Tish Hall: Good afternoon. Today will be interviewing Dr. Loretta Jemmott as a 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 as having shown effectiveness in reducing teen pregnancy, sexually-transmitted infections or sexual risk behaviors.

The goals 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. We also will provide additional resources at the end of this presentation.

We also want you to know that inclusion on the HHS Teen Pregnancy Prevention Evidence Review does not imply endorsement from OAH. Program selection is up to the grantee.
So today I want to introduce to you Dr. Loretta Sweet Jemmott. She is one of the nation’s foremost researchers in the field of HIV AIDS, STD and pregnancy prevention having the most consistent track record of evidence-based sexual risk reduction interventions.

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

Her premier contribution is the 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 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 has also reduced the incidence of sexually transmitted diseases. Thank you for joining us today Dr. Jemmott.

Dr. Loretta Jemmott: Thank you. It’s a pleasure to be here. Thank you for having me. This is critical and important, so great.

Tish Hall: Great. So today we want to talk about Promoting Health Among Teens Comprehensive Intervention. Could you start by giving us an overview of the program goals and maybe the key components and delivery methods?

Dr. Loretta Jemmott: Yes the purpose of this program was to really come up with an intervention or a curriculum that can give two messages and give them strong
in a strong way to promote abstinence and promote safer sex typically condom use or strategy to reduce pregnancy, HIV and STD.

To do this we wanted to build your knowledge about these issues, foster positive attitudes and beliefs towards abstinence and condom use.

We want to increase their confidence -- we call it self-efficacy also -- and their skills in negotiation, refusal and problem solving regarding either pregnancy and abstinence or if they choose to have sex to use condoms. So to do that you got to make sure to have correct condom use skills so we want to build that too.

And most importantly we wanted to have a - young people have a strong sense of pride and responsibility to either abstain from sex but to use constant - condoms consistently and correctly if they choose to have sex.

Tish Hall: Great. So in that you talked about a few of the methods of how the program is provided. Are there any interactive games and role plays that your use of the program?

Dr. Loretta Jemmott: Oh yes. This is an upbeat interactive fun youth center kind of curriculum. They’re not in their seats for long. They’re moving around, use a lot of games, interactive activities role plays and handouts and posters. There are lots of great videos and interactions around the videos with discussions.

There’s lots of practice and feedback to build up their confidence in their self-efficacy to do this new behaviors that we’re trying to get them to do to be safe.
Tish Hall: Great. So with this program I know you evaluated it and they have shown some promising results. Could you share some of those things that the program showed?

Dr. Loretta Jemmott: Yes. This has been one of our most exciting studies. We did the study with about 657 6th and 7th graders African American youth in Philadelphia. We had a great return rate because we followed them for 24 months. We had a 95% return in three months and we even had all the way up to 24 months with an 84.4% return rate.

We randomly assigned these 667 young people to one of five conditions. One was an eight hour abstinence only intervention, two an eight hour safer sex only intervention, three an eight hour combined safer sex and abstinence condition, four a 12 hour combined abstinence and safer sex condition or a control group eight hour health promotion control group condition.

And we followed these young people like I said for 24 months. And what we found was exciting that comparing our eight hour combined abstinence and safer sex conditions to compare that to the control group we found that there was a reduction in the number of multiple partners, reduction in sexual activity and among the sexual experience use there was less sexual intercourse reported in all the follow-ups, less unprotected sex in all the follow-ups and most excitingly two very highly knowledge score, more positive attitudes towards condoms and self-efficacy to practice condom use - an exciting study with great outcomes. We’re very pleased with it.

Tish Hall: Great. So you talked about the evaluated population a little bit. Could you give us that overview again and then also tell us who the program can be implemented with?
Dr. Loretta Jemmott: Yes we did the study like I said with middle school young people ages 11 to 14 in the urban community.

But now we know that over the years we’ve seen it being implemented with multiethnic racial youth 11 to 14 years old and 15 to 18 years old and being done in all boys groups to extending groups, all girl groups and the same outcomes have been there.

So really multiethnic youth who attend middle school can use this program or youth (unintelligible) organization community-based agencies can use this program too.

Tish Hall: Nice. So let’s talk about settings. You know, you talked about where the program was evaluated and the type of settings that it was evaluated in.

So could you reiterate that as well and then provide others settings that the program could possibly implemented in?

Dr. Loretta Jemmott: Yes. And to do this study we did it in a controlled setting. So we used the school on a Saturday that served middle school youth.

And we recruited from various middle schools in that community to come to our Saturday program in the school. So that’s a controlled settings and was able to do the program given on Saturdays, four hours on one Saturday and four hours on the next Saturday. And we did it a third Saturday for the other conditions for the longer ones.

But in other settings people have (unintelligible) this post evaluation of our randomized controlled trial. People are using in school settings. They use their
after schools. They use their community-based organizations, group homes for teens in clinics or agencies different by character youths and services or foster care youths.

Tish Hall: Great. Thank you for sharing that information as well Dr. Jemmott. So we want to talk a little bit about adaptations.

Just want to give a caveat that OAH requires prior approval before grantees can make adaptations to programs.

And we also tried to have conversations or consult with the developer in order to make sense of these adaptations and make sure that they’re successful with implementation.

Dr. Jemmott are there any adaptations that have been made or any that have been considered for PHAT Comprehensive?

Dr. Loretta Jemmott: Yes. One of the exciting things was that we found that people cannot do four hours in one session of course. So implementation changes have been one module a day or two modules a day depending on whether the school or community program using it.

And one of the other issues is time constraints that people can’t seem to get through it in one day for one module. So we had to do something about that. So we had created an adaptive version for school settings.

Group size has also granted issue. In a study we did it with six to eight young people. But now we see that strategies are needed to show people how to do it differently in larger classroom settings and we was able to do that.
And then our study with facilitators were African-American facilitators but in around the country who are using PHAT Comprehensive have been able to use facilitators from all the different kinds of ethnic backgrounds and professional groups and peer educators have also been used.

Tish Hall:  Great.

Dr. Loretta Jemmott:  Some other things that we adapted too is the settings. You know, some other potential adaptations our community agencies could be using LG BTQ youths as well as youth who are serving youth with disabilities.

We have some other cultural development issues for adapting because sometimes the names and the community setting does not match the setting of the names of the young people you are working with.

So we tell them we can adapt the names and change the names of the young people’s on the role play card or whatever as well as you could do some other kind of videos, use other videos while maintaining the integrity of the program.

And so again this project - this program can be used at various populations, LGBTQ youth, youth with disabilities, incarcerated youth, ethnic diverse youths, anybody between the ages of 11 and 18.

Tish Hall:  Great. So we know that another key instance that needs to be made for a successful implementation is staff, having the right staff on board and having the correct training.

So could you share some of the recommendations that you would have for staff qualifications?
Dr. Loretta Jemmott: Yes, yes, yes staffing considerations you also always since you have more than one facilitator trained so that you have backup staff and some support to help organize it. But that depends on your budget for your agency.

But we say from experience that they should have professional background of highly recommended like a teacher or a nurse health educator, social worker or a counselor, people who have some skills in working with youth.

We want them to have formal training on the curriculum. Experience working with a multiracial group of young people from diverse backgrounds, experience with group facilitation.

We want them also to be comfortable talking about sexual health issues with teens and to really feel comfortable both to, you know, positive sexual health development among these young people.

And most importantly we want facilitators who are able to relate to young people in their life circumstances to believe in them and to believe in their resilience.

Tish Hall: Great. So you talked a little bit about training. Could you talk about the training that is required in order to implement PHAT Comprehensive?

Dr. Loretta Jemmott: Yes. Training is definitely required. First type of training is the training of facilitator model which is called a TOF which is a two day training.

It’s designed to help develop the skills and effectively being able to implement the curriculum. And so we do that.
But there’s a second kind of training called TOT which is a Trainer of Trainer model where you will train other trainers from - learning how to train other trainers from your agency on how to do that program. And so that’s a three to four day training program depending on the organizational needs.

Cost for this kind of program training varies based on group size and group needs. But training can be available to the agency on site or at any other setting through Jemmott Innovations Group and our partnering agencies which is Healthy Teen Network, JSI, ETR, Teenwise Minnesota and Select Media.

Tish Hall: Thanks for sharing that information as well. I was wondering if have there ever been any challenges for program implementation and are there some successful tips that you can provide to help grantees get over those challenges?

Dr. Loretta Jemmott: Yes. Some of the challenge was definitely this condom use demonstration in school settings. So teachers and administrators have issues around condom demonstrations. So I had to work those things out as well as parent attitudes about sex education in school settings.

Another thing where this challenge was in school class size, you know, the class could be too large or a lot of the students in it as well as limited time to build and implement the whole program and student absenteeism if we during the program one module at a time these kid are absent most of the time sometimes missing components that are special to the program or essential to the program’s success.

So some of the strategies for success has been being flexible which is really key to working with communities.
And so we will meet with the school board, the principles or the parents to discuss their issues and, you know, together workout some strategies to help resolve them.

We also would say you can work with after school programs and off campus youth serving agencies of community based organizations We say you can also reach out to partners for wraparound services as well as offer incentives for participation.

Tish Hall: Great, thank you. So I’m sure the program has been updated or revised recently but could you share if there are any additional revisions that are coming down the pike?

Dr. Loretta Jemmott: Well right now the curriculum has been - the last edition was 2012. We’re looking at information is still okay and we should have everything ready as soon as we’re going to do any changes.

And we did make one change is we created a school youth - a school addition which helps with the breakdown of the modules for the schools. And that just came out in 2014.

But any further information about the facilitator manual or the curriculum you can go to Select Media. And any further information around training you should contact Jemmott Innovations Group.

Tish Hall: Great. Thank you for sharing that information also Dr. Jemmott. This particular slide has additional resources where you can find information on PHAT Comprehensive.
This particular slide actually gives a link for the HHS Teen Pregnancy Prevention Evidence Review and Implementation Report that specifically outlines promoting health among teens, comprehensive as well as a link to Dr. Jemmott’s training group Jemmott Innovations as well as program information or curricula purchasing information at Select Media.

We’re hoping that today’s conversation in conjunction with all of these resources will help you have a more comprehensive understanding of this evidence-based teen pregnancy prevention program.

And we hope that it will help you make an informed decision on which evidence-based programs to select for your community and how to best prepare for any implementation of any of the programs on the list.

So Dr. Jemmott do you have any final words about that comprehensive?

Dr. Loretta Jemmott: Yes, yes, yes I do. So comprehensive is an exciting program. Young people really like it. They learned a lot and they tend to really want to recommend it to a lot of their friends.

So if you’re looking for a program that not only teaches abstinence but teaches safer sex and condom use too and gives both positive messages for both types of skills and both kinds of outcomes you want this is the program for you so hopefully PHAT AB, PHAT Comprehensive.

Tish Hall: Thank you Dr. Jemmott and I want to thank you so much for taking the time today to put together this information and present it to grantees or potential grantees.
I know that this will be incredibly helpful and I hope that they take into consideration all that you share with us today.

Dr. Loretta Jemmott:  Thank you. And thank you very much for having me.

Tish Hall:  Thank you. And if you would like additional information the last slide provides Dr. Jemmott’s information for a contact.

We’d like to thank you for tuning in today and we hope that you found some very - helpful information. Thanks again.

Dr. Loretta Jemmott:  Thank you.

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