

Girls' Health in Girls' Hands

A Girls' Health Action Research Project



Monterey County
October 2009



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CHARTS

- 1 - #3. Do girls know where to go if they need health services?

ABOUT THE PROJECT: Girls' Health in Girls' Hands

- Girl-led action research project established to:
 - Identify the health information, support, and service needs of girls ages 11-18.
 - Communicate research findings with public policy makers.
- Project of the *Women's Fund of Monterey County*, a field of interest fund of the *Community Foundation for Monterey County*.
- Funded by *The California Endowment* and the *Women's Fund of Monterey County*.
- Researchers included 57 young women (ages 13-19) from Greenfield, Marina/Seaside, North County, the Peninsula (Carmel, Monterey, and Pacific Grove), and Salinas.
- Phases:
 - Late Fall/Winter 2008/2009 - **Learn** (action research, public policy, and health dialogue) and develop research plan and tools.
 - Spring 2009 - **Research**.
 - Spring/Summer 2009 - **Analyze** research and create recommendations.
 - Fall 2009 - **Present** research findings and recommendations to public policy bodies.
- Outcomes:
 - Girls have better access to health information, support, and services that are age-appropriate and culturally-sensitive.
 - Girls are empowered to be advocates for their own health needs.
 - Monterey County is a community that supports girls healthy lives and life choices.



RESEARCH METHODOLOGY

- Researchers used surveys, interviews, and focus groups to gather information from Monterey County girls ages 11-18.
- Researchers met in local groups at least 12 times each for a total of 60 meetings. Additionally, they met together in two county-wide retreats (at Chartwell School).
- Surveys were available in paper format or online utilizing Survey Monkey. Approximately 460 surveys were completed.
- Researchers interviewed approximately 600 young women in person using established interview protocol. In addition to young women, others were also interviewed, including a priest (interviewed by 11 researchers in one large group interview), several health teachers (4), and parents (12).
- Approximately 25 focus groups were facilitated including 260 young women. One focus groups was convened with teenage boys (5). Additionally, Seaside High allowed focus groups to be convened in all health classes in both the fall and spring semesters of 2008/2009.

RESEARCHERS' BELIEFS: What We Believe to Be True

As a result of their experience, the researchers discovered that they shared the following underlying beliefs.

- Girls are competent and capable of knowing what information, support, and services they need to be healthy.
- Girls need accurate information and affordable access to support and services in order to have healthy, well balanced lives.
- Girls are capable of supporting decision makers in creating informed and effective policy.
- The development of our health behaviors begins at home.
- Some parents don't have the knowledge, information, skills, or resources to support girls in being optimally healthy.
- Because parent education or change in the home environment cannot be mandated through public policy, there needs to be focus on education and support in the place where all girls can be found – schools. This support needs to be integrated into the schools' curriculum throughout girls' academic experience.
- The lack of girls' healthy emotional development (including self-esteem, resiliency skills, and living with purpose and goals) are at the root of many of the health "problems" experience by girls.
- Attention, money, and programs are too often focused on symptoms rather than the root of the problem. Alcohol and drug abuse/use, teen pregnancy, and violence are symptoms – they are not the underlying problems. Community attention and resources need to be refocused on building the potential and wellness of girls beginning at birth and continued throughout their development so problems are prevented before they occur.

RESEARCH FINDINGS: What We Believe to Be True

Priority Health Issues

Based on research with over 1,200 girls throughout Monterey County, the following are the highest priority health issues for girls:

- ★ Emotional and Social Health (underlying issue)
- ★ Healthy Eating/Weight/Exercise/Body Image
- ★ Healthy Sexuality
- ★ Healthy Relationships
- ★ Safety
- ★ Other Issues:
 - * Healthy Environment (including Pesticides)
 - * Positive Activities
 - * Relevant Drug & Alcohol Education
 - * Information about Diseases
 - * Health and Wellness Based Prevention Orientation

Quantitative Research: Survey Findings

Researchers performed both qualitative (interviews and focus groups) and quantitative research (surveys). The following are the results of the quantitative research.

Table 1 - #1. About what health topics girls would like more information?		
Healthy Eating 51% (209)	Drug Use & Abuse 31% (127)	Birth Control 20% (81)
Dating 47% (192)	Self-Esteem 30% (123)	Mental Illness 19% (79)
Friendships 41% (168)	Alcohol Use & Abuse 27%(109)	Peer Pressure 17% (70)
Body Image 41% (166)	Dating Violence 26% (105)	Stress - Finances 16% (65)
Pregnancy 40% (164)	Stress 23% (97)	Family Violence 15% (61)
Exercise 38% (155)	Diseases/Illness 23% (94)	Peer Violence 11% (46)
Emotions/Feelings 35% (145)	Depression 22% (89)	Bi/Lesbian Issues 6% (26)
Sexuality 34% (142)	The Environment 21% (85)	Dental 6% (24)

n=414, Check all that apply

Table 2 - #2. Who do girls talk with about their health?*				
	YES	SOMETIMES	NO	NO RESPONSE
Parents	46% (167)	40% (143)	11% (40)	3% (12)
Friends	46% (166)	42% (151)	11% (41)	1% (4)
Peers	15% (55)	38% (136)	41% (149)	6% (22)
Older Siblings	28% (103)	21% (77)	39% (142)	11% (40)
Other Relatives	17% (61)	33% (120)	43% (157)	7% (24)
Younger Siblings	14% (51)	19% (69)	44% (158)	23% (84)
Teachers	5% (18)	20% (72)	68% (247)	7% (25)
School Counselors	3% (10)	9% (32)	77% (279)	11% (41)

* Others: Boyfriend (5), Doctors (2)

n= 362, Choose one per line

Chart 1 - #3. Do girls know where to go if they need health services (or would they know how to find out where to go)?

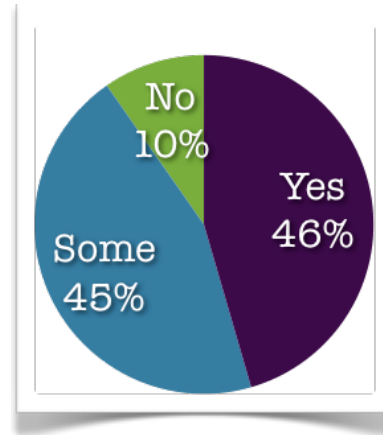


Table 3 - #4. What kind of health services do girls use?*		
Dentist 78% (276)	Dental Clinic 22% (79)	School Counselor 10% (34)
Family Dr. / Pediatrician 69% (246)	School Nurse 12% (44)	Reproductive Health Clinic 6% (22)
Hospital 41% (146)	Physical Ther. /Chiropractor 12% (43)	Support Groups 4% (13)
Health Clinic 37% (132)	Counseling 11% (39)	

* Others: Orthodontist (3), Skin Doctor (1) n= 355, Check all that apply

Table 4 - #5. What health issues would girls like support or services, but can't find?*		
Dating 36% (104)	Depression 25% (62)	Birth Control 16% (48)
Body Image 35% (101)	Family Stress 24% (59)	Suicide 14% (33)
Stress 31% (76)	Pregnancy 24% (70)	Family Violence 13% (38)
Healthy Eating 31% (90)	Dating Violence 20% (59)	Mental Illness 10% (30)
Friendships 30% (87)	Sexuality 21% (60)	Dental Care 10% (29)
Self-Esteem 29% (84)	Drug Use/Abuse 20% (57)	Peer Violence 8% (20)
Exercise 28% (82)	Alcohol Use/Abuse 18% (52)	Bi/Lesbian Issues 7% (16)
Emotions / Feelings 27% (79)	Peer Pressure 17% (50)	

* Others: Personal Safety (13), Eating Disorders (5), Psychiatrist (1), Pills (1), Clinic (1), Affordable Gym Memberships (1) n= 293, Check all that apply

Table 5 - #6. Girls know other girls who are/have experienced the following?		
Pregnancy 87% (349)	Alcohol Addiction 50% (203)	Peer Violence 28% (116)
Depression 70% (287)	Family Violence 48% (198)	Mental Illness 26% (105)
Drug Addiction 60% (239)	Dating Violence/Rape 45% (184)	Sexually Transmitted Disease 23% (95)
Eating Disorders 55% (227)	Suicide 29% (102)	Disease/Long Term Illness 17% (68)

n= 410, Check all that apply

Table 6 - #7. Girls think it's important to have education about the following?				
	YES	WHAT I GET NOW WORKS	NO	NO RESPONSE
Birth Control / Pregnancy	88% (201)	9% (21)	2% (4)	<1% (2)
Sex	87% (199)	8% (18)	2% (5)	3% (6)
Dating Violence	80% (182)	10% (23)	5% (11)	5% (12)
Drug Use & Abuse	78% (177)	16% (36)	2% (4)	5% (11)
Self-Esteem	77% (176)	16% (37)	4% (8)	3% (7)
Eating Healthy	77% (176)	16% (37)	2% (4)	5% (11)
Alcohol Use & Abuse	76% (173)	41 (8%)	2% (5)	4% (9)

* Others: That having sex can equal a baby (1), How to value themselves (1), Physical Abuse (1), Breast Cancer (1), Body Figure (1), Peer Pressure (1), Behavior (1)

n= 228, Choose one answer per row

Table 7 - #8. Girls biggest health concerns?*		
Weight 13%	Cancer 5%	Diabetes 3%
Healthy Eating 11%	Sex & Sexuality 5%	Exercise 2%
Pregnancy 9%	Health (Being & Staying Healthy) 5%	Drug Use/Abuse 2%
Disease/Illness 7%	Body Image 4%	Stress 2%

* Please note, response percentages are lower than other questions because this question required a "write in" response

n= 286, Write in response

How Girls Get Health Information

One of the objectives of the research was to find out how girls obtain health information. In the survey, girls were asked to identify who they talk with about their health. Respondents identified that they primarily talk with parents (46%-Yes, 40%-*Sometimes*) and friends (46%-Yes, 42%-*Sometimes*). Upon further investigation through interviews and focus groups, girls said they were most likely to talk with their parents about illness, dental issues, eating, or exercise. They were not as likely to talk with parents about their feelings, relationships, or sexuality.

The qualitative research allowed for more thorough probing into how girls learn and communicate. As girls are unique in their personalities, life experiences, and values, they are also unique in the ways they learn. Girls reported learning from health-related classes at school, special school-based programs (such as *Challenge Day* or talks by community based organizations like Planned Parenthood or Rape Crisis), and special programs out of school (such as the Boys and Girls Club, church youth groups, Girls Inc., Girl Scouts, and the YWCA,).

Girls reported extensive use of electronic media to obtain health information, including the internet and television. Girls tend to watch *The Tyra Show* and also youth/teen related sitcoms, dramas, and reality programs. Younger girls (ages 11 - 14) prefer television shows like *ICarly* and *Hannah Montana*, while older teenage girls (ages 14 - 19) prefer shows like *The Secret Life of the American Teenager*. Additionally, girls reported obtaining health information from magazines. The most popularly cited magazines were *Seventeen* and *CosmoGirl*.

Girls communicate using a variety of technologies, including social networking websites (MySpace, Facebook, and school based homework sites), cell phones, text messaging, and e-mail. Of these, e-mail was the *least* consistently used. Social networking websites and texting are very popular communications methodologies. Of girls using social networking sites, younger girls (ages 11- 14) start with MySpace and then tend to switch to Facebook as they progress through high school.

Many girls reported having their cell phones or texting privileges taken away by parents as a punishment. Additionally, some girls use prepaid cell phone plans, so there is not reliability of continuity of service. Texting can be very expensive for girls using prepaid cell phones or who do not have unlimited texting plans on their cell phones.

Researchers noted regional preferences dictating communications preferences and access to the internet more than socio-economics. For instance, girls from Greenfield High School consistently showed a preference of using the internet, texting, and cell phones as compared to North County High School girls who tended not to use the internet and texting as much for communications.

Girls asked that health classes be more responsive and relevant to their lives. They would also like to have guest speakers that are closer to their age speak about their own life experiences, such as teen parents or former drug addicts.

Girls communicate and learn in various ways and there is no one consistent way to reach all girls. Any form of effective health education must use multiple modalities.

RECOMMENDATIONS

Researchers developed the following recommendations based upon the analysis of the qualitative and quantitative research findings.

The recommendations are presented according to highest priority health issues identified by the girls of Monterey County. Each section is divided into the following sections:

- * What We Want For Girls - issue specific outcomes
- * What We Heard From Girls - issue specific quantitative findings)
- * How We Will Make Changes - issue specific recommendations formatted using the socio-ecological model of health which recognizes the interwoven relationships that exists between individuals and their environment

Please note, many of the recommendations apply to boys as well, however this document will focus on girl's needs alone.

HEALTH EMOTIONAL DEVELOPMENT

WHAT WE WANT FOR GIRLS (OUTCOMES)

1. Girls are emotionally healthy, have positive self-esteem, and have the resiliency to cope with life's difficulties.
2. Girls believe their lives have meaning and purpose. They have developed goals, know how to work toward them, and receive ongoing support.
3. Girls have access to ongoing and free support outside of their homes for their emotional health, including school based and community workshops, peer support systems, peer counseling, support groups, and counseling.
4. Schools support healthy emotional development as core to academic and life success and as an essential part of their mission.

WHAT WE HEARD FROM GIRLS (RELATED QUANTITATIVE FINDINGS)

Girls reported that they cannot find and would like to have support or services in the following areas:

Stress 31%	Depression 25%	Suicide 14%
Self-Esteem 29%	Family Stress 24%	Mental Illness 10%
Emotions/Feelings 28%	Peer Pressure 17%	

Girls reported that they either know girls who have or have experienced the following themselves:

Depression 70%	Suicide 29%	Mental Illness 26%
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HOW WILL WE MAKE CHANGES (RECOMMENDATIONS)

Change Policy and Legislation

- a. In actions, treat emotional health as importantly as academic success.
- b. Mandate and support classes/programs regarding emotional health throughout a student's academic career in both health classes and integrated across the entire academic curriculum. Incorporate peer support programs into efforts.
- c. Support funding for counselor in schools to provide emotional support (not only academic guidance). Or allow counselors from community based organizations on campus to provide support.

Change School, Community, and Organizational Practices and Programs

- a. Provide ongoing support groups on school campuses and in community.
- b. Provide finding your purpose/goal setting and socio-emotional development workshops/opportunities (like *Challenge Day*) annually at every school throughout a girl's educational career.
- c. Integrate opportunities for vocational training and career path development into school curriculum and coordinate with the business community.

Educate Providers and Teachers

- a. Provide ongoing staff development opportunities for middle and high school teachers in learning how to better support the socio-emotional development of youth and integrate into their own curriculum, practices, and programs (i.e. "Socio-Emotional Development Across the Curriculum" - similar to "Writing Across the Curriculum").

Provide Community and Parent Education

- a. Offer affordable and accessible counseling for families (especially to help families cope with stress).
- b. Provide ongoing education and support for parents to help them appropriately support the healthy emotional development of their daughters. (Web-based videos or television programs may be the most effective way to reach parents.)

Strengthen Individual Knowledge and Skills

- a. Increase girls' understanding of what it is to be emotionally healthy and to have skills that help them cope with difficulties. Provide access to support when they are having difficulties.
- b. Support girls in feeling empowered to make decisions about their lives and to realize the consequences of those choices in their futures.
- c. Provide girls with leadership opportunities to support peers and younger youth in positive emotional and social development.

HEALTHY EATING / WEIGHT / EXERCISE / BODY IMAGE

WHAT WE WANT FOR GIRLS (OUTCOMES)

1. Girls have relevant knowledge about healthy nutrition (not just the USDA pyramid) and exercise and know how to apply both in their lives.
2. Girls have access to eating healthy foods on a regular basis (at home, school, and in the community).
3. Girls have access to affordable and fun exercise opportunities.
4. Girls have access to ongoing support for healthy eating and exercise.
5. Girls have healthy body images and opportunities to discuss the topic throughout their youth. This dialogue should include media and society's influences on body image.

WHAT WE HEARD FROM GIRLS (RELATED QUANTITATIVE FINDINGS)

When asked what health topics girls would like more information about, girls responded:

Healthy Eating 51%	Body Image 40%	Exercise 38%
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Girls reported that they can't find and would like to have support or services in the following areas:

Body Image 35%	Healthy Eating 31%	Exercise 28%	Eating Disorders 2% (write in)
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Girls reported that they either know girls or have experienced the following themselves:

- Eating Disorders 57%

HOW WILL WE MAKE CHANGES (RECOMMENDATIONS)

Change Policy and Legislation

- a. Support school policy in serving healthy foods. (One idea is to charge more for unhealthy foods to cover the cost of lower priced healthy foods.)
- b. Support continuation or addition of Physical Education in schools as a daily and mandatory activity in middle and high schools.
- c. Support continuation or addition of school sports or intramurals in middle and high schools. Allow community based providers to offer exercise opportunities at school after school, especially in high schools for teens that are not playing school sports.
- d. Include healthy eating (incorporating developmentally appropriate menu planning and cooking) and health weight gain/loss in mandatory school based health curriculum.
- e. Support inclusion of meal preparation classes (culinary) in schools to help girls (and boys) learn how to prepare healthy meals and plan healthy menus.

Change School, Community, and Organizational Practices and Programs

- a. Where possible, communities should have athletic centers for youth and their families that are accessible and affordable. The Monterey Sports Center is a

model.

- b. The Monterey Sports Center should change the policy about requiring a parent's presence for an older teenager to become a member. This is a barrier for some. Change policy to allow parents of teenager to just sign forms rather than requiring physical presence.

Provide Community and Parent Education

- a. Offer opportunities for families to learn about and practice healthy eating together (meal planning and preparation). Make them convenient and affordable, consider television or web-based programs.
- b. Offer opportunities for families to learn about exercise and to exercise together. Make them convenient and affordable.

Strengthen Individual Knowledge and Skills

- a. Increase girls' knowledge about and ongoing support for a lifestyle including healthy eating and regular exercise.
- b. Model healthy menu planning, cooking, and eating.

HEALTHY SEXUAL DEVELOPMENT AND SEXUALITY

WHAT WE WANT FOR GIRLS (OUTCOMES)

- a. Girls understand and have accurate information about their sexual development, sex, and health care.
- b. Girls have convenient and affordable access to health care.
- c. Adults and girls treat our emerging sexual development as part of our normal, healthy development, not as something that we need to be afraid or ashamed of.

WHAT WE HEARD FROM GIRLS (RELATED QUANTITATIVE FINDINGS)

When asked what health topics girls would like more information about, girls responded:

Pregnancy 40%	Sexuality 34%	Birth Control 20%	Bi/Lesbian Issues 6%
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Girls reported that they can't find and would like to have support or services in the following areas:

Pregnancy 24%	Sexuality 21%	Birth Control 16%	Bi/Lesbian Issues 7%
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Girls reported that they either know girls who have or have experienced the following themselves:

Pregnancy 87%	Sexuality Transmitted Disease 23%
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HOW WILL WE MAKE CHANGES

Change Policy and Legislation

- a. Include developmentally appropriate learning on healthy sexuality in ongoing school based health curriculum.

- b. Allow community based providers of healthy behaviors to come into schools to teach about sexual development and healthy sexuality.
- c. Allow for distribution of birth control on or accessible to school property.
- d. Support ease of access to birth control and reproductive health care.

Change School, Community, and Organizational Practices and Programs

- a. Offer single-gender health classes when discussing gender specific sexuality for a portion of the time. (Please note - We believe it is important for both genders to understand the sexual development of the other gender as well.)
- b. Incorporate more dialogue and co-developed learning goals in health classes. Many aspects of girls health are overlooked or not taught in a way that is relevant to girls.
- c. Every school should offer classes in child development and in caring for babies and young children. We would like every school to have a baby "robotic doll" program, where students are responsible for caring for the baby for a week.

Provide Community and Parent Education

- a. Offer education and support groups for mothers only and for mothers and daughters on health sexuality. Explore myths and misinformation in these sessions.
- b. Provide convenient support for teaching parents how to talk to their daughters about their emerging sexuality at different ages. Consider television or web-based programs as a way to engage parents initially.

Strengthen Individual Knowledge and Skills

- a. Provide education and support for girls to understand their bodies and emerging sexuality. Help them to know how to take care of their bodies; have accurate information to make informed and conscious decisions; and, have the skills, knowledge, and access to support when needed.

HEALTHY RELATIONSHIPS

WHAT WE WANT FOR GIRLS (OUTCOMES)

- 1. Girls have healthy relationships with family, friends, and the individuals they date.
- 2. Girls understand the elements of and have practiced skills for healthy relationships.
- 3. Girls have healthy relationships modeled for them in their lives.
- 4. Girls consciously choose to be in relationships (both friendships and dating).

WHAT WE HEARD FROM GIRLS (RELATED QUANTITATIVE FINDINGS)

When asked what health topics girls would like more information about, girls responded:

Dating 47%	Friendships 41%	Peer Pressure 17%
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Girls reported that they can't find and would like to have support or services in the following areas:

Dating 36%	Friendships 30%	Peer Pressure 17%
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HOW WILL WE MAKE CHANGES

Change Policy and Legislation

- a. Mandate developmentally appropriate learning on healthy relationships across the curriculum on an ongoing basis during a students' school experience. Include modeling of health behavior.

Change School, Community, and Organizational Practices and Programs

- a. Provide health classes that give more information on the emotional side of dating and sex.
- b. Create learning opportunities that include the role modeling of healthy relationships. (We like the idea of training peer health educators to run workshops with elementary, middle, and high school students.)

Educate Providers and Teachers

- a. Model healthy relationships in classroom and in all community based youth programs. Adults engaged with youth should model respect for and inclusion of youth.

Provide Community and Parent Education

- a. Offer support for parents and families in creating open communication, appropriate discipline, and positive relationships in a family. Make support convenient and affordable, consider television or web-based programs to supplement support groups and counseling.

Strengthen Individual Knowledge and Skills

- a. Provide girls with access to programs that model healthy relationship behavior – especially family, friends, and dating.
- b. Support girls in acquiring and applying the knowledge they learn in making conscious decisions in and about relationships.

SAFETY

WHAT WE WANT FOR GIRLS (OUTCOMES)

1. All girls are safe in their homes, at school, and in their community.
2. All girls to have the skills and ability to protect themselves in a crisis.

WHAT WE HEARD FROM GIRLS (RELATED QUANTITATIVE FINDINGS)

When asked what health topics girls would like more information about, girls responded:

Dating Violence 26%	Family Violence 15%	Peer Violence 11%	Personal Safety 6% (write in)
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Girls reported that they can't find and would like to have support or services in the following areas:

Dating Violence 20%	Family Violence 13%	Peer Violence 8%	Personal Safety 4% (write in)
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Girls reported that they either know girls or have experienced the following themselves:

Family Violence 48%	Dating Violence/Rape 45%	Peer Violence 28%
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HOW WILL WE MAKE CHANGES

Change Policy and Legislation

- a. Mandate personal safety learning opportunities for students at several key ages in elementary, middle, and high school.

Change School, Community, and Organizational Practices and Programs

- a. Modeling and practice of personal safety skills is critical in learning process.

Provide Community and Parent Education

- a. Offer personal safety classes for mothers and daughters.
- b. Provide opportunities for parent education on positive parenting and discipline and support for preventing or ending family violence. (Insure that the learning experiences really work. A number of girls questioned whether the "anger management" classes their parents had attended had worked.)

Strengthen Individual Knowledge and Skills

- a. Provide girls with access to programs that build conflict resolution and personal safety skills.

OTHER

This section provides insight into other health issues that were not indicated to be priority areas by most of the research population. However, the researchers believed each of the areas significant and deserving of both mention and attention.

WHAT WE WANT FOR GIRLS (OUTCOMES)

1. Girls live free of pesticides in their home, around their homes, and in their schools.
2. Girls live in communities that support the environment.
3. Girls have factual information about diseases (such as diabetes, cancer, STD's, and heart disease) and understand how they can prevent the diseases.
4. Girls with diseases have access to appropriate and affordable care. They also have the skills and knowledge necessary to support their health.
5. Girls understand the effects of specific drugs and alcohol on their bodies.
6. All girls have positive and healthy activities and opportunities after school and on weekends, i.e. work, clubs, support groups, sports, ROTC, dance, theater, and art.
7. Girls have the support system they need to help them live a healthy life.
8. More emphasis and money is placed on healthy living and wellness (prevention)

vs. treatment or intervention.

WHAT WE HEARD FROM GIRLS (RELATED QUANTITATIVE FINDINGS)

When asked what health topics girls would like more information about, girls responded:

Drug Use & Abuse 31%	Alcohol Use & Abuse 27%	Diseases / Illness 23%	The Environment 21%
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Girls reported that they can't find and would like to have support or services in the following areas:

Drug Use and Abuse 20%	Alcohol Use and Abuse 18%
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Girls reported that they either know girls who have or have experienced the following themselves:

Drug Addiction 60%	Alcohol Addiction 50%	Diseases/Long Term Illness 17%
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HOW WILL WE MAKE CHANGES

Change Policy and Legislation

- a. Increase set back distance of pesticide use around schools and homes to levels that are completely safe for girls. Optimally, we believe no pesticides should be used around homes or schools.
- b. Insure that all public buildings including schools have recycling and green programs.
- c. Include developmentally appropriate learning on diseases in ongoing school based health curriculum.
- d. Insure affordable access to health care for all girls.

Change School, Community, and Organizational Practices and Programs

- a. The names of girl serving organizations should be affirmative (asset based rather than deficit based). Names of organizations and stigma-based reputations can be barriers to access. Girls want to identify themselves with their potential - not their problems.

Provide Community & Parent Education

- a. Offer education and support groups for parents to help them reduce their own alcohol and drug use.

Strengthen Individual Knowledge and Skill

- a. Provide girls with the opportunity to learn about the effects and consequences of drug and alcohol use and abuse in a relevant way. Girls have recommended having speakers who are close to their age in addition to learning the physiological effects of the drug.

OVERALL SUPPORT FOR GIRLS' HEALTH

In making recommendations for each of the priority health issue areas, researchers recognized that there were a number of recommendations that cross cut all of the issue areas. This section provides recommendations for supporting the overall health and wellness of girls in Monterey County.

HOW WILL WE MAKE CHANGES

Change Policy and Legislation

- a. Make health education a priority in schools.
- b. Maintain and expand upon current levels of health education funding.
- c. Provide increased continuity of policy regarding health education throughout Monterey County incorporating developmentally appropriate health education in elementary school, as well as a full year course in middle school and twice in high school.
- d. Change policies to allow community-based providers of health programs to provide programs in schools.
- e. Fund ongoing school based health support groups (during lunchtime) and peer education/counseling programs.
- f. Create opportunities for meaningful involvement in the public policy process and encourage girls' access to policy makers and leaders.
- g. Fund after school and weekend activities for girls.

Change School, Community, and Organizational Practices and Programs

- a. Create and nurture free community health forums created and led by girls. These would provide girls with the opportunity to network with other girls, to talk about their emotional issues, and receive support and information from each other and health educators.
- b. Support an interactive website for girls that is girl directed and mentor advised for girls to anonymously discuss health issues.
- c. Provide ongoing, free support groups at schools during lunch.
- d. Train a cadre of health peer educators/counselors in every school on an ongoing basis.
- e. Empower girls (youth) to co-develop learning goals with teachers in health classes.
- f. Provide opportunities in communities for girls to have something to do after school – work, club, support groups, sports, ROTC, dance, theater, art, etc.

Educate Providers & Teachers

- a. Support middle and high school teachers in learning how to teach in a way that is both responsive and relevant to girls' needs. Support empowering girls to co-develop the learning goals and encourage dialogue in classrooms.

Provide Community & Parent Education

- a. Offer convenient and culturally appropriate health education opportunities for parents in order to:
 - Increase their general health knowledge and dispel myths

- Build their capacity to talk with their daughters
 - Provide support for their own health issues
 - Model healthy behaviors
 - Provide ongoing resources for those that need more in-depth assistance
- b. Offer parent education through convenient methods like web-based classes/ video or television. Parents prefer the convenience of learning on their own time rather than leaving their home and family.
- c. Integrate extended family networks in strategies that support girls' development and empowered participation in their communities.

Strengthen Individual Knowledge and Skills

- a. Provide girls with a wide range of speakers with life changing health experiences. in schools.
- b. Provide internet support groups for girls who cannot participate in school or community based support groups.
- c. Provide opportunities like community girls health forums for girls to ask questions of health experts and dialogue amongst themselves about being healthy.

NEXT STEPS

The intent of this project was to conduct and provide research necessary to make informed public policy and programmatic decisions. The researchers will continue to present their findings to public policy bodies.

The Girls' Health Initiative Steering Committee of the Women's Fund of Monterey County will help to support and follow through on the implementation of these recommendations with community partners.

In addition, the researchers themselves are a resource to be used to inform policy and programmatic decision making.

FOR MORE INFORMATION

For more information about the *Girls' Health in Girls' Hands Action Research Project* please refer to our website www.girlhealthgirlshands.com or contact:

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