

Engaging Youth in Care on Teen Pregnancy Prevention

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Third Annual Teen Pregnancy Prevention Grantee Conference

National Harbor, MD

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The National Campaign
to Prevent Teen and Unplanned Pregnancy

TheNationalCampaign.org • Bedsider.org • Stayteen.org

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Objectives

Participants will:

- Understand the value of engaging youth in care in teen pregnancy prevention efforts.
- Be able to provide examples on ways to incorporate the youth voice into curriculum adaptation.
- Gain knowledge on tailoring sexuality education and service delivery to meet expectations of youth.

The National Campaign's Mission

- The Campaign's mission is to *improve the well-being of children and families*, and in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation by preventing teen pregnancy. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults.

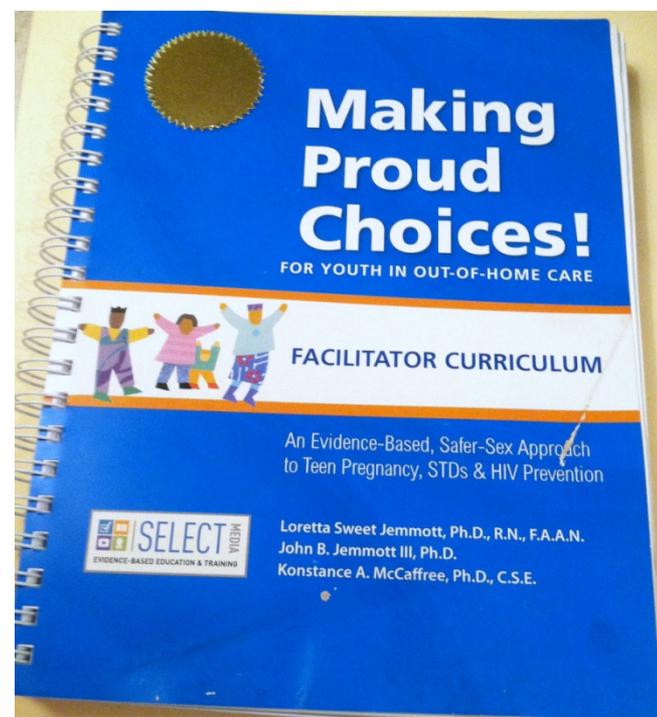
Foster Care Initiative

- Raise awareness and spark action
- Build partnerships
- Offer technical assistance
- Provide resources for parents, teens, and communities
- Reach out to policymakers



Making Proud Choices! For Youth In Out-of-Home Care

- Partnership with the American Public Human Services Association with support from the Annie E. Casey Foundation.
- Goals:
 1. Adapt an evidence-based curriculum for youth in care – Making Proud Choices!
 2. Embed curriculum into existing IL and TP programs to educate youth and support their efforts to prevent early pregnancy.



Making Proud Choices! For Youth In Out-of-Home Care

WHO IS INVOLVED?

- National Advisory Council
- Five teams of state and local child welfare and teen pregnancy professionals
 - Alameda County, California
 - North Carolina
 - Rhode Island
 - Hawaii
 - Minnesota



The Youth Voice

All agreed that youth representation was necessary and invaluable to achieving project goals including:

- Understanding the risk factors from the youth perspective.
- Adapting the curriculum to *engage* youth and include activities they *want* to participate in.
- Producing a sexuality education curriculum that was *appropriate* and *relevant*.

Seeking out the Youth Voice

WHO ARE THE YOUTH?

- Youth and Young Adult Advisory Group
- Youth respondents from a report by the Georgia Campaign for Adolescent Power & Potential (GCAPP)
- Youth participants in the pilot of *Making Proud Choices! For Youth in Out-of-Home Care*



Listening to the Youth Voice

Youth and Young Adult Advisory Group

WHO ARE THEY?

Seven youth and young adults in or formerly in foster care.

GENDER: Three males
Four females

AGES: 15-22 years old

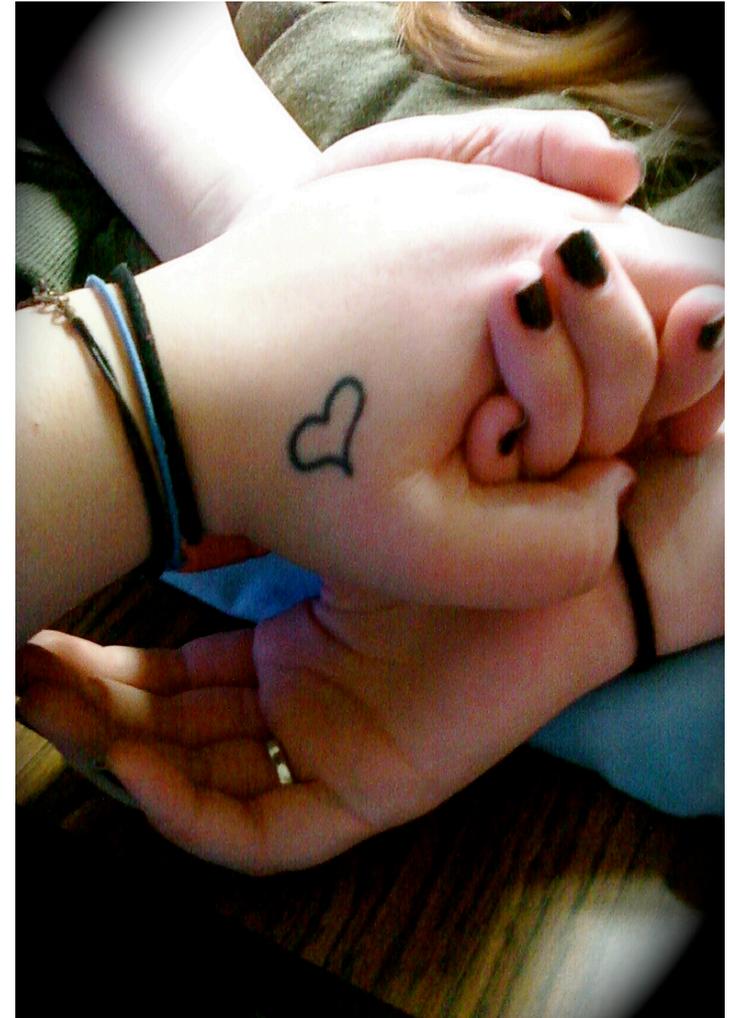


Listening to the Youth Voice

WHAT DO THEY SAY?

- Sex education they receive is “too little, too late.”
- Want mentors who were formerly in foster care and/or can relate to them.
- Having goals and dreams as a youth in care is not realistic. **NO HOPE**
- Self-sabotaging your own relationships is common.

“Leave them before they leave you.”



Listening to the Youth Voice

Youth Respondents from GCAPP Report

WHAT DO THEY SAY?

“First you need to address that it’s teenagers getting pregnant. It’s not just FOSTER teens getting pregnant.”

“Most of them [health educators] do and say the same things you heard at the last meeting so what’s the point in going if you already know what they’re gonna say.”

Listening to the Youth Voice

HOW DO THEY FEEL?

- **Feel** singled out as the “bad kids”
- **Feel** judged the second they enter a clinic or pregnancy prevention class
- **Feel** mistrust for foster parents and adults in general.



Listening to the Youth Voice

WHAT PUTS THEM AT RISK?

- **Lack of identity while in foster care**
- Growing up with inconsistent direction or guidance
- Lack of positive role models
- **Lack of communication with caring and trusted adults about sexuality**
- **Lack of opportunity to experience “normal” and “healthy” teen relationships**
- Exposure to many different types of placements
- **Wanting someone to love**



Listening to the Youth Voice

WHAT DO THEY SAY?

“We live with adults who don’t understand where we are coming from.”

“We deal with staff members who don’t seem to care.”

“I need to have this conversation [about sex] with a person who is not going to be jumping down my throat all the time.”

“My mom really didn’t promote birth control because she was really saying don’t have sex at all. So we really didn’t hear much about birth control.”

Listening to the Youth Voice

WHAT THEY SAY ABOUT TEEN PARENTING

*“It’s like when you’re down and out
and when you want to give up on life,*

*you look at yourself,
you look at the kid;*

you’ve got somebody else you’re living for now.”



-teen mother in foster care

Listening to the Youth Voice

WHAT DO THEY SUGGEST?

- *“Treat us like regular teenagers.”*
- *“The person needs to know what they are talking about.”*
- *“Come with examples and be able to relate.”*
- *“Make the sessions more conversational rather than informational.”*
- *“Fun and games.”*
- *“Turn it into a learning experience instead of just talking and talking.”*

Listening to the Youth Voice

MPC Pilot Participants

WHO ARE THEY?

11 youth currently in out-of-home care between 14-16 years old

Gender: Three males
Eight females

Ages: Three 14 year olds
One 15 year old
Seven 16 year olds

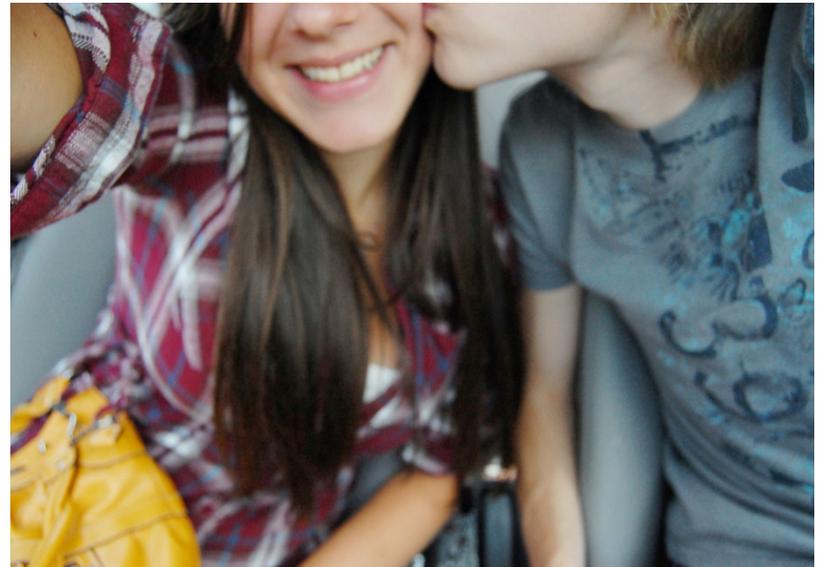
Placement Type:
Three in group homes
Six in foster homes
Two- N/A



Listening to the Youth Voice

THEY AGREED/STRONGLY AGREED THAT...

- They liked the material presented during class
- This class answered their questions related to relationships, pregnancy prevention, and STDs
- The material was relevant to real life
- They enjoyed the activities during class
- They would recommend it to a friend



Listening to the Youth Voice

AT THE END OF DAY ONE THEY...

- Were able to describe at least one goal for the future
- Had a clearer understanding of consequences of sex and teen pregnancy
- Could name 3 characteristics of healthy relationships
- Could name specific birth control methods
- Felt more confident in ability to use condoms correctly

Listening to the Youth Voice

AT THE END OF DAY TWO THEY...

- Understood how STDs, including HIV/AIDS, are transmitted and how to prevent them
- Had learned that masturbation is normal and is a safe way to release sexual tension
- Had a better understanding of the difference between being gay and being transgender

**TAKE THE TIME
TO UNDERSTAND**

Listening to the Youth Voice

AT THE END OF DAY THREE THEY...

- Felt more confident in ability to negotiate safe sex
- Intended to use a condom next time they have sex
- Had strategies for resisting pressure to have sex if they're not ready
- Felt confident in ability to refuse sex they don't want
- Had examples of alternative activities to suggest to partner if they don't want to have sex
- Knew that abstinence is most certain way to avoid getting an STD or getting pregnant

Listening to the Youth Voice

WHAT THEY LIKED...

- Identifying and sharing their goals and dreams
- DVDs and games
- Learning about birth control
- Learning how to use condoms
- Sharing their experiences of being in foster care with their peers
- Activity on sexting
- Learning the S.T.O.P. Strategy
- Acting out the role-plays



Listening to the Youth Voice

WHAT THEY SAID...

- Have more games and videos
- Have more role plays
- Days were too long
- Don't lecture/talk so much
- Peer educators would be helpful to them
- Discussions about foster care are not necessary



Listening to the Youth Voice

WANTED TO LEARN MORE ABOUT...

- Healthy relationships
- Condoms
- Birth control
- STIs and what they do to you
- Transgender people vs. transsexuals
- More S.T.O.P. and how to say no



Listening to the Youth Voice

WHAT WE LEARNED FROM THEM...

- Four modules in one day is **TOO MUCH**
- Stick to the 75 minutes
- DVDs and games help keep them interested.
- Difficult to imagine healthy relationships BUT loved discussing relationships
- Plenty of food and snacks is critical



Responding to the Youth Voice

Adaptations include:

- Message incorporated throughout the curriculum:
Youth can make proud and responsible choices in spite of what has happened to them in the past.
- More information on healthy relationships
- Sensitivity to different types of placements
- Sensitivity to previous trauma
- Increased focus on pregnancy prevention and contraception
- New role-plays
- Added more games and interactive activities

Current Activities

- End of February, 2013:
 - State and local teams began implementing the adapted Making Proud Choices! For Youth in Out-of-Home Care
- End of April:
 - The first site visits were conducted for the process evaluation.

Preliminary Evaluation Findings

- Initial results from process evaluation will be had by the time of the conference. Will include those findings here.

The Youth Response

- Youth are filling out program satisfaction surveys. Will include those results here.

Next Steps

- By June, 2013:
 - More than 500 youth will have completed the program.
- Beginning July, 2013:
 - Evaluation results will be finalized and disseminated.
- By April, 2013: Curriculum will be finalized.

How will you support them?



*“Give us a voice.
And even if you don ’ t give us a voice,
advocate for us!”*

-youth in foster care

Thank you!

For more information, please contact:

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and visit the website:

<http://www.thenationalcampaign.org/fostercare/default.aspx>



The Importance of Linking Youth on Probation to Clinical Services



UT TEEN HEALTH
ESMERALDA JEFFRIES AND JENNIFER TODD
DIRECTOR: KRISTEN PLASTINO, M.D.





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Background



UT Teen Health

- 3 Goals
 - ✦ Decrease birth rate by 10% among 15-19 year olds
 - ✦ Decrease repeat birth rate by 10% among 15-19 year olds
 - ✦ Mobilize the community to sustain teen pregnancy prevention
- Catchment area is defined by borders of 5 School Districts
 - ✦ Harlandale, Somerset, South San Antonio, Southside, Southwest
- Community organizations, faith-based organizations, businesses
- 5 Components
 - ✦ Community mobilization
 - ✦ Evidence based programs
 - ✦ Clinical linkages
 - ✦ Educating stakeholders
 - ✦ Working with diverse communities

Background



Bexar County Juvenile Probation Department Unduplicated Juveniles Referred in 2011

Population	Female	Male	Total
General BCJPD Population	1,740 (32.9%)	3,543 (67.1%)	5,283 (100%)

Program Description



Youth on juvenile probation face many health disparities.

- Lack of:
 - ✦ Continuity of care
 - ✦ Access to preventive services
 - ✦ Funding while in juvenile probation
 - ✦ Navigation to reapply for funding
 - ✦ Transportation to clinic locations
- Co-morbidities
- Higher rates of pregnancy and STD

Action Steps



Focus on Programmatic Efforts

- Focus groups
 - ✦ Girls in placement
 - ✦ Boys in placement
 - ✦ Girls on probation
 - ✦ Girls and boys on probation
 - ✦ Parents of teens on probation
- Data supported Reducing the Risk[®] implementation

Focus Group Summaries



Information seeking behavior

- Teens learned about sex and relationships from first-hand experience. They turn to friends or the Internet for information about sex.
- Talking to parents about sex and relationships is rare; they would rather talk to another trusted adult (aunt, probation officer, older sibling).

Focus Group Summaries



Clinical Access:

- Teens say they would be likely to attend a well child visit if someone made the appointment for them but wanted the appointment to be optional.
- Teens also wanted the option to go with someone other than their parents, like a friend or a probation officer.

Action Steps



Raise Awareness

- 400 employees (supervisors, probation officers, detention officers)
- “Sex 101”
 - ✦ Anatomy
 - ✦ Puberty
 - ✦ STDs
 - ✦ Contraceptives
 - ✦ Clinical access

Action Steps



Building Partnerships

- Meet and greet with local clinic
 - ✦ Bexar County Juvenile Board Chair, local judge, Chief Probation Officer
 - ✦ Manager and staff of clinic
- Local clinic staff attend “Sex 101”
 - ✦ Answer questions about clinic
 - ✦ Provide clinic brochures
 - ✦ Provide direct contact information

Lessons Learned



- Youth surveyed preferred talking to a trusted adult like an aunt or older sibling.
- Youth on probation or in detention often do not seek health services including reproductive health.
- Teens want the option to go to a clinic with someone other than their parents.

Lessons Learned



- Juvenile Probation staff were willing to take youth to clinic for tour or services.
- From the Sex 101 presentations, staff interested in linking youth to clinical services were trained in Reducing the Risk[®].
- Algorithm was developed to help staff determine level of referral when necessary.

Next Steps



Link juvenile probation youth to healthcare services by:

- Working with clinics within the detention center.
- Implementing Reducing the Risk[®] including group tour of clinic.
- Transporting students while on probation to clinics.

References



Slide 3: Bexar County Juvenile Probation, 2011 Data

Slide 4: Centers for Disease Control and Prevention, Health Disparities, Adolescent and School Health Action Steps 2011

Matthew C. Aalsma, Yan Tong, Sarah E. Wiehe, Wanzhu Tu, The Impact of Delinquency on Young Adult Sexual Risk Behaviors and Sexually Transmitted Infections, *Journal of Adolescent Health*, Volume 46, Issue 1, January 2010, Pages 17-24, ISSN 1054-139X, 10.1016/j.jadohealth.2009.05.018. (<http://www.sciencedirect.com/science/article/pii/S1054139X09002407>)

Slide 6: UT Teen Health Focus Group, April 2012 Data, San Antonio, TX

Slide 7: UT Teen Health Focus Group, April 2012 Data, San Antonio, TX

Slide 10: UT Teen Health Focus Group, April 2012 Data, San Antonio, TX

Slide 11: UT Teen Health Focus Group, April 2012 Data, San Antonio, TX

Thank You!



Contact UT Teen Health

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