

THE ROLE OF CHW'S ON TEEN PREGNANCY PREVENTION AND HPV VACCINE PROMOTION IN HISPANIC ADOLESCENT GIRLS LIVING IN PUBLIC HOUSING

Session 4: CHWs and Sexual Reproductive Health Education

National Center for Health in Public Housing



Tuesday, March 31, 2020

NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



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The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



MUTE



CHAT



RAISE HAND



Q&A

OBJECTIVES

01

List health issues impacting adolescents in public housing

02

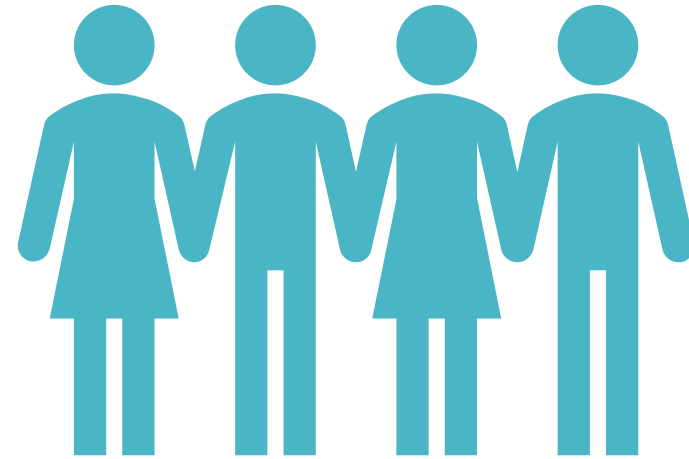
Review different approaches to teen pregnancy prevention

03

List Interventions Using Community Health Workers

04

Revise Evidence-based interventions with Community Health Workers



HEALTH ISSUES IMPACTING ADOLESCENTS IN PUBLIC HOUSING

ISSUES IMPACTING ADOLESCENTS IN PUBLIC HOUSING

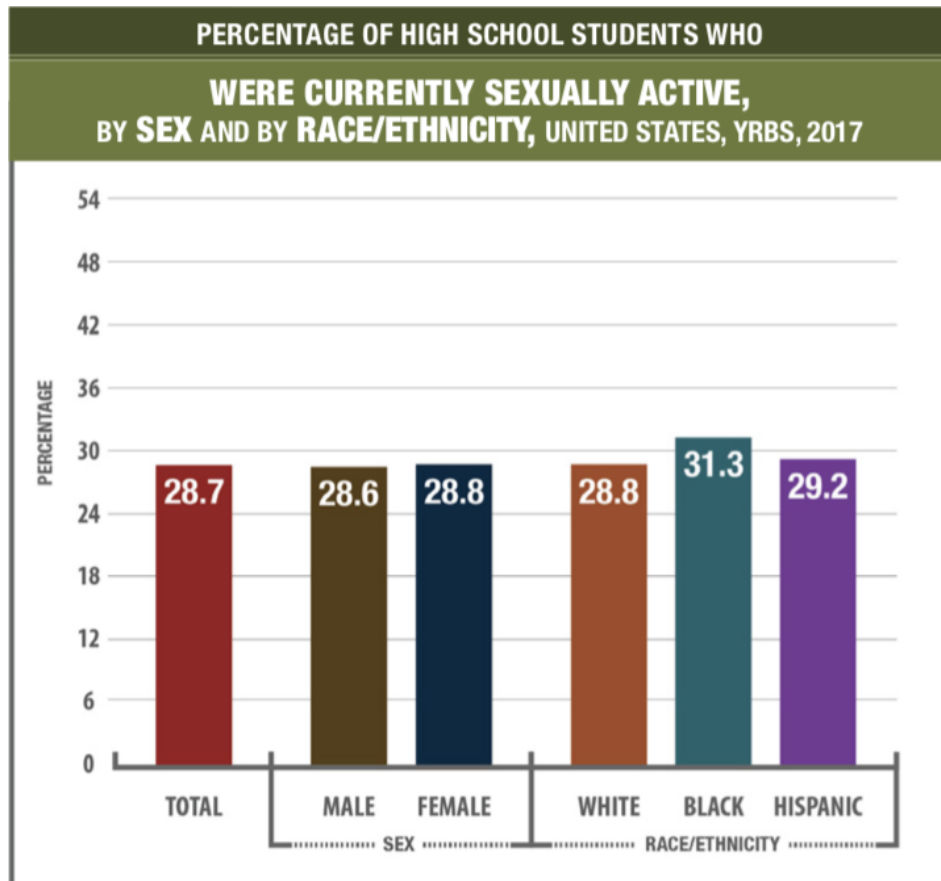
- Teens living in public housing have a higher risk for involving in risky behaviors due to housing instability and lack of social support, exposure to violent situations, socioeconomic status
- Teens' behaviors have a huge impact on their current and future health
- Preventable behaviors:
 - Substance abuse, violence, unprotected sexual intercourse
- Risky behaviors:
 - Regular tobacco use, binge drinking, marijuana use, use of illicit drugs other than marijuana, physical fighting, suicidal attempts and thoughts and more.

Sources: [Philadelphia's Poor: Experiences From Below the Poverty Line](#) & [Reaching Out to Multiple Risk Adolescents](#)



SEXUAL BEHAVIORS AMONG TEENS

- In 2016, youth aged 13-24 accounted for an estimated 21% of all new HIV diagnoses
- 210,000 babies were born to teen girls aged 15-19 years

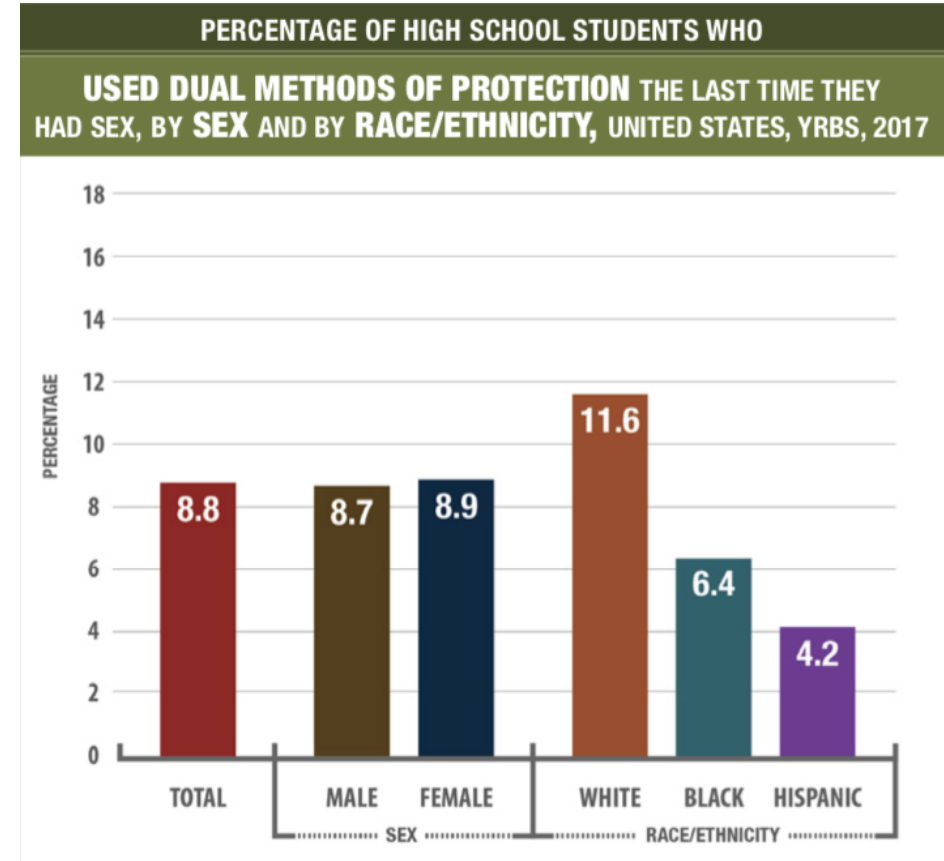
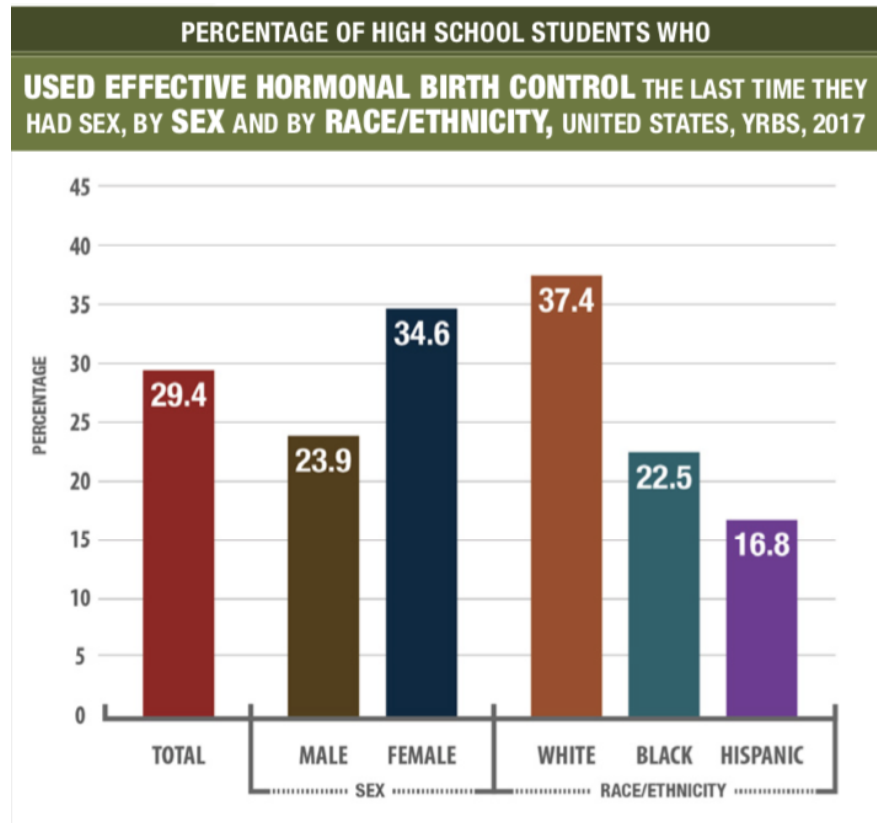


THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever had sex	47.8	46.0	47.4	46.8	41.2	39.5	Shield
Had four or more lifetime sexual partners	14.9	13.8	15.3	15.0	11.5	9.7	Shield
Were currently sexually active	35.0	34.2	33.7	34.0	30.1	28.7	Shield
Used a condom during last sexual intercourse [†]	61.5	61.1	60.2	59.1	56.9	53.8	Stop Sign
Used effective hormonal birth control [†]	NA	NA	NA	25.3	26.8	29.4	Shield
Used a condom and effective hormonal birth control [†]	NA	NA	NA	8.8	8.8	8.8	Diamond

Source: <https://www.cdc.gov/healthyouth/data/yrbs/pdf/trendsreport.pdf>








BIRTH-CONTROL USE

- Hispanic teens had the lowest percentage of effective hormonal birth control use
- Hispanic teens also had the lowest percentage for use of dual methods of protection (e.g., hormonal birth control and condom use)



Source: <https://www.cdc.gov/healthyouth/data/yrbs/pdf/trendsreport.pdf>



SUBSTANCE USE AND VIOLENCE

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Were threatened or injured with a weapon at school	7.8	7.7	7.4	6.9	6.0	6.0	
Did not go to school because of safety concerns	5.5	5.0	5.9	7.1	5.6	6.7	
Were electronically bullied	NA	NA	16.2	14.8	15.5	14.9	
Were bullied at school	NA	19.9	20.1	19.6	20.2	19.0	
Were forced to have sex	7.8	7.4	8.0	7.3	6.7	7.4	
Experienced physical dating violence [†]	NA	NA	NA	10.3	9.6	8.0	
Experienced sexual dating violence [†]	NA	NA	NA	10.4	10.6	6.9	

[†]For the complete wording of YRBS questions, refer to Appendix. | [†]Among students who dated or went out with someone during the past year | Source: National Youth Risk Behavior Surveys, 2007-2017

Source: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf>

SUBSTANCE USE AND VIOLENCE

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever used select illicit drugs	22.6	20.0	22.5	17.3	15.4	14.0	
Ever injected illegal drugs	2.0	2.1	2.3	1.7	1.8	1.5	
Ever misused prescription opioids⁺	NA	NA	NA	NA	NA	14.0	NA

*For the complete wording of YRBS questions, refer to Appendix.

⁺Introduced in 2017

Source: National Youth Risk Behavior Surveys, 2007-2017



APPROACHES TO TEEN PREGNANCY PREVENTION

APPROACHES TO TEEN PREGNANCY PREVENTION

- Focus on Adolescents Directly
- School-Based programs
 - Comprehensive sexuality education
 - Abstinence-based approach
- Clinic-Based programs
- Community-Based programs
- PSA/Media Campaigns



FAMILY-BASED APPROACHES

- Advantages:
 - Research has shown that parents are the primary socializing agents of children and teens want their parents to be involved.
 - Recognizes that parents are experts on their adolescent children.
 - Intervention's can be implemented in the context of the family's value system.
 - Information can be tailored for the parent and specific adolescent.
 - Timing is flexible and interventions can be on-going.
 - Can be implemented in the line with cultural and religious beliefs.
 - Parents are motivated to keep their children safe and healthy.

FAMILY-BASED APPROACHES

- Criticisms to family-based approaches:
 - Adolescents are peer oriented, not parent-oriented
 - Parents lack information and perspectives to be effective
 - Cannot work in “dysfunctional” family system
 - Parents are too busy or are considered “hard to reach”
 - Programs typically reach few families (low parental involvement)

FAMILY - BASED APPROACHES



- Successful outreach to parents often require innovative strategies.
- Need programs that will reach parents where they are.
- Community Health Workers present an opportunity; Serving as the link between community, family and teen.

FAMILIES TALKING TOGETHER



Lo Básico

Lo Que Los Padres Necesitan Saber

- Program Goals – Increase parenting behaviors designed to impact adolescent sexual decision making.
- Program Components – Face to face sessions with interventionist. With the use of Family Workbooks
- Target Population – African American and Latino Parents of youth ages 10 to 14 yrs old.
- Categorized as an effective program by the U.S. Department of Health and Human Services
- Key Features of intervention:
 1. Adolescent level – Determinants of adolescent sexual behavior
 2. Parent level – Parent factors associated with adolescent sexual behavior
 - Communication, Monitoring & Supervision, Relationship Satisfaction
 3. Mechanisms that link parent and adolescent together

Source: <http://www.clafh.org/resources-for-parents/parent-materials/>

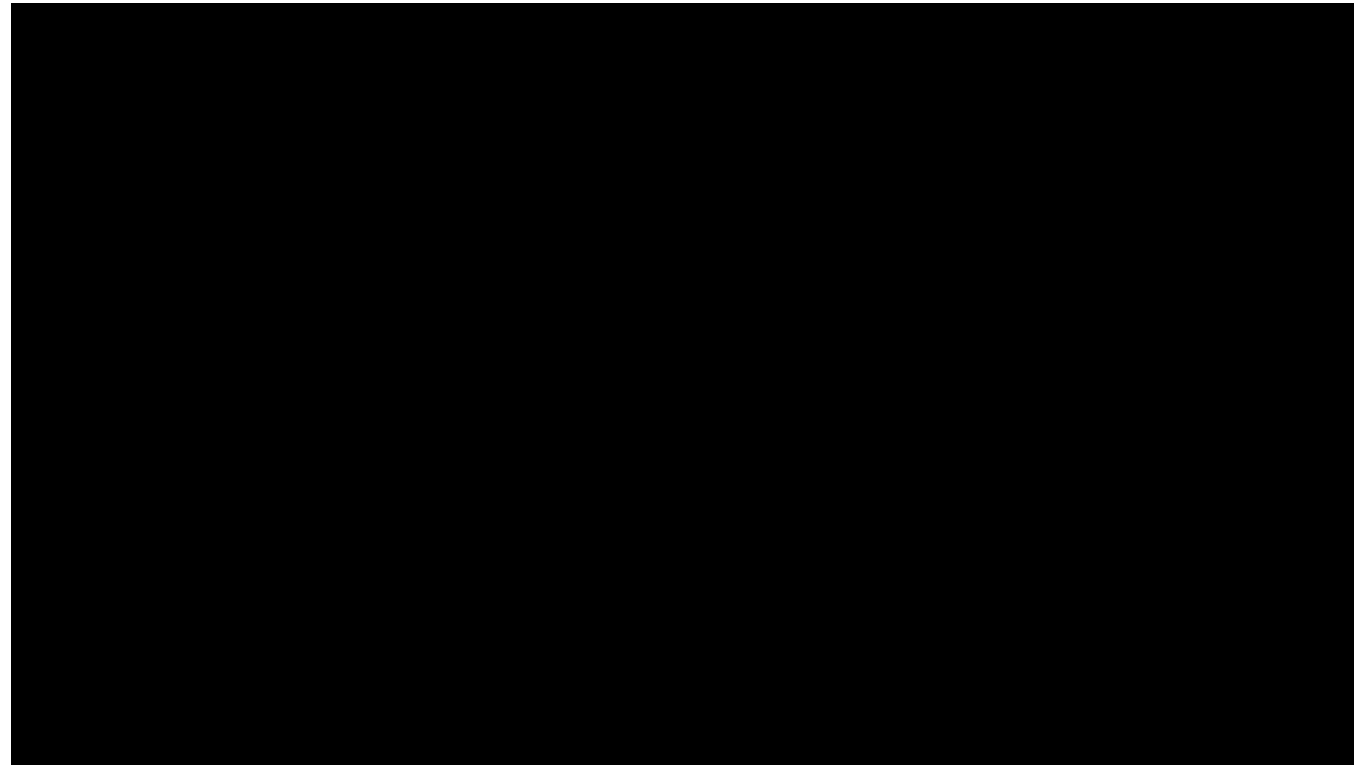
FAMILIES TALKING TOGETHER - IMPACT



- Program effectiveness was first evaluated from a randomized control trial that involved African American and Latino youth.
- Adolescents and their mothers were recruited at a community-based health clinic in the Bronx-borough of New York City.
- Findings:
 - 9 months after program, youth receiving the intervention were statistically significantly less likely to report ever having engaged in vaginal intercourse in the past 30 days, but no impact was reported on rates of oral sex.

Source: <http://www.clafh.org/resources-for-parents/parent-materials/>

FAMILIES TALKING TOGETHER: HELPING PARENTS AND TEENS TALKING ABOUT SEX



Source: <http://www.clafh.org/resources-for-parents/parent-materials/>

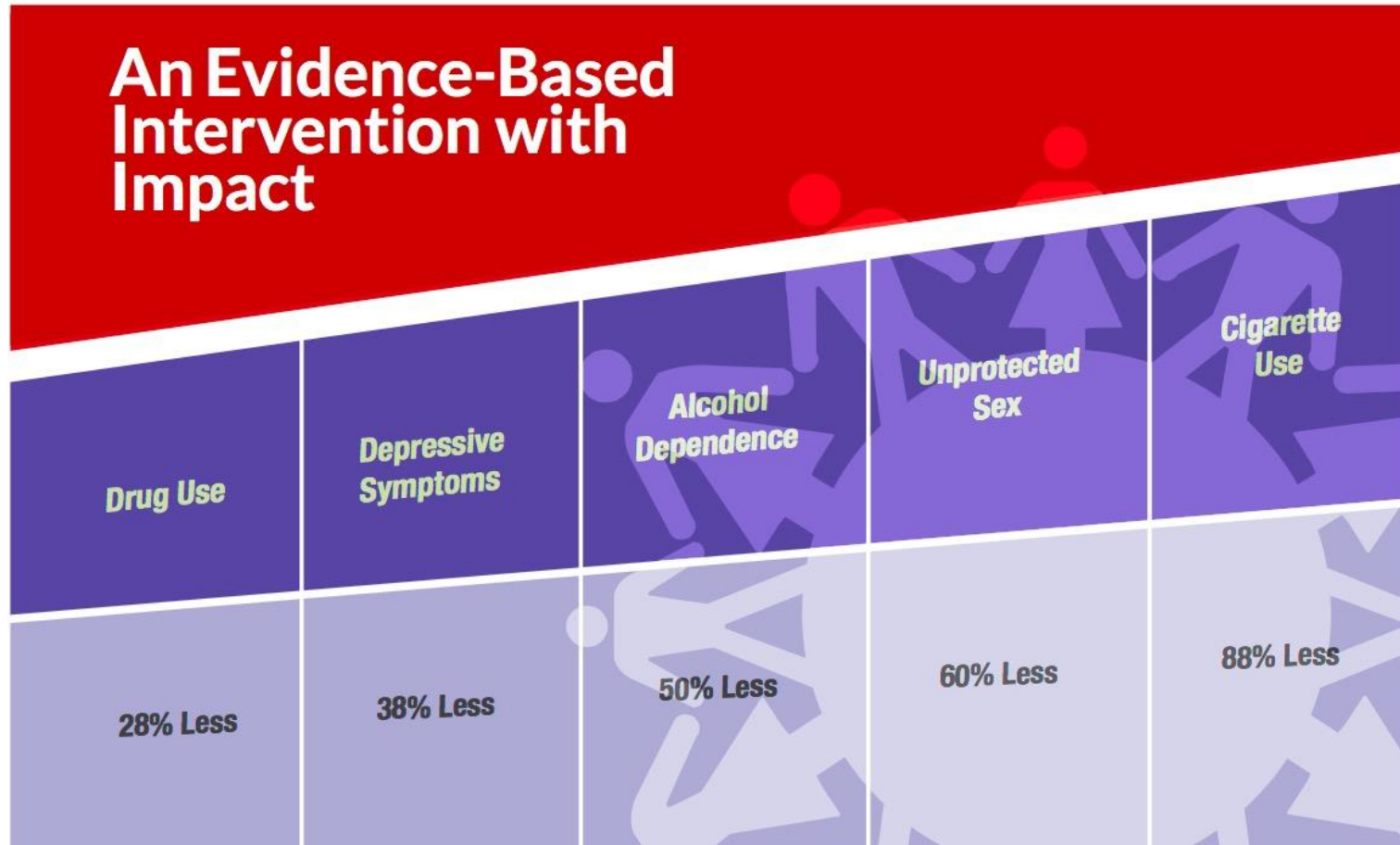
FAMILIAS UNIDAS OR FAMILIES UNITED

- Family-focused intervention to prevent and reduce substance abuse and unsafe sexual behaviors among Latino adolescents by improving family functioning.
- Target Population– Latino youth and their families
- Can be implemented in any setting and delivered in community-based organizations and in school settings. Previously evaluated in a community-based setting in Miami, Florida



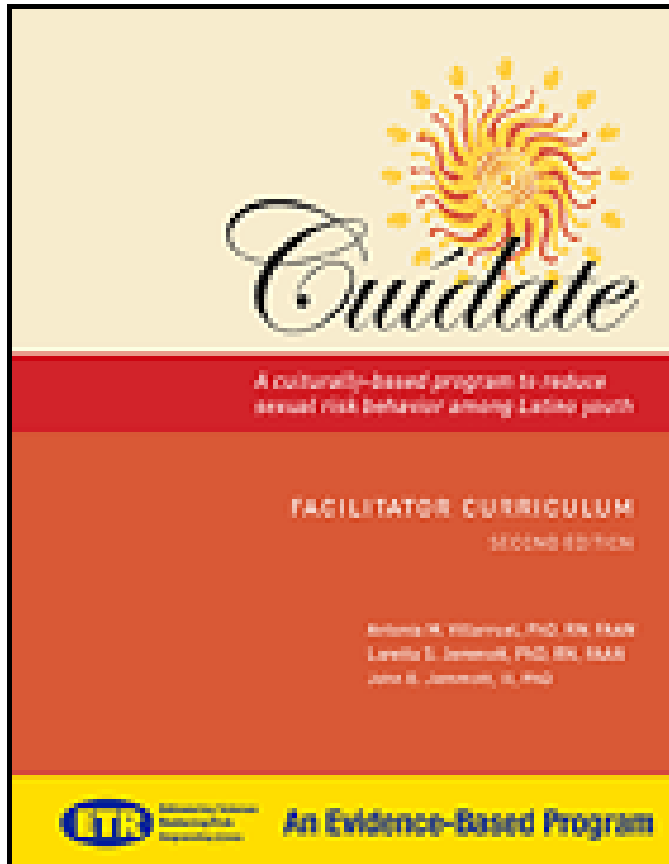
Source: <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=51&mid=1>

FAMILIAS UNIDAS – IMPACT AMONG LATINO YOUTH



Source: <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=51&mid=1>

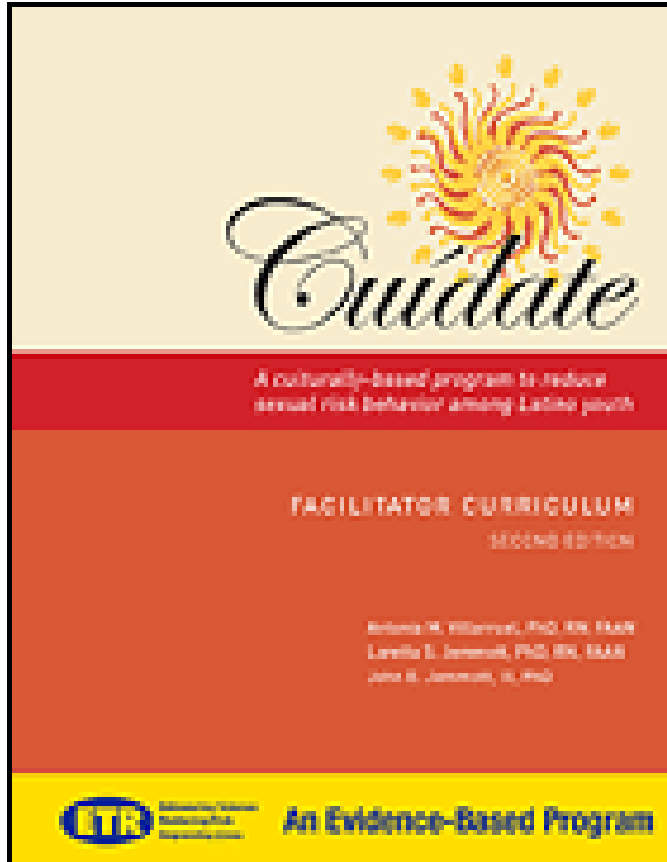
CUÍDATE! (TAKE CARE OF YOURSELF!)



- Adaptation of the Be Proud! Be Responsible! program.
- A culturally tailored program that takes into consideration cultural beliefs to frame abstinence and condom use.
- Focuses on increasing participant's skills and self-efficacy on communicating and negotiating with sexual partners about abstinence and condom use.
- Target Population – Latino Youth from 13 – 18 years old.
- Designed for and evaluated in school and community-based settings

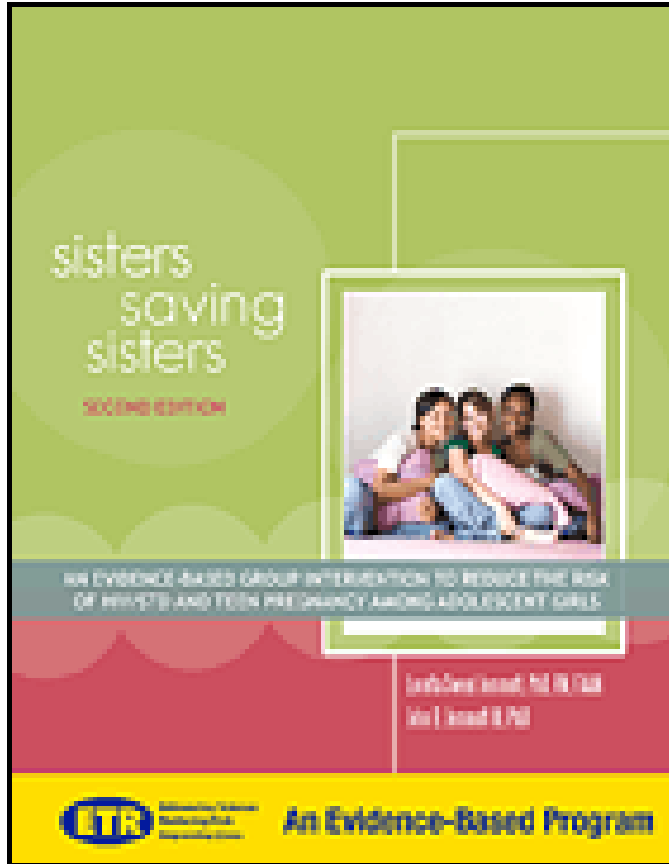
Source: <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=273&mid=1>

CUÍDATE! - IMPACT



- Randomized control trial
- Latino adolescents were recruited from 3 neighborhood high schools and community-based organizations in Philadelphia.
- Surveys were administered before and after the program
- Findings:
 - Youth in intervention group were significantly less likely to report having had sexual intercourse and having had multiple sexual partners in the past 3 months.
 - Reported significantly fewer rates of unprotected sex

Source: <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=273&mid=1>

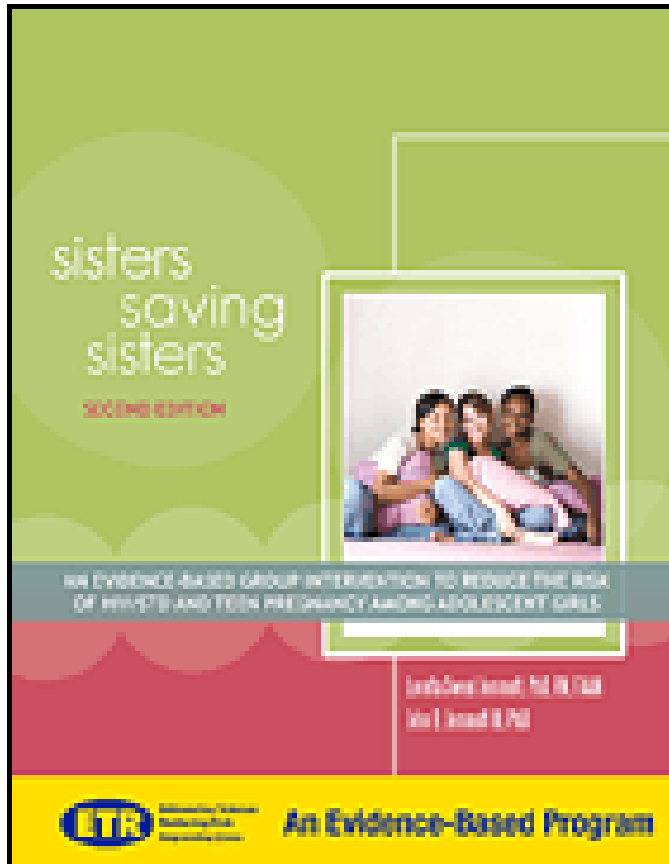


SISTERS SAVING SISTERS

- Addresses the higher risk of HIV/STDs for female adolescent populations
- Designed to reduce the frequency of unprotected sexual intercourse with and without alcohol use, number of sexual partners, and incidence of STIs
- Created for and evaluated in community-based clinic settings
- Target Population – for Latina and African American female adolescents

Source: <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=210&mid=1>

SISTERS SAVING SISTERS - IMPACT



- Randomized controlled trial
- Youth recruited from a family planning clinic in Philadelphia, PA.
- 3 groups received:
 - Sisters Saving Sisters intervention, TX group informational session on HIV/STD risk reduction and control group that received general health promotion education.
- Findings:
 - 12 months after the intervention, youth that participated in intervention group reported significantly fewer sexual partners in the previous 3 months.
 - Less likely to test positive for gonorrhea, chlamydia, or trichomonas

Source: <https://tppevidencereview.youth.gov/document.aspx?rid=3&sid=210&mid=1>

ADDITIONAL RESOURCES

- Youth.gov

youth.GOV

HHS Teen Pregnancy Prevention Evidence Review on youth.gov

HOME FIND A PROGRAM PUBLICATIONS ABOUT THE REVIEW REVIEWED STUDIES FAQs ABOUT US

Home >

Welcome to the Teen Pregnancy Prevention Evidence Review





INTERVENTIONS USING COMMUNITY HEALTH WORKERS

INTERVENTIONS USING COMMUNITY HEALTH WORKERS



- Previous on interventions delivered by community health workers have demonstrated improvements in:
 - Utilization rates of mammograms
 - Diabetes type II self-management care
 - Access to maternal and childhood health services
 - TB cure rates
 - Physical activity
 - Rates of smoking cessation
 - General nutrition knowledge

Source: <http://clafh.org/>

ADVANTAGES OF COMMUNITY HEALTH WORKERS

CHW's have access to hard-to-reach populations:

- CHW's have historically worked in areas where ethnic minorities are not well-served by the mainstream healthcare system and who may not be linked to care.
- CHW's are from the communities they serve and are uniquely positioned to understand and engage with the specific issues facing a community.

CHW's are trusted by the community members they serve:

- They are often respected, well-known members of the community and serve as advocates for individual and community needs.

CHW's eliminate barriers that impede an individual's access to services and care:

- When there is a lack of consistent medical care professionals, CHW's are a consistent source for medically accurate information, free of cost.
- CHW's provide educational resources that are culturally and linguistically appropriate

Source: <http://clafh.org/>

ADVANTAGES OF COMMUNITY HEALTH WORKERS

CHWs provide a form of support kin and immigrant peers may be less likely to give:

- CHWs help patients navigate the mainstream healthcare network, by brokering interactions between the patient and institution of the “host society”

CHWs increase knowledge regarding certain health outcomes or behaviors:

- CHWs flexibility and cost-efficiency allows patients to have one-on-one visits in a culturally sensitive manner using resources tailored to the community’s needs.

CHWs maintain patient participation in follow-up care and screening for chronic disease:

- CHW’S provide additional support and encouragement for health-promoting behavior outside of the traditional medical setting by visiting their clients’ homes, reminding them of their appointments and encouraging participation in upcoming screenings.

CHWS PROGRAMS: POTENTIAL CHALLENGES

- The lack of consensus about the role of CHWs can impact their integration into the organization and their ability to perform tasks and fulfill responsibilities.
- The research is indeterminate about what makes CHWs “effective”.
- No established uniform training or evaluation processes for CHWs.
- CHWs may have other jobs and commitments, making it difficult to schedule meetings or monitor performance.



COMMUNITY HEALTH WORKER MODELS

- **Health Education:** Provide communities with medically accurate information about prevention and treatment, when applicable.
 - *Ex: Inform parents of the importance of immunizations for their children*
- **Case Management:** Assist individuals to make appropriate use of services such as screening and/or follow-up services.
 - *Ex: Act as patient navigators who assist families negotiate complex service systems and assist clients' capacity to deal with providers.*
- **Outreach:** Access and serve traditionally underserved populations who are missed by mainstream healthcare providers.
 - *Ex: Reach individuals or families who are difficult to access and persuade them to come in for services such as health care screenings.*

**COMMUNITY HEALTH
WORKERS AND
SEXUAL/REPRODUCTIVE
HEALTH**

Important considerations and unique contributions of CHWs to sexual and reproductive health interventions:

- CHW interventions are often developed from information provided by community members.
 - This form of development enables the priorities and needs of each community to be addressed and reflected in the intervention.
 - The community specificity is a unique aspect of CHW interventions that can also be a challenge if reproduced on a larger scale.

CHWS AND SEXUAL/REPRODUCTIVE HEALTH

- CHWs deliver interventions in environments that are familiar, informal and often more comfortable than a medical doctor's office.
- This form of development enables the priorities and needs of each community to be addressed and reflected in the intervention.
- The community specificity is a unique aspect of CHW interventions that can be a challenge if reproduced on a larger scale.
- The duration of interventions vary and can be a single session of 30 minutes or 100 hours of multiple sessions over the course of many months.
- The variations in community intervention styles allows community members to find programs and workshops that best fit their needs.

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.

**SIGN
UP...**



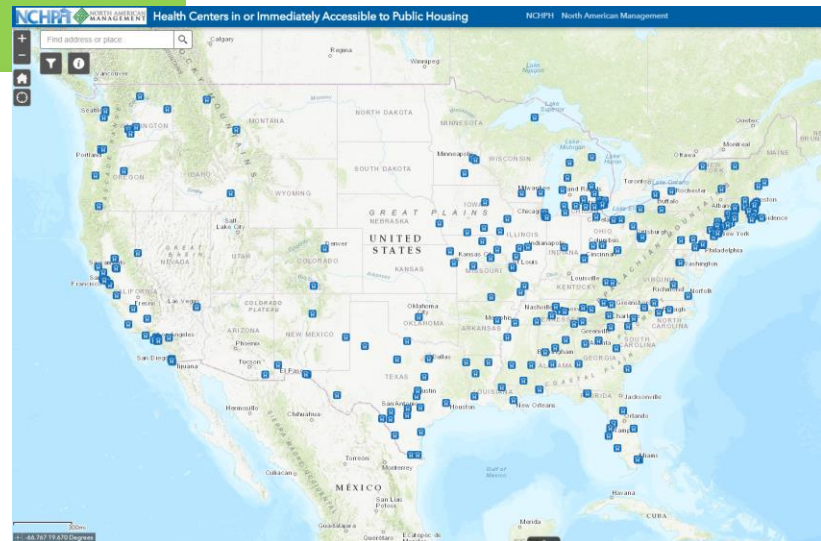
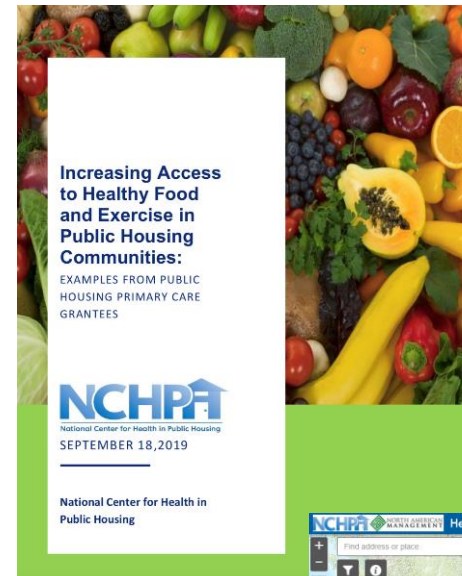
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