Positive Youth Development: A Strategy to Promote Adolescent Reproductive Health

Presented at the
The Second Annual OAH/ACYF Teenage Pregnancy Prevention Grantee Conference
Expanding Our Experience and Expertise: Implementing Effective Teenage Pregnancy Prevention Programs
March 12-14, 2012
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Purpose of today’s talk

Provide an overview of Positive Youth Development (PYD) as a strategy to promote adolescent reproductive health.

Specific objectives:

1. Describe the results of a systematic review that identified PYD programs with evidence of promoting adolescent reproductive health
2. Highlight one program to illustrate how these programs work
3. Discuss ways that PYD approaches can be integrated into teen pregnancy prevention efforts in community and clinic contexts
Part One

A Systematic Review of Positive Youth Development Programs
Acknowledgements

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Supported by the U.S. Centers for Disease Control & Prevention:
History of Positive Youth Development Programs in the US

• Early 1900’s Adolescence emerges as a distinct stage of development
• Service programs, YM(W)CA, Scouting, Boys and Girls Clubs, develop, education extended to be more universal
• 1950’s Juvenile crime intervention and treatment programs first supported by government
• 1950-1970 Treatment programs for adolescents expand to substance use, conduct disorder, academic failure, teen pregnancy
• Mid 1960’s-mid 1970’s Prevention programs focused on a single problem begin to be developed, most were ineffective
• Mid 1970’s-1980’s Prevention programs begin to focus on precursors of a single problem, some successes occur
• Late 1980’s-early 1990’s Critiques begin of single problem approach to prevention

Source: Catalano 2009
Critiques of Single Problem Behavior Focus of Early Prevention Programs

**Practitioners and Policy Makers**

- Focus on single problems ignores the whole child.
- Focus on the individual and downplays the role of the environment.
- Developmental needs and competencies ignored.
- Problem-free does not mean fully prepared or healthy.
- Separates promotion from prevention.

**Prevention Scientists**

- Overlapping risk and protective factors predict diverse problems.
- Risk and protective factors located in both individual and environment.
- Developmental needs, processes and tasks often ignored.
- Protective factors often not addressed.

Source: Catalano 2009
Recommendations for a Broader Conception of Youth Development

**Practitioners**
- Focus on whole child
- Focus on developmental needs and challenges.
- Focus on the individual as well as the environment.
- Address cultural competence in program delivery
- Include promotion and prevention.

**Prevention Scientists**
- Address risk and protective factors for multiple problems
- Address risk and protective factors during critical developmental periods
- Engage multiple socialization units.
- Understand the developmental epidemiology of the target population.
- Include those at greatest risk.

Source: Catalano 2009
Defining Positive Youth Development

• Three aspects should be considered when deciding if a program uses a PYD approach:
  – Program Goals
  – Opportunities and Experiences
  – Program Atmosphere
Positive Youth Development Goals

Promote youth development by enhancing:

- Connectedness (bonding)
- Competence (social, cognitive, behavioral, emotional, moral)
- Confidence (self efficacy, self determination, belief in the future, clear & positive identity)
- Character (prosocial norms, spirituality)

Source: Catalano et al 1998
Provide Opportunities & Experiences

- Strengthen supports at home, school, community (e.g., teach parents and teachers better ways to communicate with and reinforce child behavior)
- Build skills (e.g., competency building curriculum, homework help)
- Engage in real and challenging roles (e.g., produce newsletter, community service, visit college campus)

Source: Catalano et al 1998, Roth & Brooks-Gunn 2003
Program Atmosphere

- Supportive (e.g., modify school procedures, encourage sense of belonging among youth)
- Empowering (e.g., involve youth in decision-making, put youth in “helper” role)
- Communicates expectations for positive behavior (e.g., explicit agreement on policies and consequences for infractions)
- Provides opportunities for recognition (e.g., ceremonies, articles in local newspapers)
- Stable & relatively long-lasting (at least one school year)

Source: Catalano et al 1998, Roth & Brooks-Gunn 2003
Inclusion Criteria for Review:
Program Characteristics

• Addresses one PYD “goal” in multiple socialization domains (family, school or community), or two or more goals in one socialization domain

• At least 50% of program activities focus on promoting general PYD goals (v. focus on direct sexual health content)

• Program focused on promotion or prevention

• Youth were less than 20 years of age

(Adapted from Catalano et al 1998)
Inclusion Criteria: Study Methods

The evaluation must have:

- An experimental or quasi-experimental design
- Appropriate statistical methods
- An appropriate unit of analysis
- Assessed the program’s impact on at least one reproductive health outcome measured during adolescence (e.g., sexual initiation, use of condom of birth control, pregnancy, STI)
Methods

• Electronic search of 8 online databases plus review of grey literature (1985-2007)

• Identified studies were summarized using a standard review form

• Each summary prepared independently by two reviewers who then met to reach consensus

• Program summaries were confirmed by original program developers (70%)
Results

• 30 PYD programs met eligibility criteria

• 15 of 30 programs improved at least one reproductive health outcome:
  – Delayed initiation of sexual intercourse (7)
  – Decreased frequency or recency of sex (3)
  – Increased use of birth control or condoms (6)
  – Decreased number of sexual partners (2)
  – Fewer pregnancies or births (6)
  – Fewer reported STIs (2)

• Most programs sustained impact well beyond the end of intervention

• Many affected other youth outcomes
# Effective Programs

## Preschool & Elementary Age

<table>
<thead>
<tr>
<th>PYD Program</th>
<th>ARH outcomes</th>
<th>Other outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abecedarian Project (Campbell, Ramey et al., 2002)</td>
<td>Teen birth</td>
<td>Academic achievement, employment, substance use</td>
</tr>
<tr>
<td>High/Scope Perry Preschool (Schweinhart et al., 1992, 2005)</td>
<td>Teen pregnancy</td>
<td>Crime, academic achievement, family relationships, substance use, employment</td>
</tr>
<tr>
<td>Seattle Social Development Project (Hawkins et al., 1999; Lonczak, Hawkins et al., 2005)</td>
<td>Ever sex, # of partners, delayed initiation, condom use, STI, pregnancy or birth</td>
<td>Academic achievement, crime/delinquency, violence, mental health</td>
</tr>
</tbody>
</table>
## Effective Programs: Middle School

<table>
<thead>
<tr>
<th>PYD Program</th>
<th>ARH outcomes</th>
<th>Other outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aban Aya – SCI (Flay et al., 2004)</td>
<td>Recent sex, condom use</td>
<td>Violence, provoking behavior, school delinquency, substance use</td>
</tr>
<tr>
<td>Adult Identity Mentoring (Clark et al., 2005)</td>
<td>Ever sex</td>
<td>Academic achievement, school suspensions</td>
</tr>
<tr>
<td>Gatehouse project (Patton et al., 2006)</td>
<td>Ever sex</td>
<td>Substance use, antisocial behavior</td>
</tr>
<tr>
<td>Keepin’ it REAL (Dilorio et al., 2002; 2006)</td>
<td>Condom use last sex</td>
<td>Substance use, violence</td>
</tr>
<tr>
<td>Staying Connected with Your Teen (Haggerty et al., 2007)</td>
<td>Ever sex</td>
<td></td>
</tr>
<tr>
<td>New Beginnings (Wolchik, Sandler et al., 2002, 2007)</td>
<td># of partners</td>
<td>Mental health, substance use</td>
</tr>
<tr>
<td>Reach for Health (O’Donnell et al., 1998, 2002)</td>
<td>Recent sex, ever sex</td>
<td>Violence</td>
</tr>
</tbody>
</table>
## Effective Programs
### Middle & High School Age

<table>
<thead>
<tr>
<th><strong>PYD Program</strong></th>
<th><strong>ARH outcomes</strong></th>
<th><strong>Other outcomes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Incentives Program (Bayne Smith, 1994)</td>
<td>Frequency of sex, contraception use</td>
<td>Sub stance use, gang activity, school truancy</td>
</tr>
<tr>
<td>Adolescent Sibling Pregnancy Prevention (East et al., 2003)</td>
<td>Ever sex, pregnancy, condom use</td>
<td></td>
</tr>
<tr>
<td>CAS-Carrera Program (Philliber et al., 2002)</td>
<td>Ever sex, contraception or condom use, teen pregnancy</td>
<td></td>
</tr>
<tr>
<td>Familias Unidas (Prado et al, 2007)</td>
<td>STI, unprotected sex</td>
<td>Substance use</td>
</tr>
<tr>
<td>Teen Outreach Program (Allen, Philliber et al., 1997)</td>
<td>Teen pregnancy</td>
<td>Academic achievement</td>
</tr>
</tbody>
</table>
Characteristics of Youth Served by Effective Programs

- Most programs targeted at-risk youth (e.g., poor, living in disorganized neighborhoods, single-parent households, siblings of parenting teens, school drop outs, children of divorce)
- 14 of 15 programs delivered to mixed gender groups of youth
- 8 of 15 focused on a single racial/ethnic group:
  - African American 5 programs
  - Hispanic 1 program
  - White 2 programs
## Results: PYD Concepts Addressed

<table>
<thead>
<tr>
<th># programs</th>
<th>PYD Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half or more</td>
<td>Bonding, cognitive competence, social competence, emotional competence, belief in the future, self determination</td>
</tr>
<tr>
<td>One-third</td>
<td>Behavioral competence, moral competence, self-efficacy, prosocial norms</td>
</tr>
<tr>
<td>One-quarter</td>
<td>Clear and positive identity</td>
</tr>
<tr>
<td>None</td>
<td>Spirituality</td>
</tr>
</tbody>
</table>
## Results: Opportunities & Experiences

<table>
<thead>
<tr>
<th># programs</th>
<th>Opportunities and experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 of 15</td>
<td>Strengthened the family, school or community context</td>
</tr>
<tr>
<td>15 of 15</td>
<td>Builds skills of youth</td>
</tr>
<tr>
<td>14 of 15</td>
<td>Engage youth in real roles and activities</td>
</tr>
</tbody>
</table>
## Results: Atmosphere

<table>
<thead>
<tr>
<th># programs</th>
<th>Program Atmosphere</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 of 15</td>
<td>Supportive</td>
</tr>
<tr>
<td>14 of 15</td>
<td>Empowering of youth</td>
</tr>
<tr>
<td>12 of 15</td>
<td>Communicates expectations</td>
</tr>
<tr>
<td>12 of 15</td>
<td>Provides opportunities for recognition</td>
</tr>
<tr>
<td>10 of 15</td>
<td>Stable and long-lasting</td>
</tr>
</tbody>
</table>
Comparing Program Goals

<table>
<thead>
<tr>
<th>Goals</th>
<th>Programs that promoted ARH, % (n=15)</th>
<th>Programs that did not promote ARH, % (n=15)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonding</td>
<td>80</td>
<td>67</td>
<td>0.68</td>
</tr>
<tr>
<td>Cognitive competence</td>
<td>67</td>
<td>87</td>
<td>0.39</td>
</tr>
<tr>
<td>Social competence</td>
<td>100</td>
<td>80</td>
<td>0.22</td>
</tr>
<tr>
<td>Behavioral competence</td>
<td>40</td>
<td>27</td>
<td>0.70</td>
</tr>
<tr>
<td>Emotional competence</td>
<td>67</td>
<td>33</td>
<td>0.14</td>
</tr>
<tr>
<td>Moral competence</td>
<td>33</td>
<td>20</td>
<td>1.0</td>
</tr>
<tr>
<td>Self determination</td>
<td>47</td>
<td>27</td>
<td>0.25</td>
</tr>
<tr>
<td>Self efficacy</td>
<td>40</td>
<td>7</td>
<td>0.70</td>
</tr>
<tr>
<td>Clear &amp; positive identity</td>
<td>27</td>
<td>33</td>
<td>0.33</td>
</tr>
<tr>
<td>Belief in the future</td>
<td>47</td>
<td>0</td>
<td>0.71</td>
</tr>
<tr>
<td>Spirituality</td>
<td>0</td>
<td>0</td>
<td>--</td>
</tr>
<tr>
<td>Prosocial norms</td>
<td>40</td>
<td>60</td>
<td>0.47</td>
</tr>
</tbody>
</table>
Comparing Opportunities and Experiences

<table>
<thead>
<tr>
<th></th>
<th>Programs that promoted ARH, % (n=15)</th>
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<th>P-value</th>
</tr>
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<tbody>
<tr>
<td>Strengthen the family</td>
<td>73</td>
<td>47</td>
<td>0.26</td>
</tr>
<tr>
<td>Strengthen the school</td>
<td>53</td>
<td>7</td>
<td>0.01</td>
</tr>
<tr>
<td>Strengthen the community</td>
<td>33</td>
<td>40</td>
<td>1.0</td>
</tr>
<tr>
<td>Build skills of youth</td>
<td>100</td>
<td>93</td>
<td>1.0</td>
</tr>
<tr>
<td>Engage in real roles &amp; responsibilities</td>
<td>93</td>
<td>73</td>
<td>0.33</td>
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Comparing Program Atmosphere

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<td>Supportive</td>
<td>100</td>
<td>67</td>
<td>0.04</td>
</tr>
<tr>
<td>Empowering</td>
<td>93</td>
<td>80</td>
<td>0.60</td>
</tr>
<tr>
<td>Communicates expectations</td>
<td>80</td>
<td>47</td>
<td>0.13</td>
</tr>
<tr>
<td>Provides opportunities for recognition</td>
<td>80</td>
<td>40</td>
<td>0.06</td>
</tr>
<tr>
<td>Stable &amp; long-lasting</td>
<td>67</td>
<td>47</td>
<td>0.46</td>
</tr>
</tbody>
</table>
Conclusions

There is evidence that PYD programs:

- Promote adolescent reproductive health, and many promote other positive outcomes as well
- Have a relatively robust and sustained impact
- Have the potential to succeed among diverse groups of youth

However, more research is needed before this list of program goals can be viewed as a "recipe" for success.
Implications

- Support more widespread adoption of PYD programs with evidence of promoting ASRH
- Support applied dissemination/implementation research of these programs
- Support the identification of more PYD programs that promote ARH; evaluate new & existing programs
- Encourage wide measurement of outcomes so that the full impact of PYD programs can be discovered
Any questions or comments?
Part Two

Program Highlight

Adult Identity Mentoring (AIM) Program
Part Three

Integrating PYD into community and clinic contexts
Community Context

• Examples from the CDC-OAH community demonstration project:
  – Implement evidence-based programs such as the Teen Outreach Program (TOP)
  – Support youth leadership teams
  – Support efforts to improve parent-child communication
Clinic Context

...is a set of principles, strategies and tools that are theory-based, evidence-driven, and systems-oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.
HEEADSSS Assessment

Date of Screening_____

HEEADSSS Assessment
- Home (connection/independent decision-making)
- Education (competence)
- Eating
- Activities (physical activity, helping out)
- Drugs
- Sex
- Safety
- Suicide (coping, resiliency, self confidence)

Check Indicates a Preventative Screening
- Cholesterol
- TB
- STI
- Anemia
- PAP
- Pregnancy
- Vision
- Hearing
- CRAFFT? Y / N +2

Office Intervention
Y/ N
Referral Y / N
Meet Tiffany!

- Tiffany is 17
- Living in 5th Foster Home
- 12th Grade, failing math
- Past H/O tobacco, etoh, marijuana use
- Sexually active w/o protection
Remember Tiffany?

G - Wants to improve the foster care system

I - Makes many decisions on her own
   - No tobacco, etoh, drugs

M - Knows how to take care of herself, get around-grade

B - Cares about friends & boyfriend; sense of belonging with foster family, case worker, friends
Other examples of integrating PYD into clinic settings

- Conduct a protective factor assessment of youth
- Create an office setting that supports adolescents’ strengths by:
  - Establishing confidentiality policies & informing adolescents of them; ensure privacy
  - Address adolescents directly and allow enough time for them to respond
  - Acknowledge the adolescent’s responsibility for his/her own health -- direct recommendations primarily to the adolescent and secondarily to the parent
  - Encourage participation in volunteer opportunities and community events

Discussion

• Any questions or comments?

• What have been your experiences with implementing PYD in:
  – Community settings?
  – Clinic settings?
Many thanks!

For more information, contact Lorrie Gavin at lcg6@cdc.gov