

NWX-OS-OGC-RKVL (US)

**Moderator: Tish Hall
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1:00 pm CT**

Coordinator: Welcome everyone and thank you for standing by. Just would like to inform all participants that today's call is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the call over to Ms. Tish Hall. And you may begin.

Tish Hall: Thank you. Today we'll be interviewing Dr. Loretta Jemmott 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 having shown effectiveness in reducing teen pregnancy, sexual transmitted disease and sexual risk behaviors. The goals of these interviews is to ask developers some of the most frequently asked questions by OAH grantees.

The Webinar series was developed as a technical assistance product for use with OAH grantee programs to provide additional guidance on selecting, planning and implementing any 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 are identified later in this PowerPoint presentation. Also, inclusion on the HHS TPP evidence based review does not imply endorsement from OAH.

Program selection is up to the grantees. So today we have Dr. Loretta Jemmott and she is one of the nation's foremost researchers in the field of HIV Aids, STD and pregnancy prevention. Having the most consistence track record of evidence based sexual risk reduction interventions.

As an expert in health promotion research she has led the nation in understanding the psychology determinants for reducing risk related behaviors. Her premier contribution is development of knowledge on how best to facilitate and promote positive changes in health behaviors.

Her research is devoted to designing and evaluating theory driven, culturally competent sexual risk reduction behavior interventions with variety of populations across the globe. So thank you Dr. Jemmott for joining us today. How are you?

Loretta Jemmott: I'm fine. It's a pleasure to be here. Thank you for doing this with me.

Tish Hall: Great. So today we're going to dig into Making Proud Choices and could you briefly take a moment and describe the program including the program goals and the core components of the program and how possibly that the content is being delivered in the content?

Loretta Jemmott: Okay. I certainly can. Making Proud Choices. It really is designed to empower adolescents to change their behavior in ways that reduce their risk for HIV,

STD and teen pregnancy. And will increase their knowledge, bolster positive attitudes towards abstinence and condom use.

We also want to help people who are vulnerable to HIV, STD and teen pregnancy. One of the problems with today's teens is that they don't think it can happen to them. Oh, I'm not going to get pregnant. Or she won't get pregnant.

Or I'm going to get infect but you're going to have to say, yes you can if you have unprotected sex things will happen to you and so we're help them see that. Once you can do that then they'll be more apt to listen to your messages about how to prevent this from happening to me.

So we want to increase perceived vulnerability. We also want to build their confidence and raise the self-efficacy to do the skills that we want them to do that we know will help them be safe. Skills like negotiation skills, refusal skills, how to practice abstinence and how to use condoms.

Those are critical skills for behavior change. And so more than that we also want to build their intentions to do these behaviors and build a sense of pride and responsibilities for choosing safe sex behaviors. So those are really some of our program goals.

And when you get to the key components, the key components of the program are basically knowledge is really key, self-efficacy or confidence building is what we talk about because I have the confidence to do it. Another key component is the skills. This is a skills based intervention.

We're going to practice and reinforcement is given and then when we do the skills, the negotiation and condom use it really gets supported by facilitator

who's specially trained to build it. Efficacy is a, you did a great job, do it again. I'm so proud of you for all the work you're doing.

So these are the components that are doing it. We learn how this program delivered. It's delivered in a highly interactive, youth centered, small group discussion. The young people have to feel that you really care about them and you're really listening to them and you believe in them.

If they feel that from you then they'll be more willing to do the behavior you're trying to get them to do. So we have games, interactive activities and role playing, we have handouts and posters. We have some excellent videos that are culturally appropriate for various populations that we serve.

And we have a lot of practice and feedback given, like I said before. One of the key things in here is the goals and dreams activities. Young people have goals and dreams for their future and we've got to believe in them and their goals and dreams.

They need to see that once they list these goals and dreams that behavior, they keep doing it can affect and impact their ability to obtain their goals and dreams. And so we talk about keeping goals and dreams alive.

And how they can be anything they want to be and how to be safe in their sexual risks so they can achieve these goals and dreams.

Tish Hall: Okay.

Loretta Jemmott: So those are the goals and components and delivery methods.

Tish Hall: Sounds great. Are there any other, I know that you said videos and DVDs, the interactive games. Are there any other technology requirements to deliver the program?

Loretta Jemmott: No there are not. Those are the only technology, TV, VCR mechanism to be able to use the video would be all there is needed.

Tish Hall: Okay. Great. So could you talk about the evaluation results? I'm sure you have many. But could you have a give us an overview of your evaluation results?

Loretta Jemmott: Well, as a scholar, my husband and I in our research, my husband is John Jemmott who is a professor at Penn, too, we designed our study to kind look at how we're going to measure whether this intervention was (unintelligible).

We did a large randomized control trial with about 659 middle school adolescents from about three middle schools in the area. And we randomly assigned these young people to one of three conditions. Condition one was a safe with sex condition. Condition two is an abstinence condition.

And condition three was the general health emotion condition or what we called that the control group. Once with them got randomized they're in small groups of about six to eight young people with an adult facilitator. In this particular study we wanted to look at the messenger.

So we randomly assigned these young people to either an adult facilitator or a peer facilitator who were doubled up to do the program. And also the message. The message was abstinence or safer sex message.

So this study had a lot of components for us to be able evaluate in a succinct and strong way, which individuals was best for whom and why and what facilitator type would be the best to do it.

And so these young people were in a program and it was an eight hour curriculum which was implemented over two consecutive Saturdays. For at and for what in each curriculum had one-hour modules, which means eight one-hour modules.

So four were done on one Saturday and then they came back and did four the other Saturday. Now to do this we did baseline pretest measures first. Before they got randomized to the condition. And then they went to their preassigned rooms.

They stayed in there and had lunch and breaks and stuff and then they went home and then they came back and went back to those same rooms and then they did their posttest the end of the second day. And we followed these young people for three, six and 12 months later. What did we find?

Oh my God it was such an exciting study. We saw that the curriculum that was for the safer sex young people that they had more consistent condom use, less unprotected sex, higher frequency of condom use, decrease in the frequency of sex.

Increased knowledge, more positive attitude towards condom use and greater self-efficacy and confidence to use condoms. And guess what? The adult and peer facilitators were equally effective. So it really was an exciting study and we compare this to the control group on health.

This study was published in the American Journal - the Journal of American Medical Association, JAMA. And it was an exciting and very popular study when it came out.

Tish Hall: Okay. Great. So we talked about, you know, the randomized control trial but we haven't talked about the target population yet. Who is this program designed for and who - what was the evaluated population and the target population?

Loretta Jemmott: Well when first did the study we did the study with middle school aged young people, sixth, seventh and eighth graders. And they were 11 to 14 years old and mostly African American and Latino youth but later what we - and it was mixed gender groups.

Later as we continued to roll it out and evaluate it with lots of different programs and we continued to see that it worked with older people, older teens, younger teens, multi-ethnic groups, in high schools, in middle schools and youth center organizations.

However, when you do this program with young people between the ages of 11 and 18 it's best to have the 11 to 14 together and maybe 15 to 18 together. And so you've got to space your ages because there's developmentally different issues going on with adolescents.

And you don't want to have the 11 year old with an 18 year old. But the program over the last 15 years has been implemented with various populations all over the country and it has continued to have the same kind of wonderful outcomes.

Tish Hall: Great. So when we talk about settings. Where are these young people coming from? Where are the appropriate settings to implement Making Proud Choices?

Loretta Jemmott: Well typically schools. During school periods because we found that some places across the country are using it right into the schools with health educators and doing it that way.

Some people are doing it on after school programs and Saturday programs, youth are recruited from various schools and community agencies. Other settings could be group homes for teens. Health clinics. Organizations serving foster care youth.

There's a wide variety of juvenile detention facilities. Wherever it is young people that you can gather a group together and you're concerned about reducing teen pregnancy, STDs or HIV, Making Proud Choices is a great curriculum.

It can work for a multitude of adolescents from various urban, rural, suburban populations and it still continues to have evidence of safer sexual outcomes.

Tish Hall: Great. So let's talk about adaptations. Why adaptations are required for OAH has to approve that actually adaptation as well as sometimes we take into consideration the approval from the developer.

And often times it's helpful for the organization to get a sense of previous adaptations that have been successfully implemented. Can you provide some examples of types of minor adaptations that have been allowed with your program?

Loretta Jemmott: Yes, some of the adaptations that have occurred with the program has been the issue of - the first issue of time. Because people always want to know if they can implement this in one day a week, two days a week, one - they just want to know how can you split it over time.

So we've allowed people to the way I just described it, which is four hours on one Saturday and four hours another Saturday. We've allowed people to do it one day a week for eight weeks. We've allowed people to do it two times a week for four week program.

So the timing and the implementing the same work has been adapted and continues to be working. We've also had to deal with the group size. In our study we used small groups, six to eight young people in the group.

But in programs that have larger size classrooms or larger size group of adolescents together and so we've been able to adapt it to be able to work well with larger group size populations.

And then we've also had adaptations of facilitator because in the original study it was African American facilitators to health educators or teachers. But now we've found that facilitators can be different ethnic and professional backgrounds. The peer educators can be used.

The most important thing about facilitators is just have to go through the training. So those are probably adaptations that we've had. But there's some other potential adaptations like settings could be in the future.

You could do it with the LGBT youth populations and we haven't done that yet and that's an exciting opportunity for potential adaptation. And also how

about - I go around the country and people talk about Loretta what about youths with disabilities.

And so we've never had anybody adapt it for that population. And so that has been an exciting opportunity to think. Another adaptation that has current - it's a cultural relevance. People say can they change or adapt it for the DVD.

So I tell them yes, you can change the name of the people in role plays, the metro cultural group. You can change the videos to metro cultural group, but you've got to maintain the core elements and the integrity of the program when you do that.

And so those are some of the things that we've been working with the people to do.

Tish Hall: Great. And I know when you are implementing programs and hitting the ground running one of the things that grantees may have a question about is staffing recommendations for successful implementation. What qualifications or recommendations would you make around staffing?

Loretta Jemmott: Okay now staffing depends on the agency. Sometimes if you only have one or two staff you have to do - what you do is what you have. And so you try and make sure you have more than person.

Because if somebody is sick and can't go out then you've missed an opportunity to reach the kids and they're disappointed that you didn't come to the class or the program that you're going to be doing it.

And sometimes you need an administrator person to help organize and plan these sessions and call the community agency or school and set things up. So it depends on the agency with whom you're working.

If people don't have a whole lot of funding they just do the whole thing themselves. They organize it. Make it happen. Go to the school. Come back. Write their own notes. Other people that have staff and teams that go out. So it depends on your funding and the size of the program you have.

But basically the background and experience of your facilitators is critical. You know, that's critical because you want people to have professional background such as a nurse, a teacher, a health educator, a social worker, a counselor.

Somebody that knows how to engage young people in following and listening to them. We also say that there's some required, recommended skills that people got to have. For instance they have to go through the two day formal training of the program.

And have to be able to experience working with multi-racial youth and youth from diverse backgrounds and have great group facilitation skills. But two things that are important.

And they have to be comfortable discussing sexual health issues with teens and bolster their confidence and their behavior in feeling about their sexual health development. But more important than that facilitators are like to have them be able to relate to the youth, you know, and their life circumstances.

Believe in them and believe in their resilience. And you got to hear me say that young people can feel what you feel for them. And if they feel you're not genuine then you've blown it as a facilitator, educator to reach them.

So as a facilitator you got to be able to reach out and have the young people to really engage in you, believe in you and trust in you so that you can take them from place where they are to the place you want them to go which is to be safe and not get pregnant, get infected with HIV or STD.

Tish Hall: Okay. Sounds great. Are there any training considerations? I mean is the program, is there a specific training? Where can training opportunities be accessed? Do you have that information?

Loretta Jemmott: Well there's two types of training models. There's a train a facilitator model which is a two day training program that's designed to give the person skills to effectively implement the program.

You learn the program, the curriculum, you practice and you give feedback and it goes well. And then there's the TOT which is the train the trainer which is three to four days depending on your organization who's training the trainer to go out and train other people on how to do it.

It all depends on your size and your group and your costs and what you trying to do within your agency. Also we need to understand all that and we need to know there are additional places where you can get the training and training is available to be at your site. It can be in your neighborhood.

It can be in your city. It can be regional. It could be at the developer's town, at their university. So it could be different places and you can get this training

through Jemmott Innovations Group or some of our partner agencies such as Healthy Teen Network, JSI, ETR, Teenwise Minnesota and Select Media.

Tish Hall: Great. So let's kind of try to wrap this up but I want to talk about challenges and strategies for success. Have you heard from people from the field about common challenges and do you have recommendations for strategies to succeed with implementation?

Loretta Jemmott: Yes. There's challenges when you're trying to take an evidenced based program that was done and to implement it in some settings. One of the challenges is the program was done on a Saturday in which we didn't have to deal with some of the school board issues and feelings.

So one of the issues is the school boards, administrators and teachers and parents feelings about condom demonstrations in the school setting. You know, so a strategy to resolve that is to be flexible and meet with the school board, principals, and parents to kind of hear what their issues are try to come up with some strategies to resolve them.

Another challenge is the in school class time. You have a one-hour module, you have eight modules that are one-hour long. And then your classroom sizes that are supposed to be - the classroom timeframe is 50 minutes, maybe 45 minutes.

By the time the kids get settled and get in class and get ready you've only got 30 minutes left. And so now you're trying to figure out how am I going to teach this content in 30 minutes when really it was designed to be one-hour?

And so that was a challenge and class sizes are large. And so they're trying to figure out how would you do this program that was designed for a small class in this large class room size. Another issue is absenteeism.

Kids don't come all the time to school you have missing students which sometimes they have missed various components of the program. And so we have to figure out some of those things so we designed a school based program that has some of their issues and its better.

So we have a Making Proud Choices school version curriculum now that is divided up into 45 minute modules. You may have to make it 40 minutes because you want to make sure that we get the time in there to do it and then we also tell them how to work with large class sizes in their curriculum too.

So that's a special design adaptation of our curriculums have been able to do that. And we also say another strategy is to maybe, you know, maybe you want to do these programs after school, off campus, you know, with youth service organizations.

So that the youth serving organizations can have a more flexibility in the timing in which they run their programs. You also say another strategy is to reach out to partners for wrap around services for things that might emerge in your group that you can't handle in your agency.

And some people say that they want offer incentives for the young people to come back. So those are some of the different challenges and strategies that we've had.

Tish Hall: Great. We have a couple more things. Are there any recent or planned revisions coming up with Making Proud Choices?

Loretta Jemmott: Well, right now the most recent publication is the 2012 model. We're going to be looking at that over this timeframe here between now and July 1 to make sure that, that's the model that we want to go out for this new phase here and so we are having meetings about that now. But it's going well.

We have Making Proud Choices in school editions that 2014 is ready to go out and that's new. And we have further information on publication of a (unintelligible) the manual is actually (unintelligible).

So you can call and ask them about what they've been doing. But we have training materials and it's through Jemmott Innovations Group.

Tish Hall: Great. And so we wanted to add a couple of additional resources here in this final slide is the HHS Teen Pregnancy Prevention Evidence Review which lists all the program models in a searchable database.

There's also a link to the implementation report which provides more information about Making Proud Choices and other program models. And then there's also a link for Dr. Jemmott's Innovation Group and that's also located here on the slide.

Dr. Jemmott, I want to thank you for taking the time to talk about Making Proud Choices. I think the program is a great program for grantees to explore and thank you for taking the time to present to our grantees. And I know they will definitely have a lot of incredible helpful information.

Loretta Jemmott: All right. Thank you for having me. People who have used Making Proud Choices have really loved it. The young people have highly rated it and this is

the one program that has continued to move around the country. It's one of our top programs in the nation.

We we're very excited about Making Proud Choices.

Tish Hall: Thank you again.

Loretta Jemmott: Thank you.

END OF MAKING PROUD CHOICES