

Office of Adolescent Health

Digital Town Hall on Preventing Teen Pregnancy

May 11, 2016





Welcome!



Agenda

- Trends in Teen Pregnancy and Births
- An Overview of the OAH TPP Program
- Why It Matters: Grantee Perspectives
- Going Beyond Your Work: Experts From the Field
- Q&A
- Closing



Trends in Teen Pregnancy and Births

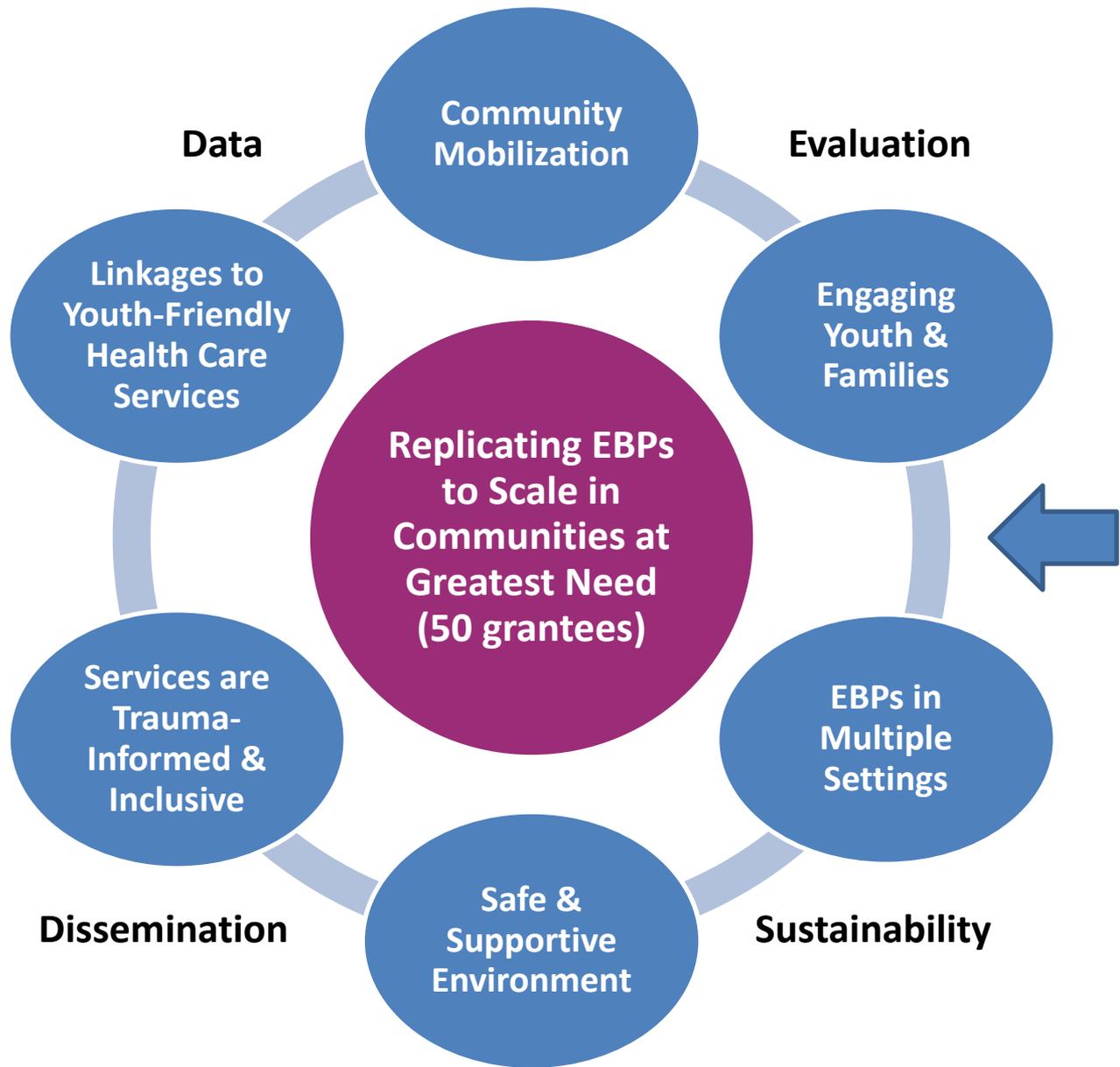
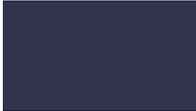
- Since peaking in 1990:
 - Teen pregnancy rates are down 55%.
 - Teen birth rates are down 61%.
- Rates have declined in all 50 states.
- Rates have declined among all race/ethnicities.
 - Rates are still disproportionately high among Black and Latino teens.
 - Rates also remain high among other groups such as teens in rural areas and teens in and aging out of foster care.



- **Replication of Evidence-Based Programs (Tier 1)** – approx. \$70 million annually
- **Research & Demonstration Projects to Develop & Test New and Innovative Approaches (Tier 2)** – approx. \$24 million annually
- **TPP Program Support** - approx. \$7 million
 - Programmatic Training & Technical Assistance
 - Medical Accuracy Review
 - Performance Measures
 - Evaluation Training & Technical Assistance
 - Staffing and Overhead



Replication of Evidence-Based Programs



Capacity Building to Implement EBPs (8 grantees)



- **Supporting Early Innovation to Prevent Teen Pregnancy**(2 grantees)
 - Supporting technology and programmatic innovations that are not yet ready to be rigorously evaluated
- **Rigorous Evaluation of New or Innovative Approaches**(24 grantees)
 - Emphasis on identifying approaches to fill gaps in the existing evidence-base
 - Young males, Latino youth, American Indian youth, youth in foster care, incarcerated youth, LGBTQ youth, clinic-based interventions, intervention for families, technology-based interventions



Success of OAH TPP Program – FY10 – FY14

- 102 grantees served ½ million youth in 39 States & DC
 - 74% ages 14 or younger, 18% ages 15-16
 - 37% Latino, 30% Black, 23% White
- 6,100 new facilitators trained
- 3,800 community partnerships established
- 95% of all sessions were implemented as intended (fidelity)
- 92% of all sessions were implemented with high quality
- Youth attendance was high – on average, youth attended 86% of all sessions
- 66 manuscripts published; 1,292 national, regional, and state presentations delivered



- 41 rigorous, independent evaluations
 - 19 evaluations of 10 different EBPs in new settings & with new populations
 - 22 evaluations of new or innovative approaches
- Overall Results
 - Identified 8 new EBPs
 - Provides information about where, when, and with whom 10 current EBPs are effective
- Release of all results planned for mid-June 2016





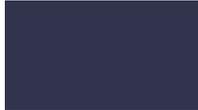
CENTERSTONE



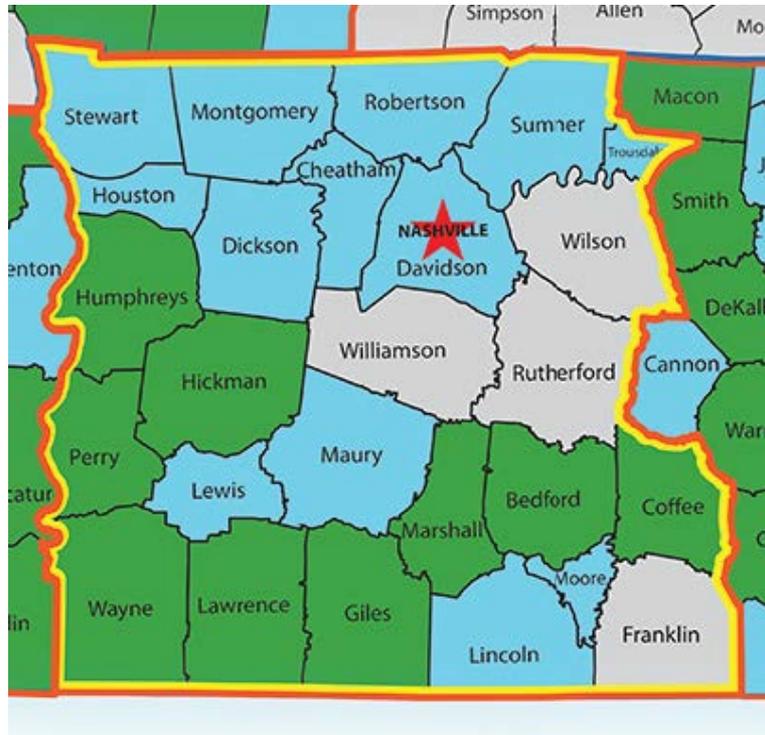
Amanda C. McGeshick, Program Coordinator
Centerstone of Tennessee



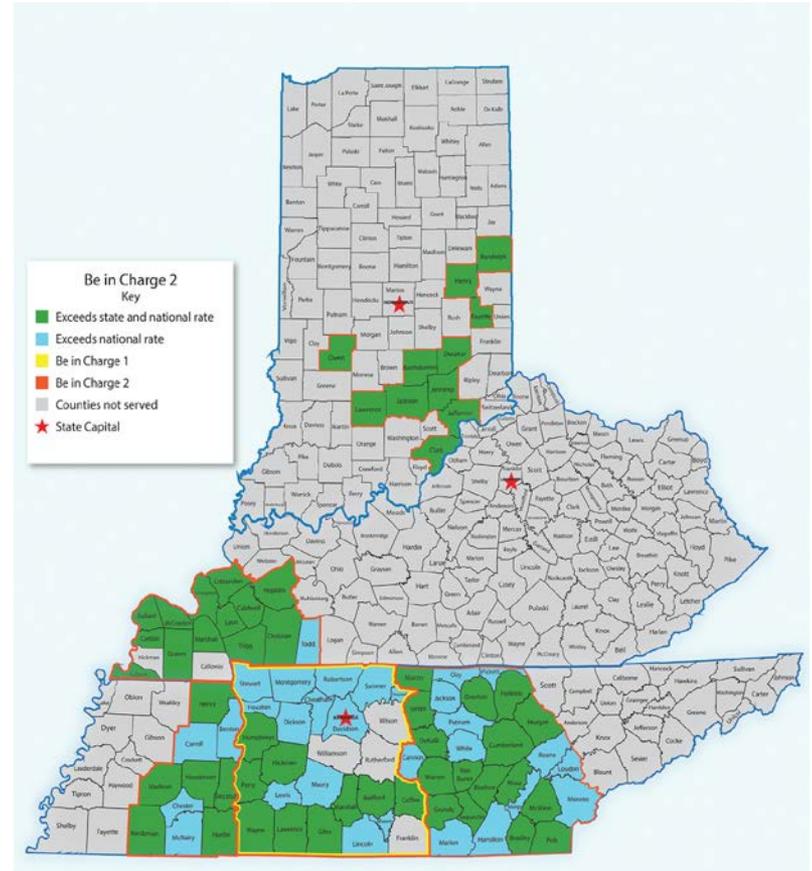
Be In Charge "snap shot", THEN and NOW



THEN (2010-2015)



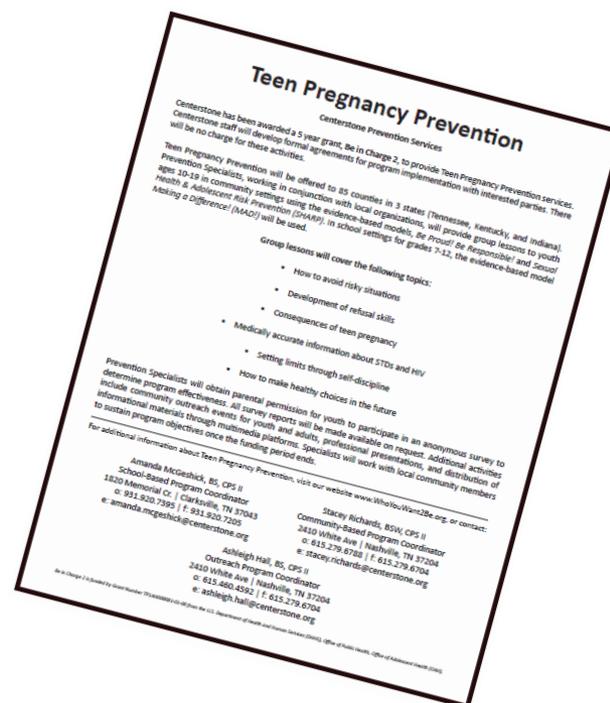
NOW (2015-2020)



■ Challenge

- Lack of consistent TPPs across Middle TN
- Lack of Community Centers in rural areas
- Individual bias and fear
- Passing of strict law in 2012

- Make your contacts!
 - Follow up with your grant application contacts: who provided MOUs/Letters of Support
 - Started with a detailed, yet brief, email (attach a Program Description)
 - Follow up with phone calls



- Who do you ALREADY know?
 - Health Councils and Coalitions
 - School Counselors, Teachers and Administrators
 - Community Center Staff, Directors
 - Local OB/GYN
 - Health Department
 - Other staff in your agency
 - Can the people you KNOW refer you to the ones you DON'T?



- Be persistent
- Get yourself invited to speak and share your program as often as you can, wherever you can:
 - Health Councils/Coalitions
 - Teacher Staff Meetings
 - Parent Night at local schools
 - Church meetings
- All of these relationships will help you later when you need effective linkages for health care referrals.



- Help the community understand it's need (Community Mobilization)
- Emphasize what your EBP does for their community
- Does your EBP cover information in the schools Core Curriculum (Health, Science, FACS, JROTC)
- Share results of local survey
- Compromise where you can



- Trainings
- Curriculum Review
 - By staff
 - Stakeholders
- Adaptations when needed
- Listen to your facilitators
 - Facilitators listen to Students
- Embrace the “2”



- Hit our Enrollment Number by year 4
- Year 5 we were still adding new schools
- Long time relationships with schools
- Many of our Staff stayed on to see if we would get additional funding; promotions
- Viewed as area expert on TPP and invited to speak
 - Teacher In Services (as a trainer)
 - State Wide Conferences





INNOVATION NEXT

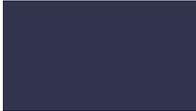


Larry Swiader, Vice President, Digital
The National Campaign to Prevent Teen and
Unplanned Pregnancy



The five phases of the design process:





The Journey: Stage 1



CHOOSE A TEAM



APPLY



SELECTION



DESIGN PROCESS



FINAL PITCH

December 15 through January 31

March 4

Training
Workshops
April 6-7
May 19-20

August 18-19

What did we look for?

GREAT TEAMS UNLOCK GREAT IDEAS

We invest in people first, ideas next.



PASSION



TEAM



DESIGN THINKING

What happened?



What happened?



What happened?



What happened?



What happened?



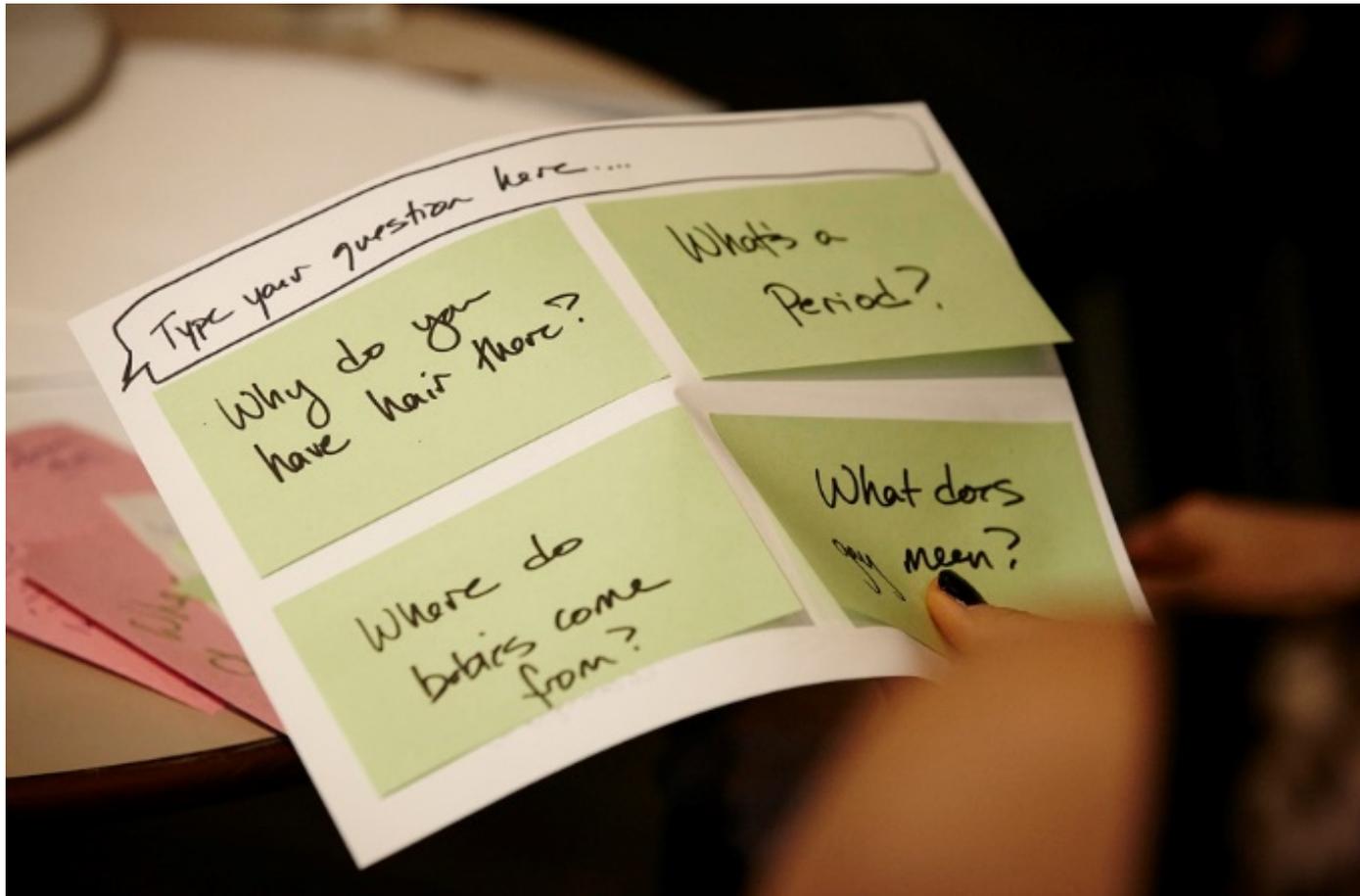
What happened?



What happened?



What happened?



What happened?



What happened?





Kelly Wilson, Associate Professor of Health Education
Texas A&M



- Promote and support the development of innovative TPP programs targeting underserved adolescents
- Interactive Systems Framework
- Various intervention levels and implementation settings

- Children's Hospital of Philadelphia
Testing an Adolescent-Centered Model of
Contraceptive Care to Reduce Teen Pregnancy
- Waikiki Health
Wahine Talk: An Innovative Technology-Based
Approach to Teen Pregnancy Prevention for Homeless
and At-Risk Adolescents
- Public Health Management Corporation
Chrome 2 Color



- Planned Parenthood of New York City
Organizational Capacity Building for Teen Pregnancy Prevention with Foster Care Youth
- ETR Associates
Empowering Young African American Men in Fostering Healthy Relationships and Preventing Unplanned Pregnancy
- EyesOpenIowa
Preventing Pregnancy among Freshman College Students in Iowa by Empowering Resident Assistants to Serve as Sexual Health Educators



- UTHealth School of Public Health
Be Legendary – Developing a multi-component Teen Pregnancy Prevention Intervention for Older Male Teens
- National Indian Youth Leadership Project
Healthy Pathways
- Planned Parenthood of the Great Northwest and the Hawaiian Islands
Online Health 4 Young Adults



- **dfusion**
Rural ImPACT: Engaging Rural Latino Parents for TPP
- **Boston Children's Hospital**
Momentary Affect Regulation – Safer Sex Intervention:
A Novel Approach to Pregnancy Prevention for
Depressed Young Women
- **National Campaign to Prevent Teen and Unplanned
Pregnancy**
Transitioning to Success: Preventing Unplanned
Pregnancy among Older Youth in Foster Care



- LifeWorks
Innovative TPP Program: Supporting Pregnant and Parenting Youth
- Multnomah County Health Department
Sexual Health Equity for Individuals with Intellectual/Developmental Disabilities
- Healthy Teen Network
The ♥Beat Project



BE CREATIVE. BE BOLD. BE NEW





massachusetts alliance
on teen pregnancy



Myriam Hernandez Jennings, Executive
Director
Massachusetts Alliance on Teen Pregnancy

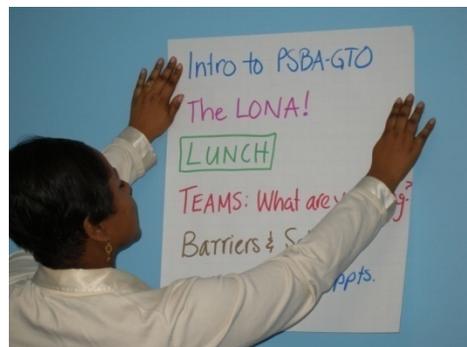


- We advocate statewide and mobilize communities to prevent teen pregnancy, to increase opportunities for youth and young parents, and to empower young people to make healthy decisions about relationships, sex, parenting, and life.



What We Do

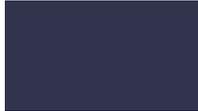
- Public Policy and Advocacy
- Promoting Best Practices
- Youth Empowerment



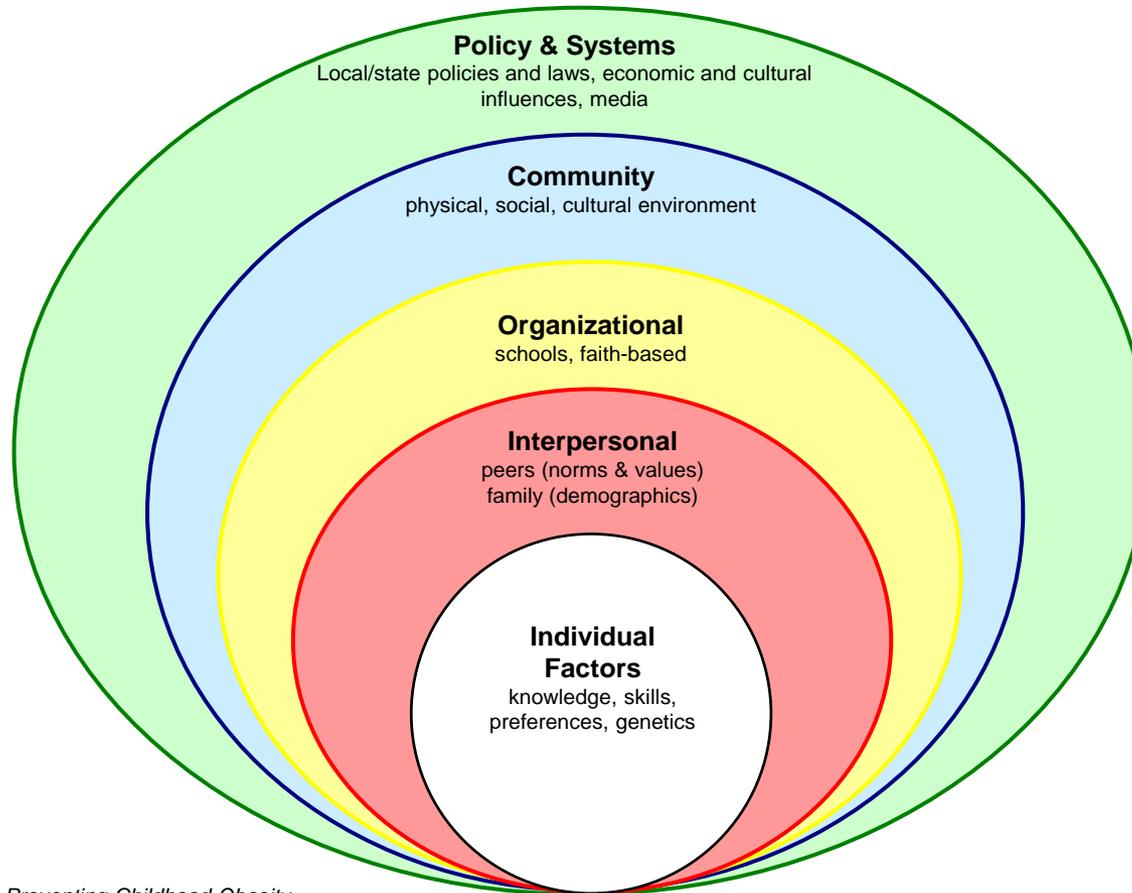
- One of 9 grantee agencies that was funded by CDC/OAH to implement and test a community-wide approach to preventing teen pregnancy as part of the President's TPP Initiative from 2010-2015
- Currently funded by OAH as a T1B Grantee to implement EBPs to scale in the city of Lawrence, MA. We are applying lessons learned from the previous project and we are working with a robust CAG



Youth First: A Multi-component Project



What We Learned from the OAH/CDC Project



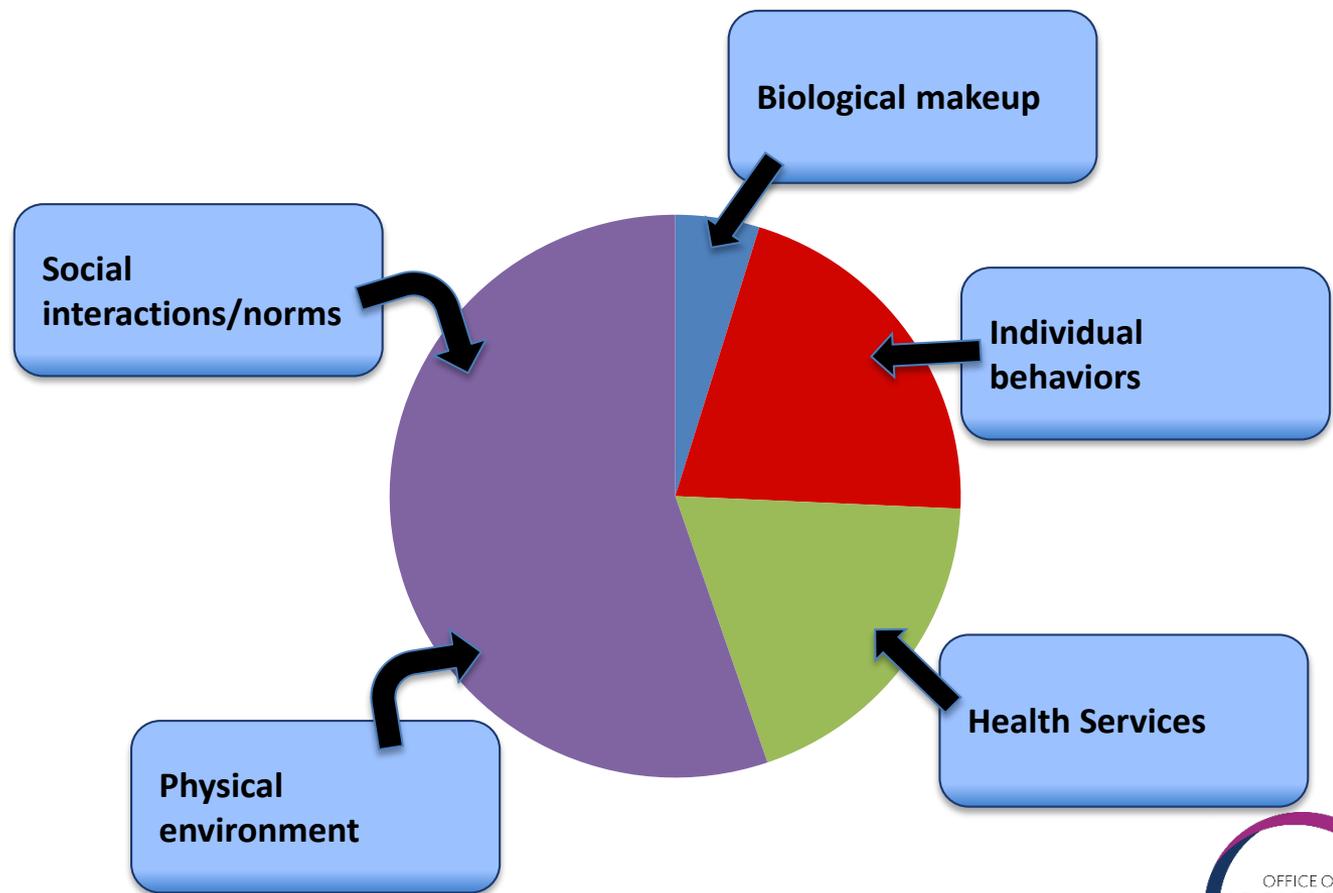
Adapted from *Preventing Childhood Obesity*,
Institute of Medicine, 2005.



massachusetts alliance
on teen pregnancy



Determinants of Health



Source: CDC



massachusetts alliance
on teen pregnancy



What Impacts Teen Pregnancy?

- Poverty
- High-drop out rates
- Unemployment
- Gang activity
- Sexual Abuse/Incest
- Deep-seated Racism
- Lack of self-esteem/emotional support
- Lack of things to do/opportunities
- Lack of access to healthcare and to basic needs
- Lack of transportation



- 1. Create Awareness/Consciousness raising**
- 2. Identify SDH of teen pregnancy via a community assessment which include a root cause analysis**
- 3. Choose one or two determinants that are feasible to tackle**
- 4. Build a Community Referral Network**



- Working Mission: Eliminate adolescent sexual and reproductive health inequities securing a better future for all youth





Resources for Resolving Violence, Inc.



Joann Schladale, Executive Director
Resources for Resolving Violence, Inc.



- A Practical Guide for Creating Safe and Supportive Environments in Teen Pregnancy Prevention Programs (OAH, 2015)
- A Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs (OAH, 2015)
- A Trauma-Informed Approach for Adolescent Sexual Health (Schladale 2013)

“...experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being.”

SAMHSA. (Spring 2014).

Definition of Trauma

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively **resist [prevent] re-traumatization.**

SAMHSA, National Center for Trauma-Informed Care. (May 20, 2014).

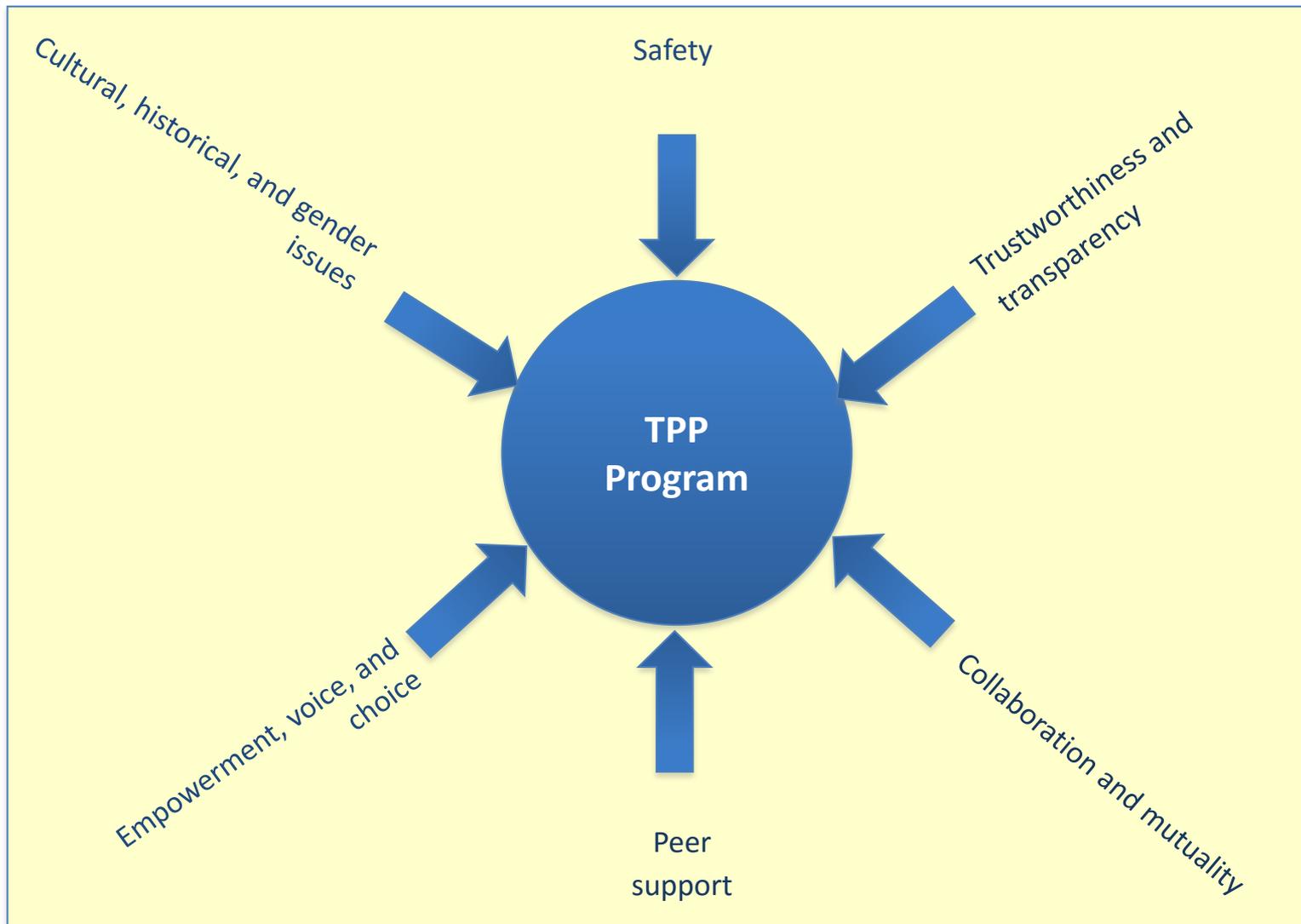
1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

Benefits of integrating a trauma-informed approach into teen pregnancy prevention programs

- Empirical evidence to organize and guide prevention efforts
- A more comprehensive approach for prevention
- Streamlined service provision
- Better outcomes

- Ensuring that everyone involved feels safe and supported since we may not know who has experienced trauma
- Recognizing that education alone does not equal change. Optimal sexual decision making requires emotional, or affect regulation
- Integrating the neuroscience of trauma and recovery into easy practical activities that help everyone and changes neural pathways impacted by trauma

Integrating Trauma-Informed Practices



*How a trauma-informed approach is **compatible** with evidence-based programs*

- A TIA provides an empirical foundation for further enhancing the positive outcomes of EBPs.
- Using knowledge about domains of impairment can enhance communication and influence better decision making.
- It also has potential to make our jobs easier by reducing obstacles to change.

Ensuring successful implementation of a trauma-informed approach

- Assess service settings and create soothing environments for everyone involved- youth, families, and staff.
- Provide practical and effective training for all staff.
- Integrate ongoing supervision to enhance permanent integration of key concepts.

Ensuring successful implementation of a trauma-informed approach (continued)

- Monitor service delivery for continuous quality improvement.
- Document community resources and make sure staff and young people have easy access to them.
- Model sex positive communication that supports healing for those in need and promotes health and well being for everyone.

Five Things to Know About Trauma

- The bad news:

1. Trauma can influence physical problems such as cardiovascular, metabolic, and immunological disorders; deficits in functioning such as attachment problems, anxiety, depression, aggression, addictions, and eating disorders; challenges with memory and organizational skills; emotional and behavioral regulation; impulsivity; harm to self and/or others; and problem sexual behavior.

Five Things to Know About Trauma

- The very good news:
2. Humans are very resilient and often bounce back from adversity without a need for intensive intervention.
 3. It's all about affect regulation. Affect regulation is the ability to manage our emotions without causing harm to ourselves or others and self-regulation is the capacity to formulate a plan of one's own and implement behavior to carry it out. Everyone, no matter how hard life has been, can practice self-regulation.

Five Things to Know About Trauma

- The very good news:
4. Educating trauma survivors with user-friendly empirical evidence about stopping harm, healing pain, and changing lives can influence optimal sexual decision making.
 5. Becoming the person we want to be involves repetitive practice with corrective feedback. **Like anything else in life, practice makes perfect.** Anyone who has experienced trauma can learn to use a broad range of multi-sensory coping strategies to manage difficult situations and minimize the damaging effects listed before.

What you can do...

- Provide warm, non-judgmental, empathic and genuine interaction at all times
- Obtain specialized training with skill building practice that includes corrective feedback
- Maintain a referral directory of local licensed mental health providers who can document they have specialized training in trauma-informed practices
- Consider ongoing consultation as needed with a licensed mental health service provider who specializes in trauma-informed teen pregnancy prevention

Questions?



Use OAH's Award Winning Website

The Teen Pregnancy Prevention Resource Center

Provides training materials and resources for organizations working to reduce teen pregnancy in the United States. Resources include e-learning modules, podcasts, webinars and training materials.

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/

For more information about **OAH Evaluation and Performance Measures**, visit

<http://www.hhs.gov/ash/oah/oah-initiatives/evaluation/>

Email OAH - oah.gov@hhs.gov