

NWX-OS-OGC-RKVL (US)

Moderator: Tish Hall
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12:30 pm CT

Tish Hall: Okay. Good afternoon. Today we'll be interviewing Dr. Loretta Jemmott as part of the 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 as 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 Webinars 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.

We will also share additional resources that have been identified in the PowerPoint presentation later on.

Inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not imply endorsement from the Office of Adolescent Health. Program selection is up to the grantee.

So today I'd like to introduce to you Dr. Loretta Jemmott. She is one of the nation's foremost researchers in the field of HIV-AIDS, STDs and pregnancy

prevention having the most consistent track record of evidence-based sexually risk reduction interventions.

As an expert in health promotion research she has led the nation in understanding the psychological determinants for producing risk related behaviors.

Her premier contribution is a development of knowledge on how best to facilitate and promote positive changes in health behaviors.

Her research is devoted to designing and evaluating theory-driven culturally competent sexually risk - excuse me, sexual risk reduction behavior interventions with various populations across the globe.

These studies have not only demonstrated remarkable success in reducing sexual risk associated behaviors but have also reduced the incidence of sexually transmitted diseases.

So Dr. Jemmott I'd like to welcome you today. Thank you for joining us.

Dr. Loretta Jemmott: Well thank you very much for having me. This is very exciting opportunity so I'm so glad to be a part of it.

Tish Hall: Great. So today we're going to talk about Promoting Health Among Teens, Abstinence Only which you call PHAT AB. Could you give us an overview of what PHAT AB is about and some of the program goals, key components that maybe how the program is delivered?

abstinence and STDs but to develop also some abstinence only strategies to help them in ways of reducing or changing their behavior or to bolster positive attitudes towards practicing abstinence, increase confidence and self-efficacy and skills in negotiating, refusing and problem solving for practicing abstinence.

We also want to build the intentions to abstain from abstinence approaching on one of the most critical things is to build a sense of pride and responsibility for practicing abstinence.

So some of the core components or key components that we did in this (thing) is really to teach them information about the facts about HIV, STD and pregnancy and puberty but to build these strategies that they can be safe.

And some of the methods were highly interactive, small group discussion, games, role-plays, hand out some posters, we used videos and DVDs but a lot of practice and feedback to reinforce and build self-confidence to do the new behavior.

Tish Hall: Great. So I'm sure the program has shown some interesting results. Could you talk a little bit about the previous evaluation results and some of the desired outcomes it has shown?

Dr. Loretta Jemmott: Yes, yes, yes. In our randomized controlled study we had like 667 African-American 6th and 7th grade students.

We had a great return rate. We followed these young people for 24 months and we had an 84% return rate at the 24 month follow-up.

The findings were great. We're very excited about this study because you not only pitch your studies looking at abstinence behaviors we randomly assigned these 667 young people to one of five conditions.

They were either randomly assigned to an eight hour abstinence only intervention or an eight hour safer sex only intervention or an eight hour combined safer sex and abstinence condition or a 12 hour combined abstinence and safer sex condition or an eight hour control group or a general health promotion.

So in looking at all of these groups we were able to find some great findings in terms of our abstinence condition.

Comparing the abstinence only condition to the control groups we found that there was a reduction in sexual activity, a reduction of sexual initiation at the 24 month follow-up which is exciting. Among virgins at baseline they were less likely to report sexual intercourse in the three month follow-up.

We also had high risk schools in knowledge with the intentions to have sex more positive attitudes and self-efficacy to process abstinence and that they believe strongly that practicing abstinence will help them achieve their goals and dreams for the future.

So this study is the only study ever to have a 24 month follow-up for practicing abstinence this long with this kind of outcome. We're very excited about PHAT AB.

Tish Hall: Great. So you talked a little bit about who you evaluate the program on and the evaluated population.

Can you reemphasize who the program was evaluated with and then talk about the target population that you see for implementation?

Dr. Loretta Jemmott: Yes. The study when we did it was just African American youth 11 to 14 years old in the urban community. But it can be used for multiethnic groups, racial groups, ages 11 to 14 or even older teens 15 to 18.

It can be done in all boys group or all-girls group or mixed gender groups. We've seen it done all kinds of ways and still had the same kind of outcome.

And so it's for young people who attend middle schools or community-based agencies and it's been accepted widely around the country.

Tish Hall: Great. So let's talk about settings a little bit. Where is the program? Where are the settings that the program can be implemented and where was it actually evaluated for implementation?

Dr. Loretta Jemmott: Well it was evaluated in the school setting but on a Saturday. So it was a Saturday program that served neighborhood and middle school students. And these youth were recruited from these various schools so they could attend the schools.

But in - and that was a very controlled setting for the study.

But other settings that have been using this program since the study has been over - has been in-school programs or classroom-based programs.

And some schools have used their afterschool programs. They've also been using youth serving community-based organizations, group home for teens, clinics and foster care youth.

Tish Hall: Great. So let's talk about some adaptations. I'm sure that adaptations have been made to make PHAT AO more usable in different settings and communities.

And while adaptations are great we want everyone to know that OAH does have to give prior approval before any adaptations are made. And we try to have consultations with the developer in order to make it more helpful to make adaptations and for successful implementation.

So could you share some of the adaptations that have been approved for use with PHAT AO?

Dr. Loretta Jemmott: Yes, yes, yes. One of the major adaptations that have occurred over these last years have been around time, time to do it in a classroom setting.

So because the classroom setting is supposed to be an hour 45 minutes while by the time everybody's service done you may have 30 minutes.

So you have time to get the module delivered the whole time so you have to work around those time issues.

In other words - other issues how to deliver it in timeframe? You could do one module a day or two per day or four per day. In this study we did for per day and was able to get the outcomes we wanted.

Group size is another issue. We did the study with participants about six to eight young people in a group.

However around the country those who are using it have done it with larger group sizes and have the same kind of outcomes. We had to adapt it for how to do that in larger groups.

And the facilitators have been different. In our study we used teachers and community leaders and educators but we're - we were African American. But in the real world you can use all kinds of facilitators from different ethnic groups and professional backgrounds. And peer educators can also be used.

Tish Hall: Great. So let's talk about staffing recommendations. I'm sure that, you know, all grantees and potential grantees when implementing a program have to think the key to successful implementation is staff.

Are there any qualifications that you would highly recommend or suggest when selecting staff for PHAT AO?

Dr. Loretta Jemmott: Our staffing we always say that you need to have more than one facilitator or do you have backup? But we like to have facilitators that have highly recommended they are nurses, or teachers or educators, social workers or counselors because they have the understanding the context of young people.

And we say that they have to go through the formal training of the curriculum, experience with working with multiracial youth from different diverse backgrounds, experience in group facilitation. They should be comfortable discussing sexual health issues with teens and be able to relate to the young people in their life today, believe in them and believe in their resilience.

Tish Hall: Okay. You talked a little bit about training on the program model. Are there any training considerations that we need to think about when selecting PHAT AB?

Dr. Loretta Jemmott: Basically you should go to a two day training program which is called our Training or Facilitator model or a TOF. It is designed to build skills to effectively implement the curriculum.

Now there's another kind of training called the TOT model which is Train the Trainer model which is three to four days among depending on the organizational needs.

The cost of this type of training varies with group size and with group needs.

Now training can be available on-site or other settings throughout the Jemmott Innovation Group and with our neighboring partners agency such as Healthy Teen Network, JSI, ETR Teenwise Minnesota and Select Media.

Tish Hall: Great. So I'm sure there have been challenges that have been identified for implementing the program.

Are there any strategies could you one identify some of the challenges and then give us some key strategies for a success for implementation?

Dr. Loretta Jemmott: Some of the challenges that we've had about implementing (system) and school studies have been attitudes of school administrators or teachers or parents, you know, sex education in school settings.

And another challenge is for in school class size, limited time or student absenteeism because if you're going to continue to do this in the schools for eight sessions then some young people will be missing key proponents of the program. So those are common challenges.

Some of our strategies for success have been flexibility because if you're flexible you can work these things out.

So we'll meet with the school board, principals and parents to discuss their issues and come up with some strategies together to resolve them.

And sometimes we have to implement the program after school or off campus youth (unintelligible) programs to provide services for youths.

We also can reach out to partners who wraparound services. And some people offer incentives for kids to participate. It depends on your agency and the strategies you want to use to be successful.

Tish Hall: Great. Thank you for sharing that information. I also think that another thing that we need to talk about is the curriculum itself.

Have there been any recent or are there any planned curriculum revisions coming up?

Dr. Loretta Jemmott: Well thought last edition came out in 2012. We're looking at it now to see if it's still okay. Then we're meeting around that soon but it should be okay.

We also did come up with a new addition called the In School Version the deals with some of those issues of timing so that's available for 2014.

But further information about and the curriculum in of itself or facilitator manual you can contact Select Media. For any training information you should contact Jemmott Innovations Group.

Tish Hall: Great. So we want to also make sure that we add a couple additional resources. And this next slide gives us information about the HHS Teen Pregnancy Prevention Evidence Review. So it's a searchable database for that.

We also have a link here for implementation reports where you can find out more information about promoting health and for teens abstinence only.

And also we had two links here, one for Jemmott Innovations to find out more about the developer as well as Select Media to find more information about the program.

So Dr. Jemmott I want to thank you for spending time with us today to talk about the program. Are there any additional final words that you'd like to add?

Dr. Loretta Jemmott: Yes. I would like to add that this is excellent curriculum. People around the country who have been using PHAT AB really love it.

It's been used in different settings again with LGBTQ use. There's a potential adaptation that we didn't talk about earlier and that you can really use it with disabled youth, incarcerated youth or any ethnic diverse population.

They really love PHAT AB because it promotes abstinence and it gives young people a strategy to help them engage in behaviors that is the safest way to reduce teen pregnancy, STDs and HIV. So thank you.

Tish Hall: Thank you. And we hope that the resources that we've provided today and the information that you've helped us present today Dr. Jemmott will help grantees and others thinking about implementation of PHAT abstinence only.

Thank you again for all this information. I know it has been extremely helpful to be able to get it all out and I thank you for your time today.

Dr. Loretta Jemmott: Oh, thank you so much. It's been my pleasure.

END OF PHAT-AB