

Using evidence based programs to promote youth sexual health



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Association of Maternal & Child Health Programs

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children.



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Overview of Presentation

- Who is in the audience?
- A snapshot of Alaska
- What's happening nationally?
- What is an evidence based approach? / What is comprehensive sexuality education?
- DISCUSSION
- Examples of EBAs
- Sample Guidelines, Tools & Resources
- ACTIVITY
- Promising Curricula for Alaska
- Q&A

Getting to Know Who's in the Room



A Snapshot of Youth Sexual Health in AK



Sexual Activity

- According to the 2009 YRBS (3):
- 43.5% of Alaska high school students reported ever having sex
- 11.4% of Alaska high school students reported having had sex with 4 or more people during their life
- 30.4% of Alaska high school students reported having sex in the last 3 months, of which 37.8% did not use a condom.

Alcohol Use

- According to the 2009 YRBS (3):
- 21.5% of Alaska high school students reported binge drinking* on one or more of the past 30 days
- 17.1% of sexually active Alaska students** drank alcohol or used drugs before their last sexual intercourse

* "Five or more drinks of alcohol in a row within a couple of hours"

** "Had sexual intercourse during the past 3 months"

STD and HIV

- From 1982-2008, 32 cases of HIV infection in Alaska youth aged 15-19 years old were reported, representing 3% of total cases (5).
- Alaska has had the first or second highest chlamydia rate in the US each year since 2000. (6)
- In 2008, 84% of chlamydia cases in Alaska were among individuals aged 15-29 years (6).
- The highest gonorrhea rates for both men and women are in the 20-24 year old age group (7).

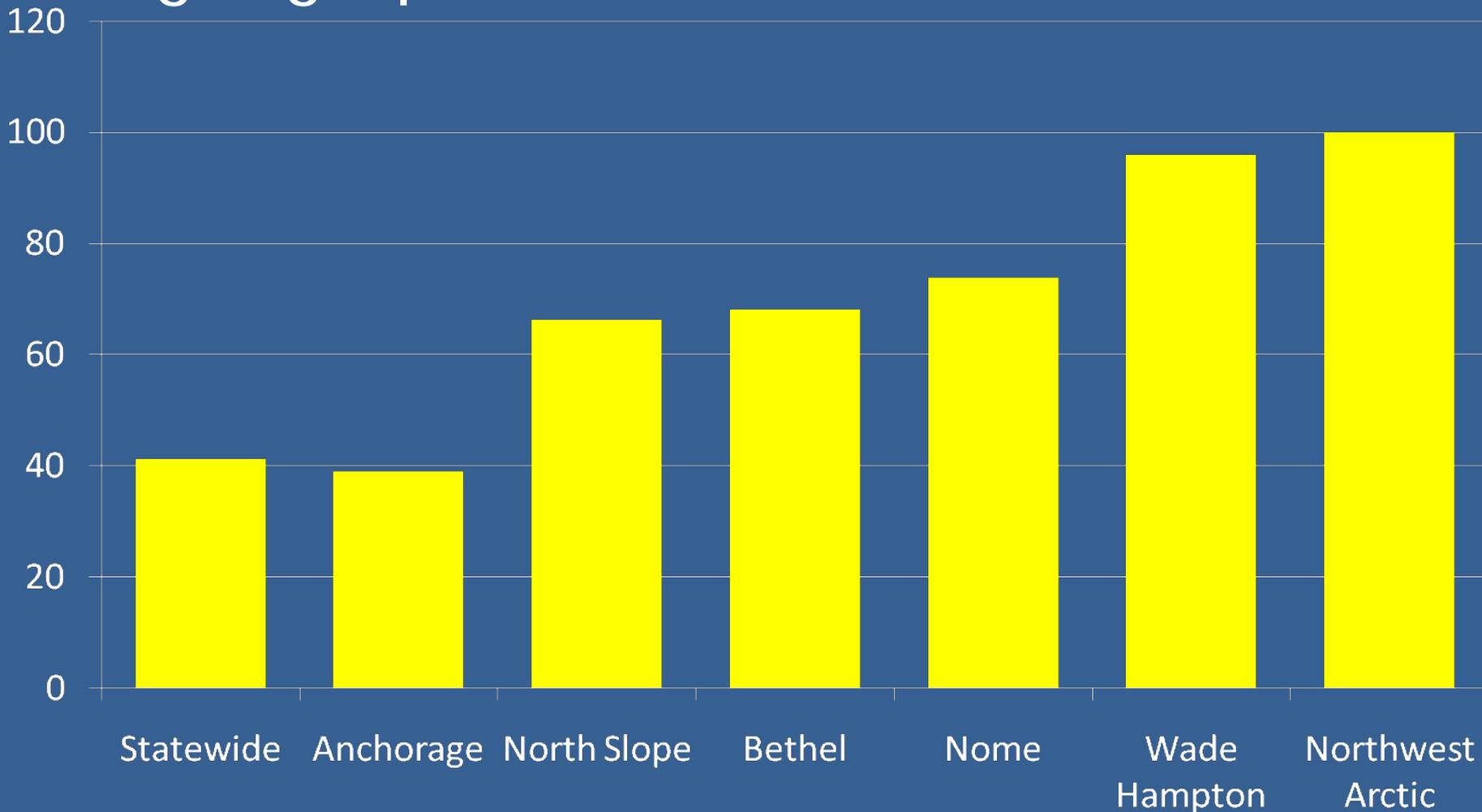
Unintended Pregnancy

- In 2007, the birth rate for Alaska teens increased to 41.3 per 1,000 births to women aged 15-19 years (8).
- In 2007, the Alaska Native birth rate among teens was 73.5 per 1,000 births to women 15-19 years, significantly higher than for non-Native teens (10)

Unintended Pregnancy, cont.

- In 2006, 84% of all live births from mothers under the age of 18 were unintended. (11)
- Of the more than 1,000 births to women aged 15-19 years in 2005, 205 (20%) were to women who already had given birth at least once. (12)

Teen Birth Rate (per 1,000), selected geographical areas—Alaska, 2007



Source: Bureau of Vital Statistics, State of Alaska

Violence

- According to the 2009 YRBS (3):
 - 13.3 % of Alaska students reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months
 - 10.1 % of Alaska students reported having been physically forced to have sexual intercourse when they did not want to
- 9% of women under 20 years were abused by their partner before getting pregnant (10)
- 11% of women under 20 years were abused by their partner while they were pregnant (10)
- 14 per 1,000 Alaska children under the age of 18 were reportedly maltreated. (17)

Health Education in Alaska

- Required- 1 credit Physical Education/Health Education
- There are no health education standards, every district or school can teach what they want



Comprehensive Sexual Health Education

- Comprehensive sexual health education should not only address sexual health, but should also include human development, relationships, personal skills, sexual behavior, and society and culture (22).
- The best way to prevent HIV, STD and teen pregnancy is to abstain from sex.
- However, if youth decide to have sex, delaying sexual onset, limiting sexual partners, and using contraceptives and condoms correctly and consistently are essential to protecting their health.

Implementing Health Reform: Key Opportunities and Provisions for Title V MCH Programs

New MCH Investments

Personal Responsibility Education. A new section of Title V for grants to States for programs that provide youth with comprehensive sex education and life skills that will enable them to make responsible decisions to lead safe and healthy lives. Sec. 2953

Restoration of Abstinence Education Grant Program.

Appropriates funding for abstinence education. Sec. 2954

Implementing Health Reform: Key Opportunities and Provisions for Title V MCH Programs

MCH Provisions

School Based Health Centers - provides mandatory \$50 million appropriation to establish school-based health clinics.. Sec. 4101

Pregnancy Assistance Fund. Appropriates funding annually for ten years to establish programs to meet the specified needs (housing, childcare, parenting education, post-partum counseling) of pregnant or parenting students. Sec. 10212

Evidence Based Approaches Funding

- 1) Teenage Pregnancy Prevention: *Replication of Evidence-based Programs (OAH, Tier 1)*
- 2) Teenage Pregnancy Prevention (TPP): *Research and Demonstration Programs (OAH) & Personal Responsibility Education Program (PREP): Innovative Strategies (ACF) (Tier 2)*
- 3) *Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-wide Initiatives (CDC and OAH)*

But, why evidence-based? And, what do we mean by evidence-based approaches?

Evidence-based teen pregnancy, HIV and STI prevention programs

Evidence-based programs are rigorously evaluated programs that have been proven to reduce teenage pregnancy, behavioral risks underlying teenage pregnancy, or other associated risk factors

A.K.A: science-based; research-proved;
best practices

Using evidence-based programs...

Can result in:

- Delaying onset of sex
- Reducing frequency of sex
- Reducing the # of partners
- Increasing negotiation and decision making skills
- Increasing condom or other contraceptive use if already sexually active

What are the advantages of using an evidence-based approach?

- Increased odds that the program will work as intended (to reduce teen pregnancy, HIV and STI).
- Greater efficiency in using limited resources on what has been *proven* to work as compared to what people *think* will work or what has traditionally been done.
- Others?

Challenges to using evidence-based programs?

- Have been hard to integrate programs into schools
- Getting “community” support/buy-in may be challenging
- Cultural appropriateness
- Replication fidelity – need to do the programs as intended
- Limited # of programs – need more research, more programs (particularly among diverse populations)
- Funding

- Additional challenges?

Discussion



How do you work with teens?

What does sexuality education look like in your school or community?

Have you been called in to teach sexuality education?

How was the experience?

Did you use an evidence based program? If so, which one? What intrigues you about evidence-based programming? What worries you?

What implications does using evidence-based have on your work?
What changes might be required to implement them?

What supports might you need to implement them?

Office of Adolescent Health

[28 Evidence Based Programs](#)

The *Teen Outreach Program*[™] (*TOP*[™]) is a national **youth development** program designed to prevent adolescent problem behaviors by helping adolescents develop a **positive self-image, effective life management skills, and achievable goals.** The program is directed toward reducing rates of teenage pregnancy, school failure, and school suspension. The focus is to **engage young people** in a high level **of community service learning** that is closely linked to classroom-based **discussions of future life options.**

Office of Adolescent Health

[28 Evidence Based Programs](#)

Becoming a Responsible Teen (BART) is an HIV prevention intervention designed originally for African American adolescents. The program aims to **improve communication and negotiation skills** related to condom use and increase knowledge of HIV/AIDS.

The sessions feature discussion of **abstinence as the best way to prevent HIV** and pregnancy, as well as talking with local, HIV-positive youth to promote **risk recognition** and improve perception of vulnerability. The program is designed to help adolescents **clarify their own values about sexual decisions** and pressures as well as **practice skills** to reduce sexual risk taking.

Office of Adolescent Health

[28 Evidence Based Programs](#)

Making Proud Choices! is a comprehensive sex education curriculum that aims to reduce young adolescents' risk of acquiring HIV and other STDs and their risk for pregnancy. The intervention is designed to **increase knowledge** about HIV, STDs, and pregnancy prevention, **promote skills supportive of abstinence and safer-sex practices**, and increase adolescents' ability to use condoms correctly.

ACTIVITY: VALUES CLARIFICATION

- 1) I will read a statement
- 2) Think carefully about how you feel
- 3) Move to the section of the room where the age sign agrees with how you feel

✓ there are no right or wrong answers, only *opinions*.

✓ Everyone has a right to express an opinion, and no one will be put down for having a different value than others have.

✓ you have the right to pass if you would rather not take a stand on a particular value statement. Passing is not the same as being unsure.

Discussion Questions

1. **Which behaviors were easiest to assign to a particular age?** Which were hardest? Why do you think this was so?
2. Could the age you chose for particular activities be affected by circumstances? Can you give an example?
3. Why do you think there were such differences in the ages listed next to some behaviors?
4. **How did you decide the appropriate age for a given behavior?**
5. **How would you react if your parent (or teen) listed a very different age from one you gave?**
6. Would gender affect the age you think appropriate for some of the behaviors?
7. **How would you react if your boyfriend/girlfriend felt very differently from you about appropriate ages for some of the behaviors?**

SIECUS Guidelines for Comprehensive Sexuality Education (K-12th grade)

Key Concepts:

- Human Development
- Relationships
- Personal Skills
- Sexual Behavior
- Sexual Health
- Society and Culture
- Download at: http://www.siecus.org/_data/global/images/guidelines.pdf

Health Education Curriculum Analysis Tool (CDC's HECAT)

- The Sexual Health Module contains the tools to analyze and score curricula that are intended to promote sexual health and prevent risk-related health problems, including teen pregnancy, HIV infection, and other STDs.
- Download at: <http://www.cdc.gov/healthyyouth/HECAT/index.htm>

Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)

- This tool is an organized set of questions designed to help practitioners assess whether curriculum-based programs have incorporated the common characteristics of effective programs.
- Download at:
<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BAC34F932-ACF3-4AF7-AAC3-4C12A676B6E7%7D.PDF>

CDC Registries of Programs Effective in Reducing Youth Risk Behaviors

[Compendium of HIV Prevention Interventions with Evidence of Effectiveness](#)

Health Topics/Risk Behaviors Addressed:

HIV/AIDS prevention

*Sponsored by Centers for Disease Control and Prevention, U.S.
Department of Health and Human Services*

[Model Programs Guide](#)

Health Topics/Risk Behaviors Addressed:

Delinquency/violence prevention
Alcohol, tobacco, and drug use
Sexual activity/exploitation
Mental health

*Sponsored by the Office of Juvenile Justice and Delinquency Prevention, U.S.
Department of Justice*

<http://www.cdc.gov/HealthyYouth/AdolescentHealth/registries.htm>

Some promising curricula for Alaska:

The following are adapted or being adapted for Alaska Native populations:

- The 4th R- currently being adapted for AK and will be evaluated in AK
- Native STAND- also being adapted to AK, hopefully evaluation will start a year or so

What are some of the next steps you might take in order to move toward evidence-based programming?

What kind of support might you need?

Questions/ Comments



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