

CDC *Vital Signs* Town Hall Teleconference
Q&A

Preventing Pregnancies in Younger Teens
April 15, 2014
2:00 pm EDT

Dr. Dan Baden: Thank you very much. Thank you all for those excellent presentations.

I'd like to remind everyone that you can get in queue to ask a question by pressing star 1. You'll be asked to say your name when prompted and you'll be announced into the conference by the operator when it's your turn to start asking questions.

I'd like to encourage you all to take advantage of this opportunity to share stories, your own lessons learned, challenges, successes - different things along that line. So it doesn't have to just be questions.

To get us going, I guess it's impossible for me not to think of one specific patient I had when we come to this topic. She was a 12 year old girl I took care of many years ago now. She was really smart and seemed to have everything together.

And then over a relatively brief period of time changed her behaviors pretty dramatically, engaged herself in many more risky behaviors, and ended up becoming pregnant. She ended up delivering after she had just turned 13. And shortly thereafter she received parental permission to get married.

I've wondered what happened to her, but it was a good lesson for me that there may be things that we can do. So to get us going, one question I'd like

to throw out is was there much parental pushback to any of your efforts with regard to privacy or anything along this line - any parental pushback?

Deborah O'Uhuru: Dan, this is Deborah O'Uhuru from the Bronx Teen's Connection. Surprisingly we have received no parental pushback at all. And currently our health educators are conducting condom demonstrations in the classroom. So these are in New York City Board of Education classrooms.

We've received special permission to make this take place. And we received no parental pushback at all. And we recently conducted a survey where we surveyed Bronx parents and Bronx adults, and overwhelmingly a large majority of that group wants to see sex education in the classroom.

Dr. Dan Baden: That's really good to hear. I'm pleased with that.

Another question would be was there much youth involvement in setting up the model? Did you ask them what they would like to see or what types of things to have included?

Deborah O'Uhuru: Well I guess that's a Deborah question again, Dan. So our youth - we have a Youth Leadership Team, the Bronx Teen Connection Youth Leadership Team. And it's about 14 members. It's a mix of both females and males.

And we bring them to the table on every aspect of our project. We let them look at any material that's being printed, any messaging. We get their opinion and we value their opinion in everything that we do.

They recently - in January of this year - put out a small pamphlet or/booklet called *Teen Speak*. And it's *Teen Speak* on reproductive health. They talk

about contraception, the most effective forms of contraception. And they also talk about healthy relationships.

So this is available through the New York City Department of Health if anyone is interested in obtaining a copy.

Dr. Dan Baden: Very good. And Alicia, or actually operator, are there any questions in queue right now?

Coordinator: There are no questions from the phones.

Again it's star 1 and please record your name to ask a question.

Dr. Dan Baden: Thank you Julie.

Alicia, this may be directed towards you. What did the staff training consist of when you were trying to insure youth friendliness at your adolescent clinic?

Alicia Mathis: We made sure that we trained staff in the clinical best practices, meaning the contraceptive access, the process of the delivery of the care, utilization of those evidence based clinical recommendations that we'd gotten from our national partners.

We spent a lot of time on training the staff on taking a sexual history at each visit, not just a contraceptive visit, but anytime an adolescent came in so that we would not miss any opportunities to address contraception or reproductive healthcare.

We also provided training in sex specific sexual abuse and reporting laws, youth friendly services, again information that we had gotten from one of our national partners Cicitelli. We also spent time training on cultural competency, not just race and gender, but also on the culture of being a teenager. So we wanted to make sure we focused on that.

We also talked about continuous quality improvement to help them better serve the adolescents, giving them feedback to make sure that they understood what the adolescents were saying and what they were saying that they wanted.

Dr. Dan Baden: Very good. Sounds like some good plans.

And operator, any questions in queue?

Coordinator: Yes, there are a few questions. The first one is from Jackie Douge.

Jackie Douge: Yes, good afternoon. Thank you for the presentation. My question has to do with the surveying that both that occurred in Alabama and New York. I was wondering how you were able to get buy in for the survey for teens and whether or not, I guess the process of even doing a survey like that - if you did it with your own clients or need parental consent or the approval for that sort of thing. Thank you very much.

Deborah O'Uhuru: I'll respond first. This is Deborah. Actually in order to survey the teens after they'd taken the clinic tour field trip, we did have to obtain IRB approval from the New York City Department of Education and also from the New York City Department of Health IRB. So we were able to obtain approval from both IRB boards.

Marie Chastang: This is Marie Chastang here in Mobile along with Alicia. I sat next to her on the open line - she presented. But to answer the question, we lost our evaluators on the project who developed the survey and our community based partners to access youth that participated in that program to take part in the survey.

So basically we set up time at those organizations' sites and asked participants to participate in the survey. And we also received IRB approval for the surveys. And the surveys were conducted by our evaluators on the project.

Dr. Dan Baden: Okay, great. Operator, next question.

Coordinator: The next question is from Mandy Paradise.

Mandy Paradise: Hi everybody. Thanks for the presentation. This question was targeted for Deborah. I was wondering Deborah, could you tell us a little bit more about the field trip? I'm wondering what method of transportation was used, how many kids went, a time - if it was multiple - I'm assuming that maybe multiple groups went in a quarter or in a semester.

Deborah O'Uhuru: Well actually the requirement is that each class that is implementing an evidence-based curriculum, go on a clinic tour. Now students are allowed to opt-out if their parents would prefer that they not go. But that's happened I can say maybe in the last two years, probably two times at maximum.

So parents are in favor of them going on the tour. And most of our schools are in the proximity of the clinics. So the majority of them can actually walk

to the clinics. And they walk as a class. They tour the clinic, meet with the health educator and then they walk back to the school.

For those that are not in the proximity which are very few, they have used public transportation.

Mandy Paradise: Thanks Deborah.

Coordinator: The next question is from Beth Dehart.

Beth Dehart: Hi there. This is a question actually for Alicia. We were wondering about the contraceptive care coordinators and kind of what their role was, what their duties and specifically if they had like specific protocols and/or processes or programs that they followed.

Or was it more just a kind of an informal one-on-one counseling session? Or what was kind of their duties if you will?

Alicia Mathis: Our contraceptive care coordinators are basically in place to educate the youth on the types of birth control, of course by going from the most effective to the least effective. But they are functioning more so in a one-on-one capacity, for privacy of course.

As each youth comes in they'll talk with them. They will find out what their needs are. As noted on the slide, they are registered nurses and licensed social workers. So in addition to discussing contraception, they sit down one-on-one, they kind of talk to them about plans they may have for their future, what they want to do with their education.

And they may refer them to comprehensive services, which I mentioned. And I'm glad you asked the question because those comprehensive services include referrals back to community based organizations in the event that they may need more sexual health education.

They may need to be referred to a STI or HIV prevention program, maybe violence prevention, GED programs or things of that nature, and also programs they can assist them with employment.

So the main focus, of course is the contraception. But they do attend to the adolescent as a whole, and identify any other issues that they may have and offer assistance there also.

So I hope that answers your question.

Beth Dehart: It does. I'm not sure if you can still hear me, but about how long do those visits then take?

Alicia Mathis: Well we have some that, you know, it depends on the adolescent because in our population we do have some adolescents that may have more complicated lives than others. So we don't limit them as far as a 15 minute visit like with the doctor.

Of course with the provider or the doctor, they're limited to so much time. But with the contraceptive care coordinators we encourage them to take as much time as necessary. And in most of the clinics we have at least two.

So even if one is held up, we still have another one that can work. In my largest clinic I have about four or five. So we try not to limit the time.

Beth Dehart: Great, thank you.

Alicia Mathis: You're welcome.

Coordinator: There are no further questions from the phones.

Again it's star 1 and please record your name to ask a question.

Dr. Dan Baden: Okay. This is Dan. I will ask a follow up question of Alicia. Are there plans to develop additional clinics using this model?

Alicia Mathis: Yes. We have the actual adolescent clinic in place. I have other clinics that service both pediatrics and adults that may fall more along the lines of a family clinic. But we do want to incorporate this particular model to insure the maximum adolescent friendliness.

So in the near future - we're working on that now, which I know this year is year four. And we're supposed to work on sustainability. But we still want to increase our adolescent flow and the friendliness of our clinics. That's a big focus for us.

So definitely in the future we hope to use it more.

Dr. Dan Baden: That sounds great. Julie, any more questions?

Coordinator: Yes. The next one is from Tawana Alexander.

Tawana Alexander: Hello. Thank you so much for this presentation. It's very, very informative and enlightening.

I have a question with regards to when - if you have any suggestions or ideas or strategies that could be implemented regarding getting the schools - the actual schools to buy-in.

There are several counties here in California. The counties are very conservative. The schools are very reluctant to have staff go in and talk about comprehensive sexual education.

Any ideas about getting - how to incorporate or get the schools to get a buy-in?

Deborah O'Uhuru: This is Deborah. We're right now working with a number of Catholic foster care agencies. So that can give you an indication of how difficult the situation can be. What we did was we were able to identify champions within those organizations, and that's where we started.

So we identified and linked with champions within the organizations. And then from there the interest and the buy-in grew. Our work with the New York City Department of Education has been a long time in evolving. But ultimately everybody wants the best for our teenage population.

So the adults surveys indicate that this information is needed in all aspects of where teens are. And that's information that you can share with the school board and the information you can share with principals.

Dr. Dan Baden: All right, thank you. Next question operator.

Coordinator: The next question is from Jennifer Williams.

Jennifer Williams: Hi, this is Jennifer Williams. This was a great conversation and presentation. I wanted to know are there any plans to integrate parents into any of these initiatives? And this is based off of Shanna's last slide where resources for parents and talking to teens about sex and contraception.

Are there any plans in Mobile or in the Bronx to integrate parents?

Alicia Mathis: This is Alicia from Mobile. There has been some talk around our round table about involving our parents more. That is something that I am very interested in from a clinical standpoint because I believe that the support of the parents is definitely going to work in our favor.

And in our population, even educating the parents more is going to be a plus so that they can be in support of what we're doing. Because a lot of times the parents may not be aware of what fact is versus what's fiction. So we are working on incorporating that into our plans.

We do have what we call parent universities at some of the community based organizations where the parents come together and we can talk with them and give them education. But I myself would like to see that happen on a much larger scale.

And I do agree with you. I think it's very important.

Deborah O'Uhuru: This is Deborah. We're currently in the process of creating a parent campaign, encouraging parents to talk to their children, and providing resources for them to use to help them with that talk.

Our community mobilization and engagement officer goes out and she meets with PTA associations and parent liaisons to share information with them and to advise them what we're working on and how we're trying to help the youth.

Jennifer Williams: Okay, thank you.

Coordinator: The next question is from Kate Boyle.

Kate Boyle: Hello. Thank you all. So this question is for Deborah. I'm curious about your teen counselor or your teen advisory board. So what are the incentives for the teens to belong and how long did it take and how did you build your program up to 14 members now?

Deborah O'Uhuru: You know what's interesting is as we linked with local public high schools we solicited students from there. So a number of the schools that we're linked and partnered with, we work with their youth.

And the teens do receive a stipend. They receive \$125 monthly for participating. But you know interesting enough, when we start to talk about sustainability we polled them about six months ago. And we said would you continue if your stipend was no longer available. And overwhelmingly they all said yes.

Kate Boyle: Okay, thank you.

Coordinator: The next question is from Deborah Frasier.

Deborah Frasier: Hello and thank you for a great conversation and great illustrations of good work at the community level. I have two questions - one, knowing all the issues that teens face from a developmental perspective, I'm wondering about particularly as we talk about very young teens, those teens who may feel like they have some peer pressure about sexual activity.

Did you run into any of those teens and did you feel like they needed support whether individually or as groups? Did you have those kind of groups for those teens who needed support for maybe knowing how to or where to find support not to engage in sexual activity?

Deborah O'Uhuru: This is Deborah again. Interesting enough, the main curriculum that we use with our high school partners is reducing the risk. And a big part of that curriculum is refusal skills. And you practice these in a role play setting over and over and over again.

And it teaches you how to say no if you're not prepared to have sex. And it suggests other things that you can do in lieu of having sex. But then at the same time if you determine that you are ready to become sexually active, it instructs you on how to do it safely and how to use a proper form of contraception.

So a big part of reducing the risk does teach refusal skills and how to say no if you're not ready.

Deborah Frasier: Okay, thank you. And on the flip side, did you run into teens who perhaps were in situations where they were in situations where there was trauma or domestic violence or other issues that you had to deal with? And how did you guys handle that?

Deborah O'Uhuru: This is Deborah again. Actually a number of those situations arose. And I mentioned early in the presentation that we do a lot of work with foster care, homeless and runaway, and alternative to incarceration. So a lot of those youth have been through traumatic situations.

We've tried to provide training for our clinicians, for our teachers, for our foster care workers, for our social workers targeting specifically that youth that have been exposed to trauma and how you should work with those youth.

Deborah Frasier: Thank you.

Coordinator: There are no further questions from the phones at this time.

Dr. Dan Baden: All right. One last chance - press star 1 if you would like to ask a question. Otherwise I'll ask a couple more questions and then we'll wrap up the call.

So one general question I guess would be while it's fabulous that the rates of teen pregnancy have dropped over the last several years and it sounds like these plans could hopefully move that trend even further, do we have any information regarding the cause or source of the decline?

Shanna Cox: This is Shanna from the CDC. Previous research led by John Santelli out of Columbia University found that specifically for younger teens, 23% of the

decrease is due to decreases in sexual activity. And an additional 77% is attributable to increases in effective contraceptive use.

Dr. Dan Baden: Okay, great. Thank you. And I guess the final question would be to open up to all three of you, is there anything else you'd like to say about the elements of youth friendly clinics?

Deborah O'Uhuru: This is Deborah. I think that the CDC and Cicatelli Associates have outlined 31 best practices for adolescent and sexual reproductive health. And we work with our clinics on an ongoing basis to make sure that they are meeting as many of those best practices as possible.

Debra O'Uhuru: And from CDC's perspective, some key elements of youth friendly reproductive health services include confidential, private, respectful and culturally competent services as well as convenient office hours - and so more information can be found at www.cdc.gov/teenpregnancy.

And if you click on the link for Resources for Healthcare Providers, there's a great infographic demonstrating what a youth friendly health clinic visit would look like.

Alicia Mathis: And this is Alicia from Mobile, Alabama. One thing that I like to say is in order to ensure that our clinics remain youth friendly and maximize the practices, we do like to incorporate the youth. We like to utilize them to mystery shop, to see what actually happens.

It's one thing for me to go in and do the training, but it's another thing for the training to actually fall into place and be utilized by the staff. So keeping the young people, like Deborah mentioned her Youth Leadership Team,

keeping youth in the loop to actually tell us what's happening, to give us their point of view is also very important in making sure that the teen friendly practices are being adhered to in my opinion.

Dr. Dan Baden: All right. Thank you very much. And thank you for excellent discussion and great presentations.

Before we actually close it would be very helpful for us if you could tell us how we could improve these teleconferences so they're more beneficial to you. We would love you to email your suggestions to ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback, all one word, at CDC dot gov.

We hope you will be able to join us for next month's call focusing on disabilities. That will be held on May 13.

And thank you again to everyone for participating, and this ends our call.

Good bye.

Coordinator: That concludes today's conference. Please disconnect at this time.