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## Communicating with School Nurses about Sexual Orientation and Sexual Health: Perspectives of Teen Young Men who have Sex with Men

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### Abstract

Black and Latino young men who have sex with men (YMSM) are at disproportionate risk for sexually transmitted diseases (STDs), including HIV. This study informs school-centered strategies for connecting YMSM to health services by describing their willingness, perceived safety, and experiences in talking to school staff about sexual health. Cross-sectional data were collected from black and Latino YMSM ages 13–19 through Web-based questionnaires ( $n=415$ ) and interviews ( $n=32$ ). School nurses were the staff members youth most often reported willingness to talk to about HIV testing (37.8%), STD testing (37.1%), or condoms (37.3%), but least often reported as safe to talk to about attraction to other guys (11.4%). Interviews revealed youth reluctance to talk with school staff including nurses when uncertain of staff members' perceptions of LGBTQ people or perceiving staff to lack knowledge of LGBTQ issues, communities, or resources. Nurses may need additional training to effectively reach black and Latino YMSM.

### Keywords

Adolescent; men who have sex with men; lesbian gay, bisexual, and transgender (LGBT); communication; school health; HIV; STD; condoms; school nurses

### Introduction

Sexually transmitted diseases (STDs), including HIV, affect a substantial number of youth. Almost half of the 19.7 million new sexually transmitted disease infections in the United States each year are among persons ages 15–24 (Satterwhite et al., 2013), and in 2010, approximately 25.7% of estimated new HIV infections were among persons ages 13–24 (Centers for Disease Control and Prevention, 2012b). In addition, a substantial proportion of

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youth are in engaged in behaviors that can put them at risk for HIV or STD infection. For example, 2013 data reveal 34.0% of high school students in the United States reported being currently sexually active (i.e., reported having had sex in the 3 months prior to the survey), and among those students, only 59.1% reporting using a condom at last sexual intercourse. Only 12.9% of students nationwide reported having been tested for HIV (Centers for Disease Control and Prevention, 2014b).

Among young people, men who have sex with men (MSM) are at disproportionately high risk for STDs and HIV. MSM have increased risk for STDs compared to women and to men who only have sex with women, and both STD infection and the risk behaviors that can lead to STDs increase the risk of acquiring and transmitting HIV (Centers for Disease Control and Prevention, 2014a). In 2010, 72.1% of the estimated new HIV infections among persons ages 13–24 were attributed to male-to-male sexual contact. Of those new infections, approximately 54.4% were among black/African American young men and 21.6% were among Hispanic/Latino young men (Centers for Disease Control and Prevention, 2012b). Focusing in on adolescents ages 13–19, 2009 data from 40 states and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) revealed that 91% of HIV infections diagnosed in 13–19 year old males were attributed to male-to-male sexual contact, and of those, 72% were among black/African American adolescents (Centers for Disease Control and Prevention, 2012a).

Because HIV incidence is disproportionately high among MSM, particularly MSM of color, many public health professionals are focusing resources and prevention efforts on this group. Current CDC recommendations call for sexually active MSM to get tested for HIV at least annually (Centers for Disease Control and Prevention, 2006). Once men know their HIV infection status, they can receive appropriate medical care and other preventive services, including services to educate them on how to prevent transmission of the virus to others (Centers for Disease Control and Prevention, 2010).

In light of these data and recommendations, there is a need for programs that specifically focus on young men who have sex with men (YMSM) in the younger age ranges (i.e., 13–19). School health services staff, including school nurses, have an opportunity to play a meaningful role in effectively reaching these youth and connecting them to HIV and STD testing as a normal part of their health care, as well as other sexual health services. More than 22 million teens (ages 14–19) are enrolled in U.S. schools (United States Census Bureau, 2013), and many schools have existing health and social services infrastructure. Nationwide, there are more than 73,000 school nurses (National Association of School Nurses, 2014), more than 105,000 school counselors (American School Counselor Association, n.d.), and almost 2,000 school-based health centers (Lofink et al., 2013). Given the number of youth in schools and the presence of infrastructure that places health professionals and services in close proximity to students, school health services staff are among the health professionals best positioned to reach in-school youth, including those at highest risk for HIV and other STDs. As such, the National Association of School Nurses released a position statement in 2013 emphasizing that school nurses “are uniquely positioned” to, among other things, “recognize health risks that are disproportionately high for sexual minority students; provide health services that are safe, private, and confidential;

[and] make referrals for evidence-based care” (Bradley, Kelts, Davis, Delger, & Compton, 2013, p. 112).

However, there can be challenges to reaching certain groups of youth at disproportionate risk, and it can be particularly difficult to address topics such as sexual health and sexual orientation with sexual minority<sup>1</sup> youth who may be to some extent invisible in their schools. For many sexual minority students, including YMSM, schools can be hostile environments (Vega, Crawford, & Van Pelt, 2012). Data from a 2009 survey revealed 81.9% of students who identified as sexual minority youth reported verbal harassment at school during the past year because of their sexual orientation (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012). Given these challenges, youth may be hesitant to reveal their sexual orientation to anyone at school—including staff. As a result, it may be particularly challenging to help connect sexual minority students, including YMSM, to services that are most tailored to their needs and comfort levels. In order for school health professionals to effectively reach YMSM, it is important to understand more about the extent to which YMSM are willing to talk to school staff about topics related to sexual health, services, and sexual orientation and a few of the characteristics that make such conversations more comfortable for youth.

## Purpose

The purpose of this study was to help inform development of school-centered strategies for connecting YMSM, specifically black and Latino YMSM, to HIV and STD prevention services by (1) providing a better understanding of the extent to which YMSM were willing to discuss and felt safe discussing topics related to sexual health services and sexual orientation and (2) by describing the experiences of YMSM with school nurses and what made it more or less comfortable to talk with school nurses about sexual health and related topics. This study uses a broad definition of YMSM that includes males who have engaged in same-sex sexual activity, as well as those who identify as gay or bisexual or report attraction to other males. The findings presented in this manuscript are part of a larger formative evaluation project; additional findings, including findings related to communication about other topics and more detailed information about HIV and STD testing, are available elsewhere (ICF International, 2013).

## Methods

### Design

A cross-sectional study was conducted to gather information from 13–19 year old black and Latino young men who have sex with men. To reach the intended population, the study team partnered with 12 community-based organizations (CBOs) that worked with black and Latino teen YMSM in three U.S. cities: New York, New York; Philadelphia, Pennsylvania; and San Francisco, California. These partners assisted with participant recruitment, screening, and data collection. All data were collected via Web-based questionnaires and

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<sup>1</sup>Sexual minority youth are defined as “youths who identify themselves as gay or lesbian, bisexual, or unsure of their sexual identity or youths who have only had sexual contact with persons of the same sex or with both sexes” (Centers for Disease Control and Prevention, 2011).

semi-structured, in-person interviews. The study was approved by the Institutional Review Board (IRB) for the Protection of Human Subjects at ICF International in agreement with CDC's ethics policy. All participants provided informed consent as outlined in the approved IRB protocol.

## Recruitment

The evaluation team's partner CBOs recruited participants for both the questionnaire and the interviews. The team provided each CBO with cards and posters for advertising the evaluation, and CBO staff used these to recruit participants at events held at the CBOs or in their communities. Questionnaire participants were recruited for the Web-based questionnaire between June and September 2012, and interview participants were recruited between June and August 2012, with all interviews conducted by the evaluation team during July and August. The partnership of CBOs in the recruiting process enabled the evaluation team to effectively reach a large number of teen YMSM in locations that were accessible and safe for them.

Youth were eligible to participate in the evaluation if they: (1) were male; (2) were black or Latino or multiracial with either black or Latino included; (3) were between 13 and 19 years of age; (4) identified their sexual orientation as gay or bisexual, or reported sexual behavior with or attraction to other males; and (5) had attended at least 90 days of school in the previous 18 months (regardless of whether or not they were currently enrolled in school).

Each CBO received recruitment cards and posters advertising the evaluation. These materials were customized to include the CBO name, contact person and the hours during which youth could drop in to be screened for eligibility. CBO staff also promoted the questionnaire during regular activities, such as social support groups, that took place at the CBO and distributed the cards during HIV/STD testing, street outreach, and activities delivered at schools.

Screening for the Web-based questionnaire and interviews took place simultaneously. Youth expressing interest in the evaluation received a brief information sheet that described the questionnaire and interviews. Designated CBO staff reviewed the information sheet, answered questions, and gave interested youth a screening questionnaire to determine study eligibility. The staff reviewed the screening questionnaire to verify eligibility and eligible youth were invited to participate in the Web-based questionnaire; CBO staff also offered the opportunity to be interviewed to every fifth or tenth eligible youth (depending on the number of youth seen by the CBO each week) until all of the scheduled interview appointment slots were filled. Interview recruitment took place 2 to 3 weeks prior to the conducting the interviews. Questionnaire recruitment was continuous before and after completion of the interviews throughout the evaluation period. Because questionnaire and interview recruitment took place simultaneously, it is possible several youth both completed the questionnaire and participated in the interviews.

## Data collection

**Questionnaire**—Once eligible youth were identified through the screening process, CBO staff administered the Web-based questionnaire. Questionnaires were completed on laptop computers brought in specifically for this evaluation and located in private areas of the CBOs' buildings. CBO staff had no access to the participants' responses. The questionnaire contained 53 items, and completion time averaged 25 minutes. Each youth received a \$15 gift card in appreciation for his time spent taking the questionnaire.

**Interviews**—CBO staff screened youth for eligibility and then scheduled interviews. Interviews were conducted by members of the evaluation team in private areas of the CBOs over a 3- to 4-day period in each city. Each in-depth, semi-structured interview was conducted in person and took approximately 60 to 90 minutes. Interviews were audio-recorded with permission, and each youth received a \$25 gift card in appreciation for his time spent participating in the interview.

## Sample

The questionnaire sample comprised 415 youth (200 from New York, 188 from Philadelphia, and 27 from San Francisco). Within this group, 64.1% of the youth identified themselves as black, and 39.8% as Hispanic. Mean age was 17.4 years ( $SD = 1.328$ ). The majority of the sample (88.5%) lived primarily in one location, and 66.7% lived with their parents most of the time. In addition, 58.6% of the sample reported they would be in the 10–12<sup>th</sup> grade in the next school year, and 33.5% of the sample had earned a GED or high school diploma (see Table 1). Of the participants, 99.0% reported identifying as gay or bisexual, being attracted to other guys, wanting to have sex with other guys, or having had sex with other guys; the remaining 1% of participants who selected “I don't know” or “I don't want to say” for all of the questions about identity, attraction, or behavior were not defined as YMSM using the evaluation criteria, but were not excluded from the overall analyses because these same participants had previously responded to participant screening questions in a manner that indicated they met the study definition of YMSM based on identity, attraction, and/or behavior.

The interview sample comprised 32 youth (11 from New York, 12 from Philadelphia, and 9 from San Francisco). Of these youth, approximately half reported they would be in high school in the fall, with most entering grades 11 or 12. Two participants reported they had dropped out of school. Remaining participants reported having completed high school, and several of these youth were enrolled in college.

## Measures

The questionnaire, administered via an online survey provider, contained items that assessed demographic characteristics, HIV/STD testing history and preferences, willingness to talk to school staff, perceptions of safety, sources of information about sexual health and extent of trust in those sources, and media campaign exposure. The findings presented in this manuscript focus exclusively on demographic data, youths' reported willingness to talk to school staff (specifically, to talk to them about sex, HIV testing, STD testing, and condoms), and youths' perceptions of which staff members would be safe for them to talk to about

being attracted to other guys. For questions about talking to school staff, youth were provided options of a number of types of school staff (e.g., teacher, nurse, counselor) and given options to say “no one,” “I don’t want to say,” or “other.”

The interviews covered the same overarching topics, but youth were able to provide much more detail in their responses. Youth talked about specific staff members that they were willing to talk to about sensitive issues such as sexual orientation, and also provided an explanation of why certain staff members were more approachable than others for such conversations. In addition, youth explained why certain staff members were less approachable or less comfortable for them to talk to about sensitive issues, and those findings are highlighted in this manuscript. Additional findings from both the quantitative and qualitative components of the larger evaluation are available elsewhere (ICF International, 2013).

## Analysis

Quantitative data from the questionnaires were analyzed with SPSS version 22.0. Analyses include descriptive statistics (i.e., means and frequencies) as well as Pearson chi-square tests to test for associations between who youth felt it was safe to talk to and youth characteristics such as age, race/ethnicity, and having been tested for HIV in the last year. Significant findings were based on an alpha level of .05.

Deductive coding procedures were used to analyze the qualitative data (Miles, Huberman, & Saldana, 2014); interviews were coded using ATLAS.ti 7 software. After iterative code development and evaluation team refinement (Schilling, 2006), the team focused on establishing acceptable intercoder reliability, as has been supported by the literature (Burla et al., 2008; Weber, 1990). The team of three experienced coders selected two transcripts at random and applied primary codes to 51 sections of text. In this process, intercoder reliability was achieved with a Fleiss’s kappa (Fleiss, 1971) of .90. For four codes with a kappa statistic of less than 0.75, coders met to discuss and resolve discrepancies. After establishing reliability, one team member coded each transcript in ATLAS.ti 7, and the team analyzed the coded data for common themes and triangulated qualitative interview data with the quantitative questionnaire data. Example quotations from interview participants are provided in the text as paradigm examples of the qualitative data and are intended to represent the themes that emerged throughout the interviews.

## Results

### Willingness to talk to school staff about sexual health

Questionnaire items addressed youth’s willingness to talk with school staff members about sexual health. The results indicated that youth would be willing to talk to school staff about a number of sexual health issues, including sex, HIV testing, STD testing, and condoms. When asked who they would be willing to talk to about sex, the school staff member youth most often reported willingness to talk to was a school counselor (30.6%); 22.6% of youth reported willingness to talk to a school nurse about sex. School nurses received the largest



percentage of youth reporting them as school staff they were willing to talk to about HIV testing (37.8%), STD testing (37.1%), or condoms (37.3%) (see Table 2).

The response “I would not talk to any staff at my school” was among the top three choices selected for sexual health conversation topics. It was the most common response when the youth were asked with whom they would talk about sex (37.6%). It was the second most common response when the youth were asked with whom they would talk about STD testing (30.1%) and the third most common response when the youth were asked with whom they would talk about HIV testing (30.8%).

To further examine which school staff youth were willing to talk to about sexual health issues, a series of chi-square analyses were run to examine possible subgroup differences by age, race/ethnicity, and having been tested for HIV in the last year. Results indicated that older youth (18–19 years) were more likely to be willing to talk to the school nurse about sex than younger youth (16–17 years) ( $X^2 = 5.83, p = 0.016$ ) (see Table 3); the sample size of youth 13–15 was not sufficient to support similar analysis. In addition, Hispanic youth were more likely than their black, non-Hispanic peers to be willing to talk to “other” school staff members about sex ( $X^2 = 4.39, p = 0.036$ ) (see Table 4). There were no significant differences based on having been tested for HIV.

### **School staff who are safe to talk to about attraction to other guys**

On the questionnaire, youth also were asked which people who work at school were *safe* for the youth to talk to about being attracted to other guys. Among participants, 42.4% reported it was safe to talk to school counselors, 34.0% reported it was safe to talk to teachers, and 27.7% reported it was safe to talk to a gay-straight alliance (GSA) advisor or leader about being attracted to other guys. 24.8% of youth reported that it was safe to talk to staff from a community center. In addition, 21.8% of youth said “no one” who worked at school would be safe to talk to. Of the specific staff listed on the questionnaire, school nurses were the type of school staff member that youth least frequently identified as safe to talk to about being attracted to other guys; they were reported safe by 11.4% of youth (see Table 5).

To further examine which school staff youth identified as safe to talk to about being attracted to other guys, a series of chi-square analyses were run to examine possible subgroup differences by age, race/ethnicity, and having been tested for HIV. Significant differences between subgroups were only seen for race/ethnicity and only for 3 possible responses: “no one,” “health educator,” and “GSA advisor.” Results indicated Hispanic youth were more likely than their black, non-Hispanic peers to report health educators ( $X^2 = 3.95, p = 0.047$ ) and GSA advisors ( $X^2 = 3.86, p = 0.049$ ) as safe to talk to about being attracted to other guys; black, non-Hispanic youth were more likely than their Hispanic peers to report “no one” at school was safe to talk to about being attracted to other guys ( $X^2 = 4.99, p = 0.026$ ) (see Table 6). There were no significant differences based on age or having been tested for HIV.

## Talking to school staff about sexual health

Interview participants were given an opportunity to describe which school staff members they were comfortable talking to about sexual health topics and why. Several youth indicated they were comfortable asking HIV/STD testing questions of a school nurse, guidance counselor, principal, coach, or trusted teacher (e.g., those who were open minded, GSA sponsors) at school or people working at CBOs. Some youth indicated that having openly gay staff members at school made it easier or more comfortable to discuss issues, but more youth emphasized the need for school staff members to be open minded, nonjudgmental, and willing to make an effort to provide help.

*She said, "Oh have you heard of the Door? Have you heard of Hetrick-Martin? ..." She knew about everything and I'm like, "Wow, like, you know bout all this." ...it was a time period where, you know, I used to get depressed a lot, for no reason. For no reason. And she just, she used to show me tough love, too, that's why we had that close bond.*—New York City youth

I'd say when it comes to something like confiding in, like, a teacher or something, that you're gay, if the teacher's super cool, a lot of super-cool teachers or like, super-chill, relaxed teachers get confided in. And also if they, like, make it pretty open that they're like, open-minded.

—San Francisco youth

When it came to getting information about HIV or STD testing, condom use, or other sexual health issues, several youth reported a preference for talking with school or agency staff members perceived to have in-depth expertise. Youth indicated that knowing teachers were "qualified" to discuss HIV/STD or sexual health topics (e.g., had taken a class) made it more comfortable to engage in discussions or ask questions. Youth stated they preferred to talk with staff members who articulated facts and details, rather than simply telling students about the consequences of unprotected sex or HIV.

I went to her one time and we were talking previously about being sexually active because she was one of the sex ed teachers at my school. And so I was in that class and then she just brought up like HIV testing...so I raised my hand and I said, you know, "Where's a place that I can get tested around here?" And she answered my question and then she gave me a little pamphlet after the sex ed class was over. And I guess they have like books...of resources that you can go to. And she gave me a little book and just talked to me a little more about it. And I guess she's more comfortable to go to because she ... I like people who have a lot of knowledge on things. And if you don't like know, it just doesn't make me feel comfortable because, you know, what if you're wrong and then, you know, I get the wrong treatment and then I'm all messed up for the rest of my life, you know? So I really like to talk to people who know these things and who are really like intelligent about these things because I just gotta know.

—San Francisco youth

Interviewed youth also provided additional detail on why they did not want to talk with certain staff members. Youth specifically mentioned that they did not want to talk with



school staff if they were uncertain about the staff members' opinions or perceptions about LGBTQ people. For instance, some youth perceived certain staff as possibly not approving of their sexual orientation but did not know for sure—this uncertainty resulted in youths' unwillingness to talk with these staff about sensitive topics. For example, one New York youth described this uncertainty by saying, “Cause I don't know their background, so maybe they're religious. They'd be like, 'Oh, I don't accept that.' Or they just don't like it at all.” In addition, youth were less willing to talk with school staff who either lacked (or were perceived to lack) knowledge of LGBTQ issues, communities, or resources.

### Experiences with school nurses

In the interviews, youth also provided context about some of their experiences with school nurses, in particular. A few of the youth had discussed sexual health issues with a school nurse, but many reported seeking help from nurses for other reasons. Youth most frequently reported needing to see the nurse for headaches or stomach aches. Some of the youth reported that nurses provided only limited amounts of care, consisting of giving students water, ice packs, and hot towels or calling parents to pick up a sick student. These youth described instances in which the school nurse visited the school once a month and was not permitted to collect blood or other samples or conduct examinations. Few of these youth were comfortable going to the nurse to ask sexual health-related questions or to seek testing.

The nurses could probably reach out more, too, and just pick up more information and learn more about, like, this type of stuff besides the stuff they just regular do like in the office. ...Because barely nobody just goes there, unless they're like referral to like take medication during the day, they have to go down there and get like a pill or whatever.

—Philadelphia youth

She's just there to, like, you break your arm, here's a Band-Aid. Like, she's not going to do much. And, like, you can't even take ... let's say you have a headache. She can't even give you, like, and aspirin or anything ...

—New York City youth

Youth who reported that nurses were not open or nice to students were likely to describe nurses as curt, overworked, or uncaring; some youth described interactions in which they perceived being talked down to.

I know some people can be annoying... but you should still have patience because you're a nurse. You're there to help.

—Philadelphia youth

However, there were also youth who characterized nurses as open and interested in caring for youth. Those youth described nurses as willing to greet them in a friendly way and engage in conversation, rather than greeting the students immediately with “*What's wrong with you?*” Youth described multiple instances in which being able to access care led to more dialogue about risk behaviors and the need for HIV testing.

After we got past my, ‘Yeah, I’m here. I’m sick. And I need to get something. I have a headache. Can I have an aspirin?’ We’d go through that whole process of like sexual orientation and all of that ...we would go through all of like the procedure and stuff like that. And I felt ... it doesn’t feel like a procedure at all. And then we’re finished. And then we just started talking.

—New York City youth

## Discussion

The YMSM in this study viewed school nurses as the go-to staff members in the school when they wanted to talk about HIV testing, STD testing, or condoms. Approximately 37% of youth reported being willing to talk to a school nurse about these three topics; more youth reported willingness to talk to nurses than any other staff member. This represents an important opportunity for school nurses to serve as key points of contact for helping students reduce HIV and STD risk through access to condoms, where allowable, and connection to sexual health services such as HIV testing and STD testing.

It is, however, concerning that despite more than a third of questionnaire participants reporting willingness to talk with school nurses about HIV testing, STD testing, or condoms, only 22.6% of youth reported being willing to talk to nurses about sex and, even more concerning, only 11.4% of the youth reported that school nurses were *safe* to talk to about being attracted to other guys. The low percentage of youth who viewed nurses as staff members they could safely talk to about attraction to other guys is consistent with other findings from this evaluation (published elsewhere) that highlight similarly low percentages of youth who reported being *willing* to talk to school nurses about topics such as dating and relationships and feeling attracted to other guys (ICF International, 2013). In those analyses, school counselors and teachers were the staff members the greatest percentages of youth reported being willing to talk to about dating and relationships and feeling attracted to other guys (ICF International, 2013). The lower percentage of youth willing to talk to school nurses about these topics presents a serious challenge for effectively reaching a critical population of youth at disproportionately higher risk for HIV.

In addition to a lack of students feeling safe or willing to talk to nurses about topics related to sexual orientation or attraction, other researchers have found nurses may not be adequately prepared to meet the needs of sexual minority youth (Mahdi, Jeverson, Schrader, Nelson, & Ramos, 2014; Saewyc, Bearinger, McMahon, & Evans, 2006). A study based on data collected in 2010 from school nurses, counselors, and social workers in New Mexico found that school nurses were less likely than school counselors and social workers to report high or moderate knowledge of health risks for LGBTQ youth. In that study, nurses also reported low levels of knowledge of community resources; only 22.4% of nurses reported moderate or high knowledge of community counselors who had experience with LGBTQ concerns, and only 13.0% reported moderate or high knowledge of LGBTQ community-based organizations (Mahdi et al., 2014). In a 2006 national study of nurses (from multiple settings, not only schools) who work with adolescents, researchers found 55.6% reported subject matter related to LGBT individuals was not relevant for their own nursing practice (Saewyc et al., 2006). These data suggest a gap in knowledge, skill, and awareness that may

result in less comfort discussing sexual health topics for both the nurse and their student patients, especially YMSM.

It is possible some sexual minority youth, including YMSM, might talk with nurses about testing or condoms but simply never disclose their sexual orientation. However, frank conversations about sexual orientation and/or the sex of one's partner(s) are needed so that nurses can accurately and adequately assess a student's needs and direct him to the most appropriate resources. Though youth should never be pressured to disclose information about their sexual orientation, nurses should actively work to ensure their actions, messages, and environments convey to youth safety in full disclosure.

The qualitative findings from this study help further explain the quantitative findings. For example, youth reported a preference for talking with staff members who they perceived to have in-depth expertise; they described being more comfortable speaking with staff members who had received specific training or had particular knowledge of a topic. The youth also reported being less comfortable talking with staff members when they were uncertain how the staff members felt about LGBTQ people. It would seem that these preferences could be useful in identifying ways to support school nurses to become more trusted caregivers to YMSM. By involving staff with expertise in sexual health topics (such as nurses) and then promoting their expertise to youth, it may be possible to increase youth's willingness to talk with school staff about sexual health.

Furthermore, nurses and other staff addressing sexual health may increase youths' willingness to talk to them by making their acceptance of and support for LGTBQ youth known. This could happen through both spoken messages and content added to the physical environment, such as safe spaces stickers or designations, posters, and information in nurses' offices or clinics that visibly convey that the nurse is welcoming and knowledgeable about LGBT health concerns.

When asked specifically about their experiences with school nurses, interviewed youth reported both positive and negative experiences. Some youth perceived their school nurses to have very limited ability to offer assistance (as evidenced, in their eyes, by things like nurses being unable to dispense over-the-counter pain medicines), and the youth cited this as a reason they were less likely to talk to them. This is consistent with other findings from this evaluation that found students were most willing to talk to school staff members who they viewed as having the ability to help meet their needs. For example, youth were most willing to talk to school staff about safety concerns when the staff members were both willing and able to do something about the problem (ICF International, 2013). In contrast, several youth reported positive experiences with school nurses, describing the nurses as caring, open, and willing to engage them in conversation. In the course of these conversations, youth were able to share information about their sexual health needs.

### Limitations

This formative evaluation has a number of important limitations. First, because of the sampling process used, findings are not generalizable beyond the youth in the sample. This sample did not have an even age distribution (it skewed towards older youth) and was made

up of YMSM who tended to self-identify as gay or bisexual and were connected in some way to YMSM-serving community-based organizations. In addition, despite many attempts to improve questionnaire recruitment in San Francisco, the small questionnaire sample in that city further limits the quantitative findings. All of these sample characteristics should be considered in interpretation of findings.

Furthermore, other aspects of the study introduce limitations. For example, use of self-report has some inherent limitations, some of which may have been reflected by the slight discrepancy between our process for screening to include only participants who met the study's definition of YMSM and then receiving questionnaires from four participants who did not clearly identify that they met that definition. In addition, we lack the ability to precisely define the qualitative interview sample beyond the eligibility criteria because of limited demographic data collection with that group. Furthermore, overlap between the quantitative and qualitative samples was not tracked because we did not collect identifying information from youth; interviewed youth were allowed to also take the questionnaire, but this was not required.

### **Implications for School Nursing**

This study's findings have important implications for school nurses and school health services. As the data illustrate, YMSM are at such disproportionate risk for HIV (Centers for Disease Control and Prevention, 2012a, 2012b) and many behaviors—both risk behaviors and preventive behaviors—are or can be initiated in adolescence, it is critical for school nurses and other health services staff to ensure that their programs and services are meeting these needs of these youth. Fortunately, this study's findings highlight opportunities to shape both program strategies and professional development for school nurses in order to more effectively provide school health services, particularly those related to HIV and STD prevention, to YMSM.

Although it is encouraging that YMSM in this study viewed school nurses as the type of staff members they were most willing to talk to about topics such as HIV testing, STD testing, and condoms, school nurses likely need to make concentrated efforts to increase the percentage of youth willing to talk with them about these topics and to increase the number of YMSM who view them as safe staff members to talk to about attraction to other guys or other sensitive topics. Ability to effectively reach youth with messages about and opportunities for HIV/STD testing and condoms will be enhanced if nurses can reach a larger percentage of youth, and perhaps even more importantly, begin to be seen as safe, approachable, and trustworthy staff for addressing sensitive issues such as sexual orientation or the sex of sexual partners. This is likely to be critical in order to reach many of the youth at highest risk for HIV and most in need of information about and support for sexual health services.

To address this, school health services directors and supervisory staff should carefully consider the selection and implementation of professional development opportunities to help their health services staff, including school nurses, better position themselves to work effectively with sexual minority youth, including YMSM. Professional development may be used to help nurses and other health staff learn how to engage sexual minority youth in

culturally competent ways that allow staff to assess each youth's specific needs while ensuring the youth can feel safe and supported through the process. This is consistent with the Society for Adolescent Health and Medicine's position that all health care providers who work with adolescents "should be trained to provide competent and nonjudgmental care for lesbian, gay, bisexual, or transgendered (LGBT) youth" (Society for Adolescent Health and Medicine, 2013, p. 506). Professional development may also be used to help a broad range of school staff (e.g., teachers, counselors, GSA advisors) understand the role that school nurses can play in helping teach youth about and connect youth to critical sexual health services.

In addition, health services programs and specific efforts to reach youth, particularly sexual minority youth, need to engage a variety of school staff members in order to design and implement programs in ways that can best serve those youth. For example, efforts to implement systematic processes for referring youth to key services such as HIV/STD testing could incorporate teachers, counselors, GSA advisors, or other staff that YMSM have shown willingness to talk to about sensitive topics. These staff members could be trained to provide direct referrals to youth or to funnel youth to trained school nurses for additional assistance; nurses who can provide minimal assistance because of either policy or time restrictions could be trained to provide students with referrals to trusted service providers. As another example, school counselors, GSA advisors, and other LGBTQ allies within the school may be able to help school nurses and other health service staff examine existing programs, services, messages, and physical environments to identify ways to make these more inclusive for and appealing to sexual minority youth.

The approaches described above may be helpful in reaching many of the sexual minority youth who are in school, but another important consideration is that truancy and dropout is a concern for some sexual minority students, given that harassment or victimization of LGBT youth at school has been associated with increased risk for both of these (American Psychological Association, 2012; Birkett, Espelage, & Koenig, 2009; Kim, Sheridan, & Holcomb, 2009; Savin-Williams, 1994). As a result, some sexual minority youth may be less likely to have access to school nurses and other school health professionals. For this reason, offering school nurse and other related school health services at alternative schools, school district-affiliated GED programs, or other school-supported dropout prevention programs may offer additional opportunities to reach youth at increased risk for HIV and STD. Overall, this study's findings reveal that school nurses have a valuable opportunity to reach black and Latino YMSM and a responsibility to ensure that they do so in culturally competent ways that preserve the dignity of the youth within supportive environments. Through professional development and examination of existing school health efforts, school nurses can enhance their skills for interacting with YMSM and other sexual minority youth. Also, as programs are refined, school nurses can look for ways to leverage support from other types of staff that YMSM may already feel safe talking to about a range of topics including sexual orientation. In these ways, school health professionals can not only increase use of school-based services, they can more effectively link YMSM to the information and services they need to be active participants in ensuring their own health.

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**Table 1**

Sample characteristics for youth who took the Web-based questionnaire

Characteristic	%	N
Age		
13–15	8.9%	37
16–17	41.7%	173
18–19	48.9%	203
I don't want to say	0.5%	2
Race		
Black	64.1%	266
White	2.2%	9
Asian	0.7%	3
Native American	3.1%	13
Pacific Islander	0.5%	2
Other	13.5%	56
Multiracial	13.3%	55
I don't want to say	2.7%	11
Ethnicity		
Hispanic	39.8%	165
Non-Hispanic	59.3%	246
I don't want to say	1.0%	4
Who youth live with most of the time <sup>a</sup>		
Parents	66.7%	277
Grandparents	11.6%	48
Other family members	10.4%	43
Foster parents	4.3%	18
Friends	8.2%	34
Shelter	3.6%	15
Street	1.2%	5
I don't want to say	1.2%	5
Other	4.6%	19
Number of locations in which youth live <sup>b</sup>		
One location	88.5%	363
Two locations	11.5%	47
Grade youth will be in when school starts again		
Don't go to school	1.9%	8
Graduate or got a GED/high school diploma already	33.5%	139
6 <sup>th</sup>	0.0%	0
7 <sup>th</sup>	0.2%	1
8 <sup>th</sup>	0.2%	1
9 <sup>th</sup>	3.1%	13
10 <sup>th</sup>	11.6%	48

Characteristic	%	N
11 <sup>th</sup>	18.8%	78
12 <sup>th</sup>	28.2%	117
I don't want to say	2.4%	10

<sup>a</sup>These questions allowed respondents to select multiple responses; therefore, total percentages will not add up to 100%.

<sup>b</sup>Percentages are based on valid responses; missing data have been excluded from calculated percentages.

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**Table 2**

School staff members youth reported being willing to talk to about a variety sexual health topics.

<b>Topic of discussion</b>		
<b>Staff member with whom youth were willing to talk</b>	<b>%</b>	<b>N</b>
Sex		
Teacher	19.8%	79
School counselor	30.6%	122
School nurse	22.6%	90
Other school staff member	13.3%	53
I would not talk to any staff at my school	37.6%	150
I don't want to say	9.5%	38
HIV testing		
Teacher	19.3%	77
School counselor	31.3%	125
School nurse	37.8%	151
Other school staff member	13.3%	53
I would not talk to any staff at my school	30.8%	123
I don't want to say	8.5%	34
STD testing		
Teacher	18.8%	75
School counselor	29.8%	119
School nurse	37.1%	148
Other school staff member	12.3%	49
I would not talk to any staff at my school	30.1%	120
I don't want to say	8.8%	35
Condoms		
Teacher	20.6%	82
School counselor	32.3%	129
School nurse	37.3%	149
Other school staff member	14.5%	58
I would not talk to any staff at my school	28.3%	113
I don't want to say	9.3%	37

*Note.* These questions allowed respondents to select multiple responses; therefore, total percentages will not add up to 100%.

**Table 3**

Chi-square results for youth age and willingness to talk to school nurses about sex.

Willing to talk to teachers about sex	Participant age		$X^2$	<i>p</i>
	16–17 ( <i>n</i> = 154)	18–19 ( <i>n</i> = 178)		
Yes	18.8% ( <i>n</i> = 29)	30.3% ( <i>n</i> = 54)	5.83	0.016
No	81.2% ( <i>n</i> = 125)	69.7% ( <i>n</i> = 124)		

*Note.* Analysis includes youth ages 16–19. The sample size of youth ages 13–15 was too small to support a similar analysis.

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**Table 4**

Chi-square results for youth race/ethnicity and willingness to talk to “other” school staff members about sex.

Willing to talk to “other” school staff members about sex	Participant race/ethnicity		$X^2$	<i>p</i>
	Black Non-Hispanic ( <i>n</i> = 206)	Hispanic ( <i>n</i> = 147)		
Yes	11.7% ( <i>n</i> = 24)	19.7% ( <i>n</i> = 29)	4.39	0.036
No	88.3% ( <i>n</i> = 182)	80.3% ( <i>n</i> = 118)		

*Note.* All youth who reported Hispanic ethnicity (including black youth who reported Hispanic ethnicity) were included as Hispanic youth for this analysis.

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**Table 5**

Type of people who work at school that youth reported as safe to talk to about being attracted to other guys.

Type of person who works at school	%	N
Teacher	34.0%	134
Principal or assistant principal	11.7%	46
GSA advisor or leader	27.7%	109
School nurse	11.4%	45
School counselor	42.4%	167
Health educator	13.2%	52
Staff from a community center (like from the one where I am taking this survey)	24.1%	95
No one	21.8%	86
I don't want to say	4.8%	19
Other	3.0%	12

*Note.* These questions allowed respondents to select multiple responses; therefore, total percentages will not add up to 100%.

Chi-square results for youth race/ethnicity and which school staff members are safe to talk to about being attracted to other guys.

**Table 6**

Type of school staff member reported as safe to talk to about being attracted to other guys	Participant race/ethnicity		$\chi^2$	<i>p</i>
	Black Non-Hispanic ( <i>n</i> = 213)	Hispanic ( <i>n</i> = 149)		
Health educator	Yes	18.1% ( <i>n</i> = 27)	3.95	0.047
	No	81.9% ( <i>n</i> = 122)		
GSA advisor	Yes	34.9% ( <i>n</i> = 52)	3.86	0.049
	No	65.1% ( <i>n</i> = 97)		
No one	Yes	16.8% ( <i>n</i> = 25)	4.99	0.026
	No	83.2% ( <i>n</i> = 124)		

*Note.* All youth who reported Hispanic ethnicity (including black youth who reported Hispanic ethnicity) were included as Hispanic youth for this analysis.