



Positive Youth Development: A Strategy to Promote Adolescent Reproductive Health

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National Center for Chronic Disease Prevention and Health Promotion
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Purpose of today's talk

Provide an overview of Positive Youth Development (PYD) as a strategy to promote adolescent reproductive health.

Specific objectives:

1. Describe the results of a systematic review that identified PYD programs with evidence of promoting adolescent reproductive health
2. Highlight one program to illustrate how these programs work
3. Discuss ways that PYD approaches can be integrated into teen pregnancy prevention efforts in community and clinic contexts

Part One



A Systematic Review of Positive Youth Development Programs

Acknowledgements

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History of Positive Youth Development Programs in the US

- Early 1900's Adolescence emerges as a distinct stage of development
- Service programs, YM(W)CA, Scouting, Boys and Girls Clubs, develop, education extended to be more universal
- 1950's Juvenile crime intervention and treatment programs first supported by government
- 1950-1970 Treatment programs for adolescents expand to substance use, conduct disorder, academic failure, teen pregnancy
- Mid 1960's-mid 1970's Prevention programs focused on a single problem begin to be developed, most were ineffective
- Mid 1970's-1980's Prevention programs begin to focus on precursors of a single problem, some successes occur
- Late 1980's-early 1990's Critiques begin of single problem approach to prevention

Source: Catalano 2009

Critiques of Single Problem Behavior Focus of Early Prevention Programs

Practitioners and Policy Makers

- Focus on single problems ignores the whole child.
- Focus on the individual and downplays the role of the environment.
- Developmental needs and competencies ignored.
- Problem-free does not mean fully prepared or healthy.
- Separates promotion from prevention.

Prevention Scientists

- Overlapping risk and protective factors predict diverse problems.
- Risk and protective factors located in both individual and environment.
- Developmental needs, processes and tasks often ignored.
- Protective factors often not addressed.

Recommendations for a Broader Conception of Youth Development

Practitioners

- Focus on whole child
- Focus on developmental needs and challenges.
- Focus on the individual as well as the environment.
- Address cultural competence in program delivery
- Include promotion and prevention.

Prevention Scientists

- Address risk and protective factors for multiple problems
- Address risk and protective factors during critical developmental periods
- Engage multiple socialization units.
- Understand the developmental epidemiology of the target population.
- Include those at greatest risk.

Defining Positive Youth Development

- Three aspects should be considered when deciding if a program uses a PYD approach:
 - Program Goals
 - Opportunities and Experiences
 - Program Atmosphere

Positive Youth Development Goals

Promote youth development by enhancing:

- Connectedness (bonding)
- Competence (social, cognitive, behavioral, emotional, moral)
- Confidence (self efficacy, self determination, belief in the future, clear & positive identity)
- Character (prosocial norms, spirituality)

Provide Opportunities & Experiences

- Strengthen supports at home, school, community (e.g., teach parents and teachers better ways to communicate with and reinforce child behavior)
- Build skills (e.g., competency building curriculum, homework help)
- Engage in real and challenging roles (e.g., produce newsletter, community service, visit college campus)

Source: Catalano et al 1998,
Roth & Brooks-Gunn 2003

Program Atmosphere

- Supportive (e.g., modify school procedures, encourage sense of belonging among youth)
- Empowering (e.g., involve youth in decision-making, put youth in “helper” role)
- Communicates expectations for positive behavior (e.g., explicit agreement on policies and consequences for infractions)
- Provides opportunities for recognition (e.g., ceremonies, articles in local newspapers)
- Stable & relatively long-lasting (at least one school year)

Source: Catalano et al 1998,
Roth & Brooks-Gunn 2003

Inclusion Criteria for Review: Program Characteristics

- Addresses one PYD “goal” in multiple socialization domains (family, school or community), or two or more goals in one socialization domain
- At least 50% of program activities focus on promoting general PYD goals (v. focus on direct sexual health content)
- Program focused on promotion or prevention
- Youth were less than 20 years of age

(Adapted from Catalano et al 1998)

Inclusion Criteria: Study Methods

The evaluation must have:

- An experimental or quasi-experimental design
- Appropriate statistical methods
- An appropriate unit of analysis
- Assessed the program's impact on at least one reproductive health outcome measured during adolescence (e.g., sexual initiation, use of condom or birth control, pregnancy, STI)

Methods

- Electronic search of 8 online databases plus review of grey literature (1985-2007)
- Identified studies were summarized using a standard review form
- Each summary prepared independently by two reviewers who then met to reach consensus
- Program summaries were confirmed by original program developers (70%)

Results

- 30 PYD programs met eligibility criteria
- 15 of 30 programs improved at least one reproductive health outcome:
 - Delayed initiation of sexual intercourse (7)
 - Decreased frequency or recency of sex (3)
 - Increased use of birth control or condoms (6)
 - Decreased number of sexual partners (2)
 - Fewer pregnancies or births (6)
 - Fewer reported STIs (2)
- Most programs sustained impact well beyond the end of intervention
- Many affected other youth outcomes

Effective Programs

Preschool & Elementary Age

PYD Program

Abecedarian Project
(Campbell, Ramey et al., 2002)

High/Scope Perry
Preschool
(Schweinhart et al., 1992, 2005)

Seattle Social
Development Project
(Hawkins et al., 1999;
Lonczak, Hawkins et al., 2005)

ARH outcomes

Teen birth

Teen pregnancy

Ever sex, # of
partners, delayed
initiation, condom
use, STI, pregnancy
or birth

Other outcomes

Academic achievement,
employment, substance
use

Crime, academic
achievement, family
relationships, substance
use, employment

Academic achievement,
crime/delinquency,
violence, mental health

Effective Programs: Middle School

PYD Program

ARH outcomes

Other outcomes

Aban Aya – SCI
(Flay et al., 2004)

Recent sex, condom
use

Violence, provoking
behavior, school
delinquency, substance use

Adult Identity Mentoring
(Clark et al., 2005)

Ever sex

Academic achievement,
school suspensions

Gatehouse project
(Patton et al., 2006)

Ever sex

Substance use, antisocial
behavior

Keepin' it REAL
(Dilorio et al., 2002; 2006)

Condom use last sex

Staying Connected with
Your Teen (Haggerty et
al., 2007)

Ever sex

Substance use, violence

New Beginnings
(Wolchik, Sandler et al., 2002, 2007)

of partners

Mental health, substance
use

Reach for Health (O'Donnell
et al., 1998, 2002)

Recent sex, ever sex

Violence

Effective Programs Middle & High School Age

PYD Program

Teen Incentives Program
(Bayne Smith, 1994)

Adolescent Sibling
Pregnancy
Prevention

(East et al., 2003)

CAS-Carrera Program
(Philliber et al., 2002)

Familias Unidas
(Prado et al, 2007)

Teen Outreach Program
(Allen, Philliber et al., 1997)

ARH outcomes

Frequency of sex,
contraception use

Ever sex, pregnancy,
condom use

Ever sex, contraception
or condom use, teen
pregnancy

STI, unprotected sex

Teen pregnancy

Other outcomes

Substance use, gang
activity, school
truancy

Substance use

Academic achievement

Characteristics of Youth Served by Effective Programs

- Most programs targeted at-risk youth (e.g., poor, living in disorganized neighborhoods, single-parent households, siblings of parenting teens, school drop outs, children of divorce)
- 14 of 15 programs delivered to mixed gender groups of youth
- 8 of 15 focused on a single racial/ethnic group:
 - African American 5 programs
 - Hispanic 1 program
 - White 2 programs

Results: PYD Concepts Addressed

# programs	PYD Concepts
Half or more	Bonding, cognitive competence, social competence, emotional competence, belief in the future, self determination
One-third	Behavioral competence, moral competence, self-efficacy, prosocial norms
One-quarter	Clear and positive identity
None	Spirituality

Results: Opportunities & Experiences

# programs	Opportunities and experiences
14 of 15	Strengthened the family, school or community context
15 of 15	Builds skills of youth
14 of 15	Engage youth in real roles and activities

Results: Atmosphere

# programs	Program Atmosphere
15 of 15	Supportive
14 of 15	Empowering of youth
12 of 15	Communicates expectations
12 of 15	Provides opportunities for recognition
10 of 15	Stable and long-lasting

Comparing Program Goals

	Programs that promoted ARH, % (n=15)	Programs that did not promote ARH, % (n=15)	P-value
Bonding	80	67	0.68
Cognitive competence	67	87	0.39
Social competence	100	80	0.22
Behavioral competence	40	27	0.70
Emotional competence	67	33	0.14
Moral competence	33	20	1.0
Self determination	47	27	0.25
Self efficacy	40	7	0.70
Clear & positive identity	27	33	0.33
Belief in the future	47	0	0.71
Spirituality	0	0	--
Prosocial norms	40	60	0.47

Comparing Opportunities and Experiences

	Programs that promoted ARH, % (n=15)	Programs that did not promote ARH, % (n=15)	P-value
Strengthen the family	73	47	0.26
Strengthen the school	53	7	0.01
Strengthen the community	33	40	1.0
Build skills of youth	100	93	1.0
Engage in real roles & responsibilities	93	73	0.33

Comparing Program Atmosphere

	Programs that promoted ARH, % (n=15)	Programs that did not promote ARH, % (n=15)	P-value
Supportive	100	67	0.04
Empowering	93	80	0.60
Communicates expectations	80	47	0.13
Provides opportunities for recognition	80	40	0.06
Stable & long-lasting	67	47	0.46

Conclusions

There is evidence that PYD programs:

- Promote adolescent reproductive health, and many promote other positive outcomes as well
- Have a relatively robust and sustained impact
- Have the potential to succeed among diverse groups of youth

However, more research is needed before this list of program goals can be viewed as a “recipe” for success

Implications

- Support more widespread adoption of PYD programs with evidence of promoting ASRH
- Support applied dissemination/implementation research of these programs
- Support the identification of more PYD programs that promote ARH; evaluate new & existing programs
- Encourage wide measurement of outcomes so that the full impact of PYD programs can be discovered

Any questions or comments?

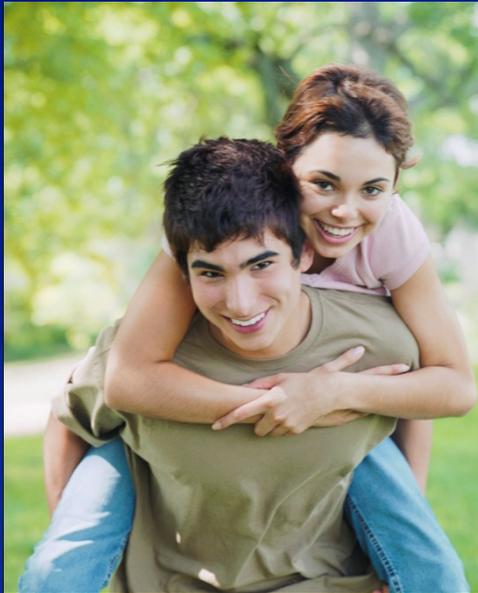
Part Two

Program Highlight

Adult Identity Mentoring (AIM) Program



Part Three

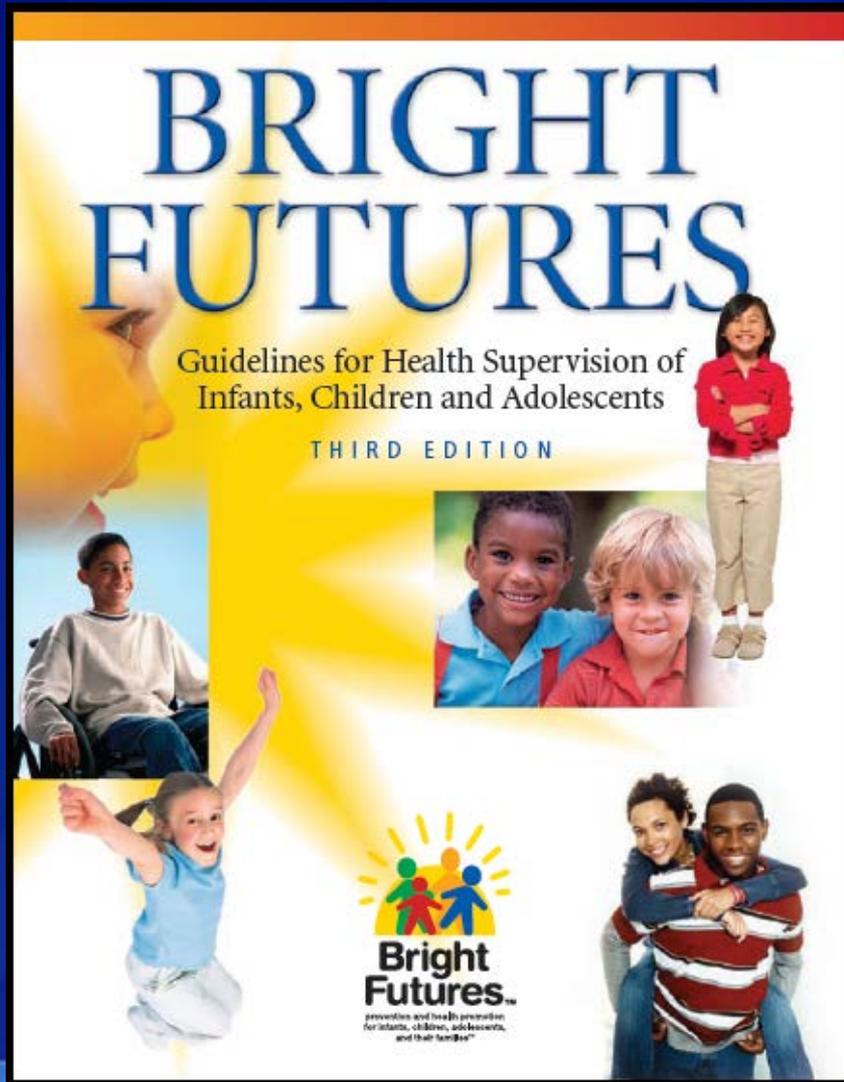


Integrating PYD into
community and clinic
contexts

Community Context

- Examples from the CDC-OAH community demonstration project:
 - Implement evidence-based programs such as the Teen Outreach Program (TOP)
 - Support youth leadership teams
 - Support efforts to improve parent-child communication

Clinic Context



...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

HEEADSSS Assessment

Date of Screening_____

HEEADSSS Assessment

- Home (connection/independent decision-making)
- Education (competence)
- Eating
- Activities (physical activity, helping out)
- Drugs
- Sex
- Safety
- Suicide (coping, resiliency, self confidence)

Check Indicates a Preventative Screening

- Cholesterol
- TB
- STI
- Anemia
- PAP
- Pregnancy
- Vision
- Hearing
- CRAFFT? Y / N +2

Office Intervention
Y/ N
Referral Y / N

Meet Tiffany!

- Tiffany is 17
- Living in 5th Foster Home
- 12th Grade, failing math
- Past H/O tobacco, etoh, marijuana use
- Sexually active w/o protection



Remember Tiffany?

- G** - Wants to improve the foster care system
- I** - Makes many decisions on her own
 - No tobacco, etoh, drugs
- M** - Knows how to take care of herself, get around-grade
- B** - Cares about friends & boyfriend; sense of belonging with foster family, case worker, friends



Other examples of integrating PYD into clinic settings

- Conduct a protective factor assessment of youth
- Create an office setting that supports adolescents' strengths by:
 - Establishing confidentiality policies & informing adolescents of them; ensure privacy
 - Address adolescents directly and allow enough time for them to respond
 - Acknowledge the adolescent's responsibility for his/her own health -- direct recommendations primarily to the adolescent and secondarily to the parent
 - Encourage participation in volunteer opportunities and community events

Source: Duncan P (2007). Inspiring Healthy Adolescent Choices: A Rationale for and Guide to Strength Promotion in Primary Care. *J of Adolescent Health*, 41: 525-535.

Discussion

- Any questions or comments?
- What have been your experiences with implementing PYD in:
 - Community settings?
 - Clinic settings?

Many thanks!

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