

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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Jaclyn Ruiz: Today, we'll be interviewing Dr. Karin Coyle 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 by OAH grantees. The Webinar series was developed as a technical assistance product for use with OAH grant programs to provide additional guidance on selecting, planning and implementing an evidence-based program for teen pregnancy prevention.

This Webinar should not be used by 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 the HHS/TPP evidence review does not imply endorsement from OAH and that program selection is up to grantees.

As I mentioned, today we're interviewing Dr. Karin Coyle. Dr. Coyle is a senior research scientist at ETR and specializes in the development and evaluation of sexual health education programs, particularly for young people in middle or high school settings.

Her current work focuses on using blended learning for sexual health education and promoting healthy relationships as a pathway for reducing pregnancy and disease. Welcome, Dr. Coyle.

Karin Coyle: Thank you, good morning.

Jaclyn Ruiz: Can you please briefly describe your program, Safer Choices.

Karin Coyle: Yes, Safer Choices is a two-year, multi-component school-based intervention designed to reduce the number of youth who have unprotected vaginal intercourse by reducing the number of students who begin or have sex and increasing the use of condoms and other methods of protection among those having sex.

Safer Choices has five key components. They are listed on the slide. There's a school organization component, a curriculum component at the 9th and 10th grades, a school environment component that involves having a peer teen plan and conduct school-wide activities, parent education, and a school-community linkage component.

In general, the intervention is delivered via the classroom. The curriculum is the most intensive component and, then, through other activities outside the classroom, the peer component - the school-wide component - is the second most intensive.

The parent-education and the school-community linkage component - some of that is woven in and occurs as part of the curriculum and then is also part of the school organization piece.

Jaclyn Ruiz: I'm actually going to ask if it's possible - can you expand a little bit about what you mean by school organization.

Karin Coyle: Yes, the school organization component is really a body that plans and owns and moves the program, it's a home for the program in the school. In the study itself, we used what was called, we've called school health promotion councils.

Many schools now have similar bodies of multi-disciplinary groups of parents, teachers, administrators, students, so that group out of school could be responsible.

But the importance of this component is really so that there's a group or a small group of individuals at the school who owns and is responsible for insuring the program gets implemented and all its components get implemented. They're the warriors.

Jaclyn Ruiz: Thank you for expanding upon that component. Can you please briefly talk about your previous evaluation results?

Karin Coyle: Sure, the study was done with California and Texas urban and suburban high schools. We had a number of behavioral findings that are listed out on the slide, including reducing the number of acts of intercourse without a condom among sexually experienced students, both at the 7-month and 31-month follow-ups.

Reduce the number of partners with whom sexually experienced students had sexual intercourse without using a condom, at the 31-month follow-up, increasing the use of effective STI and pregnancy prevention methods at last intercourse among sexually experienced students.

And then we also examined psycho-social variables in the majority of those who are in the positive direction such as knowledge and self-efficacy to get and use condoms.

Jaclyn Ruiz: Oh, and actually I see that there is an additional slide, Slide 6 that talks a little bit more about the studies that you may have implemented or done. Do you want to talk a little bit about these studies?

Karin Coyle: Sure, the additional studies looked at same original study base, so these were studied too where we found, among Hispanic use safer choices delayed the initiation of sex for 31-months. So that was a sub-group analysis where we looked at the impact by race and ethnic sub-groups as well as sub-groups based on sex and so that was a key finding.

And then, the third study really looked at, again, from the same initial study of Texas and California schools and found that we increase condom and contraceptive use among sexually active students at baseline at the 7 and 19-month follow-ups and then those effects dissipated by the 31-month follow-up.

That study really reflected a slightly different way of analyzing the outcome data. And so same data, just the way that the data were analyzed and the sub-group formed is slightly different in that one.

Jaclyn Ruiz: Okay, thank you for expanding upon that. Can you talk a little bit more about the evaluated populations first? Any other populations that you think the program would be applicable for?

Karin Coyle: Absolutely. The evaluated populations, again urban, suburban schools, very diverse use in terms of racial ethnic mix - it was tested on all teens regardless of their sexual experience. The curriculum was tested in 9th and 10th grades.

It could be used in mixed or single-gender classrooms with a range of racial or ethnic populations. It's applicable for urban, suburban, rural, the schools in the study and it could be - were low income. Certainly could be continued to be used in that type of, with that type of population.

And, again, with all teens regardless of the sexual experience, its message is choosing not to have sex is the safest choice and then there's using protection, for anyone having sex, is a safer choice.

Jaclyn Ruiz: And can you talk a little bit - actually I feel like you've already addressed the Slide 8 settings where you talked about evaluated with urban and suburban high schools. But that is, may be applicable for some rural high schools, and I just want to sort of go out on a limb here and assume that it should remain in the school setting?

Karin Coyle: It is, because of the multi-component in the multi-year nature of the intervention, it is ideal for a school setting. It would be difficult to implement in a non-school setting and maintain fidelity to all the components and the implementation sequence. So I do think it's ideal for school settings but would not work very well in non-school settings.

Jaclyn Ruiz: Thank you for that. And while adaptations require OAH prior approval and at times approval by the developer, it can be helpful for organizations to get a sense of previous adaptations that have been successfully implemented. Can you expand upon any adaptations that you are aware of that have been successfully implemented?

Karin Coyle: Absolutely, we - ETR using a paradigm of green, yellow, red light adaptations where green are encouraged, yellow require more conversation and input, and red are discouraged because it will impact fidelity and effectiveness.

So with potential adaptations making adjustments to enhance the cultural relevance, whether that is changing role-play scenarios, changing names, changing language, adding contextual information, for example, weaving in more around the use of technology and how that might impact skills, refusal skills, et cetera, all of those are considered minor adaptations or green light adaptations and those are encouraged to optimize the program for a user's particular population.

Another potential adaptation, we get asked this quite a bit, is can this program be slid down? So can we start at 8th and do 8th and 9th grade. That is possible but more difficult and would just require conversations and thought about the feeder patterns from the 8th grade settings to the 9th grade settings where the young people get the boost at 9th grade.

Implementing the school-wide components, one would have to do it in both settings. That's a little bit more difficult. So, we've noted that as a yellow light, but we have had conversations with sites about that adaptation.

Some people also ask about can they slide it the other way to 10th and 11th grade, that's a little easier than jockeying between two grade levels and systems where middle and high school are separate buildings.

Jaclyn Ruiz: I'm glad you mentioned about the older youth, because I made a little note about, I wonder about 11th to 12th grade. Is that something that you would still request people have a conversation with you or ETR about in terms of implement?

Karin Coyle: It's worse having a conversation once you start moving up to 12th grade. Just to think about the developmental appropriateness, the messages and the content should be all right. If you have a very, very highly sexually active population, you may want a program that focuses more on protection.

This certainly - a safer choice is protection, key message throughout, but there is a, you know, choose not to have sex and while anybody, regardless of age, can always make that choice and we emphasize that in Safer Choices, it's just an important conversation to have when thinking about the fit of this program for one's population.

Jaclyn Ruiz: That you for that information. Can you describe any staffing recommendations that you have for the program?

Karin Coyle: Sure, the staffing considerations for the classroom component, one educator per class and in general the educators teach multiple classes concurrently. Can use classroom teachers, health or science or social studies teachers, or CBO based visiting health educators - either model will work. The study was tested by training classroom teachers, so that was the model we used in the study itself.

Characteristics of the educators - certainly rapport with youth is critical, experience with interactive teaching strategies, experience and comfort with sexuality and talking about sexual health, and then training to implement the program.

Jaclyn Ruiz: And how about training opportunities? I know you've mentioned that they need to be trained. So, what training opportunities are available?

Karin Coyle: ETR offers a range of training options to support high-quality implementation with fidelity. This slide shows the various types of training options that are provided, and these are described in more detail on ETRs Web site.

So, both training of educators, booster trainings, we use both of those in the study. ETR offers training of trainers, program enrichment trainings, we offer TA.

There's also a help desk feature on our Web site, so potential grantees or users are welcome to ask us questions. We really like having people use the help desk. We post then the question and the answer on the Web site for the broader use, so that others who have similar questions can see a response.

Jaclyn Ruiz: Thank you for that. And actually, this helps go into Slide 12, where you talk about implementation challenges and possible strategies to overcome those challenges. Can you talk a little bit about that?

Karin Coyle: Definitely. The most common challenge with this program is the multi-component nature and intentionally we created it so that it addressed the multiple environments in which a young person operates so that there's similarity and support across those environments but that core component or that element of multi-components is very difficult.

So it, some solutions for that is really thinking about using the structures and supports for that already exist in a school setting. Like I said there are existing councils or groups that maybe could take on this program and be the warrior and the holder of the program. So, instead of creating another council to do it, tapping into existing structures is a good way to address that challenge.

Engaging parents is always a challenge with programs like this. Most of the parent's engagement comes through the parent-guardian-child homework activities within the curriculum. Those are described in the parent consent form that goes home ahead of time. But any kind of promotion around the importance of that and engaging parents that way is a plus to help address that.

There are also, there's flexibility within Safer Choices so that school sites can create parent activities that meet, kind of, the needs and style of how they normally engage parents.

So that's the one thing, a very positive feature of Safer Choices is, there are protocols in place but flexibility within those protocols to allow sites to kind of customize these components to their population and their traditional approaches for engaging parents.

The other challenge that we faced, and others that are implementing it face, is determining the best classes for the curriculum component. There are, each year, so there's 9th and 10th Grade, there are 11 lessons in the 9th Grade and 10 in the 10th Grade, so finding a class that serves most or all youth in those two grades for the curriculum is important.

And whether that's science or social studies, but because Safer Choices really is designed to not only work at the individual level but permeate the school environment with the peer team and then with trying to reach the majority of young people, that's an important element, is finding a class where you can reach most or all of those 9th and 10th graders.

Jaclyn Ruiz: Thank you for that information. And do you have any recent or planned curriculum revisions to the study program?

Karin Coyle: ETR routinely works with the curricula to update the facts and the source citations. We're also updating and reprioritizing the birth-control information. So those are ongoing and kind of routine revisions for this and other programs.

Jaclyn Ruiz: And a question I don't know if we addressed earlier, but, in one of our earlier interviews, I thought about. Is there any other languages that this curriculum may have been translated to or is it just in English for right now?

Karin Coyle: This is in English right now and so it could be, I mean there's - it could be translated if users had the resources to do that, but right now through ETR it's English only.

Jaclyn Ruiz: Okay. Thank you for that information.

And so on Slide 14 and 15, you'll find some additional resources on Safer Choices and we hope that these resources in conjunction with today's Webinar will provide a comprehensive understanding of this evidence-based teen pregnancy prevention program, and will assist you in making not only an informed decision on which evidence-based program to select for your community but how to best prepare for and implement the program.

Do you have any final words, Karin?

Karin Coyle: I think my final word is that this is a - it looks complex when you look at the five components and daunting, so users or potential grantees considering this program look more closely at its elements. A lot of it happens through the curriculum and through the peer team, so it's not quite as complex as it appears at first.

The beauty of this program is its multi-components. I mean, that was the intent, is what happens when we really address multiple environments that young people navigate every day and try to promote similar messages across those environments and so that's important when users are considering this program.

Jaclyn Ruiz: Thank you for that. I also just on a personal note want to say I know I personally have current grantees that have implemented multi-year programs in school settings.

And so your comments about really identifying sort of the champions in the organizations at the school to help sort of develop the buy-in and get them involved in the programs so that they make sure that it's implemented with fidelity and across the two years.

I know, even in other programs where it's the same sort of multi-year component, if they get the buy-in with the school from the very beginning and have the school invested in it, and everybody understands what the program is, it really does make for a much more successful program.

Karin Coyle: Absolutely. And that's exactly the purpose of the school organization component, and the use of champion is perfect. That's - it's a small group of champions that keep it alive and keep it present as everybody gets bogged down in their day-to-day and that's - with these type of, these more complex programs and even with the simpler programs, that's an important element to keep sexual health education alive.

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

Karin Coyle: Thank you.

Jaclyn Ruiz: And (Tony), can we go ahead and end the recording?

Coordinator: Absolutely.

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