

WeCanStopSTDsLA 2013 – 2021 Retrospective Review

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Executive Summary

From 2013-2022, WeCanStopSTDsLA sought to strategically develop and guide activities through the lens of social justice, public health and public will—aimed at combatting the root causes and social determinants of health that drive the STI epidemic. Through its community engagement approach based on a socio-ecological model, WeCanStopSTDsLA's goal was to decrease STIs in young people in LA County through creating changes in systems, culture and practices. Its vision is that *youth and young adults in vulnerable parts of Los Angeles County live healthy lifestyles in thriving and supportive communities.*

Working through the Community Advisory Coalition, WeCanStopSTDsLA uses a community engagement model aimed at social service agencies working in equal partnership with community members to drive activities through community forums, faith-based programs and communications. Through participatory processes, the Coalition brings cultural humility and consensus decision-making around engaging the interrelationship of members and constituents to communicate best and promising practices to achieve health equity and reduce STIs. This retrospective review assesses the impact of WeCanStopSTDsLA's model, activities and strategies over the eight years 2013-2021.

Data from project files and sources such as reports, presentations, community participation in working group activities, events, evaluation reports and other documents were analyzed. Data was also collected from surveys, key informant interviews and focused conversations. Activities were organized into the following overarching buckets: a) constituent engagement, b) community education and outreach, c) policy and systems change, and d) coalition capacity strengthening. The most significant impacts were:

- Increased engagement with coalition partners resulted in improved responses to working with young people
- Increased engagement with young people through Spring into Love and communications content creation resulted in more engaged young people
- Fostering a collaborative engagement with the faith community has led to the Interfaith Toolkit
- Leveraging resource capacity and community will through regular convenings which included knowledge and skill development

Other key themes emerged around the importance of: a) youth and other constituents impacted by the STI crisis; b) addressing stigma and social determinants of health and healthy relationships; c) maintaining and expanding the coalition; d) distributing Coalition tasks across a broad spectrum of constituents through working groups; e) working more strategically with other coalitions and youth groups. Based on the findings, WeCanStopSTDsLA recommends four goals and corresponding strategic priorities:

1. Expand WeCanStopSTDsLA's Collective Impact model and transform systems thinking.
2. Strengthen and reimagine WeCanStopSTDsLA's structure and fortify relationships to sustain the Coalition's work.
3. Increase youth, community and resident engagement to elevate priority populations.
4. Expand the WeCanStopSTDsLA brand and leverage Coalition partners to increase reach.

Based on the retrospective review, impacts that will influence future direction of the CAC are outlined in an action plan which describes the Coalition's commitment to continue working with youth and young adults of color at elevated risk for STIs. Although any one of the social determinants of health is formidable on its own, many young people in LA County are often plagued by multiple intersecting inequities. Results indicate the need to recommit focusing on young people who are: a) LGBTQIA2+ identified; b) without stable or any housing; c) involved in the juvenile justice system; d) in or transitioning out of foster care and; e) experiencing emotional and mental health due to trauma, substance abuse. Though challenging, focusing on these and other pressing inequities must continue to frame WeCanStopSTDsLA's focus on the achievement of health justice as an important framework for community members to champion utilization of stable screening, prevention education, testing and treatment services for youth and young adults.

Introduction

WeCanStopSTDsLA Background

In 2018, California reported the highest number of STI cases (chlamydia, gonorrhea, and adult syphilis) in the country¹. According to recent Centers for Disease Control data, approximately 1 in 5 people have a sexually transmitted infection (STI) in the United States, which is equal to about 26 million people. In 2019, Los Angeles (LA) County reported a total of 98,427 STI cases,² a number indicative of a rise in the number of STI cases over past years. Of the reported cases, the majority were Chlamydia (66%), gonorrhea (25%), and syphilis (9%). There has been a significant increase in the rates of syphilis among women and men in recent years with a steep increase in the rate of congenital syphilis with 122 cases reported in 2020.

Marginalized communities facing social inequities including youth and young adults, people of color, women and girls, LGBTQ+, precariously housed folks, young people in or transitioning from foster care, people surviving racism and others are frequently the most impacted. Stigma, the taboo nature of sexual and reproductive health, lack of healthcare access, misinformation, substance use disorders, the social determinants of health, changing political and practice norms and other factors continue to play a role in this rising epidemic. Young people and people of color are particularly vulnerable for a number of reasons such as structural racism, a lack of education regarding STIs, inability to access sexual health services, and distrust in the healthcare system.

In 2013, the WeCanStopSTDsLA and its Community Advisory Coalition (CAC / Coalition) were reorganized and rebranded under the leadership of backbone entity, Coachman Moore & Associates Inc. (CMA). Designed to combat a five decade long public health crisis, the Coalition was originally established in 2012 to bring together people and organizations who lived, worked, served, played and/or worshiped in in the South Los Angeles area of Los Angeles County's Second Supervisorial District (District 2) communities with the goal of reducing the cases of STIs among youth and young adults. In 2018, the CAC was charged by the LA County Board of Supervisors to expand its work into other areas of the county with great needs. In 2019 the CAC began to determine how it could come alongside the STI efforts in Antelope Valley and East Los Angeles. WeCanStopSTDsLA's work has continued to strengthen and has expanded countywide with the initiation in 2020 of Project Fierce, a CDC funded project for young women of color 18-26 years of age. STI cases among young people, particularly young people of color have been rising over the past six decades.

The Coalition sought to strategically develop and guide activities through the lens of social justice, public health and public will aimed at combatting the root causes and social determinants of health (SDH) that drive the STI epidemic. Creating changes in systems, culture and practices were the goals of its socio-ecological model. Long-term outcomes envisioned by the logic model as methods to ultimately achieve the impact of decreasing the rates and cases of STIs in young people in LA County.

¹ <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Surveillance-Executive-Summary.pdf>

² http://publichealth.lacounty.gov/dhsp/Reports/STD/2019_LAC_STD_Snapshot_051921Update.pdf

Purpose of Review

The purpose of this retrospective review is to assess the WeCanStopSTDsLA's impact over the eight years from 2013-2022, as well as provide recommendations for future focus areas and activities for the Coalition's action plan. This report describes CMA's approach to the along with providing rationale for four recommended goals that will enable the Coalition to build on its strengths, implement strategies and align its resources to act on emerging opportunities.

When considering impact of WeCanStopSTDsLA over the past eight years, this query is framed around the one bold driving question, *what difference did it make that WeCanStopSTDsLA existed?* Thus, the following key review questions were developed and used to guide the retrospective review:

1. What were the key accomplishments (outputs) of the CAC from 1/1/13 to 6/30/21?
2. What has changed as a result of WeCanStopSTDsLA's work and what were the outcomes?
 - a. What relationships, partnerships and capacities were built or strengthened?
 - b. What, if any, changes happened at the organizational, community or systems level (e.g., changes in social norms, service coordination, adoption of policies, etc.)?
3. What did not work, or did not go as intended?
4. What worked better or differently than intended?
5. What are the important lessons learned and/or promising practices?
6. What are the critical opportunities for WeCanStopSTDsLA over the next 3-5 years?

These questions were applied when assessing WeCanStopSTDsLA as a coalition as well at its key strategies: a) constituent engagement, b) community education and outreach, c) coalition capacity-strengthening and d) systems change.

Review Approach

Data from project files and sources such as reports, presentations, community participation in working group activities, events, evaluation reports and other documents were analyzed. Data was also collected from surveys, key informant interviews and focused conversations³.

From January 2013 to June 2021, the CAC's logic model organized its activities into the following overarching buckets: constituent engagement, community education and outreach, policy and systems change, and coalition capacity strengthening. The following table illustrates these logic model outcomes and the strategies and activities used to support these efforts.

Logic Model Outcomes	Support Strategies and Activities Deployed
1. Sustained implementation of strategies by community members and groups	<ul style="list-style-type: none"> Constituent Engagement (partners, elected officials, faith community, youth and young adults)

³ "focused conversations" is the term popularized by CMA as a part of its information discovery processes, beginning in 1987, which refers to conversations among groups of community members who have a relationship with and knowledge about a project or an initiative. The term distinguishes the difference between 'focus groups' convened for scientific research which require Institutional Review Board approval.

Logic Model Outcomes	Support Strategies and Activities Deployed
	<ul style="list-style-type: none"> • Community Education and Outreach (communications, resource fairs, Pocket Guide, Spring into Love) • Systems Change (End the Epidemics) • Coalition Capacity Strengthening (learning opportunities) •
2. Young people engaged in STI prevention, testing and treatment efforts	<ul style="list-style-type: none"> • Constituent Engagement (youth and young adults) • Community Education and Outreach (communications, resource fairs, Pocket Guide, Spring into Love) •
3. Improvements in existing service systems, policies and processes to increase utilization of STI prevention and treatment services	<ul style="list-style-type: none"> • Community Education and Outreach (communications, Pocket Guide, Spring into Love)
4. Stronger STI education and prevention policies enacted community wide	<ul style="list-style-type: none"> • Community Education and Outreach (communications, Pocket Guide, Spring into Love) •
5. Increased public will and ownership of the issue within the community	<ul style="list-style-type: none"> • Constituent Engagement (partners, elected officials, faith community, youth and young adults) • Systems Change (End the Epidemics) •
6. Increased number of young people and their partners tested and treated for STIs	<ul style="list-style-type: none"> • Community Education and Outreach (communications, resource fairs, Pocket Guide, Spring into Love) •

Theoretical Models Underpinning WeCanStopSTDsLA

Central to the CAC's foundational structure is the belief that community members and service providers must be proximate to the residents and people affected in order to truly understand the problems needed to be solved. In the words of prominent Human Rights attorney Bryan Stevenson, and founder of the Equal Justice Initiative, “proximity is essential for people who want to make a difference in creating equality and justice. Without proximity, without getting close to the situations-the problems, the communities that are burdened and oppressed and excluded-we will miss some things.” The CAC is comprised of individuals and organizations who embody this ideal. Working at the front lines of the STI epidemic every day, they continue to commit their time, talent and resources to improving the health and well-being of vulnerable youth and young adults in LA County. The CAC promotes a model of social justice that connects principles of community mobilizing, political will and public health (Figure 1, right).



The CAC's model of Collective Action, derived from Collective Impact Theory, embraces the idea that when individuals, organizations, and agencies work together to solve social problems, their collective effort results in larger scale solutions that have a greater impact on social change. Because the sexual health of young people depends on having access to comprehensive sexual and reproductive health and justice (SRHJ) services WeCanStopSTDsLA seeks to help reduce the number of cases of STIs by changing the systems, practices and cultures that negatively impact youth's access to and utilization of appropriate, high-quality STI prevention, testing and treatment services (Figure 2, left). The Coalition



believes that reproductive health, rights and justice are integral to addressing the root causes and social determinants of health that are the drivers of the STI epidemic in LA County.

The CAC's effort is guided by a socio-ecological model (SEM) that corresponds with the CDC's SDH framework, which focuses on the pivotal role environmental factors play as underlying determinants of health. These include material circumstances, social position, social cohesion, psychosocial factors, income, and race. As opposed to being about a person's individual behavior, WeCanStopSTDsLA is built on a SEM theory of

change wherein intersecting dimensions frame how the individual, community/interpersonal and the broader community are interwoven to support each member.

WeCanStopSTDsLA developed a logic model and successfully established a big tent where everyone within targeted communities could come together to fight STIs. Over its eight+ years, the group relied

heavily on a monthly convening of working groups as well as its general body, the CAC. Through the work of the CAC, strategic plans and annual action plans were developed and working groups created focused on specific constituencies or tasks such as Youth and Adults, Strategic Communications, Interfaith, Systems Change, Prevention and Treatment Services (providers), Data and Evaluation, and Logistics and Operation. Each working group created annual action plans based on the CAC annual plan which reflected the overall strategic plan and logic model. The CAC was also a place to learn, present relevant information and to network.

The logic model of the WeCanStopSTDsLA asserts that it is a representation of an active continuous community engagement process designed to foster efforts that contribute to a decrease in the number and cases of STIs among young Black, Latina/o and other young people in their communities.

Impact

General Findings

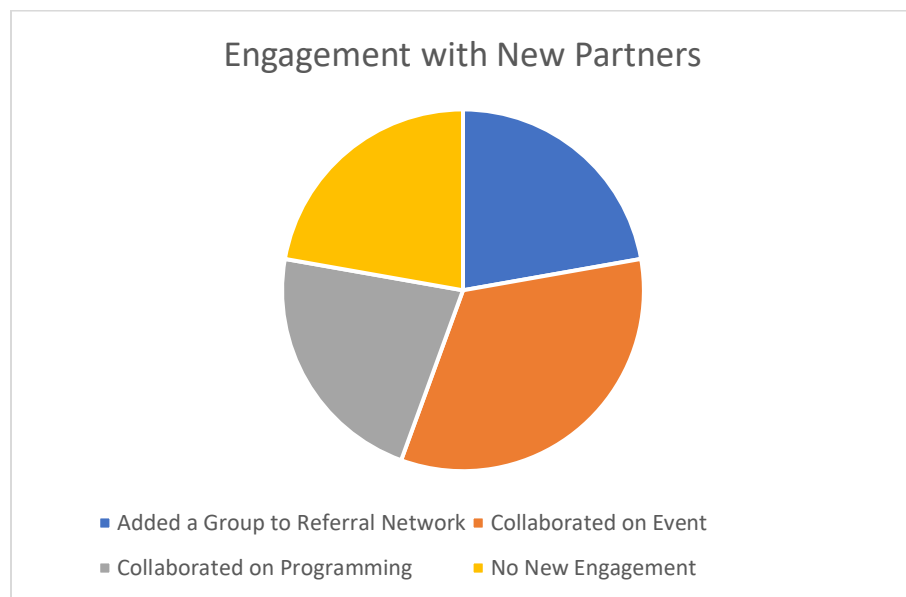
Overall, findings reveal that the biggest success of the CAC has been its ability to bring interested people and organizations together to be informed about, discuss and act on issues impacting STIs and SRH. Survey responders felt the most valuable CAC benefits noted were the opportunity to make new relationships, network and establish shared ways to promote individual and collective programs, services and events.

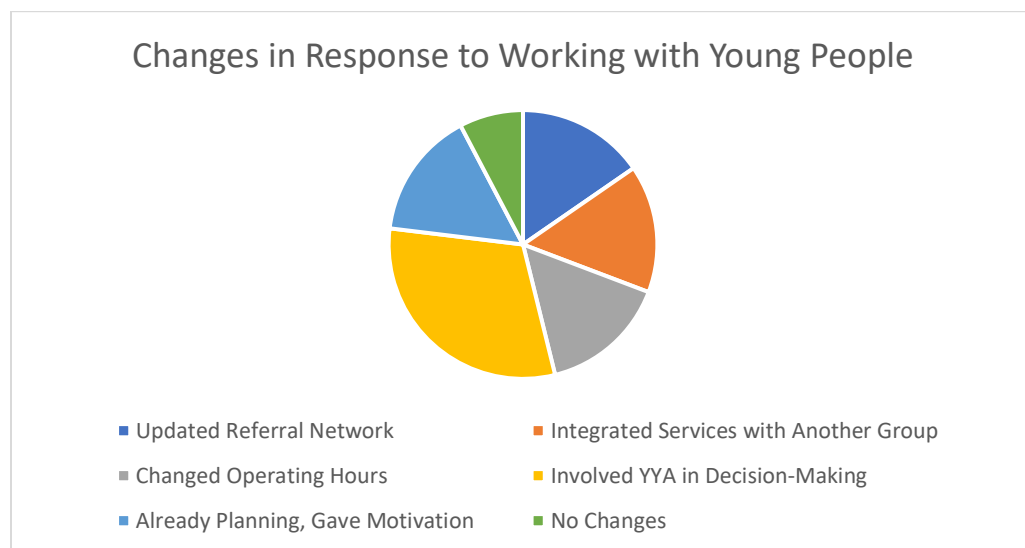
To further strengthen the findings of the surveys, interviews were conducted with various stakeholders. There was a general consensus on many topics which led to the identification of overarching themes. This includes how they viewed the past impact of CAC activities and the current position CAC holds among communities and organizations. The past impact of CAC activities is seen in both survey and interview findings. The insight into the current position CAC holds among communities and organizations is captured in responses to five questions, specifically “What do you see as the greatest value or value-add of WeCanStopSTDsLA?”.

“I think the biggest accomplishment is gathering youth, allies, and even politicians to raise awareness and create change.”

—CAC Member

The most significant impact uncovered in the findings revealed increased engagement with other coalition partners as well as organizational changes that resulted in improved responses to working with young people—including involving youth and young adults in decision-making and changing hours of operation. Figures 3 and 4 below outline how engagement with new partners changed as well as specific changes in response to working with young people. This impact supports the Coalition’s embrace of its Collective Impact approach which recognizes that change occurs at inner and outer levels as well as the creation of a space where interpersonal healing can happen and power dynamics are equalized.





Impact Assessment by Support Strategy

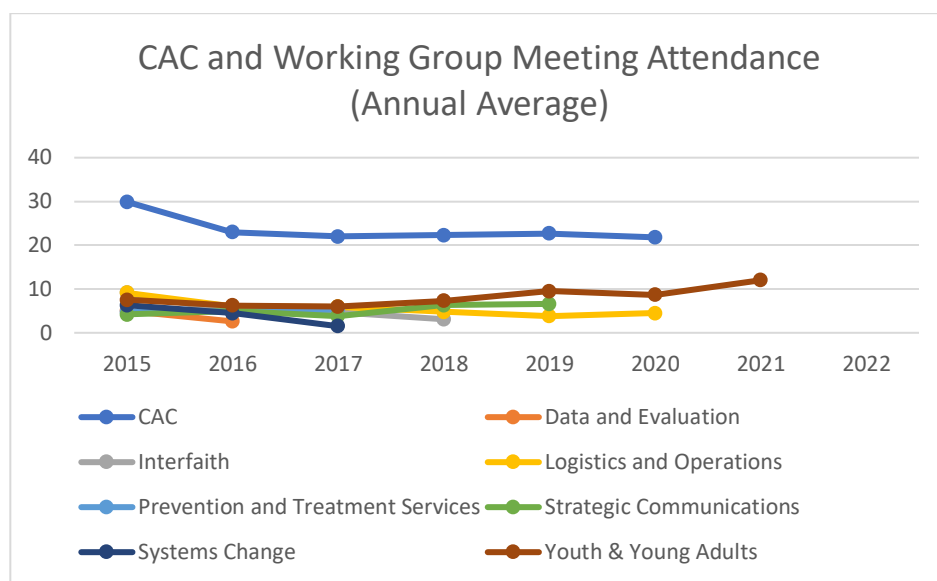
To illustrate the CAC's impact, this section will be organized by supporting strategies and activities noted above and how each contributed to outcomes indicated in the logic model. A closer look at constituent engagement revealed significant activities with four key stakeholders: partners (health and social service agencies), youth, elected officials and the faith community.

Support Strategy 1: Constituent Engagement

Support Strategy Deployed	Activity Engaged	Logic Model Outcomes Impacted
1. Constituent Engagement	Partners	Outcomes 1 and 5
	Youth	Outcomes 1 and 2
	Elected Officials	Outcomes 1 and 5
	Faith Community	Outcomes 1 and 5

Partners

Attendance at monthly CAC meetings and working group meetings remained relatively stable throughout the period as shown in the graph below (Figure 5), revealing a commitment of a core group stakeholders.



Through these meetings, the CAC sustained and maintained partner engagement while fostering a collaborative spirit to do more as a collective. Survey findings support these tools of partner engagement as effective with 83% of regular CAC attendees reporting very satisfied or satisfied levels of satisfaction and 100% of working group attendees reporting the same.

The interview responses showed that the collaborative efforts of the different partner engagement are the greatest value of the CAC. It not only allowed for shared information and resources but also provided a space to engage in needed conversations.

In overall effectiveness of specific engagement activities, 75% of survey responded agreed that both working groups and CAC meetings were somewhat or very effective. However, 87.5% noted that the opportunity to share and present work was the most effective engagement activity. Rounding out the top 6 activities were consensus decision-making (75%) and action planning (62.5%).

The biggest impact around partner engagement resulted in shared accountability and burden for the work of the Coalition. When the project was unfunded in 2014/2015, CMA continued to work pro bono for several months. As a result, CAC partners significantly stepped up their participation and voiced, “Of course we’re going to come if we see you here. We’re not going to let you do this alone.”

“Have them (meetings) be more focused on people leading their respective work sharing and highlighting their work, status updates and wins...”

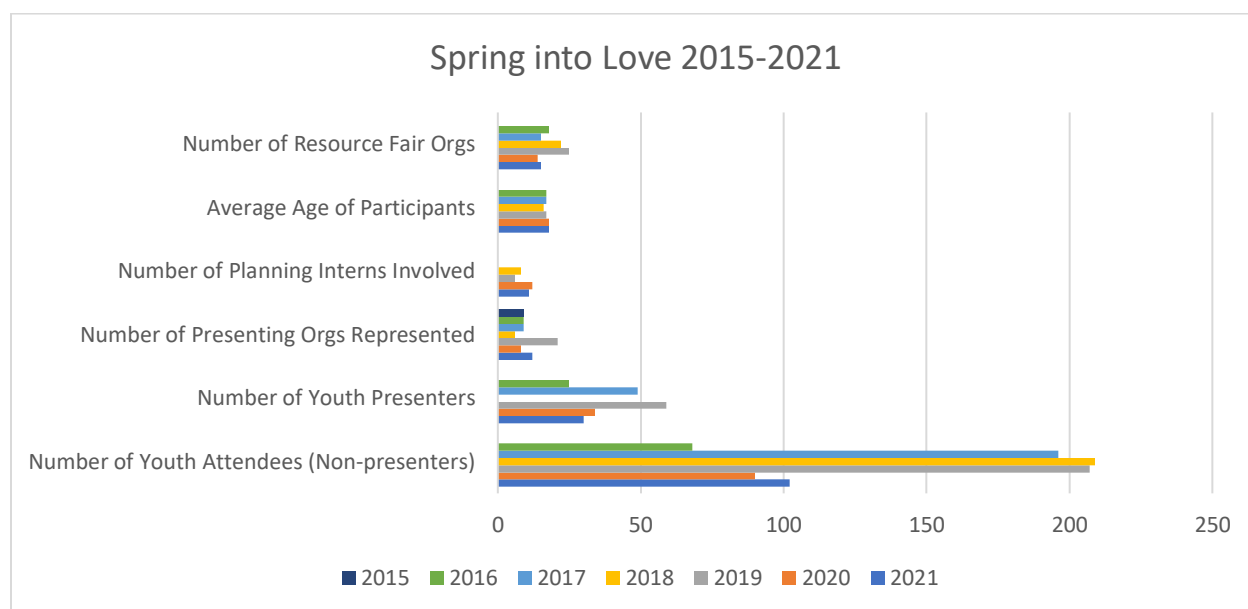
“Give stakeholders the opportunity to help facilitate the meetings. For example, they can sign up for roles ex; icebreakers, announcements, activities, closing remarks etc. and be involved with building the meeting agendas.”

—CAC Members

Where we made impact:	CAC meetings serve as an effective space for agreements and planning. The impact of meetings reinforces that the CAC's current purpose is being the connection between County and communities.
Lesson learned:	Increasing and strengthening connections with other coalitions to distribute and synthesize work so it's clear who is doing what without duplicating asks from partners who attend and want to do both.
Limitations:	A significant decrease in DPH funding from 7/1/2021-6/30/2022 which coincided with refocused partner efforts and other impacts due to the Covid pandemic resulted in far fewer engagement opportunities and the ability to sustain momentum.

Youth Engagement

Spring into Love (SIL) was the most often cited as an effective tool of youth engagement. Since 2015, SIL, carried out by backbone partner Essential Access Health has attracted increasing numbers youth (except during the pandemic) and steady participation by adult allies and participating CBOs (Figure 6 below).



As visible and effective SIL was and continues to be, findings reveal a more comprehensive and sustainable picture of youth engagement through smaller, but equally effective tools of direct engagement, particularly through youth-involved creation of social media, videos, podcasts and outreach events. These tools not only directly involved youth in key stages of concept and development but also increased the level of engagement with key partners. See table below of highlights.

Youth Engagement Activity	# Youth Involved	Collaborative Partner	Results
Spring into Love (2015-2021)	~1000	Essential Access Health	Increasing attendance and levels of youth involvement in planning and implementation through SIL Interns
Teen Talk Radio Show (2017)	~10 (unknown audience)	LA Metropolitan Churches	Destigmatize and educate youth in a faith setting about STIs and SRH
Telling Your Story Workshop (2017)	~15	Charles Drew University Pipeline Programs	Youth-created blog posts for YouthTalk LA and social media posts
Get to Know a Pocket Guide Clinic	4	Planned Parenthood LA and St. John's	2 videos created to destigmatize access and uptake of SRH services for youth
Communications Training with PHA Interns (2019-2021)	~15	Charles Drew University Pipeline Programs	8-12 youth developed social media posts and blogs about SRH, STIs and mental health related to the pandemic
Resource Fairs and Tabling Events	~200	KIRT St. John's Sebastian Ridley-Thomas	LA Trade Tech video selfie booth LGBTQ youth outreach Crenshaw Health Fest
Youth speakers	2	St. John's and Manual Arts High School	Press conference on importance of service access at school

The interview responses revealed that youth engagement is an area of promise and in need of continued attention to further build out its potential. Activities, such as Spring into Love, show the collective interest and effort of the youth. Responses found that social media is seen as an optimistic platform to further engage and connect with youth. However, many stakeholders find Spring into Love and social media efforts are promising beginnings that need more investment.

Elected Officials

Elected officials engaged included current and former Los Angeles County District 2 Supervisors (Holly Mitchell and Ridley-Thomas respectively), former CA Assembly-member Sebastian Ridley-Thomas and current CA Assembly Member Mike Gibson. Direct

“Advocacy to increased resources and development of interventions that center youth voices.”

—CAC Member

engagement through the backbone or through CAC members yielded collaborative partnerships that resulted in leveraged resources such as meeting space, presenting and speaking at CAC meetings and town halls and Circle of Faith events as well as overall favorable support and championship of WeCanStopSTDsLA's causes. These relationships require a lot of nurturing that is not always feasible with limited staff and resources among partners and CMA. Survey results indicate that there is support for continued engagement of elected officials, which tied for third most effective outreach activity with town halls and the online Pocket Guide.

Systems change and advocacy efforts were also raised as an activity to consider as a main focus going forward. Given the successes the CAC has had with town halls and the importance of collaboration with key partners which have strong policy departments and relationships with various elected officials, future activity should proceed strategically through focused collaboration with partners with strategic emphasis placed on the increased incorporation of resident voices, particularly young people, young women of color and marginalized groups such as foster youth, incarceration and unhoused individuals. Recently, efforts to increase engagement have begun through partners with policy folks on staff such as APLA Health and Essential Access Health. With desire for maintaining engagement this area, a working group should be considered with support from partners with staff who have the expertise in this area to help drive coalition activities.

Faith Community

Extensive engagement with the faith community has been sustained through efforts of the Interfaith Working Group and the CMA backbone team. Early efforts were driven by a few key CAC members with deep ties to the religious communities in South Los Angeles. These individuals and their leadership, connection and commitment to the work of the CAC provided an important bridge and were key to opening essential doors and conversations with faith leaders that might not have happened otherwise. Through their determination, the Interfaith Working Group brought together faith leaders and activated some elected officials through three Circle of Faith events, the first in partnership with Healthy African American Families and the following two designed and produced by Interfaith working group members. The latter two events drew an estimated 170 faith leaders to engage in deeper conversations about the faith response to the STI epidemic. Through these engagements, videos were developed and produced to feature voices from the faith community and the importance of their need to be at the table to help spread messages about SRH and STIs using their influence and respected positions in the community. Ultimately, this has paved the way for work currently being done on a first-of-its-kind Interfaith STI Toolkit and Curriculum, a youth-friendly, science-based tool that contains non-judgmental STI prevention curriculum for faith communities to bridge the gap between faith practice and STIs.

Begun in 2017, a survey of faith leaders revealed many were open to providing STI information but felt they didn't have the proper support or educational resources to do so. The survey showed many faith leaders (56.3%) expressed interest in having sexual and reproductive health matters discussed in their place of faith while 65.6% expressed interest in making sexual and reproductive health resource materials available to congregants in their place of faith. In collaboration with input from SRH experts and educators, young people, faith leaders and the CMA backbone team began the design of the curriculum to provide guidance and support on how to incorporate STI prevention in places of faith.

Now about to be piloted with young people and faith leaders, the toolkit has already been presented at several venues, including a faith symposium at the statewide CALCASA (now VALOR) annual convention and at the 2020 National CDC STI Prevention Conference. Other key partners have provided strategic support in outreach to faith communities including the Cynthia Perry Ray Foundation, LA Metropolitan Churches, Clergy and Laity United for Economic Justice (CLUE), STARS, and VALOR. In addition to the toolkit, the Pocket Guide and Infographics have been valuable tools that have aided in increased engagement with the faith community.

Given the rich history of the Interfaith Working Group and the strides made in engagement of faith leaders, this resource will continue as a core part of the Coalition's future efforts, especially with motivated CAC members driving it. Notably, there is interest in this area from a current member in the Project Fierce Community Advisory Board who identifies as Muslim will assist in branching beyond Christian faith. Current efforts are underway to link this renewed interest from young woman of color in the Project Fierce Community Advisory Board to drive future activities among their peers. However, as with all Coalition activity, the right partners with staff getting paid to do this engagement are key to future successes.

There has been a pause in faith community engagement due to the COVID pandemic and faith communities' focus on basic needs of their constituencies, but many stakeholders see the pause as an opportunity to restart and reinvigorate. The opportunity stems from previous efforts in impacting the faith communities. Collaboration with faith leaders allowed for an organic flow of information to community members in a safe space, which resulted in a positive response. A key example is the distribution and use of the Pocket Guide in faith communities. The Pocket Guide served as a conversation starter as well as a source of factual information.

Where we made impact:	Youth and faith community engagement, particularly with Spring into Love and the Interfaith Toolkit.
Lesson learned:	Leveraging partners directly working with each stakeholder group is critical to success in moving initiatives forward.
Limitations:	Limited funding reduced ability of the CMA backbone staff to forge deeper engagement with all constituent audiences, especially elected officials.
Opportunities:	Maintain focus on faith community with Interfaith Toolkit. Expand youth engagement activities.

Support Strategy 2: Community Education and Outreach

Support Strategy Deployed	Activity Engaged	Outcomes Impacted
2. Community Education and Outreach	Communications	Outcomes 1 - 5
	Resource Fairs	Outcomes 1 and 5
	Pocket Guide	Outcomes 1, 3 and 4
	Spring into Love	Outcomes 1, 2 and 6

Pocket Guide

Beginning in 2014, WeCanStopSTDsLA was instrumental in the design, piloting and implementation of The Pocket Guide, which originated with the Division of HIV and STD Programs (DHSP) and Keeping it Real Together. Through most of the Coalition's existence, the Pocket Guide has been a core product specifically targeting youth and young adults with SRH information, youth rights and youth-friendly clinics in District 2 Los Angeles County. The Pocket Guide was frequently referenced in the majority of this set of retrospective interview responses. There was overall positive feedback regarding the implementation of the Pocket Guide with many responses using phrases such as "informative," "a conversation starter," and "easily accessible." The positive feedback continued as the Pocket Guide was switched to an online platform with the following results:

- o Online launched in 2020 with increasing annual hits
- o After the home page, "Find a Clinic" is the most popular page
- o Survey results ranked the online guide as 3rd most effective tool with partners noting the online guide is more effective than the paper guide
- o Only half of those surveyed felt the paper guide was somewhat or very effective

Spring into Love

- o Consistent presence and growing attendance with increasing youth ownership of the event (notwithstanding drops in the last two years because of the pandemic)
- o Respected by adult allies and agency partners for its effectiveness in reaching young people, tied with resource fairs for top tool
- o Noted as one our biggest accomplishments

Resource Fairs

- o Tied Spring into Love for perceived effectiveness as a top tool for community education and outreach.
- o 17 major events over the years

Communications Strategies

At least 25 different strategies have been deployed over the years in part through efforts of the Strategic Communications Working Group. This group began meeting in 2015 and continued through 2019. Meetings did continue virtually in 2020 because of the pandemic, but were put on pause when CMA's funding for WeCanStopSTDsLA was decreased in 2021. Although Coalition members weren't being engaged through meetings, efforts have continued driven by CMA backbone staff with strategic partnerships and low-resource need tools such as the newly created *What's the Tea* online news magazine. Below is an overview of key strategies taken over the years and their relative level of perceived effectiveness and results.

Strategy	Collaborative Partner with CMA Backbone Team	Tool Created	Results	Perceived Effectiveness
1. Promote youth-friendly providers and SRH information (2015-2021)	DHSP and KIRT	The Pocket Guide	1 printed guide with multiple revisions and 1 online guide developed, including palm cards in English and Spanish	Signature product and the most mentioned tool along with Spring into Love. Overcoming stigma and perceived costs are key to more widespread use.
2. Develop a printed communications piece (2017)	CAC	Brochure	1 brochure created and produced	Least effective. Heavy use of funds and resources with a tool that needs constant updating.
3. Develop branding and identity (2017)	CAC	Logo, business cards, presentation and letterhead template	CAC-involved process produced high engagement with partners	Not rated highly, however, it's a very important tool in awareness and any communication strategy.
4. Develop online and social media presence	CAC	Website created, social media channels started on Instagram, Facebook, YouTube and Twitter	<ul style="list-style-type: none"> ○ YouTube: 25 subscribers, minor activity. ○ Facebook: 131-page likes, declining activity ○ Instagram: 382 followers, moderate activity and increasing engagement ○ Twitter: 146 followers, steady engagement 	<ul style="list-style-type: none"> ○ YouTube: Top videos each month reflect other social media/online activity ○ Facebook: Sparse effectiveness, limited crowd, not youth-friendly ○ Instagram: Most effective, especially with youth ○ Twitter: Effective in reaching agencies/professionals
5. Increase youth-led campaigns by providing communications training with PHA high school interns (2019-2021)	Charles Drew University Pipeline Programs	Instagram posts Blog posts	20 young people engaged to created 30 posts (Instagram and blogs) about SRH, STIs, mental health, and pandemic-related coping skills. YouthTalkLA page on website.	Rated very effective. With more resources could be a vital source of engagement and outreach with youth-led voices (and other communities) leading the way to connect with their peers

Strategy	Collaborative Partner with CMA Backbone Team	Tool Created	Results	Perceived Effectiveness
6. Attend resource fairs and tabling events	KIRT St. John's Sebastian Ridley-Thomas	LA Trade Tech video selfie booth LGBTQ youth outreach Crenshaw Health Fest	~200 total tabling events. Highlights include <ul style="list-style-type: none"> • 500 youth @ Central American Youth Leadership Conference • 20-30 youth @ Project U • 45 HS students @ Locke Girl Magic • 100+ of all ages @ MRT Back2School Fair 	Rated very effective and an important outreach tool. Limited staff and resources make it difficult to sustain.
7. Develop a series of videos highlighting CAC activities and constituencies	Faith community, DHSP	Short-segment videos for use in social media and online	9 custom videos created	Very effective in multiple channels (website, social media) at conveying messages specific constituencies.
8. Promote the Pocket Guide	<ul style="list-style-type: none"> ○ DHSP, all partners ○ St. John's and PPLA 	<ul style="list-style-type: none"> ○ Banner ad created ○ Videos produced, Meet a Pocket Guide Clinic 	<ul style="list-style-type: none"> ○ 1 banner ad created linked to the online guide. Well executed but implementation was spotty. ○ 2 videos produced led by youth involvement. 	<ul style="list-style-type: none"> ○ Rated high in effectiveness, but MOU marketing agreement would be helpful for greater deployment ○ Effective but time-consuming to produce with youth-involvement.
9. Develop an infographic highlighting the STI problem among youth of color in LA County	DHSP	Infographic created for website	1 each created for South LA and Antelope Valley	Very effective with multiple uses online, posters for resource fairs and other outreach events
10. Develop a tool to promote CAC activities and more	BWW, REACH LA, Essential Access Health	What's the Tea online news magazine	5 issues created since it launched in August of 2021	Mixed effectiveness, but every social media post correlated to an uptick in website activity

Survey results about the effectiveness of communications tools tested revealed the majority felt a website banner ad promoting the Pocket Guide to be the most effective followed by a tie for videos, specialty items and youth-involved campaign development.

- o Survey responders were split about the effectiveness of the infographic, podcasts, *What's the Tea* and news stories.
- o Least effective: brochure, business cards, store decals, press conference, website and social media

Other notable strategies deployed included specialty items such as t-shirts, pens, stickers and more. One interview response noted that they found regularly sent emails containing updated events, information, and materials helpful. It allows for many stakeholders and community members to stay in the loop.

Where we made impact:	The Pocket Guide has been an enduring part of WeCanStopSTDsLA's communications arsenal. Youth-led campaigns distributed on social media and resource fairs generated increased awareness for WeCanStopSTDsLA.
Lesson learned:	Youth need more practical skills to navigate services beyond just education.
Limitations:	Lack of funding to create more youth-led content reduces the ability for broader online reach.
Opportunities:	Promote the public-facing STI dashboard that track's County progress toward reducing STI rates.

Support Strategy 3: Systems Change

Support Strategy Deployed	Activity Engaged	Outcomes Impacted
3. Systems Change	End the Epidemics	Outcomes 1 and 5
	Systems Change Working Group	Outcomes 1 and 5

From 2015-2017, a Systems Change Working Group led the CAC's engagement around systems change work. Some of WeCanStopSTDsLA's members with independent policy departments helped to anchor this group and provided a bridge to educating CAC members and ultimately their constituencies about advocacy and policy actions they could take to promote systems and practice changes at the state, county and local levels. People participating in this group included lifelong legislative hawks, Anna Soto, staff of state and local elected officials' offices, ACLU (which supported development of the California Healthy Youth Act), APLA Health, Cardea Services, Planned Parenthood, Essential Access Health (then CA Community Health Council), Black Women for Wellness, Commission on HIV and others.

After that working group was sunset, system change activities were continued through engagement with our partners referenced above and coalitions such as End the Epidemics. For instance, in 2019 End the Epidemics (EtE), a statewide coalition of community-based organizations, health departments, and individuals committed to ending the syndemic sexually transmitted Infections (STIs) including HIV and hepatitis C (HCV) in California joined forces with the CAC so that it could expand its reach in educating

members and their constituents about the need for systems changes directed at reducing the STI burden and populations most affected. The EtE coalition advocates for effective policy and appropriate funding levels for HIV, HCV, and STI programs and services, increased involvement of impacted communities in statewide efforts to address these epidemics, and greater strategic collaboration across state departments that serve people living with and vulnerable to these conditions.

Through this partnership, the CAC hosted the first End the Epidemics Town Hall in August 2019, featuring Assemblymember Mike Gipson. Since then, EtE has had several policy wins lobbying for increased funding for STIs. Although not able to advocate directly, given its funding base, the CAC relationship with EtE allows it to share opportunities with the CAC's base about engaging policy makers through partner organizations as well as through other information sharing on social media and other online outlets.

Where we made impact:	Joint Town Halls with policy and systems change partners APLA Health and Essential Access Health combined with a statewide push to End the Epidemics.
Lesson learned:	Having more residents involved to ignite and influence elected officials to act.
Limitations:	Limited funding to create a stronger presence and relationship with target audiences.
Opportunities:	Leverage opportunities by connecting with other policy and systems change groups such as the Internal / External LA County Policy Workgroup.

Support Strategy 4: Coalition Capacity Strengthening

Support Strategy Deployed	Activity Engaged	Outcomes Impacted
4. Coalition Capacity Strengthening	Learning Opportunities	Outcome 1

Capacity Development and Learning Opportunities

Over the years, the CAC engaged several partners in a variety of learning opportunities and workshops held during our regular CAC meeting on the first Friday of every month. The purpose of these sessions was to inspire curiosity and promote development of knowledge and capacity for providers and community constituents engaged in SRH work. Topics included:

Adult Ally training, World AIDS Day events, Positive Youth Development, Protective Factors, End the Epidemics, Youth Rights, Voting Rights, youth protective factors, Human Trafficking and Domestic and Relationship Violence, Black AIDS, faith community outreach, mental health and the LGVTQ2I+ community, spoken word, youth engagement and facilitation methods. Regular first Friday morning CAC meetings served as a knowledge and skills development center and a place where policymakers, public health, medical, County officials and others could attend to share information and trainings.

These were all generally well-received and when asked about the effectiveness of learning and knowledge development tied for second most effective engagement tool behind sharing/presenting

work. Other engagement tools trying for second included consensus decision-making, working groups and general meetings.

Where we made impact:	Using strength of partner relationships and engagement tools to bring a steady supply of guest speakers for informative workshops and discussion.
Lesson learned:	“Giving partner organizations the chance to share ideas and be involved with the decision-making process has made an impact in creating new outlets.” —CAC Member
Limitations:	The impact of COVID has challenged many organizations’ capacities and resources, though they remain committed to fulfilling their missions and causes.
Opportunities:	Focus on healthy relationships and combatting stigma as well as leveraging ways to promote programs that provide STI and SRH services for free or low cost.

Looking Towards the Future

Based on findings resulting from the process, there are two categories that assess the landscape ahead: a) greatest needs in LA County and; b) opportunities.

Greatest Sexual and Reproductive Health Needs in LA County

The general consensus from surveys, interviews and focus groups on the greatest need with regards to SRH in LA County is access by overcoming barriers. Many mentioned a disconnect that ranges from access to information, shortage of services, and not reaching specific subgroups. The information and educational content are developed, but it is not being placed in locations where it can make the most impact with priority populations. Often the information is not made relevant enough for the targeted audience to be receptive to it. The information is framed in a way that can be seen as too overwhelming and “not straight to the point” for some communities, which causes it to be disregarded.

*“Access! Flexible service hours!
INCENTIVES!”*

—CAC Member

This was supported by comments during focused conversations with the Youth and Young Adult Working Group (YYA). Some noted that younger people in particular are looking for information that’s more relatable to them such as healthy relationships and pleasure—and other broader topics that fall under SRH but aren’t usually discussed. YYA member also echoed that young woman of color are often overlooked because they aren’t represented in targeted information, so they feel disconnected because no one is talking directly to them about it. The exposure to the messages is placed, but not necessarily delivered. There is also a shortage of services. There is still a good number of community residents that received the information and went to seek out services. While the high volume is a good sign of receptiveness among community residents, it then leads to an overload at clinics and other services. Interview responses have noted that they received feedback from the community about being turned away from clinics because they had no availabilities. This discourages community residents as they see the action of seeking services as ineffective.

Although the CAC has done a great job in reaching communities such as the faith community and young people, many interview responses noted that some subgroups are not being reached. An example one used was targeting foster youth, who have different needs and identification than the overall youth community. Although there are some similarities, the SRH content needs to be presented differently to increase effectiveness. YYA members also noted that a majority of efforts target those in school. More needs to be done to reach those outside traditional education systems and are at elevated risk, such as juvenile detention, the unhoused and substance abuse programs, etc.

Stigma remains a huge barrier to accessing services, specifically as it relates to insurance. Many young people are reluctant to access services for fear their parents will know about it because of insurance.

The Project Fierce Community Advisory Board (CAB) also weighed in on the need for more accessible services, particularly as it relates to young women of color. Transportation is a critical component of accessibility, including at-home testing. However, there must be a safe address where the test can be sent. These two barriers must be addressed before even walking in a clinic can be considered. They also noted two other barriers, including lack of knowledge and awareness of services as well as the stigma and cultural attitudes surrounding premarital sex and anxiety of parental awareness related to insurance.

“Access to care and financial barriers. People still think that these services are costly, and there is not enough outreach efforts being done to let people know that some of these services can even be free.”

—CAC Member

Opportunities

The interview responses showed great enthusiasm when it came to opportunities, especially concerning young people. The current CAC strategic plan is for the period 2018-2020 and was not updated during the COVID pandemic. The work over the past two years and information from this review process has yielded a solid foundation of youth-related information to the point that will inform the next long-range plan for the Coalition. Activities during the pandemic highlighted potential platforms for youth engagement. This includes social media, youth-led events, and deeper partnering with youth-involved organizations. Social media was mentioned in all interview responses as a promising method to engage and interact with young people. One response noted that it serves as “a way to enter their space and disseminate information.” Another responded that routine posts and events could further solidify exposure to content after establishing a social media presence. An example they provided was having recurring IG (Instagram) live events, webinars, and information series. Past youth-led events proved successful in their planning and turnout. Spring into Love continues to be a prime example of this, as many have noticed.

The next opportunity is the replication of Spring into Love on a larger scale, dreamed about as being similar to a “Coachella level” by an interviewee. On a smaller scale, many suggested youth-led activities such as podcasts or documentary-styled series. These actions could potentially reach large numbers of young people as well. The last highly mentioned opportunity is to

“Youth involvement, event driven.”

“Harnessing youth voices through leadership development, social media.”

—CAC Members

partner more closely with proven youth-centered leaders which can strengthen the CAC’s work with groups that have developed a relationship and trust with young people. While WeCanStopSTDsLA has always done this, interview responses suggested that we partner differently and with more groups and target specific types of organizations.

There are numerous targeted youth organizations that would greatly benefit from collaboration with CAC, but the question is who and where? YYA working group members mentioned increased marketing and communication around messages related to privacy and payment. Younger people need to be

educated about the navigation of services, including direct messages that it's free and their parents don't need to know. Many also felt it's the younger end of the age range that needs the most attention, so they grow up understanding the process and how to access SRH services. One possible strategy is to encourage more teen spaces where they can hang out and access services in a more comfortable, inviting environment—outside of stigmatizing clinical situations. For example, St. John's Well Child and Family Center used to host Sex Chats and Snacks over the summer, providing food and transportation and a safe space for kids to hang out. More could be done in this area, including taking it beyond just informational. There is a need and opportunity for young people to practice skills they learn through role play or other more hands-on activities. For example, practicing what they would say when they get to the clinic, what to ask for and exactly what to expect. Interventions could target increasing self-efficacy to access services and more confidently and proactively care for their sexual health. Utilizing more place-based proximity centers as a comfortable and welcoming place for students or young community members to get SRH services could actually help augment and support school-based health centers.

Conversations with Project Fierce CAB members support this approach, noting even when reaching the clinic, it can be an intimidating and frightening experience to access SRH services for the first time—from filling out forms to feeling ashamed for not knowing certain things. This reinforces an opportunity for more practical skills to be taught and practiced to increase self-efficacy. Communications interventions targeting these skills could be a huge opportunity.

Another issue is to address the original premise of the CAC to address the needs of Black girls and STIs. Some participants have felt strongly that this constituency's needs has not been sufficiently addressed, and in fact has become a subordinate interest for the CAC. Project Fierce was developed through a grant from CDC's Community Based Approaches to Reducing STIs, in part to address the marginalized voice and STI/SRH needs of Black and Latina young women ages 18-26 in the County. Anti-blackness and racism are real concerns for this population.

Recommendations

Based on the findings from the eight-year retrospective review, the following four goals and corresponding strategic priorities have emerged as actionable items for the next three to five years for WeCanStopSTDsLA. The action plan on page 26 details specific recommendations to be undertaken in the next 18 months 7/2022-12/2023.

1. **Goal:** Expand WeCanStopSTDsLA's Collective Impact model and transform systems thinking to include formalizing relationships between existing and new partners across diverse sectors to address social determinants of health.

"Being consistent with community members and providing them with content they can take away."

—CAC Member

Strategic Priorities:

- a) Elevate efforts to change systems, culture, and practices by engaging a broader and more deeply rooted coalition to decrease silos.
- b) Expand relationships with existing and new policy partners to increase and deepen systems change efforts that impact SRH.
- c) Address social determinants of health for young people at elevated risk that impede uptake of SRH and STI screening, prevention and treatment services.
- d) Create a shared metrics element of Collective Impact that can further measure WeCanStopSTDsLA's impact and contribute to DHSP STI proposed dashboard.

2. **Goal:** Strengthen and reimagine WeCanStopSTDsLA's structure and fortify relationships to sustain the Coalition's work.

Strategic Priorities:

- a) Assure WeCanStopSTDsLA's long range plans and actions are clear and positioned to guide the Coalition long term.
- b) Develop partner agreements with Coalition partners

"I hope that CAC (not as funded) moves toward a different structure that allows for community residents and faith community to attend and be more involved."

—CAC Member

3. **Goal:** Increase youth/young adult, community and resident engagement to elevate the voices of priority populations.

Strategic Priorities:

- a) Expand CAC's work with existing youth coalitions such as Youth and Young Adults Working Group and others elevating the voices and actions of young people.
- b) Reactivate engagement of faith-rooted community members through the implementation of the Interfaith Toolkit and Curriculum.

"Incorporate voices to where the voices are—meaning to have community leaders speak and reach out to their own community."

—CAC Member

- c) Increase practical skill and knowledge development for all SRH, focusing on positive youth development, youth and community protective factors, healthy relationships, mental health and service navigation.
- d) Focus on primary prevention with older aged youth promote young adults mentoring younger ages through partner mentoring programs.

4. **Goal:** Expand the WeCanStopSTDsLA brand and leverage coalition partners to increase communications and facilitate broader reach.

Strategic Priorities:

- a) Increase opportunities for youth, young adults and other priority populations to tell and share their stories first-hand on social media, blogs and presentations.
- b) Ignite passion in the community for WeCanStopSTDsLA's primary narrative of diverse community members being engaged and taking actions that can change cultures, practices and systems for the achievement of sexual and reproductive health and justice.

"WeCanStop can showcase their projects and their impacts on communities and its members."

—CAC Member

Action Planning for July – December 2022 and January – December 2023

Based on the recommendations above, directionality for 6 and 18-month Coalition activities are provided in action plan framework below. The division in activities is based on resources and funding available for projected achievements in the next 6 months (July – December 2022) and the following 12-month period (January - December 2023).

Goal #1: Expand WeCanStopSTDsLA's Collective Impact model and transform systems thinking to include formalizing relationships between existing and new partners across diverse sectors to address social determinants of health.

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
A. Elevate efforts to change systems, culture, and practices by engaging a broader and more deeply rooted coalition to decrease silos.	<ol style="list-style-type: none"> By 12/31/22, cultivate relationships with at least 3 new CAC partners with expertise working with populations of young people at elevated risks due to incarceration, poverty, emotional or mental health, trauma, homelessness, foster care placement or transitioning out, unemployment, transportation, lack of access to clinic resources, etc. By 10/31/22, support Essential Access Health and the Youth and Young Adult Working Group to assure successful execution of Spring Into Love in October 2022. 	<ol style="list-style-type: none"> By 12/31/23, fully onboard the 3 new CAC partners identified in 2022 and engage at least 2 others to assure relationships with groups with expertise working with young people at elevated risk. By 12/31/23, continue work being done through Youth and Young Adult and Communications Working Groups and other community partners to elevate positioning of young people's voices in WeCanStopSTDsLA and STI conversations across the county.
B. Expand relationships with existing and new systems change partners to increase and deepen	<ol style="list-style-type: none"> By 12/31/22 working with existing and new systems change partners, initiate planning for 1 forum/event that reignites community stakeholders as 	<ol style="list-style-type: none"> By 12/31/23 working with existing and new systems change partners, co-host 1 forum/event that reignites community

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
systems change efforts that impact SRH.	champions of STIs resources and services for young people.	stakeholders as champions of STIs resources and services for young people. 2. By 12/31/23, build out at least 2 actions identified from the 2022 forum.
C. Address social determinants of health for young people at elevated risk that impede uptake of SRH and STI screening, prevention and treatment services.		1. By 12/31/23, assure the CAC has active representation of expertise in critical areas of SDH inclusive of anti-blackness and anti-racism, young women of color, mental / emotional health, incarceration, etc.
D. Create a shared metrics element of Collective Impact that can further measure WeCanStopSTDsLA's impact and contribute to DHSP STI proposed dashboard.		1. By 12/31/23, identify CAC partners to work with on establishing WeCanStopSTDsLA's shared metrics approach. 2. By 12/31/23 build out and begin implementing the shared metrics element of WeCanStopSTDsLA's Collective Impact approach.

Goal #2: Strengthen and reimagine WeCanStopSTDsLA's structure and fortify relationships to sustain the coalition's work.

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
A. Assure WeCanStopSTDsLA's long range plans and actions are clear and positioned to guide the Coalition long term.	1. By 12/31/22, implement a formal CAC membership process with distributed leadership of specific coalition tasks through partners to increase engagement and sustainability	1. By 12/31/23, increase task distribution for specific working group activities and sharing of best practices and celebrate agencies doing the work. Give the partner agency conducting the learning or workshop the opportunity to run entire CAC meetings and

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
		<p>thereby expand the distribution of leadership, increase engagement and sustainability of the movement</p> <p>2. By 06/30/23, working with Logistics and Operations Working group, complete a new strategic plan and updated logic model to present to the CAC.</p>
B. Develop partner agreements with Coalition partners	<p>1. By 12/31/22, revisit and determine organizational entity for the WeCanStopSTDsLA coalition for grant making and governance purposes.</p> <p>2. By 12/31/22, Identify and apply for up to 3 grants to help sustain the Coalition</p>	<p>1. By 12/31/23, update partner agreement templates and begin renewed conversations with CAC partners to formally enlist publicly as CAC partners</p> <p>2. By 12/31/23, formally establish partner agreements with at least 20 CAC partners</p>

Goal # 3: Increase youth/young adult, community and resident engagement to elevate the voices of priority populations.

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
A. Expand CAC's work with existing youth coalitions such as Youth and Young Adults Working Group and others elevating the voices and actions of young people.		<p>1. By 12/31/23, work with partners to emphasize minor rights, including how avoiding anxiety around parental insurance</p> <p>2. By 12/31/23, work with partners to create content developed by youth, particularly videos, podcasts and Instagram posts.</p>

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
		<ol style="list-style-type: none"> By 12/31/23, work with partners to reactivate safe spaces for youth to hang out and access services where they are (e.g., Sex Chats and Snacks) By 12/31/23, weave in SRH messages through youth presenters to existing youth groups on substance use and transitional-aged youth with the SLAM Coalition and Rise Up and Act. By 12/31/23, identify and promote key partners who are providing education on insurance and service navigation with practical skill development
B. Reactivate engagement of faith-rooted community members through the implementation of the Interfaith Toolkit and Curriculum.	1. By 12/31/22, pilot the Interfaith STI Toolkit and curriculum in places of faith for faith-rooted young people.	1. By 12/31/23, promote and fully implement the Interfaith STI Toolkit and curriculum in places of faith.
C. Increase practical skill and knowledge development for all SRH, focusing on positive youth development, youth and community protective factors, healthy relationships, mental health and service navigation.		<ol style="list-style-type: none"> By 12/31/23, incorporate direct community engagement actions with young people and other priority populations into the enhanced CAC structure. By 12/31/23, hold regular skill and knowledge development sessions for CAC partners as a part of regular Coalition convenings

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
D. Focus on primary prevention with older aged youth and promote young adults mentoring younger ages through partner mentoring programs.	1. By 12/31/22, continue relationship with the CDC funded initiative Project Fierce as an integral part of the Coalition.	1. By 12/31/23, working with partners, inclusive of Project Fierce, explore, and if feasible coordinate a buddy, mentor, or guide system where another experienced young woman of color can accompany minors through the process and their first visit to a clinic.

Goal # 4: Expand the WeCanStopSTDsLA brand and leverage coalition partners to increase communications and facilitate broader reach.

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
A. Increase opportunities for youth, young adults and other priority populations to tell and share their stories first-hand on social media, blogs and presentations.	1. By 12/31/22, focus on Instagram and Twitter and limited attention to YouTube and Facebook, given interest. Add Tik Tok.	1. By 03/31/23, create a shared CAC calendar for partners to post events, trainings, etc. 2. By 12/31/23, co-host recurring IG live events, webinars, and information series. 3. By 07/31/23, Expand <i>What's the Tea</i> newsletter 4. By 12/31/23, provide essential sexual knowledge that would be good to know when getting ready for your first visit to a clinic. 5. By 12/31/23, work with DHSP to expand Pocket Guide messages about health care navigation, insurance, stigma and healthy relationships.

Strategic Priorities	Objectives for 07/1/22-12/31/22	Objectives for 01/01/23-12/31/23
		6. By 12/31/23, increase attention on community events through and with partners. Focus on WeCanStopSTDsLA branded swag to be shared at events
B. Ignite passion in the community for WeCanStopSTDsLA's primary narrative of diverse community members being engaged and taking actions that can change cultures, practices and systems for the achievement of sexual and reproductive health and justice.	2. By 12/31/22, continue regular postings on WeCanStopSTDsLA communications platforms.	3. By 03/31/23, given funding capacity reestablish monthly/regular CAC meetings.