

**NWX-OS-OGC-RKVL**

**Moderator: Jaclyn Ruiz**  
**January 22, 2015**  
**3:00 pm CT**

Coordinator: At this time all lines are live and interactive for the duration of today's meeting. Today's meeting is also being recorded. If you have any objections, you may disconnect at this time. I now would like to turn the meeting over to Ms. Ruiz. You may begin.

Jaclyn Ruiz: Thank you (Simone). Today we'll be interviewing Dr. Dianne Morrison-Beedy as part of our developer interview series.

The Office of Adolescent Health will be hosting a series of interviews with developers of those programs identified by the Department of Health and Human Services, teen pregnancy prevention evidence review as having shown effectiveness in reducing teen pregnancy, sexually-transmitted infections or sexual risk behaviors.

The goal of these interviews is to ask developers some of the most frequently-asked questions from prior implementers of the program. OAH hopes this information will provide additional guidance to future implementers of teen pregnancy prevention programs on selecting, planning and implementing an evidence-based program for teen pregnancy prevention.

The Webinar should not be used on its own but as a complement to various other resources available online. Additional resources are identified later in this PowerPoint presentation. Please note the inclusion on HHS teen pregnancy prevention evidence review does not imply endorsement from OAH and program selection is up to grantees.

Today I want to introduce Dr. Morrison-Beedy who is the Dean of College of Nursing Senior Associate Vice President of the University of South Florida Health at the University of South Florida and Professor of Nursing and Public Health. She is also a certified Women's Health Nurse Practitioner and a Registered Nurse in both New York and Florida.

Dr. Morrison-Beedy's body of research has focused on HIV-AIDS risk reduction especially for vulnerable adolescent girls. In 2004 she launched the Health Improvement Project for Teens also known as HIP Teens after viewing a lack of services specifically for that population.

The community-based research program worked with these girls HIV-AIDS risk and improved their knowledge, motivation and behavioral skills.

Welcome, Dr. Morrison-Beedy so the first question we have for you is if you could please briefly describe the evidence-based program?

Dianne Morrison-Beedy: Absolutely, it'll be my pleasure. We really developed HIP Teens the Health Improvement Project for Teens because girls needed something developed and tailored just for them that met their needs for sexual risk reduction across many areas, sexually-transmitted infections, HIV and pregnancy prevention.

The goals of this program were to reduce their sexual risk behaviors as well as increase, you know, their information, their motivation and the skills they need to undertake such behavior change.

So HIP Teens the Health Improvement Project for Teens is comprised of four main sessions. We ran them in two-hour sessions once a week for four weeks and then we had booster sessions following-up later on after they had finished the intervention and we actually ran those three and six months after the main intervention.

And address in every session the critical pieces of information, motivation, behavioral skills they would need to reduce their risk, to develop a what we call a menu of options for risk reduction, to increase their self-empowerment, their sexual assertiveness, their negotiation skills and really look at a broad array of risk-reduction strategies that they would need both currently with their current sex partners or those they would have in the future.

The delivery method you'd use...

Jaclyn Ruiz: Do you want to talk - go ahead. Oh, I'm sorry, I was actually just going to ask if you wanted to talk a little bit about the delivery method.

Dianne Morrison-Beedy: Absolutely. The HIP Teens intervention is completely manualized with instructions, you know, for how long every activity should last approximately, the supplies, the equipment you need, prompts for getting conversation going if you need it as well as group interactive activities. There's games, there's skits, there's a lot of role-plays.

Things that girls like to do in groups and that was really key for us to make it engaging, make it developmentally appropriate, culturally tailored and just fun groups that girls wanted to attend and be a part of.

We were very happy at the outcomes of HIP Teens because we significantly reduced over the year period that girls were followed, we significantly reduced the total number of sex episodes they had, the number of unprotected sex acts they had, their total number of sex partners. We increased sexual abstinence in these girls and we reduced pregnancy rates.

Jaclyn Ruiz: Lead into the second question I have but before I get into that second question, are there any technology requirements that might be needed such as, you know, audio-visual equipment? Do the participants have to access the Internet for any of the various activities that occur?

Dianne Morrison-Beedy: We are developing the package that will be used for providing the intervention so the materials - there's a lot of, you know, more simple materials - for the games and the skits as well as a brief video clip so having the ability to show a brief video clip is needed.

We don't have to connect to the Internet per se nor are there very super-high-tech IT requirements. A lot of it are simple strategies that will be included in the intervention packages.

Jaclyn Ruiz: Thank you so you mentioned a little bit about the findings that you had from your original evaluation. Do you want to discuss further the evaluation results such as a dosage or exposure that was required to produce these results or how long the effects lasted?

Dianne Morrison-Beedy: Yes, as I said the main study for HIP Teens we did a lot of formative initial work that are listed on the slides there for developing the intervention and using, you know, focus group methods and preliminary work before we went into the trials. We really got input from the community and from girls themselves about what would work and what wouldn't work.

We followed the girls in HIP Teens for a year and had those significant changes across a variety of sexual behaviors that really provided strong evidence for the usefulness of HIP Teens.

And we are just really pleased that the girls were so interested in participating. They really enjoyed the experience so it was easy to engage, to recruit and retain them so we had very high rates of retention across the entire time period of a year. I think what makes HIP Teens also somewhat different is that we enrolled girls and provided the intervention across a variety of community-based settings so it was really a test in more real-life situations.

Jaclyn Ruiz: And as far as the evaluation follow-up, what in your study when was the follow-up done? Was it immediately, was six months? Can you talk a little bit about that?

Dianne Morrison-Beedy: We did follow-ups at three months, six months and 12 months after they finished the intervention so had, you know, longitudinal long-range data on the impact that HIP Teens had and had significant increases at each time point in the total number of risk reduction strategies girls chose.

So their menu of options for how they would reduce their risk increased at every time point as well as the specific behaviors we talked about like reducing unprotected sex, the number of sex partners and decreasing pregnancy rates.

Jaclyn Ruiz: Thank you. Actually can you talk a little bit about the population which the program had been implemented in terms of both how in the population that it was evaluated in and the population that you believe it can be implemented in, not just evaluated?

Dianne Morrison-Beedy: Sure. We developed HIP Teens. It's an English-speaking participation intervention so it's written in English. The facilitation manuals are provided in English and though we had girls enrolled who had English as a second language, it is right now developed and tested in English format.

And we evaluated it with populations of girls who obviously are at risk and we had primarily low income, economically disenfranchised, urban females between the ages of 15 and 19. They were unmarried because that was a criteria we had so that because we thought married girls might participate in sex differently than unmarried.

They were not currently pregnant when they were enrolled because those behaviors might be different for pregnant women and had to have exposure to a male sexual contact within the past three months so that we knew we were testing it in girls who were at risk because we really wanted to see if we could make change in girls who had already developed risky behaviors which we did.

But I think HIP Teens has a lot of opportunities to being expanded to, you know, across settings and populations of girls because really they all need it.

Jaclyn Ruiz: And that actually sort of helps us go a little bit well actually I'll wait a little bit for that question. Can you sort of piggybacking on that same question talk about the settings in which the program has been implemented, both evaluated

and a setting that you think may still be, you know, appropriate for this program?

Dianne Morrison-Beedy: Sure, what we loved about developing and testing HIP Teens is that we really went out in the community and we offered the intervention at youth development centers, at clinical agencies that had room to offer groups for the group intervention at after-school programs, kind of really broad-based reach in different settings because we wanted it applicable to girls across the community.

We did not evaluate HIP Teens within a school curriculum and certainly I think HIP Teens can be adapted and is very useful for, you know, girls in rural settings or within faith-based organizations. I think it has broad appeal. The good thing is that you can provide the intervention to many girls at a time.

We usually ran groups of six to 10 girls in a group with two trained facilitators in the group. The girls like to work with other girls and get their feedback at the same time and it allowed us to provide intervention, you know, in a manner in which we could get a lot of girls exposed to HIP Teens.

Jaclyn Ruiz: And so while adaptations require prior approval by the Office of Adolescent Health and even sometimes developers will require their approval before an implementer in the community and make an adaptation, it's helpful for some organizations to get a sense of previous successful adaptations. Can you please provide some examples of the types of minor adaptations that are allowable?

Dianne Morrison-Beedy: Sure, I think, you know, although HIP Teens was tested in predominantly urban environments I think the adaptation for rural settings, suburban settings is perfectly and actually I would encourage.

If HIP Teens needs to be adapted for cultural relevance, if it doesn't exactly fit the needs of your group, I would be very interested in reviewing those changes, some of which I think would be very simple if people wanted to do that, organizations wanted to do that.

The translation to another language would be, you know, extensive time commitment for people to translate it but it's developed in tests within girls 15 to 19 which we know is a very high-risk age group for sexually-transmitted infections, pregnancy and HIV and certainly if you took it to a much younger age group, it would need to be developmentally tailored.

And that would take extensive work which is why we don't really suggest HIP Teens for very young girls and the dosing, though we provided it in four two-hour sessions for the main intervention I think could be readily adapted to eight one-hour sessions or perhaps half-day sessions, you know, two half-day sessions but know that it was tested in four two-hour sessions.

Jaclyn Ruiz: So just to sort of expand a little bit on the potential adaptations, when you say broader age groups, you're saying maybe not so much in the younger age group but maybe if somebody did maybe want to try implementing it in a school setting, would high school be appropriate, you know, which can then sort of range that the ages in a high school vary just a little bit from what you say has been tested but not too much?

Dianne Morrison-Beedy: I think that's absolutely perfect question because I absolutely think it's appropriate for high school settings.

Jaclyn Ruiz: Okay so can you describe any staffing recommendations for successful implementation?

Dianne Morrison-Beedy: Well, we know that in these small group sessions girls can get really excited and they really enjoyed themselves and we tested it with two trained facilitators within each group.

If we had six to 10 girls in a group, sometimes a little bit more so if the groups had to be much larger, I think I would think you would think about how many facilitators do you need to have effective impact on large groups of girls and as I said, we tested it in smaller groups of girls.

The diversity of our staff was across the spectrum in regards to race, in regards to age and professional development. We had paraprofessionals, professional staff but they were of the same gender so we had female facilitators with groups of girls.

The absolute most critical characteristic for facilitators is that they had an enthusiasm for helping adolescent girls. They cared about what happened to the girls and then from that point on you can be trained to deliver HIP Teens but that empathy, concern and caring is something that is really important for facilitators. For staffing and training oh, I was just going to say for staff and...

Jaclyn Ruiz: Oh, I just wanted to sort of...

Dianne Morrison-Beedy: ...go ahead.

Jaclyn Ruiz: ...oh just real quick, I just wanted to point out that the position recommendations that were made and you can correct me if I'm wrong, this is just simply based on the staffing that you had when you evaluated this intervention; is that correct?

Dianne Morrison-Beedy: Yes, we had a project director who oversaw the main, you know, components of HIP Teens. We had a supervisor who met with the facilitators on a regular ongoing basis to make sure that if they had any concerns or issues or challenges that they were discussed and worked on together as a group.

Certainly depending on the setting where HIP Teens was offered, you might need people who actually recruited girls into the program but some settings may already have girls that could be readily enrolled and participate.

Assessments of fidelity ongoing throughout the programs so that you know you're sticking with what the intervention actually was developed for and how it was to be provided as well as any, you know, outcome data collection that you would be doing that would require personnel as well.

Jaclyn Ruiz: And so sorry because I just cut you off, you want to talk about the training recommendations or any opportunities for training?

Dianne Morrison-Beedy: We're working right now on finalizing what we'll be offering for training, the face-to-face version as well as we would be offering refreshers to make sure that facilitators are, you know, kept on track and that fidelity's maintained and one of the opportunities we're looking at as doing those by Webinars.

And soon be providing consultations, I'm going throughout the processes people, implement HIP Teens are all things that we're working on to provide support with the HIP Teens program.

And that actually we do have a Website and I know it's on a later slide but I will say there will be an active Website and certainly there's an e-mail account to address questions and concerns and thoughts.

Jaclyn Ruiz: Great. (Some of) the implementation challenges that you're aware of and maybe discuss some strategies that organizations can use to overcome those challenges?

Dianne Morrison-Beedy: Well, certainly we all know when working with groups of girls, one of the challenges that facilitators might face are interpersonal relationships. There could be best friends, fighting friends, you know, all within groups depending on how they're organized so always dealing with the interpersonal relationships and their impact on groups is common with any type of group intervention.

And certainly, you know, girls' everyday lives impact their ability to participate in any type of intervention so whether it be transportation or social activities, school activities, if they're employed, all could impact attendance so it's just that as agencies go about wanting to implement HIP Teens, thinking about those ahead of time, certainly strategies for success.

You know your agency and community the best so reaching out to those in the community to make sure you kind of planned out strategies for possible challenges you might face, little bumps in the road ahead of time certainly helpful but as we all know working with adolescents it's always the opportunity to learn from them and to work with the community.

And certainly I guess I can't stress enough the need for well-trained facilitators. We can attest to the importance of training and ongoing assessments of how the intervention's being provided, keeping it on track.

Jaclyn Ruiz: And then do you have any plans to update the curriculum or any revisions that are coming down the pipeline that our future grantees may need to know about?

Dianne Morrison-Beedy: These revisions are in their very early stages so they won't be available in the near future for modifications but we are working on college-age African-American women and any modifications we might need for HIP Teens for them as well as providing the intervention to mother-daughter diets.

Jaclyn Ruiz: Sounds great so just to sort of point out that Slide 12 has all the additional resources. As Dianne mentioned, there is a Website for HIP Teens which you can see there and then here you'll also find additional resources on the Health Improvement Project for TEENS.

We're hoping that with these resources in conjunction with today's Webinar, it'll provide you with greater understanding of this evidence-based program and assist you in making not only an informed decision on which program to select for your community but how to best prepare for and implement the program. Any final words, Dianne?

Dianne Morrison-Beedy: I would just say that we developed HIP Teens with adolescent girls in mind through their input, through the input of the community, through the support of, you know, really trying to develop a tailored, gender-specific intervention that met the needs of today's girls and all the challenges they face in making good behavioral choices and we're just very proud of the Health Improvement Project for Teens.

Jaclyn Ruiz: Well, I just want to thank you so much for taking time today to put this information together and present it to grantees. I know that they will find this information incredibly helpful and I also just want to thank you for you, you

know, continued dedication to the field of HIV-AIDS risk reduction especially for adolescent girls which of course is a population that is near and dear to our heart so thank you so much.

Dianne Morrison-Beedy: Absolutely my pleasure.

Coordinator: This now will conclude today's meeting. All lines can disconnect at this time.

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