

Widening Our Lens: Co-Occurring Risk Behaviors During Adolescence



May 28, 2015 2:00-3:00pm ET
Conference number: **888-390-1454**
Participant code: **5282015**



This webinar was developed by Child Trends under contract #GS-10F-0030R/HHSP23320130043G for the Office of Adolescent Health; US Department of Health and Human Services as a technical assistance product for use with OAH grant programs.



- At the conclusion of this webinar, attendees will be able to:
- Describe youth risk behaviors and the correlation between various risk and protective behaviors during adolescence;
 - Identify at least three factors that place youth at risk for multiple negative behavioral outcomes during adolescence;
 - Consider how teen pregnancy prevention programming might impact those risk factors that overlap with multiple risk behaviors; and
 - Describe implications of co-occurring risks on partnerships and sustainability.

- Overview of youth risk behaviors
- Explore how youth risk behaviors are related
- Lessons from the field
- Programmatic implications

Speakers



Vincent Guilamo-Ramos, PhD, MPH, LCSW, RN
New York University
Center for Latino Adolescent and Family Health



Katherine Suellentrop, MPH
The National Campaign to
Prevent Teen Pregnancy



Denese Shervington, MD, MPH
Institute of Women & Ethnic
Studies



The Co-Occurrence of Risk Behaviors During Adolescence



Vincent Guilamo-Ramos, Ph.D., MPH, LCSW, RN

May 28, 2015

© Stephen Jeter



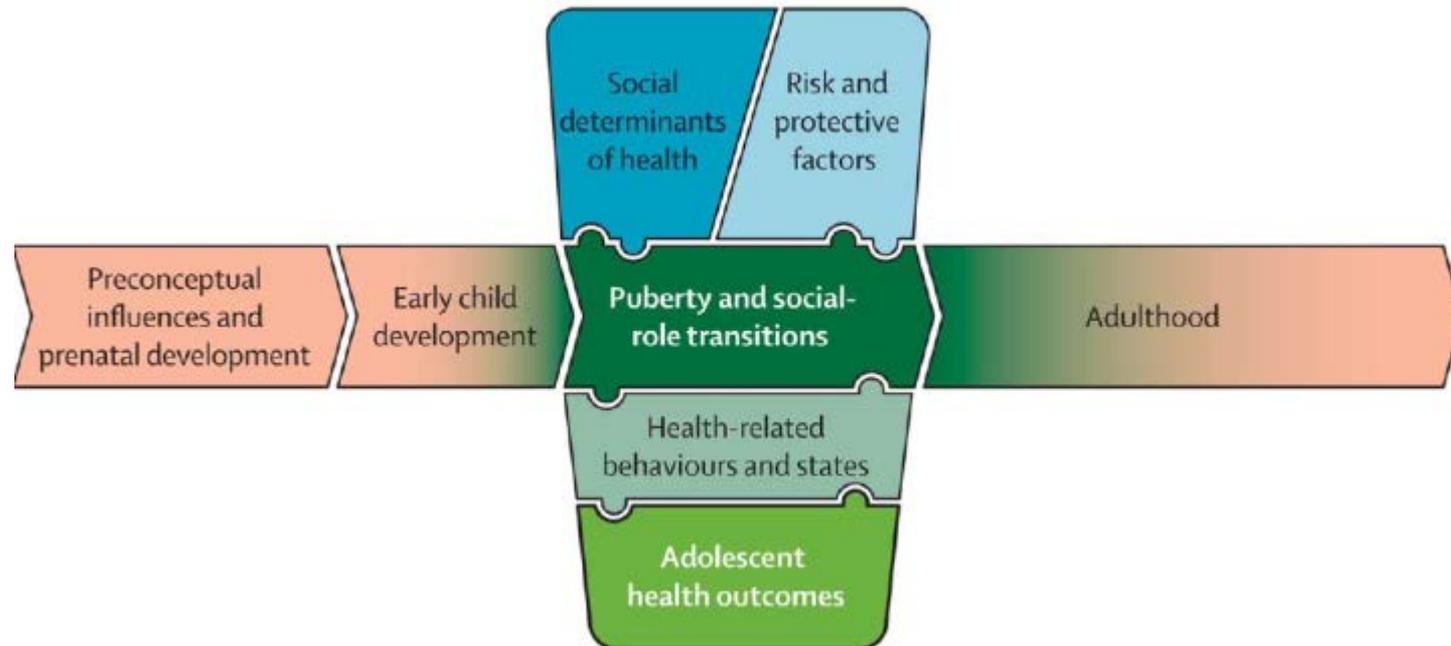
A key period of human development marked by dynamic change:

Biological Changes	<ul style="list-style-type: none">- Onset of puberty- Physical development- Hormonal changes/ sexual maturation
Cognitive Development	<ul style="list-style-type: none">- Emergence of more advanced cognitive abilities- Brain development in pre-frontal cortex: changes in thinking patterns, logic, decision-making
Socio-Emotional Transitions	<ul style="list-style-type: none">- Transition into new roles in society,- Move to interdependency, establish identity

Frameworks for Adolescent Health

- 1) **Life course** - childhood development, teen biological and social changes
- 2) **Social determinants of health**- ecological factors- economic, policy, etc.
- 3) **Risk and protective factors**- individual, family, peer, community factors

Complex interaction of three frameworks in adolescence impacts uptake of health-related behaviors & contributes to disparities in teen health outcomes



Often, young people are viewed as healthy.

- However, nearly **70%** of premature deaths and **1/3** of the total disease burden in adults is associated with processes that begin in youth.

The Case for Investing in Youth:

Second Critical
Period in
Development

- Opportunity to correct early life disadvantage or modify childhood trajectories towards health

Demographic
Dividend &
Future Economic
Growth

- Investing in the future working population has potential for economic growth
- Disengaged youth in the U.S. (youth ages 14-24 not engaged in school or the workforce) represent a total social burden* of \$4.745 trillion

**social burden refers to: "sum of lost gross earnings, additional health expenditures, crime costs, welfare and social services, which are not direct transfers from government to individuals and public and private cost of education" (4).*



Question: Besides risky sexual behavior, what are other behaviors youth might engage in that can lead to poor health outcomes?

- a. Alcohol use
- b. Other drug use
- c. Risky driving
- d. Inadequate physical activity
- e. Carrying weapons
- f. None of the above
- g. All of the above

Types of behaviors that contribute to the leading causes of death and disability among youth:

- Those contributing to injuries and violence (e.g. risky driving, carrying a weapon)
- Alcohol or other drug use
- Tobacco use
- Sexual risk behaviors
- Unhealthy dietary behaviors
- Inadequate physical activity

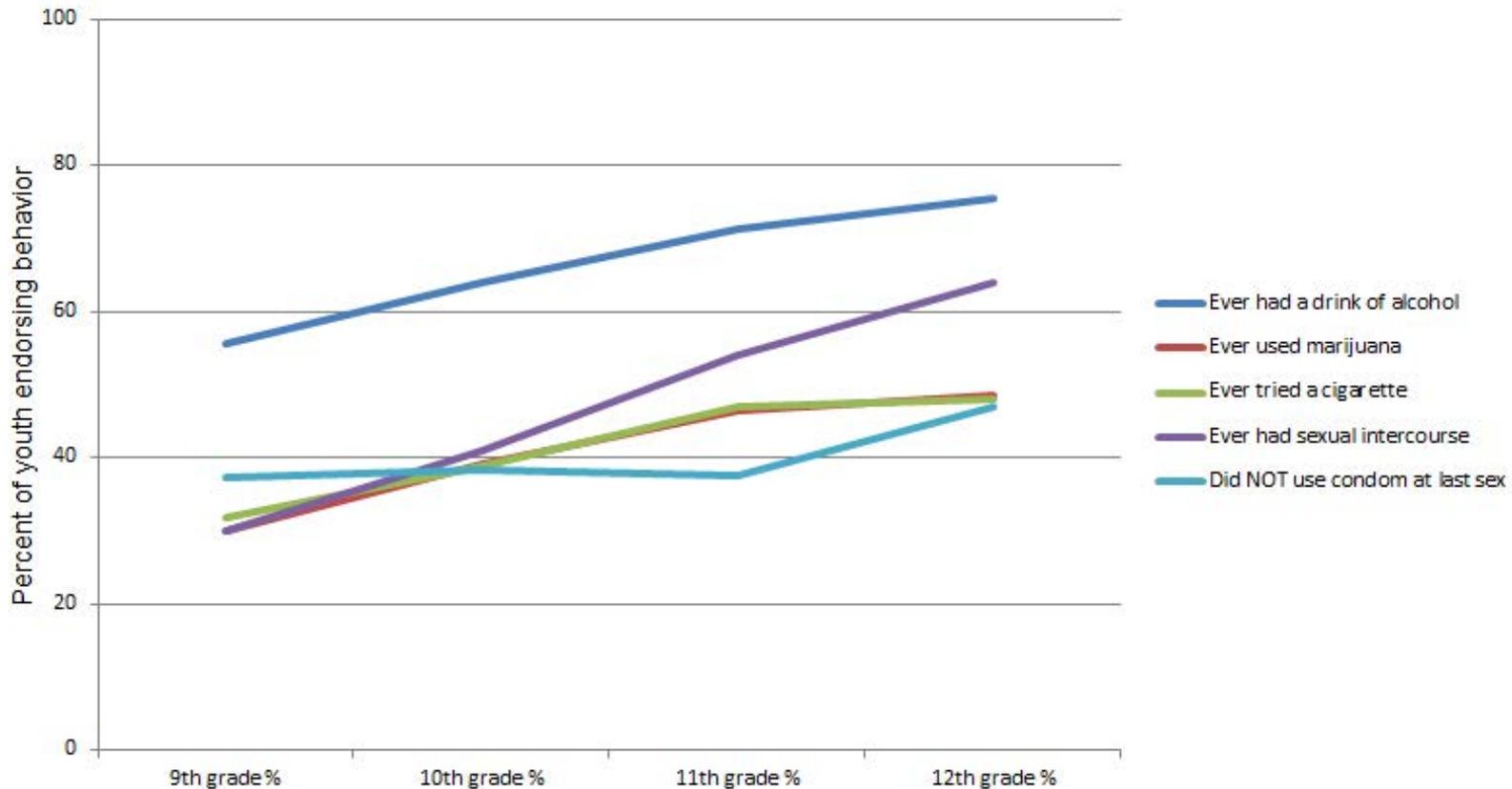
Risk Behaviors among Youth (Grades 9-12), 2013

Risk Behaviors	Total %
Never tested for HIV	87.1
Ever had a drink of alcohol	66.2
Ever had sexual intercourse	46.8
Ever tried a cigarette	41.1
Did NOT use condom at last sex	40.9
Ever used marijuana	40.7
Were in a physical fight (past 12 months)	24.7
Seriously considered suicide (past 12 months)	17.0
Did not participate in ≥ 60 min of physical activity on 1 day in last week	15.2
Never/rarely wore a seat belt	7.6
Did not eat vegetables in past 7 days	6.6

Source: YRBS, 2013



Risk Behaviors among Youth (Grades 9-12), 2013



Source: YRBS, 2013

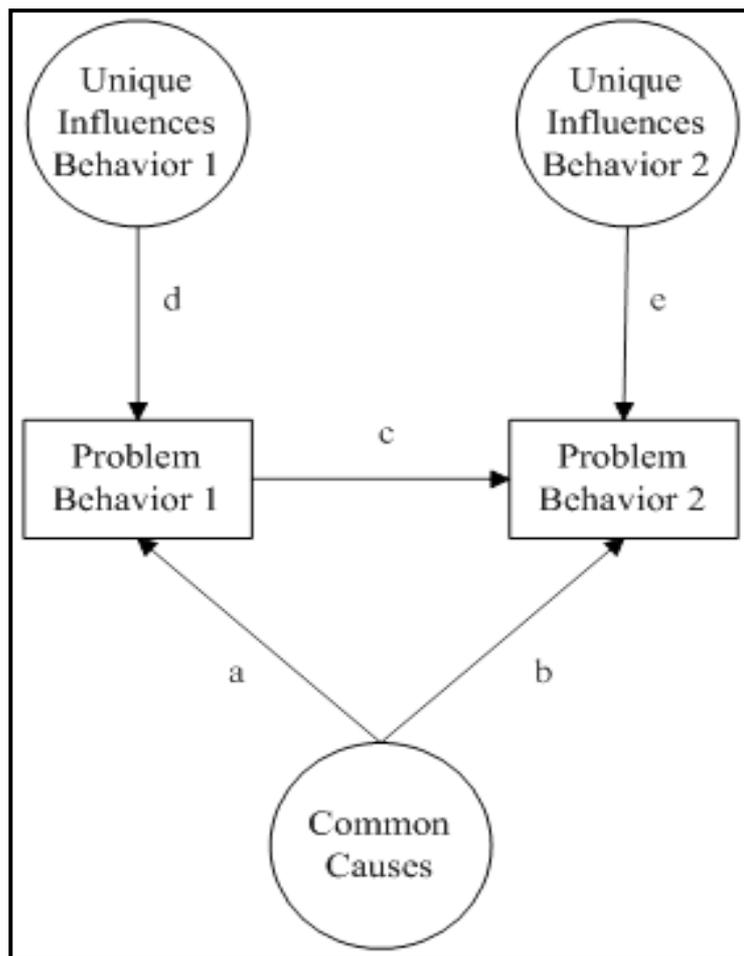


Question: As you think about teen pregnancy prevention program(s), where do you think they should concentrate their efforts?

- a. On common factors** (global/generic constructs) (i.e. educational attainment, socio-economic status) often associated with several behaviors/health outcomes including teen pregnancy.
- b. On unique factors** (focused constructs) (i.e. inconsistent/incorrect condom use, early sexual debut) that are specifically tied to teen pregnancy as the outcome of interest.
- c. On both common and unique factors**
- d. None of the above** (other)



Common vs. Unique Determinants of Behavior/Health Outcomes



Common Factors

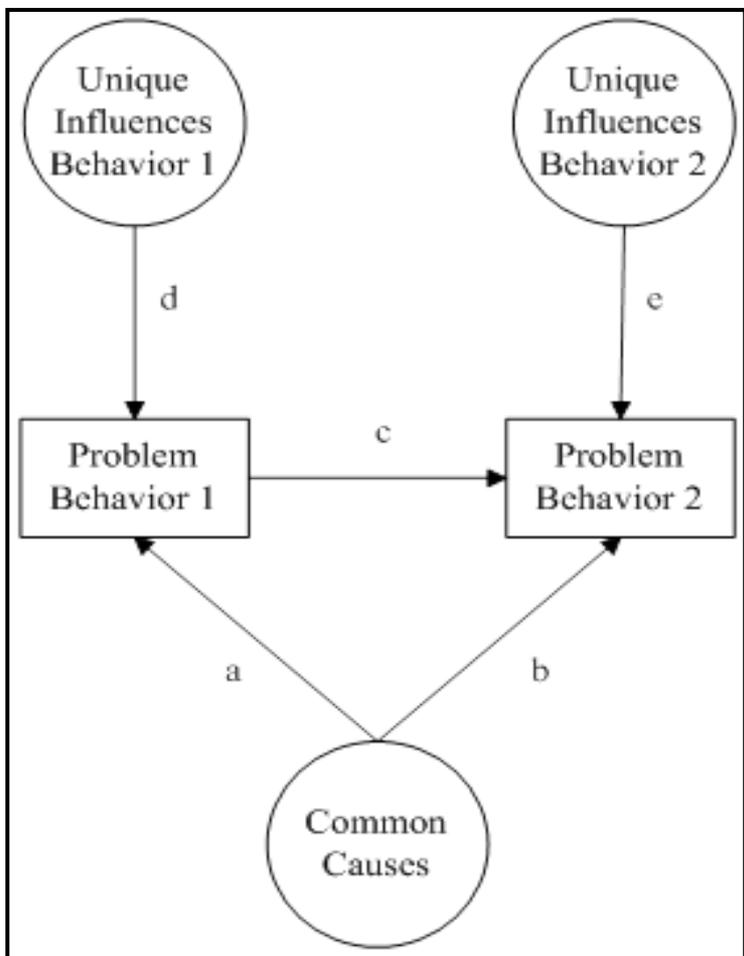
- Positive youth development programs

Assumes that same individual, family, school and community factors affect youth problem behaviors/ health outcomes.

Accounts for approximately 1/3 of the explanation for problem behaviors/health outcomes

- Problem behaviors/health outcomes in adolescence are correlated and likely share common causes (a- b- c).
- However, the magnitude (c) of the correlation between behaviors/ health outcomes is typically not strong.

Common vs. Unique Determinants of Behavior/Health Outcomes



Unique determinants of the specific behaviors/ health outcomes must also be considered (d- e)

Unique Factors

➤ Problem behavior/health outcome specific interventions

Considers unique determinants of a given problem behavior/health outcome

Accounts for approximately 2/3 of the explanation for problem behaviors/health outcomes

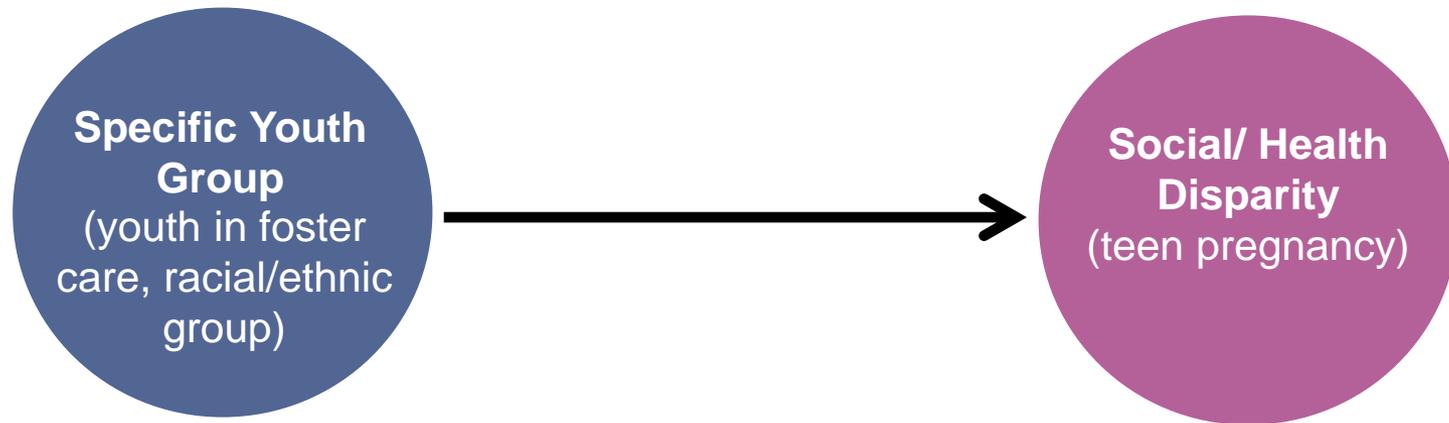
What is needed:

Careful analysis of both common and unique factors that shape the target risk behaviors/health outcomes



Step 1:

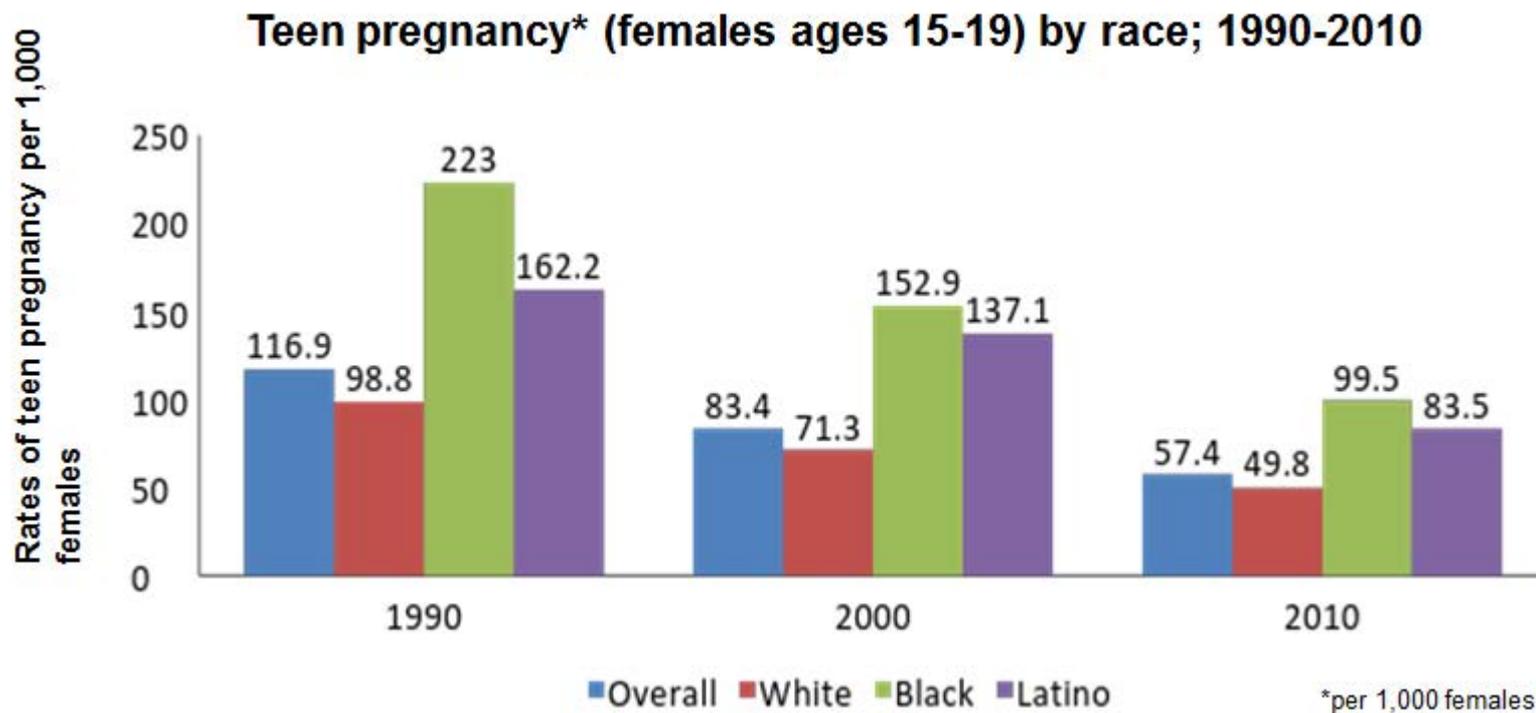
Identification of Target Adolescent Health Disparity



The first step:

- Targets the most vulnerable youth disproportionately impacted by the social/health outcome.
- Prioritizes the visibility of the outcome in terms of the specific youth group.

Example: Racial/Ethnic Disparities in Teen Pregnancy



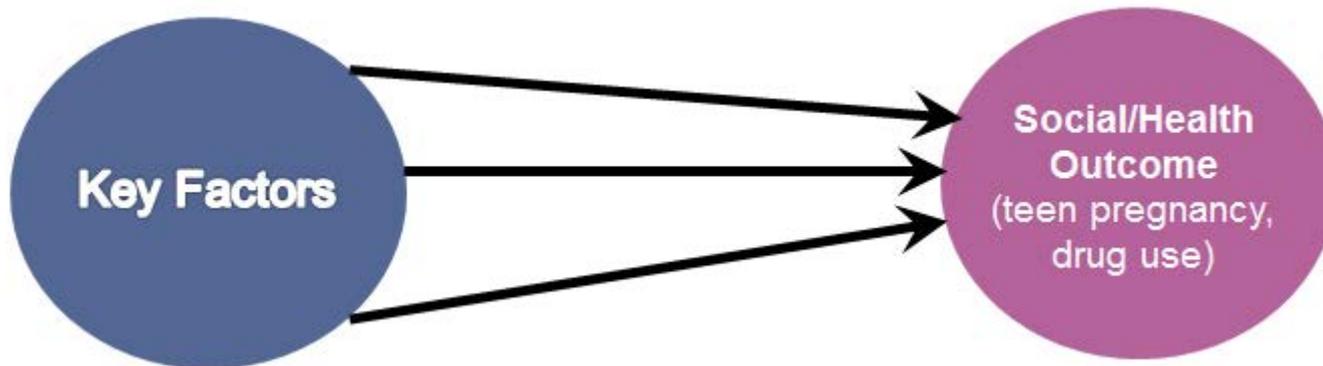
Questions to consider:

How should we approach the disparities?

What accounts for the disparities?

Step 2: What are the determinants of the behavior/health outcome?

The next step identifies the factors most likely implicated in the disparities of the target behavior/ health outcome



Two common approaches for identifying the determinants:

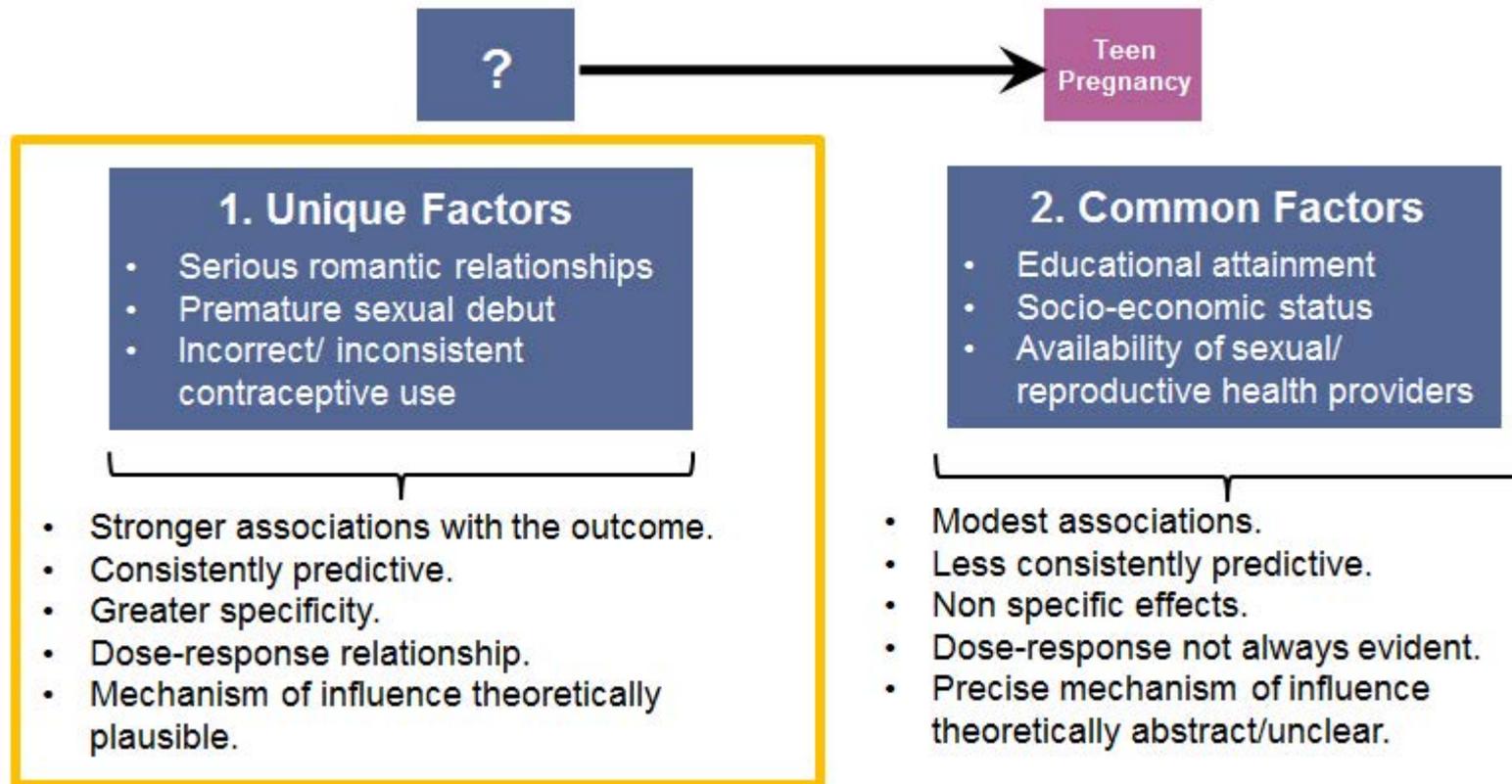
1. Prioritization of
“unique factors”

2. Prioritization of
“common factors”

Which one of these is a unique factor associated with teen pregnancy?

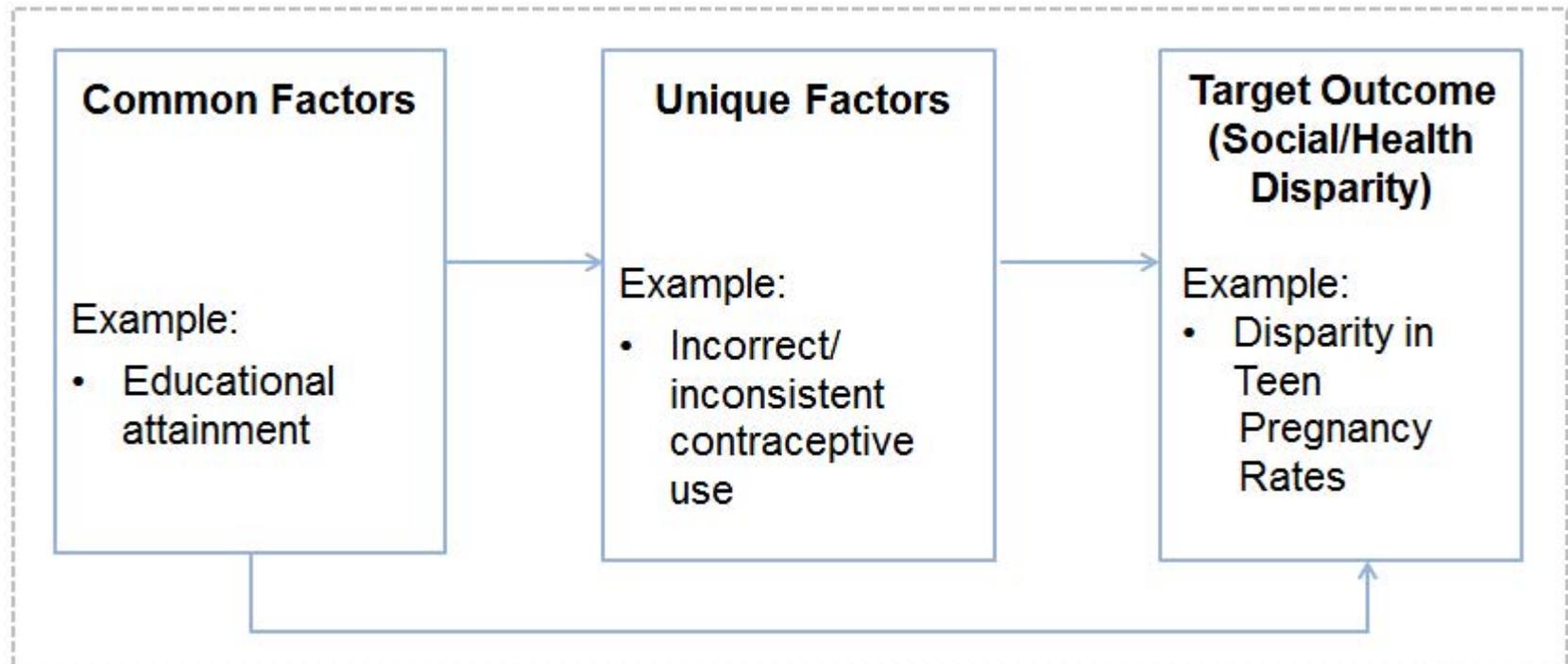
- a) Educational attainment
- b) Premature sexual debut
- c) Socio-economic status
- d) Availability of sexual and reproductive health providers

Example: Determining the Factors that Impact Teen Pregnancy



Specificity is Critical

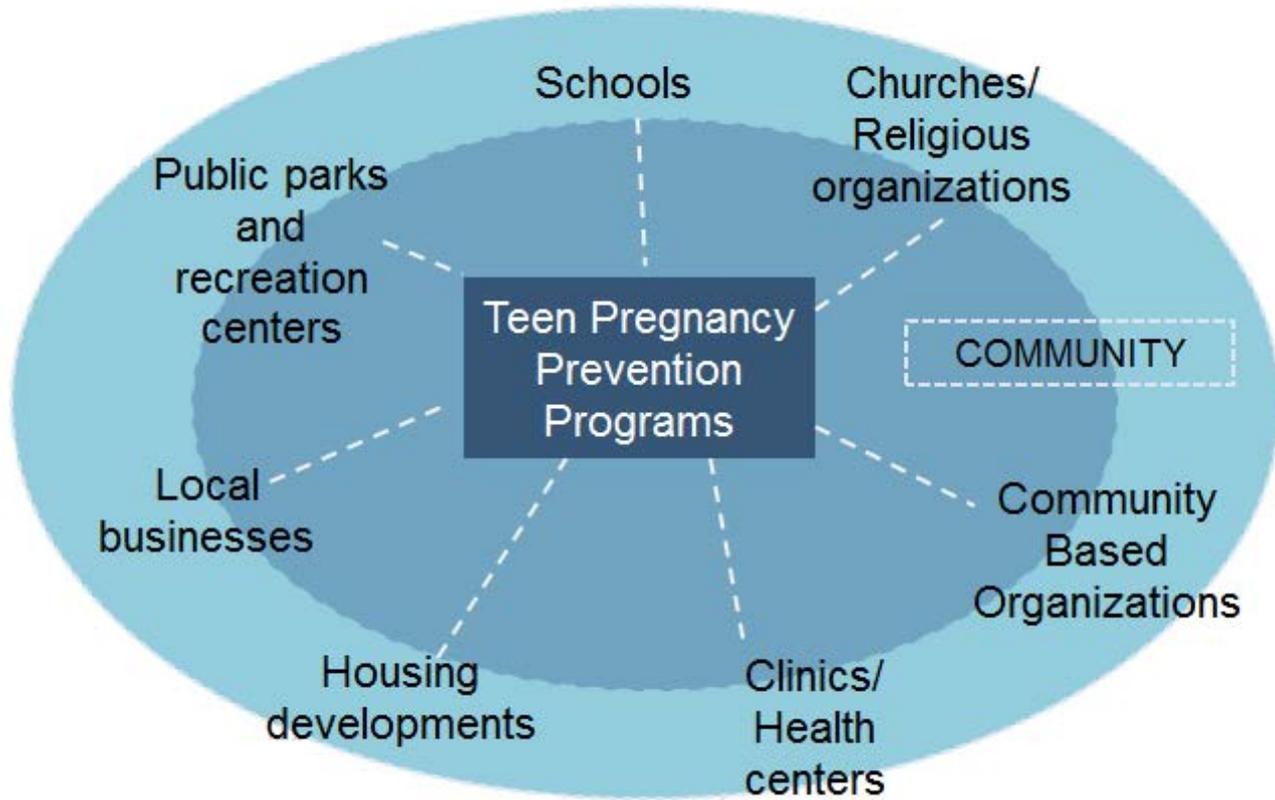
Step 3: A Conceptual Framework for Examining Youth Health Disparities





Teen Pregnancy Prevention Programs can:

- (1) Provide the community with services
- (2) Link services to the community



Effective Teen Pregnancy Prevention Programs = Common Factors + Unique Factors





CENTER FOR
**Latino Adolescent
and Family Health**

NYU Silver
Silver School of Social Work

Vincent Guilamo-Ramos, PhD, MPH, LCSW, RN

E-mail: Vincent.ramos@nyu.edu

Professor of Social Work and Global Public Health
New York University Silver School of Social Work
Center for Latino Adolescent and Family Health



Lessons from the Field: A Profile of Youth in a TPP Program in New Orleans



©SNAP! Joe Portnoy

Dr. Denese Shervington, M.D., M.P.H

May 28, 2015

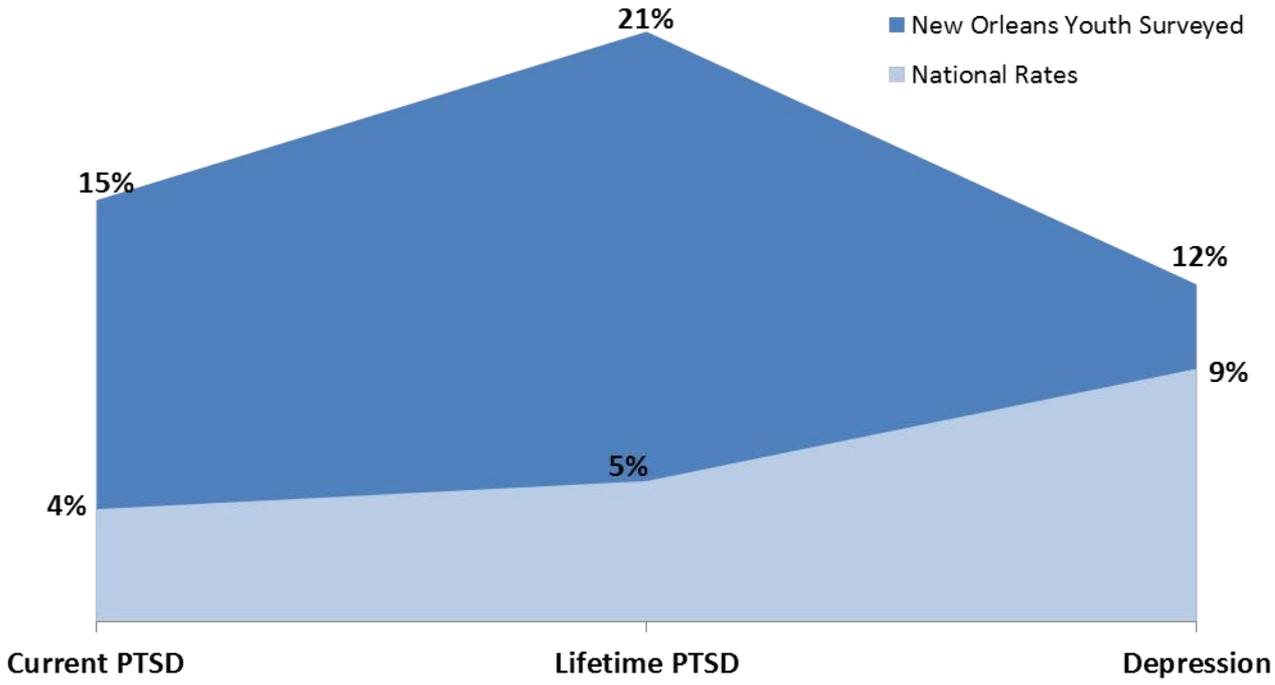


- OAH Tier 1A funded TPP program in New Orleans, LA
- Includes Making Proud Choices! curriculum + 5 additional mental health/wellness modules
- Implemented in public charter middle schools
- To date, over 1200 students surveyed



Higher than national average rates of depression and PTSD

National vs. Local Mental Health Outcomes



Exposure To Violence among TPP program participants

38% witnessed domestic violence



40% witnessed a shooting, stabbing or beating



18% witnessed a murder



54% experienced the death of someone close



14% reported feeling suicidal



- Youth who witness community violence 2x more likely to report symptoms of Depression, PTSD and suicidal feelings
- Youth who experienced Domestic Violence 3x more likely to report symptoms of Depression, PTSD and suicidal feelings
- Youth who experienced forced sexual acts 5x more likely to report symptoms of Depression and 3x more likely to report symptoms of PTSD and suicidal feelings

- Louisiana law prohibits asking students about sexual behaviors.
- Hullahnd, et al. found that among African American female adolescents, higher interpersonal stress was associated with increased sexual risk behaviors placing young people at risk for STIs and pregnancy.¹
- This study confirmed IWES' anecdotal learning from parents and youth that stress increases sexual risk behaviors.

¹Hullahnd E. N., Brown J.L., Swartzendruber A. L.. (2014).

Worries among TPP program participants



52% worry about violence in their neighborhood

16% worry about having enough to eat or a place to live



29% worry about not being loved

- Youth who worry about ‘not being loved’ 5x more likely to report symptoms of depression and suicidal feelings
- Youth who worry about food / housing 3x more likely to report symptoms of Depression, PTSD and 4x more likely to report suicidal feelings
- Youth who worry about their personal safety 3x more likely to report symptoms of Depression, PTSD and suicidal feelings

- Screen participants for signs and symptoms of psychological distress, ETV and worries
- Implement 5 supplemental mental health and wellbeing modules (developed by IWES), which:
 - Provide information on trauma and stress
 - Coach students in positive coping skills
- Allow participants to journal at the beginning of each session
- Conduct teacher trainings on signs and symptoms of mental health and referral processes

- Linkages to care – work with school social worker to utilize schools’ referral policies / procedure to assure young people receive needed services
- Handout health services resource guide on upon graduation
- Participate in city-wide initiative to help transform school climate to be more trauma-informed
- Disseminate findings and program strategies to national audience



Denese Shervington, M.D., M.P.H.
President & CEO

Institute of Women & Ethnic Studies

dshervington@iwesnola.org

(504) 599-7712

www.iwesnola.org



Programmatic Implications



Katy Suellentrop, M.P.H
May 28, 2015

© Stephen Jeter



1

Look at your needs and
resource assessment



©SNAP! Joe Portnoy

- What risk factors do the youth in your program face and/or experience?



2

Examine your list of partners



© Stephen Jeter

- How have you coordinated efforts with other youth serving partners?



3

Conduct a root cause analysis



- Conducting a Root Cause Analysis and Action Planning Process: Facilitator's Guide: <http://rhey.jsi.com/files/2013/11/RCA-Tool-FINAL-12-7-12.pdf>
- Recruitment and Retention Planning Tool: [http://library.constantcontact.com/download/get/file/1107137307117-93/Recruitment Retention Planning Tool 5%2715%2712.pdf](http://library.constantcontact.com/download/get/file/1107137307117-93/Recruitment_Retention_Planning_Tool_5%2715%2712.pdf)
- Collaboration Toolkit: <http://www.hhs.gov/ash/oah/resources-and-publications/learning/coll-tk/index.html>
- Sustainability Tools: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/sustainability.html
- Youth Risk Behavior Survey: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



Katy Suellentrop, M.P.H.
Director of State Support
The National Campaign to Prevent
Teen and Unplanned Pregnancy

ksuellentrop@thenc.org

202-478-8515



References

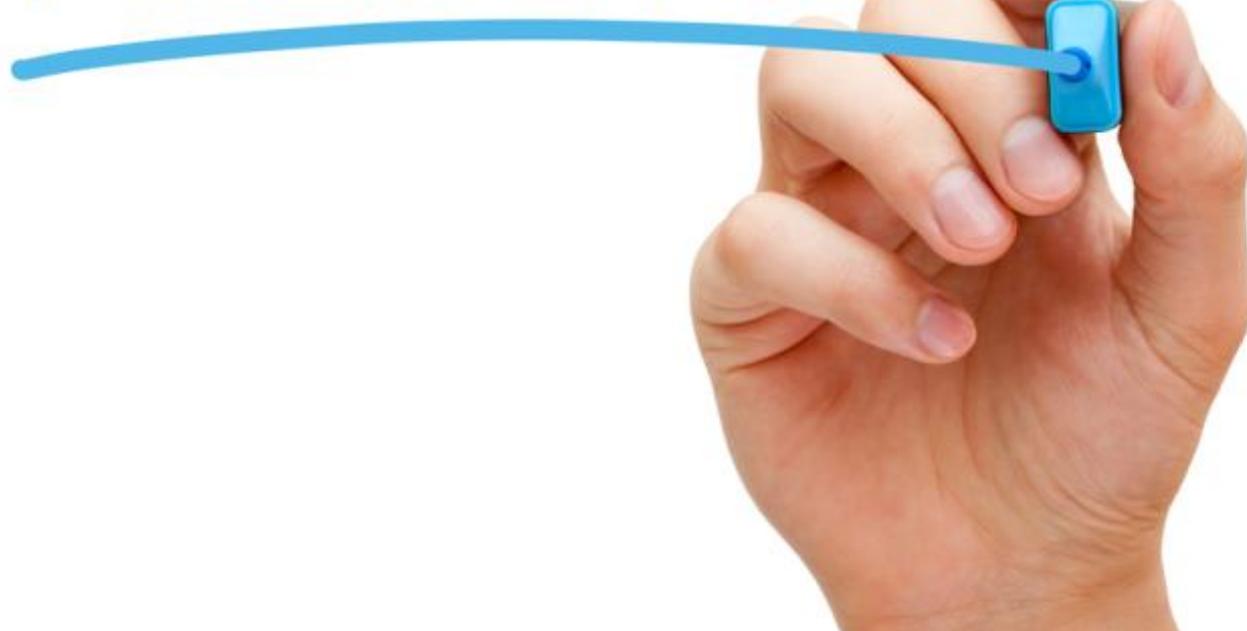
- Corbie-Smith, Moody-Ayers & Thrasher. (2004). Closing the circle: minority inclusion in research and reduction of health disparities. *Archives of Internal Medicine*, 164: 1362-1364.
- Centers for Disease Control and Prevention. (2014). Youth Risk Behavior Surveillance—United States, 2013.
- Guilamo-Ramos, Litardo & Jaccard. (2005). Prevention programs for reducing adolescent problem behaviors: Implications for the co-occurrence of problem behaviors in adolescence. *Journal of Adolescent Health*, 36 82-86.
- Hanley, K. (2012). Youth Career Development: Social Issue Report: April 2012. Social Impact Research. Root Cause: Boston, MA.
- Hulland E. N., Brown J.L., Swartzendruber A. L.. (2014). The association between stress, coping and sexual risk behaviors over 24 months among African American female adolescents. *Psychology, Health & Medicine*, 20 (4), 443-56.
- Kost, K. and Henshaw, S. (2014). U.S. Teen Pregnancies, Births and Abortions, 2010: National and State Trends by Age, Race and Ethnicity. Guttmacher Institute.
- Russell et al. (2012). Adolescence and the social determinants of health. *Lancet*, 379
- Sawyer et al. (2012). Adolescence: a foundation for future health. *Lancet*, 379
- UNFPA (2010). The Case for Investing in Young People.
- World Bank (2007). World Development Report, 2007.



- Community mobilization webinar
 - July 23rd 2:00-3:00pm ET
- EBP At-A-Glance chart
http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/Assests/ebp-table.pdf
- Trauma-informed Approaches to TPP checklist
 - Check the handouts section of this webinar
- Trauma-informed Approaches to TPP webinar
[http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed Care](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed_Care)



FEEDBACK





THANK YOU!

