

State of Connecticut
Department of Public Health
Personal Responsibility Education Program

**USD #2 School Sexual Health
Be Proud! Be Responsible! Facilitator Orientation
November 6, 2014**

Riverview
915 River Road
Conference Room A
Middletown, CT

Affordable Care Act (ACA)
Department of Health and Human Services
Administration for Children and Families
Number: 93.092



Why Teach Sexual Education?

- Each year in the US, more than 750,000 women ages 15–19 become pregnant,
 - > 80 percent of these pregnancies unintended.
- Young people in the US ages 15–25 make up only one-quarter of the sexually active population
 - They contract about **half** of the 19 million sexually transmitted diseases (STDs) annually.
 - This equates to **1:4** sexually active teenagers contracting a sexually transmitted disease each year.
- Young people ages 13–29 account for about one-third of the estimated 50,000 new HIV infections each year, the largest share of any age group.

Impact of Teen Pregnancy

Public Health Impact

- Pregnant teens are at increased risk for health complications including:
 - premature birth, delivering low birth weight infants, and other serious health problems, including death.
- The children of ***teen mothers*** are at increased risk of either being in foster care, or being a victim of abuse and neglect when compared to children born to mothers aged 20 or older.

Impact of Teen Pregnancy

Educational Impact and Socioeconomic Impact

- The federal, state, and local costs associated with child welfare outcomes were \$2.3 billion in 2004 alone.
- The impact and effect of teen pregnancy and high school dropout is ***multi-generational***.
- **64%** of those children born to an unmarried, teenage high-school dropouts live in poverty, **compared to 7%** born to women over age 20, who are married and high school graduates.

Risk for Child Welfare Youth

- Teen girls in foster care are **2.5 times** more likely than their peers not in foster care to get **pregnant by age 19**.
- 49% of the 21 year old **men aging out of foster** care report they had gotten someone pregnant, compared to 19% of their peers who were not in the system.
- Youth in foster care are, on average, **7.2 months younger** than their peers when they first have sexual intercourse, while youth in kinship care are a full year younger than their peers when they first have sex.
- Higher overall rates of sexual activity

Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

Impact Continued...

- **90%** of 19 years olds that **transitioned out** of foster care reported ever having had sexual intercourse, **compared to 78 %** of 19 year old peers not in care.
- Proportion of girls in foster care who had been **pregnant at least once** increased to **48%** by age 19, and **71%** by age 21.
- Higher levels of *risky* sexual activity among youth in foster care.
 - One-third of the sexually active youth reported they were not using contraception, and
 - 15 % reported a history of sexually transmitted diseases (STDs).

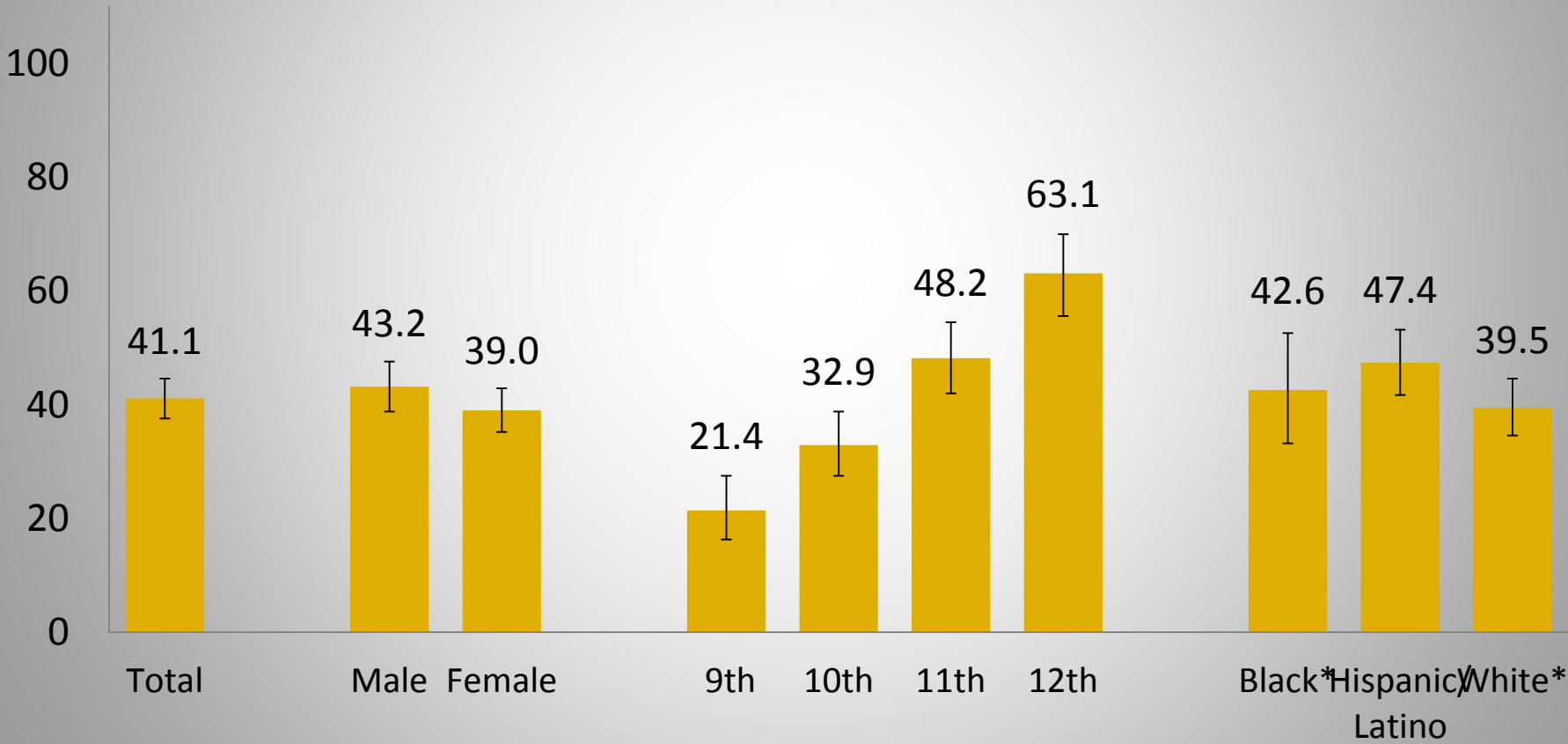
Source: The National Campaign to Prevent Teen and Unplanned Pregnancy

Connecticut Youth Risk Behavior Survey (2013)

- A representative sample of schools from across the state.
 - Representative sample of students from across the state.
 - 46 high schools (2,400 students) participated
- *Selection Process:*
 - Centers for Disease Control & Prevention (CDC) selected the schools.
 - The schools were statistically sampled with the purpose of having representation across the state

Connecticut High School Survey

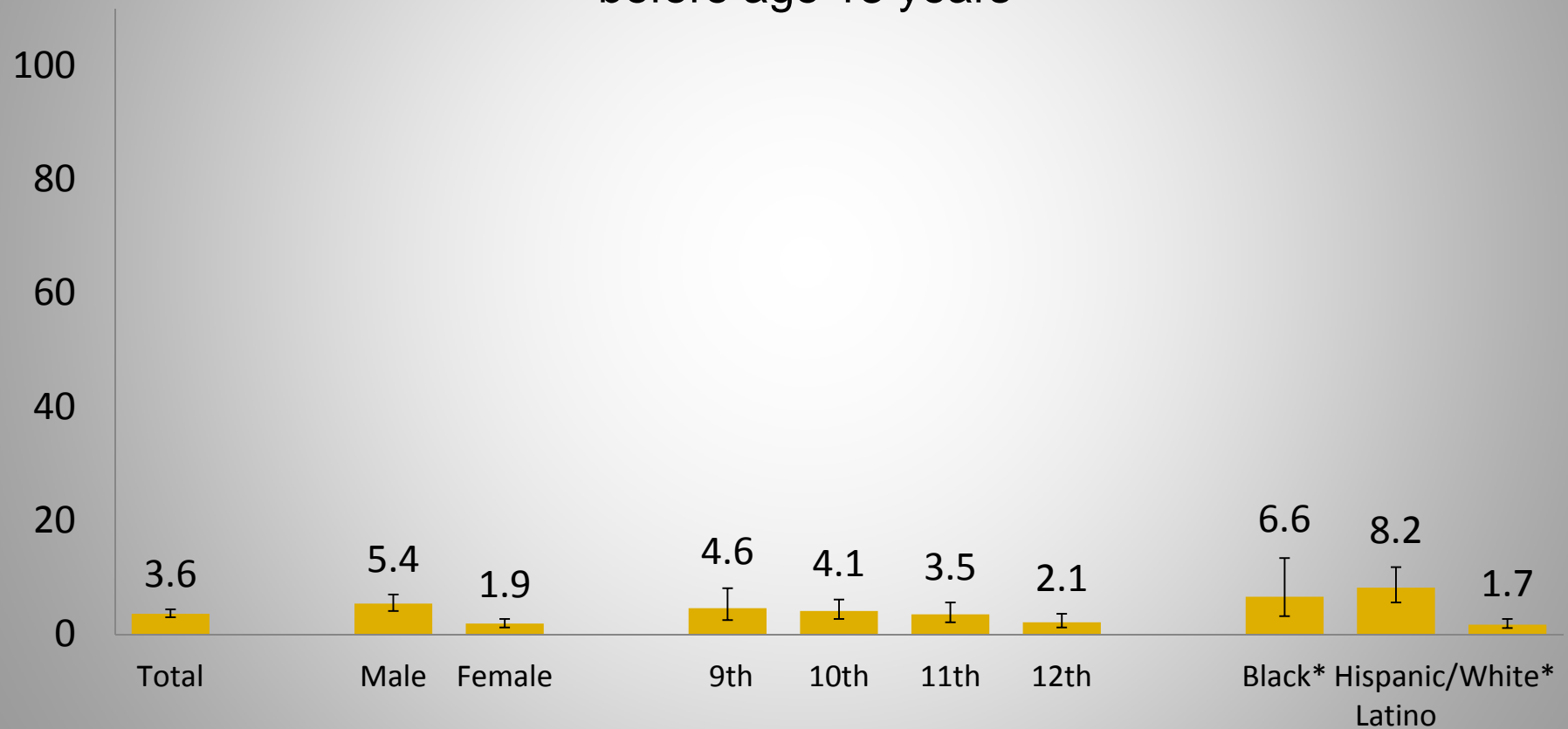
Percentage of students who ever had sexual intercourse



Q59 - Weighted Data
*Non-Hispanic.

Connecticut High School Survey

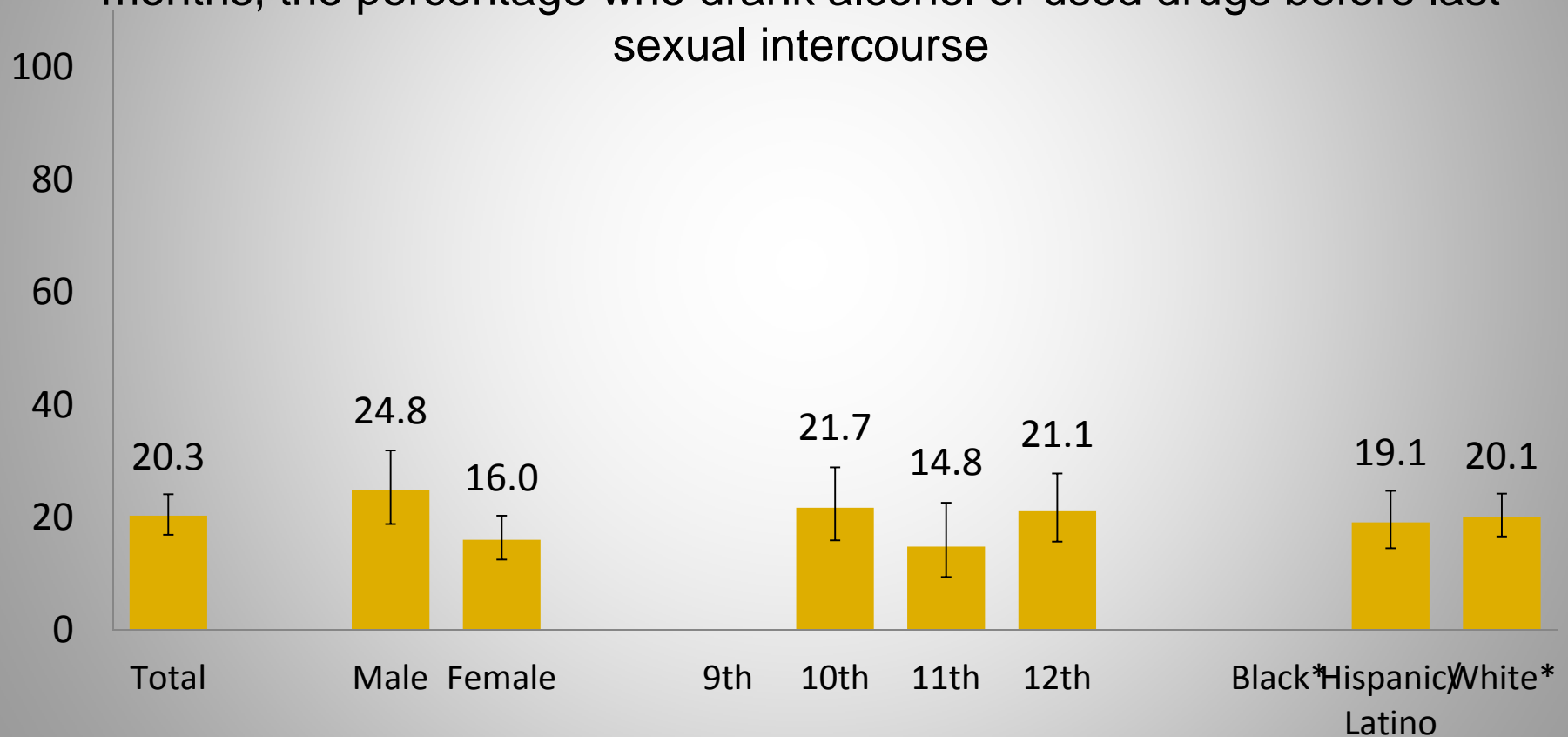
Percentage of students who had sexual intercourse for the first time before age 13 years



Q60 - Weighted Data
*Non-Hispanic.

Connecticut High School Survey

Among students who had sexual intercourse during the past three months, the percentage who drank alcohol or used drugs before last sexual intercourse



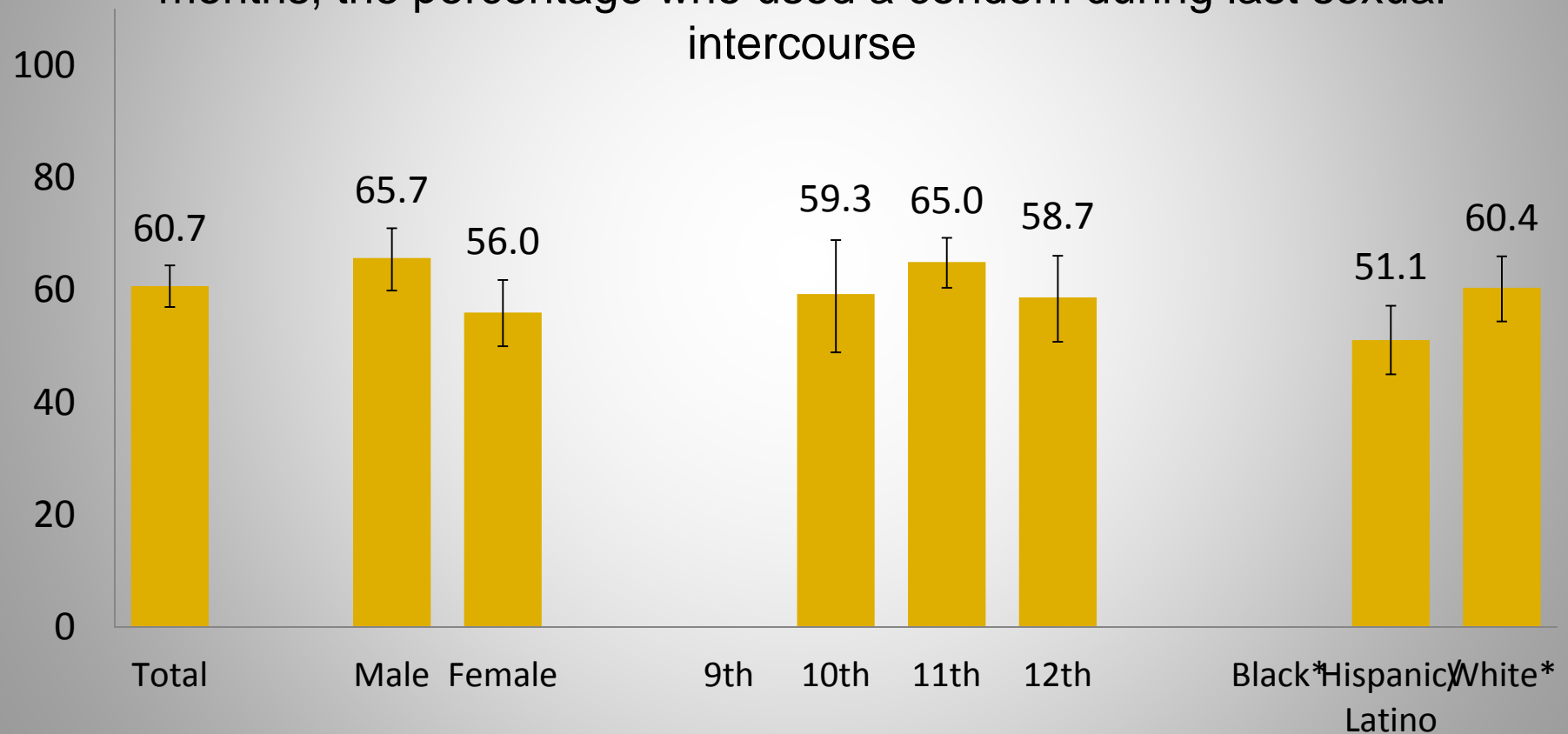
Q63 - Weighted Data

*Non-Hispanic.

Missing bars indicate fewer than 100 students in this subgroup.

Connecticut High School Survey

Among students who had sexual intercourse during the past three months, the percentage who used a condom during last sexual intercourse



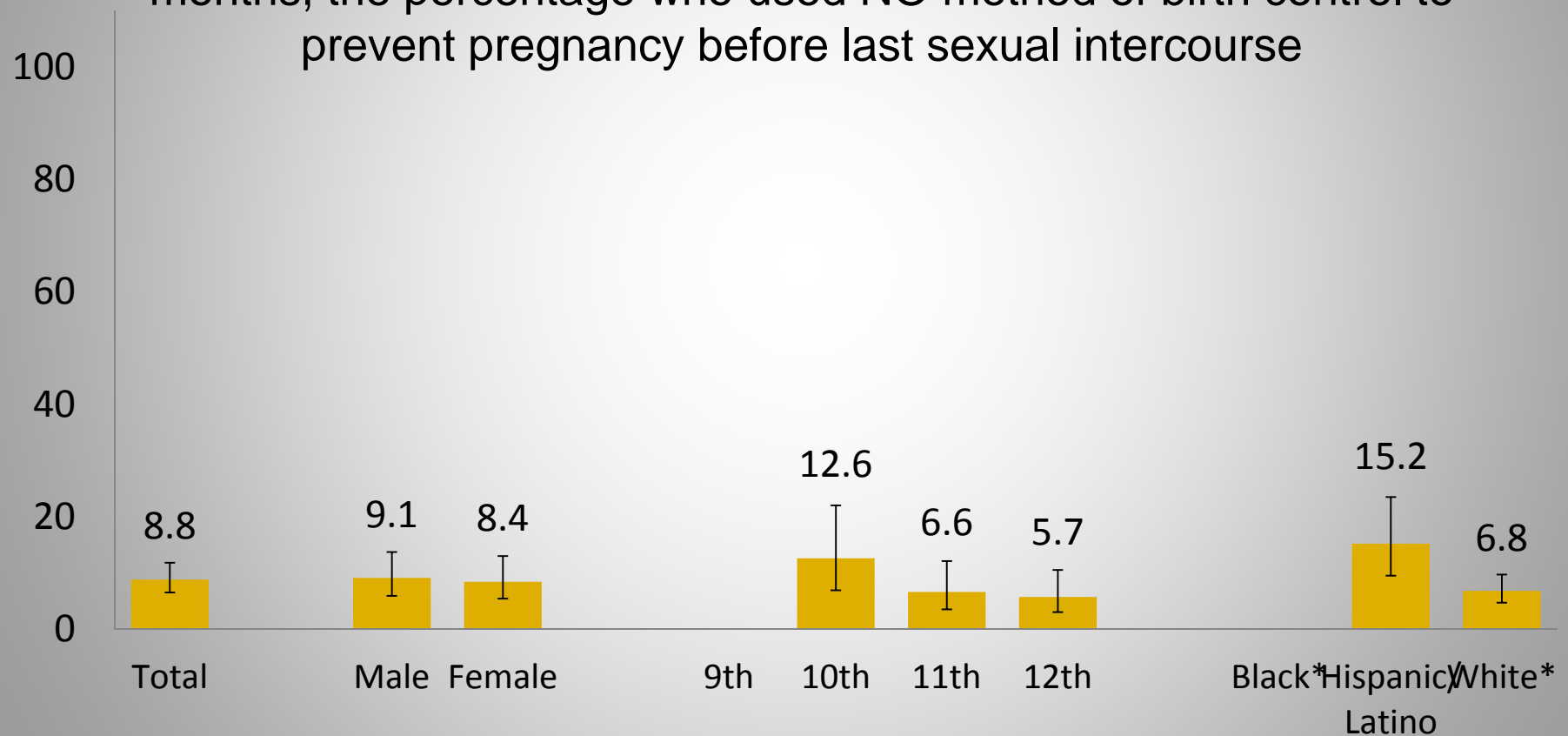
Q64 - Weighted Data

*Non-Hispanic.

Missing bars indicate fewer than 100 students in this subgroup.

Connecticut High School Survey

Among students who had sexual intercourse during the past three months, the percentage who used NO method of birth control to prevent pregnancy before last sexual intercourse



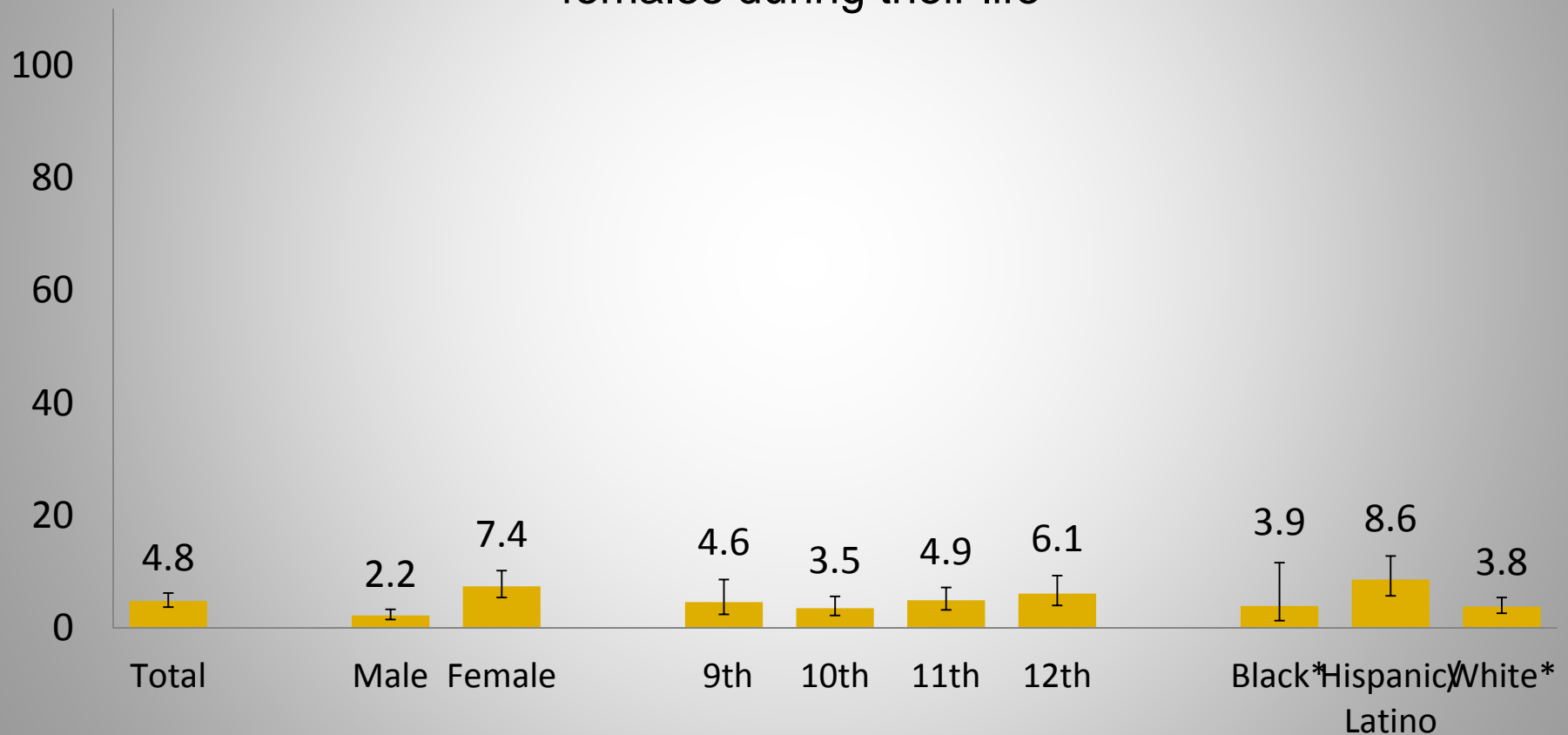
QNBCNONE - Weighted Data

*Non-Hispanic.

Missing bars indicate fewer than 100 students in this subgroup.

Connecticut High School Survey

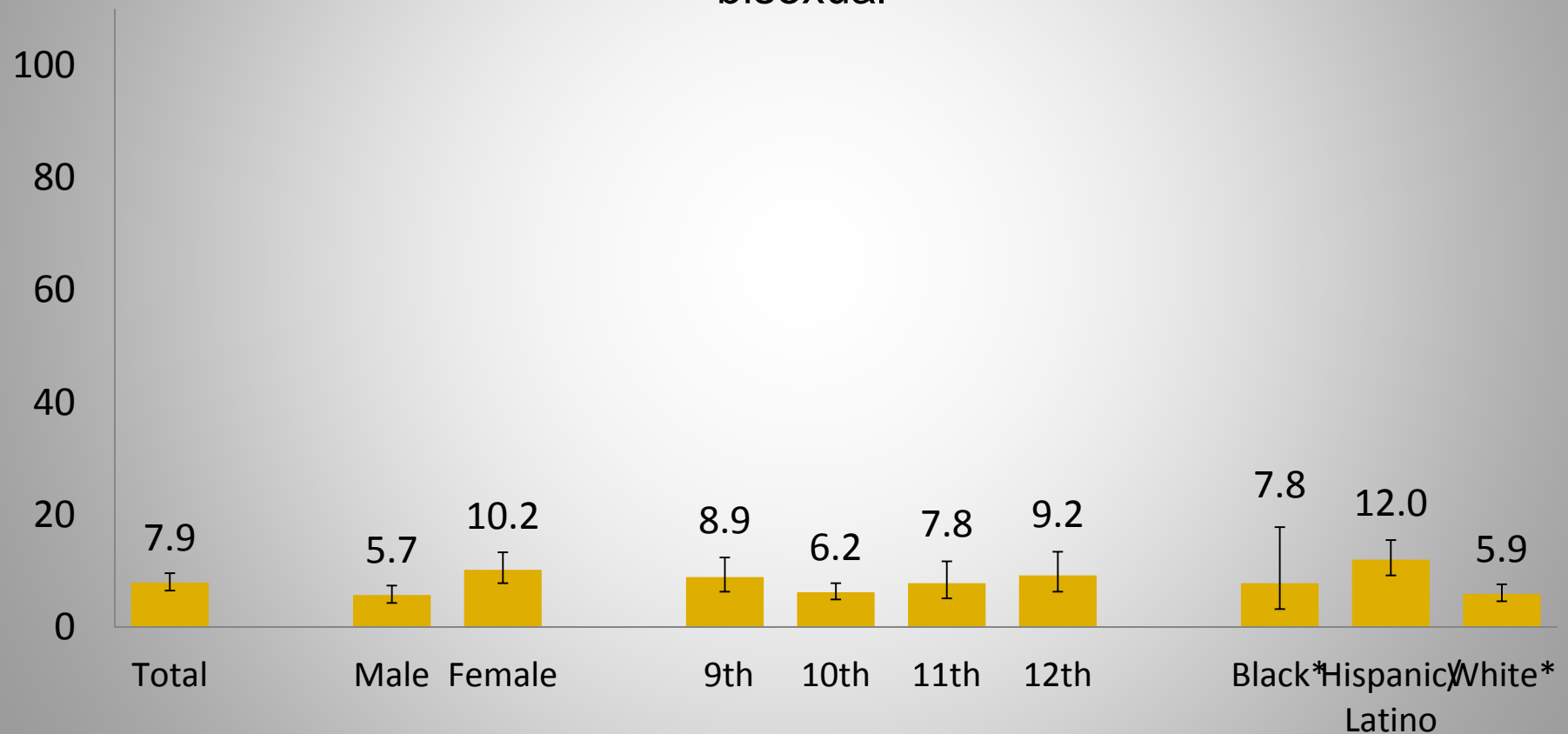
Percentage of students who have had sexual contact with males and females during their life



Q104 - Weighted Data
*Non-Hispanic.

Connecticut High School Survey

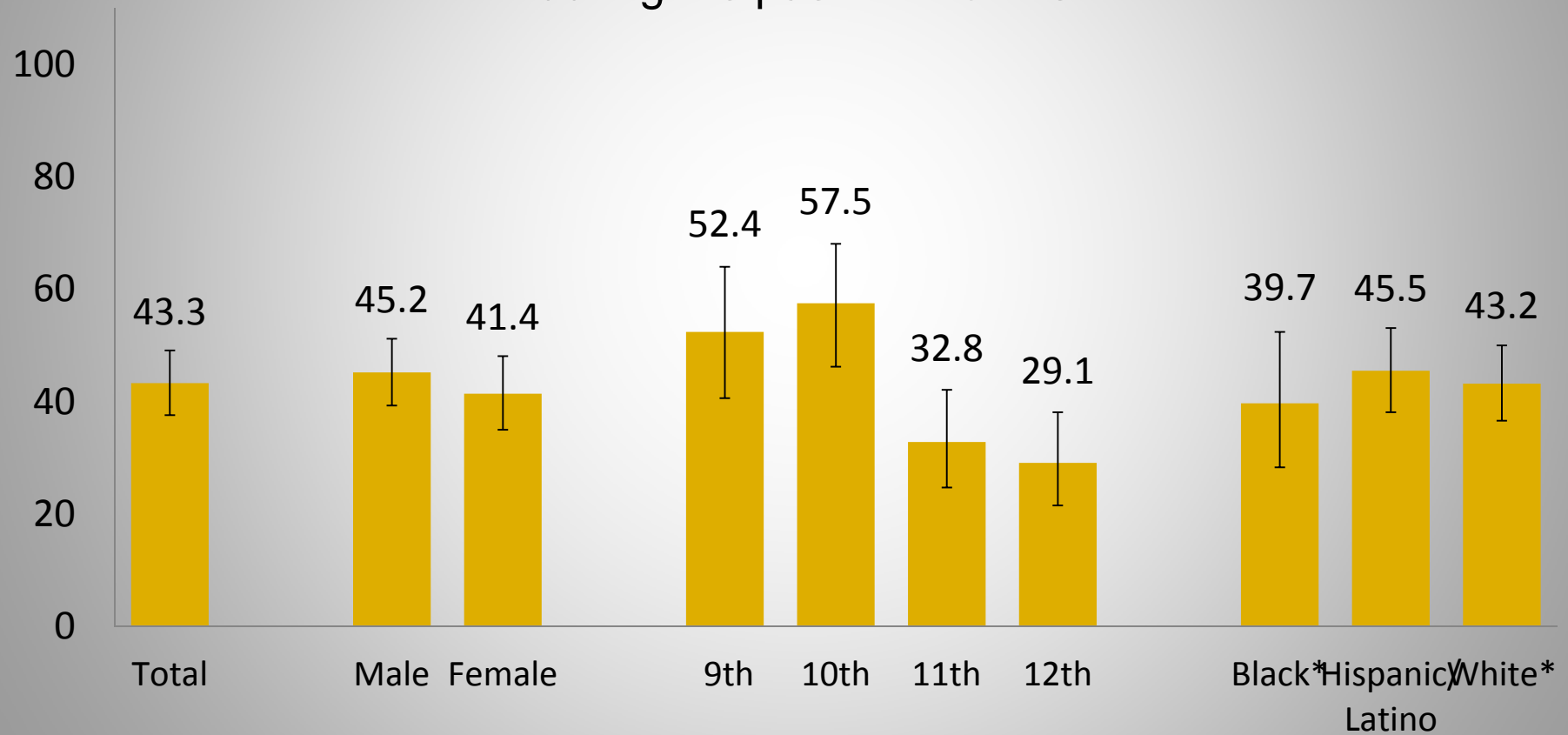
Percentage of students who describe themselves as gay or lesbian or bisexual



Q105 - Weighted Data
*Non-Hispanic.

Connecticut High School Survey

Percentage of students who have had sexuality education in school during the past 12 months



Q111 - Weighted Data
*Non-Hispanic.

Background on Sexuality Education Standards K-12

- *National Sexuality Education Standards (2008)*
 - Developed to address the inconsistent implementation of sexuality education nationwide
- *Goal: To provide essential minimum, core content* for sexuality education that is
 - Developmentally and age-appropriate
 - Research-based
 - Informed by relevant health behavior theories and models

Rationale for Sexuality Education in Public Schools

- Studies have repeatedly found that health programs in school can help young people succeed academically.
- Programs that included health education had a positive effect on overall academic outcomes, including reading and math scores.
- Teens ages 15-19 who received comprehensive sexuality education were 50 % less likely to report a pregnancy than those who received abstinence-only education.

Connecticut PREP Program

Purpose

- Educate youth on prevention of pregnancy and sexually transmitted infections, including HIV/AIDS
 - Must include both abstinence and contraception

Federal Requirements

- Utilize evidence-based programs proven to:
 - change behavior, which means delaying sexual activity,
 - increasing condom or contraceptive use for sexually active youth,
 - or reduce pregnancy.
- Teach at least three of six “adulthood preparation subjects”.

Partners

- DPH (Lead), DCF, CSDE, DMHAS, PPSNE, True Colors, Partners in Social Research, LLC

PREP Adult Preparation Subjects

- Healthy relationships:
 - positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.
- Adolescent development:
 - development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.
- Healthy life skills:
 - goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

Be Proud! Be Responsible!

- Geared toward behavior modification and building knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth.
- Designed to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse.

Developers:

Loretta Sweet Jemmott, PhD, RN, FAAN; John B. Jemmott III, PhD; and Konstance A. McCaffree, PhD

Be Proud! Be Responsible!

Evaluation Findings

- Research has proven the program:
 - Reduced frequency of sex
 - Reduced number of sexual partners
 - Reduced number of female partners also involved with other men
 - Increased condom use
 - Reduced incidence of heterosexual anal intercourse

Program Delivery

- A six part curriculum delivered over the period of six, one-hour sessions.
 - Module 1: Introduction to HIV and AIDS
 - Module 2: Building Knowledge about HIV and AIDS
 - Module 3: Understanding Vulnerability to HIV Infection
 - Module 4: Attitudes and Beliefs about HIV, AIDS, and Safer Sex
 - Module 5: Building Condom Use Skills
 - Module 6: Building Negotiation and Refusal Skills
- The program is delivered through group discussions and exercises, videos, games, and role- play.

Core Components of BPBR

1. Teach correct information about HIV, STDs and pregnancy and prevention strategies
2. Address behavioral attitudes/outcome expectancies
3. Build negotiation skills and problem-solving skills
4. Build self-efficacy in adolescents and a desire to practice abstinences
5. Build participants' confidence in their skills by incorporating positive reinforcement, support and constructive feedback

Fidelity

Definition: Delivering the program as it was intended to be delivered by the model developer, including all core components.

BPBR Fidelity Tool

- Assesses the overall implementation
 - Attendance
 - Core component delivery
 - Adaptations
 - Used for program improvement- “real life” situations
- Done for each session
- Assesses teacher’s satisfaction & comfort with program delivery and recommendations for change
- Submitted to DPH with Exit surveys after program cycle completion
 - Remove student names from attendance

Fidelity Checklist

Module 1

BPBR Facilitator Fidelity Packet.pdf - Adobe Acrobat Pro

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FIDELITY CHECKLIST

Facilitator(s) _____ Dates for this cycle ___/___/___ - ___/___/___

Site Location:
 In School classroom In-School after school program Foster Care Facility Other Residential Facility
 Community Center /CB O Faith Based Institution Clinical Setting Other: _____

Module 1: Introduction to HIV and AIDS

Activity	Date Activity Was Carried Out (MM/DD/YY) if not carried out write "O"	Was Activity Carried Out According to Directions in the Facilitator's Curriculum? Y=YES N=NO (describe changes in next column)	If Changed, WHAT was changed and WHY ? Please be specific: describe things you left out, added, or changed and WHY .	Were Changes (if any) Pre-Approved? Y=YES N=NO
Warm Up Introduction & Overview		Y / N		Y / N
Activity A: Group Introduction		Y / N		Y / N
Activity B: Creating Group Rules		Y / N		Y / N
Activity C: Discussing HIV and AIDS		Y / N		Y / N
Activity D: What I Think About HIV, AIDS and Safer Sex		Y / N		Y / N

Please use this space if you have comments on Module 1 or any of its activities:

Fidelity Checklist

Module 2

BPBR Facilitator Fidelity Packet.pdf - Adobe Acrobat Pro

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EVALUATION PACKET FOR BE PROUD! BE RESPONSIBLE!

Module 2: Building Knowledge About HIV and AIDS

Activity	Date Activity Was Carried Out (MM/DD/YY) if not carried out write "O"	Was Activity Carried Out According to Directions in the Facilitator's Curriculum? <small>Y=YES N=NO (describe changes in next column)</small>	If Changed, <u>WHAT</u> was changed and <u>WHY</u> ? Please be specific: describe things you left out, added, or changed and WHY.	Were Changes (if any) Pre-Approved? <small>Y=YES N=NO</small>
Activity A: The Subject is HIV		Y / N		Y / N
Activity B: Myths & Facts About HIV and AIDS		Y / N		Y / N

Please use this space if you have comments on Module 2 or any of its activities:

Optional Activities

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Appendix A Optional Activities:

Activity	Date Activity Was Carried Out (MM/DD/YY) if not carried out write "O"	Was Activity Carried Out According to Directions in the Facilitator's Curriculum? <small>Y=YES N=NO (describe changes in next column)</small>	If Changed, <u>WHAT</u> was changed and <u>WHY</u> ? Please be specific: describe things you left out, added, or changed and <u>WHY</u> .	Were Changes (if any) Pre- Approved? <small>Y=YES N=NO</small>
Discussing Injectable Drug Use and Needle Sharing		Y / N		Y / N
Additional Role Play Situations 1-5		Y / N		Y / N
Basics of Sexual Response		Y / N		Y / N
AIDS Jeopardy		Y / N		Y / N
		Y / N		Y / N
Please use this space if you have comments on this module or any of its activities:				

Optional Facilitator Resources

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EVALUATION PACKET FOR BE PROUD! BE RESPONSIBLE!

Optional Activities:

Activity	Date Activity Was Carried Out (MM/DD/YY) if not carried out write "O"	Was Activity Carried Out According to Directions in the Facilitator's Curriculum? Y=YES N=NO (describe changes in next column)	If Changed, <u>WHAT</u> was changed and <u>WHY</u> ? Please be specific: describe things you left out, added, or changed and WHY.	Were Changes (if any) Pre-Approved? Y=YES N=NO
Appendix B: Managing Problem Behaviors		Y / N		Y / N
Please use this space if you have comments optional Appendix A or any of its activities:				
Appendix C: Answers to Commonly Asked Questions		Y / N		Y / N
Please use this space if you have comments on optional Appendix B or any of its activities:				

Adaptations

1. Green Light Adaptations are safe and encourage changes to program or curriculum activities to better fit the age, culture, and context of the priority population.

2. Yellow Light Adaptations should be made with caution and it is highly recommended that an expert in behavior change theory and curriculum development be consulted.

3. Red Light Adaptations should be avoided because they compromise or delete one or more core components of a program.

Examples:

- Replace videos (with other videos or activities)
- Update data/statistics
- Tailor learning activities and instructional methods to youth –culture development
- Make activities more interactive
- Customize role-play (e.g., names)

Examples:

- Change sequence of activities
- Add activities
- Add activities to address additional risk and protective factors
- Replace videos
- Modify condom activities Use other models/tools that cover same ground (e.g., decision making)

Examples:

- Shorten the program
- Reduce or eliminate activities that allow youth to personalize risk
- Reduce or eliminate opportunities for skill practice (e.g., role-play)
- Remove condom activities
- Contradict, compete with, or dilute the program's focus

Green Light Adaptations

(Acceptable)

- Changing the title
- Tailoring the content
- Updating statistics or facts
- Adding more visual materials
- Reinforcing material w/additional information
- Adding more processing questions

Yellow Light Adaptations

(Caution)

- Teaching the program only 1 day/week, or 4-5 times a week instead of 2-3 times/week
- Teaching classes back-to-back in block sessions
- Implementing with <6-8 students or >30
- Changing the sequence
- Using unqualified teachers
- Using peers to help implement the program
- Adding videos
- Adding other health goals
- Adding contradictory activities
- Replacing condom demo with lecture

Red Light Adaptations

(Not acceptable)

- Not creating ground rules
- Not maintaining classroom management
- Not teaching all context areas to avoid controversy or to save time
- Implementing without informing parents
- Replacing adult facilitators with peer facilitators
- Using untrained facilitators
- Not using needed materials
- Changing order or rushing through activities
- Replacing interactive activities with lecture
- Failing to use visual materials
- Eliminating condom activities

Contact Information

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