

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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11:15 am CT

Coordinator: Excuse me please, this is the operator and I do need to inform all parties that this conference is being recorded. If you should have any objection, you may disconnect at this time.

Jaclyn Ruiz: Thank you operator. Today we will be interviewing Dr. Jane Champion as part of our developer interview series. The Office of Adolescent health will be hosting a series of interviews with developers of these 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 Webinar series was developed by Child Trends under contract with the Office of Adolescent Health as a technical assistance tool 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 compliment to various other resources available online. Additional resources are identified later in the Power Point presentation. Inclusion on the HHS TPP Evidence Review does not imply endorsement from OAH. Program selection is up to grantees.

The developer we will be interviewing today is Dr. Jane Champion. Dr. Jane Champion is Professor at the University of Texas at Austin. She is a researcher, scholar, and practitioner in the area of health promotion and risk reduction of rural and minority adolescents and women.

Her program of research has evolved over the last 20 years from the initial exploratory descriptive studies to the present time where she conducts multi-level, multi-component, primary care based interventions with rural and urban low-income ethnic minority populations to improve their sexual and general health.

By developing and testing her interventions in primary care clinics, she has directly increased access to health care and health promotion for an underserved population.

Welcome (Dr. Champion). For - so, we would like to get started, if possible, if you don't mind, please, describing your evidence based program Project IMAGE.

Dr. Jane Champion: Okay. The program goals of image they particularly are to prevent STI, HIV, substance use, unintended pregnancy and inner personal violence and to achieve these goals the key components of this program are structured around those goals. And so the key components of the program include information when it's related to - contact related to STI, HIV, substance use, pregnancy, contraception and inner personal violence.

The target population for image is adolescent females. The methodology for implementation of these interventions containing these components - the three basic parts - the first is workshop which it's setup to have two 3-4 hour workshops. And these workshops would include 4-8 female adolescents and the presentation activities include videos and discussion. Importantly there's no internet needed.

They're led by a trained facilitator and the facilitator can be a counselor, nurse, or a nurse educator. Following workshops there are a series of support groups that are included in the intervention, which includes, actually three groups.

The support groups generally last between 1.5 and 2 hours that's basically what they're structured to last. They include again 4-8 female adolescents and then interviewing and the methods that are used for the support groups that - it surrounds motivational interviewing approaches.

In these support groups, we address topics such as interpersonal relationships, contraception use, health risk behaviors, interpersonal violence, substance use, et cetera and the many relationships between these components.

The support groups are led by trained facilitators and in this instance generally it is a counselor, or, once again, a nurse. And when I refer to nurse, I'm referring to an advanced nurse practitioner in most instances or a nurse that is a registered nurse.

The individual counseling sessions that are also a part of the program implementation there - recommended two or more sessions and this is actually

dependent upon what the individual participant in the intervention really desires or requires.

The individual counseling sessions - we have one and the sessions following that individual counseling are really initiated independent upon the desires of the participant.

The individual counseling sessions are conducted by a facilitator who is trained specifically in methods concerning individual counseling and, once again, includes motivational interviewing approaches. And this individual is recommended to be and is typically a counselor or, once again, a practice nurse as it is typically in a primary care setting.

Jaclyn Ruiz: So just to maybe clear - not clarify but just to sort of sum up to make sure that our grantees will understand, it sounds like it's a multi-modal intervention that includes workshops, support groups, and individual counseling, which you've outlined, I know, on Slide 5. Is that correct?

Dr. Jane Champion: That's a - that's a very accurate summarization, thank you.

Jaclyn Ruiz: Perfect. Can you briefly talk a little bit about your previous evaluation results?

Dr. Jane Champion: Yes. The intervention Project IMAGE was initially developed and tested with African American and Mexican American female adolescents in a metropolitan health district primary care clinic.

The adolescents that were included were sexually active and the majority of them had a history of highly sexual behavior, previous STI, or interpersonal experiences of interpersonal violence.

The findings of the study which included longitudinal follow-up at 6 and 12 months included a reduction in STI and in substance use, unintended pregnancy and a reduction in interpersonal violence over the 6 and 12 month follow-ups.

Jaclyn Ruiz: And can you talk a little bit more about both the population in which your study was conducted as well as any recommendations for the target population that this intervention can be used on?

Dr. Jane Champion: The population as I indicated previously we included in the intervention is one that many times may not be accessed in other settings. And seeing that it was implemented in a primary care center and this was the primary care settings for STI clinics, family planning clinics, primary care clinics that were run by family practitioners, even urgent care that we recruited individuals from all these different settings.

So, and they were low income and English speaking only and in the urban inner city environment. The adolescents who were included in this study were - definitely had sexual orientation that included LGBT, which is important, and we were able to work with this many times under, I guess, under accessed and having a - in times a lack of inclusion in an intervention evaluation.

So we felt that we did access this group and were able to provide an intervention that they actually attended. The target population I think for this intervention would, once again, include females that would be 14-18 years old, English speaking, and would have similar characteristics, the urban inner city and LGBT.

Jaclyn Ruiz: And how about the setting in which the intervention was evaluated? You mentioned it was evaluated mostly in a primary care clinic. Do you want to

expand on that and maybe some ideas or recommendations for where it can also be used?

Dr. Jane Champion: Certainly. Metropolitan health districts and the health district and the health clinics that are included in the health district this is where it was initially evaluated. Other evaluations have been done in primary care clinics and these have included rural health clinics, which, you know, provides services to individuals who are in maybe medical underserved areas, et cetera.

I think other settings that this could be applied for - they're really basically any other primary care based clinic. And perhaps it could be a school based clinic within schools in which you would be able to have an advanced practice nurse, a physician's assistant, counselors, et cetera, working with the school implementing intervention.

Jaclyn Ruiz: Thank you for that. Let me go ahead and move on. What about some potential adaptations. I just want to sort of make a note that, you know, adaptations do require OH approval. I know at times it can also require a developer's approval. But sometimes it is helpful for organizations to get a sense of any previous successful adaptations. Can you talk anything about that?

Dr. Jane Champion: Certainly. Other potential adaptations - and I have already addressed the potential for a school based clinic and that could be in urban and rural settings - but this would be a, I believe, an excellent intervention for a primary care setting in which you have people that are accessing these clinics for other forms of care, be it routine check-up or because they are ill and that's an opportunity to introduce the intervention to them and seek their responsiveness or their interest in being part of those interventions.

As far as the cultural element, the intervention could be adapted to, of course, other Hispanic populations and other African American or Black populations, perhaps Dominican, or Caribbean populations. These are other adaptations. Another would be actually for non-Hispanic white adolescents. In the previous settings the - this population was not included and that would be a potential adaptation.

In terms of language, the Spanish speaking, this would be, I believe, an adaptation that is very important, particularly with the Mexican American population. We have at this point only provided the intervention for those are English speaking who are Mexican American in particular. And I think that that would be an important adaptation particularly within settings in which you had a large proportion of this population that was Spanish speaking.

Other target populations would be those - you could - or other female populations in terms of adolescence. You, I think, could potential extend the age range in terms of the conceptualization of what adolescence is. It could be modified or revised for a younger population. For example, 13 definitely could be included and you could also increase it to 19 or 20 and perhaps for young adults.

Jaclyn Ruiz: And you mentioned school based clinic and sometimes this helps with our grantees. It sounds as if in middle school or high school if they were looking at sort of school grades as a range, would that be appropriate?

Dr. Jane Champion: Yes, I think high school definitely would. The intervention, of course, could be modified so that it - and I have done that - so that it's not specifically for adolescence who are sexually active.

And this is why it fits so well in the primary care clinic because you are able to, you know, work with those who came to a primary care who maybe were pregnant or were looking for contraception, et cetera. But you could adapt it for a school setting. And I would recommend high school.

Middle school would take a little more adaptation obviously but definitely in high school where I believe it's very common that the counselors in the school, nurses in these situations deal with many of the issues and address many of the components that are included in this intervention.

Jaclyn Ruiz: Thank you for that. Thank you for that clarification. Do you have any staffing considerations or training recommendations for our grantees?

Dr. Jane Champion: The major recommendation I think that I have is that there be a consistent individual who is providing the workshops, support groups, and the counseling. The rationale for this preference and my statement is that the conceptualization of trust in the interactions with young women is so important.

And to be able to impact the individual and access their beliefs, values, or their way of living, I think trust is such a huge part of that. And this is promoted through, you know, a continuation of the same individual from the workshops, to support groups, to individual counseling.

The individual who is providing this intervention, I believe, requires some skills in terms - or an experience in terms of sexual health promotion and actually requires some skills in terms of motivational counseling and hopefully has some experience with support group and individual counseling.

The structure for the support groups and then obviously the individual counseling is broader. It allows for individualization in terms of the individuals for the counseling but also for the dynamics of the support group and the individual in the support group to revolve around the particular concerns of women who are adolescence or are in that group and so you have to have the skill to be able to do that.

This is slightly different perhaps from some interventions that are provided. But on the other hand, one of the key, I think, aspects of this intervention that defines - that it's different from others in that it provides the support group and individual counseling opportunities as part of the intervention. And I think that that allows, both on an individual and a group basis, to provide more effective outcomes.

Jaclyn Ruiz: And so just to sort of expand before we - I follow-up with the training portion. I know you mentioned for the nurses that it is recommended that their advanced practice nurses. Do you have any recommendations specifically for the counselors whether they be social workers or any other sort of specific degree or is that sort of left to whatever the certification is within that community, state, city?

Dr. Jane Champion: Most of the primary care settings have access to, and particularly in school based clinics, access to licensed profession counselors and so I would say LPC would be appropriate. And to be an LPC, as you know, you can have preparation in multiple disciplines that are related to sexual health promotion.

Jaclyn Ruiz: Thank you for that clarification. And I know on Slide 10 you referenced the training, you know, some - that the training is under development. Is there anything you would like to add about the training at this time?

Dr. Jane Champion: I think that there really isn't too much right now. The information should be available within the next month. We were working fairly intensively to have this available for those who would be interested in the program.

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

Dr. Jane Champion: Because of the multi-component nature of the intervention you're looking HIV, STI's, substance use, interpersonal violence, pregnancy - I think one of the challenges is to provide collaboration with multiple providers and who were involved in work in these areas.

And to be able to coordinate it such that you can have duplicity of services which I think that's important and because more than one person providing information while you're conducting these interventions is of help.

And so, I think the challenge though is to identify those and instead of taking people away from these services, the approach that sympathizes intervention in primary care is to promote the management such of the services that are available outside of the clinic such that, they complement the intervention.

So you have to do really, very comprehensive community assessments so you know what these services are and you work with them and you don't have a situation in which one intervention - they are leaving this one to go to another one. That's not the point. The point is to provide integration and complement that are already in place.

Strategies for success are simply to accomplish this by including the health organizations that are present there. You don't want to impose this

intervention on them, you want to work with them and incorporate it in as part of the services that they provide.

Jaclyn Ruiz: Thank you. Do you have - so on Slide 12, we talk a little bit about recent or planned revisions. I know you mentioned you will be working on getting out the training opportunities soon. Do you have any other information about any recent revisions to the program or the release of the program?

Dr. Jane Champion: I think I would like to comment a little bit about the training because we have discussed the training aspects - or the aspects of training for the intervention. And I believe it would be useful for people to have information concerning that.

And this would be simply that I - it would probably - we are anticipating two days for a training, such - individuals would be able to then implement the intervention within primary care settings, two or perhaps three days for implementation of the intervention.

Jaclyn Ruiz: And just for the grantees to know, we did provide the contact for any questions about training on the slide under training considerations. So they can definitely go back and follow-up with this information that you're providing.

Dr. Jane Champion: All right. And you did ask me about recent (inner) planned curriculum revisions and I as I've said, I have adapted for a rural primary care based clinic on the Texas-Mexico border and was able to recruit adolescents who are Mexican American within that rural primary care clinic. And I have a completed evaluation and then a 12 month follow-up.

Jaclyn Ruiz: Thank you Dr. Champion. So on Slide 13, you'll find additional resources on Project IMAGE. We hope that these resources in conjunction with today's Webinar will provide a comprehensive understanding of this evidence-based teen pregnancy prevention program.

It will assist you in making not only an informed decision on which evidence based program to select for your community, but how to best prepare for it and implement, this program. Do you have any final words?

Dr. Jane Champion: No, thank you very much. And I certainly hope that others will find this intervention of use for their particular population. And look forward to hearing from potential additional development and as it concerns the intervention.

Jaclyn Ruiz: Well, thank you again, Dr. Champion. I just want to thank you because you're taking time out of your very busy day to put this information together and present it to our grantees. I know that they will find this information incredibly helpful. So, thank you.

Dr. Jane Champion: Thank you.

Jaclyn Ruiz: (Emily), can you cut the recording please?

Coordinator: One moment please.

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