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Inclusive Education is Power: Revising Sexual Health Education for People with Disabilities

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Abstract

For people with disabilities in the United States, comprehensive sexual health education is not always available. There are a number of reasons for the lack of comprehensive sexual health education, including excessive censorship and curriculum that is not representative of people with disabilities. Sexual health education and disability are both topics that have several preconceived notions attached to them, yet there is a dearth in resources that could provide accurate information to those both with and without disabilities. These preconceived notions that have been associated with these identity labels lead to negative health outcomes for people with disabilities such as increased reports of abuse and higher rates of female sterilization. Without a revision of the way the U.S. currently addressed sexual health education, people with disabilities will continue to suffer these consequences at higher rates than their non-disabled counterparts. This paper will discuss how comprehensive sexual health education for people with disabilities is lacking and provide recommendations as to how this gap in education can be remedied. Teaching people through comprehensive sexual health education allows people to advocate for their personal health with an informed mindset, regardless of ability status.

Keywords: sexual health, sexual education, sexual health education, disability, disabled, United States.

Introduction

The combination of sexual health education and disability is not an intersection that is heavily focused on when looking at how the U.S. can improve the current healthcare system. While this intersection of identities initially sounds very niche, the improvement of sexual health

education for people with disabilities is an advancement that would benefit society as a whole. Revising sexual health education to make it more inclusive for people with disabilities is a change that could improve outcomes for sexual health such as decreased sexual abuse, while also breaking down stigmas that surrounds disability and how disabled people explore sexual health.

Sexual health education has been an area of health that has been difficult to expand due to its taboo perception by society. Despite valid concerns raised with this topic, the disproportionate fear of teaching sexual health education has led to an inadequate curriculum that has been shared in U.S. schools today. Although there are a variety of reasons why sexual health education needs to become more comprehensive and inclusive, health and autonomy are the primary concerns. Disability presents itself in a wide range of ways, and it is imperative that sexual health education is intentionally inclusive when sharing information so that people with disabilities can learn about their bodies just as easily as able-bodied people can learn about theirs.

A couple approaches that could be taken to improve the sexual health education in the U.S. today could look like creating an inclusive sexual health education curriculum for public schools in the U.S. An additional approach could be requiring primary care physicians (PCPs) to educate people with disabilities and educate their caretakers and share sexual educational materials by age 12. The U.S. has slowly been improving its inclusivity in avenues like employment, and sexual health education could be the next step.

Background/Literature Review

The Problem

People with disabilities have faced various challenges when living in the U.S. due to both intentional and unintentional discrimination that is woven into our society. Discrimination comes

in forms like lower employment rates and increased difficulty finding accessible and affordable housing. While the Americans with Disabilities Act of 1990 (ADA) was revolutionary in protecting the rights of people with disabilities, there is still work to do when it comes to accessing equal opportunities as their able-bodied counterparts. There are historically inaccurate assumptions about people with disabilities and the way that they exist in society which prevents them from obtaining appropriate sexual health education. One of the biggest preconceived notions that people have about people with disabilities is that they are "other" or "less than human" (Block, n.d.). Able-bodied people upholding these ideas leads to alienation of people with disabilities and creates an unjustified power dynamic that people with disabilities face everyday. This includes able-bodied people excluding people with disabilities from sexual health education because they believe that this group of "other" people don't deserve to learn about their bodies and health. When healthcare providers and administrators fail to understand the extent of power that teaching inclusive sexual health education can have, society misses vital opportunities to empower people with disabilities. People with disabilities are also denied the chance to have confidence in their decisions regarding their health and safety. In order to undo the generations of harm that have been inflicted, society must be aware of the scope of these preconceived notions in order to enact change towards more inclusive and comprehensive sexual health education.

Disability: Who Qualifies?

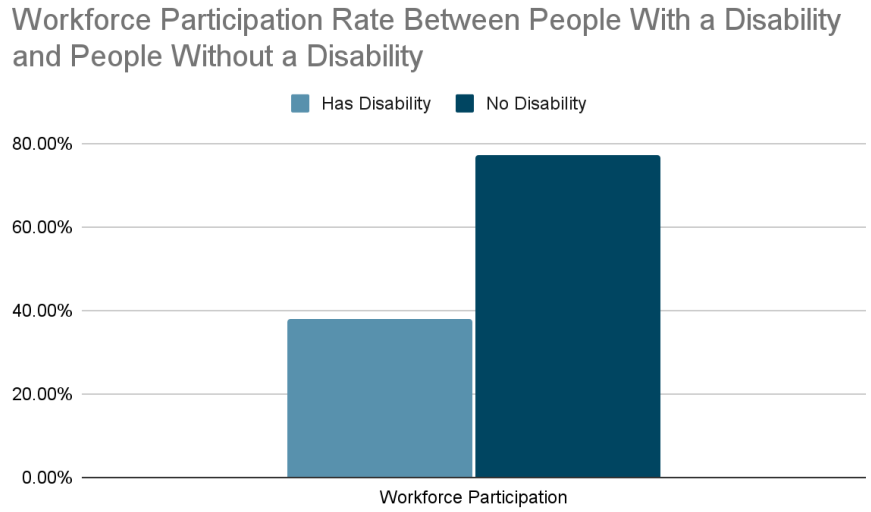
Disability can be defined in an innumerable number of ways, but in the context of this paper, the Centers for Disease Control and Prevention's (CDC) definition of disability will be used. The CDC states: "A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity

limitation) and interact with the world around them (participation restrictions)" (CDC, 2020). By including people with various types of disabilities, the solutions proposed later in this paper would produce results that are more widespread solutions as opposed to band-aids on bullet holes. Making information accessible to people of varying disabilities also makes material more palatable to people without disabilities who may appreciate learning in a different way.

Historical Inequalities for People with Disabilities

Treatment of people with disabilities has historically been a tumultuous experience. Up until 1967, many people with intellectual and developmental disabilities (IDD) were institutionalized that punished patients for any sexual or romantic expression (Graham Holmes, 2021). Once the integration into society occurred, it was apparent that people with disabilities were not taught proper socialization skills or about the basics of reproduction. 1975 saw the passage of the Handicapped Children Act which mandated access to free and appropriate public education, and 1990 brought the Americans with Disabilities Act (ADA) that protected rights of people with disabilities in various ways. Despite the progress for the disability movement with these policies, there is still unequal access to public resources for people with disabilities.

Gaps in treatment between people with disabilities compared to those without disabilities are still evident in the world today. According to the Bureau of Labor Statistics, the national workforce participation rate for people with disabilities was 37.8, but the participation rate for people without disabilities was 77.1 (Bureau of Labor Statistics, 2023).



The rate in workforce participation has been rising over the past decade, but relative to the workforce participation rate for people with disabilities, the contrast is still severely lacking. Legislation like the ADA aims to remedy discrimination in employment processes however, there remains work to be done to truly transform treatment and opportunities for people with disabilities.

How Sexual Health Education Exists Today

Understanding the current landscape of sexual health education in public schools in the U.S. may give insight into the discrepancies that students are facing. States have jurisdiction over the scope and philosophy of sex education that public schools are allowed to teach, and this has led to stark differences in education between states. In states such as Alaska and Idaho, public schools are not required to provide sex education or HIV education to students. Along with no mandate in these states, the information that they share does not need to be medically accurate, age appropriate, or culturally appropriate and unbiased (Guttmacher Institute, 2023). Other states like California and New Jersey require both sex education and HIV education, and the curriculum must be medically accurate, age appropriate, and culturally appropriate and unbiased (Guttmacher Institute, 2023). The contrast in required education between states is alarming, and

this contrast can lead to students not learning about how to take care of their bodies at any point in their lives.

Philosophies about sex education can also lead to different levels of learning in students. States like Minnesota and South Dakota only cover abstinence when they talk about sex education and HIV education, but they are able to exclude contraception, condoms, and negative outcomes of teen sex from the curriculum (Guttmacher Institute, 2023). In a study looking at the correlation between abstinence education and teen pregnancy and teen birth rates, results reflected that "teens in states that prescribe more abstinence education are actually more likely to become pregnant" (Stanger-Hall et al., 2011). This study also showed that teens who had the lowest rates of teen birth were those who learned about abstinence in the context of comprehensive sexual health education (Stanger-Hall et al., 2011). Comprehensive sexual health education includes teaching sexuality as a normal and healthy part of life, as well as focusing on values-based education that touches on a variety of topics like relationships, human development, and sexual health (National Partnership for Women and Families, 2021). While prevention is a positive philosophy, exclusively teaching one philosophy can ultimately cause more harm than good. It is incredibly valuable to have comprehensive sexual health education so people can understand how to best take care of themselves at all times.

Thinking about the PCP side of sexual health education, there is a balance of legal rights and patient preference that makes providing competent care challenging. In a study looking at PCP perspectives on communicating with people with disabilities, physicians listed the difficulty of finding accessible material or even hiring an ASL interpreter to be present. PCPs expressed that the communication for patients with intellectual disabilities was also unstandardized, and they often did not prioritize the patient's preference of communication when sharing information

(Agaronnik, 2019). These details that were shared among PCPs who provide care for patients with disabilities reflects the lack of knowledge and resources that providers have readily available. This lack of information in various forms that can be easily consumed by patients highlights the need for a revision in the approach taken to communicate and care for patients with disabilities.

Negative Effects of Exclusionary Sexual Health Education on People with Disabilities

When people with disabilities do not feel represented in the sexual health education they see in society, they cannot make informed choices and often lack knowledge surrounding the topic. A study conducted in Oregon with 11,000 grade eleven students polled if students had a disability, received Health and Respectful Relationship education (HRR), and if they had been abused. The data revealed that the group with the highest reports of abuse were students who had a disability and did not receive HRR education, reported at 34.1% of that group. The lowest percentage of abuse at 7.5% were students who did not have a disability and did receive HRR education. Even students who did not have a disability and did not receive HRR education had an abuse report rate of 16.2%, which is still lower than students with disabilities that did receive HRR education, sitting at 21.6% (Newby-Kew, 2023). There were significant differences in amounts of reported abuse between those who had HRR compared to those who did not, but it is also evident that people with disabilities need a sexual health education curriculum that is relevant and accessible in order to protect themselves. People with disabilities are suffering harsher repercussions from the lack of comprehensive sexual health education and there remains a valuable opportunity to improve safety and health for them.

Another case that has reflected an increase in overall understanding regarding sexual health is from Chicago Public Schools (CPS) new policy to improve sexual health education in

2018. This scenario involved CPS testing out a new curriculum that is “comprehensive, medically accurate and age appropriate” (Cygan et al., 2018), and observing the results before and after the usage of the new educational material. The study conducted with two different schools in the Chicago area followed the improvement in test scores over a four-year period after implementing the RUCON curriculum, Results revealed that test scores at both schools increased by over 19% (Cygan et al., 2018). RUCON served as CPS’s comprehensive sexual health education curriculum and exemplifies the impact that comprehensive sexual health education can have in such a short amount of time. Curriculum like the one used in this study displays the possibility of educational progress with a revision in the current educational material.

See Appendix A for figure. This case study showed how an improved sexual health education has measurable impacts and just how quickly these results will reflect in a population. Even with this successful case, there are still many schools that do not have access to this comprehensive education, but they could see similar results to CPS with the creation and sharing of materials. If every public school in the U.S. was able to teach their student body using these standardized resources, the widespread impact could be rapid and beneficial for so many.

Current Efforts to Provide Sexual Health Education for People with Disabilities

Unfortunately for people with disabilities, there are sparse records documented online about the progress of sexual health education for people specifically with disabilities. Although this intersection may not have seen a lot of change, the movement to normalize disability and normalize sexual health education has grown in their own separate ways.

There are a few different organizations that advocate heavily for comprehensive sexual health education for people with disabilities, such as SIECUS: Sex Ed for Social Change, and National Partnership for Women and Families. While these organizations are advocating for

change with policy recommendations, there needs to be more tangible actions towards state and nationwide efforts to improve sexual health education for people with disabilities. Change is possible on the national scale and content should be standardized and inclusive for people to obtain the same information, regardless of location.

Methods

A literature search was conducted using PubMed and Scopus through the University of San Francisco Library, as well as google searches to obtain relevant articles related to people with disability and sexual health education. Several combinations of words and phrases were used, including combinations such as "(sexual education) AND (disab*)" resulting in 908 results and "(sexual health) AND (disab*)" resulting in 1886 results. The term "(sexual health education)" was also searched to get more background on sex ed in the U.S.

Some limitations that were set for the searches included articles published in 2010-2023, and articles were written in English. "Articles" in the context of these searches include research reports and literature reviews. Articles that included multiple disadvantaged groups but did not focus on disability or the intersection of disability with other identity groups were also excluded from this selection. With this criteria and search method in mind, 23 articles have been selected so far to be included in this paper.

Recommendations

Sexual health education for people with disabilities is an issue that highlights just how complex the road map can be when focusing on helping marginalized groups. Knowing that this topic has many layers to it, incorporating an intentionally inclusive approach can support many

different kinds of people, even those without disabilities. To create and enact notable change, the approach taken to remedy the current deficits in education must reach many types of audiences while remaining palatable for people to learn material so they can share and use this information in the future. There are two recommendations that would allow both mass information sharing and education from a legitimate authority figure, such as a teacher or doctor. The first of these recommendations being to create an inclusive sexual health education curriculum for public schools in the U.S, and the other recommendation is to require primary care physicians to educate people with disabilities and educate their caretakers and share sexual education materials by age 12 and older. With two routes to improvement that have two different types of educators, there are multiple ways that people with disabilities and people without can consume information that can help them feel safe and healthy in their future endeavors regarding their bodies.

Recommendation #1: Create an inclusive sexual health education curriculum for public schools in the U.S

When looking at different settings where people can be educated, public schools are one of the most populous institutions that can spread information to students. With the opportunity to spread information to people who are in a learning environment, the creation of a more inclusive sexual health education curriculum provides a chance to ensure that all kinds of people are able to learn about themselves in the same classroom. There are a couple of factors to consider when suggesting a revision of the current materials in public schools, but a few main priorities are that the curriculum is standardized, easy to implement and accessible.

Standardization of information is something that will allow people from all different backgrounds to have access to the same type of material. While there have been efforts from specific school districts or areas of the nation like CPS, the sexual health education lessons need

to be available to all different types of people in every state. There are varying views about what sexual health education should include and what philosophies should be emphasized. Ultimately the curriculum should reflect a variety of philosophies that people choose to live by, and how to be safe and respectful of other people and their personal choices. Teaching students about multiple ways that people choose to take care of their bodies can allow them to be more empathetic towards others, while also understanding that there are many roads to success in terms of staying safe and healthy.

Looking towards the next factor of easy implementation, this is a critical part to consider when planning for a new curriculum to be used. The creation of an inclusive curriculum is important, but without proper teaching and preparation, the curriculum loses value for the students who are supposed to retain and apply this information. Easy implementation must include thorough teaching to instructors who will be teaching the material or those who may use it in their everyday tasks. This could include teachers, nurses, and administrators that would need to be appropriately trained to share and apply this information in a variety of situations. Once the curriculum is created, thorough instruction for any authority who may be using it will ensure that the information is relayed and applied in a way that is effective and helpful to those who are learning. With preparation for even just a few instructors, many students will be able to gain valuable and applicable knowledge to keep them safe and allow them to take control of their health.

The last of the three factors mentioned is accessibility, which should be a high priority considering that the population of focus is people with disabilities. Accessibility is multi-faceted in its definition and use, but accessibility for inclusive sexual health education looks like material that can be consumed by those with disabilities, as well as ensuring that the material is

inexpensive in its distribution to students. In regard to material that can be consumed, this may look like physical handouts that are easy to read and include visuals, or material in braille for those who use it. Another way that material could look is if the colors and sounds were not too bright and loud, as these qualities can be harmful to certain people, which hinders their learning. There are simple ways that designers of educational materials can make it more palatable for various types of people, even those without disabilities. As far as expenses go, partnering with local organizations to provide free resources can be an efficient way to ensure that sexual health education is accessible to all even with varying incomes. Some avenues that could be explored in terms of inexpensive resource sharing could be teaching students where the closest health clinics are and what type of services they provide along with if they can accept patients who do not use insurance. When life-saving information is shared and nothing is required in return, health can be at the forefront of an individual's mind without hesitation.

Recommendation #2: Require primary care physicians to educate people with disabilities and caretakers, and share sexual educational materials at age 12 and older

Sexual education materials can also be shared in the doctor's office to maximize the personalization and exposure of sexual education and information for people with disabilities. Although not everyone regularly sees a physician, there is still lots of value in having PCPs help people with disabilities explore the best ways to take care of patients' bodies while also educating their caretakers. Often times, people who have disabilities or other chronic conditions will have regular doctor's appointments, so mandating doctors to discuss sexual health education for people who may require tailored approaches to sexual health will allow patients to be aware of what is normal with their bodies along with teaching them how they can keep themselves safe in uncomfortable situations.

Having doctors share this information in a more intimate setting such as a doctor's office, can allow people with disabilities plus caretakers to feel like the information they are receiving is personalized and at the same time, can help parents understand the extent of the information shared. This may help ease any concerns about what their child is learning and maybe even present it in a way that they feel is appropriate. PCPs presenting the material is also beneficial because they are regarded as legitimate and confidential sources of information, and sometimes the taboo nature of the material can be uncomfortable for parents to discuss, so this ensures that people with disabilities are guaranteed the opportunity to learn about their bodies to keep them safe and healthy.

For the educational material logistics, the information shared with doctors for patient care should be created by one organization such as the CDC, in order to ensure similar information is being shared. In addition to the same information being shared, doctors offices should be required to have at least one form of communication for patients who may be deaf or blind when they come in for appointments.This form of communication that is available in the doctor's office should be shared with the patient ahead of time, in order for the patient to decide if this form of communication is sufficient or if they would prefer other forms of communication. Patients and doctors working together to determine the best techniques for optimal patient care will create more efficient interactions between doctors and patients while also building trust in the relationship.

The age requirement of 12 and beyond is one that keeps in mind the flexible nature of disabilities while also considering the age of people who may be curious about their bodily changes. Twelve years of age is the average age that puberty occurs in people, so introducing patients to sexual health topics could be useful for those who may be experiencing any shifts in

their body. In addition to the average age of puberty, 12 years of age is the age that all 50 U.S. states allow minors to consent to medical treatment and testing for STIs (Guttmacher Institute, 2023). With the ability to make independent medical decisions starting at age 12, it is imperative that minors are educated on the decisions that they are making to take care of their bodies.

Keeping in mind that as bodies change, so can ability status, it is important that PCPs have the opportunity to teach people about their bodies and how to keep them healthy at any point in life. This may be beneficial when thinking about how people age, and with age sometimes comes the development of a disability (or multiple). People may see this as a natural process, but it is important that people acknowledge their bodily transformations, and that they may not have the abilities they once used to. Even with a disability, there are resources that PCPs can refer patients to that can assist them in pursuing fulfilling lives without feeling like their newfound disability will be something they have to accept without any tools to remedy its effects. Thinking about a change in ability, there could also be scenarios where individuals get into life-altering situations, and their physical or mental ability is redefined. These people will need education on how to operate and take care of their bodies in this new state that they are exploring, and should have a PCP that is equipped to guide people in this scenario to lead healthy lives. When providers are intentionally inclusive in their care for people with disabilities, preconceived notions can be destigmatized and can shift the culture around disability.

Implications and Discussion

When reflecting on what these recommendations could mean for the future of health for people with disabilities, it is important to lay out the ways that populations can be affected, both negatively and positively. Although the primary intention of the recommendations is to share information that can help various kinds of people keep their bodies safe and healthy, there are bi-

products of these efforts that can show up in numerous ways. Some examples include such pushback from certain groups, or denial and defiance that are displayed in many ways.

Desired Outcomes

As mentioned above, the ideal outcomes of these two recommendations are an increase in personalized sexual health education for people with disabilities in doctors offices, and making sexual health education easily accessible in classrooms. The route that would best support these recommendations would be a nationwide mandate for curriculum to be implemented and PCP training for disability-focused sexual health care. Recommendations would be best supported at the national level so that the information that is mandated is all the same even across state lines. With a nationwide mandate, the country would also be able to observe and record the levels of sexual health comprehension, and likely see a positive shift towards understanding of everything that sexual health curriculum can include.

Similar to the Healthy and Respectful Relationship figure, sexual health comprehension can be measured through a variety of topics. Conducting pre-surveys prior to the sexual health curriculum could reveal what areas of sexual health need more attention and content, and a post-survey could reflect the efficacy of the curriculum. For PCPs, conducting a short pre- and post-survey for doctors office visits may also reflect areas of focus that PCPs can address and will also provide PCPs with an idea about how effective their interactions with patients are. Topics included in the pre- and post-surveys could be sexually transmitted infections (STIs), human immunodeficiency virus (HIV), and effects of teen pregnancy. With data collected that reflects the impact of comprehensive sexual health education, teachers and doctors can accurately tailor information for the most effective learning practices.

Limitations

Given the taboo nature that sexual health education has had in society, it is no surprise that there would be limitations to these approaches. The main limitation is the censorship of information that caretakers and families will exercise. While the use of censorship is their right, the effects of limiting information can result in people, both with and without disabilities, placing themselves in dangerous situations even though comprehensive education could help increase an individual's personal autonomy to keep them safe and healthy.

Looking at another possible downfall, PCPs may not feel comfortable discussing sexual health with people with disabilities because they do not feel prepared. In a study looking at female sterilization and the rates that disabled vs non-disabled women are sterilized, some discoveries were made pertaining to PCPs discussing options for birth control and long-acting reversible contraceptives (LARC): “Unfortunately providers rarely receive training on how to effectively communicate and care for individuals with disabilities. If women perceive the health care team is not prepared to assist them, it is unlikely they will request LARC methods. Similarly, if providers perceive LARC insertion will be logistically or technically challenging, they will be less inclined to discuss or offer these methods” (Wu et al., 2017). See Appendix B for figure. When people in positions of power are not comfortable with discussing and performing certain procedures, it can lead to lower quality care for patients, and sometimes can lead to irreversible operations that may not feel comfortable for the patient. Patients with disabilities often know this experience as their reality, which is tragic and can be avoided with a little preparation for physicians. If the recommendations were implemented, physicians would present this information more often and would become more comfortable sharing sexual health information with people with disabilities.

The definition of disability is also a piece of the puzzle that can lead to misguided care from physicians. While disability is defined by the CDC or other health organizations, doctors may struggle to be knowledgeable about how to care for people with disabilities because of the broad nature of the word. Disability is a category that can include mental or physical differences, but knowing how to provide culturally competent care for each of these disabilities can be a lot to take on. Doctors could be given training tailored towards learning about caring for people with disabilities in order to alleviate the impacts of this limitation.

A final limitation that could be brought to attention is that these recommendations are mainly targeted at people who are of school age, generally ranging from 12-18 years of age. While this is an audience that would benefit more immediately from these recommendations, this age group is a large and influential one that will eventually spread their knowledge with others. Even with this age group being a primary part of the audience, other people who will be involved in learning and spreading this educational material include school nurses, teachers, administrators, and physicians, which are made up of people who are older than the aforementioned group. The group of 12-18 year olds that are just starting to learn about sexual health are people who will see situations that they can apply their knowledge in and can set the tone for positive relationships with their bodily autonomy.

Next Steps

Looking towards a future that includes changes in learning settings for people in the U.S., the next steps would be to create the curriculum that would be shared in schools along with the training PCPs on disability-focused care for patients. These materials would include information that is consumable for people with disabilities, and the information for PCPs would be more tailored based on the disability that the patient has. Some examples of how information could

look would be video lessons with loud audio and large captions for both visually impaired and deaf students. Lower lighting and communicating in a patient's preferred form are more examples of small adjustments that can create a more welcoming environment for patients in a doctor's office. Training doctors on speaking directly to patients and avoiding figures of speech will help patients with intellectual disabilities understand their message clearly (Aaspire.org 2015).

After the information has been curated and dispersed, a variety of positive public health impacts will be easier to observe. Public health impacts could include a better understanding of disability and breaking down some stereotypes or preconceived notions people may have about disability. De-stigmatizing notions about disability and sexual health education is especially important when looking at how people with disabilities have historically been treated. People with disabilities have often been seen as "less than" or "othered", which furthered the agenda of the eugenics philosophy, a theory that "humans can be improved through selective breeding of populations" (National Human Genome Research Institute, 2022). This theory is the philosophy used to justify events like the Holocaust and is a dangerous mindset to promote, so combatting norms that uphold this idea will lead to a safer world for people with disabilities. An improved understanding of bodily autonomy, health, and safety for people with disabilities would also be seen. Since this population is on the rise, this information is becoming more valuable and relevant than ever before and will continue to be an effective resource for people to learn and share.

One more step to think about when thinking about next steps would include further research about sexual health for people with disabilities. There is a lack of sexual health research that is focused on people with disabilities, and new data must be collected and analyzed in order

to provide appropriate solutions to current issues. Gathering more data that is focused on this more niche group will allow health leaders to create targeted and effective change.

Conclusion

After seeing the current issues that sexual health education presents for people with disabilities, it is evident that change must occur to remedy these problems. Inclusive and comprehensive sexual health education is a benefit to those with and without disabilities and will contribute to a world that is ultimately more accepting of people with disabilities. Public health professionals have the opportunity to promote sexual health in a positive light while breaking down societal stereotypes about people with disabilities, and it is an opportunity that should be seized quickly.

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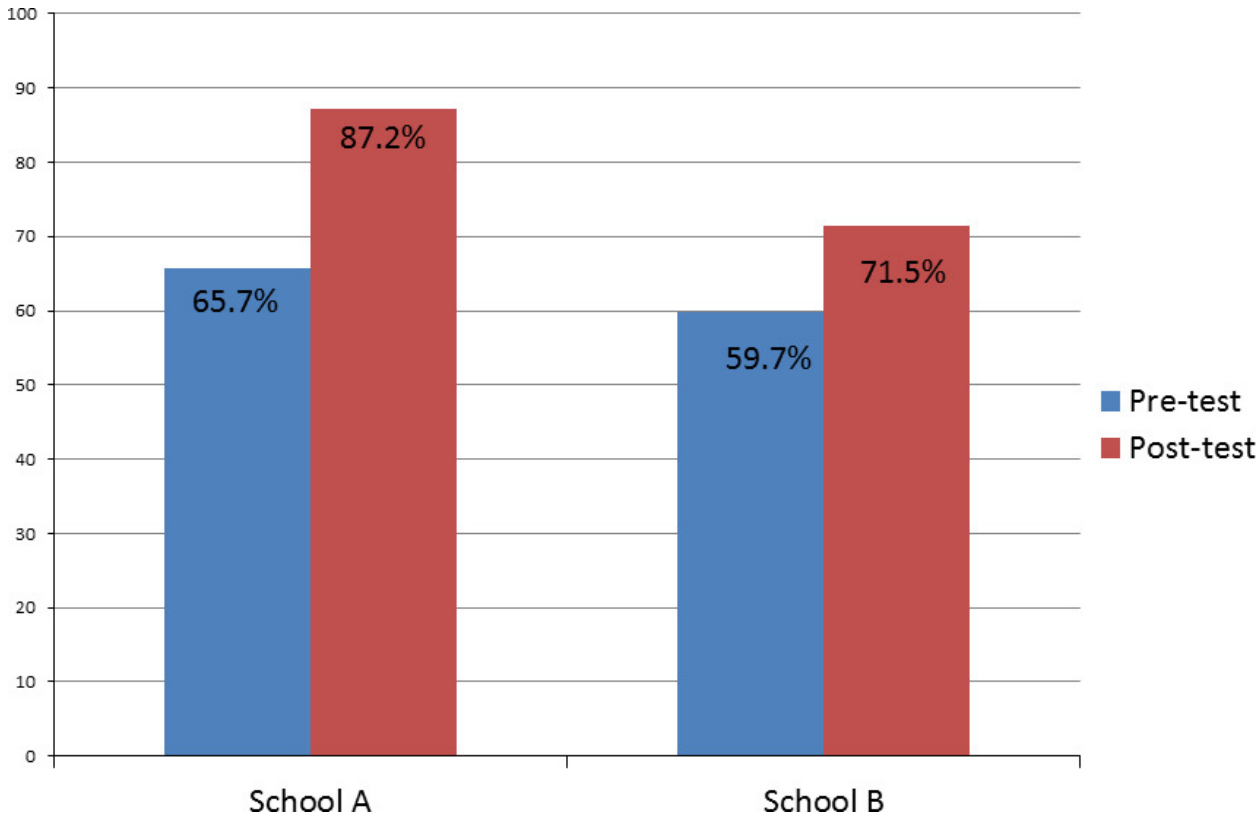
Appendices

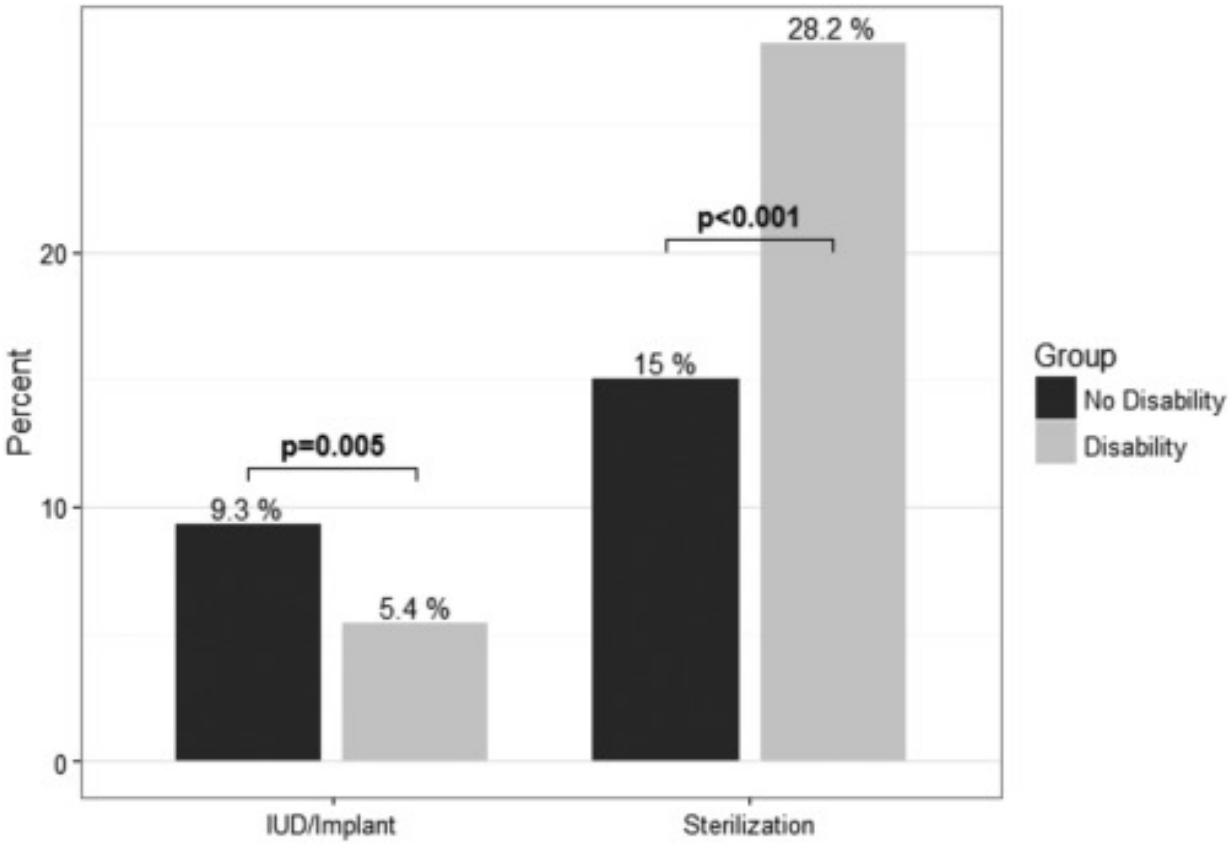
Appendix A

Mean Scores: Chicago Public Schools Student Pre- and Posttest Scores



Appendix B

Rates of Female Sterilization and IUD/Implant Usage for Females With Disabilities and Females Without Disabilities



Appendix C: MPH Capstone Competencies

Foundational Competency	Description of how used for Capstone
Public Health & Health Care Systems	
Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	Summarized and examined societal biases and philosophies that upheld currently inequitable standards for sexual health education for people with disabilities.
Policy in Public Health	

Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	Suggested the use of sharing curriculum and partnering with local sexual health organizations to create more inclusive teaching materials.
Communication	
Describe the importance of cultural competence in communicating public health content	Discussed the necessity for accessible sexual health education material and the need for communication between doctors and patients in the patient's preferred avenue.

Competency	Anticipated FW Activity
Develop recommendations to improve organizational strategies and capacity to implement health policy	Analyzed current organizational and educational structures of sexual health education and disability and created recommendations to improve the existing resources to increase efficiency.