



Success Story: Knox County Health Department

Promoting *Safer Sex* in Tennessee (*psst*) – A Clinic-Based Intervention

Overview

Appalachian East Tennessee, which includes Knox, Cocke, Hamblen and Jefferson counties, is characterized by high rates of poverty, low educational attainment, and health disparities. As a result, a pregnant teenager often faces insurmountable challenges. Teen pregnancy disproportionately affects teens in this area; for example, in Hamblen County, teens had much higher rates of pregnancy in 2010 as compared to the rate of teen pregnancy in all of Tennessee (68.1 per 1,000 females 15-19 in Hamblen; 51.4 per 1,000 females 15-19 in Tennessee).¹ In addition to geographic disparities, teen pregnancy disproportionately affects minorities, with nearly 20% of minority teens experiencing a pregnancy before the age of 20.¹ In 2004, the pregnancy rate for black females age 15-19 (59.4 per 1,000) was more than double the rate for white females (26.2 per 1,000) of the same age.²

Program Description

The Knox County Health Department with funding from the Office of Adolescent Health and in collaboration with Cherokee Health Systems, Lisa Ross Birth and Women's Center, Rural Medical Services, and The University of Tennessee Medical Center, has implemented the clinic-based *Safer Sex Intervention (SSI)* in five locations in Appalachian East Tennessee. *SSI* is an evidence-based program for sexually active girls ages 13-19. The intervention is based on the Stages of Change Model and uses motivational interviewing to facilitate self-assessment and help move sexually-active teenage girls along the continuum of readiness to practice health promoting behavior. Specifically, the goals of the intervention are to increase condom use, decrease new sexually transmitted infections, and decrease teenage pregnancy. Secondary abstinence is also discussed and encouraged as a choice. Girls are seen for an initial visit where emphasis is placed on her self-assessed needs, and again at one, three, and six months for booster sessions. The girls are given education around relationships, anatomy and physiology, correct application of a condom, and opportunities to role-play with the *SSI* health educator.

Program Impact

Between September 1, 2011 and August 31, 2012, a total of 244 girls between the ages of 13 and 19 received the *SSI*. An evaluation indicated that among girls who attended all four sessions, 17% said they definitely did not plan to have sex in the next year. Of those who did plan to have sex in the next year, 96% said they intended to have their partner use a condom. Among program participants, 93% said that after one session they were more likely to ask their partner to use a condom if they have sex in the future. Furthermore, participants reported that *SSI* felt like a "long conversation with someone they could trust."



One facilitator shared her experience in the program, further highlighting the success:

During one intervention a participant told me about her boyfriend's refusal to use a condom. She had explained how he wasn't always nice to her, especially about sex. He pressured her and made her feel bad when she said no, so often she gave in. She wanted to stay in the relationship but decided to tell her boyfriend that she wouldn't have sex without a condom. We engaged in the role play, but she admitted he probably would not agree. A couple of weeks later she sent me a text saying, "Guess what?" She had shown her boyfriend the brochures and talked to him, and they had started to use condoms.

At her 6-month booster the participant told me she and her boyfriend had broken up, and she felt that the program had caused the breakup. I asked her to explain, and she said that her boyfriend hadn't wanted to continue using condoms, but she had insisted. She felt like for the first time she was able to stand up for herself and what was important to her, and she believed it was because of what she had learned in the program. Her boyfriend had seen the change in her and didn't like it, and so ultimately the relationship ended. She had been willing to lose her boyfriend in order to stand firm in her decisions, and she felt that in the future she would choose to be with someone who treated her with respect.

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¹ Division of Health Statistics. *Tennessee Adolescent Pregnancy Summary Data 2010*. Nashville, TN: TN Department of Health. Retrieved June 1, 2013, from <http://health.state.tn.us/statistics/pdffiles/adpreg10.pdf>

² TN Department of Health. *Racial and Ethnic Minority Tennesseans and Adolescent Pregnancy*. Retrieved June 1, 2013, from <http://health.state.tn.us/dmhde/adpregnancy.shtml>