Important Note:

- We will **not** answer any question related to open funding opportunity announcements during these webinars.
- Any questions about open FOAs should be directed to OPA and/or OASH, Office of Grants Management.
Office of Population Affairs
TPP Tier 2 Showcase Webinar
March 3, 2020

Richmond Pajela
Management Analyst
Webinar Series Purpose

To showcase interventions and innovations currently under development in the Teen Pregnancy Prevention (TPP) Tier 2 Program. The webinar series consists of three different webinars on three different days. Each webinar will showcase several TPP Tier 2 interventions and innovations that have shown promising results to date.

- **2A**: Supporting and enabling *early innovation* to advance adolescent health and prevent teen pregnancy; focus on implementation of evidence-based TPP programs; providing funding and community-based services to sub-awardees.

- **2B**: *Rigorous evaluation of new or innovative approaches* to prevent teen pregnancy; focus on implementation of programs and evaluations

*Please note that final-outcome results are not currently available.*
Webinar Series Schedule

Tuesday, March 3, 2020
• EngenderHealth, Inc.
• University of New Mexico Health Sciences Center
• Healthy Teen Network

Wednesday, March 4, 2020
• Planned Parenthood of Greater New York
• Boston Children’s Hospital
• MyHealthEd, Inc.
• Waikiki Health

Thursday, March 5, 2020
• Center for Innovative Public Research
• Johns Hopkins University
• Planned Parenthood of the Great NW & Hawaiian Islands
Introductions

- OPA Project Officers
- The MayaTech Corporation TA Team
- Grantee Presenters
  - EngenderHealth, Inc.
  - University of New Mexico Health Sciences Center
  - Healthy Teen Network
Disclaimer (Re:MIX)

This project was made possible by Grant Number TP2AH000033 from the Office of Population Affairs, U.S. Department of Health and Human Services (DHHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Adolescent Health or DHHS.
Adolescent Sexual Health

• Adolescents account for 50% of the 20 million reported new STI cases each year

• Birth rates of Hispanic and Black teens are >2 times higher than their White counterparts

• 4th highest teen birth rates nationally

• Texas does not currently mandate sex education in schools
Program Goals

- **Empower and educate youth** in the community so they are prepared to make informed decisions and lead healthy lives.

- **Reduce the rates** of unplanned teen pregnancy and STIs among youth.
Three-Pronged Approach

- Comprehensive Sexual Health Curriculum
- Peer Educator Professional Development and Leadership Program
- Community Health Services Linkage System
About Re:MIX

Comprehensive, inclusive, gender transformative health education program that includes **age-appropriate, medically accurate information** provided over the course of ten, 55-minute sessions.

**Curriculum Sessions**

Session 1: Introducing Re:MIX
Session 2: Getting the Gender Message
Session 3: Understanding Relationships
Session 4: That’s What I’m Talking About!

Session 5: Consent and Setting Limits
Session 6: Becoming an Adult
Session 7: Condoms and Contraception
Session 8: The Final Stage
Session 9: A Baby Today
Session 10: Commitment to the Future
Re:MIX Model

- **Gender Transformative approach** allows students to explore and critically analyze gender norms, stereotypes, and their own identity.

- **Sex positive approach** fosters a non-judgmental, shame-free space.
Peer Education Model

- **Storytelling** woven into curriculum establishes empathy and connection with students, positioning peer educators as mentors, or “near peers”

- **Professional Development & Leadership Program** provides peer educators with professional coaching and training to build skills and access to supportive resources
Community Health Services Linkages

National Youth-Friendly Resource Guide
Under Development

The Re:MIX App
connects youth to health services in the greater Austin-area
Partnerships

- **Implementation:**
  - Three local charter schools
  - Local health clinics: contracted health educators (Years 1-2)

- **Evaluation:**
  - **Child Trends:** National evaluator
  - **Child and Family Research Partnership:** Local evaluator

- **Third Party Partners:**
  - Photographers and videographers
  - Storytelling consultants
  - App developer
  - LGBTQ+ youth as expert reviewers
  - Licensed social workers and sexual health providers
Student Demographics

626 students across 57 classes and 3 charter schools participated in the Re:MIX evaluation

- Average age of 14 years old
- 30% of students have a sibling or cousin who is/was a teen parent
- 30% of students have a parent who is/was a teen parent
- Race & ethnicity:
  - Latinx: 70.7%
  - White: 15.2%
  - Black: 7.5%
  - Other: 6.7%
Student Demographics (con’t)

Percentage of students who returned forms, consented to participate in the study, and completed the 12-month follow-up survey.

- 88% returned forms (833 / 952)
- 75% consented to participate in study (626 / 833)
- 85% completed 12-month follow-up survey (533 / 626)
Implementation Findings

- 90% of students participated in at least 8 of the 10 sessions
- 4.1 (out of 5) average quality rating (among observed class sessions)

- Student experience
  - 98% said they learned something from Re:MIX
  - 78% would recommend Re:MIX
  - 89% liked health educators
  - 90% liked young parent peer educators
Evaluation Outcomes of Interest

• Mediating outcomes
  - Intentions
  - Knowledge
  - Attitudes
  - Self-efficacy
  - Future orientation

• Behavioral outcomes
  - Ever had sex
  - Unprotected sex in the past 3 months
Post-test Findings: Mediators

Intentions

Definitely use hormonal or long-acting contraception if they have sex:

- Re:MIX: 63%
- Control: 53%
Post-test Findings: Mediators (2)
Sexual and Reproductive Health Knowledge

Percent of questions answered correctly:

- **Condoms**
  - Re:MIX: 73%
  - Control: 52%
- **STI prevention**
  - Re:MIX: 63%
  - Control: 44%
- **Contraceptive efficacy**
  - Re:MIX: 33%
  - Control: 12%
Post-test Findings: Mediators (3)

Contraceptive Self-Efficacy
Percent who know where to go to obtain contraceptives:
- Re:MIX: 44%
- Control: 18%

Consent Self-Efficacy
Percent who are confident in their ability to ask for and give consent:
- Re:MIX: 32%
- Control: 22%
Behavioral Outcomes

• At 12-month follow-up, we found that Re:MIX had no impact on whether students ever had sex

• Not powered to measure impacts on unprotected sex
Evaluation Summary

• Students were enthusiastic about teen parent peer educators

• Sustained impacts on:
  ▪ Knowledge about condoms, STIs, contraceptives
  ▪ Contraceptive self-efficacy
  ▪ Ability to ask for and give consent

• Short-term impacts on:
  ▪ Intentions to use contraception
Final Year and Beyond

Broadening our impact through:

1. Capacity Building
2. Implementation Support
3. Program Material Dissemination
Thank you!

For questions or to learn more about the Re:MIX program or evaluation, contact us or visit our website:

engenderhealth.org/youth

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rshirsat@engenderhealth.org

Kate Welti
kwelti@childtrends.org
Prevention of Teen Pregnancy through Screening and Brief Intervention in Primary Care: Teens Exploring and Managing Prevention Options

Cade Arnink B.S. & the TEMPO Team
Disclaimer (TEMPO)

This work was funded by a five-year grant from the DHHS Office of Population Affairs Tier 2B award # TP2AH000028.

Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Population Affairs, U.S. Department of Health and Human Services.
Brief Project Overview

• Objectives
  ▪ The purpose of this project is to adapt and evaluate a brief intervention for teenage pregnancy prevention in primary care.

• Population(s)
  ▪ Teens, aged 13-19, who self-reported past year unprotected sex.

• Setting(s)
  ▪ High School Based University of New Mexico Health Clinics.
  ▪ Albuquerque Job Corps Wellness Center.
  ▪ University of New Mexico Student Health & Counseling Center.
Intervention Overview

What is it?

A brief intervention which incorporates principles and skills of motivational interviewing to facilitate a conversation around reproductive health and the teen's individual reproductive life plan.
### Intervention Overview: Materials

**My Change Plan** includes space to identify:

- **What changes you want to make.** For example, some people include: meet with a medical provider; talk with my partner, family, friend; use effective contraception.

- **Information about meeting with a medical provider,** including appointment date, provider name, clinic number, and reason for visit.

- **Questions for a medical provider.** For example, some people ask: Options? Effectiveness? How does it work? Protection for STDs or HIV? Side effects?

- **Who to talk to,** such as partner, family, or friend, to help you make this change: How can they help? What would you say? Where & When?

- **Information on using contraception effectively or making other changes:** What? Where? Who? When?

- **Possible obstacles and ways forward.**

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#### MY CHANGE PLAN

**What changes do I want to make?**

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**Meet with medical provider**

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**Questions for medical provider**

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**Talk with partner, family, friend**

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**Use contraception effectively**

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**Other changes**

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**Possible obstacles and ways forward**

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</table>
Intervention Overview (con’t)

• Why is it innovative?
  ▪ Provides a guideline for providers when screening for sexual risk behaviors and providing education and counseling
  ▪ Provides evidence based guidance for pregnancy prevention education and counseling
  ▪ Conserves provider resources

• How does it meet the needs of your population?
  ▪ New Mexico teens have among the highest rates of teen pregnancy.
  ▪ This intervention meets patients at their current points of contact with physicians
  ▪ The intervention provides an effective method communicating with teens in a manner that facilitates changes around reproductive health.
Project Highlights: Outcomes and Positive Results

The primary outcome is the reduction of unprotected sex at 3-month and 9-month follow-up

Proportion reporting at least 1 episode of engaging in unprotected sex in the last 3 months

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<tr>
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<th>Control</th>
<th>Intervention</th>
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<tr>
<td>Baseline</td>
<td>N=228</td>
<td>N=217</td>
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<td></td>
<td>119 (52.2%)</td>
<td>122 (56.2%)</td>
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<td>3 Months</td>
<td>N=197</td>
<td>N=193</td>
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<td>35 (17.8%)</td>
<td>27 (14.0%)</td>
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<tr>
<td>9 months</td>
<td>N=166</td>
<td>N=168</td>
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<td>42 (25.3%)</td>
<td>22 (13.1%)</td>
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</table>

Odds of reporting at least 1 episode of unprotected sex in the last three months in the Intervention vs. Control arms

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<th>Odds Ratio</th>
<th>Control</th>
<th>Intervention</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>1.18</td>
<td>1.69</td>
<td>0.81</td>
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<tr>
<td>3 Months</td>
<td>0.76</td>
<td>1.32</td>
<td>0.44</td>
</tr>
<tr>
<td>9 Months</td>
<td>0.42</td>
<td>0.75</td>
<td>0.24</td>
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</table>
Project Highlights

• Innovations
  ▪ Bridges gaps between professional recommendations and provider resources and ability

• Replication Ready Results
Thank you

Cade Arnink B.S.
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Healthy Teen Network- Pulse
Disclaimer (Healthy Teen Network)

This product was made possible by Grant Number TP2AH000038 from the Department of Health and Human Services (HHS) Office of Populations Affairs (OPA).

Contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or OPA.
About Pulse Study

Two-Arm Randomized Control Trial

- Web-based mobile app intervention
- Text message-based intervention
- For U.S. women, ages 18-20
- Sexual and reproductive health info
- Featuring animations and multimedia
- With clinic-finder and reminders
- Self-led
- Designed in English and Spanish
Pulse Study Recruitment Strategy

- Ad
- Screener
- Consent
- Enrollment
- Baseline
  - Treatment registration
  - Control registration
### About Pulse Study (2)

<table>
<thead>
<tr>
<th>Cohort Description</th>
<th>Treatment</th>
<th>Control</th>
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<tr>
<td>Cohort 1 (1,304 participants)</td>
<td>661</td>
<td>643</td>
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<tr>
<td>Cohort 2 (1,013 participants)</td>
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<td>509</td>
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2,317 participants, 70% Black/Latinx
## About Pulse Study (3)

<table>
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<tr>
<th></th>
<th>Received Survey</th>
<th>Completed Survey</th>
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<tbody>
<tr>
<td><strong>Cohort 1 (n=1,304)</strong></td>
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<tr>
<td>6-week follow-up survey</td>
<td>1,304</td>
<td>86%</td>
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<tr>
<td>6-month Follow-up survey</td>
<td>69</td>
<td>87%</td>
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<th>Received Survey</th>
<th>Completed Survey</th>
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<td><strong>Cohort 2 (n=1,013)</strong></td>
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<td>6-week follow-up survey</td>
<td>1,013</td>
<td>86%</td>
</tr>
<tr>
<td>6-month Follow-up survey</td>
<td>1,013</td>
<td>79%</td>
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Pulse Intervention Overview

Pulse has six sections covering approximately three hours of material:
• Know your options: birth control methods and birth control reminders
• Get personal: healthy relationships, sex readiness, and consent
• Know your body: anatomy and physiology, sexually transmitted infections
• Take action: find a provider, what to expect at a clinic, appointment reminder
• Make a plan: pregnancy and pregnancy testing
• Get savvy: frequently asked questions, links to external resources
About Pulse

1. I feel supported by my partner.
   - Yes
   - No

2. I am uncomfortable with how many times my partner calls/texts me during the day, like my partner is checking up on me.

To keep or dump?
Text Messages and Pulse Control
Outcomes

Primary behavioral outcomes
• Increase contraceptive use during sexual intercourse
• Increase hormonal (birth control pills, the shot, the patch, and the ring) or long-acting reversible contraceptive (LARC) method (IUDs and implants) use during sexual intercourse

Secondary outcome measures
• Increase contraceptive knowledge
• More favorable attitudes toward birth control and accessing sexual and reproductive health services
• Improve birth control and sexual and reproductive health self-efficacy
• Increase intentions to use birth control during future intercourse
• Increase intentions to visit a health care provider for sexual or reproductive health services
Survey Completion Rates

6-week
- Total: 86%
- Intervention: 86%
- Control: 87%

6-month*
- Total: 79%
- Intervention: 80%
- Control: 78%
Positive Short-Term Impacts

Sex without a hormonal/LARC method in past 6 weeks **
  • Intervention: 22%
  • Control: 30%

Avg % correct contraceptive knowledge ***
  • Intervention: 52%
  • Control: 45%

Confident in ability to use birth control during sex *
  • Intervention: 67%
  • Control: 62%

Note: *p<0.05, **p<0.01, ***p<0.001; (N=1,124)
App Usage

- 3: average number of times an intervention participant logged into the app
- 4: average number of sections visited (out of six) by intervention participants
- 18: average number of minutes spent on the app by intervention participants
- 84%: of intervention participants logged into the app at least once
- 50%: of intervention participants visited the app more than once
- 46%: of intervention participants visited all six app sections
Most Viewed Sections

• Know your options: 35%
• Know your body: 27%
• Get personal: 19%
• Take action: 9%
• Make a plan: 6%
• Get savvy: 5%
Text Message Efficacy

- 75%: of intervention participants received all text messages
- 20%: experienced a message that bounced back (was not successfully delivered)
- 14%: of intervention participants opted out of receiving text messages
Thank You / Contact Info

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Genevieve@healthyteennetwork.org

Jennifer Manlove
jmanlove@childtrends.org
Current OPA Funding Opportunity Announcements (FOAs)

• Optimally Changing the Map of Teen Pregnancy through Replication of Programs Proven Effective (Tier 1) (AH-TP1-20-001)

• Teen Pregnancy Prevention (Tier 2) - Phase II Rigorous Evaluation of Promising Interventions (AH-TP2-20-001)

• Innovation and Impact Network Grants (Tier 2) – Achieving Optimal Health and Preventing Teen Pregnancy in Key Priority Areas (AH-TP2-20-002)

Find FOAs and FAQs at: hhs.gov/ash/oah/resources-and-publications/webinars.html
Learn more about OPA

Visit our websites: hhs.gov/opa and hhs.gov/oah

Contact us: OPA@hhs.gov

Follow us on Twitter: @HHSPopAffairs

Watch our videos: youtube.com/user/TeenHealthGov?sub_confirmation=1