00;00;06;25 [Jen]: From the California Prevention Training Center in San Francisco, this is Speaking Frankly, the State of Sexual Health. We know good sexual health doesn't just happen, it's created. In this series, we're starting the conversations we should already be having. We'll speak with experts in the field about sex, stigma, and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers. Today, we're continuing our conversation with Lidia Carlton, director of community education at Planned Parenthood, Pasadena and San Gabriel Valley. We're

00;00;40;23 talking with her about the California Healthy Youth Act, otherwise known as Chaya. If you missed our first episode with Lidia, I highly recommend going back and listening to that first, so you have context. Chaya changes the way sex education is taught in California's public schools. Today. Lidia talks with us about the pushback she's seen against Chaya in her own work, especially when it comes to gender identity, and why race and ableism are

00;01;07;06 two topics health educators need to be talking about much more. Thanks for joining us and enjoy the show. You talked earlier about the evidence, I mean, it's decades old in some cases, of the benefits of comprehensive sexual health education, what's the pushback that you're seeing kind of, you know, like top three points of pushback that you see in communities against Chaya.

00;01;33;28 [Lidia]: I think it's mostly what I have seen has been an opposition to LGBTQ, just sort of homophobic transphobic banter. Essentially the language in Chaya is so explicit about gender inclusion and the way that we create safe spaces for LGBTQ students. And some of the opposition I've seen has really focused on a refusal or a pushback on the

00;02;04;13 existence of trans folks entirely, which is very problematic for so many different reasons. That's, that's been like a major one. I do see some opposition to the abortion discussion. That seems pretty, you know, not unusual, I would say in the world of sex ed. I think that that's something that we see. And then I would say, I'm trying to think about a third one. Like, I feel like that like transphobia and the homophobia take up a

00;02;32;27 lot of space in my brain in terms of the kind of discussion I've seen.

00;02;38;05 [Jen]: No, that was absolutely my experience too. And I think what was really interesting in the discussions. So, I mean, I taught all over the Bay area and it wasn't in my experience so much around like sexual activity or references as it was this very visceral pushback to anything that challenged a binary gender identity, including folks who identify as trans. And that, I don't know, maybe naively, I did not expect folks to

00;03;09;16 take such an incredibly strong position on that.

00;03;11;28 [Lidia]: I also did not expect that. I was really surprised. I was completely ready for the new explicit language around abortion. I was ready. I was like, Oh, people are going to be mad about this. We're going to have having this discussion for years to come. And now there's so much homophobia and transphobia. I, I was pretty shocked too. I feel super naive that I didn't see that coming. I think, you know, one of the things that I think is really troubling is that we do, you know, where we haven't done so

00;03;43;22 well in California and in schools in general is around the mental health of LGBTQ students. And we know that they have much higher suicidal ideation than their non-LGBTQ counterparts. And that to me is like one of the biggest failures of the education system is just failing these kids who just don't feel safe at school. Can't, you know, maybe they're don't, they don't have a bathroom to use. So they're like holding their pee all day.

00;04;12;12 And just, you know, if you, as anybody can imagine, that's uncomfortable not conducive to learning they're missing school. It's just really the compound effects of that sort of transphobic homophobic language is really disheartening. Okay. My third thing though, is anal sex. People are really have been very focused. The opposition is very focused on anal sex, much more than I've ever been. Start anal sex, a shocking amount of focus on

00;04;42;17 anal sex. But

00;04;44;05 [Jen]: I want to break this down a little bit, going back to the, I love that you said compound effects because I think that that's exactly what it is. It's what seems like minutia makes it lacks the importance that I'm trying to get out, but we don't think about unless you're perhaps that person who's experiencing it. I can't go to the bathroom because I don't feel safe. Or we talk a lot about in education trauma. Kids who grew up in homes that aren't safe and the vigilance and the PTSD that, that when you're always looking over your, I mean, trauma, I like to say is, is you

00;05;18;04 have minor traumas. Most people have minor traumas throughout their life. Some people have really major traumas that accompany that. But if you're always looking over your shoulder, because you may be physically or emotionally or verbally threatened, that has long lasting ramifications, if you literally cannot urinate or you cannot just be, that's a huge thing. And I, I, a huge problem. And I, I find it interesting because there's so

00;05;45;17 much in the last, maybe 10 years, there's been so much attention to bullying and a very strong anti-bullying campaign. And how can that coexist if you're not our LGBTQ plus folks. Right. And I, I, I venture to say that there are folks who are anti-bullying, but who perhaps are in opposition to inclusivity around LGBTQ plus folks.

00;06;12;16 [Lidia]: Yeah. I mean, I've definitely been in different kind of school spaces where I've heard presentations or presenters talking about bullying or even suicidal ideation and students who've died by suicide and addressing this as an issue. And it is completely absent of creating spaces that are safe for LGBTQ students, addressing this sort of binary gender that exists in most school spaces. It's just in the system it's baked in and they need to unbake it essentially. So I definitely agree with you. That's

00;06;46;24 like something that's so endemic in school spaces. And I would, I would love to see more of a connection in those worlds that it was just part of how a school space should be addressing bullying should be about every single, not just teacher, but staff person from crossing guard to whoever to principal. They all need to be aware of what it means to be non-binary and how important it is to use the right pronouns, the right name. And what

00;07;13;04 does that look like in a different setting? That's definitely been the pushback with Chaya. I do think that the school systems are slowly changing and there's, and we're getting a little bit more of a shift. And I think a lot of the Chaya pushback is a distillation of people being really just resistant to that change overall. And so it just gets filtered into this sex ed space, but really it's about people being mad about change. I think in general,

00;07;40;19 [Jen]: It feels like some folks may feel like it's in a front and an assault on very core beliefs of their own identity. And so how do those exist? What happens if you were saying your identity is one thing, what does that mean for my identity?

00;07;57;10 [Lidia]: Yeah. If you were challenging the entire binary of gender, but a person exists so deeply in one side of that binary, usually, you know, I would say on the masculine side and our relationship with toxic masculinity and how that plays out. I think that that's really what we're talking about when we see that resistance, you know, it's that these are comfortable boxes that we have lived in and that we know about and that we experience day in and day out. Comfortable for us. When I think even those

00;08;28;19 folks who really that's their identity, that they feel very strongly, that that's the way things should be, might not be so bad for them to also just consider their own identity and how that plays out in their, in their day to day and how that, you know, that limits them to like men who can't cry. It's fine to be on your side of the gender binary and also express emotions. Like that's something that's pretty normal and healthy.

00;08;56;01 [Jen]: I want to talk to you about kind of sex ed as a upstream intervention. And when we were talking before you mentioned that there's a bit of a disconnect between sex ed folks and folks who, am I misquoting you, folks who are working in HIV STIs.

00;09;14;21 [Lidia]: I was mentioning that I think there's a disconnect between the sex ed folks and the HIV prevention folks. [Jen] Right. [Lidia] I think that that's rooted in the history of HIV advocacy in a lot of ways, just in advocacy history. That's been really about primarily gay men. And then as the HIV epidemic has changed, it's become more comprehensive, but I think it's still sort of rooted in that space. And so that's, I think this is my

00;09;44;28 conjecture. I'm not sort of saying this based on data, but I do think it's just created a disconnect between the folks working among younger populations in school-based settings. Whereas HIV work has been a lot more in adult spaces and with adults interacting, you know, especially if we're talking about gay men and different like bar club scenes or among meth users where more in the young adult adult population, that's a very different look than what we see in a school-based setting. So there is this

00;10;16;11 sort of disconnect, even though the school folks, the sex ed folks, I would argue are trying to lay the groundwork so that we're preventing HIV as well as all these other things. So we should be working together. But I think that we just, maybe don't like, hang out enough. Should probably hang more.

00;10;35;22 [Jen]: It's hard to hang during COVID, virtual hanging,

00;10;40;08 [Lidia]: I don't mean hanging out right now during a global pandemic, but

00;10;44;15 [Jen]: In my current work, I am more focused on how do we support clinicians of any kind in supporting adult HIV, STD prevention, treatment, and care family planning. So I am really focused on an adult population and coming from an adolescent sexual health background, I expected more overlap. So yeah, I mean, maybe you can just speculate as to why there's not that overlap because I mean, this type of work has been going on for so long

00;11;12;13 [Lidia]: My guess is that there it's probably resource driven. Like public health has always underfunded as we have seen as we are in a global pandemic and don't have sufficient resources to manage the pandemic we're in, but that has sort of at least an, I don't know, I've been in public health for like 15 years or so, and it's always been underfunded and under-resourced. And so when you have limited resources, then you have different folks competing for the same pools of money. And I think from

00;11;45;22 what I know of the HIV world as well, when they've had financial pressures, they have to focus. I mean, this is true of any public health issue, but HIV in particular, you have to focus on the highest need, highest priority population. And usually HIV prevalence and incidence is not very high among minors under 18. You might have young adult, but we don't see that, that higher prevalence among younger people. And so the attention is just not,

00;12;17;08 it's harder to justify the attention there when you have a lot of other competing high-need populations. And so I think it does make sense. It's just a matter of, you know, everybody's under-resourced and over tasked. And I think we all know that it would be great to work together and just who's going to do that. And what does that look like?

00;12;37;06 [Jen]: Yeah. And that brings up conversations even within like the HIV STI world that we have internally, the prevention training center, like even the division, sometimes the silo-ing between STIs and HIV based on funding. And it's like, I think to somebody outside it's like, how is that possible? How are those conversations not necessarily happening? And I think your point about it's like a scarcity mentality. Unfortunately.

00;13;03;15 [Lidia]: Yeah. I worked, I mean, I worked at the STD control branch at the state and there's an entirely separate office of AIDS, different departments. We worked well, you know, we worked together, but it definitely also takes motivation from individuals to reach out, you know, just like anybody with any job. It's hard to remember to always include people. And sometimes you don't have an established relationship, so it's just kind of hard to get that off the ground.

00;13;31;18 [Jen]: Right. So one thing that's been on my mind, a great deal is how is COVID-19 and the conversations that many of us are choosing slash being forced to have around COVID, which are, who are you hanging out with? Are you quote, unquote, safe to hang out with. Have you been tested? How many times have you been tested and when have you been tested? And these are things that when I was teaching in the classroom, I encouraged my young

00;14;06;11 folks to do with their STI tests, right? Like, so I'm thinking I'm hopeful that this moment in time with COVID and the practices that we're undertaking with more frequent testing, hopefully, and the conversations that we're having that makes this seem so normal about have you been tested, et cetera, will continue and somehow get baked into our

00;14;33;17 conversations around sexual health and testing.

00;14;38;13 [Lidia]: Yeah. I appreciate your optimism. I also feel some optimism because the conversation and the skills I have just talked about transferable skill sets, and I think that that's what we're seeing is that maybe that conversation’s alittle easier. I think what this time has shown me though, is some gaps in the way that we talk about risk and testing and describe what you actually learned from testing. I, you know, I've been thinking about this

00;15;10;25 lately, depending on when people listen to this, we're just right after Thanksgiving, which is a time when a lot of people were getting tested in order to see other people. And I could see, even in my friend group, that there's a real misunderstanding about incubation periods and asymptomatic spread, which is something that, you know, I just sort of didn't realize that I have known from working in STDs for so long. I'm like, Oh, your test

00;15;39;16 actually tells you about something that happened five days ago.

00;15;43;07 [Lidia]: So it influences me as an education person to change and shift maybe how we also talk about testing for STIs. I hope that also the idea of asymptomatic transmission changes and shifts, how people think about STIs as well, because I certainly time and time again, people are always surprised that herpes is shed asymptomatically and most spread happens asymptomatically. I think that learning from COVID will translate into STIs. I hope that's something I am hopeful for. The discussion factor,

00;16;17;07 for sure. I'm hoping the idea of like pods and risk might translate, like the idea that your exposure is not just between you and one other person. [Jen] Right? [Lidia] Um, yeah. I'm hoping, I'm hoping that works.

00;16;34;03 [Jen]: I think too, it brings up a lot how you were talking about, like, what does a test actually tell you? I think it's like, not just a one thing, right? For me, it's like you have your testing and then you have your masking and then you have your social distancing and then you have like your regular pod of people who you've identified to trust to do all of those same things. And so for me, it's like, if you get that test back and you're negative, I mean, that is five days ago. So like, what have

00;17;04;07 you been doing in conjunction with that? There's just so many parallels for me around COVID and sex, because it's like, are you using the condom? Are you having open conversations with your partner about who they're possibly with what type of sexual activities are they engaging in and how, and when, and just all of the things, right.

00;17;23;21 [Jen]: It's not just like a silver bullet, like mask is on, I'm good to go or like condoms on. I'm good to go. And it just reminds me a lot about like abstinence and how we see the abstinence is not working with COVID like, we need to socialize. We need to be in the world for mental health. So how do we have a risk reduction plan for ourselves in COVID? And I personally think that, I mean, that has been shown the data shows that that is the abstinence only is not an effective way to get the

00;17;57;01 outcomes we want in sexual health.

00;17;59;03 [Lidia]: I feel like I follow like public health people on social media because I'm that kind of nerd, I guess. And then there are, there have been a lot of parallels in terms of communicating about risk reduction in the world of sexual health and COVID. The one thing that I sort of find myself disagreeing with is the idea that approaching folks who don't wear masks with more of a softness or like a understanding that I don't necessarily, I feel that the difference in the approaches is that people

00;18;30;29 who don't wear masks, put a group of people around them at risk, in a nonconsensual way, they haven't negotiated consent with all the people they're exposing to their potential infection. And that's a little different than like a interpersonal one-on-one conversation about using a condom. [Jen] Right? [Lidia] So that's something that I also would love to see more people sort of making some distinction about, you know, aerosol

00;18;56;13 transmission versus an STI, does shift on that level.

00;19;02;05 [Lidia]: And I think that that's actually a lot of the conflict that happens when people get mad about folks who don't wear masks and then vice versa. A lot of it's about consent. It's just like, I didn't consent. I don't want to wear a mask it's uncomfortable for me and the other folks saying, but for the rest of us, we would like to have safety. And there's not that discussion happening there between what each party is consenting to. So I haven't thought through this consent flavor for very long, but I feel like there's something more to ideas around consent than there are

00;19;34;07 even some of the behavioral suggestions that people seem to have. I just hope that of the COVID world that we're in, it's weird to even think about not being in this world at this point, but if we ever get through it, I hope that we learn some strategies around communicating risk reduction. And I do like what you've described about multiple risks and like the Swiss cheese model, which is, you know, not everything is perfect, but when you put all the slices together, you're creating a more effective barrier to

00;20;03;07 infection.

00;20;05;09 [Jen]: I do like to end by asking guests, what should we be talking about more that we just aren't talking about enough right now, when it comes to sexual health,

00;20;14;18 [Lidia]: Sexual health education, not necessarily a topic that we should talk about more, but I definitely think addressing ableism in sexual health education and I would say having a lens that addresses anti-blackness in sexual health education are two things that are particularly on my mind. I think so much of the material and the content that we use comes from a place of good intent, but generally doesn't really

00;20;50;10 include if, you know, it tends to be pretty like CIS white driven in our field in California. And I think that we, as a, as a community of providers need to just find ways to further elevate our colleagues who are black and to have voices of disabled folks at the table to really just have education that speaks to all of our communities. And doesn't leave folks out just

00;21;19;01 like I just talked so much about LGBTQ students, same is true for all kinds of different communities, but I would definitely say ableism and anti-blackness are the two things that have been on my mind in terms of how to improve our education and then the near term.

00;21;35;03 [Jen]: What do you think that improvement could look like? Or like, how do we get there, I suppose. And do you feel like Chaya is a first step in trying to do that? Maybe not explicitly, but as a, as a by-product perhaps, or maybe explicitely

00;21;49;10 [Lidia]: I think Chaya is a, is a great first step and we could be connecting sex ed to lots of other kinds of discussions. I would say, you know, something I think about is there's a piece of Chaya that requires a discussion on body image. And that's something that I don't see a lot in terms of content seems to be pretty minimal when I see curriculum or programs that are available and body image is a great place to address ableism. It's a great place to talk about how constructs of air

00;22;22;17 quotes, beauty and body are really centered on white bodies and that perpetuates white supremacy. There's a lot of space in, in body image alone. I've been thinking about that more because our peer advocates group has been focusing on body image. So it's a little bit fresh. It's a great window into having those discussions. And I think it would be great to see policy and legislation that's also a little bit more explicit in those areas. So it wasn't something that providers had to infuse into a law, but

00;22;52;15 the law was infused with those concepts. [Jen] I love that. It's true. And I think that Chaya offers so many opportunities for discussion about blank and how do we use that opportunity to talk to our young people and recognizing that every school site is not going to be the same as the last or the next right. And their needs are, are going to

00;23;21;10 be markedly different. And then, like you said, folks may maybe 16. And then how does their life change when they're 22? So just thinking about like where sex ed is in the stream of education and interventions and, and keeping our communities healthy and, and like the potential that education has. [Lidia] Yeah, for sure. [Jen] You're so generous. Thank you so much,. A special thank you again to our guests. Lidia Carlton, director of community

00;23;50;14 education at planned Parenthood, Pasadena and San Gabriel Valley speaking, frankly, is a production of the California prevention training center in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Marie Lazar and is edited by Nils Meyers at 152 West productions.