

**NWX-OS-OGC-RKVL (US)**

**Moderator: Tish Hall  
February 20, 2015  
12:30 pm CT**

Coordinator: Welcome and thank you for standing by. At this time this call is being recorded. If you have any objections you may disconnect. Ms. Tish you may begin your conference.

Tish Hall: Thank you. Good afternoon. 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 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 Webinars series was developed as a technical assistant 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 on its own but as a complementary piece to various other resources available online.

Additional resources can be identified later in this PowerPoint presentation.

Also inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not imply endorsement from the Office of Adolescent Health. Program selection is up to the grantees.

So today I want to introduce to you Dr. Loretta Sweet Jemmott. She is one of the nation's foremost researchers in the field of HIV AIDS, STD, and pregnancy prevention having the most consistent track record of evidence-based sexual risk reduction interventions.

As an expert in health promotion research she has led the nation in understanding the psychological determinants for reducing risk related behaviors.

Her premier contribution is a development of knowledge on how to best facilitate and promote positive changes in health behaviors.

Her research is devoted to designing and evaluating theory driven culturally competent sexual risk reduction behavioral interventions with various populations across the globe.

These studies have not only demonstrated remarkable success in reducing sexual risk associated behaviors but have also reduced the incidence of sexually transmitted diseases.

So thank you Dr. Jemmott for joining us today. How are you?

Dr. Loretta Jemmott: I'm fine and thank you so much for having me. This is an exciting opportunity so I'm grateful to be here.

Tish Hall: Great. So today we want to take the time to talk to about your program Sisters Saving Sisters. Could you give us a little bit of background information on Sisters Saving Sisters like the goals and the core components of the program?

Dr. Loretta Jemmott: Sisters Saving Sisters it was one of our most exciting programs of study that we did. The goals of the program was basically to empower young women to change their behavior in ways that will reduce their risk of becoming infected with HIV or other STDs or getting pregnant also wanted to build their knowledge and the skills and their motivation to reduce such risk behaviors.

One key thing that we wanted to do was build the self-confidence of what we call self-efficacy.

Another thing we want to build the skills and negotiation referral skills and also to bolster the positive attitudes and intentions to use condoms and to know how to use condoms correctly.

So these activities were integrated in a nice fun interactive way. Our delivery mode is interactive groups with a small group discussion with games, activities and role-plays.

We use special DVDs and video clips in this video package. And we have a lot of practice and feedback for support. It was exciting time so it was a great program.

Tish Hall: Great. And so I'm sure with the evaluation there was some outcomes or some results that you would like to share about the program?

Dr. Loretta Jemmott: Yes. In this particular study we were able to randomly assign African-American and Latino sexually active young ladies typically about 682 of them from an adolescent medical clinic in urban community.

And we randomly assigned these ladies to one of three conditions. A information alone condition with (unintelligible) just focused on information about HIV, STD and teen pregnancy.

The second condition was a skilled based intervention which taught them the skills they needed to prevent these infections and prevent pregnancies as well as information.

And the third condition was the control group on general health promotion.

We also was able to do baseline exams for gonorrhea and chlamydia so that to be able to test not only self-import data but some biological outcomes.

We were excited to say that we followed these women for a baseline of three, six and 12 months and to - afterwards. And we had 88.6% return rate 12 months later.

And it didn't differentiate no significance upon which ones we termed by condition.

Excited news is that those in the skill base intervention were the most effective. That means that the women who were randomly assigned to the skill-based intervention reduced their frequency of unprotected sex, reduce their numbers of partners, had a similar efficacy and attention to use condoms. And guess what after 12 months follow-up we found a reduction in STD rates.

So this study not only had a self-report behavioral change but also had a biological marker of change in STD rates - only a few for adolescent girls in the nation.

Tish Hall: Wow. That's exciting. Thank you for sharing that information. So you talked a little bit about who the target population was that you evaluated. Is that a little different than the actual target population of the program?

Dr. Loretta Jemmott: Thank you for that question. No we did the study with Latino and African-American adolescents females. But not it can be adapted and it has been used for multi-ethnic racial female adolescents within adolescent medical clinics, middle schools or high schools or youth based, you know, community-based organizations.

We did it with older teens, (unintelligible) younger teens 11 to 14 and with teens 15 to 18. And you can evaluate it differently by different populations. So it's been an exciting program to see take off.

Tish Hall: Great. So evaluated settings. You talked about it being evaluated in medical clinics and lower income inner-city communities. Are there other settings that would be implemented in or could be?

Dr. Loretta Jemmott: This program is so cool that it can be implemented in school classroom settings or class and race programs, after school programs, the youth serving community-based organizations, group home for teens, foster care for teens.

It's a very empowering program for adolescent girls. It gives them the message of Sisters Saving Sisters we can save ourselves and it's really a powerful piece. So yes any of those settings would be fine.

Tish Hall: Okay. So let's talk a little bit of about adaptations. I'm sure that you have you allowed some adaptations or adaptations have been made to fit the population or the community that is implementing the program.

I just want to give a caveat that adaptations with OAH are - or grantees in using OAH funding have to get prior approval from us.

And most of the times we try to also talk with the developer to talk about those adaptations. So are there any helpful or successful adaptations that have been made and implemented into the program?

Dr. Loretta Jemmott: Yes. (Unintelligible) to know some are things that can be implemented differently. There's timing because the integrating can be implemented in different time frames. Five months can input one time or you can do one module a day or two a day depending on that.

The settings can be different. It could be a community agency that serve LGBTQ young for women. Agencies serving women with disabilities or in school, after school programs.

So our cultural relevance is different because, you know, and we can use - you can adapt the interventions to change the names of the women in the program. So if you want to use other names that reflect the culture of the community that you're serving you can do that.

You can do the same thing with the DVDs and videos. If the DVDs and videos do not reflect the culture that you're working with you can make those kind of changes too.

It's only in English right now so there is no other language. But the target population can be any young women from any population that's disabled, incarcerated, ethnically diverse, LGBTQ -- doesn't really matter.

Group PHATs started out in the study with about six to eight young people in the group. You can now do it with as many teens as you want as long as you have support to do it in.

And facilitators can be of different ethnic races. You don't have to be black or Latino. It can be a program where it doesn't matter of your race as long as you're a female implementer or facilitator. And peer educators can be used too.

Tish Hall: Okay so you brought up a great point about facilitators. And, you know, staffing and having the right facilitators for a program is like key to successful implementation.

So are there certain qualifications that you would describe that a good facilitator would need or training that would be needed for this program?

Dr. Loretta Jemmott: Yes. Staffing is key so you want to make sure you have at least two facilitator because one is sick and someone would serve as backup.

But experienced in the background should be somebody with a professional background like a nurse, a teacher, a health educator, a social worker or counselor or somebody who understands the context of teens and their lives they deal with today.

I suggest that some of the recommended skills will be first they have to have formal training on the curriculum. But they must have experience working with multiracial youth from diverse backgrounds and ages are recommended.

You know, we want somebody with experience with good facilitation, somebody who's comfortable also in discussing sexual health issues with teens that can bolster their sexual development and make them feel good and positive about themselves.

But most important to me is that to be able to relate to youths in their life circumstances, to believe in them and to believe in their resilience. We see them pretty positive because we really won't be able to have type a facilitator to be able to do.

Tish Hall: Okay, thank you. So in that you mentioned a few seconds ago about going through a training on the curricula. Are there certain training considerations that we need to talk about?

Dr. Loretta Jemmott: Yes there's two things. One if you're going to be trained in our curriculum you need to go to a special training. We call it facilitator training model which is a (unintelligible).

It's normally a two day training where it's designed to help those to develop the skills to effectively implement the curriculum with their community that they are serving.

But there's other model called the Train the Trainer model where we train them to train the other facilitators on how to do that. And that's like a three or four day program.

The cost will vary depending on the group's size. And, you know, (unintelligible) intervention groups have these other training teams who meet with us and so we have a partnership with other agencies like Healthy Teen Network, JSI, ETR, Teenwise Minnesota and Select Media who are available to help us with some of the training if needed.

Tish Hall: Okay. Thank you. So I'm sure that there have been some common challenges or some things that arise when implementing Sisters Saving Sisters.

Do you have any of those that you could share with us and then possibly give us the strategies for success for overcoming those?

Dr. Loretta Jemmott: Okay. Well as always most one thing that keeps arising for us is one of the major challenges is time, time to do it with fidelity because issues emerge in the conversation where people want to talk longer than the allotted time that we have.

So we have time as one of the issues and sometimes space or room allocation in a clinical setting or community setting where they can do it.

In school some of the issues and common challenges are, you know, some of these policies that people having around sexual health and condom use

education the principals and some teachers have as well as parental attitudes they have around sexual health education in a school setting when parents might believe they'd rather do it at home themselves.

Some of the strategies for success at least as one of us is the major thing for us to do is be flexible. So if you're flexible you'll be open willing to listen to other people's issues and concerns.

Then you want to meet with the clinical directors of these hospitals or clinics or nurseries or healthcare staff school boards or these schools or principals and parents are to discuss some of issues and concerns and some strategies that we can pull together as a team to resolve them.

We can also say if we can't do it in schools can we do it after school or community-based programs?

If we can't do it that way then we want to figure ways to reach out to partners for wraparound services so that we can figure out ways in which we can work together to reduce teen pregnancy HIV and STDs among adolescent girls.

Tish Hall: Okay. So has the program been recently revised or are there any plan revisions to the program?

Dr. Loretta Jemmott: Well right now the last addition was made in 2012. We're going through it again to make sure it's okay for another publication.

But any information about publication can be facilitated manually. You can get it from select media. Any training that people were around they should become (unintelligible) innovations with.

Tish Hall: Okay. Well thank you Dr. Jemmott. We also wanted to make sure that those who are thinking about implementing Sisters Saving Sisters can find additional resources.

This slide contains information on the HHS Teen Pregnancy Prevention Evidence Review, the implementation report on Sisters Saving Sisters and also Dr. Jemmott's information and Jemmott Innovations and Select Media's information about Sisters Saving Sisters.

So as we're closing I wanted to know Dr. Jemmott are there any additional things that you would like to add or any final words about Sisters Saving Sisters?

Dr. Loretta Jemmott: Yes, yes, yes. I think that if you're looking for a program that's designed to empower young women with the confidence and the skills to be safe sexually Sisters Saving Sisters is the one.

It's brief. It's interactive. It's fun. They like it. They enjoy it and they learn a lot. And you leave feeling very positive about the skills that they have and that they want to engage in the behaviors that we want in reducing teen pregnancy, HIV and STD.

So choose Sisters Saving Sisters. This is the one for you.

Tish Hall: Great. Thank you Dr. Jemmott again for taking the time today to help us get this information out about Sisters Saving Sisters.

I'm sure that it will be incredibly helpful for anyone considering the program. And I thank you for your time.

Dr. Loretta Jemmott: Thank you, my pleasure.

**END SISTERS SAVING SISTERS INTERVIEW**