The Office of Adolescent Health Digital Town Hall on Teen Pregnancy Prevention

May 11, 2016

Speaker 1: Ladies and gentlemen, thank you for standing by. Welcome to the Office of Adolescent [SOAP 00:21:04] Digital Town Hall and Preventing Teen Pregnancy webinar. During the presentation all participants will be in a listen-only mode. Afterwards we will conduct a question and answer session. At that time if you have a question please press * followed by the number 1 on your telephone. You may also enter any questions at any time throughout the webinar by using the chat feature located in the lower left-hand corner of your screen. If you need to reach an operator at any time please press *0. As a reminder, this conference is being recorded Wednesday, May the 11th, 2016. I would now like to turn the call over to Amy Margolis.

Amy: Hey, thank you. Hello everyone. On behalf of the HHS Office of Adolescent Health I'd like to say welcome and thank you so much for joining us for today's digital town hall. My name is Amy Margolis. I'm the director at the Division of Program Development and Operations, and the lead for the Teen Pregnancy Prevention Program at the Office of Adolescent Health. In recognition of May being National Teen Pregnancy Prevention Month, we're excited to come together for the next ninety minutes to celebrate the remarkable progress we've seen as a country in preventing teen pregnancy. You're going to be hearing about the OAH Teen Pregnancy Prevention Program, and the work of several of our funded grantees, and we are also excited to have such a great group of speakers with us today as we're going to talk about the important work and the innovative approaches that they're currently implementing that will help us not only continue to reduce rates of teen pregnancy, but also work to eliminate existing disparities.

As a reminder, all the phones will be muted during the town hall until the Q&A session at the end. There is a chat function that you should see on your screen, and you can chat in a question at any time. We'll do our best to answer it either throughout or at the end during the Q&A session. We do have, like I said, a wonderful group of speakers with us today, but rather than introducing them all to you at once right now, our moderator will introduce each one before they speak. With that I will turn this over and introduce our moderator, Jessica Pika from the National Campaign to Prevent Teen and Unplanned Pregnancy. Jessica?

Jessica: Thank you so much, Amy. We have a lot of exciting things to talk about today and a lot of ground to cover, so let's jump right into our agenda. Today we'll be discussing trends in teen pregnancy and birth. Amy will walk us through an overview of the Office of Adolescent Health Teen Pregnancy Prevention Program. We'll also have some grantee perspectives. We'll hear from three grantees to learn about what they're doing and how they're making an impact in their communities, and we have two experts from the field who will talk to us about thinking outside of the box with regard to teen pregnancy prevention. As Amy mentioned, we have a Q&A section at the end, but please do also

feel free to chat in your questions if you have them, and then we'll wrap things up at the end. We are really excited to get started, so let's dive right in.

You've all probably seen and heard a lot about rates of teen pregnancy in the news over the last few weeks and months. Since peaking in 1992, pregnancy rates are down 55% and teen birth rates are down a whopping 61%. Rape has declined in all fifty states and among all race/ethnicities. Rape is still disproportionately high among black and Latina teens, and rapes also remain high among other groups, such as teens in rural areas and teens in and aging out of foster care.

With that, I'm going to go ahead and turn things over to Amy Margolis, director of Division of Program Development and Operations at the Office of Adolescent Health, who will walk us through some more background information and give us an overview of the OAH TPP program. Amy?

Amy: Great. Just a little background before we get in and hear the exciting presentations from our grantees about the OAH Teen Pregnancy Prevention Program. We are a two-tiered evidence-based program. We fund diverse organizations nationwide working to prevent teen pregnancy. The majority of our funding, approximately seventy million annually, is for the implementation and replication of evidence-based programs, those programs that have been proven through vigorous evaluation to reduce teen pregnancy or other associated sexual risk behaviors. You'll hear us refer to this as "tier 1". In addition, we provide funding, approximately twenty-four million annually, for research and demonstration projects to develop and test new and innovative approaches to prevent teen pregnancy, and we refer to that as "tier 2". We also have a smaller amount of money available for program support activities, and that includes everything from staffing and overhead at the office to training technical assistants, medical accuracy, and performance measures.

The Teen Pregnancy Prevention Program at OAH is a competitive grant program, and we really focus our spending on reaching communities across the country with the highest rates of teen pregnancy and teen birth, as well as our most vulnerable youth who are at greatest risk for experiencing a teen pregnancy. That includes youth who are already parents, youth in foster care, youth in juvenile detention, and LGBTQ youth. From the creation of the program in 2010 through 2020, our funded grantees will have served 1.7 million youth across the country. Between September of 2010 through August of 2015, we funded a hundred and two organizations who served half a million youth in thirty-nine states and the District of Colombia. A second group of eighty-four organizations awarded funding in July of 2015 for a five year period, and we anticipate that those grantees will more than double our previous reach by 31.2 million youth in thirty-nine states and the Marshall Islands by 2020.

We currently provide support to fifty-eight organizations to replicate evidence-based programs. Fifty of our grantees are focused on replicating evidence-based programs to scale in communities at greatest need, and these organizations are using a holistic community-wide approach to implement evidence-based programs to scale in multiple settings. The approaches you can see on the slide include several key components that

are designed to enhance community-wide impact, including mobilizing the community to support the project, engaging youth and families throughout the project, implementing evidence-based programs in multiple settings to ensure that youth receive critical information and skills at multiple times over the course of their adolescence, delivering programs and services in environments that are safe and supportive, and in ways that are trauma-informed and inclusive of LGBTQ youth, and providing linkages and referrals to a broad range of youth-friendly healthcare services.

In addition to these key components, we have a strong commitment to using data to inform all programmatic decisions, to evaluating our efforts and making continuous quality improvements, to focusing on sustainability, and on communicating and disseminating information and successes from the project. You'll be hearing a little later in the town hall from two of our grantees who are implementing this holistic community-wide approach. We also recognize that not all organizations are ready and able to implement this type of approach to scale in their communities, and so we also provide funding to eight organizations to build capacity of others to implement evidence-based programs, with the goal that those organizations will then be ready and able to implement programs to scale in the future. Many of those organizations, in addition to focusing on very high-need communities, are focusing on building capacity to reach the most vulnerable youth in their communities.

We also provide funding to twenty-six organizations currently to conduct research and demonstration projects, to develop and test new and innovative approaches to teen pregnancy. Two grantees are receiving funding to support early innovation, one is focused on supporting technology-based innovations, and the other is focused on supporting programmatic-based innovations. I'm excited about, you'll be hearing from both of them later on in the town hall. Twenty-four grantees are funded to vigorously evaluate new and innovative approaches to preventing pregnancy, including three grantees funded through partnership between the Office of Adolescent Health and CDC, who are developing new and innovative programs designed specifically for young males.

The interventions being evaluated through our vigorous evaluation projects are specifically designed to fill gaps in the current evidence base for teen pregnancy, and they include interventions for males, like I said, but also for Latina youth, American Indian youth, youth in foster care, incarcerated youth, LGBTQ youth, as well as several new clinic-based interventions, interventions for families and caregivers, several technology-based interventions, and several new school and community interventions. You'll be hearing from one of our grantees who's working to develop and vigorously evaluate a new approach focused on trauma a little later as well.

That's a little about our program as it is currently, but before I wrap up I did want to talk for a minute about the tremendous success that we saw from the first five years of the OAH Teen Pregnancy Prevention Program. In the five years since the program was created, we have funded a hundred and two grantees who served half a million youth, like I said, in thirty-nine states and DC. The majority of the youth served were ages fourteen and younger, and 37% were Latina, 30% black, and 23% white, so really great diversity. We just began, like I had mentioned a little earlier, funding a new cohort of

eighty-four grantees who will more than double our reach to serve 1.2 million youth in the next five years.

Our grantees in the first five years of the program trained over sixty-one hundred new facilitators and established more than thirty-eight hundred community partnerships. They also did an exceptional job at implementing their programs with fidelity and quality, and ensuring high rates of youth attendance. As you can see on the slide, 95% of all their sessions were implemented as intended, 92% with high quality, and on average youth attended 86% of all sessions. Really, really impressive results in terms of implementation quality. Lastly, our grantees have worked to disseminate their results and successes, to contribute to a broader culture of learning for the field. Collectively they've published sixty-six manuscripts with more to come, and have delivered close to thirteen hundred presentations.

In addition to the youth that we've served over the past five years, the Office of Adolescent Health invested significantly in rigorous evaluation. We implemented a multi-pronged evaluation strategy with our first cohort of grantees from 2010 to 2015, which included forty-one rigorous independent evaluations, nineteen of them on the implementation of ten different evidence-based programs, and twenty-two on the implementation of new and innovative approaches. We're planning to release the results from across the forty-one evaluations in mid-June of this year, so just a couple of weeks, and we'll be sending out a press release, and we'll have a page on our website dedicated to the results. The page will include access to all of the individual evaluation reports as well as to a few additional products that summarize the results across the forty-one evaluations.

Over all, sort of a sneak peek, the results show that OAH was able to identify eight new evidence-based programs and provide important information about where, when, and with whom the ten current evidence-based programs that were evaluated are most effective, all of which is really critical information for communities and organizations to ensure the programs that are selected for implementation are the best fit. Stay tuned, sign up for our ListServe so that when the press release and everything comes out in June you can be the first to hear. With that, I will turn it back over to Jessica.

Jessica: Thank you so much Amy. I'm now going to introduce Amanda McGeshick, who is the program coordinator with Centerstone of Tennessee. Amanda will spend some time talking with us now about Centerstone's efforts to take evidence-based programs to scale in communities with the greatest need. Amanda, over to you.

Amanda: Thank you so much, and hello from Tennessee. I've been asked to share some of our successes and challenges from the first round of funding that we had, and how we're using that in our second round of funding. In 2010 Centerstone was awarded a five million dollar grant to cover twenty-six middle Tennessee counties, and we were replicating the evidence-based intervention Making a Difference. During the course of the grant, we were able to serve over thirteen thousand students, which exceeded our enrollment goal. With new funding opportunities being released in 2015, we thought that we had a lot more to offer. We didn't feel like we were done in Tennessee by any

means. We had already established ourselves in the area and built really solid partnerships with other stakeholders.

We applied for another grant from Office of Adolescent Health, and like many of you, were very excited to learn over the summer that we were awarded a grant. This time, we were awarded a ten million dollar grant, and you can see from this next slide how our service area changed. On the left-hand side are the twenty-six counties that we started out with, and on the right-hand side are the counties that we are focusing on now. We are expanding to sixty-six Tennessee counties and fourteen Kentucky. Last time we used school settings as our venue. We're doing that again this time, but we are also expanding into foster care, group homes, and juvenile detention centers, and even working with the juvenile court.

I can't really share a lot of our successes without sharing some of the challenges that we had the first go around. In middle Tennessee unfortunately there was a lack of consistent teen pregnancy prevention programming, and this was actually a blessing and a curse for us. While we had a relatively untapped market, it became apparent that many areas simply did not prioritize teen pregnancy prevention, even though their numbers by far exceeded state and national averages. Since most of our service area was rural, we were lacking other settings to deliver services. Most of these counties only had a church or a school, so we went with the school setting and we began building capacity as much as we could in these areas.

One of the things that we learned as we were working with new community partners was that there was a lot of individual fear and bias that was very challenging for us to overcome. Sex education in some areas can be extremely controversial, and we were coming up against that again and again. Then Tennessee passed a very strict law in 2012. They refer to it as the Family Life Law, and it has very strict guidelines on how we can deliver sex education services in school settings. It not only requires an emphasis on abstinence from sex, from the three types of intercourse, vaginal, anal, oral, but also from sexual behaviors. Some of you may remember we were kind of the laughingstock of late-night TV for a little while. They kept calling it the Handholding Bill and the Gateway Bill, but what they were referring to is that abstinence in Tennessee is not only abstinence from intercourse, but those behaviors that could lead to intercourse.

How do we mobilize our community? We looked at this in three different phases. The first thing that we did is we followed up with every person that we had made contact with during our grant application process. Anyone who signed an [MLU 00:37:07] or a letter of support for us, or maybe even someone who wasn't able to sign for whatever reason, but indicated that they were supportive. We followed up with them with a email that was detailed but brief, and I say that because a lot of people are very busy. We are all very busy, and we didn't want to send a seventy-five page email outlining every single detail of our program. We started with a very detailed and brief email, and then attached a more detailed program description, and I put a picture of ours on there for you to see. That really gives them some of the highlights of what your program does, and contact information. After we sent the email, if we did not hear back from someone

we would follow up with a phone call and request a meeting to talk about how our program could benefit their community.

The second phase once we had followed up with all of our grant application contacts was reaching even further into the next group of people that we may not have had a conversation with about the grant application, but people who would very much be interested and invested in teen pregnancy prevention. That was going through health counseling coalitions, asking if you could attend if you are not already a member, requesting meetings with school counselors, teachers, and other administrators. If there's a community center in the area, it's a great idea to contact them and talk to their staff as well. These are what we thought of as our grassroots marketing and networking. We were trying to build this capacity and get this community mobilized behind teen pregnancy, and [with 00:38:52] Tennessee not really having an awareness of what their rights were at the time and not making it a priority, we were able to really educate everyone on how high teen pregnancy rates are in Tennessee, and what are some things that we can do about it.

Some recommendations for community mobilization. We learned how important it was to be patient and persistent, not pushy. As I mentioned, everyone is busy, particularly if you're going to implement in a school setting. We always laugh and say, "There's no good time of the year." The beginning of the school year is busy, the end of the school year is busy, every time is busy, so it's important to be persistent and follow up, again, not be pushy, find that line between the two and stay on the right side of it. Offer them something. We found that this really opens a door for us, when we could offer information.

We wrote two or three presentations that were informative on teen pregnancy prevention. One of them was on the scope of the problem. We wrote another on Tennessee's Family Life law. We wrote a third one on the effects that media has on sexual decision making in teens. These were things that we were able to promote at health councils and teacher meetings, and that resulted in getting us invited to participate in trainings of trainers, and there again make more community contacts. All of these things were very pivotal for us when we were making linkages for healthcare referrals.

Again, these presentations and helping the community understand its need was very important. We also emphasized what our evidence-based program did for their community while we were absolutely addressing teen pregnancy and STD prevention. Many of these evidence-based programs also have healthy decision making, goal setting, and skill sets that are available for teens that can help in many other areas. We promoted this, along with the teen pregnancy prevention. We were demonstrating to them that we could show there's need for them. In Tennessee we have core curriculum requirements in health, science, family consumer science, and JROTC that are very specific about teen pregnancy and abuse prevention, so this helped us market our program and demonstrate that we could help them fill this need.

If you're doing a local survey, I highly recommend that you use that as a part of your marketing pitch when you're promoting your program, because a lot of counties from the board of education all the way up to the mayor, we've actually had the mayor of some of our counties be very interested in these survey results so they can see how the attitudes, skills, and knowledge is improved when your program is involved in their school system or their community venue.

One of the things that we did learn when we were implementing is you have to compromise at times. What I mean by that is in the school system, the curriculum that we use, Making a Difference, is eight modules long, and it's approximately eight to ten hours long. That's a lot of class time, so if you're able to compromise, work with the developer, work with OAH and make some approved adaptations, that is very helpful.

Another thing that helped us to be very successful was thinking outside of the box for training. Our agency is very large. We are active in Tennessee and Indiana and Florida, and we're very fortunate to have our own training manager, but we found it very beneficial to bring in experts from the field. Students of Stonewall is a great example. They are a group of transgender teens from the Oasis Center, and we brought them in to do a training on LGBTQ inclusivity, and this included a Q&A session. This allowed us as facilitators to ask questions and get the recommendations from transgender students on how we could be more inclusive. Very, very helpful.

Again, making adaptations where needed, working with your project officer on that, making sure that you are doing them in accordance with the guidelines of the curriculum that you're using. [Listening to 00:43:16] the facilitators if it's not going over well in the classroom or flopping, and being able to, again, work with your project officer, work with your evaluators to make those adaptations to the curriculum so that it's more engaging. We were very successful in bridging the gap in our fidelity monitoring between us and our evaluators. As you know the fidelity monitoring [law 00:43:40] gives us a score of three, two, or one, three meaning you taught it as-is, two you did it with changes, and one, you did not teach it. We learned to embrace the two and not be afraid of that as long as it's not excessive and as long as it's appropriate so that you are reaching your students.

Finally, the successes that came out of the challenges from our first go around with funding was we hit our enrollment number. We exceeded our enrollment number, but we had hit it by year four, so that was wonderful that as we went into year five we were already at our thirteen thousand, and the rest was, as they say, gravy. Year five we were still adding new schools. We've got longstanding relationships with the schools and other community partners here in Tennessee. As we expand we've been able to build on those partnerships. Many of our staff stayed on to see if we would receive additional funding, and as a result of that we were able to promote quite a few of them into leadership positions to help us train. We are now seen as an expert in the field of teen pregnancy programs for that area and are continuously invited to teacher in-service days and statewide conferences. For that, I thank you for your time.

Jessica: Thank you so much Amanda. I'll now turn things over to Larry Swiader, vice president of digital at the National Campaign to Prevent Teen and Unplanned Pregnancy. Larry's going to discuss using technology and innovation and how that can positively affect teen pregnancy prevention efforts. Larry, take it away.

Larry: Hi everybody, it's nice to be with you today. The Innovation Next Awards is a program of the National Campaign to Prevent Teen and Unplanned Pregnancy, and it's made possible through a grant from OAH. That grant began last summer and the program went live in December of last year. The goal of the program is to catalyze innovation in teen pregnancy prevention using technology. Our premise for the program is perhaps a common insight, and that is that sex education needs to meet teens where they are. We know it needs to be relevant, real, and maybe even a little radical, and our goal is to use technology to turn engagement into behavior change. We believe that our first group of winners will do that, and you'll meet them in a minute.

Our big idea for this program is to use design thinking as a framework for all of the projects. In the slide that you see there, you see a high level description of what the design thinking process is. If you Google it, you'll find a whole lot more. Design thinking basically is an approach to learning that includes considering real-world problems, research, analysis, conceiving original ideas, lots of experimentation, and sometimes building things by hand. Design thinking really emphasizes the needs of the audience over any idea that you might have for what the solution might be. All of us face that challenge working in teen pregnancy prevention, that we have ideas what might work, but we have to really check in with the target audience to make sure that they will.

Innovation Next is a two stage program. In stage one, we selected ten innovation teams, teams of three, to use design thinking techniques to develop innovative technology-based strategies to address teen pregnancy. In partnership with the renowned design and innovation firm IDEO, the National Campaign is providing teens with three workshops focused on design thinking strategies, and the funding to use design thinking to develop their innovations. Stage two will add funding and support five of the original ten innovation teams selected in a Shark Tank-like experience that we're going to have in August.

We decided to invest in people first and believe that by investing in great teams, the design thinking process will lead great teams to great ideas. To that end, we look for people who have passion and for teams who work well together and can leverage the passion to identify new solutions. In the application process we asked for teams to convene around an idea, a kind of hunch that they had about using technology for a specific audience. Our first workshop shook our teams a bit, because we encouraged them to go into the research process unbiased towards any solution. At first this was hard for the teams, but now they've all embraced the approach. At the April workshop that we did, we encouraged teams to find analogous examples of the behaviors they were trying to address. One team put this into practice by going to Ikea to observe how parent-child interactions occur, a real great place to go for that.

Now I want to focus on what happened at the workshop. The result, we hope, is that teams will use technology and communication techniques in completely new ways. The workshop, the first one, prepared the teams to do that, and I have some pictures to show from those workshops. Here, this picture really conveys the essence of what happened at the workshop. There were no "nos" allowed, it was "yes", and just building on ideas. In bringing the thirty team members together, we've created a community where they can feed off of one another, and we're supporting that community through an online system that has daily interactions. We brought real people in at the workshop too; parents, teachers, and teens, so that the teams of three could practice doing research with these real people before they had to go out in the field where they are right now to do that same research. Here you see the teams practicing that research.

There were a lot of sticky notes as teams brainstormed about ideas about who their target audience's extreme users were, and how they would find them to interview them. Later in the workshop teams practiced their observation skills. What can you learn about a person from studying just their environment, if that's all you have? All the teams are expected to conduct research in places relevant to their target audiences so they can make insightful observations that might not come out in an interview that takes place in an office setting or someplace like that.

Here consultants from Experience [inaudible 00:50:22] took the teams through all of the stages of design thinking that you saw in the previous slides. Research, insights, and prototypes. There was a lot of prototyping. Here's an example of that. Here's another example. All the teams had to use materials ranging from papers and markers and stickies to Legos to bring their ideas to life. The point was to practice quickly spitting ideas out so they may be tested. Technology ideas really can be tested using only paper. There was even a bit of performing.

Our next workshop happens next week when all the teams present their learnings from the field. I hope I have an opportunity in the future to tell you all about that. To learn more about all of the ten teams and their projects, I encourage you to visit innovationnext.org. Thank you very much.

Jessica: Thank you Larry, that was really cool. I'm very excited, and I think I speak for all of us, to see how this all shakes out. With that, we will go ahead and introduce Kelly Wilson, who is associate professor at Health Education at Texas A&M, and she's going to also talk a little bit about their innovation grant work. Kelly?

Kelly: All right, thank you for joining us today. I especially want to acknowledge some of my other team members, which include Ken McElroy, Jennifer Farmer, Whitney Garney, Angie [inaudible 00:51:57], and Catherine [inaudible 00:51:59]. I know that some of you may have applied for one of our projects, and you may have encountered these people, so I want to make sure that I acknowledge them. We are very excited to be working with our first cohort of fifteen teams from a variety of organizations that are in different stages of development that will promote and support new and innovative programs that address the needs of under-served populations.

Internally, we are adopting Wunderman's Interactive systems framework to utilize an innovation perspective to understand what does and does not support the success and the sustainability of these programs. Now I am going to briefly introduce the project that we are supporting over the next twelve months, and similar to what Larry just said, you can find a brief overview of these projects, which will be available on our website at itp3.org.

The first project that I wanted to talk about is the Children's Hospital of Philadelphia. The Children's Hospital of Philadelphia plans to improve reproductive health among adolescents by making reproductive health a central part of pediatric healthcare services. The central elements of this program include an initial reproductive health visit for adolescents twelve to nineteen years of age, a youth and parent peer contraceptive advisor program, and a health coaching program to support contraceptive adherence. Through these efforts, this team aims to improve contraceptive uptake and adherence among adolescents by offering support services to the adolescents and their caregivers to ultimately reduce teen pregnancy in the nearby community.

Waikiki Health is another project that we're supporting, and this team plans to create Wahine Talk, a technology-based program that will provide relevant sexual health information to homeless and runaway youth. Wahine Talk will improve beyond typical group sessions and adult educators to emphasize texting and social networks to reflect youth preferences and the realities of today's world. The program will utilize information and incentives relevant to the target population while easing their access to high efficiency medical treatments and services to reduce pregnancy through increasing the uptake of long acting reversible contraceptives.

Then we're also supporting Public Health Management Corporation with their project Chrome to Color. The goal of Chrome to Color is to reduce teen pregnancy among LGBTQ-identified youth of color. Through this youth-driven program, LGBTQ-identified youth of color will develop teen pregnancy prevention education messages to disseminate to their peers as public service announcements. Public Health Management Corporation looks forward to collaborating with their target community to create a youth advisory board to assist in the development of this media focused intervention, which will be both relevant and appealing to LGBTQ-identified youth of color.

Planned Parenthood of New York City wants to move beyond focusing on individual level change and work with foster care professionals to work directly with youth in unstable or transient circumstances. Their proposed program, Organizational Capacity Building for Teen Pregnancy Prevention With Foster Care Youth, will provide a multilevel approach to train foster care professionals, create organizational policies and practices, and enhance the physical environment of foster care agencies with teen pregnancy prevention and sexual and reproductive health materials [and messages 00:56:16]. Their program will bring systematic environmental support for sexual and reproductive health within foster care organizations to reduce unintended pregnancy among the youth they serve.

Through a partnership with the Sigma Iota chapter of Omega Psi Phi fraternity, [inaudible 00:56:38] associates seeks to develop a sexual health module with follow-up support to be implemented as part of the Omega Gents Mentoring program. Omega Gents is a well established mentoring program for African-American young men which was designed and is implemented by members of Omega Psi Phi, the largest black fraternity in the country. This project presents an innovative approach by weaving pregnancy prevention into structured mentoring to address sexual health in tangent with focusing other important social determinants, such as academic success and connectedness to school and a caring adult.

Eyes Open Iowa plans to develop an in-depth project to train and support resident assistants on Iowa college campuses to deliver sex education [to college 00:57:32] freshmen. This comprehensive program will train RAs to provide students with information about birth control and condoms, and where to access, get referrals to services, support LGBTQ students, and information about sexual assault prevention. By training the RA, freshman students new to college will have trusted and relatable peers to consult with about risky behaviors and ways to prevent unintended pregnancy at a critical time in their lives.

The UT School of Public Health will be integrating a program that focuses on racial/ethnic disparities among teen parents and address the disparities that are a concern for this population. The UT School of Public Health plans to develop the program Be Legendary. Be Legendary will focus on reducing unplanned and teen pregnancies among older teen males living in economically distressed communities. Specifically, success of this program is expected to result in contraception-related communication, support for youth of moderately or highly effective contraceptive methods, and desire for pregnancy prevention with [life skills 00:58:51] outcomes, including job readiness and career awareness.

The National Indian Youth Leadership Project will implement the Healthy Pathways Project. The Healthy Pathways plans to incorporate [core 00:59:08] social, emotional, behavioral, and mental health constructs to engage youth in challenging themselves to grow as individuals and members of their peer group, family, and community. The Healthy Pathways program will be delivered through a weekly experiential session and frequent outdoor adventure activities in the natural world. Through this strength-based positive youth development approach, the Healthy Pathways team has a goal to increase positive sexual and reproductive health outcomes among American Indian adolescents.

Planned Parenthood of Greater Northwest and Hawaiian Islands proposed the Online Health for Young Adults program. This program aims to increase teen access to sexual health education and care by integrating personalized online education resources with Planned Parenthood's existing online health services [inaudible 01:00:05] health program. This program will be accessed virtually through a mobile device, tablet, or computer, enabling teens to get information, care, and support that they need whenever and wherever they need it. The teens will be able to participate in one-on-one counseling and follow-up discussions with the online health educators. Through this

easily accessible thought forum, the program has the potential to transform the way sexuality education is delivered to teen audiences.

[Infusion 01:00:40]. This project encompasses the blending of a locally developed intervention that brings together Latina youth and their parents or guardians. The Rural IMPACT team plans to increase parent-child communication regarding sexual health. This program will allow parents or guardians to practice discussing sexual health practices and concerns with their youth in a positive manner. By encouraging and facilitating this discussion, the Rural IMPACT team aims to reduce unplanned and teen pregnancies among Latina youth in rural communities.

We also have the Boston Children's Hospital Division of Adolescent Young Adult Medicine, which takes a combination of brief clinic-based sexual risk reduction counseling and cognitive behavioral skill teaching with mobile self-monitoring and responsive messaging upon report of [poor effective states 01:01:45] and maladaptive cognitive states for momentary [effect 01:01:49] regulation, safer sex intervention. They plan to reduce unintended pregnancy among young women with depression. The MARSSI Program will capitalize on the advantages of in-person counseling while keeping the resource intensive component [free 01:02:07]. The use of mobile technology will apply real-time self monitoring and [context 01:02:12] responsive intervention in the daily life of the young women with depression served through this program.

The National Campaign to Prevent Teen and Unplanned Pregnancy plans to develop an innovative systems level approach to support youth in foster care that are transitioning out of the foster care system and to prevent unplanned pregnancies. Through collaboration with other agencies, the front line staff working directly with youth in foster care will deliver the program. Ultimately, the goal is for this pregnancy prevention intervention to become a routine part of case and transition planning that the youth undergo. If successful, this program is expected to result in the development of support materials that provide guidance on how this practice can be institutionalized in agencies working with youth in foster care.

LifeWorks will be working with pregnant and parenting teens. In order to reduce the repeat birthrate among pregnant and parenting teens, the goal of the LifeWorks team is to improve the youth communication and the negotiation skills around contraception. A unique aspect of this program will be the use of peer mentors that were previously teen parents themselves. Through one-on-one meetings in a setting that is convenient and safe for the youth, the peer mentors will be trained to address the youth's feeling of disconnectedness and [leverage 01:03:41] relationships.

Multnomah County Health Department will focus on adolescent sexual health equity programs. The Sexual Health Equity for Individuals with Intellectual Developmental Disabilities Team plans to promote comprehensive sexuality education for youth ages fourteen to twenty-one with intellectual and/or developmental disabilities through building capacity among parents and guardians, support workers, teachers, healthcare providers, and other caregivers. The program will balance sexual health knowledge and safety with dignity, empowerment, and self-determination, and cultivate [contacts

01:04:23] across this eco-social system in which youth with Individuals with Disabilities can develop skills to make informed decisions, stay safe, and pursue mutually fulfilling relationships. The project aims to reduce unintended pregnancies and promote positive sexual health among youth with Individuals with Disabilities by equipping the people responsible for teaching and nurturing them across multiple settings in their lives to deliver this information and support.

Our final project that we are supporting over the next twelve months is the Healthy Teen Network and their Heartbeat Project. The Heartbeat Project team plans to combine technology with effective program elements to enhance human interaction and maximize learning opportunities to supply pregnant and parenting teens with the resources, information, and support that they need. The Heartbeat Project consists of two main components that will facilitate conversations between a local healthcare provider and the teen mother or father around local resources they can access, and provide a mobile platform where pregnant and parenting teens can get on-demand information on various health issues relevant to their needs. Through this engaging and interactive program, the Heartbeat Project aims to reduce subsequent births.

That concludes this summary of the projects that we are supporting over the next twelve months. We are delighted to see how these projects will transform and advance teen pregnancy programs. We will keep the stakeholders interested in this initiative updated through regular electronic announcements and updates to our website. Also keep an eye out in November of 2016 for our next [RFA 01:06:17] to support the second cohort of innovators that support innovative programs in teen pregnancy prevention.

Jessica: Thank you so much Kelly. Thank you to all our grantees, Kelly, Larry, and Amanda, for this awesome information. We're going to turn things over to our first expert. Myriam Hernandez Jennings is the executive director of the Massachusetts Alliance on Teen Pregnancy, and is going to discuss social determinants and the approach to teen pregnancy prevention. Myriam, will you lead us off?

Myriam: Yes, thank you. Thank you Jessica. Good afternoon to all of you. Thank you Jessica for saying that I am an expert. Perhaps I do not consider myself an expert. All that I have learned is with the work that I have been doing with many teens and the communities that I have worked before coming to Mass Alliance and my work at JSI Research & Training Institute. It's very nice to see some familiar names registered for this webinar. I have been at Mass Alliance now since October, and I really appreciate, [I am in 01:07:33] honor that the OAH requested that I speak on a topic that is very important to me, the social determinants of health and their impact on teen pregnancy.

As I mentioned, prior coming to the Alliance I was at JSI Research and Training Institute for fifteen years, and for the last five years there I directed a project funded by the CDC and OAH, which allowed myself and a team to develop and implement an approach for integrating the social determinants of health in the prevention of teen pregnancy.

Before I dive into the approach, I feel that I need to provide some background on the Alliance, because their thirty-eight ears that they have been doing this work on teen

pregnancy prevention and supporting young parents, they have doing work on policy, in programming that always have pay attention and have taken into account the social conditions that impact the health of young people. The Alliance is the only organization in Massachusetts dedicated to ensuring that state and local policies and programs effectively address the complex issues associated with teen pregnancy, at the same time ensuring support for teen parents. Through this work we have always understood that the context where young people live, work, and play, influenced their health. We know that place matters.

What do we do? Through public policy and advocacy, we educate and motivate decisions makers and local leaders to develop responsible public policies that support young people in making healthy decisions. Our experience has shown us that supportive policies have a greater impact in the life of youth. Mandating comprehensive sexuality education in the schools, for example, or supporting childcare for the children of teen parents so that they stay in school, is another good example of sound, impactful policies that we have supported. Also through promoting best practices. We partner with youth-serving professionals, educators, healthcare workers, and others on the front line to support them with up to date information on what is effective for supporting young people to prevent pregnancies in young parents, so that they can find the resources they need to care for themselves and their families.

We also do work through youth empowerment. We develop young people's leadership skills and for them to become self empowered so that they can educate their peers and advocate with their representatives for some teen pregnancy prevention and teen parent services.

Through our work in public policy, we have discovered firsthand the importance of place. This is called interconnection between youth health, sexual and reproductive health, and opportunities available to young people. The Mass Alliance team [inaudible 01:11:12] on this interconnection when we received a grant by the CDC and the Office of Adolescent Health to work in Holyoke and Springfield, Massachusetts. Mass Alliance was one of nine states funded to implement and [test 01:11:29] a community-wide approach to teen pregnancy prevention in high needs communities as part of the Teen Pregnancy Prevention Initiative. Currently we are one of the grantees funded by OAH that Amy mentioned earlier, and we are Tier 1. We are implementing Making Proud Choices to scale in the city of Lawrence. We are applying lessons learned from our previous OAH project and we are working with a very committed group of partners that represent multi-sectors in the Lawrence community.

Mass Alliance Youth First Project was one of the nine funded agencies that I mentioned before, and we used a common framework which you see illustrated here. It probably looks somewhat familiar to you on the expanded model that Amy showed us earlier. This framework supported increasing access to evidence-based interventions and access to reproductive health services. In addition, the funded agencies engage stakeholders and mobilize community members to take action to facilitate the change both in behavior and also in systems, which we find that is necessary to reduce teen pregnancy.

Never before there has been a funded project that supported a community based and a multi-system model to prevent teen pregnancy.

What we learned from the previous OAH funded project, we learned that when programs and organizations take a multi-system approach to teen pregnancy, we're able to raise awareness of the relationship between teen pregnancy and the context of where youth live, work, and play. At the root of teen pregnancy, there are social conditions and lack of opportunities for youth that increase the risk for teen pregnancy. There are factors, and you see them illustrated here in this socio-ecological model of the individual, of the interpersonal, of the community in policy in the structural levels that either support the health of adolescents or put them at risk for teen pregnancy. These determinants of health, which may include lack of employment and school engagement, poor living conditions, community disconnectedness, substance abuse, childhood and sexual trauma and exposure to violence are beyond the scope of addressing individual behavior change. Mass Alliance was one of the early adopters in adopters of looking into the social determinants of health, looking at those root causes of teen pregnancy in Holyoke and in Springfield.

Why a social determinants of health approach? This figure here represents rough estimates of how much each of the five determinants contributes to the health of a population. Precise estimates are not known at this time, but the figure here shows, in theory, that genes, biology, and health behaviors together accounts for about 25% of population health. Let me repeat that. Genes, biology, and health behavior together account for about 25% of population health. The other social determinants of health represent the remaining three categories of social environment, physical environment, and health services and medical care. These social determinants of health interact with and influence individual health behaviors as well. A social determinants of health approach views teen pregnancy and other adolescent health outcomes as the product of the conditions in which teens live, learn, work, and play, and not simply as the result of individual behavior or biology. [He 01:15:58] needs a systemic approach where a safety net is built around adolescents to ensure safe passage from adolescence to adulthood.

What impacts teen pregnancy? In our project in Lawrence, we have conducted assessments, we have focus groups as well as a root cause analysis, and here you see a few determinants that youth and community members said influence teen pregnancy in the community. Poverty, deep-seated racism, lack of self-esteem, lack of transportation, just to name a few. We may ask, "How do these determinants correlate to teen pregnancy?" For example, we know that youth who live in poverty have higher rates of unemployment. We have probably, all of us, seen that research. Lower rates of school completion, and high proportion [fragile 01:17:05] families, all elements that put young people at risk for early sexual activity and teen childbearing.

We have not been funded to eliminate poverty in the communities that we work in Massachusetts, but the approach of addressing determinants of teen pregnancy has allowed us to build multi-sector partners, partnerships that are going to be tackling the

different factors that have been identified by the community, such as those that you see here.

We are fortunate that our key partners in Lawrence that make up the [Mayor's 01:17:46] Health Task Force, already had adopted a social determinant of health approach to the work that they do in Lawrence. [Sitting 01:17:55] at our Office of Adolescent Health funded projects, we have implementing partners that represent the schools, community-based organizations, and supportive partners from the justice systems, Job Corps, mental health, and other fields that will be able to create a community referral network to support young people at any entry point that they would come into the organization, and then be able to refer them to the proper services.

How does one build such an approach? Building multi-sector partnerships is at the heart of an approach to address the social determinants of teen pregnancy. We need everybody in the community. Here are some of the steps that we have been utilizing first in Holyoke and Springfield, and now with our new Office of Adolescent Health grant.

First, we create awareness about the social determinants of health. We tell our community that we're working with that the life of the youth that they are working with, especially the most vulnerable, is not supposed to be the way it is. Then we engage and recruit a diverse group of community partners, including those not typically engaged in teen pregnancy prevention, to collaborate in our efforts.

The second step is to conduct a community-based assessment to identify the social determinants impacting youth in the community. We need to ask the right questions. "What is it that is happening in your community that you cannot thrive? What are your hopes and dreams?" Asking the right questions from the young people.

Number three, many issues will rise to the top, and we know that. We are not able to probably address all of them, but we will be able to probably choose one or two, and then they will be our priority, and then we will tackle those two issues, and definitely we will ask our community partners to lead us in that process.

Number four, bring partners together to build a community referral network. This is really important. I think that this is what OAH has encouraged all of us, on the projects that we had before and this one now, but besides having [MOUs 01:20:40] with healthcare systems, reproductive health systems, that we also should identify other partners that need to be at the table, such as mental health providers, or any of those partners that could help us then address a social determinant that we identified with the community. The important part is that at any entry point that our young people come into an organization, there is a comprehensive intake that is done holistically, looking at the whole youth, and then be able to say, "These are the needs that we have identified for this young person, and now we will refer them to the partners that are sitting at our table."

Because of the work that we have been doing, these communities that we have partnered to address social determinants, as an organization we also have been going through a confirmation process, and we have committed ourselves to embrace and embody a health equity framework. [Here 01:21:53] is our work and mission for now, which we hope to unveil in the fall of 2016. We'd like to eliminate adolescent sexual and reproductive health inequities, securing a better future for all youth, and emphasis on all youth. As an organization, we know that organizations and communities that care for all their youth, they change the social and economic conditions that will impact the future of their young people. They mobilize, they bring together the partners that they need to be at the table, and they commit themselves to reduce or even eliminate health inequities. Thank you very much for your attention, and I look forward to your questions.

Jessica: Thank you so much Myriam. We will now be hearing from our last speaker, Joann Schladale, executive director of Resources for Resolving Violence. Joann will discuss the importance of using a trauma-informed approach as organizations work on preventing teen pregnancy. Joann, we'll turn it over to you.

Joann: Thank you so much, and good afternoon to everyone. I just want to say how thrilled I am to be a part of this webinar. I want to give thanks to OAH and to the National Campaign for being a part of it. While it doesn't indicate on there, I want to clarify that I am a licensed marriage and family therapist, and I'm your person here talking about trauma today. The reason I mention that is one of my missions in my career is to make sure that particularly people who are not clinically trained have the information to know how effective we can be in providing a trauma-informed approach for teen pregnancy prevention regardless of the degrees we have, the level of education. What I hope to share with you today is compelling evidence about how you can make a difference in the lives of each of the young people you serve in terms of creating a foundation for optimal development, health and wellbeing, and above all else their optimal sexual decision making, particularly when they've experienced trauma in their lives.

I'm attempting to make my slides go forward and they will not go forward. Thank you very much.

Jessica: I'll go ahead and [crosstalk 01:24:24] for you if you just give me a heads-up when you're ready.

Joann: Okay, thanks so much. I wanted to start out today with trauma-informed resources, all of which you can see are very new, and the first two are provided for us through OAH. I have had the great fortune to be a part of this, so while I know that you can read this, I am going to reiterate the titles and share what important resources they are for all of us. One is a practical guide for creating safe and supportive environments in teen pregnancy prevention. I'd like all of you to be thinking about, what is the place in which you are actually interacting with the young people you serve? This is one of the tip sheets that helps you to create a foundation of thinking about environmentally, and then interactively, how do we create those emotionally and physically safe and supportive environments in which to practice our services.

The other is a checklist for integrating a trauma-informed approach for teen pregnancy prevention. I think this is a vital and very practical document that I hope many of you will take a look at if you haven't previously, and get a sense of what we know to be empirically based elements of how we can maximize our settings for these young people.

The final one is a document that I created in response to support from the Pennsylvania Department of Health through Temple University, and we decided to title the document A trauma-informed Approach for Adolescent Sexual Health, and it can be downloaded for free. I think it's about a seventy-five page document that outlines in much more detail what we're talking about here today. Next slide please.

Let's start with SAMHSA's definition of trauma so that we are clear about it. They define it as experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening, and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual wellbeing. While I think it is a fantastic definition, I'd like you guys to think about how overwhelming such a definition might be for the young people we serve. What you're going to see is how we try to simplify without diminishing the meaning of this to help kids understand and respond most effectively. Next slide please.

Within the definition of trauma, this is still material from SAMHSA, they identify four key elements, that we realize the widespread impact of trauma and understand the potential path for recovery. This has been considered revolutionary in the United States because there used to be mythology that, "People who've experienced trauma, they're really an exception. There's not many of us." What occurred several years ago is that they created the first Adverse Childhood Experiences studies, or the ACE studies. Many of you may have heard of them. From the first study on, I think the first study involved sixteen thousand adults answering a ten point questionnaire, and they were finding that in these studies something like 64-67% of Americans have experienced at least one adverse childhood experience. This has had a huge impact in the United States on thinking through, "How do we want to realize and recognize the widespread impact?"

You can see I was getting ahead of myself with the second one being recognizing the signs and symptoms. I just am going to have one slide on this, but the resources that I've already shared have a tremendous amount of information about that. How do we come to recognize the signs and symptoms of trauma in the young people we serve? Then we take into consideration their families. If you'll look at the next one, the next one is about us. Do we recognize that we as staff also statistically represent experiences with adverse childhood experiences and trauma? This also is another revolutionary part of SAMHSA's definition. It's often been, "We don't talk about us, we don't think about us, we just think about those others." In this case, the young people we serve.

Now a key element of how we're looking at a trauma-informed approach is that we're in this equation also. If I've had traumatic experiences, how have I come to cope with them and how have I used my attributes of resilience to be able to provide, I would say, even

extra services for these kids based on that. A key element is that everyone is included within any system serving others.

The third factor is if we realize and recognize, I hope you all agree with me that then we have a responsibility to respond by fully integrating knowledge about trauma into policies, procedures, and practices. It's all well and good to realize and recognize, but if we're not doing something about it, we can't expect things to change. I was thrilled that throughout this town meeting that the presenters have been addressing a range of responses that they're providing.

The final one seeks to actively resist re-traumatization. We kind of smile in a way, because I don't think any of us want to re-traumatize someone, so to me it's not an issue of resisting. I get that SAMHSA likes all the Rs in there, but how many of you would agree with me that what we're trying to do is prevent re-traumatization? That we have an understanding that the youth we serve have been in very vulnerable situations in a range of different ways in their lives, and that we want to prevent that from continuing to occur. Next slide please.

We've got six principles of a trauma-informed approach. Above all else our baseline is safety. In the resource document that I mentioned in the first slide, we have divided it down into emotional and physical safety. We know that often we've got secure settings in which the young people are served. There may be multiple lock systems and all those kinds of things, but even when someone is in a physically safe environment, if they have experienced emotional trauma, they may not feel emotionally safe. It is critical that we think about both their emotional safety and their physical safety as we are providing services.

As you see the next one is trustworthiness and transparency. How my brain thinks about that is in reverse to the order of these words. I believe that when we truly make an effort to be transparent in our actions and interactions with the young people, that will lead to the development of trustworthiness. I think it is through our honest approach to the young people that we earn their trust in the interactions and communication that we have, and the relationships we build with them.

Peer support is another one. How do we, at all of our practices for teen pregnancy prevention, support positive peer support? The research on trauma and particularly vulnerabilities like youth involved in the juvenile justice system that the peer support should be further supported by adult supervision.

Number four as you see is collaboration and mutuality. A key element that we use as a philosophical foundation is motivational interviewing, which is a collaborative conversation style to enhance a person's autonomous decision making. It's just supporting the kids to make their own decisions. I think the issue of those, collaboration and mutuality are critical.

Then empowerment, voice, and choice. The research shows clearly that we as human beings are more influenced by what we hear ourselves say, by what we say, than what

others say to us. It's vital in the teen pregnancy prevention services that we provide, that we are listening their voice and listening to the young people and hearing their concerns about the choices that they are making, and supporting those that promote their health and wellbeing.

Finally, but not less so in any way, I think this is actually the foundational base, their culture, their history, and their gender identity. Who they are, how do we support and promote them being the genuine human being that they want to be? Next slide please.

Trauma-informed teen pregnancy prevention programs, I think, have tremendous benefits, and I'm going to be talking about this probably for the rest of my presentation. There are benefits of integrating it into teen programs, and these are what some of them are. First of all, as a licensed, qualified mental health provider, I was trained that any intervention I ever provide, I must be able to provide rationale and the research behind that intervention. It is vital that we have the true research findings and are able to cite those to say, "Here's where this comes from. We're not just making this up." A benefit is that we do have empirical evidence.

It provides a much more comprehensive approach for prevention. I think that it can streamline this provision, and when you listen to and see some of the following slides, I'd like you to consider, "Might that make my work more streamlined?" Then of course what we're all here for is, while we've seen great improvement, all of us want the best outcomes possible. Next slide please.

A trauma-informed approach is important for first of all ensuring that everyone, ourselves included, involved feels safe and supported, since we may not know who has experienced trauma. Sometimes the youth may tell us, sometimes they may not. Sometimes we may share our experiences with others, and sometimes our colleagues may share with us some adverse experiences, but we're not necessarily going to know that. Do we create a framework, a baseline, in which everything we do is supportive to the experience of others?

Another reason it's important is recognizing that education alone does not equal change. I think all of us know if just the knowledge about better nutrition was all we needed, none of us would ever eat potato chips or french fries. The fact that even when we know these things, just the cognition or the knowledge does not necessarily equal change. What we have found through trauma-informed studies is that optimal sexual decision making requires a great deal of emotional or affect regulation. That's what we call the combination of cognition and affect. I think that these are key elements of why it's so important.

Another element is integrating the neuroscience of trauma and recovery into easy, practical activities that help everyone and changes the neural pathways impacted by trauma. I'll be saying a little bit more about that in a few minutes, but I want all of you to know I call this "neuroscience made easy". Often when we see the word "neuroscience", particularly if we're not trained in it, we think, "Holy smoke, what is that? Now we're really into this serious science," and those kinds of things, but we can

create easy and practical activities. My hunch is that many of you are already doing this, and that you may be affirmed as we continue to go forward. Next slide please.

Integrating trauma-informed practices involves all of these things going into your TPP program. You see that we've got the illustration of the arrows going through that. It may feel like, "Oh my gosh, how do we integrate all of this?" Again, I think it may be easier than you think, and I'd like all of you to consider assessing, I call it the "got it need it". What is it that you're already doing, and what are things that you might add to it? I think that it all integrates and weaves together into a comprehensive whole. Next slide please.

How a trauma-informed approach is compatible with evidence-based programs. We've been hearing a lot about the EBPs in our town meeting this afternoon, which I think is vital. A trauma-informed approach provides an empirical foundation for further enhancing the positive outcomes of the EBPs. I think this is vital ... I'm sorry, I just lost my place. I know what I wanted to say. Within the EBPs, where my brain was just tripping up, I think it was about 2011 I was invited to be part of a national advisory council with Annie E. Casey to think about how we can implement a trauma-informed approach into the evidence-based practices we had at that time. We now know, I think we're at about thirty-seven evidence-based practices, and with what we're hearing today there may be more.

We were charged with, and it was a three year process, taking all the current ones and looking at how difficult, how challenging it would be based on what we were doing, and then how could that happen. That was some of the first work that I was doing at what I'll call the national level, and then I've been involved with the National Campaign grant that I think was 2010 through 2012. I continue to think about, how are we thinking about compatibility with the current evidence-based practices. I want to let all of you know that many of us who specialize in trauma now are also thinking about, how can we do so through current technology, and implement information about trauma-informed approaches with our current technology-based, evidence-based practices.

A key element also is using knowledge about the domains of impairment that can enhance our communication and influence better decision making. I think when we know how brains are impaired by trauma and how that influences decision making, we can maybe tweak a little bit what we're currently doing and enhance. One example would simply be, how are we using multi-sensory activities and role plays for the youngsters for practice? We know that that helps move information about trauma from working memory into long-term memory and that it also has the potential, I believe, to make our jobs easier by reducing the obstacles to change. Next slide please.

Ensuring successful implementation of the trauma-informed approach involves assessing your service settings and creating soothing environments for everyone involved. The youth themselves, the families, and you yourselves as staff. One of the resources that I mentioned in the first slide actually has a template for how you can evaluate at the program level and all different levels. One of the things that's exciting about the work that I'm doing as a current grantee is that in the programs in our grantee

site, we are actually going through and using that document and assessing both their environment and their policies about how youth come into service delivery. I think the service assessments are a very important element of ensuring successful implementation.

The next thing that's been mentioned by several of the previous presenters is, what does practical and effective training for all staff look like? How do we think about what elements of trauma information? Do we want to integrate into that? I want all of you to know that we have PowerPoints that I'm happy to share that I have access to. We want to make it as easy for all of you to think about that and to have free, easily obtainable resources in that area.

To integrate ongoing supervision to enhance the permanent integration of our key concepts. Again, with what we know about the neuroscience of memory retention and working knowledge. First we've got to assess our setting, then provide effective training, and then provide ongoing support and boosters for all of our staffing teams. Next slide please.

The list of bullets continues. Our task is often to monitor our service delivery for continuous quality improvement. Are we just settling into this information and going along with that, and look at it and think, "Wow, we haven't revisited this in some time." How are we thinking about continuous quality improvement? I think it's key that people like myself who specialize in this get the newest research to all of you, particularly in a practical, applicable way to make it easy for your integration. We also need to document community resources and make sure staff and young people have easy access to them, and many of us know who are grantees, but that's part of our requirements for OAH. I know we're having a lot of fun realizing the resources we have in the community where our sites are.

I think many of us are very expert at this. How do we model sex-positive communication that supports healing for those in need and promotes health and wellbeing for everyone? In our intervention that I'm involved with, we call it "celebrating sexuality". Next slide please.

You may have noticed by the photo of me that I am gray haired and I've been doing this work for a long time. About a year or eighteen months ago, I was approached by an organization saying, "Would you write a blog for us?" I said, "Well, I know the word and I've never done them." I said, "What are you looking for?" They said, "We just want something really short and quick around quick information about trauma." I said, "What if I just say five things to know about trauma?" They said, "Yes," and in fact they've now published it in some of their documents. I want all of you to know if you feel that this is a quick and easy way to introduce it, you are welcome to take any of this information.

When I think about the five things to know about trauma, we often think of, "Okay, the bad news, the trauma happens, bad things happen in life." There it is, and I'd like you to pay attention to, as I'm reading this, holy smoke, how is this making you feel? We know that when human beings have experienced three or more adverse childhood

experiences, that it affects our body in the following ways. Trauma can influence physical problems such as cardiovascular, metabolic, and immunological disorders. Deficits in functioning such as attachment problems, anxiety, depression, aggression, addiction an eating disorders, challenges with memory and organizational skills, emotional and behavioral regulation, impulsivity, harm to self, harm to others, and problem sexual behavior. I don't know about you guys, but just reading it, and I know this stuff like the back of my hand, oh my goodness, how depressing. How do we take on that? Well here's the good news. Let's look at the next slide please.

Jessica: Joann, before we advance I just want to give you a heads-up that we're running very short on time. We only just have a minute.

Joann: Okay, thank you. I'll be very quick.

The four good things to know about trauma are first of all, we as humans are very resilient and often bounce back from adversity without a need for intensive intervention. It's all about affect regulation, which is the ability to manage our emotions without causing harm to ourselves or other. Skipping forward, everyone, no matter how life has been, can practice self-regulation. Next slide please.

Educating trauma survivors with user-friendly empirical evidence about stopping harm, healing pain, and changing lives can influence optimal sexual decision making and, like anything else in life, practice makes perfect. Anyone who's experienced trauma can learn to use a broad range of multi-sensory coping strategies to manage difficult situations and minimize the damaging effects. One more slide.

Here's what you can do: Please provide a warm, non-judgmental, empathic and genuine interaction with youth at all times, obtain specialized training, maintain the referral directory that we've already talked about, and consider ongoing consultation as needed with someone who is specially trained in this area. Thank you all very much, and I'll turn it over.

Jessica: Thank you so much Joann, that was a lot of really great information. We've had a lot of great info throughout, which is why we're running just a little bit behind schedule right now. I'm going to open things up to Q&A. Operator, if you can just be ready. We have a couple questions that were chatted in that I'm going to bring up right now while the operator gets ready to take any additional questions.

One of the questions we got came during Amy's presentation. "I see the majority of the youth served in the FY10 FY14 program years were under the age of fourteen. How do you think we can reach more youth ages fifteen to eighteen?"

Amy: Sure, thank you. It's true the majority of the youth served from our first five years at the program were on the younger side. With some of the changes we've made to the program moving forward, especially around implementing evidence-based programs in multiple settings and going scale, we do anticipate the youth served in the next five years will be more diverse across ages with younger and older kids. We're expecting

	we're going to double our reach, so we anticipate that the ages of youth served will look differently this time.
Jessica:	Great, next question. "I'm interested in the OAH policies, if there is one on awarding abstinence-only education or abstinence until marriage programs.
Amy:	This is Amy Margolis again. The OAH Teen Pregnancy Prevention Program is focused on implementing evidence-based programs, and then also testing, developing new and innovative approaches. We fund programs that have been identified by the HHS Evidence Review for Teen Pregnancy Prevention, and you can find the list of those programs on our website. They are a very diverse range of programs, and they all have at least one rigorous study that's demonstrated positive outcomes to support them.
Jessica:	One last question, this one's for Joann. "How do we access the guides on trauma-informed care that were just mentioned by the most recent presenter?" Joann?
Joann:	Thank you, and I'm sorry I forgot to mention that. First of all, the first two are published by OAH, and they are on their website. The third one that I published is on both Temple University's sexual health component of theirs, but you can also access it at my agency's website, which is resourcesforresolvingviolence.com, and you're welcome to email me directly. I don't know if my email was listed there. It's simply my last name @me.com.
Jessica:	All right, that appears to be all of the chat. I'm sorry, one more. "How are teen pregnancy rates tracked if the state only tracks birth rates? Asking due to the stat that was shared that the teen pregnancy rate has declined by 55%." Amy, I'm not sure if you can answer that one. I cannot answer that one.
Amy:	Pregnancy rates are a combination of different data, and actually the most recent teen pregnancy rates come out of the Guttmacher Institute. If you look on the Guttmacher Institute, they just recently released an update on teen pregnancy rates, and you can find all the information there. They have tables and data, and they actually have lots of ways to slice and dice the data and look at teen pregnancy.
Jessica:	Thank you Amy. Operator, have there been any audio questions chatted in?
Speaker 1:	Not at this time, but if you would like to register a question, please press *1.
Jessica:	All right, we'll wait one or two minutes. We are actually over time right now, but I do want to make sure we have a chance to answer all questions. We'll just give it a minute. Feel free to continue chatting in if you have any. We did get a question, hang on just one second. Operator, feel free to move forward if you get any questions. We got a question asking to spell Joann's last name.
Joann:	I'll do that. It's S as in Sam, C-H-L-A-D-A-L-E, and again it's @me.com is my direct email address, and I'm happy to share any resources.
Jessica:	I'm going to go ahead and shout out that email address as well right now.

Joann: Thank you.

Amy: Jessica, this is Amy. I do want to say the webinar for today has been recorded, the slides, the audio will be posted on the OAH website in the next few days. If anyone has missed part of it or got distracted, you can go back and listen there or share with anyone who wasn't able to listen but maybe was interested.

Jessica: All right. At this time I think we will go ahead and wrap things up. Going to advance to the last slide and turn things over to Amy.

Amy: Sure, thank you. Just to close out, here on the slide are links to the OAH website where you can find a lot of the resources we talked about today, including the trauma resources. This is also where we'll post the recording and the slides in the next couple of days once it's ready, and then our general email address. If there are any additional questions that you had from the webinar that we ran out of time and weren't able to get to you, please email us and one of us will get back in touch with you as quickly as possible. Thank you so much for joining us today. Thank you to all of our presenters, and to the National Campaign for helping us to organize this. I hope you all have a great rest of your week.

How did we do?

☆☆☆☆☆

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