Building the Capacity of Education Agencies to Implement Evidence-Based Interventions for Adolescent HIV, STD and Pregnancy Prevention

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Expanding our Experience and Expertise: Implementing Effective Teenage Pregnancy Prevention Programs

OAH Teenage Pregnancy Prevention Conference

March 12, 2012

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of Adolescent and School Health

Disclaimer

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AGENDA

- Understand the experiences of education agencies
- Recognize the challenges of adopting and implementing EBI in school settings.
- Recognize the benefits of using PSBA-GTO
- Understand what is next
- Q & A

Who is Here Today?

Have you ever worked with schools?

Have you ever worked with evidence-based interventions in schools?

WORKING WITH EDUCATION AGENCIES

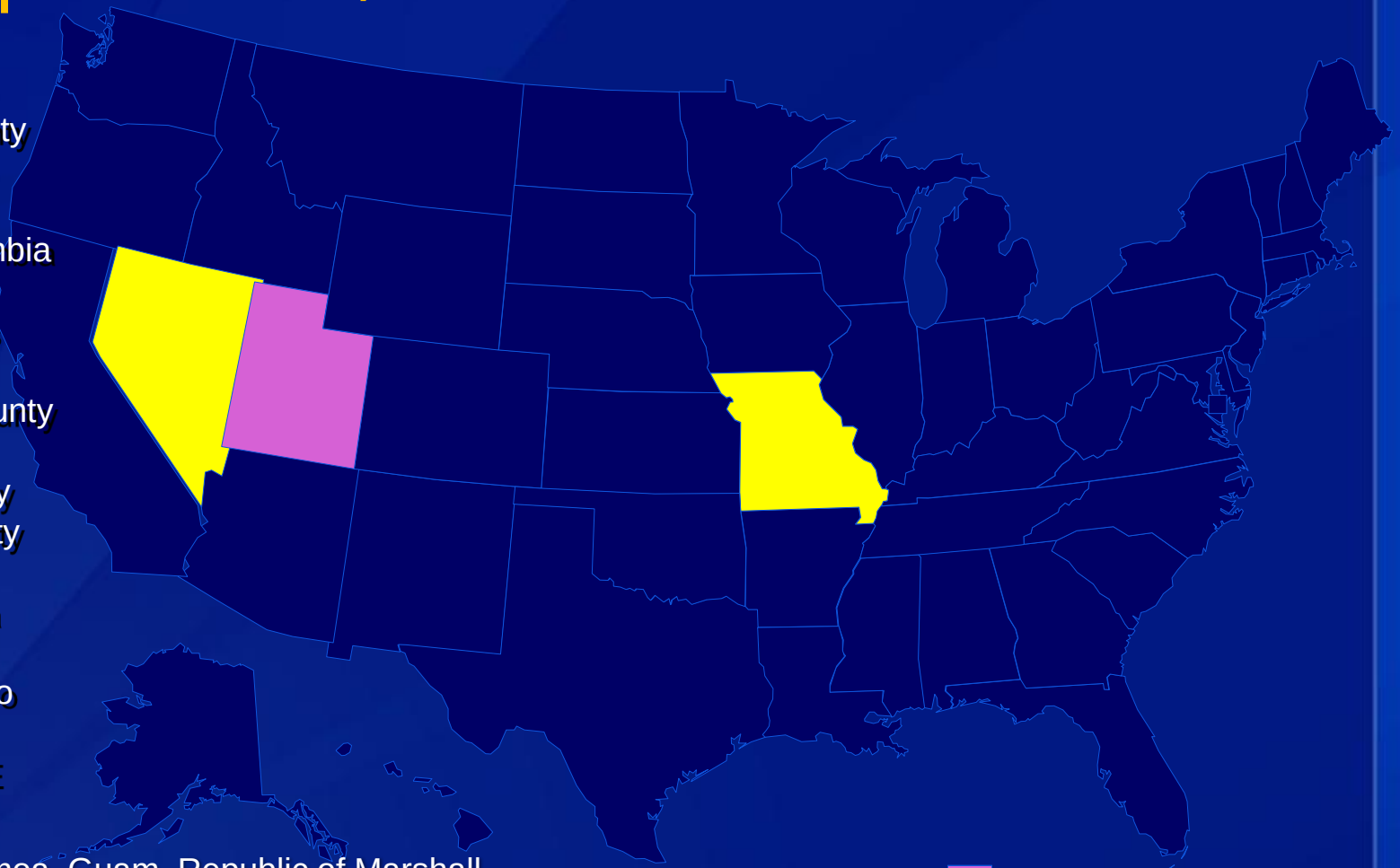
CDC's Work with Education Agencies

- Describe work of DASH HIV funded partners
- Highlight important policies and practices that help describe the context for delivering HIV prevention and sexual health education in schools
- Efforts to advance evidence-based interventions (programs)
  - Success
  - Challenges

DASH Funded SEAs/LEAs/TGs for HIV prevention/Sexual Health: 2008 - 2013

Baltimore
Broward County
Chicago
Detroit
District of Columbia
Houston
Los Angeles
Memphis
Miami Dade County
Newark
New York City
Orange County
Palm Beach
Philadelphia
San Diego
San Francisco
Seattle
CHEROKEE NATION

American Samoa, Guam, Republic of Marshall Islands, Republic of Palau, Northern Mariana Islands, Puerto Rico



Not funded in FY 08-12

Not funded in FY 12

Education Agency HIV Prevention Activities (1)

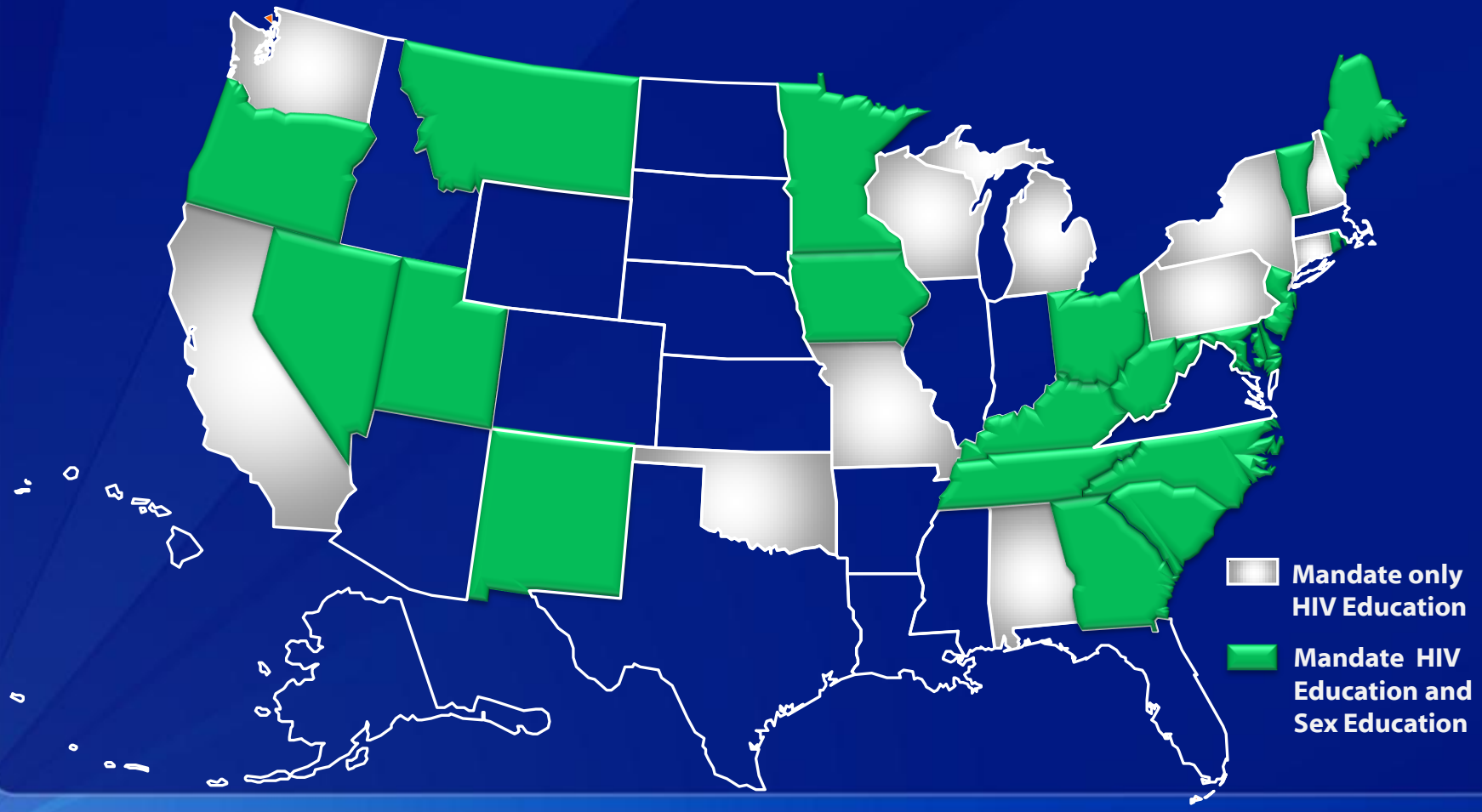
- Lead efforts to collect and disseminate data on youth sexual risk behaviors and school policies and programs to promote sexual health
- Guide the development and implementation of policies
- Provide consultation and technical assistance to school staff on sexual health education policies and instruction
- Integrate HIV prevention efforts with efforts to prevent other STD and unintended pregnancy

Education Agency HIV Prevention Activities (2)

- Collaborate with the health department, community planning group, parents, students, and other groups
- Advocate for evidence-based sexual health education programs, curricula, and standards
- Provide professional development for teachers on evidence-based curricula

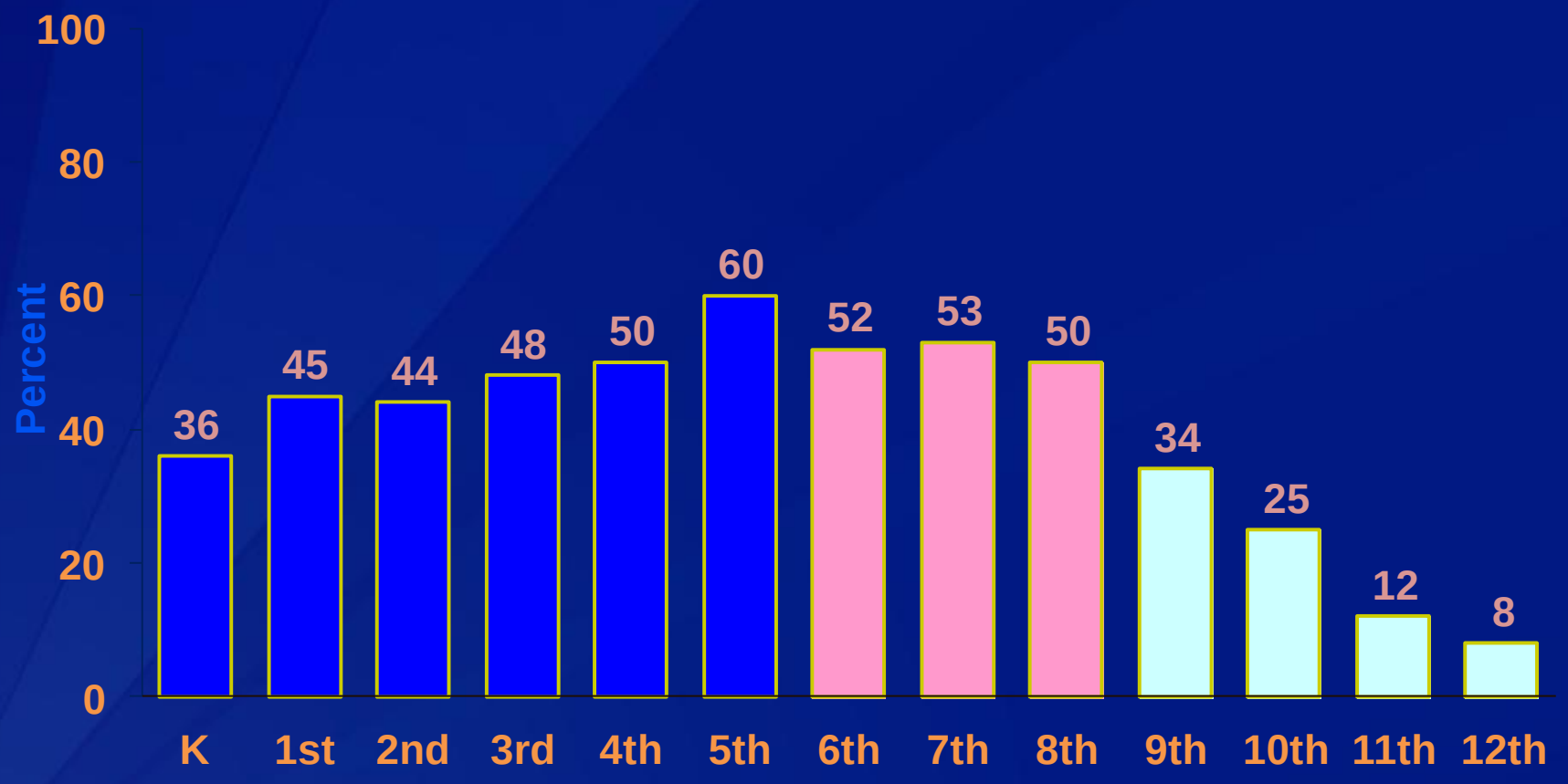
HIV and Sexual Health Education Mandates

- 32 States & DC mandate HIV education
- 20 States & DC mandate HIV education and sex education
- 12 states mandate HIV Education only



Guttmacher Institute, February 1, 2011

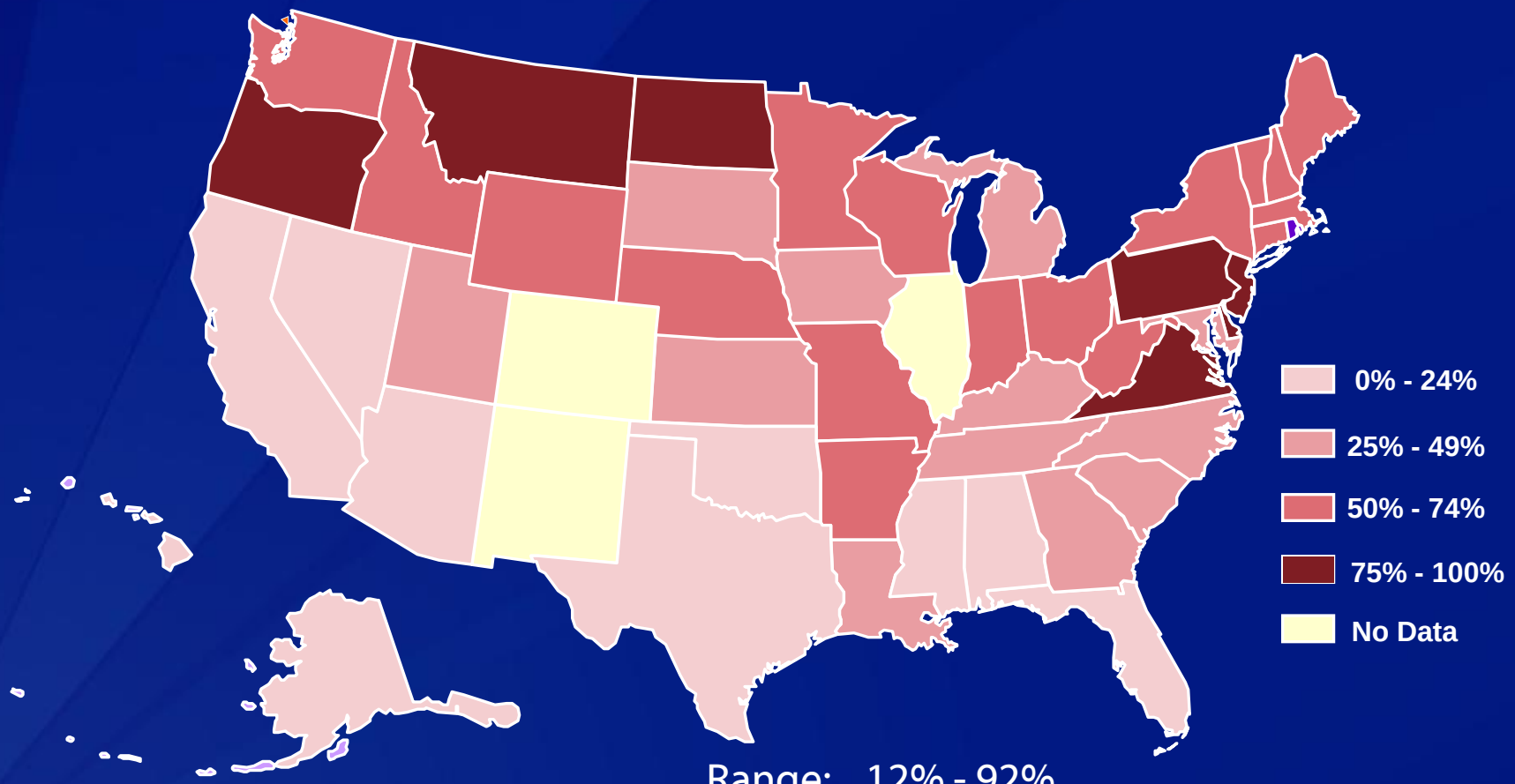
Percentage of Schools That Required Health Education, by Grade*, 2006



*Among schools that had students in that grade.

CDC, School Health Policies and Programs Study, 2006

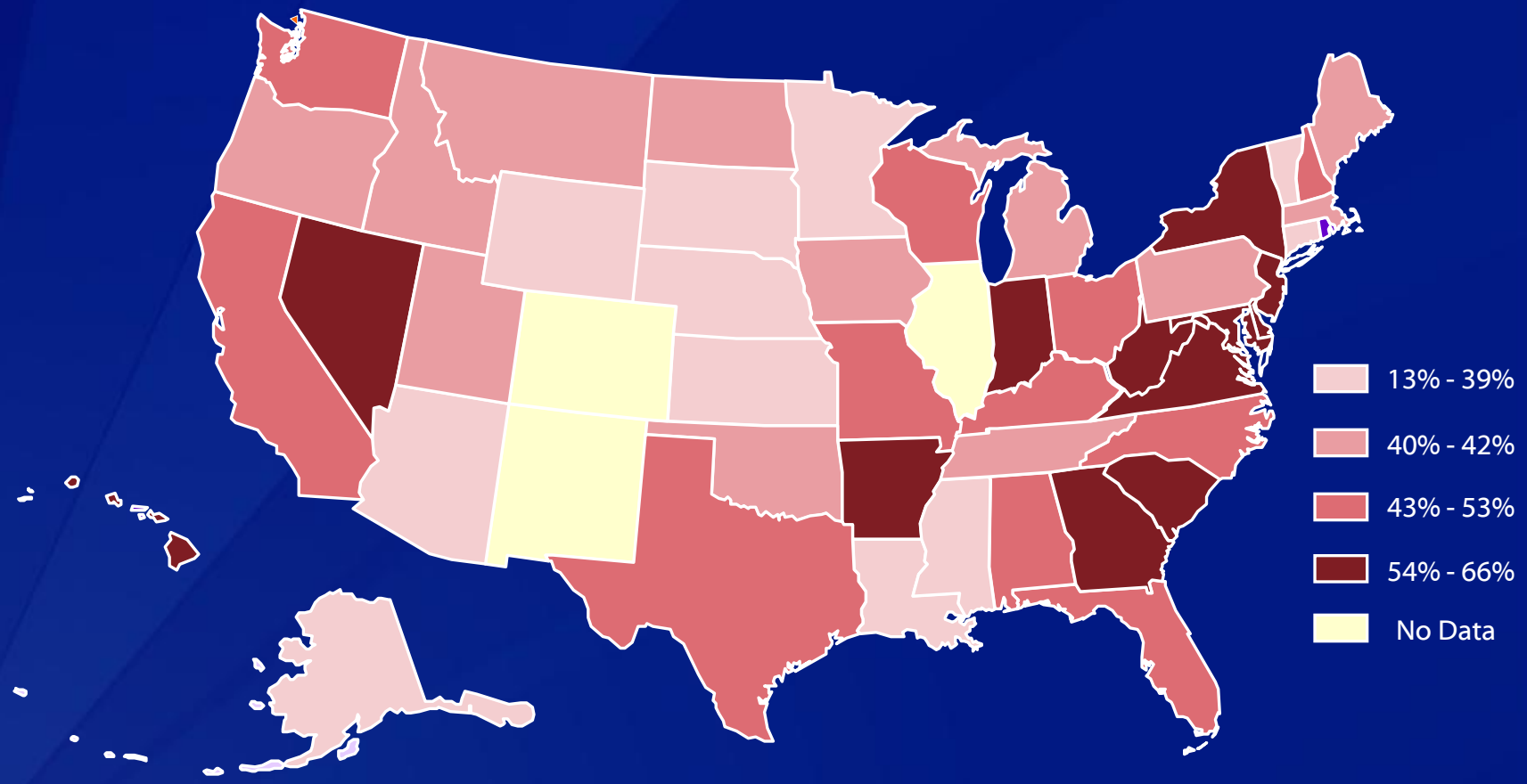
Percentage of Secondary Schools that Required Students To Take 2 or More Health Education Courses, 2010



Range: 12% - 92%
Median: 52%

School Health Profiles, 2010

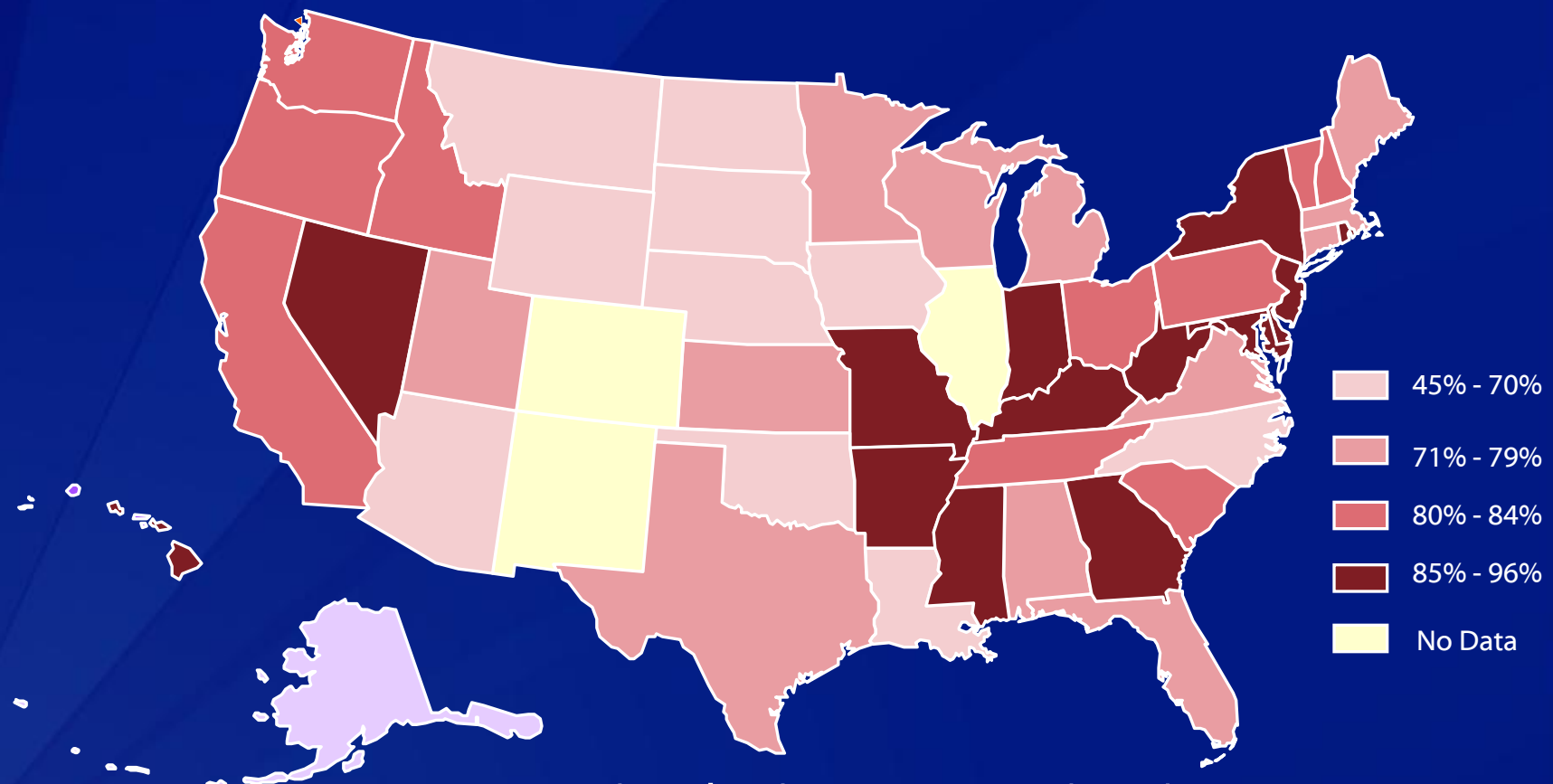
Percentage of Secondary Schools That Taught 11 Key HIV, STD, and Pregnancy Prevention Topics in a Required Course During Grades 6, 7, or 8, 2010



Range (Median): 13% - 66% (43%)

CDC, School Health Profiles

Percentage of Secondary Schools That Taught 8 Key HIV, STD, and Pregnancy Prevention Topics in a Required Course During Grades 9, 10, 11, or 12, 2010



Range (Median): 45% - 96% (80%)

CDC, School Health Profiles

Evidence-based Programs (Interventions)

Evidence-based programs are supported by credible scientific studies that find associated decreases in sexual risk behaviors (e.g., delay sexual initiation or increase condom-use) or adverse health outcomes (e.g., HIV or other STD transmission, pregnancy).

Evidence-based Programs (Interventions)

U.S.Department of Health & Human Services www.hhs.gov

Office of Adolescent Health

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Teen Pregnancy Prevention

OAH Initiatives Teen Pregnancy Prevention **Evidence-Based Programs**

Evidence-Based Programs

This is a searchable database of the program models on the *Department of Health and Human Services' (HHS) List of Evidence-Based Teen Pregnancy Prevention Program Models* (which is a listing of programs with impacts on teen pregnancies or births, sexually transmitted infections (STIs), or sexual activity). You can use this database to find programs that work for certain target populations, settings, ages, and more.

Since 2009, to help identify programs effective in reducing behaviors that increase the risks of pregnancy and STIs, HHS has

http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html

Evidence-based Programs (Interventions)

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Department of Health and Human Services
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CDC en Español

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CDC Home > HIV/AIDS > Topics > Research > Prevention Research Synthesis

HIV/AIDS Prevention Research Synthesis Project

- About PRS
  - PRS Publications
- Tiers of Evidence
- *Compendium of Evidence-Based HIV Behavioral Interventions*
  - Risk Reduction Chapter
  - Medication Adherence Chapter
- Efficacy Reviews Method
  - Risk Reduction Methods
  - Risk Reduction Efficacy Criteria
  - Medication Adherence

Compendium of Evidence-Based HIV Behavioral Interventions

The evidence-based behavioral interventions (EBIs) listed in the *Compendium* have been identified by PRS through a series of efficacy reviews and are classified as either ***best-evidence*** or ***good-evidence***. These interventions represent the strongest HIV behavioral interventions in the scientific literature to date that have been rigorously evaluated and have demonstrated evidence of efficacy. The *Compendium* includes individual-, group-, and community-level behavioral interventions for high-risk populations.

The *Compendium* is now divided into two chapters. A complete listing of each chapter can be accessed below.

Risk Reduction Chapter. Evidence-based behavioral interventions (EBIs) focusing on sex- or drug-related risk behaviors and proven to either reduce HIV or STD incidence or HIV-related risk behaviors, or increase HIV risk-reduction behaviors.

Printer-Friendly Version

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http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm

Evidence-based Programs (Interventions)

CDC Home

Centers for Disease Control and Prevention

CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.

SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

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- Home
- Adolescent Health
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  - Protective Factors
  - **Effective Programs**
  - Publications & Resources
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- School Health
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Registries of Programs Effective in Reducing Youth Risk Behaviors

Various federal agencies have identified youth-related programs that they consider worthy of recommendation on the basis of expert opinion or a review of design and research evidence. These programs focus on different health topics, risk behaviors, and settings. Some, but not all, of these programs have shown evidence in reducing youth risk behaviors.

Each agency has its own process and criteria for determining the programs that are worthy of recommendation. Users are encouraged to review each Web site to understand the inclusion criteria the registry used.

Federal Registries

Text size: S M L XL

Email page

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Multimedia Tools

Site Map

Contact Us:

Division of Adolescent and School Health
4770 Buford Hwy, NE
MS K29

http://www.cdc.gov/healthyyouth/AdolescentHealth/registries.htm

Evidence-based Programs (Interventions)

U.S. Department of Justice
Office of Justice Programs
*Innovation * Partnerships * Safer Neighborhoods*

OJJDP Office of Juvenile Justice and Delinquency Prevention
Serving Children, Families, and Communities

OJJDP Model Programs Guide

PREVENTION | IMMEDIATE SANCTIONS | INTERMEDIATE SANCTIONS | RESIDENTIAL | REENTRY

- Academic Skills Enhancement
- Afterschool/Recreation
- Alternative School
- Bullying
- Classroom Curricula
- Cognitive Behavioral Treatment
- Community and Problem-Oriented Policing
- Community Awareness/Mobilization
- Drug, Alcohol Therapy/Education
- Family Therapy
- Gang Prevention
- Gender-Specific Programming
- Leadership and Youth Development
- Mentoring
- Parent Training
- School/Classroom Environment

Learn More about MPG

Find A Model Program

JJDP Model Programs Guide

enile Justice and Delinquency Prevention's Model Programs Guide

t practitioners and communities in implementing evidence-based prevention and
s that can make a difference in the lives of children and communities. The MPG
) evidence-based programs covers the entire continuum of youth services from
anctions to reentry. The MPG can be used to assist juvenile justice practitioners,
researchers to enhance accountability, ensure public safety, and reduce recidivism.
to-use tool that offers a database of scientifically-proven programs that address a
uding substance abuse, mental health, and education programs.

What's New?

Recently Added MPG Programs:

- AMIkids Community-Based Day T
- Media Detective
- Media Ready

Updated Program Type Literature

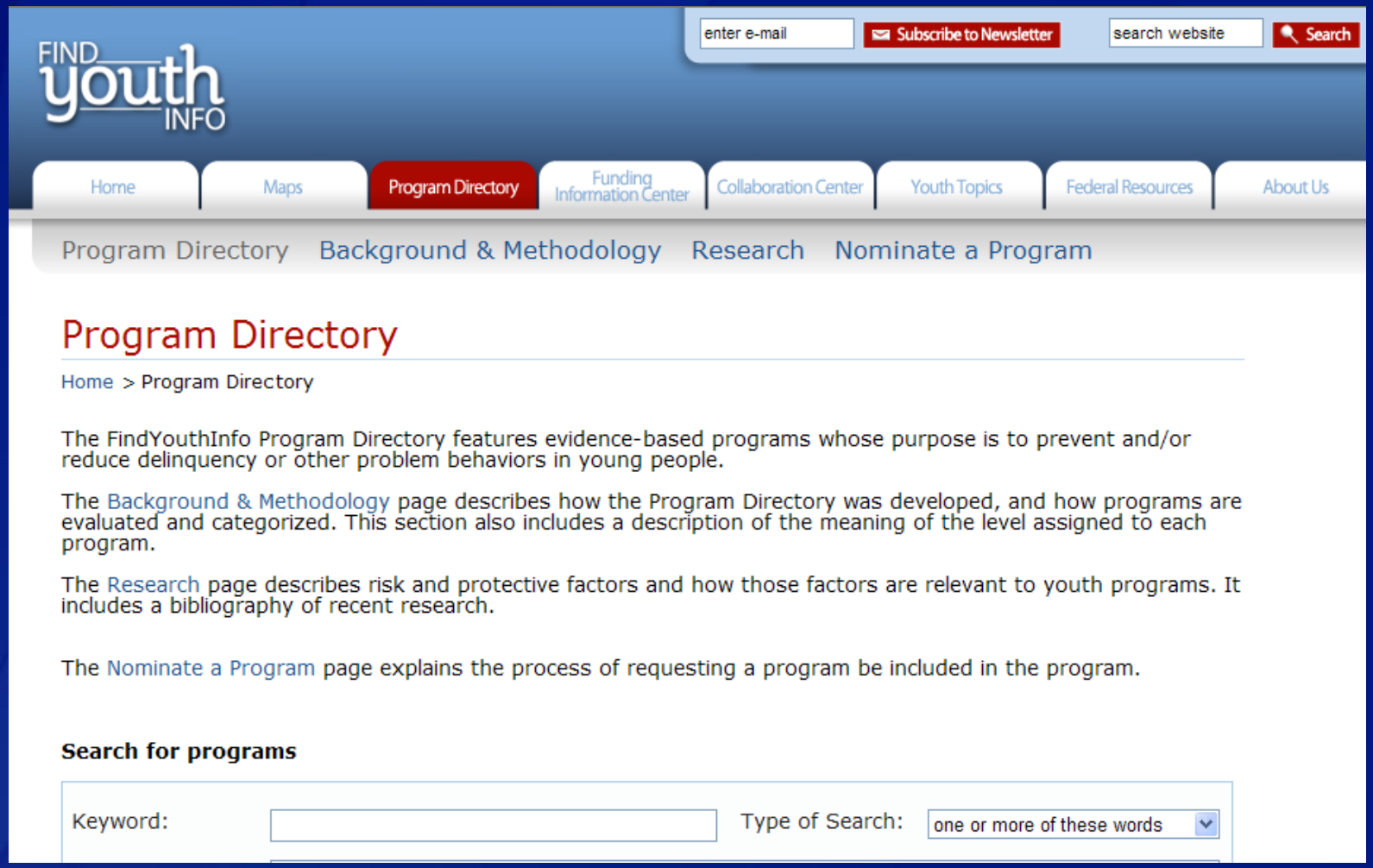
- Residential Programs
- Diversion
- Gender-Specific Programmin
- Shelter Care

Check out the inaugural issue of C Juvenile Justice: Volume 1, Issue

Announcement: OJJDP and the Jo T. MacArthur Foundation are jointly to support innovative and effective r and services for youth involved in th and child welfare systems. Click he

http://www.ojjdp.gov/mpg/

Evidence-based Programs (Interventions)



http://www.findyouthinfo.gov/ProgramSearch.aspx

CDC-DASH FUNDED PARTNERS SUCCESSES

Successes

- Supportive policies and model policies for local education agencies
- Identification of EBI's at State and local levels - dissemination of information and resources
- Partnerships with CBOs, NGOs and health departments (e.g., collaboration with CDC/DRH and PREP grantees)

Successes

- Participation in professional development opportunities
- Implementation of EBI's
- Having health education mandated or legislation in place for successful adoption of EBIs

CDC-DASH FUNDED PARTNERS CHALLENGES

Challenges

- **Support**
  - Diminishing support for sexual health education
  - Unfavorable policy and political climate
  - Lack of or limited leadership support
  - Limited or no funding

Challenges

- **Support**
  - Lack of or limited local buy-in and support for EBI implementation
  - Local control - local decision making barriers
  - No standard for EBI requirements and guidance
  - Lack of or limited funding for training and technical assistance

Challenges

- **Practice**
  - Mismatch between EBI and school structures (practical challenge)
  - Programmatic (staffing , budget , other resources)
  - Lack of internal capacity to get trained, train community and implement EBIs
    - Trainings are not viewed as being vital for program implementation

Challenges

- **Practice**
  - Difficulties selecting EBIs that fit with community, organization and stakeholders
  - Issues with EBIs fidelity and adaptation

GETTING TO OUTCOMES (PREZI)

HTTP://PREZI.COM/PD1_X8JHLMXK/COPY-OF-POWERPOINT-MAN/

What is GTO?

- A framework for planning, implementing and evaluating programs
- Evidence-Based Practice: Translate research into practice
- Framework of 10 accountability and empowerment evaluation questions that when answered, provide a pathway for successful programs
- Provides tools and strategies to develop a comprehensive and systematic approach to accountability
- Moves practitioners towards answering bottom-line questions about

What is GTO?

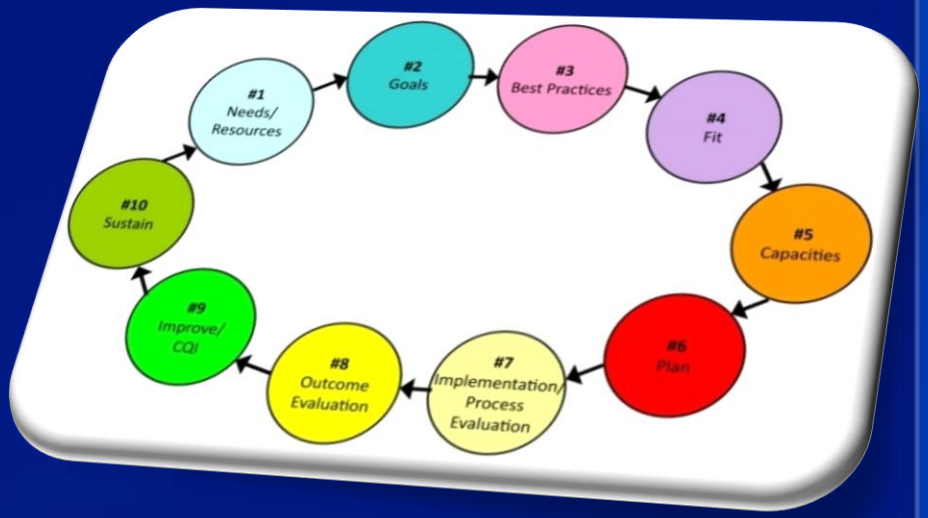
- **It helps programs and community initiatives… get to desired outcomes**
  - Evaluate new programs or revamp existing ones
- **It is not linear**
  - It is sequential and can be useful at any stage of planning

PSBA-GTO

- Flexible process: Adapted for teen pregnancy, HIV/STI prevention;
- Provides a clear and accessible process for practitioners to follow;
- Addresses sustainability of projects;
- Can ease some of the challenges of implementing EBIs; and
- Comprehensive, easy to utilize, includes text, worksheets and strategies

GTO: 4 Parts

- Part I: Goal Setting (Steps 1-2)
- Part II: Program Planning (Steps 3-6)
- Part III: Program Evaluation (Steps 7-8)
- Part IV: Improving and Sustaining Programs (Steps 9-10)



Potential Benefits of Using PSBA-GTO in Education Agencies

- **Succinct and clear process for applying evidence-based approaches;**
- **Facilitates the process of selecting EBIs that fit community and target population needs; and**
- **Addresses**
  - Issues of perceive incompatibility between EBIs and communities;
  - Lack of staff resources (training and materials);
  - Lack of awareness of EBIs;
  - Lack of financial resources;
  - Fear of political controversy; and
  - Complexity of EBIs

Activity

LET'S GO TO VACATION

Next Steps

- Key Informant Interviews (March 2012)
- Working Group Meeting (April 2012)
- Expert Panel Meeting (June 2012)
- PSBA-GTO for Schools Guidance Document (December 2012)

Q & A

Thank You

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