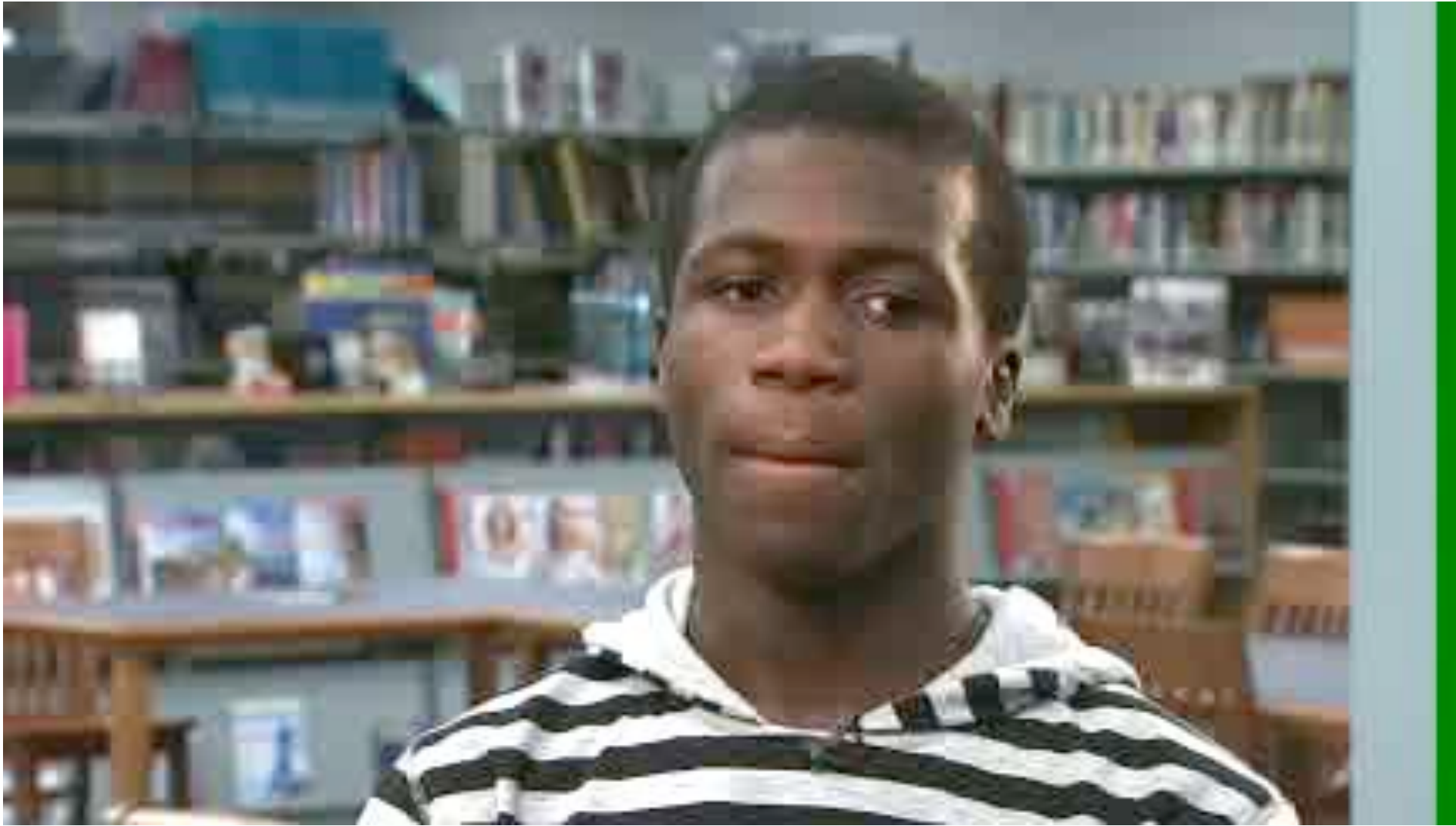


A Community-Wide Approach to Teen Pregnancy Prevention

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Community Assessment

- Parents and teens uncomfortable talking to each other
- Myths and misinformation rampant – among teens and adults
- Teens didn't know where to go for birth control if needed
- Not enough out-of-school time opportunities



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Phase One

January 2007 – May 2009



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Better Together Hennepin: Four key elements

- An array of healthy youth development opportunities
- Opportunities for connections with caring adults
- Comprehensive sexuality education
- Access to family planning services for youth who choose to be sexually active



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Better Together Hennepin Approach

- Evidence-based practices
- Implementation with fidelity



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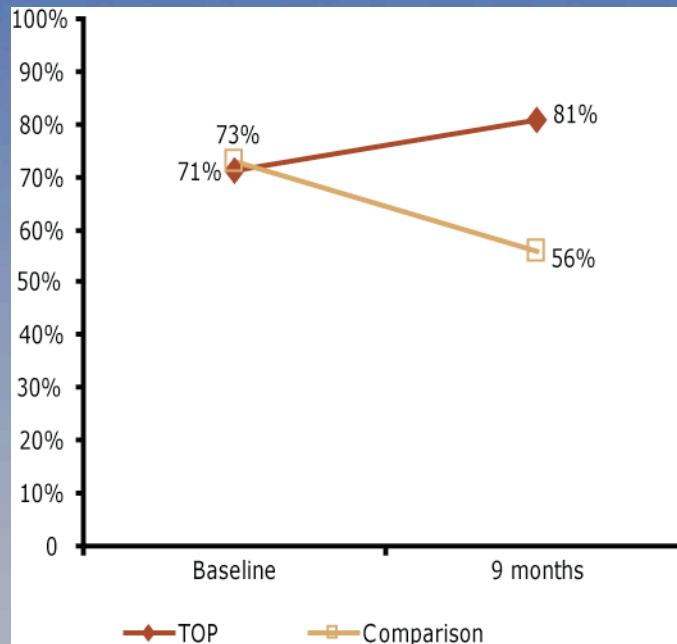
Results: Behavior

- More young people talked with their parents or adult family members
- More teens visited a reproductive health clinic
- Sexually active teens more likely to use a condom than sexually active comparison group



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Results: Behavior



Percent of sexually active students who reported using a condom the last time they had sex (one program and comparison group)



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Results: Knowledge

- Young people who increased their knowledge:

77%

- Young people who answered $\frac{3}{4}$ of knowledge questions correctly:

Before program: 16%

After program: 52%



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Results: Attitudes

- Young people who exhibited protective attitudes on $\frac{3}{4}$ of attitude questions :

Before program: 49% After program: 62%



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Results: Self-Efficacy

- Young people who answered $\frac{3}{4}$ of self-efficacy questions positively:

Before program: 37% After program: 51%



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Phase Two

May 2009 – June 2011



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Projects

- Project RESPECT – youth on probation
- “Becoming an Askable Adult” training for youth serving professionals
- On-going programming in Richfield and Brooklyn Center



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Outcomes

- Data collection and analysis on-going
- Continuing to see knowledge, attitudes, and behavior change
- Final analysis and roll up this summer



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Process

- Remaining programming is school-based
- Focused, intensive effort changes systems



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It's Your Future Project

Grant #6 TP1AH000071-01-04

Office of Adolescent Health, U.S. Department of Health
and Human Services



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It's Your Future Project

- Two programs
 - Teen Outreach Program (TOP)
 - Safer Sex
- 5-year, \$16.5 million cooperative agreement
- Randomized, controlled evaluation studies



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It's Your Future Project

- Anticipate serving 25,000 youth
- Eight cities
 - Brooklyn Center
 - Brooklyn Park
 - Crystal
 - Hopkins
 - Minneapolis
 - New Hope
 - Richfield
 - Robbinsdale



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Teen Outreach Program

- A youth development and service-learning curriculum
- Three goals - every teen in TOP can build a foundation of success from:
 - Healthy Behaviors** - Positive, constructive actions that allow young people to be successful now and later in life.
 - Life Skills** - Competencies necessary to grow into healthy, self-sustaining adults.
 - Sense of Purpose** - knowledge of their own worth as they contribute to their communities through meaningful service.



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Teen Outreach Program

Behavioral Outcomes

Teens that complete Wyman's TOP experience:

Evidence Based^(a.):

- 52% lower risk of school suspension
- 60% lower risk of course failure
- 53% lower risk of pregnancy

Observed^(b.):

- 60% lower risk of school dropout

a. Philliber Research, 2001. "Who benefits from a Broadly Targeted Prevention Program"

b. Joe Allen, 2009, "Escaping the Endless Adolescence"



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TOP Background

- Developed in 1978 by Brenda Hostetler, then Director of Pregnancy Prevention Programs, St. Louis City Public Schools
- Goal (originally) to prevent second pregnancies
- Philliber Research and Associates conducted a 12 year study on the results of TOP – showing impact and the specific factors that led to success within the program.



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Why TOP Works

- Teens have a choice in selecting their service work.
- Teens contribute a significant number of hours (at least 20) in their service placement.
- Teens feel their service work is engaging.
- Teen talking time in the group discussions is high, facilitator talking time is low.



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Why TOP Works

- The TOP facilitator is perceived as someone who is sensitive to the feelings and needs of the teens.
- Teens feel the social environment of the program is emotionally supportive and safe.
- Teens believe the TOP facilitator likes the TOP teens and cares about them.
- Teen participation in group discussion is high.



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Hennepin County's Implementation of TOP

- Currently recruiting 192 (96 control and 96 intervention) classrooms in 8 cities with highest teen pregnancy rates in Hennepin County ;
- In-school strategy - TOP integrated with core subjects or electives;
- Participants will be middle and high school students (boys and girls) ;
- Began pilot in 9 classrooms in April



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Lessons Learned - TOP

- Recruiting schools more difficult than anticipated
 - School districts have different decision making hierarchies
 - Multiple unknowns & stressors for schools (schedules, funding, mandated requirements)
- Education philosophy (pedagogy) v. youth development philosophy
- Very few philosophical challenges/concerns
- Observed differences between traditional school districts and ALCs & Charter schools



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Safer Sex Intervention (SSI)

- An individualized intervention for girls at high risk for STIs and teen pregnancy
- Clinic-based setting
- One 45-60 minute intervention with booster sessions at 1, 3 and 6 months



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SSI Program Overview

- Patient directed
- Covers eight topics in a hands-on and interactive manner
- Includes video component, designated brochures and small gift items to reinforce messages
- Grounded in Social Cognitive Theory, the Transtheoretical Model of Behavior Change and Motivational Interviewing
- Two discrete intervention modules:
Pre-contemplation and contemplation



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SSI Program Background

- Developed in the 1990's by Dr. Lydia Shrier at Boston Children's Hospital, Division of Adolescent/Young Adult Medicine
- Goals were to reduce high risk sexual behavior; increase condom use; and prevent the recurrence of STI among sexually active young women
- Randomized Control Trial (RCT) with 123 girls presenting for treatment of laboratory confirmed cervicitis or hospitalized for pelvic inflammatory disease



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Results of RCT

1 month

- Increased sexual risk knowledge
- More positive attitudes toward condoms
- Tended to report more frequent and more consistent condom use with a nonmain partner

3 months

- No differences between groups

6 months

- More positive attitudes toward condoms
- Less likely to have non-main partner in previous 6 months
- Tended to be less likely to report condom nonuse with last sex

12 months

- Tended to be less likely to have a current main partner
- Tended to have lower rate of recurrent STD
- Movement in stage of behavior change



Two Modules

Pre-contemplation

Emphasizes:

- Risk perception
- Motivation
- Education
- Skills building

Contemplation

Emphasizes:

- Education
- Skills
- Self-efficacy
- Self-esteem
- Incorporates role play



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Hennepin County's Implementation of SSI

- Currently 16 clinics with 12 health educators. We hope to add two more clinics soon for a total of 18.
- Participants will be 13-19 year old girls who are sexually active
- Currently in planning stage with pilot beginning mid-May to June



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Lessons Learned

- Still very early in the process
- Clinics are eager to sign on – see the program as an additional resource for their patients
- Anticipate difficulties with logistics, every clinic operates differently
- Interested to see how implementation and results vary across types of clinics
- Will be investigating ways to encourage follow-through with booster sessions



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