

**NWX-OS-OGC-RKVL**

**Moderator: Jaclyn Ruiz**  
**January 26, 2015**  
**7:30 am CT**

Coordinator: Welcome and thanks for standing by. I'd like to remind everyone that the call is being recorded if you have any objections you may disconnect at this time. Now I'll turn the call over to Lieutenant Commander Jaclyn Ruiz. Ma'am you may begin.

Jaclyn Ruiz: Thank you, (Sylvia). Today we'll be interviewing Dr. Antonia Villarruel as 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 of 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 Webinar series was developed as a technical assistance 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 complement to various other resources available online. Additional resources are identified later in this PowerPoint presentation. Inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not imply endorsement from OAH. Program selection is up to grantees.

Today I want to welcome Dr. Antonia Villarruel as she is the Margaret Bond Simon Dean of Nursing at the University of Pennsylvania School of Nursing and director of the school's World Health Organization Collaborating Center for Nursing and Midwifery Leadership.

As a bilingual and bicultural nurse researcher Dr. Villarruel has extensive research and practice experience with diverse Latino and Mexican populations and communities and health promotion and health disparities research and practice.

She incorporates a community-based participatory approach to her research and has been the principal and co-principal of over eight randomized clinical trials concerned with reducing sexual and other risk behaviors.

As part of this program of research she developed an advocacy program to reduce sexual risk behavior among Latino use entitled ¡Cuidate! . In addition to her research Dr. Villarruel has assumed leadership in many national and local organizations. Welcome, Dr. Villarruel.

Dr. Antonia Villarruel: Thank you very much. It's great to be here with you.

Jaclyn Ruiz: Thank you. So we're going to go ahead and just get started with having you briefly describe the evidence-based program.

Dr. Antonia Villarruel: Sure. ¡Cuidate! or Take Care of Yourself is a Latino, cultural-based behavioral intervention. The goal of the program is to influence attitudes, beliefs and self-efficacy regarding safer sex behaviors.

The target population of ¡Cuidate! is for Latino youth of all Latino backgrounds, Puerto Rican, Cuban, Mexican. We target the ages of 13 to 18 years of age or again from grades 9 through 12, 8 through 12 and this is a mixed gender intervention it can be used and is as effective with girls as it is with boys.

The key components of our program, what makes us unique, is that we use salient aspects of Latino culture to frame that abstinence and condom use are cultural accepted and effective ways to prevent unintended pregnancies, STIs including HIV.

So we frame and - we frame decisions, we frame actions around the core Latino values, respect of familia and also the proscribed gender roles that we have. So we also work a great deal to build skills and knowledge but primarily skills in problem solving, negotiation of safer sex and refusal of unsafe sex.

We also - condom use skills are ones that we emphasize so that modeling and practicing effective use of condoms is something that we pay a lot of attention to.

The way that we deliver the curriculum is to have a trained, adult facilitator working in small groups of adolescents; usually about, you know, eight to ten in a highly participatory and interactive manner.

The actual program is about six hours comprised of about one-hour modules. Most of this is small group exercise - exercises and games, skill building activities.

There are very few technology requirements but we do have some DVDs that can be shown on, you know, a computer, on a DVD player, on whatever technology that you have.

Jaclyn Ruiz: Can you talk a little bit about your previous evaluation results when you were implementing and testing ¡Cuidate! ?

Dr. Antonia Villarruel: Sure. The first study that we conducted was a randomized controlled trial to test the effects of our ¡Cuidate! intervention. We conducted the study here in Philadelphia with primarily Latino adolescents from 13 to 18 years of age.

The primary group of Latinos was of Puerto Rican ancestry. Our findings over one year found that participants who were in ¡Cuidate! as opposed to a control condition were significantly less likely to report sexual intercourse and multiple partners.

They reported few days of unprotected sexual intercourse and they were more likely to report using condoms consistently. And as I said, these results were over a year.

Our second study we replicated in - with Mexican adolescents in Monterrey in Nuevo Leon Mexico, with the same target age population from 13 to 18 years of age. What we found with this group is that the majority of Mexican adolescents were not sexually active.

So it was difficult to evaluate the effects of the program on actual behavior since, again, adolescents were not sexually active at the beginning of the intervention nor at the end of the intervention.

What we did find was that participants had higher intentions to use condoms and birth control at 48 months and they were more likely to be older at age of first intercourse and also to use condoms.

So what this suggested is that the mediators - or again, the things that we want it to influence like self-efficacy and attitudes towards safer sex were affected in our group and once they started being sexually active, at least for the first time and they were - again, had the skills to negotiate birth control use and also condom use.

We also have since that time and not just only our work but others as well have had numerous program evaluations from people who have used ¡Cuidate! . And again the populations used have been primarily Latinos.

People have used ¡Cuidate! in urban settings, in rural settings with multiple Latino subgroups including Dominicans, Cubans in Florida, in New York. So again just about all Latino ethnicities and findings consistently come back that the program is acceptable, it's feasible

And there has been some evidence of safer sex outcomes and again making an impact on those skills and attitudes that we want to target such as attitudes - good attitudes about condom use and abstinence as well as self-efficacy to negotiate partner use - partner negotiation and also condom use.

Jaclyn Ruiz: You mentioned a lot about the populations in which you evaluate - in which you tested ¡Cuidate! . It sounded, for the most part, that it was with urban

Latino youths. Do you want to maybe expand on some of the populations in which the program has been found or that in your recommendation that the program would work with?

Dr. Antonia Villarruel: Sure. The program has used - been, as you mentioned, primarily with middle and high school in grades 7 to 12. It's not so much the age it's the developmental readiness to be able to do that.

So you could have very mature 7th graders, you could have very mature 8th graders, the issue is, again, how much you need to - might need to add in relation to just the reproductive and pubertal changes that go on so you need - if you go younger you need to make sure that you have a good base of that.

Some people have used it with older adolescents as well. And that depends, I would say, on the sexual initiation or sexual activity of that particular group. The information is good and it's useful for all groups.

We've used it, as I said, primarily in urban areas and in limited resource communities but it has been used in rural areas and in higher SEF communities. The - as I mentioned the populations that we evaluated our initial trial was with mostly Puerto Rican and Latino youths.

Our trial in Mexico was of course with Mexican youth. We've used mixed gender and again, we've tested the intervention and people have used both the English version of ¡Cuidate! and the Spanish version of ¡Cuidate! which are similar.

Jaclyn Ruiz: So I just want to sort of expand a little bit on the population that's being focused on. For an area that may have a high concentration of Latino, Hispanic youths but, you know, obviously the schools are mixed.

Is that appropriate if it's, you know, if it's not necessarily just a focused Latino group that receives the intervention but, you know, African American, Caucasian, other races and ethnicities?

Dr. Antonia Villarruel: Sure. And we - sure, that's a very common question and it's, in fact, one that we faced when we were doing our initial trial. As I mentioned ¡Cuidate! is a Latino, cultural-based intervention, we focus on Latino cultural values and this should be used with a majority of Latino adolescents.

That being said there - we have included other ethnicities in our interventions. There just needs to be some sensitivity to the facilitator and also to the adolescents knowing that this is what they had signed up for.

Again it's providing a frame and again facilitators can make references to these are values specific to Latinos but we share many ideas of the same - that are similar such as the importance of family, the importance of respect. So again, the frame has used well but I would suggest that when you use ¡Cuidate! it should be with the majority of Latino adolescents.

Jaclyn Ruiz: Thank you for that clarification. So as we're talking about where - with who it's appropriate can you also talk about where it's appropriate to implement this program?

Dr. Antonia Villarruel: Sure. Our initial trials we used in - we did in school settings on Saturdays. Other people have used ¡Cuidate! and implemented it in community-based organization and at regular times during the school - during school hours such as recess, such as during the gym hours, for example, so again, any place that you can gather kids is a great place to implement ¡Cuidate! .

Jaclyn Ruiz: Great. Sounds like there's not a lot of limitations when it comes to the setting.

Dr. Antonia Villarruel: No, not at all.

Jaclyn Ruiz: So while adaptations require prior approval by OAH and at times the developers themselves it can be helpful for organization to get a sense of previous successful adaptations. Can you please provide some examples of the types of minor adaptations that are allowable?

Dr. Antonia Villarruel: Sure. There's a number of adaptation that can be used. So again, we've made some modifications in dealing with Latino - multiple Latino subgroups.

Some of the terms that we have for some of our cultural variables such as Machismo and Marianismo may not be familiar to many groups of people with inserted words that they think in their community better reflect those behaviors of men and women.

In terms of target populations, as I said, we talked about Latino youth and again how it might be used to include other youth as well. We've had some adaptations in relation to communities have decided that they want to use - they want to separate the participation of youths by particular age group.

So using - putting the younger age group together may be 13 to 15 in one category and then putting 16 to 18 in another area. We've had some agencies that have only wanted to use this with girls only and some that have only wanted to use it with boys only so those are acceptable.

I think the delivery also is very flexible. We delivered the intervention, the six one hour modules over two days and what we would suggest is that they not be all done on one day but that you can separate that out however you need.

So one of the - one agency, for example, was actually - actually conducted these sessions in the home. So they sort of had home parties and they did these in two hour modules so again, flexibility in setting and flexibility in location.

The number of participants we recommend to be eight to ten but sometimes when implemented in school settings people have wanted to do groups of 30 and we say if you're going to do that then you at least need to have that many facilitators to allow for some of the small group interactions so those are examples of some adaptations that people have used and have had good success with.

Jaclyn Ruiz: And that leads us actually sort of the last remark that you were making very well into Slide 9 which talks about staffing recommendations and training configurations.

Can you talk a little bit about the staffing recommendations that you have for successful implementation as well as any training opportunities that are available?

Dr. Antonia Villarruel: Sure. I think if you're going to implement ¡Cuidate! in your agency that you should at least have two facilitators that can implement ¡Cuidate! . Sometimes people chose to do it - have the two facilitators participate in one session which is fine, it sort of relieves the pressure off of one person to be on all the time.

But it's also important to serve as the backup in case someone gets snowed in or an emergency comes up. So again you can have a really good backup. Some people decide to have an assistant with them during the training just to help with the materials that need to be out and distributed.

In relation to other community staff having an administrative assistant to help with recruitment, with retention, with ordering supplies, getting a facility in shape, again, are some requirements there.

And again depending on where ¡Cuidate! sits within the organizational structure you may already have someone that deals with community outreach programs. But again this would be part of the job but you may need to do that - you may need to have somebody else as well.

In terms of people who can implement ¡Cuidate! what we recommend is that the person have a comprehensive understanding of Latino culture. So in other words you don't have to be - you don't have to be Latino to implement the curriculum.

And let me say that again, you don't have to be Latino to implement the curriculum but you should have some understanding of what it is, of Latinos, of being in the community, of having some comfort and ease in relation to working with that particular population so you need to have some comfort and also some knowledge.

You also, as a facilitator, need to be very comfortable developing and discussing the sexual needs of youth and to be able to communicate respectfully about how to - you know, how to use condoms, abstinence negotiation skills, et cetera. In other words you have to be real with adolescents.

The skills - the recommended skills that we suggest is that there should be formal training on the curriculum. There are a number of nuances and issues that are important to work through and although our manual is very detailed I think understanding how to use it and how to deal with difficult situations or challenging situations that come up are important.

The important thing, also, in terms of training is that we want to make sure that the facilitators are comfortable with youth and to be able to demonstrate correct condom use techniques and that does take practice.

In relation to training we have - there are a number of trainers across the country who have been trained as trainers on the intervention and I've listed a few here, the Jemmott Innovations Group, John Snow Institute and Healthy Teen Network.

The cost of their training varies depending on travel needs of people to deliver the actual training or again where you may need to go to deliver the training as well as the number of participants. The purpose of the curriculum is designed to develop skills in effectively delivering the curriculum.

Jaclyn Ruiz: Can you inform our grantees whether there is a training of the trainer model that's available for ¡Cuidate! ?

Dr. Antonia Villarruel: Sure. And again certainly the Jemmott Innovations Group does that as well as John Snow Institute.

Jaclyn Ruiz: Okay great. Can you please describe some of the implementation challenges that you're aware of and if possible any strategies that organizations have used to successfully overcome those challenges?

Dr. Antonia Villarruel: Sure. We talked about one of those challenges already in that not all participants are Latino and I think we discussed some strategies as to how to overcome that.

I would say one of the greatest challenges with using ¡Cuidate! and other curriculums like Be Proud and Making Proud Choices in which we require one of the key elements is that adolescents demonstrate condom use.

There is restrictions in some school settings that either don't allow condoms in the building, that don't allow anatomically correct penis models in the setting. So again, it's related to not the curriculum itself but in that particular component of the intervention.

And so I've worked with a number of different agencies looking to implement believes the evidence that we have not just for ¡Cuidate! but in many sexual risk reduction curriculums is that teaching adolescents these skills does not promote sex.

And I think those are important things to be able to communicate that in fact by being realistic about the types of skills and issues that are involved in having sex adolescents themselves decide, you know what I'm just not ready for this.

So again it's an important component of the program. So I've worked with a lot of facilitators in how to approach their school boards and the type of evidence to give and the type of arguments to make evidence to present.

And in many areas that that's been effective and some areas not so effective so again people have been creative about how outside of a school setting they

work to demonstrate condom use, et cetera. But I think I would say that that's a major challenge.

Jaclyn Ruiz: So it sounds that it's like as if they are going to be implementing this program this is something to take into consideration very early on in the program as far as part of doing sort of talking with their stakeholders and getting community buy-in, would you say?

Dr. Antonia Villarruel: Yes, absolutely, absolutely.

Jaclyn Ruiz: Let's see, what's the next slide. So just for time's sake I'm just going to sort of point out that on Slide 11 you can find information on the most recently revised curriculum and any plans that are out there for revising the curriculum.

And then finally on Slide 12 you'll find additional resources on ¡Cuidate! . We hope these resources in conjunction with today's Webinar will provide a comprehensive understanding of this evidence-based teen pregnancy prevention program.

And will assist you in making not only an informed decision on which evidence-based programs to select for your community that to best prepare for and implement this program, any final words Dr. Villarruel?

Dr. Antonia Villarruel: No, I just - no, other than to say thank you and I really appreciate this opportunity and support from OAH to get information about the curriculum ¡Cuidate! and as an important way to engage Latino adolescents and protecting their future so thank you very much.

Jaclyn Ruiz: Well I also want to thank you so much for taking time today to put this information together. ¡Cuidate! is probably from our experience with grantees is a very popular program to implement among Latino youths.

So any information that you can - that you were able to provide and have provided will be very helpful to our grantees so thank you so much.

Dr. Antonia Villarruel: Great. And I can I just say I'm happy to work with any community that wants to implement ¡Cuidate! .

Jaclyn Ruiz: Sounds great and that's wonderful to know because on Slide 13 grantees can find your contact information...

Dr. Antonia Villarruel: Great.

Jaclyn Ruiz: ...in case they're interested with that.

Dr. Antonia Villarruel: Great.

Jaclyn Ruiz: So that'll end our recording for today. (Sylvia) if you don't mind ending the recording.

Coordinator: Thank you. This concludes today's Webinar you may disconnect at this time.

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