Welcome!
Agenda

- Trends in Teen Pregnancy and Births
- An Overview of the OAH TPP Program
- Why It Matters: Grantee Perspectives
- Going Beyond Your Work: Experts From the Field
- Q&A
- Closing
Since peaking in 1990:
- Teen pregnancy rates are down 55%.
- Teen birth rates are down 61%.

Rates have declined in all 50 states.

Rates have declined among all race/ethnicities.
- Rates are still disproportionately high among Black and Latino teens.
- Rates also remain high among other groups such as teens in rural areas and teens in and aging out of foster care.
OAH Teen Pregnancy Prevention Program

- Replication of Evidence-Based Programs (Tier 1) – approx. $70 million annually

- Research & Demonstration Projects to Develop & Test New and Innovative Approaches (Tier 2) – approx. $24 million annually

- TPP Program Support - approx. $7 million
  - Programmatic Training & Technical Assistance
  - Medical Accuracy Review
  - Performance Measures
  - Evaluation Training & Technical Assistance
  - Staffing and Overhead
OAH TPP Program – Who We Serve

- Reaching communities with the greatest need & the most vulnerable youth
- Anticipate serving 1.7 million youth between 2010 – 2020
Replication of Evidence-Based Programs

Replicating EBPs to Scale in Communities at Greatest Need (50 grantees)

- Community Mobilization
- Evaluation
- Engaging Youth & Families
- EBPs in Multiple Settings
- Safe & Supportive Environment
- Sustainability
- Dissemination
- Services are Trauma-Informed & Inclusive
- Linkages to Youth-Friendly Health Care Services

Capacity Building to Implement EBPs (8 grantees)
Developing New & Innovative Approaches

- **Supporting Early Innovation to Prevent Teen Pregnancy** (2 grantees)
  - Supporting technology and programmatic innovations that are not yet ready to be rigorously evaluated

- **Rigorous Evaluation of New or Innovative Approaches** (24 grantees)
  - Emphasis on identifying approaches to fill gaps in the existing evidence-base
  - Young males, Latino youth, American Indian youth, youth in foster care, incarcerated youth, LGBTQ youth, clinic-based interventions, intervention for families, technology-based interventions
102 grantees served ½ million youth in 39 States & DC
- 74% ages 14 or younger, 18% ages 15-16
- 37% Latino, 30% Black, 23% White

6,100 new facilitators trained

3,800 community partnerships established

95% of all sessions were implemented as intended (fidelity)

92% of all sessions were implemented with high quality

Youth attendance was high – on average, youth attended 86% of all sessions

66 manuscripts published; 1,292 national, regional, and state presentations delivered
Results from 41 TPP Evaluations – June 2016

- 41 rigorous, independent evaluations
  - 19 evaluations of 10 different EBPs in new settings & with new populations
  - 22 evaluations of new or innovative approaches

- Overall Results
  - Identified 8 new EBPs
  - Provides information about where, when, and with whom 10 current EBPs are effective

- Release of all results planned for mid-June 2016
Making Challenges into Successes

Amanda C. McGeshick, Program Coordinator
Centerstone of Tennessee
Be In Charge “snap shot”, THEN and NOW

THEN (2010-2015)

NOW (2015-2020)
Challenges in Middle Tennessee

- Challenge
  - Lack of consistent TPPs across Middle TN
  - Lack of Community Centers in rural areas
  - Individual bias and fear
  - Passing of strict law in 2012
Community Mobilization

- Make your contacts!
  - Follow up with your grant application contacts: who provided MOUs/Letters of Support
  - Started with a detailed, yet brief, email (attach a Program Description)
  - Follow up with phone calls
Community Mobilization

- Who do you ALREADY know?
  - Health Councils and Coalitions
  - School Counselors, Teachers and Administrators
  - Community Center Staff, Directors
  - Local OB/GYN
  - Health Department
  - Other staff in your agency
  - Can the people you KNOW refer you to the ones you DON’T?
Community Mobilization

- Be persistent
- Get yourself invited to speak and share your program as often as you can, wherever you can:
  - Health Councils/Coalitions
  - Teacher Staff Meetings
  - Parent Night at local schools
  - Church meetings
- All of these relationships will help you later when you need effective linkages for health care referrals.
EBPs To Scale in Greatest Need

- Help the community understand it’s need (Community Mobilization)
- Emphasize what your EBP does for their community
- Does your EBP cover information in the schools Core Curriculum (Health, Science, FACS, JROTC)
- Share results of local survey
- Compromise where you can
Trauma Informed and Inclusivity

- Trainings
- Curriculum Review
  - By staff
  - Stakeholders
- Adaptations when needed
- Listen to your facilitators
  - Facilitators listen to Students
- Embrace the “2”
Successes

- Hit our Enrollment Number by year 4
- Year 5 we were still adding new schools
- Long time relationships with schools
- Many of our Staff stayed on to see if we would get additional funding; promotions
- Viewed as area expert on TPP and invited to speak
  - Teacher In Services (as a trainer)
  - State Wide Conferences
Catalyzing Innovation in TPP Using Technology

Larry Swiader, Vice President, Digital
The National Campaign to Prevent Teen and Unplanned Pregnancy
Design Thinking as a Framework for Innovation

The five phases of the design process:

1. DISCOVERY
   - I have a challenge.
   - How do I approach it?

2. INTERPRETATION
   - I learned something.
   - How do I interpret it?

3. IDEATION
   - I see an opportunity.
   - What do I create?

4. EXPERIMENTATION
   - I have an idea.
   - How do I build it?

5. EVOLUTION
   - I tried something.
   - How do I evolve it?
The Innovation Next Journey

The Journey: Stage 1

- **Choose a Team**: December 15 through January 31
- **Apply**: March 4
- **Selection**
- **Design Process**: Training Workshops
  - April 6-7
  - May 19-20
- **Final Pitch**: August 18-19

The National Campaign to Prevent Teen and Unplanned Pregnancy

TheNationalCampaign.org • Bedsider.org • Stayteen.org

Office of Adolescent Health
Team Selection

What did we look for?

GREAT TEAMS UNLOCK GREAT IDEAS
We invest in people first, ideas next.

PASSION
TEAM
DESIGN THINKING

The National Campaign to Prevent Teen and Unplanned Pregnancy
TheNationalCampaign.org • Bedsider.org • Stayteen.org
The First Workshops

What happened?
The First Workshops

What happened?
The First Workshops

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What happened?
Transforming Teen Pregnancy Prevention

iTP3

Kelly Wilson, Associate Professor of Health Education
Texas A&M
About iTP3

- Promote and support the development of innovative TPP programs targeting underserved adolescents
- Interactive Systems Framework
- Various intervention levels and implementation settings
Children’s Hospital of Philadelphia
Testing an Adolescent-Centered Model of Contraceptive Care to Reduce Teen Pregnancy

Waikiki Health
Wahine Talk: An Innovative Technology-Based Approach to Teen Pregnancy Prevention for Homeless and At-Risk Adolescents

Public Health Management Corporation
Chrome 2 Color
iTP3 Awardees

- Planned Parenthood of New York City
  Organizational Capacity Building for Teen Pregnancy Prevention with Foster Care Youth

- ETR Associates
  Empowering Young African American Men in Fostering Healthy Relationships and Preventing Unplanned Pregnancy

- EyesOpenIowa
  Preventing Pregnancy among Freshman College Students in Iowa by Empowering Resident Assistants to Serve as Sexual Health Educators
iTP3 Awardees

- UTHealth School of Public Health
  Be Legendary – Developing a multi-component Teen Pregnancy Prevention Intervention for Older Male Teens

- National Indian Youth Leadership Project
  Healthy Pathways

- Planned Parenthood of the Great Northwest and the Hawaiian Islands
  Online Health 4 Young Adults
iTP3 Awardees

- dfusion
  Rural ImPACT: Engaging Rural Latino Parents for TPP

- Boston Children’s Hospital
  Momentary Affect Regulation – Safer Sex Intervention: A Novel Approach to Pregnancy Prevention for Depressed Young Women

- National Campaign to Prevent Teen and Unplanned Pregnancy
  Transitioning to Success: Preventing Unplanned Pregnancy among Older Youth in Foster Care
iTP3 Awardees

- LifeWorks
  Innovative TPP Program: Supporting Pregnant and Parenting Youth

- Multnomah County Health Department
  Sexual Health Equity for Individuals with Intellectual/Developmental Disabilities

- Healthy Teen Network
  The ♥Beat Project
BE CREATIVE. BE BOLD. BE NEW
A Social Determinants Approach to TPP

Myriam Hernandez Jennings, Executive Director
Massachusetts Alliance on Teen Pregnancy
We advocate statewide and mobilize communities to prevent teen pregnancy, to increase opportunities for youth and young parents, and to empower young people to make healthy decisions about relationships, sex, parenting, and life.
What We Do

 Public Policy and Advocacy

 Promoting Best Practices

 Youth Empowerment
Alliance’s Experience with OAH

- One of 9 grantees agencies that was funded by CDC/OAH to implement and test a community-wide approach to preventing teen pregnancy as part of the President’s TPP Initiative from 2010-2015
- Currently funded by OAH as a T1B Grantee to implement EBPs to scale in the city of Lawrence, MA. We are applying lessons learned from the previous project and we are working with a robust CAG
Youth First: A Multi-component Project

- Community Mobilization & Sustainability
- Evidence-based Programs
- Reproductive Health Services
- Working with Diverse Communities
- Stakeholder Education
What We Learned from the OAH/CDC Project

Policy & Systems
Local/state policies and laws, economic and cultural influences, media

Community
physical, social, cultural environment

Organizational
schools, faith-based

Interpersonal
peers (norms & values)
family (demographics)

Individual Factors
knowledge, skills, preferences, genetics

Adapted from Preventing Childhood Obesity, Institute of Medicine, 2005.
Determinants of Health

- Biological makeup
- Individual behaviors
- Health Services
- Physical environment
- Social interactions/norms

Source: CDC
What Impacts Teen Pregnancy?

- Poverty
- High-drop out rates
- Unemployment
- Gang activity
- Sexual Abuse/Incest
- Deep-seated Racism

- Lack of self-esteem/emotional support
- Lack of things to do/opportunities
- Lack of access to healthcare and to basic needs
- Lack of transportation
1. Create Awareness/Consciousness raising
2. Identify SDH of teen pregnancy via a community assessment which include a root cause analysis
3. Choose one or two determinants that are feasible to tackle
4. Build a Community Referral Network
Working Mission: Eliminate adolescent sexual and reproductive health inequities securing a better future for all youth
Trauma-Informed Resources


- A Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs (OAH, 2015)

- A Trauma-Informed Approach for Adolescent Sexual Health (Schladale 2013)
“...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 well-being.”

SAMHSA. (Spring 2014).
Definition of Trauma

- **Realizes** the widespread impact of trauma and understands potential paths for recovery

- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system

- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices

- Seeks to actively *resist [prevent] re-traumatization.*

SAMHSA, National Center for Trauma-Informed Care. (May 20, 2014).
Six Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues
Benefits of integrating a trauma-informed approach into teen pregnancy prevention programs

- Empirical evidence to organize and guide prevention efforts
- A more comprehensive approach for prevention
- Streamlined service provision
- Better outcomes
A Trauma Informed Approach is Important for:

- Ensuring that everyone involved feels safe and supported since we may not know who has experienced trauma
- Recognizing that education alone does not equal change. Optimal sexual decision making requires emotional, or affect regulation
- Integrating the neuroscience of trauma and recovery into easy practical activities that help everyone and changes neural pathways impacted by trauma
Integrating Trauma-Informed Practices

TPP Program

- Safety
- Trustworthiness and transparency
- Collaboration and mutuality
- Peer support
- Empowerment, voice, and choice
- Cultural, historical, and gender issues
Trauma-Informed Evidence-Based Practices

How a trauma-informed approach is compatible with evidence-based programs

- A TIA provides an empirical foundation for further enhancing the positive outcomes of EBPs.
- Using knowledge about domains of impairment can enhance communication and influence better decision making.
- It also has potential to make our jobs easier by reducing obstacles to change.

Resources for Resolving Violence, Inc.
Effective Practice

Ensuring successful implementation of a trauma-informed approach

- Assess service settings and create soothing environments for everyone involved - youth, families, and staff.
- Provide practical and effective training for all staff.
- Integrate ongoing supervision to enhance permanent integration of key concepts.
Ensuring successful implementation of a trauma-informed approach (continued)

- Monitor service delivery for continuous quality improvement.
- Document community resources and make sure staff and young people have easy access to them.
- Model sex positive communication that supports healing for those in need and promotes health and well being for everyone.
Five Things to Know About Trauma

- The bad news:

1. Trauma can influence physical problems such as cardiovascular, metabolic, and immunological disorders; deficits in functioning such as attachment problems, anxiety, depression, aggression, addictions, and eating disorders; challenges with memory and organizational skills; emotional and behavioral regulation; impulsivity; harm to self and/or others; and problem sexual behavior.
The very good news:

2. Humans are very resilient and often bounce back from adversity without a need for intensive intervention.

3. It’s all about affect regulation. Affect regulation is the ability to manage our emotions without causing harm to ourselves or others and self-regulation is the capacity to formulate a plan of one’s own and implement behavior to carry it out. Everyone, no matter how hard life has been, can practice self-regulation.
Five Things to Know About Trauma

The very good news:

4. Educating trauma survivors with user-friendly empirical evidence about stopping harm, healing pain, and changing lives can influence optimal sexual decision making.

5. Becoming the person we want to be involves repetitive practice with corrective feedback. Like anything else in life, practice makes perfect. Anyone who has experienced trauma can learn to use a broad range of multi-sensory coping strategies to manage difficult situations and minimize the damaging effects listed before.
What you can do...

- Provide warm, non-judgmental, empathic and genuine interaction at all times
- Obtain specialized training with skill building practice that includes corrective feedback
- Maintain a referral directory of local licensed mental health providers who can document they have specialized training in trauma-informed practices
- Consider ongoing consultation as needed with a licensed mental health service provider who specializes in trauma-informed teen pregnancy prevention
Questions?
Use OAH’s Award Winning Website

The Teen Pregnancy Prevention Resource Center
Provides training materials and resources for organizations working to reduce teen pregnancy in the United States. Resources include e-learning modules, podcasts, webinars and training materials.

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/

For more information about OAH Evaluation and Performance Measures, visit
http://www.hhs.gov/ash/oah/oah-initiatives/evaluation/

Email OAH - oah.gov@hhs.gov