Bridging the Gaps: Eliminating Disparities in Teen Pregnancy & Sexual Health

Evaluation of the Teen Outreach Program® (TOP®) in three urban public school districts: Bronx, Chicago and Washington DC

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Giving teens the tools they need to succeed and become healthy and responsible members of the Bronx community.
Workshop Objectives:

1. Attendees will learn about the disparities facing African American and Latino youth in the Bronx, Chicago and Washington DC and how these disparities impact school success.

2. Attendees will learn of the three different evaluation designs of the grantees; research methods, the benefits and disadvantages of each design; the challenges and lessons learned, and preliminary findings.

3. Attendees will learn of the various sustainability efforts each presenter is exploring to continue implementation in these three urban areas.
The OAH Teen Pregnancy Prevention Initiative

Morris Heights Health Center is 1 of 17 TOP® replication OAH grantees and 1 of 56 TOP replication partners across the US.

Only replication partner with a direct linkage to a School Based Health Center

- MHHC was granted funding for evaluation to measure the impact of having a direct and strong linkage to a SBHC on TOP® participant outcomes
- Our comparison group will also demonstrate the impact the SBHC has on non-TOP® participants
Why the Teen Outreach Program®?

One of 28 approved curricula from OAH as an effective evidenced-based program

TOP® curriculum address specific needs highlighted in SBHC patient focus groups—e.g., life skills and opportunities for adult mentorship

TOP® model has been proven effective with:
  – Diverse ethnic groups
  – Males and females
  – Middle and high school aged youth

TOP® is not strictly a sex education curriculum:
  – Rather it focuses on helping young people develop life skills (e.g., “soft skills”) which impact academic success.
TPPI Partners

- NYC Department of Education
- NYC Department of Health and Mental Hygiene, Bronx District Public Health Office
- Metis Association (Evaluation Partners)
- The Wyman Center
- Principals and other school administrators of participating schools
Bronx/NYC TPPI Strategies

Bronx District Public Health Office/
Bronx Teens Connection (focused on South Bronx)
  – Reducing the Risk (RTR) implementation
    in 20 BX schools with clinic linkages

Young Men’s Health Initiative

Bronx Knows Initiative

NYC DOE Sex Education Mandate
  – Healthsmart (MS)
  – Reducing the Risk (HS)
  – Citywide Condom availability program
  – HIV curriculum
MHHC TPPI Strategies

- 10 SBHCs in middle and high schools
- TOP implementation in schools with SBHCs
- Adaptation of RTR Lesson 8 – “Introduction to the SBHC”; repeated prior to summer break with teen-friendly clinic visit
- Every TOP sexual health lesson emphasizes the services of the SBHC
- Emphasis on confidentiality
- Dissemination of “Teens in NYC” booklet and app listing teen-friendly clinics
- Dissemination of “Teens Bill of Rights”
THE BRONX: BY THE NUMBERS

The Bronx is a diverse borough of New York City with a large youth population.

98% Latino or African American
- 54.3% Latino
- 43.4% African American

40% of Bronx residents are 24 years old or younger

Over 33% of individuals are immigrants

Source: U.S. Census Bureau, 2012
The Bronx: A Geographic Area of Vulnerability

- Nearly 30% of Bronx families live below the poverty line
- 39.4% of all Bronx children live in poverty
- Children who live in poverty are 3x more likely to become pregnant as teens and drop out of school

The incidence of chlamydia among females ages 15-19 years old in the Bronx was nearly 50% higher than the rate in New York City. In males of the same age group, the incidence of chlamydia was triple the national figure.

### Sexually Transmitted Infection Rate* Ages 15-19 (per 100,000)

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>United States</td>
<td>736</td>
<td>3,329</td>
</tr>
<tr>
<td>NYC</td>
<td>1,632</td>
<td>5,126</td>
</tr>
<tr>
<td>Bronx</td>
<td>2,169</td>
<td>7,660</td>
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<tr>
<td>Brooklyn</td>
<td>1,590</td>
<td>5,273</td>
</tr>
<tr>
<td>Manhattan</td>
<td>1,798</td>
<td>4,991</td>
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<tr>
<td>Queens</td>
<td>1,407</td>
<td>3,547</td>
</tr>
<tr>
<td>Staten Island</td>
<td>592</td>
<td>2,393</td>
</tr>
</tbody>
</table>

HIV/AIDS

- HIV Prevalence, 2012

The Bronx has the third highest rate of HIV diagnosis in NYC, but the highest prevalence.

BRONX RESIDENTS have lower levels of education than residents in other boroughs.

Note: NYC rates for 2011 may be adjusted after new population denominators for 2012 are released by the US Census Bureau.
Pregnancy Rates Among NYC Residents Ages 15-19, by Borough, 2000-2011

TEEN PREGNANCY rates have declined in every NYC borough between 2000 and 2011.
CTO = MHHC SBHC + TOP®

- Implementation in 12 middle and high schools
- 500+ unique students
- During the school day and after-school (1-2x week; 32 weeks)
- SBHCs provide comprehensive care
CTO Data Analysis

CTO is conducting a randomized controlled trial (RCT) in 5 schools—4 HS/1 MS:

- Data sources: pre/post survey, individual academic data through the NYC DOE
- Inclusion criteria: 60% attendance, students must take both surveys
- Recruitment/selection procedures
- Sample size
- Retention rate
CTO participation has a positive effect on credit accumulation

Credits taken, earned, and failed for ninth-graders by RCT participation, Year 3

- **Control**
  - Average credit taken
  - Average credit earned
  - Average credit failed

- **Treatment**
  - Average credit taken
  - Average credit earned
  - Average credit failed

- **CTO Non-completers**
  - Average credit taken
  - Average credit earned
  - Average credit failed

- **General school population**
  - Average credit taken
  - Average credit earned
  - Average credit failed
Average daily attendance by school and CTO participation

CHANGING THE ODDS
BRONX NY

Non-CTO Students  CTO Students
BEHAVIOR

Students’ perceptions of whether the CTO project has made them more or less likely to use birth control

- **More likely**: Year 2 - 58%, Year 3 - 65%
- **About the same**: Year 2 - 20%, Year 3 - 18%
- **Less likely**: Year 2 - 22%, Year 3 - 17%
Participants’ intent to use birth control during the next year

Y2 and Y3 post-survey results (for matched responses only)

<table>
<thead>
<tr>
<th></th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>56%</td>
<td>65%</td>
</tr>
<tr>
<td>Don’t intend to have sex</td>
<td>37%</td>
<td>11%</td>
</tr>
<tr>
<td>No</td>
<td>7%</td>
<td>9%</td>
</tr>
</tbody>
</table>
BEHAVIOR

Have you ever visited a school based clinic?

Pre-Survey Yes: 81% (Students who participated in Y2 and Y3)

Post-Survey Yes: 88% (Students who participated in Y3 only)
Working on Sustainability

- Early Planning

  Meeting with all principals

  - Assessing program perception
  - Assessing needs/costs
  - Developing next steps (e.g., teachers trained as facilitators; earmarking funds w/in school budgets; becoming an official DOE vendor
  - Piloting sustainability model in Y5
Next Steps on the road to Sustainability

- We are an official DOE vendor
- Educating local elected officials
- Developing a business plan for a sustainable program model that is income-generating
- Using social media to tell our story; inspire support
References


Slide 10: Source: U.S. Census Bureau, American Community Survey, 2008-2012


Note: Because the majority of Chlamydia trachomatis infections are asymptomatic, sex-specific differences in reported chlamydia case numbers and case rates may be largely explained by the fact that females are more commonly screened than males. * Sexually Transmitted Infections refers specifically to Chlamydia


Slide 13: U.S. Census Bureau, American Community Survey 1-Year Estimates, 2011

Slide 14: Office of Vital Statistics and Bureau of Epidemiologic Services

All Photographs by Erica Camille.
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