



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Office of Population Affairs Tier 2 Showcase: Day 3

March 5, 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





OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

**Office of Population Affairs
TPP Tier 2 Showcase Webinar
March 5, 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
 - Center for Innovative Public Research
 - Johns Hopkins University
 - Planned Parenthood of the Great NW & Hawaiian Islands





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Girl2Girl: A Pregnancy Prevention Program for Sexual Minority Adolescent Girls



Michele Ybarra MPH PhD, Center for Innovative Public Health Research

CiPHR Center for *Innovative*
Public Health Research

Decoding how technology influences and can improve public health



Disclaimer

Research reported in this presentation was supported by the Office Population Affairs (TP2AH000035) and the National Institute of Child Health and Human Development (R01 HD095648). The content is solely the responsibility of the authors and does not necessarily represent the official views of OPA or NIH.



Why the need for Girl2Girl

One in four teen women are pregnant by the time they reach 20 years of age.¹ Rates are even higher for lesbian, gay, bisexual and other sexual minority (LGB+) teen girls,²⁻⁶ who face two to four times the risk of being pregnant as other teen girls.^{2,3}

Despite this evidence that lesbian and bisexual adolescent girls are at elevated risk for teen pregnancy,²⁻⁶ prevention programs for adolescent LGB+ girls are completely lacking.

1. The National Campaign to Prevent Teen and Unplanned Pregnancy. *Fast Facts: Teen Pregnancy in the United States*. 2014.
2. Saewyc E, Bearinger L, Blum R, Resnick M. Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? *Family Planning Perspectives*. 1999;31(3):127-131.
3. Goodenow C, Szalacha LA, Robin LE, Westheimer K. Dimensions of sexual orientation and HIV-related risk among adolescent females: Evidence from a statewide survey. *American Journal of Public Health*. 2008;98(6):1051-1058.
4. Saewyc E, Poon C, Homma Y, Skay C. Stigma management? The links between enacted stigma and teen pregnancy trends among gay, lesbian, and bisexual students in British Columbia. *Canadian Journal of Human Sexuality*. 2008;17(3):123-139.
5. Saewyc E. Adolescent pregnancy among lesbian, gay and bisexual teens. In: Cherry A, Dillon ME, eds. *International Handbook on Adolescent Pregnancy*. New York, NY: Springer Science+Business Media; 2014:159-169.
6. Saewyc E, Pettingell S, Skay C. Teen pregnancy among sexual minority youth during the 1990s: Countertrends in a population at risk. *Journal of Adolescent Health*. 2004;34(2):125-126.



The design of Girl2Girl

- A 5 month intervention:
 - 7-week “core” intervention that sends an average of 6-12 messages per day.
 - A 12-week “latent” period followed where youth received 1-2 messages a week.
 - Finally, a 1-week booster is delivered to reinforce the main messages discussed in the “core” intervention.
- Messages sent throughout the day covered a weekly topic and built upon previous messages. Inspirational quotes are included.
- Teens earn “Badges” by completing a behavioral goal (e.g., talking to a healthcare provider about birth control) and complete weekly “Level up” quizzes
- Girls are paired together as “Text Buddies” to talk about the program and provide social support
- The attention matched control group receives ‘healthy lifestyle’ messages



Recruitment and enrollment

- Girls were recruited nationally using Instagram and Facebook advertisements
- They would click on the ad and be taken to a webpage that briefly described the study and asked them to complete a screener
- Girls who appeared to be eligible were contacted sequentially based upon diversity goals to ensure a sufficient number of racial/ethnic minority youth, rural youth, youth of different sexual identities, and youth of varying sexual experience were included in the cohort.
- Participants were enrolled over the phone with study staff and had to complete a self-safety assessment and a capacity to assent in addition to providing assent.
- Our IRB granted us a waiver for parental permission to protect the safety of girls who were not 'out' to their caregivers.



The Girl2Girl cohort

Girl2Girl Participant Characteristics	Control (n=474) % or M (SD)	Intervention (n=473) % or M (SD)
Age (M:SD)	16.0 (1.2)	16.1 (1.2)
Female gender	99	99
Race	-	-
American Indian or Alaska Native	2	1
Asian	4	4
Native Hawaiian or Pacific Islander	0.6	0.6
Black or African American	15	14
White	55	59
More than one race	15	15
Some other race	6	6
Do not want to answer	3	1
Hispanic ethnicity	25	22
Abstinence from penile-vaginal sex (past 3 months)	82	83
Number of protected sex acts (past 3 months, among those who have had sex)+	4.4 (1.3)	5.7 (1.1)
Use of any other birth control methods aside from condoms during penile-vaginal sex (past 3 months)+	48	39
Pregnancy (ever)	4.0	2.8



Girl2Girl Process Outcomes

	Totally Disagree	Disagree	Neutral	Agree	Totally Agree
G2G gave me skills to prevent pregnancy and STDs	1%	1%	7%	17%	74%
Program messages spoke to issues relevant to me	4%	7%	26%	33%	31%
G2G disrupted my schedule	42%	31%	15%	6%	6%

Data are still being cleaned and merged. Responses for the first statement were asked at intervention end; 302 teens included. The second two statements are from core end; 878 teens included



Preliminary outcomes

At Core end*: 21% of intervention versus 13.5% of control participants had been tested for HIV or other sexually transmitted infections since the beginning of the intervention (p=0.03).

At Intervention end**:

- 43% of intervention versus 24% of control participants reported currently being on birth control (p<0.001)
- Among those not yet on birth control, 30% of intervention versus 18% of control group participants planned to get on birth control in the next 3 months (p=0.03).
- 29% of intervention versus 8% of control participants had been tested for STIs, including HIV in the past 3 months (p<0.001)

*Core end is defined by the end of the 7 weeks of intense messaging. Data are still being cleaned and merged. Responses from 878 teens

**Intervention end data are still being cleaned and merged. Responses from 302 teens who completed the text messaging-based survey



Limitations and conclusions

- Analyses are preliminary. Findings may change when the full sample is examined.
- Based upon the current results:
 - Girl2Girl appears to be associated with increased rates of HIV/STI testing.
 - It is possible that the intervention is also associated with increased likelihood of contraception use. If so, it may be that girls need time to affect this behavior given that it often requires the involvement of a healthcare provider.



Acknowledgements

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Decoding how technology influences and can improve public health



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Johns Hopkins Center for American Indian Health Respecting the Circle of Life Program



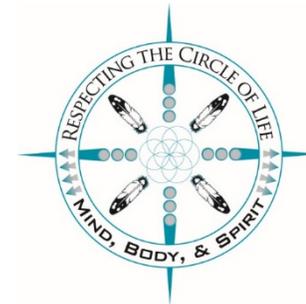
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Program Manager



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**CENTER FOR AMERICAN
INDIAN HEALTH**



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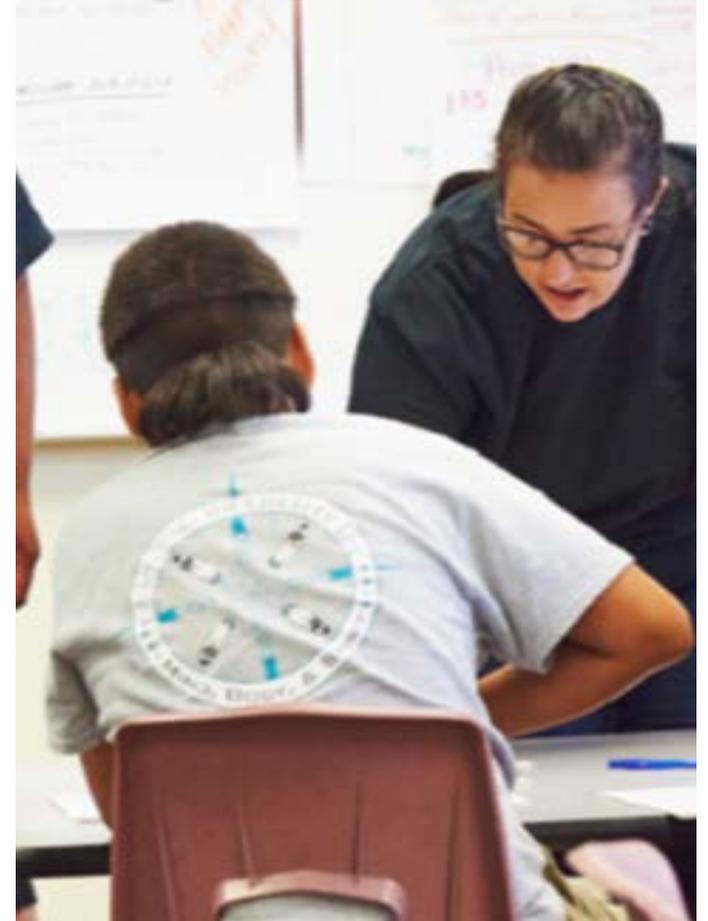
Brief Project Overview

- Objective
 - To implement and evaluate “*Respecting the Circle of Life (RCL)*.” A 1:1 RCT will evaluate RCL for impacts on:
 - ✓ Condom Use Self-efficacy and Intention
 - ✓ Sexual/Reproductive Health Knowledge
 - ✓ Parental Monitoring and Communication
 - ✓ Sexual Initiation
 - ✓ Number of Sexual Partners
 - ✓ Condom Use
 - ✓ Contraception Uptake
 - ✓ Substance Use
 - ✓ STI & Pregnancy Incidence
- Population
 - American Indian youth ages 11-19
 - One parent or trusted adult of each enrolled youth
- Setting
 - Rural, reservation community



RCL: Teen Pregnancy Prevention program designed for Native communities

- 9 Session Curriculum:
 - 8 peer-group sessions taught at summer camp
 - ✓ 2 facilitators for each peer group (8-12 participants)
 - 1 youth/adult session taught at home by one facilitator
- Holistic Content:
 - Comprehensive sexual and reproductive health education
 - STIs, HIV/AIDS, pregnancy
 - Condom & contraceptive use skills
 - Communication & problem solving
 - Decision making & partner negotiation
 - Values clarification & goal setting
 - Talking with family about sexual health



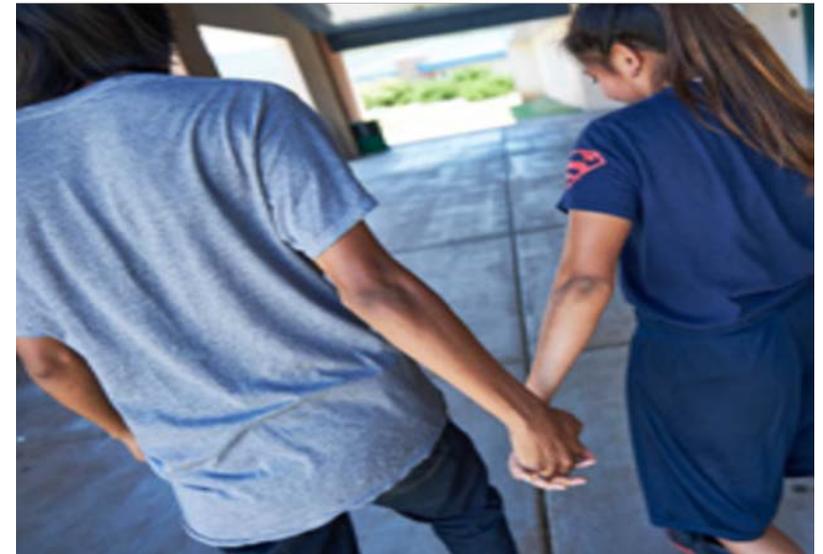
Key Features & Innovations

- Implementation Location:
 - Camp model ensures:
 - ✓ Reaches highest risk youth; not just those in school
 - ✓ Engagement of both boys and girls
 - ✓ High retention through all 8 lessons
 - Home-based lessons ensure:
 - ✓ Meet the family where they are at
- Implementation Delivery Method:
 - Taught to peer groups:
 - ✓ Reflects importance of peers during teen years
 - Engages parents or other trusted adults:
 - ✓ Recognizes extended family in caregiving and their importance in teen decision making
 - Delivery by paraprofessionals:
 - ✓ Doesn't require higher levels of education or professional degrees
 - ✓ Culturally matched



Implementation & Evaluation Findings

- Implementation completed in late 2018
 - 567 youth and 566 parents/trusted adults enrolled
 - High average dosage
 - ✓ RCL: 7.34/9 lessons
 - ✓ Control: 7.45/9 lessons
 - Youth Retention:
 - ✓ 3 Months: 86.5%
 - ✓ 9 Months: 84.1%
 - Preliminary results indicate significant between-group differences at 9 months:
 - ✓ Condom use self-efficacy ($p < .005$)
 - ✓ Condom use intention ($p < .05$)
 - ✓ Alcohol use before sex ($p = .05$)
 - ✓ Marijuana initiation ($p = .05$)



Program Packaging & Dissemination



- RCL is **packaged and ready to implement**:
 - ✓ Complete curriculum and [implementation guide](#) available through ETR
 - ✓ Current dissemination in Minnesota (urban and rural)
 - ✓ FY19 Tier 1 replication project on Navajo Nation
- Training
 - In-person facilitator training available
 - Online facilitator training available in December 2020
- Video on RCL [on YouTube](#)



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We want to thank all community members, youth and parents who made this study possible.



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INcluded Program

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Planned Parenthood of the Great Northwest
and the Hawaiian Islands

Laura Gardiner

Capacity Building Specialist



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INcluded

- Program Objectives:
IN-clued aims to lower teen pregnancy rates and STD rates among LGBTQ youth ages 14-19
- Population: **LGBTQ+ youth, ages 14 – 19**
- Setting: **Urban and Suburban**

IN·cluded

**the future
is inclusive**



Sexual and gender minority youth are more likely to engage in sexually risky behaviors...

- Sex at an early age
- Sex with multiple partners
- Sex under the influence
 - of drugs
 - of alcohol
- Failure to use birth control



The health care system fails queer youth, contributing to high rates of unintended pregnancy and STIs.

Health care systems treat LGBTQ young people much worse than straight and cisgender identified young people. This ranges from abject discrimination or harassment at health care clinics, refusal to provide services, to microaggressions or ignorance about healthcare needs.



Intervention Overview – A Dual approach

A three hour workshop for clinic staff:

- LGBTQ youth friendly environments;
- LGBTQ youth friendly service best practices;
- Simulations with peer educators

A three hour workshop for LGBTQ youth:

- Safer sex for LGBTQ youth
- How to access sexual health services
- Practice advocating for yourself with a provider



Queer youth face unique obstacles in accessing care.

- “Doctors don’t understand what my concerns and needs are.”
- “I’m scared of being judged, and worried my parents will find out.”



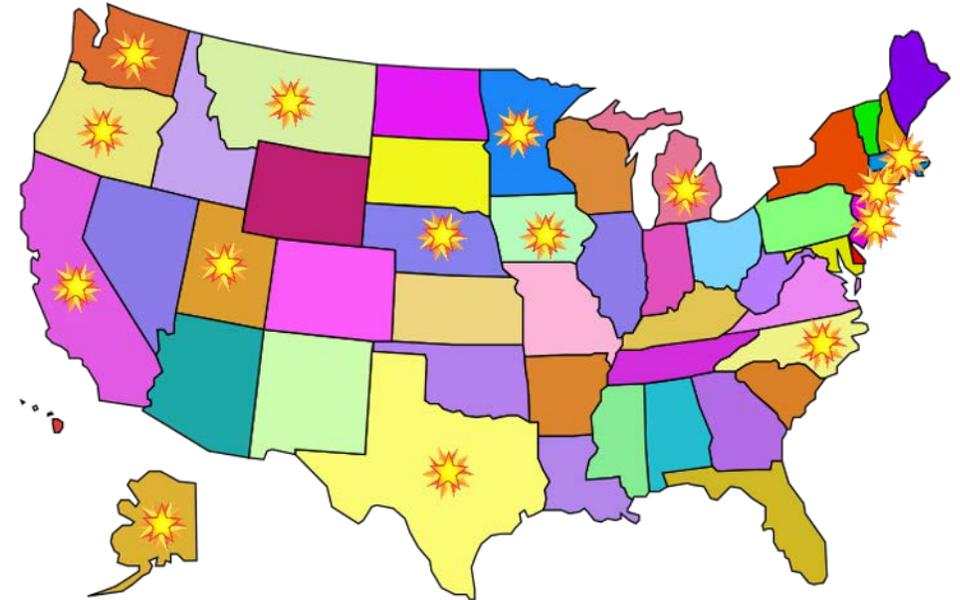
Queer youth want and need sex education that reflects their identities and experiences.

- Communication
- Relevant
- Respect
- Safer sex



Project Highlights

- 16 states
- 1,401 youth
- Clinic Evaluation is complete
- Youth Evaluation has positive preliminary outcomes



Positive youth preliminary results in the following areas:

- Long – Term Knowledge
- Self – Efficacy
- Healthcare Outcomes

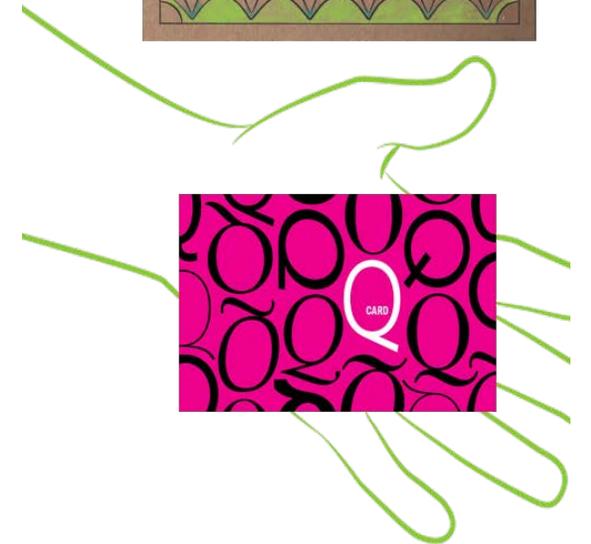
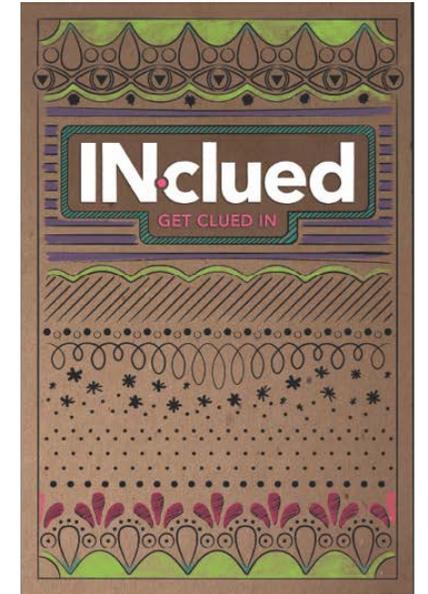
Response Rates:

- 88.3% for short term follow up
- 87.8% for long term and still in process



Innovations: What Works for LGBTQ Youth

- Materials, images, and resources that reflect LGBTQ+ identities and experiences.
- Activities that encourage youth to define sex for themselves, and make space for their realities and desires.
- Expanded safer sex demonstrations beyond external condoms.
- Tools and skills related to talking to health care providers.



Coming Up Next for IN-clued...

- Finish data collection and analysis
- Train partners to replicate IN-clued in their communities
- Publish and have IN-clued accessible online
- Roll out nationally!



Thank you

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(She, her, hers)

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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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