexual health frame will receive both support and resistance from school districts. However, he confirmed that the work completed from the meeting will help strengthen people supporting this framework and will enable them to continue to push in the right direction.

Deborah Holtzman, PhD, *Associate Director for Science, Division of Viral Hepatitis (DVH)*

Dr. Holtzman noted the Division of Viral Hepatitis' engagement and continued commitment to the sexual health initiative. She reminded the audience that hepatitis B continues to be a significant sexually transmitted infection and that it needs to be part of the sexual health agenda. She stated that an Institute of Medicine report was released last January that focused on the prevention of viral hepatitis and liver cancer. The report called for an increase in surveillance, vaccinations, screening, and treatment. Dr. Holtzman stressed the importance of incorporating viral hepatitis screening and vaccination into this public health approach for advancing sexual health and that this integration will ultimately contribute to overall sexual health.

Closing Comments

Kevin Fenton, MD, PhD, *Director, NCHHSTP, CDC*

The sexual health effort has support from leaders across CDC and within NCHHSTP who have been working together for over 18 months to ensure a robust collaborative framework to move forward. Four key themes have been emphasized during the meeting: (1) radical inclusivity, (2) a public health approach, (3) navigating vertical public health programs and horizontal cross-cutting efforts, and (4) the urgency of now.

Dr. Fenton applauded the concept of "radical inclusivity." He noted that the phrase speaks to creating different and new coalitions and that part of this initiative has been to bring new partners to the table at CDC. He expressed enthusiasm for new, diverse, and dynamic partners as work extends outside of CDC. Regarding "a public health approach," Dr. Fenton mentioned that CDC should play to its strengths as a federal agency by remaining within its domain, but also, use this domain to leverage activities to move forward. CDC should focus efforts on its core competencies and partner effectively, ensuring a holistic coalition to advance this frame. Regarding "navigating the vertical and horizontal," this initiative can add value to vertical programs and activities but it should not replace disease-specific activities. We should examine vertical and horizontal opportunities to work together as we learn more about the social determinants of health and interconnectivity of workspace, community, and society. Finally, by emphasizing "the urgency of now" Dr. Fenton stressed the critical importance of moving thoughtfully, but rapidly, to accelerate overdue progress on this critical effort.

Appendix A: Meeting Agenda

Meeting Purpose:

To articulate the rationale, vision and priority actions for a public health approach to advance sexual health in the United States.

Wednesday, April 28, 2010

7:45 – 8:25am	**Registration**
8:30 – 9:50am *General Session* *Rooms 301 – 302*	**Historical Perspective and Future Directions of Sexual Health** Objective: To highlight the past; to set the stage for the future. Moderator: Kevin Fenton, MD, PhD *Director, NCHHSTP* *CDC*
8:30 – 8:35am	Welcome and Introduction Kevin Fenton, MD, PhD
8:35 – 8:50am	An Examination of History David Satcher, MD, PhD *Director, Satcher Health Leadership Institute* *Morehouse School of Medicine*
8:50 – 9:05am	An International Perspective Rafael Mazin, MD, MPH *Regional Advisor on HIV/STI Prevention & Comprehensive Care* *Pan American Health Organization/ Regional Office of the World Health Organization*
9:05 – 9:20am	An Examination of Sexual Health: CDC's Perspective Kevin Fenton, MD, PhD
9:20 – 9:50am	Question and Answer Session
9:50 – 11:10am *General Session* *Rooms 301 – 302*	**Sexuality and Sexual Health across the Lifespan** Objective: To assess what we know about sexual health across the lifespan and where we need to be. Moderator: Eli Coleman, PhD *Director, Program in Human Sexuality* *University of Minnesota*
9:50 – 10:10am	Julia R. Heiman, PhD, ABPP *Director, Kinsey Institute for Research in Sex, Gender and Reproduction* *Indiana University*
10:10 – 10:25am	Gilbert H. Herdt, PhD *Director, National Sexuality Resource Center* *San Francisco State University*
10:25 – 10:40am	Pepper Schwartz, PhD *University of Washington*

Appendix A: Meeting Agenda

10:40 – 11:10am	Question and Answer Session
11:10 – 11:40pm	**BREAK**
11:45 – 1:00pm *General Session* *Rooms 301 – 302*	**Advancing a Sexual Health Paradigm: Multi-sector Perspectives** Objective: To outline examples of advancing sexual health through faith, the military and non-governmental sectors. Moderator: Christian J. Thrasher, MA *Director, Center of Excellence for Sexual Health* *Morehouse School of Medicine*
11:45 – 12:00pm	Sexual Health and the Non-governmental Sector Margaret Hempel *Director, Sexuality, Reproductive Health & Rights* *Ford Foundation*
12:00 – 12:15pm	Sexual Health and the Military Michael R. MacDonald, MS, CHES *Navy and Marine Corps Public Health Center*
12:15 – 12:30pm	Sexual Health and Faith Reverend Edwin Sanders II *Senior Servant* *Metropolitan Interdenominational Church*
12:30 – 1:00pm	Question and Answer Session
1:00 – 2:00pm	**LUNCH**
2:00 – 5:00pm *Breakout Sessions* *Rooms 309 - 314*	**Small Group Analyses** *Groups to take brief afternoon break during this time.* Objective 1: To examine the sexual health framework. Objective 2: To obtain feedback on draft CDC technical discussion paper (Green Paper). Objective 3: To identify priority actions that CDC and potential partners can use to meet sexual health objectives.
5:00pm	**Day 1 Adjourns**

Appendix A: Meeting Agenda

Thursday, April 29, 2010

8:30 – 9:15am *General Session* *Rooms 301 - 302*	**Welcome: Reflections and Questions from Day 1** Objective: To identify emerging themes from small groups. John M. Douglas, Jr., MD *Chief Medical Officer, NCHHSTP* *CDC*
9:15 – 10:45am *Breakout Sessions* *Rooms 309 – 314*	**Small Group Analyses** Objective: To continue review of sexual health framework, strategies, and Green Paper; to prepare presentation for larger group.
10:45 – 11:00am	**BREAK**
11:00 – 12:30pm *General Session* *Rooms 301 - 302*	**Presentation of Small Group Discussions to Larger Group** Moderator: John M. Douglas, Jr., MD
12:30 – 1:30pm	**LUNCH**
1:30 – 2:30pm	**A Sexual Health Framework: Its Impact on Partners** Objective: To examine what a sexual health framework would mean for CDC's partners. Moderator: Lynn Barclay *President & CEO, American Social Health Association*
1:30 – 1:40pm	Julie Scofield *Executive Director, National Alliance of State and Territorial AIDS Directors*
1:40 – 1:50pm	Rebecca Fox *Director, National Coalition for LGBT Health*
1:50 – 2:00pm	William A. Smith *Executive Director, National Coalition of STD Directors*
2:00 – 2:30pm	Panel Discussion
2:30 – 3:00pm *General Session* *Rooms 301 - 302*	**General Discussion** Moderator: John M. Douglas, Jr., MD
3:00 – 3:30pm	**Closing Remarks, Reflections, and Next Steps** Panel to include: Kevin Fenton, MD, PhD *Director, NCHHSTP* Representative CDC Division Directors from Sexual Health Steering Committee
3:30pm	**Meeting Adjourns**

Appendix B: Meeting Participants

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