



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Office of Population Affairs

Tier 2 Showcase: Day 2

March 4, 2020
2:00 – 3:30pm EST



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





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TPP Tier 2 Showcase Webinar

March 4, 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
 - Planned Parenthood of Greater New York
 - Boston Children's Hospital
 - MyHealthEd, Inc.
 - Waikiki Health





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Capacity Building for Foster Care Organizations

Lisa Colarossi & Randa Dean

VP Research & AVP Education and Training



Acknowledgment and Disclaimer

This opportunity is made possible by Grant Number TP2AH000046 from the HHS Office of Population Affairs as part of the Innovative Teen Pregnancy Prevention (iTP3) project. Contents are solely the responsibility of Planned Parenthood Greater New York and do not necessarily represent the official views of the Department of Health and Human Services, the Office of Population Affairs, or Texas A&M University.



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Brief Project Overview: Capacity Building for Foster Care Organizations

Objectives

- Create organizational policies and practices that support sexual health education and referrals for youth.
- Implement a training series in four sessions for foster care professionals.
- Enhance the physicals environment of foster care agencies with informational materials and healthy messages.

Population: Foster care administrators and direct service providers

Setting: Foster care organizations



Intervention Overview

What is it?

Sexual and reproductive health capacity building for foster care organizations is a multilevel systems intervention to:

- Create clear SRH policies and best practices
- Train staff to build knowledge and skills
- Place SRH materials in the environment

Why is it innovative?

- This systems-level model was created with input from foster care professionals, governmental policy makers, and foster parents and adolescents in care.
- It is an intervention for sustainable organizational change that we have not seen elsewhere in the foster care arena.

How does it meet the needs of your population?

This program creates a supportive environment where youth can receive unbiased sexual health information, health care referrals, and materials in an ongoing way that can serve as a wrap-around to time-limited sex education workshops.



Project Highlights

- Longitudinal evaluation over one year
- Survey and qualitative data with staff and administrators
- Observations of fidelity
- Currently being replicated with additional foster care agencies in NYC
- A [Manual](#) ready for dissemination

Knowledge Score: Percent Correct Over Time

- Time 1: 65%, Time 2 (*): 88%, Time 3 (*): 92%

Changes in Staff Reports Over Time

- Org Support - Time 1: 3.01, Time 2 (*): 3.83 , Time 3: 3.83
- Preparation - Time 1: 4.01, Time 2 (*): 4.54, Time 3: 4.64
- Attitudes - Time 1: 4.16, Time 2 (*): 4.38, Time 3 (*): 4.51
- Communication - Time 1: 3.07, Time 2 (*): 3.22, Time 3 (*): 3.42

* Significant increase from prior time at $p \leq .05$.



Thank you (Contact Information)

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Colarossi, L.G., Dean, R., Stevens, A., Ackeifi, J., Noonan, M. (2019). Sexual and reproductive health organizational capacity building for foster care organizations: A systems model. *Children and Youth Services Review*, 105, 104423.



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MARSSI Grantee - Lydia Shrier, MD, MPH (PI)
Momentary Affect Regulation–Safer Sex Intervention



Pamela Burke, PhD, RN, FNP, PNP
MARSSI –Co-Investigator



Acknowledgment and Disclaimer (MARSSI)

MARSSI was made possible by Grant Number TP2AH000046 from DHHS Office of Population Affairs as part of the Innovative Teen Pregnancy Prevention Programs (iTP3) project. Contents are solely the responsibility of Boston Children's Hospital and do not necessarily represent the official views of DHHS, OPA, or Texas A&M University.



Brief Project Overview

- Objective: To prevent unintended pregnancy and sexually transmitted infections among young women with depression and high risk sexual behavior.
- Population: Females age 15-24 with depressive symptoms and high-risk sexual behavior
- Setting: Primary care clinics



Momentary Affect Regulation – Safer Sex Intervention

- **Risk Reduction Counseling**
 - ✓ In clinic with clinician who does sexual health counseling
 - ✓ Message Selection

- **Momentary Self-Assessment**
 - ✓ Responsive Messaging
 - ✓ In daily life on personal smartphone x 4 weeks

- **Booster Counseling**
 - ✓ Video call or in clinic with counselor



Project Highlights: marssi Pilot Study

- Participation
 - 17 young women (18-23 years old) counseling, 15 momentary intervention, 14 booster, 14 3-month follow-up
- Feasibility and acceptability
 - Highly favorable ratings for counseling (M = 4.9 out of 5)
 - App engagement was high (≥ 1 report on median of 7/7 days in 1st week, 5/7 days in the 4th week)
 - Most/All participants positively rated statements about the app and the messages. Messages made them feel better and helped them to make changes they wanted to make (100%).
- Post-intervention
 - Decreased depressive symptoms
 - Increased confidence to use cognitive behavioral skill taught in counseling session
 - Increased confidence to change behavior
- At 3 months
 - Decreased depressive symptoms
 - Increased confidence to use cognitive behavioral skill



Contact Information (Lydia Shrier)

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Real Talk Mobile App



Cristina Leos, PhD
Co-Founder & CEO
MyHealthEd, Inc.



Acknowledgement and Disclaimer (Real Talk)

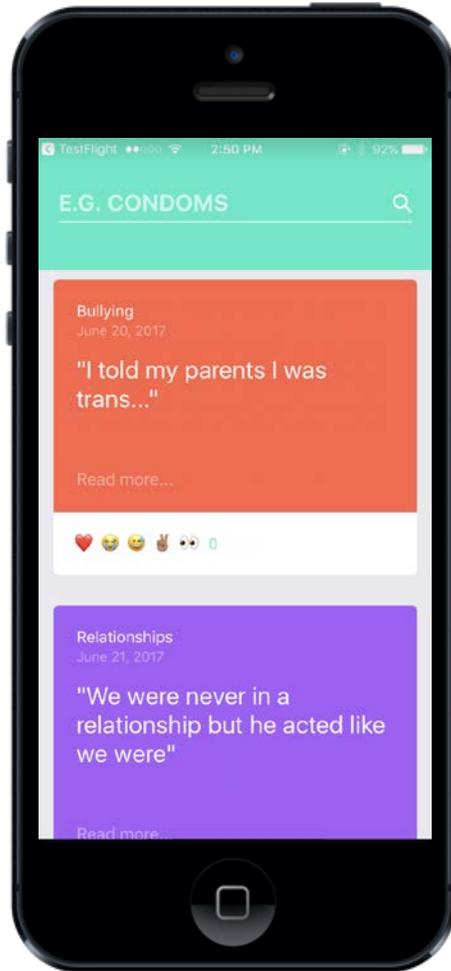
This project was supported by Award No. TP2AH000023-03-00 from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.



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Brief Project Overview: Real Talk Mobile App



- Real Talk provides authentic stories and trusted resources on sensitive health topics, like sexual health, mental health, and identity to help teens know they are not alone in their experiences growing up
- **Population(s):** Youth 13-15 years old
- **Setting(s):** Low-income, rural communities



Our Team



Cristina Leos, PhD
Co-Founder & CEO
MyHealthEd, Inc.



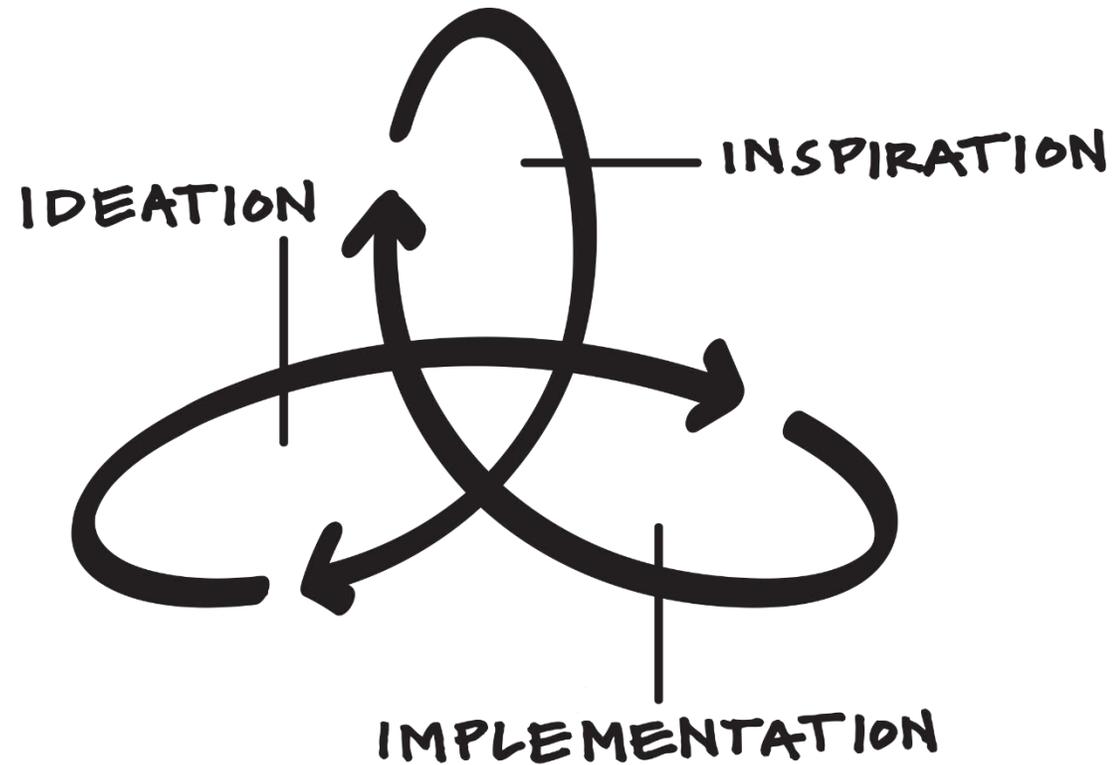
Liz Chen, PhD
Assistant Professor
UNC Gillings School of
Global Public Health



Vichi Jagannathan, MBA
Co-Founder
Rural Opportunity Institute



Design Thinking Process



The 3 core activities of design thinking

IDEO



Design Challenge



How might we deliver personalized sex education to middle school students using mobile technology?



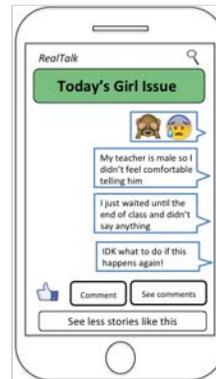
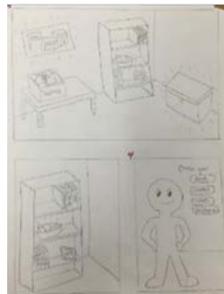
Inspiration Phase

Inspiration
Spring 2016

Ideation
Summer 2016

Implementation
Fall 2016

Beta Launch
Fall 2017



**POWER
TO DECIDE**



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Inspiration Phase: Methods



- Interviews with extremes & mainstreams
- Card sorts
- Observations
- Analogous experiences



Inspiration Phase: Key Findings

- Schools are not where teens want to learn this information
- Concerns over privacy, safety, and credibility of information
- Mobile apps preferred over computers/browsers



Ideation Phase: Methods



- Brainstorming
- Co-creation
- Rapid prototyping
- Iteration



Ideation Phase: Prototypes

- Games
- Videos
- Q&A
- Avatars
- Messaging Groups
- Scavenger Hunts
- Text Stories

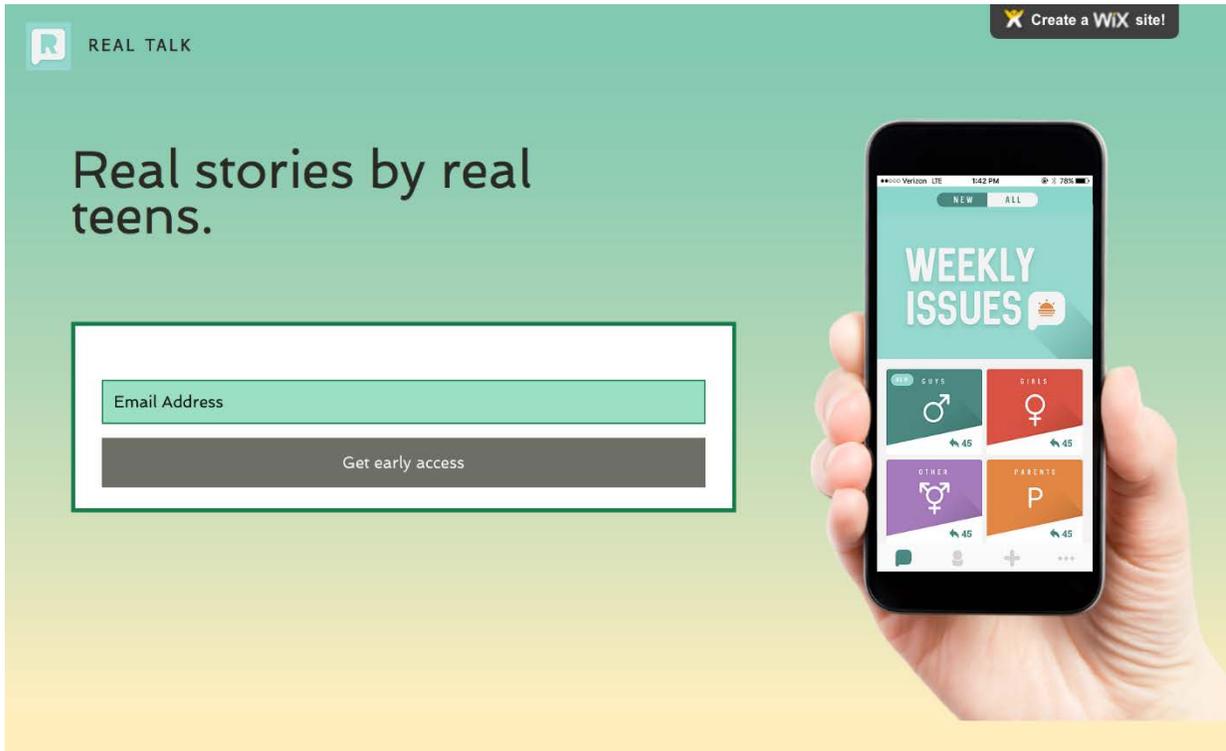


Ideation Phase: Key Findings

- Key emotions -
 - To know they are not alone
 - Do not want to be judged
- Prefer information through stories rather than facts
- Prefer text messages over prose, videos, and images
- Teens like reading stories from different perspectives



Implementation Phase: Methods



- Live prototyping
 - Sign up form
 - Online story submissions
 - Web app version
- Short pilot tests
- Beta app launch
- In-app experiments & iteration

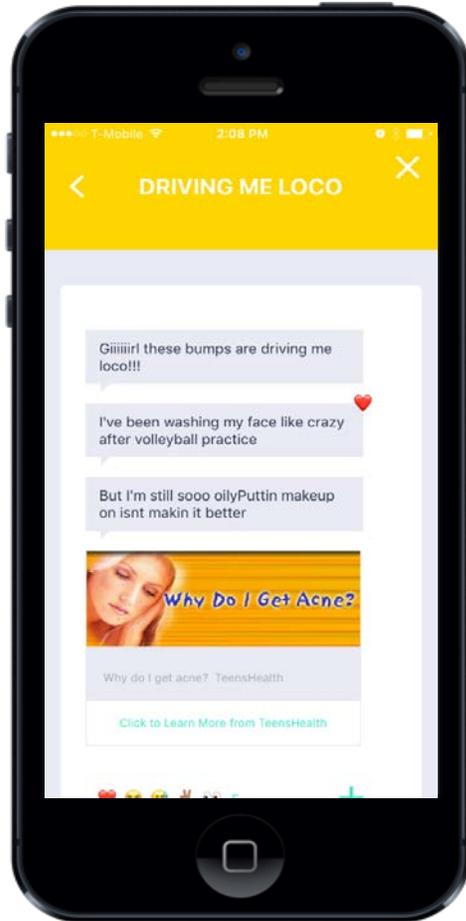


Implementation Phase: Iterations

- Developed in-app story submission platform using a chatbot
- Expanded content areas to include mental health & identity
- Notifications and increasing number of stories published per day boosted engagement



Real Talk Mobile App (2)



- Authentic, crowd-sourced stories
- Screened, curated, and paired with high quality online resources
- Browse, search, and submit stories
- Data-informed content



User Demographics, Engagement, & Impact

Gender:

74% female

23% male

3% non-binary

Sexual orientation:

28% LGBTQ

Race:

48% identify as non-White

Total users: **16,000+**

of stories read: **165,000+**

of resources accessed: **9,000+**

of stories submitted: **2000+**

77% report learning something new after using Real Talk

77% say the stories they read are helpful



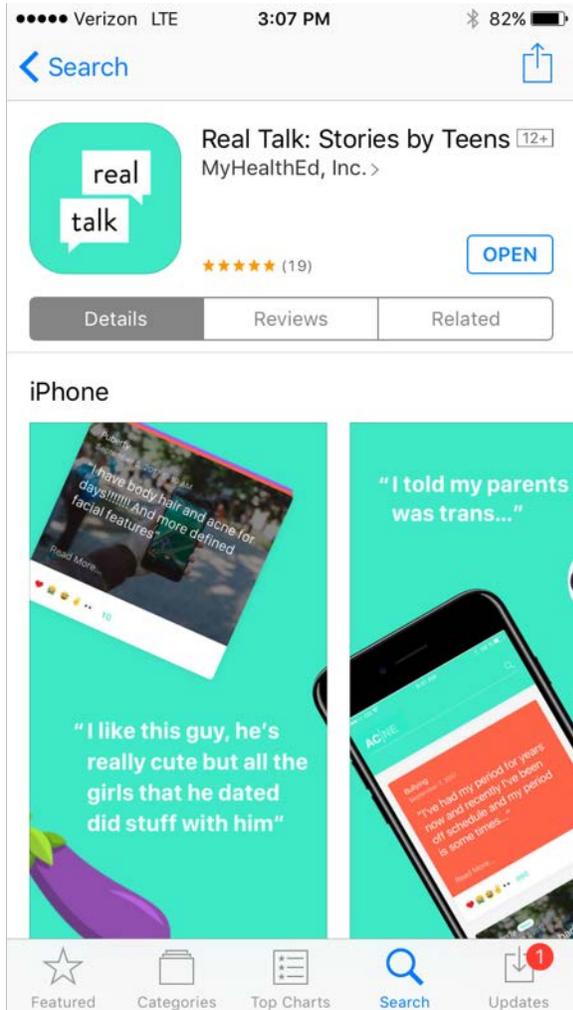
Real Talk: Next Steps



- Update admin tools to review, publish, monitor, and analyze content
- New story submission experience
- School-based partnerships



Thank you!



Cristina Leos, PhD
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Waikiki Health: Wahine Talk



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DEPARTMENT OF BEHAVIORAL AND
COMMUNITY HEALTH

Elizabeth Aparicio

Assistant Professor



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Acknowledgements & Mahalos

- Study Participants
- Waikiki Health & the Youth Outreach (YO!) Program
- Amazing intervention & research team
- iTP3 program at Texas A&M University
- Twitter Hashtag: [#WahineTalk](https://twitter.com/hashtag/WahineTalk)
- Twitter: [@commTHRIVESLab](https://twitter.com/commTHRIVESLab)
- Twitter: [@DrLizAparicio](https://twitter.com/DrLizAparicio)



Wahine (“woman”) Talk: Context & Brief Project Overview



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Wahine Talk: Brief Project Overview

- Feasibility study set in a youth drop-in center
 - 3 cohorts with community-engaged embedded mixed-method design, including iterative youth- and provider-guided program innovations
 - ✓ **Cohort 1 2016-2017 (20 youth)**
 - ✓ **Cohort 2 2017-2018 (31 youth)**
 - ✓ Cohort 3 2018-2019 (17 youth)
- Female 14-22 year old youth experiencing homelessness or at-risk of homelessness



Wahine Talk: Rationale

- Approximately 35k unaccompanied homeless youth in a given night in the United States (U.S. HUD, 2019)
 - 89% aged 18-24
- HI has second highest per capita rate of homelessness in the nation (after New York State) (U.S. HUD, 2019)
- Reasons for leaving home often traumatic (Thompson, McManus, Lantry, Windsor, & Flynn, 2006)
- Higher prevalence of youth homelessness among young parents; Black, Hispanic, and LGBT youth; and youth who did not complete high school (Morton et al., 2018)
- High risk of violence and exploitation
 - Sex trafficking, survival sex, rape, physical assault



Wahine Talk: Rationale (con't)

- Homeless youth are at particularly high risk for pregnancy nationally and in HI (Morton et al., 2018; Yuan et al., 2018)
- 29% of homeless youth on the island of O‘ahu have had a child (Yuan et al., 2018)



Wahine Talk: Intervention Overview

- Holistic, comprehensive intervention for female youth experiencing homelessness
 - 4 complementary components:
 - ✓ Basic needs & social services
 - ✓ Peer Mentoring
 - ✓ Sexual Health Education Groups
 - ✓ Linkage to & Provision of Sexual Healthcare
- Integrated use of technology
 - Cell phone provided upon entry
 - Data boosts & upgraded cell phone to incentivize program participation
 - ✓ Very careful to provide alternative pathways to getting cell phones if youth don't want Wahine Talk



Wahine Talk: Ecological Design

- Sexual Healthcare
 - Warm hand-off + provision of sexual healthcare by network of in-house & external youth-friendly providers (ongoing)
- Interpersonal
 - Peer mentoring/support (24/7)
 - Sexual health education group sessions (series of 10)
- Individual
 - Tailored approach to stage of readiness to change
 - Outreach & basic needs services (4x/week)



Wahine Talk: Project Highlights

- Youth drop-in center in Waikiki, Honolulu, HI, U.S.
- 51 Homeless female youth in Wahine Talk
 - ▶ 14-22 years (*M* 17.71)
 - ▶ Ever had sex before: 88% (*n*=45)
 - ▶ Prior pregnancy: 39% (*n*=20)
 - ▶ Foster care history: 43% (*n*=22)
- 6 female youth in the PhotoVoice project



Wahine Talk: Project Highlights (2)

Sample Race/Ethnicity Frequency

- Hawaiian: 22
- Filipino: 15
- Samoan: 7
- Tongan: 11
- Micronesian: 14
- Other Pacific Islander: 7
- Chinese: 10
- Japanese: 6
- Caucasian: 5
- African American: 3
- Hispanic: 11

Racial and ethnic composition of the sample

- 55% multiracial or multiethnic background
- 37% Native Hawaiian and other Pacific Islander
- 4% U.S African-American
- 2% Hispanic
- 2% Caucasian



Wahine Talk: Project Highlights (3)

Linked to Sexual Health Care

Yes: 62.7%

No: 37.3%



Wahine Talk: Project Highlights (4)

Pre-WT

Any birth control: 15.7%
Depo-Provera: 1.0%
LARC: 0.0%

Post-WT

Any birth control: 51.0%
Depo-Provera: 19.0%
LARC: 25.4%

3 month follow-up

Depo-Provera: 3.9%
LARC: 29.4%

6 month follow-up

Depo-Provera: 3.9%
LARC: 31.4%

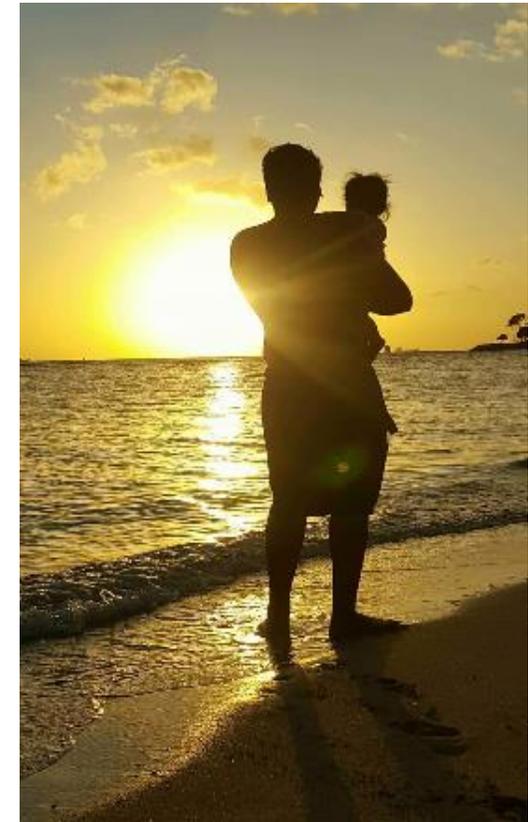
9 month follow-up

Depo-Provera: 0.0%
LARC: 33.3%



Wahine Talk: Next Steps

- Kane Talk (men) & Alaka'i Talk (leaders/peer educators)
- Testing Wahine Talk in a larger sample
- Hybrid effectiveness-implementation studies
- Partnerships with new implementation sites
- Dissemination (publicly available at [WahineTalkProducts](#))



“Life’s too short. Hold your family close.”
(cohort 2 participant, PhotoVoice Project)



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Thank you

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[#WahineTalk](#) [@DrLizAparicio](#)



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WAIKIKI HEALTH

MEDICAL & DENTAL • BEHAVIORAL HEALTH • SOCIAL SERVICES



“Having a baby can wait. Life is full of adventures to take and make it great.”
(cohort 1 participant, PhotoVoice project)



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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



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