NWX-OS-OGC-RKVL (US)

Moderator: Jaclyn Ruiz
January 27, 2015
2:00 pm CT

Coordinator: Excuse me, this is the conference coordinator. At this time the conference is being recorded. If you have any objections, you may disconnect. Thank you.

Jaclyn Ruiz: Thank you. Today we'll be interviewing Dr. Lydia Shrier as part of our developers 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 Webinar series was developed by Child Trends under a contract with the Office of Adolescent Health as a technical assistance tool for youths with OAH grant programs to write 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. Please note that inclusion on the HHS TPP evidence review does not imply endorsement from OAH. Program selection is up to grantees.

Today we'll be interviewing as I said Dr. Lydia Shrier. Dr. Lydia Shrier is a Senior Associate in Medicine with the Division of Adolescent Young Adult Medicine of Boston Children's Hospital and an Associate Professor of Pediatrics at Harvard Medical School.

She is board-certified in adolescent medicine and received a master's in public health from the Harvard School of Public Health. Dr. Shrier conducts research on mental health and risk behavior in adolescents and maintains a clinical practice in both primary and specialty adolescent care.

As part of the OAH team pregnancy prevention program, six sites across the country that were selected for funding chose to replicate the safer sex intervention developed by Dr. Shrier and her colleagues. Welcome, Dr. Shrier.

Lydia Shrier: Thank you for having me.

Jaclyn Ruiz: So we're just going to go ahead and start with asking if you could please briefly describe your evidence-based program.

Lydia Shrier: Sure. The safer sex intervention is a clinic-based individualized intervention designed for young women under the age of 24 years who have been diagnosed with a sexually transmitted infection. The intervention is designed to reduce their sexual risk behaviors and to prevent recurrence of sexually transmitted infections.

The intervention was designed to be delivered at the time of diagnosis of infection and/or treatment when the young woman is most likely to be contemplating her sexual risk behaviors.

The intervention is administered one-on-one and face-to-face by a female health educator in a single 30 to 50-minute session. The session follows one of two intervention guides which are selected on the basis of the young woman's discussion with the educator and her self-identified stage of behavior change.

The intervention includes booster sessions at one, three and six months. The materials provided in the safer sex intervention kit require use of a DVD player or computer that can play a DVD, a penis model and a pelvic model.

Jaclyn Ruiz: So Dr. Shrier just to sort of clarify, it sounds as if they may - do they need access to the Internet - because I see the computer being mentioned?

Lydia Shrier: No, they do not need access to the Internet. The computer is used simply to play the DVD.

Jaclyn Ruiz: Okay, perfect. Thank you. Can you talk a little bit about your previous evaluation results?

Lydia Shrier: Sure. The intervention was originally evaluated in a randomized control trial that compared administration of the intervention to standard care. The sample with 123 young women ages 13 to 23 who had been diagnosed with cervicitis or pelvic inflammatory disease.

These young women were patients of outpatient adolescent clinics or inpatient at an urban children's hospital. We found that young women who received the safer sex intervention reported increased sexual risk knowledge, more positive

attitudes towards condoms and tended to report using condoms more with a non-main partner at one month.

At six months they were less with a non-main partner and at 12 months they tended to be less likely to have a current main partner and they also were less likely to have recurrent sexually transmitted infections.

Jaclyn Ruiz: Can you talk a little bit about the population in which the program was evaluated as well as any other recommendations you may have on in which populations the program can be implemented?

Lydia Shrier: Sure. The intervention's designed only for female adolescents who are able to communicate in English and are patients of a health clinic so the setting is typically in the health clinic. When we administered the intervention inpatient, those were all patients who were also seeing outpatient in our clinic.

The intervention has been evaluated in racially and ethnically diverse populations and you can see on this slide there's a real range of race and ethnicity and there's a substantial minority of participants who have been living in economic hardship. The intervention's also been evaluated or is being evaluated across a range of urbanicities from rural suburban to urban.

Jaclyn Ruiz: Do you have any specific age ranges in which you believe the target population should come under?

Lydia Shrier: So we evaluated a very wide age range in the original randomized control trial from 13 to 23 so basically teenagers and young adults.

Jaclyn Ruiz: Okay, sounds simple enough and to sort of piggyback on the question about evaluation, can you talk a little bit about the settings in which the program

was evaluated as well as any recommendations in which the program can be implemented?

Lydia Shrier: Sure. As I said we evaluated the intervention in adolescent medical clinics, outpatient settings as well as inpatient adolescent units. Other sites that are currently evaluating the intervention have been conducting it in reproductive health clinics and school-based health clinics that serve adolescents and young adults.

Jaclyn Ruiz: And so this slide, this is potential adaptation so while adaptations require prior approval from OAH and I know at times it can require a prior approval from a developer, it can be helpful for organizations to get a sense of previous adaptations that have been successfully implemented. Can you please provide some examples of the types of minor adaptations that are allowable?

Lydia Shrier: Sure. The most common adaptation has been to apply the intervention to sexually active girls without the requirement that they be receiving a diagnosis of or treatment for sexually transmitted infections.

Another adaptation has been to conduct booster sessions using video conferencing with software like Skype, FaceTime or other video chats and instant messaging software and a third adaptation that's been used frequently is to use different GIFs given during the intervention than those provided in the intervention kit.

Jaclyn Ruiz: And so based on the bullets that I'm seeing, it seems as if the last bullet might be a bit more minor than the others. Do you want to clarify if the first two bullets are minor adaptations or are they more adaptations that may require some approval process, at least on your end?

Lydia Shrier: Yes, I think the first two adaptations I mentioned are more substantial and do need to be reviewed. It is important that the intervention is used with sexually active girls and not those who are not sexually active and not used with boys as opposed to girls.

But we had a fair amount of discussion around using the intervention with sexually active girls who weren't at that teachable moment when they were being diagnosed with or treated for sexually transmitted infections and in the end together with OAH made the decision that that would be an acceptable adaptation.

With regard to the second example at the time that the intervention was developed, we did not have video conferencing software available with the populations we were providing the intervention for so we didn't have an opportunity to test that in the evaluation.

It seemed like a very reasonable adaptation particularly given challenges that some of the participants have had in coming back for their booster sessions.

Jaclyn Ruiz: And just as a reminder to grantees who may be listening, there is guidance on the OAH Website on allowable adaptations distinguishing between minor and major so please make sure to review that information and I also believe Dr. Shrier that there is an adaptation kit as well on your Website or at least on the distributor's Website; is that correct?

Lydia Shrier: Yes, that's right.

Jaclyn Ruiz: Okay. Thank you for all the clarification. Can you describe some implementation challenges that you're aware of? Oh, I'm sorry, I skipped a

slide. Can you discuss any staffing recommendations you may have or training opportunities that may be available?

Lydia Shrier: Yes, the intervention's designed to be delivered by a trained female educator. The safer sex educators have been certified health or sexuality educators, nurses or public health students. I conduct two type of trainings. One is a train the facilitator which two days and the second one is our train the trainer which takes three days.

The train the facilitator is for individuals who will be delivering the intervention and train the trainer is for those who will be training others to deliver the intervention.

I'm also available to consult on implementation plans. The Website on the slide has more information about training and consultation and the e-mail address is listed there for any requests or questions.

Jaclyn Ruiz: Great. Now the question that I accidentally moved forward, please just can you please describe any implementation challenges that you're aware of and if possible discuss strategies that organizations have used to overcome those challenges?

Lydia Shrier: So potential grantees may be familiar with a 2014 article in the Journal of Adolescent Health that describes some of the challenges encountered by three sites that have been replicating this safer sex intervention so I'll share with you some of that they discussed in that article.

The main challenges seem to be difficulty identifying female clinic patients appropriate for the intervention so the idea was that this intervention requires

substantial investment of time and should really be administered to those young women who are at high risk.

So sites sometimes struggled with how to identify up-front who those individuals would be. Other challenges included creating a smooth referral process that was integrated into clinic flow, developing successful recruitment strategies.

And overcoming barriers to retention such as the adolescents have unpredictable schedules and not being able to come at set times for their booster sessions, adolescents having limited options for transportation to the site and the clinic's limited service hours that sometimes were prohibitive for adolescents who were in school or working.

Monitoring fidelity has also been challenging because the intervention is conducted in a one-on-one session so having another person in the room observing the educator would not be feasible.

Jaclyn Ruiz: And so do you want to talk about some of the strategies that you've known to at least work or what other grantees may have or other sites that you've worked with implemented to try to overcome those challenges?

Lydia Shrier: Sure, so the sites worked very hard and I also consulted with them on some of these challenges and they came up with some great strategies for overcoming them so the program staff worked very hard to integrate the identification and referral process into standard clinical practice and they cultivated relationships with the clinic staff.

So as the intervention went on, it became easier and easier to identify the young women for consideration of the program and be able to get those referrals to the intervention staff.

As clinic staff became more aware of the intervention and started to talk about it with their patients, they were able to see some of the benefits of the intervention and that became a motivator for them making more referrals to the program.

Some of the programs decided that they needed to look outside of their original site for referrals and they looked to other partner organizations or youth agencies in the community. Sites also worked very hard to make the program enticing.

They had youth advisors and worked with clinic staff to make materials appealing to the potential participants and they used a number of advertising strategies as well as incentives that were appealing to their particular populations.

They became very aware that they needed to be flexible in the scheduling and would sometimes be able to have extended hours in the clinic and as I mentioned before with the adaptations, some sites were able to use social media and video conferencing both for reminders about intervention appointments and for those booster sessions.

Jaclyn Ruiz: Thank you for that. Just on Slide 11 you'll see that the developer has mentioned - sorry, Dr. Shrier has mentioned - that there are no plans to release the revised curriculum; is that correct?

Lydia Shrier: That's correct. At present, no plans.

Jaclyn Ruiz: Great, so on Slide 12 you'll find additional resource on safer sex intervention. We hope that these resources in conjunction with today's Webinar will provide a compliance understanding of this evidence-based teen pregnancy prevention program and 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 and implement this program. Just any final words Lydia?

Lydia Shrier: Just that I'm really looking forward to talking to potential grantees who might be interested in the safer sex intervention. Thank you for giving me the opportunity to speak on this Webinar.

Jaclyn Ruiz: Well, we also want to thank you very much for taking the time today. For people who might listen to this in the future, Lydia is currently in a blizzard and so the fact that she could take some time today and have power to be able to put this interview together is very impressive and we just want to thank you so much for being able to present this information to our grantees because we do know that they'll find it incredibly helpful.

Lydia Shrier: Thank you again. I'm happy to have the excuse not to be shoveling.

Jaclyn Ruiz: Operator, that concludes our call for today. Can you please end the recording?

Coordinator: Thank you.

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