Widening Our Lens: Co-Occurring Risk Behaviors During Adolescence

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This webinar was developed by Child Trends under contract #GS-10F-0030R/HHSP23320130043G for the Office of Adolescent Health; US Department of Health and Human Services as a technical assistance product for use with OAH grant programs.
At the conclusion of this webinar, attendees will be able to:

• Describe youth risk behaviors and the correlation between various risk and protective behaviors during adolescence;

• Identify at least three factors that place youth at risk for multiple negative behavioral outcomes during adolescence;

• Consider how teen pregnancy prevention programming might impact those risk factors that overlap with multiple risk behaviors; and

• Describe implications of co-occurring risks on partnerships and sustainability.
Agenda

- Overview of youth risk behaviors
- Explore how youth risk behaviors are related
- Lessons from the field
- Programmatic implications
Speakers

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Katherine Suellentrop, MPH
The National Campaign to Prevent Teen Pregnancy
The Co-Occurrence of Risk Behaviors During Adolescence

Vincent Guilamo-Ramos, Ph.D., MPH, LCSW, RN
May 28, 2015
## Defining Adolescence

A *key period of human development marked by dynamic change:*

<table>
<thead>
<tr>
<th>Biological Changes</th>
<th>Cognitive Development</th>
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<tbody>
<tr>
<td>- Onset of puberty</td>
<td>- Emergence of more advanced cognitive abilities</td>
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<tr>
<td>- Physical development</td>
<td>- Brain development in pre-frontal cortex: changes in thinking patterns, logic, decision-making</td>
</tr>
<tr>
<td>- Hormonal changes/ sexual maturation</td>
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<table>
<thead>
<tr>
<th>Socio-Emotional Transitions</th>
<th></th>
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<tbody>
<tr>
<td>- Transition into new roles in society,</td>
<td></td>
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<tr>
<td>- Move to interdependency, establish identity</td>
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</table>
Frameworks for Adolescent Health

1) **Life course** - childhood development, teen biological and social changes
2) **Social determinants of health** - ecological factors - economic, policy, etc.
3) **Risk and protective factors** - individual, family, peer, community factors

Complex interaction of three frameworks in adolescence impacts uptake of health-related behaviors & contributes to disparities in teen health outcomes
**The Case for Adolescence**

**Often, young people are viewed as healthy.**
- However, nearly 70% of premature deaths and 1/3 of the total disease burden in adults is associated with processes that begin in youth.

**The Case for Investing in Youth:**

**Second Critical Period in Development**
- Opportunity to correct early life disadvantage or modify childhood trajectories towards health

**Demographic Dividend & Future Economic Growth**
- Investing in the future working population has potential for economic growth
- Disengaged youth in the U.S. (youth ages 14-24 not engaged in school or the workforce) represent a total social burden* of $4.745 trillion

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*social burden refers to: “sum of lost gross earnings, additional health expenditures, crime costs, welfare and social services, which are not direct transfers from government to individuals and public and private cost of education” (4).
Question: Besides risky sexual behavior, what are other behaviors youth might engage in that can lead to poor health outcomes?

a. Alcohol use
b. Other drug use
c. Risky driving
d. Inadequate physical activity
e. Carrying weapons
f. None of the above
g. All of the above
Youth Risk Behaviors

Types of behaviors that contribute to the leading causes of death and disability among youth:

▪ Those contributing to injuries and violence (e.g. risky driving, carrying a weapon)
▪ Alcohol or other drug use
▪ Tobacco use
▪ Sexual risk behaviors
▪ Unhealthy dietary behaviors
▪ Inadequate physical activity
## Risk Behaviors among Youth (Grades 9-12), 2013

<table>
<thead>
<tr>
<th>Risk Behaviors</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never tested for HIV</td>
<td>87.1</td>
</tr>
<tr>
<td>Ever had a drink of alcohol</td>
<td>66.2</td>
</tr>
<tr>
<td>Ever had sexual intercourse</td>
<td>46.8</td>
</tr>
<tr>
<td>Ever tried a cigarette</td>
<td>41.1</td>
</tr>
<tr>
<td>Did NOT use condom at last sex</td>
<td>40.9</td>
</tr>
<tr>
<td>Ever used marijuana</td>
<td>40.7</td>
</tr>
<tr>
<td>Were in a physical fight (past 12 months)</td>
<td>24.7</td>
</tr>
<tr>
<td>Seriously considered suicide (past 12 months)</td>
<td>17.0</td>
</tr>
<tr>
<td>Did not participate in ≥ 60 min of physical activity on 1 day in last week</td>
<td>15.2</td>
</tr>
<tr>
<td>Never/rarely wore a seat belt</td>
<td>7.6</td>
</tr>
<tr>
<td>Did not eat vegetables in past 7 days</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Source: YRBS, 2013
Youth Risk Behaviors - Variation in Risk

Risk Behaviors among Youth (Grades 9-12), 2013

Source: YRBS, 2013
**Question:** As you think about teen pregnancy prevention program(s), where do you think they should concentrate their efforts?

**a. On common factors** (global/generic constructs) (i.e. educational attainment, socio-economic status) often associated with several behaviors/health outcomes including teen pregnancy.

**b. On unique factors** (focused constructs) (i.e. inconsistent/incorrect condom use, early sexual debut) that are specifically tied to teen pregnancy as the outcome of interest.

**c. On both common and unique factors**

**d. None of the above** (other)
**Common vs. Unique Determinants of Behavior/Health Outcomes**

- **Common Factors**
  - Positive youth development programs
  
  Assumes that same individual, family, school and community factors affect youth problem behaviors/ health outcomes.

  Accounts for approximately 1/3 of the explanation for problem behaviors/health outcomes

- Problem behaviors/health outcomes in adolescence are correlated and likely share common causes (a- b- c).

- However, the magnitude (c) of the correlation between behaviors/ health outcomes is typically not strong.
Approaches to Addressing Youth Risk Behaviors

Common vs. **Unique** Determinants of Behavior/Health Outcomes

Unique determinants of the specific behaviors/health outcomes must also be considered (d-e)

**Unique Factors**

- Problem behavior/health outcome specific interventions
- Considers unique determinants of a given problem behavior/health outcome
- Accounts for approximately 2/3 of the explanation for problem behaviors/health outcomes
What is needed:

Careful analysis of both common and unique factors that shape the target risk behaviors/health outcomes
Step 1: Identification of Target Adolescent Health Disparity

The first step:

- Targets the most vulnerable youth disproportionately impacted by the social/health outcome.
- Prioritizes the visibility of the outcome in terms of the specific youth group.
**Example: Racial/Ethnic Disparities in Teen Pregnancy**

Questions to consider:
- How should we approach the disparities?
- What accounts for the disparities?

Step 2: What are the determinants of the behavior/health outcome?

The next step identifies the factors most likely implicated in the disparities of the target behavior/health outcome.

Two common approaches for identifying the determinants:

1. Prioritization of “unique factors”
2. Prioritization of “common factors”
Audience Poll

Which one of these is a unique factor associated with teen pregnancy?

a) Educational attainment
b) Premature sexual debut
c) Socio-economic status
d) Availability of sexual and reproductive health providers
Example: Determining the Factors that Impact Teen Pregnancy

1. Unique Factors
   - Serious romantic relationships
   - Premature sexual debut
   - Incorrect/ inconsistent contraceptive use

   - Stronger associations with the outcome.
   - Consistently predictive.
   - Greater specificity.
   - Dose-response relationship.
   - Mechanism of influence theoretically plausible.

2. Common Factors
   - Educational attainment
   - Socio-economic status
   - Availability of sexual/ reproductive health providers

   - Modest associations.
   - Less consistently predictive.
   - Non specific effects.
   - Dose-response not always evident.
   - Precise mechanism of influence theoretically abstract/unclear.
Step 3: A Conceptual Framework for Examining Youth Health Disparities

Specificity is Critical

- **Common Factors**
  - Example:
    - Educational attainment

- **Unique Factors**
  - Example:
    - Incorrect/inconsistent contraceptive use

- **Target Outcome (Social/Health Disparity)**
  - Example:
    - Disparity in Teen Pregnancy Rates
Teen Pregnancy Prevention Programs can:

1. Provide the community with services
2. Link services to the community

Effective Teen Pregnancy Prevention Programs = Common Factors + Unique Factors
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Lessons from the Field: A Profile of Youth in a TPP Program in New Orleans

Dr. Denese Shervington, M.D., M.P.H
May 28, 2015
Overview of Believe in Youth! NOLA!

- OAH Tier 1A funded TPP program in New Orleans, LA
- Includes Making Proud Choices! curriculum + 5 additional mental health/wellness modules
- Implemented in public charter middle schools
- To date, over 1200 students surveyed
Evidence of trauma among TPP program participants

Higher than national average rates of depression and PTSD

![National vs. Local Mental Health Outcomes](chart)

- Current PTSD: 4%
- Lifetime PTSD: 5%
- Depression: 9%
- New Orleans Youth Surveyed: 21%
- National Rates: 12%
Exposure To Violence among TPP program participants

- **38%** witnessed domestic violence
- **40%** witnessed a shooting, stabbing or beating
- **18%** witnessed a murder
- **54%** experienced the death of someone close
- **14%** reported feeling suicidal
Correlation between ETV and MH symptoms

• Youth who witness community violence 2x more likely to report symptoms of Depression, PTSD and suicidal feelings
• Youth who experienced Domestic Violence 3x more likely to report symptoms of Depression, PTSD and suicidal feelings
• Youth who experienced forced sexual acts 5x more likely to report symptoms of Depression and 3x more likely to report symptoms of PTSD and suicidal feelings
Mental Health and Sexual Risk Behaviors

- Louisiana law prohibits asking students about sexual behaviors.
- Hulland, et al. found that among African American female adolescents, higher interpersonal stress was associated with increased sexual risk behaviors placing young people at risk for STIs and pregnancy.¹
- This study confirmed IWES’ anecdotal learning from parents and youth that stress increases sexual risk behaviors.

Worries among TPP program participants

- **52%** worry about violence in their neighborhood
- **16%** worry about having enough to eat or a place to live
- **29%** worry about not being loved
Worry (Basic Needs) and Mental Health

• Youth who worry about ‘not being loved’ 5x more likely to report symptoms of depression and suicidal feelings

• Youth who worry about food / housing 3x more likely to report symptoms of Depression, PTSD and 4x more likely to report suicidal feelings

• Youth who worry about their personal safety 3x more likely to report symptoms of Depression, PTSD and suicidal feelings
Trauma-informed Program adaptations

• Screen participants for signs and symptoms of psychological distress, ETV and worries
• Implement 5 supplemental mental health and wellbeing modules (developed by IWES), which:
  ▪ Provide information on trauma and stress
  ▪ Coach students in positive coping skills
• Allow participants to journal at the beginning of each session
• Conduct teacher trainings on signs and symptoms of mental health and referral processes
• Linkages to care – work with school social worker to utilize schools’ referral policies / procedure to assure young people receive needed services
• Handout health services resource guide on upon graduation
• Participate in city-wide initiative to help transform school climate to be more trauma-informed
• Disseminate findings and program strategies to national audience
Contact

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Programmatic Implications

Katy Suellentrop, M.P.H
May 28, 2015
3 Ideas For What to Do Next

1. Look at your needs and resource assessment

©SNAP! Joe Portnoy
• What risk factors do the youth in your program face and/or experience?
2

Examine your list of partners

© Stephen Jeter
• How have you coordinated efforts with other youth serving partners?
3 Ideas For What to Do Next

3

Conduct a root cause analysis
• Recruitment and Retention Planning Tool: http://library.constantcontact.com/download/get/file/1107137307117-93/Recruitment_Retention_Planning_Tool_5%2715%2712.pdf
• Sustainability Tools: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/sustainability.html
• Youth Risk Behavior Survey: http://www.cdc.gov/HealthyYouth/yrbs/index.htm
Contact

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The National Campaign to Prevent Teen and Unplanned Pregnancy
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202-478-8515
References

Recent and upcoming OAH resources

- Community mobilization webinar
  - July 23rd 2:00-3:00pm ET
- EBP At-A-Glance chart
- Trauma-informed Approaches to TPP checklist
  - Check the handouts section of this webinar
- Trauma-informed Approaches to TPP webinar
  - [http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed Care](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/cultural-competence.html#Trauma-Informed Care)
Feedback
THANK YOU!