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Moderator: Jaclyn Ruiz
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2:00 pm CT

Coordinator: I'd like to inform the parties that today's call is being recorded. If you have any objections, you may disconnect at this time.

(Tish): Good afternoon, and thank you for joining us today. Today we'll be interviewing Dr. Deborah Koniak-Griffin and Debra McGee-Smith as a part of our developer interview series.

The Office of Adolescent Health will be hosting a series of interviews with developers of programs identified by the Department of Health and Human Services Teen Pregnancy Prevention Evidence Review as have shown effectiveness in reducing teen pregnancy, sexually transmitted infections, or sexual risk behaviors. The goal of these interviews is to ask the developer some of the most frequently asked questions from prior implementers of the program.

OAH hopes that this information will provide additional guidance to future implementers of the Teen Pregnancy Prevention Programs on selecting, planning, and implementing an evidence-based program for teen pregnancy prevention.

This webinar should not be used on its own, but as a complement to various other resources available online. Additional resources will also be identified later in this presentation.

This publication was developed by Child Trends under a contract with the Office of Adolescent Health as a technical assistance tool for youth with Office of Adolescent Grant Programs.

Inclusion in this HHS-TPP evidence review does not imply endorsement from OAH. Program selection is up to the grantees. So today I have with me Be Proud! Be Responsible! Be Protective! developer and trainers.

Deborah Koniak-Griffin is a Professor and an Audrienne H. Moseley Endowment Chair Women's Health Research, and Associate Dean for Diversity and Equity at the University of California, LA, School of Nursing. She also is a Chair of Health Promotions Science Section. She has received several grants to support her studies with pregnant and parenting adolescents from the National Institute of Nursing Research including testing of the intervention Be Proud! Be Responsible! Be Protective!. Her scholarly works have been disseminated in over 150 publications in nursing and interdisciplinary journals, books, and conference proceedings.

Dr. Koniak-Griffin's program or research has led to the development and testing of several interventions to improve health outcomes and vulnerable populations. Three of these programs are identified as evidence-based program models that may be replicated in grants supported by federal agencies.

Dr. Koniak-Griffin is a recipient of numerous awards including membership in the International Nurse Researcher Hall of Fame of Sigma Beta (sic) International and the Pathfinder Award for 2012.

She earned her BSN degree from Columbian University and MSN in Maternity from the University of Pennsylvania School of Nursing and an EDD from the Teacher's College at Columbia University. She holds a national certification as a women's healthcare nurse practitioner.

Also, we have Debra McGee-Smith. She is a nationally certified women's health and family nursing practitioner who has worked extensively with vulnerable populations throughout her nursing career.

Her practice interest in - continuous to primarily focus on women and adolescent health, sexually transmitted disease and HIV prevention education, and adolescent pregnancy prevention. Her work with the adolescent population includes working as a master trainer for Be Proud! Be Responsible! Be Protective! As well as providing training for Be Proud! Be Responsible!.

Her interest and passion for women and adolescent health remains the motivating focus of her career. And she has travelled the country as a national trainer for implementing evidence-based programs in community-based organizations in school settings.

Other research experience included working as a nurse practitioner with UCLA Neuropsychiatry Institute on several federally-funded multi-site STD and HIV risk reduction interventions and other career work on other clinical trials involving at-risk populations.

Debra is currently a clinician in practice at California State University, Fullerton in the Student Health and Counseling Center and continues to make a difference in advancing the health of adolescents, women, and the general student health population.

I'd like to welcome you both -- Deborah and Debra -- to our webinar today.

Dr. Deborah Koniak-Griffin: Thank you.

Debra McGee-Smith: Thank you.

(Tish) Thank you. So, let's talk a bit about Be Proud! Be Responsible! Protective!. Could you give a brief description of the program and the goals and maybe some of the key components for that?

Dr. Deborah Koniak-Griffin: The curriculum is an eight-hour program that has eight modules and the - it is designed for pregnant and parenting young women. And the goals of the program are to enhance the knowledge skills and also motivation to reduce high risk sexual behaviors. For example, having multiple sex partners or having unprotected sex.

The activities are designed to build confidence, self-efficacy, positive belief. For example, outcome belief, the belief that if I protect myself I can still maintain my relationship with my partner. If I protect myself I can still enjoy sexual activity.

What's unique about this program is that we have a component that is designed to enhance feelings of maternal protectiveness. That is, that a mother should take care of herself, stay healthy for the sake of protecting her child, for being there for her child.

And, of course, the overall goal is to prevent repeat teen pregnancy - unplanned teen pregnancy, HIV, and STD.

Key components of the program build upon several theories including social cognitive theory, the theory of reason, action, and maternal protectiveness as a motivator for positive behavior change.

Activities in the modules must be implemented as they are described in the training materials and demonstrated. For example, we need to be teaching correct information about HIV, STDs, and prevention strategies, teen pregnancy and contraception. We need to be building negotiation skills, problem solving skills and condom-use skills. In addition, we have activities that are designed to enhance mothers' understandings through use of videos and through use of role play with a very interactive curriculum their goal setting and life planning that is unique to this program and it's designed specifically with the fact from young women who are having a child or already have a child.

(Tish): Okay, great. What types of methods are used? I know you talked about group activities. Are there any small group sessions or are there any technology requirements for the program.

Dr. Deborah Koniak-Griffin: Well we do have small group. The technology requirements relate to showing of the DVDs and we have a number of instructional aids, but they don't require technology.

We have small group discussions and a good number of interactive activities including games, role play, and practice with feedback.

(Tish): Great. So, can we talk a little bit about the previous evaluation results? The desired outcomes that you set for it from the program when you created it and what exactly the outcomes are that you've seen with programs that have been replicated?

Dr. Deborah Koniak-Griffin: The original study for evidence review was a study funded by the National Institute of Nursing Research which was designed to reduce sexual risk taking behaviors with pregnant and parenting teens and thereby would be reducing teen pregnancy, repeating pregnancy as well. The study was conducted as a clinical trial in alternative schools in the Greater Los Angeles area and these schools had programs for pregnant and parenting teens. We call this study -- and there's a publication by this name -- Project CHARM meaning Children's Health and Responsible Mothering. And they are that maternal protectiveness piece again.

We actually have complete data available. That means we have one year follow up on every data point for 497 women. Although we had 572 who are in the original study, they don't all have complete data.

The participants were mainly poor and from ethnic minority backgrounds -- with most being Latino and a small amount being African-American, and Anglo.

Our findings were very positive. We reduced the number - participants in the intervention have reduced sexual risk behavior -- which was evidenced by decrease in the number of sex partners and a decrease in the number of episodes of unprotected sex within their group. There also was increased intentions to use condoms and AIDS knowledge, and improved self-efficacy.

This was the original study. There was a replication study done through TPP Tier 1 funding from OAH in Iredell-Statesville Schools in North Carolina -- which was a more rural setting and involve an after school implementation whereas the original implementation was in alternative school. The population was, again, of course, pregnant and parenting teens and they initially involve 166 young women. The outcome data included 110 women and they largely represented underrepresented minorities between 14 and just greater than 19 years.

The findings was similarly positive with outcome showing improved intentions to use condoms and intentions to use birth control -- which is particularly important in this population, and increased AIDS knowledge at the completion of the program.

We don't have any dosage data to - related to the desired outcomes on the program. It's a great thing to be collecting. Unfortunately, I can't share that with you at this time.

(Tish): Okay. Great. Thank you. So you talked a little bit about the target population, the multiethnic and culturally diverse pregnant teens and young mothers. Are there any specific settings that you found these participants in when testing the program?

Dr. Deborah Koniak-Griffin: The setting is one - was North Carolina and in Southern California. And one was more urban and the other was rural.

Debra can tell you about the - a number of places where we've trained people - - all different types of agencies -- however, they were not required to keep the type of the evaluation data that we could report here.

(Tish): Okay.

Debra McGee-Smith: When you talk about the various settings, settings were done in Austin, Texas with the program that serves at risk youths called LifeWorks, the Virginia campaign for teen pregnancy, (Preventia), Memorial Health Care that works with at risk young women in Florida, San Bernardino, California with the Indian Health Organization, and also with Planned Parenthood in San Diego California. And all of those settings work with low income, Latino, African-American, and Anglo females. The only ones that we have data back from were from the Carolina and then the original study data.

(Tish): Okay. And what settings were those programs actually implemented in? Were they in schools, were they in community-based centers, were they in health clinics? Where do they actually meet their participants?

Debra McGee-Smith: Okay. Those programs were implemented in community-based settings, after school programs, also health centers and clinic centers, and alternative programs that serve at risk youth. Like, you know, family services centers.

(Tish): Okay. Sounds good. So, we know that adaptations are some things that have helped potential grantees or grantees implement programs to be a better fit in their community. Were there any adaptations that have been discussed or approved in regards to Be Proud! Be Responsible! Be Protective!?

Debra McGee-Smith: Some of the adaptations that have been discussed involve some of the DVDs as far as the name used in interactive activities. That information can be changed, but, however, it's very important that the content needs to be the same.

The other thing that is being talked about as far as adaptations is working with low literacy students and mainly for some of the writing activity, allowing them to include picture drawings so that they are able to express themselves more effectively if they don't feel comfortable with writing.

(Tish): Okay.

Debra McGee-Smith: The other thing that's really important is the number of hours, the day for implementation, the group size, the type of facilitators -- such as rate, ethnicity, and professional background -- those can be minor changes, however, it is recommended that professions completion be eight hours and that not all eight hours be done in the same date so that the individuals have an opportunity to practice their skills.

(Tish): Great. So with that in mind, do you have any recommendations for staffing so that these programs can be successfully implemented?

Dr. Deborah Koniak-Griffin: That's a great question. We have found that people we've trained - or facilitators and trainers with a professional background can really easily learn the program so we recommend that they have some type of professional background. For example in nursing, teaching, health education, social work, or counseling. We've done some work with community health workers, but there sometimes can be literacy issues depending upon the background of those individual.

We also believe that experience with pregnant and parenting teenagers is important so we recommend that because of the unique issues in the lives of these young women -- for example, a boyfriend who is urging unprotected sex -- makes this adolescence different. And so, having some knowledge and experience working with young mothers and pregnant teens is very helpful.

The trainers who are facilitators need to have experience in group facilitation.

Debra McGee-Smith: In addition to that, in looking at some of the evaluation forms that the training participants filled out, a lot of them really express the fact that they like that the trainers were professional and that the trainer had a lot of medical background information. Specifically the Florida group, they had been implementing quite a few programs and they were just really pleased with the program that was implemented, you know, with the medical professional because some of the questions that the teens bring up they did not have any knowledge and when they went back to their training partners they were a little bit unsure as to how to answer those questions. So they were really pleased with the professional and some medical background information of the trainers that really help the facilitation.

(Tish): Great. So, in the trainings were they just training of facilitators or do you also offer a training of trainers, and do you have any idea where you - the trainers come from? So who the actual facilitators of the training are held?

Dr. Deborah Koniak-Griffin: We offer both type of training, the training of trainers and training of facilitators -- which affects the length of training. And Debra, you can say a little bit about the - we've trained all types of facilitators from across states like in South Carolina. They came from all over.

And most of the people - nearly all of the people that we've trained have some sort of professional background.

Debra McGee-Smith: That is correct.

(Tish): Okay. Great.

So, also, I want to just talk about, are there any implementation challenges that you're aware of that you might want a potential grantee to know more about before they successfully try to implement this program?

Dr. Deborah Koniak-Griffin: I think Debra mentioned a few things about questions that might come up in terms of working with teens if they don't have the experience to answer. And we can provide consultation directly. And in fact we've both done that to people after they've trained and when they're implementing the program.

Some of the common challenges that we've talked with people about our school policies -- school policies about sexual health and condom use education -- and also parental consent can come up in some states. Provision of child care if you are focusing upon young mothers and transportations to classes

Debra McGee-Smith: When we look at what can we do to have strategies for success, flexibility is a really big option there. We talked about maybe offering school credits for participation, after school and off campus programs -- such as youth-focused group setting, housing projects -- reaching out to community partners to have wraparound services for the individuals, offering incentives for participation, and affiliation with childcare services.

What other things, Deborah?

Dr. Deborah Koniak-Griffin: I think the affiliation is key because for the young parents they often have additional needs. So when we did our original program we were sending a number of referrals out. And in other projects that are evidence-based with young parents we have always had this need for referrals. A lot of

young women have a number of social issues they need help with or mental health issues that they might need help with.

So that's kind of the wraparound services. If that can't be provided, creating a network of partners is key.

(Tish): Great. And so, could you please briefly discuss any reason or plan revisions to this program? Are there any up and coming things that you are planning to revise or is this pretty much it for now?

Dr. Deborah Koniak-Griffin: The manual - the facilitated curriculum of Be Proud! Be Responsible! Be Protective! was published in 2012 by Select Media. And what we have done - I don't have the direct information about when the next edition might come out, but what I can tell you is that when Debra and I are involved in training we update all of the medical information and the statistics on rates of teen pregnancy, HIV, STD automatically. We do it in preparation for our training.

We also are planning to provide an orientation - sending materials to people before the training so that they are familiar with issues related to working with pregnant and parenting teens and some of the challenges in the lives of young parents, and some of the strengths of these young parents. We really focus on a strength-based approach and start the program with all young mothers. We want to help them to reach their best potential and be the best mothers that they're capable of being.

So it comes with a positive slant in terms of the curriculum and that's very important. So many people work with young parents and see them using a deficit model -- what's wrong with them -- and that attitude affects how the program works.

(Tish): Absolutely. I thank you for sharing the information with us today. And are there any final takeaway points that either of you wanted to add about the program before we close?

Dr. Deborah Koniak-Griffin: The training. We just want to talk about how important training is and that it's very structured in terms of how we go about it. Depending on how - what they want -- is it a training of trainers which is usually around three days or training of facilitators which can be two-and-a-half days.

Other considerations relate to the size of the group. Usually one facilitator per eight participants.

And the cost of training may vary with agencies. There's the cost of the facilitators if it's a - just a training for facilitators or does it - cost for model (developers).

A number of groups offer training in this. Debra and I are affiliated with Jemmott Innovations, but there are many other groups that - such as Select Media, JFI, ETR, Healthy Teen Network where you can get training. And they have a group of trainers.

(Tish): Great. I'm glad you brought that point because training is very important especially when you're implementing a program and working with special populations such as pregnant and parenting teens.

So, in addition to the information that you shared today we have some additional information about Be Proud! Be Responsible! Be Protective!. Our HHS Teen Pregnancy Prevention Evidence Review has a searchable database where you can actually look up more information on Be Proud! Be

Responsible! Be Protective! And there's also a newly updated implementation report that has some of the common information and questions that grantees would need to know for implementation, as well as there's information link here for the developer's Web site and (My Innovations) to be able to get more information on the developers and additional trainings.

I want to thank you both -- Deborah and Debra -- for hosting this webinar with us today and sharing your input on your program Be Proud! Be Responsible! Be Protective!. And I thank you for this opportunity and I hope that everyone that listens to this will be able to make an informed decision about implementing the evidence-based program specifically for the population that they wish to serve.

I thank you both.

Dr. Deborah Koniak-Griffin: And thank you, (Tish).

Debra McGee-Smith: Thank you, (Tish).

(Tish): Okay, we can cut the recording.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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