



Condom Availability Programs

A GUIDE FOR
DISTRICTS AND SCHOOLS





Acknowledgements

Primary Contributors:

Mary Beth Szydlowski, MPH, CHES, *Associate Director, Healthy & Supportive Schools*
Kristen Donnelly, PA-C, MPAS, MPH

Design & Illustration:

Arlene Basilio, *Senior Graphic Design Manager*

Publication: April 2024.

Adapted from "Condom Availability in Schools: A Guide for Programs,"
Advocates for Youth, 1993.

Special thanks to:

Deb Hauser, MPH, *President*
Jennifer Augustine, MPH, *Executive Vice President*
Caitlin Viccora, MSPH, CHES, *Program Manager, Healthy & Supportive Schools*
Tonya Katcher, MD, MPH, *Program Director for Clinical Services and Contraceptive Access*
Brittany Broadus-Smith LSW, MEd, *Senior Program Manager - Health Equity*
Jaymie Campbell Orphanidys, PhD, *Associate Director of Trans Health and Rights*
Kurt Conklin, *Instructional Specialist*
Kim Westheimer, *Director of Strategic Initiatives*
Claire Simon, *Health Program Analyst*
Kayla Jackson, *Project Director*
Jenny Withycombe, *Program Administrator for Health and PE*
Nyrieda Herman, *Condom Availability Program Coordinator*

Suggested Citation

Szydlowski, MB (April 2024). *Condom Availability Programs: A Guide for Districts and Schools*.
Washington, DC: Advocates for Youth. Download Date. [Insert link](#)

About Advocates for Youth

Advocates for Youth (Advocates) envisions a society in which all young people are valued, respected and treated with dignity; sexuality is accepted as a healthy part of being human; and youth sexual development is normalized and embraced. In such a world, all youth and young adults are celebrated for who they are and afforded honest, affirming, inclusive sex education; access to confidential, universal sexual health services; and the economic, educational, and social power to exercise their bodily autonomy and make informed decisions regarding their health and well-being.

www.advocatesforyouth.org

Advocates' *Rights, Respect, Responsibility* philosophy underpins all of the organization's work:

Rights: Youth have the inalienable right to honest, inclusive sex education; confidential, universal sexual health services; and the economic, political and social power that supports their agency, bodily autonomy, and self-determination.

Respect: Youth are due respect. They are leading the fight for equity and justice. Young people must be meaningfully involved in the design, implementation and evaluation of systems, policies and programs that affect their health and well-being.

Responsibility: Society has the responsibility to examine and dismantle systems of oppression that drive sexual health disparities and other inequities and to instead champion community initiatives, programs, policies, and systems that ensure equity and justice for all young people, their families and communities.

This publication is funded by the Centers for Disease Control Cooperative Agreement number NU87PS004295. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Dear Readers,

My name is Jorge Martinez and I use he/him/his pronouns. I am a part of Advocates for Youth's DASH Youth Advisory Council. If you are reading this letter, it must mean you are considering implementing a condom availability program in your school or district. Foremost, allow me to congratulate you on this major milestone: you are taking the time to educate yourself, and that is no minor feat. The purpose of this **Condom Availability Programs: A Guide for Districts and Schools (CAP Guide)** is to provide you with the roadmap for your district/school to implement the condom availability program that can best serve the needs of young people in your school and community.

As a queer Latinx student, my understanding of condoms was limited. I didn't see my first condom until I was 17 years old. My school, which I always considered a safe space to be myself, made it a point to steer away from contraceptives. They were never discussed in our sexual health classes, nor were they ever readily available. And, with limited queer-inclusive sexual health programs, I got the impression that safe sex was simply not an option for people like me.

As a young person well into puberty and the phase of sexual exploration, adults should have been empowering me and my peers with education and resources, but they were not.

I started to organize around inclusivity and access to contraceptives in my school, even in middle school, but I ran into many roadblocks. The status quo, no matter how detrimental, is difficult to change, especially when that push is led by a young person. The CAP Guide is the opposite; young people are at the center.

The voices, experiences, and health access needs of young folks should drive decision-making, especially when these types of decisions impact their daily lives.

This Guide will demystify condom availability in districts/schools and provide a clear pathway from ideation to implementation.

The data show that although condoms are effective against unintended pregnancy and STIs, condom use among young people has declined.

In 2021, students in grades 9-12 reported: 52% did not use a condom during last sexual intercourse (among those who were currently sexually active).

Using data-driven research and extensive input from young people, the CAP Guide helps ensure that any implemented program is built for meaningful success. With it, districts/schools and their staff can begin to provide inclusive, available health services programs.

Districts and schools have the power to equip youth, not only with the metaphorical tools, but with the *literal* tools if they choose to engage in healthy, protected sex. It is time to help youth make healthy decisions for themselves and for their community. It is my profound hope that, one day, condoms will be available in every school.

**Best,
Jorge Martinez,
18 years old,
DASH YAC, Advocates for Youth**



Table of Contents

PURPOSE AND HOW TO USE THE GUIDE	6
SECTION 1: MAKING THE CASE	10
Review Data	10
Relevant Laws/Policies	11
Potential Benefits	11
Support for CAPs	12
SECTION 2: BUILDING SUPPORT	13
Potential Partners	13
Reaching Out	15
Tool 1: Partner Analysis	16
SECTION 3: SETTING THE FOUNDATION	17
Goals and Objectives	17
Procedures	18
Funding, Budget, and Supplies	19
Tool 1: CAP Goals & Objectives	21
Tool 2: CAP Parent/Caregiver Notification Recommendations	22
SECTION 4: DRAFTING A POLICY	23
Decide on Policy or a Guiding Document	23
Draft a Policy	23
Be Prepared for Disagreement	24
Tool 1: CAP Policy Plan	25
Tool 2: Policy Checklist	26
SECTION 5: DEVELOPING THE PROGRAM	27
Staffing and Training	27
Condom Access Decisions	29
Educational Materials	30
Raise Awareness	31
Tool 1: CAP Program	33
SECTION 6: EVALUATING THE IMPACT	34
Evaluation Team	34
Types of Evaluation	34
Evaluation Strategy	35
Disseminate Results	36
MOVING FORWARD	37
APPENDIX	38
REFERENCES	42

Condom Availability Programs

Schools have a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors.ⁱ With 15.4 million young people attending grades 9-12ⁱⁱ, schools are an ideal setting to support healthy sexual and reproductive behaviors through the provision of programs that include both sexual health education and health services, including condoms.

Condom Availability Programs (CAPs) are a school-based intervention that offer students access to free condoms on school grounds via avenues such as a health class, a nurse's office, health resource room, a peer-to-peer program, or a dispenser.

Starting in the 1990s, many high schools in the United States have made condoms available to their students to prevent sexually transmitted infections (STIs) and adolescent pregnancy.ⁱⁱⁱ These programs often include an educational component and a marketing campaign for awareness. CAPs are an effective way to prevent STIs, HIV, and unintended pregnancy among young people.

Research has shown that CAPs can increase the percentage of young people who use condoms when they become sexually active without increasing the likelihood of sexual activity. This is important, as fewer sexually active students have been using condoms in recent years.^{iv}

According to the 2021 National Youth Risk Behavior Survey (YRBS) data, 30 percent of high school students reported ever having had sexual intercourse; among those, only 52 percent of students reported having used a condom during last sexual intercourse. This is down significantly from its high in 2003, when 63 percent of sexually active high school students reported condom use during last sexual intercourse.^v

The 2021 YRBS data also highlights the disparities in condom use among young people, particularly lesbian, gay, bisexual, questioning, or another non-heterosexual identity (LGBQ+) young people, multiracial young people, and young people who have had any same sex contacts being less likely to use condoms than their peers.^{vi}

CAPs promote positive and open attitudes toward condoms and increases the likelihood that young people will acquire the condoms they need to protect themselves and the skill to use them effectively. Districts and schools can also implement CAPs as a culturally responsive program to provide health services to populations with the greatest need. Lack of access to condoms is a significant health equity barrier. By addressing this, CAPs can help reach the goals of Healthy People 2030, which seeks to eliminate health disparities such as STI rates among young people and improve access to health services, including use of condoms.^{vii}

Purpose & How to Use this Guide

The **Condom Availability Programs: A Guide for Districts and Schools (CAP Guide)** is designed for use in middle and high schools. It provides the rationale for implementing such a program, the information to get started, and practical step-by-step **recommendations** for implementing or improving a CAP. The CAP Guide will support district or school administration and staff and/or community partners who want to improve the health of young people by increasing access to sexual health services, specifically condoms.

The Centers for Disease Control and Prevention (CDC) supports **Condom Availability Programs** as a structural intervention which increases the availability, accessibility, and acceptability of condoms and has been proven to increase condom use and decrease incidence of STIs.

Research has shown that CAPs:

- ✓ Increase condom acquisition and use among sexually active students compared to similar schools without condom availability.^{viii}
- ✓ Increase condom use among adolescents if they believe their peers are using condoms.ⁱⁱⁱ
- ✓ Are not associated with an increase in sexual activity among young people.^{ix, x}
- ✓ Increase odds of sexually active students acquiring condoms.^{xi}
- ✓ Improve overall sexual health.^{xii}

The CAP Guide mirrors the CDC's **CAPs: Things to Consider** six action steps for districts and schools considering CAPs and adds the necessary detail on how to implement or improve each of these steps.

Who Should Use the CAP Guide?

The CAP Guide is written to be used by members of the **CAP Team** - a group of people invested in making sexual health services available to young people, who serve as a steering committee for the program.

Members of the CAP Team are involved in the day-to-day planning, operation, and implementation of the program's strategy. The CAP Team may include central office staff, school staff, administrators, volunteers, parents, students, researchers, evaluators, partner organizations, or others who can help design and implement the CAP.

Ideally the CAP team has at least five members but no more than eight, as it can be difficult to make decision when a committee gets too large. It is helpful to designate one member of the CAP Team as the official spokesperson/representative.

Don't worry if you do not have a CAP Team in place. **Section 2: Building Support** provides ideas for identifying partners including those who could serve on this important team.

When to Use the CAP Guide

The CAP Guide is meant to help communities design, implement, and continue to improve a CAP. You may use it differently, depending where in the process you are:

1. **If you do not have a Condom Availability Program:** Follow the CAP Guide from the beginning and visit all five sections.
-OR-
2. **If you have a Condom Availability Program but want to update or improve it:** Identify what part of the CAP needs to be updated and go directly to the relevant section.

CAP Guide Six Sections

The CAP Guide is divided into six sections that walk you step-by-step through the process of implementing or improving a CAP. The sections are presented in order and offer information and resources that can help throughout the process.

SECTION 1.

MAKING THE CASE:

Know your facts! This section will help point you to the adolescent health behavior data you will need to make the case for implementing or improving a CAP in your community. It also offers links to state policies on minors' rights to access health services, which will be important when you draft a CAP policy.

SECTION 2.

BUILDING SUPPORT:

Recruit help! This section will help you identify, engage, and organize partners and their expertise for the successful development, implementation, management, and evaluation of the CAP.

SECTION 3.

SETTING THE FOUNDATION:

Plan your program! This section will help you get the key foundation pieces in place including creating goals and objectives, determining who can participate (age of students and parent/caregiver consent procedures), looking for funding, and setting a budget.

SECTION 4.

DRAFTING A POLICY:

Put it in writing! This section will help you craft a CAP policy and engage policy support from administrative leaders, parents/caregivers, community members, and students.

SECTION 5.

DEVELOPING THE PROGRAM:

Make condoms available! This section will help you develop and implement strategies that improve condom knowledge and allow students to access condoms on school grounds.

SECTION 6.

EVALUATING THE IMPACT:

Check your work! This section will help you create an evaluation strategy to collect data that showcases CAP success and provides ongoing feedback for the continual growth and development of the program.

NAVIGATING THE GUIDE

The following graphics can be found throughout the CAP Guide and represent key elements to support implementation or improvement of a CAP. Here is what you'll find when you see each symbol.



RECOMMENDATIONS

Recommendations for the CAP Team and you to implement or improve a CAP.



STEPS

Possible steps for implementing the recommendations.



RESOURCES

Links to additional information, guidance, or data that might be helpful, as well as other comprehensive guides that expand on basic guidance.



EXAMPLES

Best practices for developing a CAP and “real life” examples from schools and/or districts that have implemented a CAP.



TIPS

Quick reference advice using the CAP Guide and recommendations from past and present CAP programs.



TOOLS:

Templates designed to aid in the development of a CAP.

SECTION I

Making the Case



Understanding the specifics of your community and the benefits of a CAP overall can help you engage partners, make the case to the school board and community members, and implement a successful program. This section helps you find data on young people's health and behavior as well as relevant policies. It also helps you understand the health and educational benefits of a CAP and points you to leading organizations that support these programs.

Review Data

 **Review local data on young people's sexual behavior and health.**

• RESOURCES

Adolescent Health Behavior Data

Visit the CDC's [Youth Risk Behavior Surveillance System](#) (YRBSS) website to search for monitored health-related behaviors among middle school and high school aged young people. The YRBS has been collecting data on sexual behavior and condom use since 1991 so it can give you a good perspective of historical trends as well. In addition, check out the [YRBS Explorer](#) to view health behavior data in a simplified way at the national, state, and even school district level (where available).

Directory of Local Health Department. Visit the National Association of County and City Health Offices' (NACCHO) website to find and contact your local health department to learn more about your county level health data, specifically HIV, STI, and pregnancy rates.

Reach out to your state department of education to see if additional health surveys have been conducted and if there is county and/or district level data that would support CAP rationale.

National Center for HIV, Viral Hepatitis, STD, and TB Prevention offers a web-based tool called AtlasPlus that allows users to create custom maps, charts, and reports of STIs.

 **Use data to create visuals such as infographics, slide decks, and fact sheets about the health experiences of young people. These will be important when you are building support for the program with partners, school board members, and the community as a whole.**

• RESOURCES

INFOGRAPHIC (APPENDIX A)

See [Appendix A](#) for an infographic that includes national data for "Why Condom Availability Programs".

Relevant Laws/Policies



Review state laws and local policies on minors' rights to health services, which may help make the case for a CAP to parents/caregivers, school staff, and community members when asked about the rights of young people and contraceptive access.

• RESOURCES

Review state policies that address minors' health services access rights.

- [Minors' Access to Contraceptive Services](#)
- [State Laws on Consent to Reproductive Health Services by Young People](#)
- [State Policies on Minors' Access to STI Services, including HIV](#)



If state law does not permit condom accessibility in schools, another option is a **referral system** to connect young people to community-linked partners who can provide sexual health services, including condoms. A referral system creates a list of approved, youth-friendly, LGBTQ+ inclusive and culturally affirming health care providers where young people can seek out sexual and other health services. The information in the CAP Guide can still be helpful for those communities who end up creating a referral system instead.

• RESOURCES

Cicatelli Associates, Inc and the National Coalition of STD Director's (NCSN) [Developing a Referral System for Adolescent Health Services](#) provides a step-by-step process for how to develop a referral system.



Potential Benefits



Review state laws, state board of education policies and health education standards, and local school district policies on education to determine how condom availability helps meet existing mandates, which policies support CAPs, how condom access can help districts and/or schools meet their educational long- and short-term goals and objectives, and what obstacles may stand in the way of success.

• RESOURCES

Use the CDC's [State School-Based Health Education Law](#) database to identify state laws/regulations on school-based sexual health education, including contraception.

Visit SIECUS for their [Sex Ed State Law and Policy Chart](#) on information for state laws for teaching sexual health education, HIV education and instruction on condoms or contraception.

ESTABLISH THE BENEFITS OF PREVENTION ON MULTIPLE LEVELS

STUDENTS	SCHOOL OR DISTRICT	COMMUNITY
<ul style="list-style-type: none">↑ Attendance↑ Educational achievement↓ Chronic disease↓ Interpersonal violence↑ Life skills	<ul style="list-style-type: none">↓ Drop-out rates↓ Need for health services goes down↓ Individual Education Plan needs↑ Graduation rates↑ Healthcare savings	<ul style="list-style-type: none">↑ Productive adults↓ Infant mortality↓ Social services↓ Publicly funded healthcare utilization↓ Juvenile incarceration

EXAMPLE

VERMONT AGENCY OF EDUCATION AND DEPARTMENT OF HEALTH

Using data and demonstrating the benefits of condom access, the [Vermont Agency of Education and Department of Health Memorandum](#) is a joint recommendation for Vermont school districts and supervisory unions to put in place policies, procedures, and/or practices to address condom availability. Additionally, the recommendation provided guidance and templates for [procedure development and implementation](#).



Support for CAPs



Seek input from young people about the current state of condom availability and their interest in the program.

Young people are the end users of the program. Getting their input on condom availability in schools and the community can help you understand their perceptions of condoms and condom availability, the resources that are currently available and what resources/products they would want access to (internal and external condoms, dental dams, lubrication, posters, pamphlets, palm cards). Their input will also provide insight into accessible locations to make condoms available, as well as marketing ideas to make students aware of and encourage student support for the CAP. When working to gather student-level information, consider district or school Research Review Board requirements and/or parent consent.



Review the position statements from leading health organizations that support the availability of condoms in schools as a strategy to safeguard the sexual health of students. These position statements can be used as part of the rationale for CAPs in conversations and presentations with community members. ^{xiii, xiv, xv}

• RESOURCES

Review position statements from the following medical associations.

- [Society for Adolescent Health and Medicine](#)
- [American Academy of Pediatrics](#)
- [American College of Obstetrics and Gynecology](#)



SECTION II

Building Support

RECOMMENDATIONS



Identify Potential Partners



Recruit Potential Partners



**Establish Partnerships
for Maximum Potential**

No one—not even the most dedicated staff member—can create a CAP by themselves. It is important to have support and involve partners across many sectors, whether they are parents/caregivers, staff, young people, or other concerned community members.

There may be some resistance to a CAP, as there is a great deal of misinformation surrounding adolescent sexuality, sexual health education, and sexual health services. It is important to have supportive community members on hand in case objection arises. This section offers suggestions on finding people and organizations within your community that can help in a variety of ways. Remember, not all partners will be engaged in the same capacity but all can provide valuable support to the CAP.

Potential Partners



Identify potential partners who can be on the CAP Team or support the CAP in other ways. Use the Tool: [Partner Analysis \(Section 2: Tool 1\)](#) and suggested factors to consider potential partners of the CAP who can be helpful through the planning and activation stages.

Each partner will have a unique set of skills, level of involvement, and perspective on condom availability. It is not necessary to involve every type of partner mentioned below; instead, identify the needs in your community and look to engage partners who can address them.

Groups to Consider:

— SCHOOL STAFF

School staff are familiar with school operations, current policies in place, and the student body. Staff may include nurses, teachers, and guidance counselors.

— YOUNG PEOPLE

As the intended recipients of the program, young people should be included in the process of setting up a CAP from the beginning and should be called upon to promote existing CAPs. Their participation is instrumental in educating decision makers, influencing peers, devising implementation strategies, and ensuring program success.

• RESOURCES

Utilize best practices from Advocates for Youth for effective [Youth-Adult Partnerships](#). Here are tips for [adults](#) and [young people](#) when working with each other.



– PARENTS/CAREGIVERS

It is important to involve parents/caregivers in the CAP. There is often a perception that they will automatically oppose any efforts to increase a young person's access to condoms and other contraceptive methods. This is simply not true. Many parents/caregivers want to help young people access all of the tools they need to stay sexually healthy. They can also help you reach other parents/caregivers in your community and provide support for the program with the school board.

– ESTABLISHED HEALTH GROUPS IN THE SCHOOL/DISTRICT

Many districts/schools have **School Health Advisory Councils** (SHACs) or **wellness teams** that already advise the school board and administration on health issues. The members of these groups can provide valuable expertise and a holistic perspective on the integration of the CAP within a health education program.

– LOCAL EXPERTS

Experts in education, research, evaluation, religion, and law can help explain the need for a CAP. They can respond publicly to recommendations, and support program development, implementation, and evaluation. They can also help dispel misinformation, erroneous assumptions, or oppositional claims. Local experts who are also a member of the community can be particularly persuasive to other community members.

– COMMUNITY GROUPS

Engaging other community members and groups, such as youth-development and LGBTQ+ organizations who are aligned with CAP goals, can help counter any resistance or negativity the program may experience. Individuals in the local community can be invited to speak before the board of education or with the media.

– HEALTH PROFESSIONALS

Health professionals who work with young people and understand the importance of prevention are a trusted source of information and can be influential supporters. Reach out to local adolescent health care providers or pediatricians. Look to your state or local health departments (every state has an STI Director and larger cities often do as well) for suggestions. Health professionals can provide information for the rationale for the CAP and can help with program development.

• RESOURCES

For information on where to find a local STI Director or health officials, visit the [National Coalition of STD Directors](#) or the [National Association of County and City Health Officials](#).



– OTHER INDIVIDUALS IN THE COMMUNITY

There also may be individuals who are ready to contribute, such as a district bus driver, a pharmacologist, or a local business owner. Identify what contributions they have and work to engage them in CAP plans.



Staff from school districts where a CAP is already operating are a great resource. Their experience can lend insight on successful strategies and lessons learned on every aspect of a CAP.

TIP

Reaching Out



Invite potential partners, from each of the categories above, to an initial meeting to discuss:

- **BACKGROUND:** The impetus or need for a CAP
- **PURPOSE:** What needs to be accomplished
- **ACTIVITY:** Engagement of partners
- **NEXT STEP:** Actions for the future

Make sure to collect information from everyone who attends about their level of interest, where they think they can best help, and how much time they can commit. In addition, make sure to collect contact information for each person so that you can keep them engaged and informed as the process continues.

EXAMPLE

CHICAGO PUBLIC SCHOOLS (CPS) PARTNER ENGAGEMENT

The Chicago Department of Public Health was a core partner with CPS who provided condoms to schools, designed condom dispensers, and crafted educational messages which simultaneously impacted their goal to reduce STI rates amongst 15-24-year-olds and meet CAP objectives.



Secure partners and clearly designate their roles moving forward.

• RESOURCES

NCSD's [Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services](#) is a helpful tool to support districts and schools in establishment of partnerships to increase student access to services.





Tool 1

Partner Analysis

Consider the following factors to include in your partner analysis. This will help you make the best use of potential partners through each stage of the CAP.

1. **LIST PARTNERS** - Identify all persons or groups involved in achieving the goals of the CAP. Include the lead contact name and best way to communicate (e.g. email address and phone number).
2. **PRIORITIZE** - Consider the willingness of each partner to be involved and how they can help towards the success of the CAP. Remember, some individuals or groups exercise leadership, while others wield influence and can garner additional support.
3. **READINESS CAPACITY** - Use a scale that is easy to interpret to indicate the level of involvement for each of the partners.
4. **ENGAGEMENT** - Reflect on each partner's goals, concerns, mission, priorities, and/or area of expertise. Look for alignment and overlap between their goals and those of the CAP.
5. **TASKS** - Review the analysis and identify partners for the task responsibilities.

PARTNER NAME & MAIN CONTACT INFO	PRIORITY LEVEL 1 = High priority 2 = Medium priority 3 = Low priority	READINESS CAPACITY A = Able to help L = Limited ability to help N = Not able to help	AREA OF ENGAGEMENT	TASKS
<i>Example: Dept. of Health</i>	1	A	<i>Health Services Access, Policy Development</i>	<i>-Supply Condoms & Health Ed Materials -Board Meeting Representation</i>

SECTION III

Setting the Foundation



There is a lot of planning that has to take place before a CAP can be implemented in any district or school. You will need to determine long-term goals and short-term objectives; make decisions about who can participate and the procedures that need to be followed; set a budget, find funding and secure condoms. This section offers advice on each of these steps.

Goals and Objectives



Create CAP goals that reflect the students' educational and health needs. You can use the Tool: [Goals & Objectives Worksheet \(Section 3: Tool 1\)](#) to capture goals and objectives of your CAP.

Goals and objectives will guide the policy, programming, and evaluation for the CAP. A CAP can educate young people on condom use and improve health outcomes by making condoms available to help prevent STI infections and unintended pregnancies. As you plan, remember goals represent the big picture for the future while objectives are the steps you will take to get there.

A goal represents a long-term planned accomplishment for a program.

EXAMPLE

EDUCATIONAL AND HEALTH GOALS

- **EDUCATIONAL:** For all students to learn effective condom use and partner communication.
- **HEALTH:** Decrease the incidence of STIs among 15 to 24-year-olds.



Develop CAP objectives that can help you reach these long-term goals.

Objectives are the short-term results or effects which a program is intended to accomplish.

EXAMPLE

OBJECTIVES:

- **PROCESS:** Deliver at least one professional development opportunity to CAP staff annually.
- **PROGRAM:** Within five years, condom usage will increase by 20% amongst district high school students.



Consider including a process objective to have a policy/guiding document review at a regularly scheduled interval to ensure compliance with district, state, and federal mandates that affect access to sexual health services for young people.

TIP

• RESOURCES

For more assistance with writing objectives, consider the tool from the National Breast and Cervical Cancer Early Detection Program [Writing Effective Objectives](#).

Procedures

Consider the age of young people and which schools will participate.

The majority of CAPs focus on making condoms available for young people in grades 9-12, with fewer focused on grades 6-8. Review adolescent health behavior data and community, including young people, input to help decide which grade levels the CAP should address.

If the CAP will be implemented in both high schools and middle schools, consider a parallel design process for middle schools that acknowledges potential differences in educational levels, adolescent development, accessibility needs, and parent/caregiver consent.

Determine what consent procedures are needed for young people to participate in the CAP.

One of the key questions a CAP consent procedure must answer is whether young people need permission to access condoms and materials. Review state laws for any adolescent consent requirements that could impact this decision.

TYPES OF CONSENT

NO CONSENT	Districts are not required to obtain consent, but may consider parent/caregiver notification that the program exists.
ACTIVE CONSENT	Parents/caregivers are sent notification of the CAP and they must actively enroll their student(s) in the program.
PASSIVE CONSENT	Notification is sent that student(s) are able to access condoms through the CAP unless the parent/caregiver denies permission in writing.
BLANKET CONSENT	Active consent is given for broad coverage of health services, including access to condoms, usually at school-based health centers.

The return rate of consent forms sent to a young person's parent/caregiver tends to be very low, which result in low participation in programs that require active or blanket consent. Passive consent allows for parent/caregiver notification, without relying on returned forms. Not having active consent requirement relieves this burden and increases feasibility of participation.

It is important to maintain the rights of young people who are using the CAP. Once a parent/caregiver provides active or passive consent, or receives notification about the program, they should not be contacted again if/when the young person accesses condoms.

Create a Consent Notification Process

The consent procedure will impact the parent/caregiver notification process. Having a set process will ensure only young people with the proper consent can access condoms. Parent/caregiver notification that the program exists is recommended even if your policy does not require any form of consent. In most cases, districts and/or schools provide notification and type of consent annually to parents/caregivers. Young people, who are able, can then access the CAP when they choose. Use the Tool: [CAP Parent/Caregiver Notification Recommendations \(Section 3: Tool 2\)](#) to customize a parent/caregiver notification.

• RESOURCES

View the New York City Department of Education (NYC DOE): [Condom Availability Notification Letters](#) as an example for how to provide notification and options for opting in or out from a CAP.

NYC DOE utilizes passive consent. If a young person is opted out by their parent/caregiver, they are placed on the opt out list. The CAP staff keep an up-to-date list and cross reference when a young person comes to the school's Health Resource Room (HRR). CAP staff are encouraged to have condoms visible but not fully accessible in case a young person on the opt out list visits the HRR. Young people on the opt out list for accessing condoms in the HRR can receive health information and health referrals to in-school resources such as a school-based health center, or to community resources such as clinics or community-based organizations. The health information can include information about condoms and the referrals can include access to additional services, which can include condoms.



Funding, Budget, and Supplies



Create a budget that is realistic and explains how the funds will be used.

Engage the CAP Team and the district's finance department in developing a budget. Your budget should be reasonable, realistic, and as accurate as possible to demonstrate how funds will be used.

CONSIDER THE FOLLOWING QUESTIONS WHEN CREATING A BUDGET^{xvi}

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. What are the programmatic needs of the CAP that require funding? <ol style="list-style-type: none"> a. Staff stipends b. Training fees c. Educational materials d. Marketing and communication materials e. Condoms f. Evaluation g. Other | <ol style="list-style-type: none"> 2. What are the estimated costs of these programmatic needs? 3. Are all expenses in the budget necessary, reasonable, and allowable? 4. Can any of the programmatic needs be in-kind, donated, or come from another funding source? |
|---|---|



Identify funding sources for the CAP.

The best chance for sustainability is for CAP funding to be allocated as part of the district/school annual budget. If this is not feasible, you will need to find potential funding from other sources such as grants and/or donations.

Keep in mind that some federal funding sources restrict the purchase of condoms. The CAP Team can partner with local/state health departments, charitable organizations, and corporate businesses to seek out funding opportunities.

THINGS TO THINK ABOUT WHEN SEARCHING FOR FUNDING

- Consider capacity. Will you have the ability to apply and meet all funding requirements?
- Identify internal and/or external partners who have projects that align with the CAP goals. Do they have funding to support the CAP?
- Determine the benefits of partnering with the health department or other agencies.
- Review federal opportunities closely as some may restrict the actual purchase of condoms.
- Plan accordingly. The process of applying takes time, research, and personnel.



The most cost-effective way to implement a CAP is by aligning it with existing programs to offset the most significant costs - staff time, materials, and overhead.

Potential Strategies for Cost-Savings

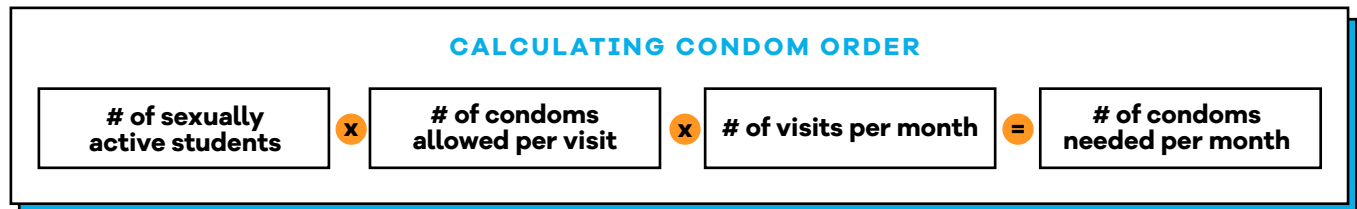
- **INTEGRATE INTO EDUCATION:** Health and family life education, HIV/STI prevention, social/emotional learning.
- **BUILD COLLABORATIVE RELATIONSHIPS:** School-based health centers, health and youth-serving organizations.
- **POOL RESOURCES:** Engage the health department to provide condoms, a youth-serving agency may provide training and education, and a mental health provider may conduct referral support.



Secure the condoms.

You will either need to secure a donation of condoms or purchase them yourself, possibly through your state/local health department or the manufacturer. The program should make efforts to offer a variety of styles, sizes, materials (latex and non-latex) and types of condoms. Providing choices allows young people to discover what works best for them which, in turn, reduces barriers to condom use.

Initially, it may be difficult to estimate how many condoms will be needed for the program. Consider the following equation to estimate the number of condoms. Future orders can be adjusted once more information about actual uptake is available.



• RESOURCES

Programs can contact the local, county, or state health department for bulk orders of condoms. For individuals, visit [CDC's: Find Condoms.](#)

• RESOURCES

NCSD in partnership with Trojan Brand Condoms promotes [Condom Connect](#), an annual application process for programs to access condoms.

SECTION III



Tool 1

CAP Goals & Objectives

Capture the goals and objectives that will set the foundation for the CAP. For the program to be most effective, objectives should be specific, measurable, achievable, relevant, time-oriented, inclusive and equitable.

GOAL 1 (A GOAL REPRESENTS A LONG-TERM PLANNED ACCOMPLISHMENT FOR A PROGRAM)	
<i>Increase the percentage of sexually active students who report using condoms during their last sexual intercourse</i>	
OBJECTIVE 1.0	(Objectives are the short-term results or effects which a program is intended to accomplish) Ten staff members will be trained to provide condom information and education to students by [INSERT DATE].
OBJECTIVE 1.1	
GOAL 2	
OBJECTIVE 2.0	
OBJECTIVE 2.1	
GOAL 3	
OBJECTIVE 3.0	
OBJECTIVE 3.1	
GOAL 4	
OBJECTIVE 4.0	
OBJECTIVE 4.1	



Tool 2

CAP Parent/Caregiver Notification Recommendations

Every district or school may have its own guidance for how parent/caregiver notification is crafted and disseminated. The following recommendations are a compilation of best practices from several school districts.

CAP PARENT/CAREGIVER NOTIFICATION RECOMMENDATIONS

- ☐ Send notification letters at least two weeks prior to the start of condom availability, at the beginning of the school year, and/or as part of materials provided to the parents/caregivers when their student is registered.
- ☐ Provide notification in the primary languages spoken by the parents/caregivers.
- ☐ Use multiple methods to reach the parents/caregivers with notification (e.g. written letters by mail, robo-calls, text messages, websites, and/or prominent displays).
- ☐ Written notification should be on school letterhead.
- ☐ Provide information about state laws and/or district policy that pertain to condom availability.
- ☐ Include information about the CAPs connection to a sexual health education program.
- ☐ Give information about times and locations of condom availability.
- ☐ Encourage open communication between young people and their parents/caregivers about the CAP.
- ☐ Provide the date, location, and agenda items of any information sessions you will be hosting.
- ☐ Include contact information for questions about the program.
- ☐ Disclose funders, if needed.
- ☐ Recognize program partnerships.

SECTION IV

Drafting a Policy

RECOMMENDATIONS



Decide if you want a policy or guiding document



Draft a policy that supports the CAP



Be prepared for disagreement

Official district support can strengthen programs, increase efficacy, and ensure stability of a CAP. This is especially important if objection about the CAP occurs from inside or outside the community. **An official school board policy is often the strongest form of support but if that's not an option, consider having a guiding document that is recognized and approved by the district or school.** The policy or guiding document should enumerate support for the CAP's decisions regarding age group and consent procedure, discussed in [Section 3: Setting the Foundation](#), and be reviewed regularly.

Use the Tool: [CAP Policy Plan \(Section 3: Tool 2\)](#) to organize the drafting of a policy.



Gather information about state and district laws/policies that might apply.

All district policies need to comply with state laws. Review the information you gathered on policies in [Section 1: Making the Case](#), to determine what a policy can/cannot include and ensure you are aligned with other district policies that could inform the CAP policy.

Review the CAP policies of other districts, including districts in your area, and use them as a base.

EXAMPLE

CONDOM AVAILABILITY POLICIES (APPENDIX B)

See [Appendix B](#) to explore examples of CAP policies and condom accessibility language from various US school districts such as Vashon Island School District, Washington and Boston Public Schools.



Draft a policy and circulate it to key groups for review.

Draft the policy based on the decisions the CAP Team has made and then send it out for review by internal and external partners, including young people before finalizing it for the school board.



Contact the legal counsel for the district. They can be an excellent resource and consulted for policy templates, timeline for policy approval process, and feedback on the draft policy.

TIP



Build community support for the CAP.

Before the policy goes before the school board, it is important to have community members in place that will support the submission. Go back to the partners identified in [Section 2: Building Support](#) and identify partners who are willing to speak at school board meetings and/or other appropriate venues in support of the CAP. Reach out to other organizations and/or coalitions working to improve adolescent sexual health and ask for their support.

Several CAPs exist only because coalitions effectively organized support for the program and made the issue safe and compelling for political leaders. Particularly in large cities like New York, Washington, D.C., and San Francisco, powerful constituent groups frequently work in coalitions to achieve policy goals. Strong coalitions might not be the case in all cities and additional guidance may be needed to propel their efforts.

Create talking points and visual aids that these people can use when talking to other community members or addressing a meeting of the school board.



Having young people speak about how a CAP will impact their lives sends a powerful message to the school board about the importance of the program.

TIP

• RESOURCES

[Managing Controversy in Pressure Cooker Conversations](#) provides suggestions and strategies for handling common pressure situations for young people and adults when speaking in public.



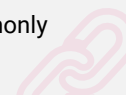
Be prepared to address all views on CAPs.

Approaching condom availability with community engagement and transparency provides context for potential support or objection. This approach allows community concerns to be addressed, ultimately with the intent of avoiding conflict.

Some districts have approached condom availability with very little or no public discussion in an attempt to avoid controversy. It is impossible, however, to avoid publicity altogether, and objections are likely to surface after a policy decision is made.

• RESOURCES

[Hot Potatoes – Keeping Cool in the Midst of Controversy](#) offers a number of suggestions and answers commonly asked questions to help prepare for controversy.



If sexual health or HIV/STI education has been previously debated in your community, review the sources of objection faced at that time and engage those partners early to address their concerns.

TIP



Submit the policy to the school board for their consideration.

Plan for a presentation that positions the appropriate leadership (a CAP Team member, the appropriate administrator, external stakeholder, and/or young person) to present a well-grounded policy proposal to the school board.

CAP Policy Plan

Use this template to outline tasks to develop a new or updated policy.

ACTION STEP	TASK	ASSIGNED TO	DEADLINE	COMPLETED
RESEARCH	Collect data on rates of STIs for youth 13-21 years old	Name		
DRAFT POLICY	Write policy that includes enumerated sections determined by CAP Team and/or state policy			
COMMUNITY SUPPORT	Identify young people who will speak at meetings			
SUBMIT POLICY	Learn procedure to submit policy to the board			



Tool 2

Policy Checklist

Track the completion of tasks to create a CAP policy, guidelines or support document.

POLICY CHECKLIST	
RESEARCH	<ul style="list-style-type: none"> <input type="checkbox"/> Review existing state laws and district policies that are related to condom availability <input type="checkbox"/> Review state laws on consent to reproductive health services by young people including: contraception, STIs, and pregnancy <input type="checkbox"/> Identify supporting evidence
DRAFT AND RECEIVE INPUT	<ul style="list-style-type: none"> <input type="checkbox"/> Draft policy, revise, and update with feedback from appropriate people and groups <input type="checkbox"/> Internal review and approval (e.g., Director of School Health, Legal, other leadership)
COMMUNITY SUPPORT	<ul style="list-style-type: none"> <input type="checkbox"/> Identify the partners, including young people, to engage in communicating about the benefits of a condom availability program <input type="checkbox"/> Create content, materials, presentations for partners to use when talking to other community members or addressing a meeting of the school board <input type="checkbox"/> Communicate with parents/caregivers about the new or updated policy through regular channels
BOARD SUBMISSION	<ul style="list-style-type: none"> <input type="checkbox"/> Follow district procedures for submission <input type="checkbox"/> Invite young people, community partners, school leadership to speak at the board meeting in support of the CAP policy

SECTION V

Developing the Program

RECOMMENDATIONS			
	Consider Staffing & Training		Create procedures for core interventions
	Find a dedicated space and determine hours		Build awareness with students, staff, parents, and the community

Your goals, objectives, consent procedures and budget all laid the groundwork for the day-to-day operation of the CAP, but there are more things you need to have in place before you can begin. You'll need to have staff (likely both adults and peer educators), a designated space, and a set schedule. And, of course, you'll need to let young people know what services the CAP offers. This section can help you go from theory to practice. Utilize the Tool: [CAP Program \(Section 4: Tool 1\)](#) to outline the CAP.

While you'll need to tailor all aspects of the program to your young people, looking at examples of other successful CAPs can help guide program developments.

EXAMPLE

CONDOM AVAILABILITY PROGRAMS

- [Chicago Public Schools Condom Availability Toolkit](#)
- [San Francisco Unified School District Condom Availability Program](#)
- [New York City Department of Education CAP](#)

Staffing and Training

Identify CAP staff members who will be making condoms available to students.

Depending on the CAP policy and/or state laws, this can be **School Staff** or **Non-School District Staff**. This is also the perfect opportunity to engage young people as **Peer Educators** to increase access and participation in the program.

CAP STAFF	
ROLE	CHARACTERISTICS
<ul style="list-style-type: none">• Participate in training• Commit to providing services to young people• Give ongoing feedback• Address questions and reservations of self and others• Maintain confidentiality to increase the likelihood of program participation by young people	<ul style="list-style-type: none">• Seen as trustworthy and approachable by young people• Open minded• Comfortable talking about sexuality• Culturally responsive to the student body

For sustainability of the program, it is recommended that a **minimum of two staff members** be available to students. However, the size of the student body and program requirements will dictate staffing needs.

TIP

– SCHOOL STAFF

School nurses, counselors, vice-principals, athletic staff, health educators, or others are often involved in CAPs. Participation can be voluntary or designated by an administrator. If the staff member in a designated role is opposed to condom availability or reluctant to fulfill the responsibilities, however, it is best to identify alternate program staff.



As part of CAP success, consider forms of appreciation or incentives for CAP staff members, such as recognition at staff meetings, additional school supplies, or access to additional professional development.

TIP

– NON-SCHOOL DISTRICT STAFF

Some schools/districts come up against obstacles such as laws that prohibit school staff from making condoms accessible or a lack of available staff to implement the program. If this happens, you could consider working with external partners such as a youth-serving organization to fill the CAP staffing roles. Refer back to [Section 2: Building Support](#) and the [Partner Analysis Tool \(Section 2: Tool 1\)](#) to identify a partner who would be the right fit.

Partners external to the district or school can play many roles in running the CAP. This can include providing training, condoms, and educational materials and/or handling administrative tasks like parent/caregiver notification, data collection, and program oversight.



EXAMPLE

Review the [MOU for Montgomery County Public Schools and Montgomery County DHHS Related to Condom Availability in High School Health Rooms](#) for ideas on what to include in a contract depending on roles and responsibilities.



– PEER EDUCATORS

Some young people may feel more comfortable talking about and accessing condoms from a peer. Peer educators can support presentations, tabling events, and the development of marketing material. Equipping peer educators with relevant knowledge and skills is essential. If your program includes peer educators, an adult ally should be available to peer educators to provide training, support, and guidance.



Create a professional development training plan for designated school-level CAP members, district and school administration and staff, parents/caregivers, and peer educators.

Professional development can explain the benefits of condom availability programs and review the policies and procedures of your CAP, including the importance of maintaining student confidentiality. It can also help staff and peer educators gain knowledge about sexual and reproductive health and give them the skills they need to discuss these topics with students.

EXAMPLE

See [Appendix C](#) for professional development topics and audience suggestions.





Identify trainers who can implement the professional development plan.

Ideally, you will find experienced sexuality trainers who have both sexual health knowledge and direct experience working with young people. These experts can bring a combination of facilitator skills, comfort with sensitive issues, and knowledge of young people to your professional development sessions.

• RESOURCES

Many outside agencies and organizations have excellent and experienced trainers, if needed.

[Advocates for Youth](#)

[Answer](#)

[Cardea](#)

[Healthy Teen Network](#)

[Sex Education Collaborative](#)

[HIV/AIDS service organizations](#)

[Healthcare Organizations- hospitals or clinics](#)

[Community Based Organizations](#)

[Local and State Departments of Public Health](#)

Condom Access Decisions



Ask young people where and how they would feel comfortable accessing condoms in schools.

Engage young people to identify their biggest concerns about accessing condoms. Their input can help you make informed decisions about the location of condoms, resources to include, and what level of adult involvement would be acceptable.



Identify the location(s) where young people will be able to access condoms in the school.

**SUGGESTED
SPACES FOR
MAKING
CONDOMS
AVAILABLE:**

[Classrooms](#)

[Libraries](#)

[Bathrooms](#)

[Counseling Office](#)

[Locker Rooms](#)

[Health Center](#)

[Resource Rooms](#)

[Social Workers' Offices](#)

[Nurses' Offices](#)

In choosing a space consider:

- **ACCESSIBILITY:** Designated spaces should be accessible to all young people.
- **PRIVACY:** Young people are more likely to access condoms in areas where their privacy can be maintained.
- **STAFFING:** Some spaces, like the nurse's office, will likely always have staff, while others, like bathrooms or locker rooms, will not. Consider your policy on if condom access requires interaction with staff when making a decision on spaces where condoms are available.
- **HOURS:** Avoid places that may be restricted during certain hours like before or after school.
- **LOCATION:** Multiple locations in the school help increase accessibility and troubleshoot possible logistical barriers, such as hours and staff presence.



Develop participation procedures.

Who can participate in the program and what kind of permission they need should already have been decided; see [Section 3: Setting the Foundation](#). Now is the time to put those decisions into action. You will need to decide whether young people can simply take condoms from an unstaffed location like a condom wall dispenser or whether there needs to be a staff interaction.

If you plan to limit the number of condoms a young person can take during each visit or require they also receive condom education/materials during a visit, you will likely need staff or peer educators available whenever the CAP is open. While it might be necessary to limit how many condoms each young person gets because of overall supply constraints, **it is recommended to allow young people to get more than one condom at a time.**

Consider at least one participation method that does not rely on requesting condoms from a locked area or require a student to leave their name. While condom wall dispensers can be a good idea, vending machines are not recommended, as they usually require students to pay. Ideally, CAPs make condoms available for free.



Determine an operating schedule for the CAP.

– SCHOOL HOURS

Ideally, the CAP would maximize access at school by making condoms available whenever young people are allowed in the building. If it cannot be open during all school hours, provide adequate notification to young people and signage throughout the building with the hours of operation.

– AFTER SCHOOL HOURS, WEEKENDS, HOLIDAYS, AND BUILDING CLOSURES

You can extend availability by enlisting the health department, clinics, pharmacies, or community-based organizations to provide access to free condoms when schools are closed.

The COVID-19 pandemic demonstrated there could be times when districts and community-linked health services experience disruptions with in-person learning and care. This can lead to the inability for young people to physically access condoms or other services. As part of CAP planning, consider developing and putting into place a contingency plan for long-term building closures. The plan should include language considerations that address emergency preparedness.

Educational Materials



Develop health education materials that can be distributed with condoms.

Education materials should be displayed near the condoms and available as a handout. These can include information on STIs including HIV, unintended pregnancy, healthy relationships, decision-making, and/or how to access other sexual health services. Health education materials should be reflective and inclusive of all students, including LGBTQ+ students, and the needs of those the district or school serves.

• RESOURCES

Here are condom instructions recommended with condoms, provided by the CDC [Male \(External\) Condom Use](#); [Female \(Internal\) Condom Use](#); and [Dental Dam Use](#).



Prepare staff and peer educators to answer questions.

Whether education is required or not, young people seeking condoms may have sexual health-related questions or concerns that CAP staff should be prepared to answer. The CAP staff should be trained and ready to respond with medically accurate, evidence-informed information that is free from judgment and bias.

At minimum, all school staff should be aware of who they can refer young people to within the school building. CAP staff should also be prepared to provide referrals for sexual health services to community providers. If there is an established referral system, CAP staff can defer to its existing procedures and guidance. If you need to develop your own referral system, see [Section 1: Making the Case](#) for resources.

EXAMPLE

Review [San Diego Unified School District – CAP Guidelines for Schools Nurses](#) for an example on how the district makes condoms available and provides guidance to school nurses for educational conversations with students.



Ensure the CAP supports all young people.

Adopt strategies to be inclusive and welcoming of all young people including LGBTQ+ youth, young people with disabilities, and for those whom English is not their first language. Educational materials should be printed in multiple languages and representative of the district's racial diversity. Materials should not make assumptions about a young person's gender or the gender of their partner.

CAPs are best when part of a larger sexual health education program. Need a curriculum?
[Advocates' Rights, Respect, Responsibility – K-12 Sexuality Education Curriculum](#) is free,
available online, medically accurate, and age-appropriate.

Raise Awareness



Implement strategies to raise awareness of the CAP with young people.

Promoting the CAP directly with young people is important as they are the intended end user. Consider promotion such as: flyers, posters, and announcements during health classes or general assemblies. All promotional material should share location, hours of operation, and a list of CAP staff.

Ask peer educators or other students to create promotional materials as they are in a position to develop the most relevant messages and identify the best methods of communication with peers. CAP staff or other adult allies can partner with young people to develop a student-led CAP marketing campaign.

• RESOURCES

Advocates' [So Change It: A Guide for Students](#) is designed to provide young people with advice on how to plan and run a campaign; a strategic step-by-step process to use energy and assets wisely; and concrete tips on starting a group, recruiting new members, and using social media.





Implement strategies to communicate the CAP with adults (school/district staff and parents/caregivers).

– SCHOOL STAFF

Staff not directly involved in a CAP still need to know about it to support student access. Consider awareness opportunities to help communicate what the CAP is and how young people can access condoms.

Strategies for staff awareness:

- Information on the school/district website
- Memo from the superintendent/principal
- PSA presentations at an all-staff meeting

EXAMPLE

Check out this [teacher awareness slide deck](#) developed by NYC DOE to educate their school staff.



– PARENTS AND COMMUNITY MEMBERS

CAPs are successful when there is a concerted effort to engage parents/caregivers from the start of the CAP development. They can support culturally responsive programming and provide support in finding creative ways to encourage continued education at home.

Strategies for parent/caregiver engagement:

- Annual written notification or educational materials
- Presentations at parent/teacher organization meetings
- New student/parent/caregiver orientations
- Print and broadcast media coverage
- Representation on the design team
- Participation on an advisory board
- Listening sessions after community presentations
- Surveys or questionnaires

EXAMPLE

Visit Montgomery County Department of Health and Human Services' [Frequently Asked Questions](#) to see how they communicate with parents/caregivers about their condom availability and education program in Montgomery County Public School High School Health Rooms.



SECTION V



Tool 1

CAP Information

Capture all the CAP information here. Keep it in one central location to support annual review and sustainability of the program.

STAFFING	CAP Designated Staff 1. 2.	
TRAINING Topics Participation Calendar	Topics for Training 1. 2. 3.	Participants (who will participate in trainings) 1. 2. 3.
	When will the training(s) occur? (Will this be annual?)	
PARTICIPATION Grade Levels Consent and Notification Procedures	Our program will focus on: Middle School High School Both	Our program requires _____ consent The appropriate documentation and/or procedures have been created
	Information about on the consent and notification procedures can be found: (insert location)	
INTERVENTION Condoms Education Materials Referral	Condoms will be secured from: (insert from where condoms are being donated, purchased, and stored etc.)	
	The following health education materials will be provided 1. 2.	Staff are prepared to provide education and condoms and/ or make a referral? Y/N
DESIGNATED SPACE	Condoms will be made available in: 1. 2.	
SCHEDULING	Condoms will be made available:	
	Times during the day 1. 2.	Days during the week 1. 2.
	or During all times when school is open	
AWARENESS BUILDING	Students, staff and parents/ caregivers will be informed of our CAP by:	

SECTION VI

Evaluating the Impact



In order to create a successful and sustainable program, you will need a strategy for evaluating the program that includes collecting and analyzing data at regular intervals and using what you've learned for the continual improvement of the CAP.

Evaluation Team



Put together a team of experts who can help you assess the success of the CAP in meeting its goals and objectives.

If your CAP Team does not have evaluation expertise, consider hiring an external consultant or partnering with a local organization that has experience with evaluation. Partner organizations could include youth-serving non-profits that have similar goals and objectives or a local college or university that has research capabilities. Graduate students in need of an internship or project may be able to contribute to data collection and analysis.

Types of Evaluation



Consider the different types of assessments that may be needed throughout the following phases of the CAP.

The most common program assessments are **formative, process, outcome, and impact evaluations**. Each serves a different purpose and results in valuable information. The CAP goals, objectives, design, and funding as well as district requirements will drive the type of evaluation approaches to pursue.

– POLICY AND PROGRAM DEVELOPMENT

Formative Evaluation/Needs Assessment: Provides data that supports the need for the CAP, demonstrates community support, and provides information on feasibility, interest, and acceptability.

Process Evaluation: Creates accountability to ensure full community engagement, accomplishment of milestones prior to implementation, and adherence to due diligence.

– IMPLEMENTATION

Process Evaluation/Program Monitoring: Offers initial and ongoing feedback on the program design, assesses the quality of services provided to students, and monitors the day-to-day operations of the program to allow for program modifications as needed.

– ONGOING

Cost-Effectiveness Evaluation: Yields details on efficient use of resources and evidence to support CAP continuation.

Outcome Evaluation: Determines if program objectives are being met and whether the program is producing an effect.

– INTERVAL/END

Impact Evaluation: Analyzes the CAP impact against its goals.

• RESOURCES

The NCSD's [A self-paced, six-step e-learning course to help STD programs build capacity and conduct effective evaluation](#) is a resource for evaluation training and guidance to support CAP evaluation efforts.

Evaluation Strategy



Determine what evaluation the CAP will be able to conduct given resources, capacity, and need.



When data is to be collected in schools, contact the district's Research Review Board in advance to verify compliance.

TIP

STEP 1	IDENTIFY INDICATORS	<p>Use the program goals and objectives to determine what will be measured.</p> <p><u>Example: Data collected</u></p> <ul style="list-style-type: none"> • Number of condoms accessed during a specific time period • Location used most frequently • Number of staff trained • Change in reported behavior • Change in knowledge or attitudes
--------	---------------------	---

• RESOURCES

Utilize the CDC's [Developing Evaluation Indicators](#) guidance to help identify indicators for the CAP.

STEP 2	CREATE DATA COLLECTION INSTRUMENTS	<p>Decide what types of instruments to use such as: surveys, activity logs, interviews, and/or observations. The instruments are determined by the type of information desired. Quantitative data answers how much, how many, or to what extent. Qualitative methods describe participants' thoughts, feelings, and perceptions. There are benefits and limitations to both approaches.</p>
--------	------------------------------------	---

• RESOURCES

Utilize the CDC's [Selecting Data Collection Methods](#) guidance to support data collection instrument selection for a CAP.

STEP 3	COLLECT DATA	<p>Data collection does not need to be burdensome. Have tools or systems prepared and in place, staff identified and trained, and data storage and transmission planned before the program starts.</p> <p>Considerations:</p> <ul style="list-style-type: none"> • How often you'll collect data • What staff will be trained to collect data • How you will coordinate data collection with the school schedule • How you will comply with institutional review board requirements • What materials you'll need (e.g. tablets, computers, etc.) • How you will comply with consent requirements • Where/how you will store data
STEP 4	ANALYZE DATA	<p>Data analysis provides a summary of the information gathered, and illustrates the overall picture of program operations and whether the program is meeting its goals and objectives. Consider simple forms of analysis to easily interpret and use summary findings.</p>

Disseminate Results



Create materials to share CAP progress and outcomes.

Evaluation results should be shared with young people, parents/caregivers, school staff, district administrators, grantors/funders, and the community. Results can be used to demonstrate the value and impact of the program. Remember, the CAP is often one part of a larger health care access system that can help address long-standing historical inequities. If findings suggest the CAP is addressing inequities, be sure to include that in reporting.



• RESOURCES

Use CDC guidance in [Evaluation Reporting: A Guide to Help Ensure Use of Evaluation Findings](#) to support your communication about evaluation results from your CAP.



Moving Forward

We identified key sections with **recommended** practical step-by-step information to implement or improve a CAP. We hope the CAP Guide provides inspiration and guidance for making condoms available to young people in middle and/or high schools.

KEY REMINDERS FOR YOUR CAP

MAKING THE CASE

- ✓ Demonstrate the benefits of condom availability for the students, school, and school district.
- ✓ Identify key factors supporting condom availability and where to find data, research, and policies to support the CAP.

BUILDING SUPPORT

- ✓ Cast the net wide and early to identify a diverse group of partners with an interest in condom availability for young people.
- ✓ Capitalize on partner perspective, knowledge, expertise, and passion to help enhance and support CAP success.

SETTING THE FOUNDATION

- ✓ Craft long-term goals and short-term objectives to guide the policy, programming and evaluation of your CAP.
- ✓ Determine CAP procedures based on age of participation and parent/ caregiver consent.
- ✓ Consider all funding streams to support your budget and condom purchasing needs.

DRAFTING THE POLICY

- ✓ Determine if you need a policy or guiding document.
- ✓ Or conduct a policy review of a current policy at regular intervals to have the greatest impact and success.
- ✓ If new to drafting a policy, find an ally who can help guide the process.

DEVELOPING THE PROGRAM

- ✓ Consider all program needs (staffing, training, access, education and awareness) to have a successful CAP.
- ✓ Engage young people to develop your program.

EVALUATING THE IMPACT

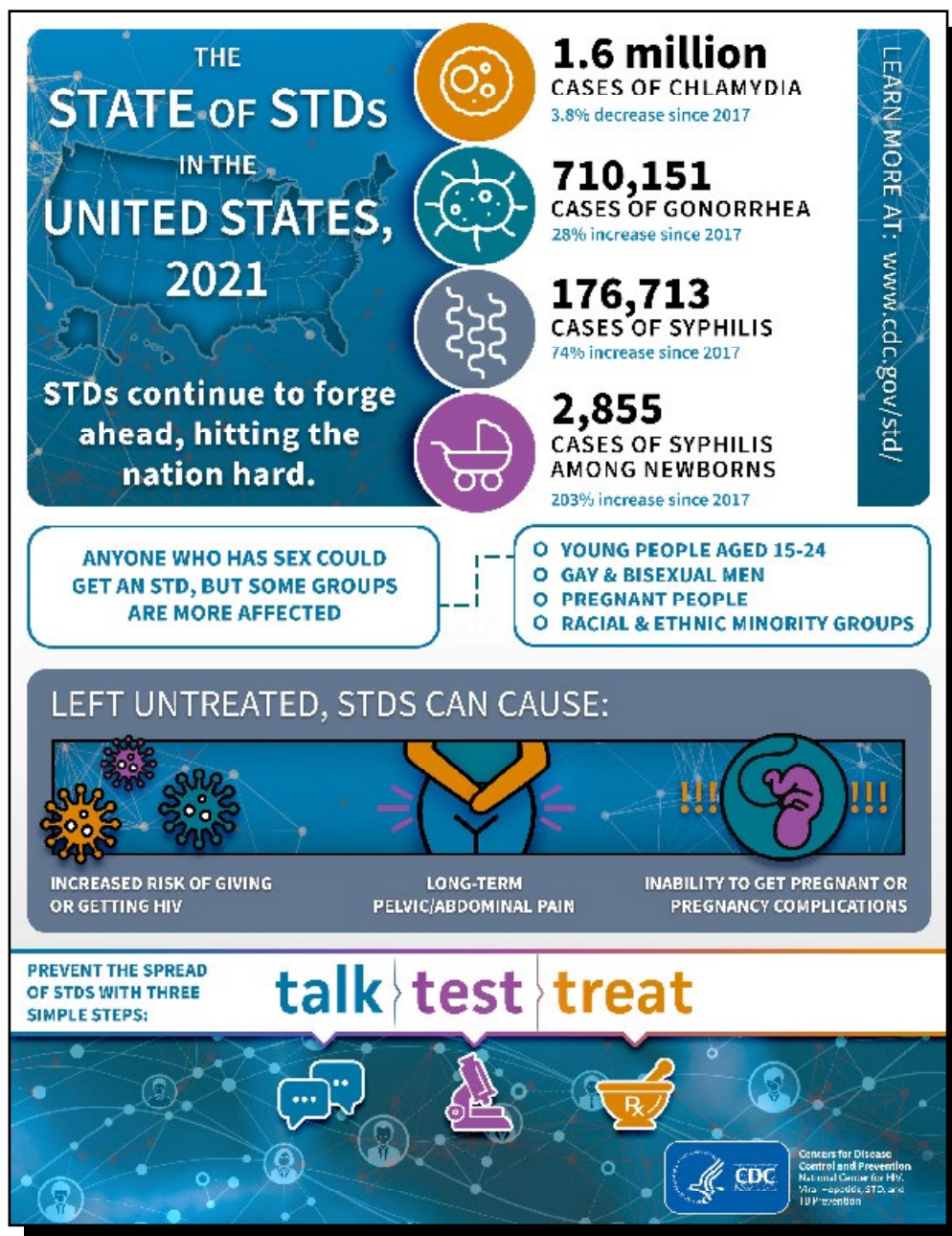
- ✓ Address program evaluation during the initial program design phase.
- ✓ Program evaluation should be considered in each phase of the CAP from the initial needs assessment to tracking progress and measuring impact.

Appendix A

Advocates has provided a sample infographic containing national data on young people who experience STIs, including HIV and pregnancy. As well as behavioral data on condom use.

We offer this as an example for you to use to support CAP conversations in your district or school. Also, if you choose to make your own infographic with local information, as a template for suggested information to include.

As part of the CDC's Sexually Transmitted Disease Surveillance 2021 resources, they have provided a customizable version of the [State of STDs- Infographic](#) that can be downloaded. This customizable infographic can be used to support meetings and discussion pertaining to the health and well-being of the young people in your community.



Condom Availability Programs Help Young People Live Healthier Lives

Sexually active young people experience disproportionately high rates of unintended pregnancy and STIs, including HIV.

In 2015, of young people aged 15-19 years old who became pregnant, **22.5% reported they did not want to have a baby** and just over **50% stated the pregnancy occurred too soon**¹

Over half (50.5%) of all new STIs occur in young people aged 15-24 (2021)²

In 2020, **young people aged 13-24 accounted for 20% of all new HIV diagnoses** in the United States³

Almost two-thirds **(58%) of all reported chlamydia cases were among young people** 15-24 years old in 2021⁴

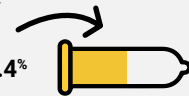
Although condoms are effective against unintended pregnancy and STIs, condom use among young people has steadily declined.



In 2021, students in grades 9-12 reported: **52% did not use a condom** during last sexual intercourse (among those who were currently sexually active)⁵

In 2021, students in grades 6-8, depending on their school district, reported: Between **37.6% and 56.4%** of sexually active youth **did not use a condom** during their last sexual intercourse⁵

Between 37.6% and 56.4%



Condom Availability Programs (CAPs) provide access to safer sex without an increase in sexual activity.

A systematic review showed that no CAPs reported any increase in sexual risk behaviors and can lead to increased condom use among students.

74% of sexually active students reported using a condom they received from a CAP.⁶

Experts support access to condoms.

Society for Adolescent Health and Medicine, American Academy of Pediatrics, and American College of Obstetrics and Gynecology all advocate for the provision of free condoms to support adolescent sexual health.

1. Kathryn Kost, Mia Zolna, Rachel Murro; Pregnancies in the United States by Desire for Pregnancy: Estimates for 2009, 2011, 2013, and 2015. *Demography* 2023; 10690005. doi: <https://doi.org/10.1215/00703370-10690005>

2. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2021. National Overview of STDs, 2021. <https://www.cdc.gov/std/statistics/2021/overview.htm>

3. Centers for Disease Control and Prevention. HIV Surveillance Report, 2020; vol. 33. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>

4. National Academies of Sciences, Engineering, and Medicine. 2021. Sexually Transmitted Infections: Adopting a Sexual Health Paradigm. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25955>

5. Centers for Disease Control and Prevention. 2021 Youth Risk Behavior Survey Data. Available at: <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

6. Centers for Disease Control and Prevention. CAPs: In Brief. 2019. https://www.cdc.gov/healthyyouth/healthservices/caps/caps_in_brief.htm

Appendix B

SAMPLE POLICIES

- 1. San Diego Unified School District, California (Adopted 12/13/2016, revised 12/17/2017, effective 02/10/2018)**
https://cdn5-ss18.sharpschool.com/UserFiles/Servers/Server_27969304/File/Departments/Sexual%20Health%20Education/Teacher%20and%20Staff%20Resources/BP%205141.25%20Availability%20of%20Condoms.pdf
Accessed on 3/6/2024.
- 2. San Francisco Unified School District, California (2016)**
<https://www.sfusd.edu/services/know-your-rights/student-family-handbook/chapter-3-family-resources-and-rights/39-nutrition-health-and-wellness/3911-condom-availability-program>
Accessed on 3/6/2024.
- 3. Montgomery County Board of Education, Maryland (revised 2018)**
[https://www.boarddocs.com/mabe/mcpsmd/Board.nsf/files/B4JSNH66B092/\\$file/New%20Business%20JOFREV%20ADOPTED.pdf](https://www.boarddocs.com/mabe/mcpsmd/Board.nsf/files/B4JSNH66B092/$file/New%20Business%20JOFREV%20ADOPTED.pdf)
Accessed on 3/6/2024.
- 4. Oakland Unified School District, California**
BP 5141.25
<https://boepublic.ousd.org/Policies.aspx>
Accessed on 3/6/2024.
- 5. Boston Public Schools, Massachusetts (Adopted 2017, revised 9/3/2021)**
https://drive.google.com/file/d/127SolNJSgycpiRPt_8DtTVvlvwKOowvd/view
Accessed on 3/6/2024.
- 6. Chicago Public Schools, Illinois (Rescinded 13-0227-PO1, Adopted 12/16/2020)**
<https://www.cps.edu/sites/cps-policy-rules/policies/700/704/704-6/>
Accessed on 3/6/2024.
- 7. Vashon Island School District, Washington (Revised 12/15/2016, 6/24/2021)**
<https://go.boarddocs.com/wa/visd/Board.nsf/goto?open&id=C23SPX73B669>
Accessed on 3/6/2024.
- 8. Howard Count Public School System, Maryland (January 2019)**
<https://www.hcpss.org/health/sexual-health/condom-education/>
Accessed on 3/6/2024.

Appendix C

Training Audience and Content

		TRAINING AUDIENCES					
		CAP Staff	All School Staff	Community Partners and Volunteers	Admin i.e. Principals	Parents/ Caregivers	Peer Educators
TRAINING TOPICS	CAP policies and procedures, including Minors' Rights to sexual health services and confidentiality, management of the CAP including condom ordering, storage, and availability	X	X	X	X	X	X
	Contraceptive Methods, including Emergency Contraception	X					X
	Adolescent sexual health development and behavior change	X		X		X	X
	Exploration of personal values towards condom availability and human sexuality	X	X	X	X	X	X
	Healthy Relationships, including forms of abuse: sexual, emotional, financial, other	X		X			X
	Practice demonstrating proper condom use	X		X		X	X
	Effective condom-use negotiation techniques, including consent	X		X			X
	STIs, including their modes of transmission and testing	X		X		X	X
	Gender and sexual orientation	X		X		X	X
	Referral to sexual health services	X	X	X	X	X	X
	Handling difficult/ challenging questions	X		X		X	X
	Peer education	X					X
	Cultural humility and responsiveness	X	X	X	X	X	X

References

- i. Center for Disease Control and Prevention, "Whole School, Whole Community, Whole Child." [Online]. Available: <https://www.cdc.gov/healthyschools/wscc/index.htm> [Accessed 1 May 2023].
- ii. National Center for Education Statistics. Back-to- School Statistics 2021. Available: <https://nces.ed.gov/fastfacts/display.asp?id=372#PK12-enrollment> [Accessed 1 May 2023].
- iii. D. Kirby and N. Brown, "Condom Availability Programs in U.S. schools," *Fam Plann Perspect*, vol. 28 (5), pp. 196-202, 1996 Sep-Oct.
- iv. J. Andrzejewski, N. Liddon and S. Leonard, "Condom Availability Programs in Schools: A Review of the Literature," *American Journal of Health Promotion*, vol. 33(3), pp. 457-467, 2019.
- v. Centers for Disease Control and Prevention. "2021 Youth Risk Behavior Survey Data." Available: <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>.
- vi. Centers for Disease Control and Prevention. "Youth Risk Behavior Survey: Data Summary & Trend Report." Available: https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf [Accessed 10 May 2023].
- vii. Office of Disease Prevention and Health Promotion. "Healthy People 2030." Available: <https://health.gov/healthypeople>. [Accessed 1 May 2023].
- viii. J. Andrzejewski, N. Liddon and S. Leonard, "Condom Availability Programs in Schools: A Review of the Literature," *American Journal of Health Promotion*, vol. 33(3), pp. 457-467, 2019.
- ix. M. Schuster, R. Bell, S. Berry and D. Kanouse, "Impact of a high school condom availability program on sexual attitudes and behaviors," *Fam Plann Perspect*, vol. 30(2), pp. 67-72, 1998.
- x. T. Wang, M. Lurie, D. Govindasamy and C. Mathews, "The Effects of School-Based Condom Availability Programs (CAPs) on Condom Acquisition, Use and Sexual Behavior: A Systematic Review," *AIDS Behav*, vol. 22(1), pp. 308-320, 2018.
- xi. Centers for Disease Control and Prevention, "Health Equity: Racism and Health," [Online]. Available: <https://www.cdc.gov/healthequity/racism-disparities/index.html#:~:text=To%20build%20a%20healthier%20America,racial%20and%20ethnic%20health%20inequities>. [Accessed 30 05 2022].
- xii. Brakman, C. Borzutzky, S. Carey M. Kang, T. Kowalczyk Mullins, N. Peter, T. Shafii, D.M. Straub, "Condom Availability in Schools: A Practical Approach to the Prevention of Sexually Transmitted Infection/HIV and Unintended Pregnancy," *Journal of Adolescent Health* 60 (2017) 754-757. Available: https://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Condom-availability-in-school.pdf [Accessed 1 May 2023].
- xiii. American Civil Liberties Union, "Protecting Teen Health: Comprehensive Sexuality and Condom Availability Programs in the Public Schools," [Online]. Available: <https://www.aclu.org/other/protecting-teen-health-comprehensive-sexuality-education-and-condom-availability-programs>. [Accessed 30 05 2022].
- xiv. L. Grubb, "AAP COMMITTEE ON ADOLESCENCE: Barrier Protection Use by Adolescents During Sexual Activity," *Pediatrics*, vol. 146, no. 2, 2020.
- xv. M. C. Morreale, A. J. Stinnett and E. C. Dowling, "Policy Compendium on Confidential Health Services for Adolescents, Second Edition," Center for Adolescent Health & the Law, Chapel Hill, NC, 2005.
- xvi. Office of Justice Programs Territories Financial Support Center. "Creating a Program Budget: Guide Sheet." Available: https://www.ojp.gov/tfsc/tfsc_creating_a_budget_guide_sheet_508. [Accessed 1 May 2023].

**Advocates
for Youth**

Rights. Respect. Responsibility.

**1325 G STREET NW, SUITE 980
WASHINGTON DC, 20005
202.419.3420
www.advocatesforyouth.org**