

Moderator: Hello and welcome to public Health Live, the breakfast Broadcast, I'll be your Moderator today. Before we get started, I would like to ask that you fill out your online evaluation at the end of the webcast. Continuing Education credits are available after you take our short posttest. Your feedback is helpful in planning future programs. We encourage you to let us know what topics are of interest to you. As for today's program, we will be taking your questions throughout the hour by phone. The toll free number is (800) 452-0662 or you may send your written questions by fax. The fax number is (518) 426-0696. We will also take questions by e-mail. Please e-mail us any time throughout the hour at phlive.newyork@gmail.com. Today's show is *Preventing Teenage Pregnancy*. Today our guest is Christine Messer, and Dr. Jane Powers, Project Director at the Youth Center at Excellence at Cornell University; it's a pleasure having you here.

Dr. Powers & Christine Messer: Thank you for having us here.

Moderator: This is a timely and important topic and let's --before we dive into our topic of *Teen Pregnancy*, tell us about The Bureau of Health and Child Health and your particular role.

Christine Messer: I serve as an Associate Director, and it focuses on the promotion of health and wellness of women, infants and children.

For example, we work on ensuring the reproductively to all health care of all residents in New York Health. We work on promotion of healthier babies, we work on the reduction for violence of women and the bureau has been a lead in adolescent pregnancy prevention since the 80's.

Moderator: That's the Bureau of Maternal and Child Health, and Jane, tells us about the New York State Department of Health if you would.

Christine Messer: Since 2000, we've been funded to operate an Academic Center of Excellence. We're part of assets coming together for youth which seeks to protect the health and well-being in adolescents through positive youth development strategies.

It is an approach to build the competencies of our youth. We perceive and treat young children in a young way, as assets, as resources, as problem solvers. The Center of Excellence is a partnership. Although we're based at Cornell University for Transitional Research, we work with several partners. Our medical expertise comes from the Rochester Medicine and we also work in the down street reach which is Cornell Cooperative Extension. Essentially, the Center of Excellence links the academy with the field. We translate for easy access and youth by policy makers and practitioners and we provide training, technical training in the positivity of youth development, as an intermediary organization. We work with grantees which the Department of Health funds, so in this presentation, we'll be talking about those grantees and those providers who prevent teen pregnancy.

Moderator: Chris, would you tell us why this particular issue is a high Issue for the Department of Health?

Christine Messer: Adolescent sexual outcomes are a priority in the integral part in the National Healthy People 2020 as well as the New York State's Department of Health's agenda. We want teens to have a happy and healthy adolescence, New York State has made significant progress on this issue with this public health issue and teen pregnancies incur a social and health cost for both the Individuals or children and certainly for society in general. Early pregnancy disrupts the normal course of

development for adolescents. Adolescence is normally a time when people are continuing their education, making determinations about their future careers and certainly interrupting this process with early parenthood disrupts it, not only for the mother but for the male as well. Pregnancy at this young age also really puts that woman and her child and potentially the father at risk for poverty and public dependence. Young fathers are less likely to marry the mothers of their children, are less likely to have more educational attainment and earnings which hurts their child's chance of social mobility. We also know that women that are pregnant during their adolescence are more likely to receive later or no prenatal care and babies that are born with low birthrate.

Moderator: What is the current picture of teen pregnancy?

Christine Messer: Well, the teen pregnancy rates are at an all-time low which is the good news. We know teens are to take credit of this themselves. They're engaging in less sexual activity and are using more contraceptives than in the past. Three out of 10 girls get pregnant before the age of 20. There are disparities among White, Black and Hispanic teens.

Moderator: How are we doing in New York State?

Christine Messer: We have currently the last year that we have full data for is 2009 but we still have 15 to 19 year-olds becoming pregnant per thousand that is, becoming pregnant and that represents over 37 pregnancies; yet the optimistic side is this represents a 43% decline from the peak in 1993. As you see on this particular chart, we've broken this down by region and we can see we have a significant higher rate in the New York City area versus the up-state area. The unintended pregnancy rate is estimated to be at around 87% which is a very high rate. Currently, we still have over 16 thousand infants being born to teens each year in New York State and as I had mentioned before, we have significant regional disparities. Also of concern is the [inaudible] disparities, we know in New York State, African American and Latina teens are two to three times more likely to become pregnant than their White counterparts. When we compare this from 1994 to 2009, over a 15-year period, we can see a dramatic decline for all age groups with all racial and ethnic breakdowns and again, these are significant declines but when we look at the next slide, we can see that these declines have not been as great for Black and Latina teens. We know that their White counterparts have had a greater decline.

Moderator: And Chris, can you tell us how New York State is doing in comparison to the rest of the nation?

Christine Messer: Certainly, again, this is something we can be proud of. New York State has had long standing programs and as early as the early 1990's, New York recognized the need for comprehensive multi-dimensional program. We'll be talking about that a little later on, teens [inaudible] need access to reproductive-health care, and they need motivation to engage in positive and healthy behaviors. The connections between youths, families, school and community is critical. Programs must provide the opportunities for youth to develop assets to ultimately support their transition into adulthood. We know our programs work to improve this access to reproductive-health care and to provide these additional opportunities for young people. Currently, New York State has the sixth lowest adolescent birthrate in the country. We have the second lowest rate for Black adolescent females and the fifth lowest for Hispanic adolescent females, which is something to be proud of.

Moderator: If teen pregnancy and teens births are at an all-time low and New York State is doing comparatively well, why did New York State see the need for taking a new approach?

Christine Messer: That's a great question and I appreciate the opportunity to talk about that. Pregnancy prevention is different than other public health issues, it's not like we eradicate the problem. We know there's risk in protective factors within the individuals, the family and the community that impact adolescent sexual behavior. Although rates may be currently low, the underlying risk factors exist in the communities and it's important to target these factors to improve the sexual-health outcomes. First of all, we need to look at our new target populations. We know that across New York State, we have increasing amounts of new population settling throughout the states. We know we have real migration from the New York City area, new immigrants throughout the State. The literature says that every three years, we have a new target population so although we may be doing great intervention today, that target population ages out and we have a new population replacing them, so we have this continual need for integration. We know it's important not to have inconsistent service models such as in the past. We've gone to an approach where we are implementing comprehensive educational population. Rather than targeting pregnancy rates, looking at the underlying factors in the community which support those risks and protective factors, we know teen pregnancy is closely associated with low poverty, a real sense of hopelessness within a community. When we target only based on pregnancy rates, we aren't looking at the size of the populations that we're trying to impact as well and trying to get the biggest impact on this burden. We also know that we had to look critically at the significant racial, ethnic disparities and target more of our efforts to communities of color in order to really improve the health of all teens in the state.

Moderator: Thank you very much for that information. Now, let's hear from some folks in Rochester New York, a community that has been pulling together to meet the problem of Teen pregnancy.

[Video]: I tend to see teen pregnancy in a comprehensive way. It has biological, psychological, social issues, economic, not just for the individual that gets pregnant and the person who makes the pregnancy but also the baby and society in general has to see this as a potential problem because we know the issues associated with especially an unwanted or unplanned teen pregnancy have far outreaching effects so we have to deal with these issues in a comprehensive way. The data we are seeing with respect to teen pregnancy coming down from its peak in the late 1990's, I think it's encouraging but I think we have to realize that the data overall are encouraging, there are areas in our country, especially the areas in Rochester that has continued problems that we need to be paying attention to.

[Video]: I think of the systems that impact our children, one of my great fears is that we don't talk to each other nearly enough and when I think of at-risk youth, we put them in risk, growing incarceration, mental health, access to drug and alcohol, homelessness and of course early pregnancy before the age of 18, and one of my tasks or hope is to bring those systems together. My great optimism and my great hope for this community is we see those factors, those social issues as intertwined. Early pregnancy, teen pregnancy and I run a homeless shelter for teen moms, so I have first-hand knowledge, but their issues are often not just linked to an early pregnancy and my fears that we try to pigeon hole and diagnose the issues as if they didn't have anything to do with each other. It's a comprehensive approach, look at those five factors. Almost every one of our young woman who is at risk of a teen pregnancy and another and another is at risk of homelessness and being in a poverty situation which may lend itself to early dropout from school or access to mental health concerns or concerns about drug and alcohol, we've got to have our systems talk with each other.

[Video]: Era, everybody shares the same main focus, we want teens to succeed and make healthy choices, so sure, we are sometimes competing over grant funds, we're competing over media attention, etc., but that's really a minor part of it. There's so much more that we agree on and we found that when we worked together and support each other and learn from each other, a health clinic, [inaudible] a school district can learn from a City Rec. Center, a settlement house can learn from a public access TV station and really people enjoy that so much, reaching out of their own box and interacting with somebody in their own field, it's really win, win.

Moderator: Well, it's certainly great to hear about the work that the folks are doing and how passionate they are in that particular area in Rochester New York, and Chris, what's the Need for New York's approach is recognized, how would you go about developing it?

Dr. Powers: We need to reach out to the topic experts, we looked across nationally at who the experts were on this particular topic but we reached out across young people across New York State, we know they're the topic experts in adolescent national health.

Moderator: I like what you say, they are the topic experts, and Jane, what world did the Center of Excellence play in this process? You've been on the ground floor, on that, let's talk about that.

Dr. Powers: So, we were approached by The Department of Health and they wanted to take a fresh look at adolescent sexual health and were their current strategies and programs in line with the most cutting edge knowledge in the field. So we did something absolutely fantastic with them, we convened a symposium, we wanted to learn and explore the latest research and best practices regarding the promotion of optimal sexual health, so we brought together the top experts in the field with practitioners and policy makers and emerging leaders and health advocates and youth to inform future DOH initiatives. We collaborated with the Department of Health on the planning and organizing of this, so just imagine, you can say, would do we want to bring together, the top people in the field to have this conversation, so we had quite a distinguished group of experts, Sarah Brown from the National Campaign to prevent teen Pregnancy, Michael Carrera, Angela Diaz from Mount Sinai and more, and we drew upon experts from city agencies including Office of Children and Family Services, the Office Of Mental Health, Department of Justice, Department of Education, from long-term providers that you worked with, Planned Parenthood of New York City, Mount Sinai Medical Center as well as advocacy groups and then we had a panel of young people, five youth who served as discussions, the young people had the first dibs on making a comment or, you know, having a reaction. So, during the symposium, we addressed four major themes, one, current trends in adolescent sexual behavior, two, what are the disparities in access to sexual health services, information and education, we also looked at ecological influences on adolescent sexual behavior and the use of new information and communication technologies. What can we learn about how these new forms of technology are influencing? Additionally, participants were asked to create ideas for the comprehensive health Initiative, what would it look like.

Moderator: You mentioned sexual health, and before we go into the symposium and what feedback that you received from the focus group, Chris, so that we're all on the same page. What, how do you define sexual health, what's the operative definition of sexual health?

Dr. Powers: Usually our adolescent sexual health worker, we had representatives from all the Department of health programs that any way impacts adolescents, the people from The Office Of Health, the office of the Medical Director, immunization, Indian health, quite a wide group within the

department, and what we did is that we defined what we felt. We defined what a sexually-healthy adolescent was, we looked at the definition of adolescent sexual health, that they are able to set appropriate boundaries for themselves, that they have the knowledge to be able to make appropriate decisions for themselves, that they feel they have the ability to access information confidentially from health-care providers from their educational setting and from their parents, that they're able to make the best decisions for themselves.

Moderator: Okay, that's a great foundation. I think it's very important that we have, I have a working definition of sexual health in light of what we're discussing today. Now, Jane, I understand that in addition to the young people who served on the symposium that you referred to, the symposium panel, you got input from youth throughout the state. Why don't you tell us a little bit about that?

Dr. Powers: Certainly! Those of us in the youth Development world take the notion of youth participation and youth engagement very seriously. Youth voice is one of the fundamental tenants of the positive youth development approach and this means we work with young people, not for them, and we bring them to the table, engage them as decision-makers and as planners and implementers, one of the constant mantras from young people is "don't make decisions about us without us, and so that's a really, really important part of our work is to engage young people.

Moderator: Now, for this program, you spoke with partners and providers in Rochester as well as young people who have taken leadership roles in teen pregnancy prevention. Let's take a moment to hear from them.

[Video]: Basically what poverty view development is all about is realizing that young people have many, many strengths and what adults need to do is by in large is get out of the way, prepare young people for successful adulthood but doing that in partnership with them. So I think that the so-called Five C's of youth development, adults can help young people develop character, connections, competence, confidence and caring, but they need to do it in a way that isn't the old top down, adults telling them what to do but engaging youth in a way that we facilitate them. Doing what they want to be doing on their own, so that they can become healthy adults, and I think youth development is also positive because it's really fun engaging young people in this kind of a way because they feel respected, they feel honored and they feel what they do matters and I think those are important elements.

[Video]: It's to be positive and remember the youth that they're talking to and to also think in a youth's perspective.

[Video]: Just like make sure that they know that you're there for them and that you will help them to get through what they need to get through and make sure they know that you're there. If they don't know that you're there, they're not going to come.

[Video]: I believe adults should be more supportive and when you talk to youth, don't like talk down to them, be on the same level as us and make it more comfortable and a comfortable environment so we know that we can trust you and we can come to you about your situation so we know that we have somebody around.

Dr. Powers: One of the things I see happening is where we have mentoring and adult interaction and meaningful conversations the kids engage, if kids disengage and they are out of the home and out of school, they are at a big risk for teen pregnancy.

The way we look at our kids with care and cooperation is just brilliant and it is a motion that we're doing it every day, it's not there, I wish we were but we're not. As we think about systems and changes, how do we approach our young people, the way we do most people, with respect. At the center of youth, we have a theme, we give them good information and we rely on their choices, they slip and fall and make mistakes, but the fact that given good information and respectful acknowledgment of who they are and where they come from, they will make good decisions and youth development really is finding their potential and trying to do everything we can to keep them out of harm's way. We have to believe in our kids.

One of the things that I've learned in the last 12 years with working with New York State Department of Health and regarding a number of issues in the youth development model, when adults try to do things with kids, we usually get it wrong, we have young people telling us what needs to be done, what their needs are and then we can facilitate what can happen, to have people who recognize that in the New York Department of Health, in the Division of Health and the Bureau of Maternal Child Health all the way down realizing there is a real value, to focus on our young people growing into happy, healthy and productive adults.

Moderator: Well, it's really great to hear the perspective of youth and really, I can understand how important getting that perspective is. If you're going to have a social approach to teen pregnancy prevention, you have to have the input and the voice front and center of the youth. Now, Jane, can you talk to us about some of the focus group work that's been done.

Dr. Powers: Sure, and we're frequently called upon by the Health Department to bring in voice work, just prior to the symposium at the request of the department, we conducted an extensive project reaching all youths from across all corners of the state, from very, very diverse sectors in terms of race, ethnicity, gender, sexual orientation. We also talked with run away and homeless youth and we did several focus groups with HIV-Positive youth, and we wanted to learn how do young people across New York State get information about sexual health, where do they get it, what are the best sources of information. We also wanted to know what's been their experience accessing treatment and services and what kind of barriers have they faced during this. Then we wanted to get their Ideas, and this was really important, about improving adolescent sexual health care. How can we make things better for them and their peers?

Moderator: Now, Jane, as you gathered all of this input, what did you Learn?

Dr. Powers: Oh, we got a lot of Information there. You know, from talking to researchers and practitioners and teenagers will you, the focus groups and the symposium really come down to four areas, education, access to services, technology and support of environments for youth development. Now, the theme of addressing disparities ran through each of these different topics, but when it comes to education, young people really want the truth, tell it like it is, don't sugar coat it, okay, and you know, their call for comprehensive education has long been supported by most parents and it's also echoed by practitioners and researchers. Now, over the last 20 years, we have a lot of evidence about different sexual health curricula that have been developed that include absence education along with education for condoms and contraceptives, researchers and developers have learned a lot about how to improve a lot of sexual adolescent health behaviors and we have a number of proven programs that work. We use these evidence based programs and we'll be talking about that a lot in the remainder of the program.

Moderator: What about access to services how does that factor in?

Dr. Powers: Now, access to services was another topic that the youth, the providers and the researchers dug into. In the focus groups with youth, it became very, very clear that many young people just don't know where to go for services. We also asked them, what stops you from going, and many people talked about fear. I mean, the theme of fear was pervasive. It was fear about finding out bad news, what if I have something; it was fear about parents finding out, fear about not being treated with respect, fear about being judged, fear about pain from treatment. It was lots of fear out there. We also heard them talk about the need for better access to services, services that are respectful to them and many groups raised concerns about the cost of services. Now, researchers at the symposium called for breaking down barriers, often STD and HIV clinics treat in one place and pregnancy is another place and the researchers called for greater communication and kind of a one-stop shopping model. Youth and clinicians alike also discussed the benefits of having a primary health-care provider offer sexual health care services, and in rural areas, they talked about having school based centers provide health care. If you go to a nurse, nobody knows you have a headache; otherwise, you're going in to talk about birth control. Also, technology in today's world offers new ways to reach out to people and Deb Levine gave us great strategies how we can incorporate that into our new world, using text messaging to remind people to take birth control, also the computer assisted interview that young people could ask sensitive questions anonymously and feel more comfortable rather than asking these questions to a provider.

Moderator: Fantastic, and Chris, how did all this information gathering translate into priorities and strategies to promote adolescent sexual health?

Chris Messer: That's a good question. We took a time to step back and really take in all this information from both the symposium and the focus group study, to set new priorities for our new pregnancy prevention initiative. We wanted to incorporate evidence-based programming that was appropriate for the gender, the age and the stage of development in the cultural or ethnic population that it was being served. We know the education that would be provided to a young person in late elementary and middle school would be different than what would be provided to an older high school-age student. We wanted to look at ways to improve access to a full range of coordinated services that are delivered confidentially and efficiently for young people. We have to recognize that young people don't want to plan ahead to make an appointment, maybe would prefer drop-in hours, we also wanted to mobilize the talents, the skills and the assets, and we needed to bring in all sectors of the community, whether it be the faith organizations, the businesses, certainly the schools and health and service providers within the community. We also looked to technology to raise awareness and provide information to the clinical services, some of which Jane's talked about already, but looking at the best ways to communicate information to young people. They're not as likely to read a brochure that maybe you and I would pick up but ways to reach them through the Internet, through text message services. We also wanted to look at increasing the capacity of health care providers to serve adolescents in primary care and specialty-care settings. Whenever a young person is interacting with a health care provider, their sexual care should be addressed right along with other parts of their health, their dental, visual health, their breathing, their heart, everything else, it shouldn't be separated out, and really increasing that competency of health care providers in New York State.

Moderator: And how did the Department of Health set priorities among all of the communities that would benefit from funding?

Chris Messer: Okay, we previously had only used a teen-pregnancy rate which is really a snapshot in time when you're looking at the number of teens that became pregnant. We use a zip code as our unit of measure and we wanted to look beyond that. We know they're sensitive to the underlying factors within the community. We looked at the different antecedents that influenced poverty, the initial breakdown within the community and we know some of these are protective factors and some of them are risk factors within the community. We wanted to come up with a single multi-dimensional program. Our objective was to incorporate different aspects of the communities but driven by teen pregnancy and STD'S, we considered a number of factors, the burden of adolescent pregnancies and STD cases and demographic features, we looked at this to drive one of our funding decisions and one of the comments we get back from the field, from our providers is, I did a great job, I lowered the teen pregnancy rate, now you're taking my funding away. While the rate is low now, particularly risk factors, we know we will see increases so we wanted to stabilize some of this funding to look at who were the communities within the state which were most likely to have the high burden of teen pregnancy and STD rates.

Moderator: Tell us a little bit about the new initiative regarding comprehensive adolescent pregnancy prevention.

Chris Messer: Right, thank you, that's a great question because we really looked at a time, now is the time to take all of this information that we've gathered from their stake holders as well as from the experts and really look at redesigning our programming. First of all, we looked at what our current programs were and we looked at what were the best lessons that we've learned from those programs, we've had a long standing community-based adolescent base prevention program, and we looked at what was working well within these communities and for the providers that were providing the services. We combined the funding from these two programs into a single initiative and did a requirement of implementation of evidence-base comprehensive sexuality education, as Jane has mentioned, we have a lot of research in this area and we're able to draw in a lot of information from the research on this to be able to choose the best programming within communities. So, we require this evidence-based programming and we required that all of our providers assure access to comprehensive reproductive health care, that it is confidential for young people. All of this work must be done in a youth development frame work; we're looking at developing the assets of all the participants in the program.

Moderator: Thank you. Jane, tell us about the core strategies and the research behind them, if you would, let's start with the mandate to provide evidence-based programs.

Dr. Powers: Okay! So the first core strategies of the initiative mandates that the providers implement an evidence base crick almost appropriate for the young people with whom they're working and this is new, this is new for people, that they have to use evidence-based programs. It requires an education be comprehensive and include abstinence and to know how young people know how to protect their health when they become sexually active. Founders have called for greater accountability and demonstrated intervention programs, it's reasonable, they want to fund things that work and this is as a result as a huge wave of interest, these EDP'S, and these are programs that have been evaluated and demonstrate that certain approaches can impact social problems such as teen pregnancy, substance abuse, delinquency and public violence. First of all, given limited resource, it makes a lot of sense to use something that we know that works and that will get to the outcomes that we want to see and increases the odds that we are going to see, get to those outcomes, also instead of putting resources towards developing programs, we can use things that are packaged and have training and technical assistance all together, and because they've been proven to be effective, you create better community buy-in, as well, so in the field of adolescent sexual health, we have a strong body of evidence that programs can delay

sexual activity and improve contraceptive use, however, when it comes to taking these programs that have been developed and tested under research conditions, taking them to the field, scaling them up and implementing them in communities, our research base, our knowledge is much more limited, and in fact, it's complicated to implement these programs in the field.

Moderator: Well, speaking of how complicated it is, what challenges do evidence-base programs present?

Dr. Powers: So, you know, it might sound simple. Here's a program, we can do it, go implement it, but it is complicated. So, first, you have to choose a program that fits the community, the population, the program setting and the capacity of the organization of the providers to implement it is crucial. Another issue is that evidence-based programs have been evaluated with particular populations and we can't assume they're just going to work across the board in other populations, so for example, a program that's been tested with a group of Latina girls in our City of Los Angeles, will it work with rural white girls in Oswego, New York, we don't know, rural, foster care, LGPT, and another limitation of base programs is the material that sometimes are beyond the literacy level of the young people who are participating in the program and they also are not inclusive with regard to content around LGPT and language that's used, so providers who are implementing have to make some modifications or adaptations along the way but that's very tricky because it's very important to implement it with fidelity and as it was defined by what do we know about implementation.

Okay, so this whole field of Inquiry has been emerging over the last few years, the implementation of science, there's lots of questions about this, what we know is implementation matters and that achieving good implementation increases the chances of program success and that we will get stronger benefits for the participants, but if the EBP'S are not implemented with fidelity which means staying true to the original program design and implementing it as the designers of the program had intended it to be implemented, we're not going to get those outcomes and also we have to pay attention to quality, so you know, all of this is really important in terms of implementation, and at the center of excellence, we are devoting a tremendous amount of our energy into monitoring how these new grantees have been implementing, are they are implementing it with fidelity, we have ways to measure this and we have lots and lots of data that we're crunching right now.

Moderator: What opportunities exist within the implementation science model that we can learn from?

Dr. Powers: Well, this is really -- this initiative is giving us a great opportunity and to advance our knowledge, not just in New York State but really to share it with others. This is a huge area of interest throughout the country, given the implementation of science.

Moderator: We're good to do some good work, how do they work with diverse youth populations? What adaptations are there to work more effectively and outside of research conditions are EBP successful to getting to outcomes? Let's turn to the other core strategy, take us through that.

Christine Messer: The second core strategy requires all of the providers to provide access to the adolescent sexual health services for the youth that are in need of services. The providers must formally link that will accept referrals, they are expected to identify the barriers and the strategies to break down these barriers, it may create more teen-friendly environment, teens don't want to necessarily come in and see their next door neighbor as the receptionist, confidentiality is key, also, walk-ins, we know teens aren't necessarily able to plan ahead and want services Immediately so we encourage our providers to

facilitate walk-in hours especially for teens, we want the providers to be sensitive for the barriers of the teens. They may be disabled, they may have been previously sexually abused at a younger age, so we really do training as well as expect them to receive training, any special needs for particular adolescents.

Moderator: And I know in Jane's earlier discussion, she talked about technology, what about access technology in reference to this?

Christine Messer: We know this is a generation that really lives on technology. We feel it's important to integrate that technology into the provision of services. As Jane mentioned, the clinics will have teens answering questions online, it's easier to give sensitive information to a computer screen than face-to-face with a health-care provider. They also use the technology for providing outreach information, publicizing our services, also as reminders, you are due for a recheck, we need you to come back, we'll do text messages to advertise their services

Moderator: Terrific and the last two core strategies of the initiative are broader, how do these strategies relate to teen pregnancy?

Christine Messer: So, core strategies 3 and 4 really where youth development comes in and we're talking about expanding opportunities and improving environments for youth, and how can we help communities organize themselves to support healthy youth. Over the last 30 years, we researchers have identified a broad range of protective factors that influence adolescent risk taking. They have disseminated careful synthesis and analysis of what works in teen pregnancy and HIV And STD prevention, and they helped us zero in on certain risks that programs can influence, but as Kirby and others researchers and practitioners all agree, curriculum-based programs can't do it all. Many, many factors impact on an adolescent's decision whether to have sex, and whether they're going to protect themselves, how they think about their future, if they have aspirations, their sense of belonging, their sense of their community, how their parents are acting, and their peers, Kirby's synthesis includes 500 different risk and protective factors that really impact behavior of adolescents. Now, recognizing that young people need more than programs to support healthy decision-making, the Department of health has had a long-standing commitment to a positive youth development approach and we have a strong research base, it's based on resiliency, prevention, saying that positive youth development is an approach that communities can take to create services, opportunities and supports that allow young people to develop to their full potential. It's an approach that recognizes the critical nature of cross-sector collaboration within communities.

Moderator: And speaking of communities and cross-sector collaboration, what about community support and aspiration goals?

Chris Messer: Well, you know, some of the best evidence of this work, of the positive youth development approach comes from certain programs, evidence-based programs in the field. I would like to mention the Carrera Program that was in the children's aid society, it is an intensive multi-year approach that helps support health departments to ensure that teens have close relationships with adults, it builds up the teen's strengths and abilities, it engages them in career development and in professional -- thinking about their future vocation, it engages them in the arts and sports and it really prepares them for adulthood and provides sex education. This is just one component of this program. Now, replicating Carrera is out of the reach for many of our communities because it is quite resource intense --intensive and we don't have those kinds of funds but the role of risk and protective factors is what it helps. Another evidence based-program is top, this is the teen outreach program, and this is

another program that emphasizes opportunities, assets and community connections. Now, in top, in addition to getting sex education, young people do a service learning project, service learning has been found to be a very effective strategy. Young people identify a problem in their community and do something about it as a service learning project, so it's been a successful, well-evaluated project.

Moderator: This has been a lot of really terrific information and very helpful in fact. Before we wrap up this program and start taking questions, let's hear from some of the people in Rochester about the work that they're doing.

[Video]: There are efforts that I am proud of locally. I think we have as a community really done some very wonderful and creative things in terms of addressing teen birth. One thing is developing youth leadership clubs with the support of the New York State Department of Health, we have two very active youth Leadership clubs, they work together the past year, month after month, contacting School Board members, recruiting youth and parents to convince the School Board to change its accessibility policy and the vote was in favor of that change just a month ago, so the fact that youth leadership clubs can put their mind to something, work on something for an entire year and see a result is just so promising.

[Video]: Well, in my group, we have parties and in our flyer, we include there's going to be music and food and that's the main thing that people want to do, there's going to music and food, I'm going to go there, and when they're there, they'll get information.

[Video]: I feel that teens or youth need to make sure that they're with the right groups. Sometimes when you're with the wrong group of people, it's sometimes easy to get sucked into that. It's best if you're friends with people that are more positive and do more positive things. An example is [inaudible], you learn how to be a leader.

[Video]: I think youth needs to be more involved in positive things as well as in the community so they get an experience to know what to do in the future so you head down the right path because colleges, they're going to want you for the good things that you did, so in the high schools, starting off is good now and also being surrounded with positive people and in a positive environment the cap program that we're doing that some of the teens work, some of the things they're engaged with, they use cultural art components, they want to be a rapper, some of them, they want to do tour, they want to be a rapper so what we started to do is really put in a sense of music development program that doesn't just focus on music but the business piece of it. It focuses on accounts management, going to school, vocational training, as far as experimental learning, learning not to just go out and do carpentry work, but having your hands on and doing it, we deal with a lot of gang members, deal with a lot of young men that drop out of school, they are educated, they just want to be their own boss and I think we got lost in some of the negative behavior of selling drugs and things of that nature, which it is bad. I'm not advocating that but they're their own boss, they could get up when they want, get the money when they want, so we put in some programs where they could be their own boss, have their own business and have their own business company, their own photography, their own graphics, we put in things that a lot of the young men, They like to go party. You want to party, be a promoter, and promote your own party. When they realize these particular things, they kind of get engaged and they want to stay engaged.

Moderator: What a powerful video and it's clear the people that are doing this work, they're passionate about what they're doing and committed to making a difference with the youth. It's fantastic, it's really terrific.

Christine Messer: We are so proud of the Department of Health, about what they're doing in Rochester.

Moderator: Let's jump into some of the questions that have come in. What can we do to address teen pregnancy in rural areas where transportation and access to these services presents a barrier?

Christine Messer: That's a great question. New York is a very diverse state, we have very rural areas in this state as well, and I think we look to really serve young people where they can be found and where they congregate. School is an excellent place to provide money to the programming in the rural areas. We have programs that are funded in rural areas that give these programs over school, but then transportation always becomes a concern and access to health services is a concern with transportation. We do have problems that provide bus service, and have very set times in which they will transport young people so they can access services but it is a unique problem in New York State.

Moderator: That was a great question that came from Montgomery in New York State. This is from Washington, DC,

Question from Washington, DC: I work in a hospital where we're seeing many 13 and 15 year-old pregnancies. We have fathers room with the mother and the baby after giving birth, many of the staff at this particular hospital are against the rooming in model where the fathers for the 13 and 14 Year-olds because they are teens themselves. Can you address this?

Dr. Powers: That's a very good question. We need to be sensitive of the unique needs of teen parents and I remember years ago being at a meeting out in California with a group of men that really did programming for teen fathers and they brought some unique perspectives to me, one of which is think of how hard it is for this young male, he is trying to adjust into a role which society is not supporting him and he himself may not have had a close relationship with his father and didn't have a role model for himself and we're talking about him accepting the care of an infants and we know with infants comes a tremendous economic cost which we know he's not in a position to provide as well, so he has many things working against him and I think from my old days as a public health nurse where I did work with teen parents and worked in the home, it's always important to include them and try to support what is their assets, really drawing on something that Lamar just talked about, maybe we may not like to see a teen father but really look at what the strengths are that he's bringing to this. He may be the one who is the one who can sing the lullabies and build his parenting skills.

Moderator: You talked about parenting skills. Here's a question, we didn't hear a lot today about the role of parents, what is the role of parents in pregnancy prevention?

Dr. Powers: Well, parents are the primary source of information for youths about pregnancy, about sexual health and in the focus groups, it's interesting, where's the best source of information, people often cited parents but they had both positive and negative. Some people said, "Yes, I go to my mom for everything, other people said, mom lies to me and says "I'm going to get cancer if I have sex with the birth control pill. We also did focus groups with parents and parents want to provide information but they often have a hard time talking to their kids about sex and need help and communication strategies in learning how to do that. Our programs provide communication opportunities for Parents.

Moderator: Can you share that?

Dr. Powers: Yeah, I would like just the folks out there to know that we have a fabulous extensive Website that is loaded with information about adolescent development, adolescent sexual health, positive youth development and it includes publications and presentations that have been developed to support practitioners and policy makers so all of this is freely available and I encourage you to check us out.

Moderator: Thank you, Jane, and thank You, Christine, for being with us today, you're true advocates, you're on the front Line, the work that you're doing is highly commended and we greatly appreciate you being here today

Dr. Powers and Christine Messer: Thank you for having us.

Moderator: And thank you very much for joining us today. Please remember to fill out your evaluations online. Your feedback is always helpful to the development of our programs and continuing education credits are available. To obtain nurse continuing education hours, CME and CATF credits, you must visit www.ph.organize. An archive of this webcast will be on our website within two weeks. Please join us on April 19th on *Autism Awareness*, learn the signs, act orally, the importance of developmental screening. I'm Joyelle Alexander, thank you for joining us on Public Health Live. Thank you so much. Thank you.