

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

*Session 3: Evidence-based for the Utilization of CHWs: HPV and Teen Pregnancy*

National Center for Health in Public Housing



Tuesday, March 24, 2020

# NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



### DISCLAIMER:

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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

Review evidence-based practices to prevent teen pregnancy and HPV vaccine promotion

02

List strategies to promote HPV vaccination among teens living in public housing

03

Recognize other health issues impacting adolescents in public housing

04

Learn best practices from Catherine Patterson, Women's Health Program Manager, AltaMed Health Services



# **EVIDENCE-BASED PRACTICES FOR TEEN PREGNANCY PREVENTION**

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# REPRODUCTIVE HEALTH STRATEGIES AND APPROACHES



Adolescents



Parents



Healthcare Providers



Communities

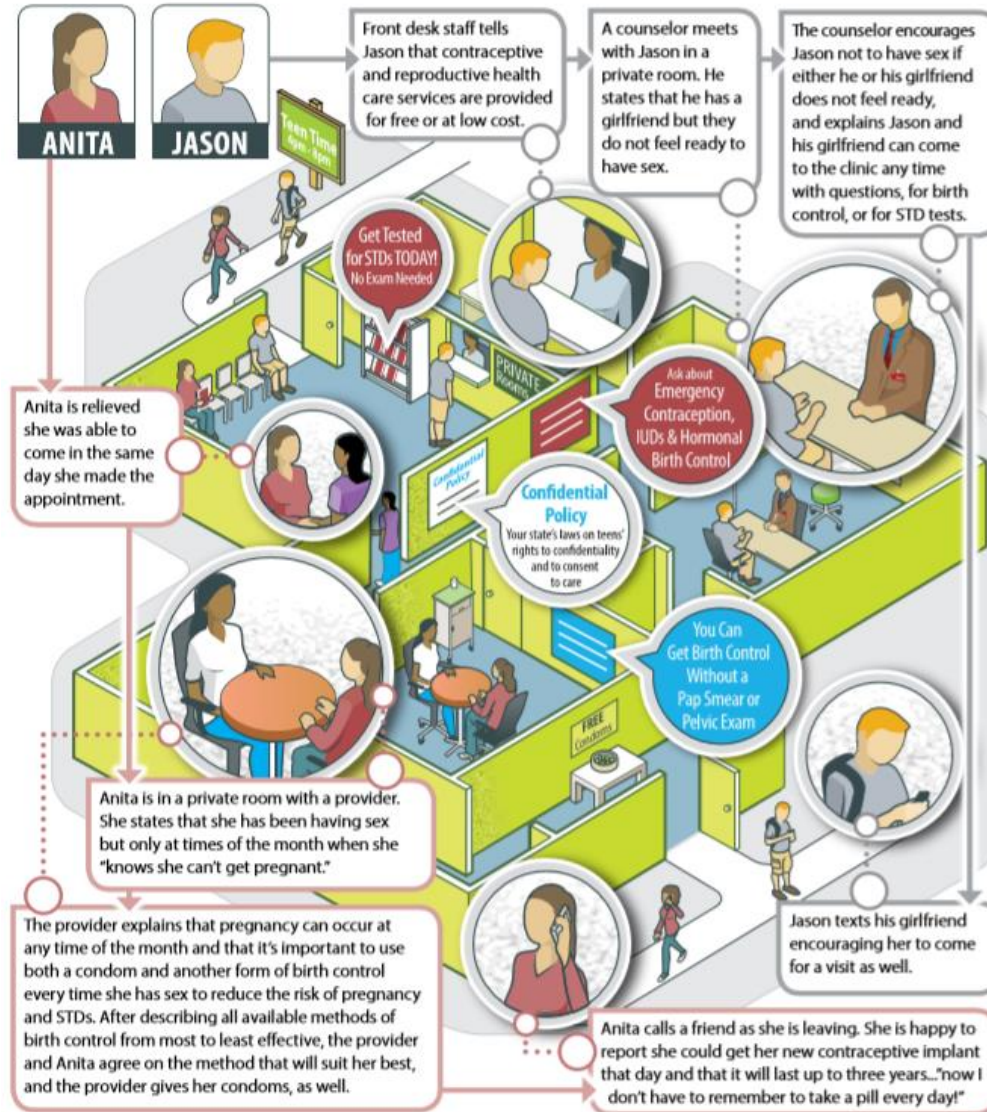
# WHAT COMMUNITIES CAN DO?

- Implement an evidence-based teen pregnancy prevention program
- Find HHS-funded teen pregnancy prevention programs in your area
- Consider creating a youth development behavioral intervention
- Encourage schools and organizations to use effective tools and resources and training materials.



# A Teen-Friendly Reproductive Health Visit

Two teen-friendly reproductive health visits: one for a sexually active female, and one for a male not yet having sex.



Learn more at [www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html](http://www.cdc.gov/TeenPregnancy/TeenFriendlyHealthVisit.html)

National Center for Chronic Disease Prevention and Health Promotion  
Division of Reproductive Health



CS246240

Source: [https://www.cdc.gov/teenpregnancy/pdf/teenfriendlyclinic\\_8.5x11.pdf](https://www.cdc.gov/teenpregnancy/pdf/teenfriendlyclinic_8.5x11.pdf)



# TEEN PREGNANCY PREVENTION PROGRAM (TPP)

- Office of Population Affairs (OPA) Teen Pregnancy Prevention (TPP)
- A national evidence-based program
- Funds diverse organizations that work to prevent teen pregnancy across the U.S.
- Targets adolescents ages 10-19. Focuses on vulnerable populations including teens that are homeless, living in foster care, or involved in juvenile justice systems.



# TEEN PREGNANCY PREVENTION PROGRAM (TPP) - GRANTEES

- The OPA TPP program funds 91 grant communities where each of the grantees fall in one of the categories below:
  - Implementing evidence-based teen pregnancy prevention programs
  - Building capacity of youth-serving organizations
  - Supporting technology
  - Evaluation new and innovative approaches
  - Developing and testing new and innovative strategies



# TEEN PREGNANCY PREVENTION PROGRAM (TPP)

- Served over 1 million young people across 40 states
- Currently serves ~250,000 young people per year.
- Trained over 11,000 professionals
- Established partnerships more than 3,600 community-based organizations
- American Journal of Public Health – Issue on findings from the TPP program and methodologies of implementation:  
<https://ajph.aphapublications.org/toc/ajph/106/S1>



# MAKING PROUD CHOICES!

- An evidence-based curriculum to increase the knowledge and skills necessary to reduce the risk of pregnancy, HIV infection and STDs.
- Alameda County Public Health partnered with the Oakland Unified School District, Asian Health Services and Girls Incorporated of Alameda County
- Interactive, youth centered discussions held in small groups
- Program also composed of games, interactive activities, role plays, handouts and posters, and videos



Source: [OAH](#)

# MAKING PROUD CHOICES! – CURRICULUM TOPICS

<b>Module A</b>	Puberty Overview
<b>Module 1</b>	Getting to Know You and Steps to Making Your Dreams Come True
<b>Module 2</b>	The Consequences of Sex: HIV Infection
<b>Module 3</b>	Attitudes and Beliefs about HIV/AIDS and Condom Use
<b>Module 4</b>	Strategies for Preventing HIV Infection: Stop, Think and Act
<b>Module 5</b>	The Consequences of Sex: STDs and Correct Condom Use
<b>Module 6</b>	The Consequences of Sex: Pregnancy
<b>Module 7</b>	Developing Condom Use Skills and Negotiation Skills
<b>Module 8</b>	Role-Plays: Refusal and Negotiation Skills

- Delivered during the school day for about one hour each.
- Of the total population of 2,653 from 20 middle schools, 83 % of students were reached with the program.

# MAKING PROUD CHOICES! - KEY FINDINGS

- MPC! Had a positive impact in the live of the adolescents. Students showed and increase in:
  - Understanding on how HIV is transmitted
  - Understanding protective methods against STDs
  - Understanding pregnancy prevention
  - Felt more comfortable talking to peers and their partner about reproductive health
  - 88% of students felt MPC! will help them make responsible choices



Source: [OAH](#)

## SEXUAL HEALTH HISTORY: TECHNIQUES AND TIPS

Staff should be trained in culturally sensitive terminology, using gender-inclusive language on forms, implicit bias, and displaying diverse images in marketing and waiting areas.

### List of Clinical Recommendations to be implemented:

- Clinicians and staff should be trained in culturally sensitive terminology, transgender topics, cultural humility, and assessment of personal biases to facilitate improved patient interactions.
- Intensive behavioral counseling should be offered to all sexually active adolescents and to adults who are at increased risk for sexually transmitted infections.
- Preexposure prophylaxis reduces the risk of acquiring HIV infection among high-risk men and women

# TRAUMA – INFORMED CARE RESOURCES

## TRAUMA – INFORMED CARE RESOURCES

American Academy of Family Physicians

<https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project.html>

American Academy of Pediatrics

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/ACEs-and-Toxic-Stress.aspx>

Center for Disease Control and Prevention

[https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html](https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Findex.html)

National Council for Behavioral Health: Trauma-Informed Primary Care Initiative

<https://www.thenationalcouncil.org/trauma-informed-primary-care-initiative-learning-community/>

Substance Abuse and Mental Health Services Administration

<https://www.integration.samhsa.gov/clinical-practice/trauma>

National Center for Health in Public Housing – “The Road to Trauma-Informed Care”

<https://nchph.org/the-road-to-trauma-informed-care-in-primary-care/>



# KEY POINTS TO ENSURING A PRODUCTIVE SEXUAL HEALTH CONVERSATION

- Avoid moral or religious judgement of the patient's behavior
- Avoid terms that make assumptions about sexual behavior or orientation
- Ensure shared understanding around terminology and pronunciation for patient concerns to avoid confusion
- Establish rapport and consent before addressing sensitive topics
- Respect the patient's right to decline answering questions or sharing information
- Use a sensitive tone that normalizes the topics you are discussing
- Use neutral and inclusive terms that avoid assumptions about orientation

# QUESTIONS FOR A DETAILED SEXUAL HISTORY USING THE 5PS MODEL

## General Questions:

- Are you currently sexually active? Have you ever been? What is your gender? How do you identify? What pronouns do you prefer?

## Partners:

- How do your partners identify? Do they identify as male, female, or another?
- How many partners have you had in the past month? The past six months? Your lifetime?
- How satisfied are you with your (and/or your partner's) sexual functioning?
- Has there been any change in your (or your partner's) sexual desire or the frequency of sexual activity?

## Practices:

- What type of sexual activities do you participate in? Do you participate in vaginal sex? Oral sex? Anal sex?

## Past history/protection from STDs and STIs:

- Have you ever had any sex-related diseases?
- Do you have, or have you ever had, any risk factors for HIV?
- Have you ever been tested for HIV? Would you like to be?
- What do you do to protect yourself?

# QUESTIONS FOR A DETAILED SEXUAL HISTORY USING THE 5PS MODEL

## Pregnancy plans:

- Are you trying to become a parent? Would you like to get pregnant (or father a child)?
- What method do you use for contraception?

## Pleasure:

- Do you (or your partners) use any particular devices or substances to enhance your sexual pleasure?
- Do you ever have pain with intercourse?
- Do you have any difficulty achieving orgasm?
- Do you have any questions regarding your sexual functioning?
- Is there anything about your (or your partner's) sexual activity (as individuals or as a couple) that you would like to change?

## EXAMPLES OF GENDER-INCLUSIVE TERMINOLOGY

Term	Definition
<b>Sex</b>	Determination made at birth referring to a biologic category of male, female, or intersex based on sex chromosomes, genital anatomy, or hormone levels
<b>Sexual Orientation</b>	Self-determined sexual identity in relation to the gender(s) to which they're attracted
<b>Cisgender</b>	Self-determined term used to describe a person whose self-determined gender is consistent with sex assigned at birth
<b>Transgender</b>	Self-determined used to describe a person whose self-determined gender does not match sex assigned at birth or remains inconsistent over time
<b>Gender Identity</b>	Self-determined sense of being along (female, male, a combination of both, somewhere in-between or outside of a gender spectrum) resulting from multiple factors such as biologic characteristics, environmental and cultural factors, and self-understanding
<b>Gender Expression</b>	Signals or external ways a person expresses their gender
<b>Gender Perception</b>	The way others interpret an individual's gender

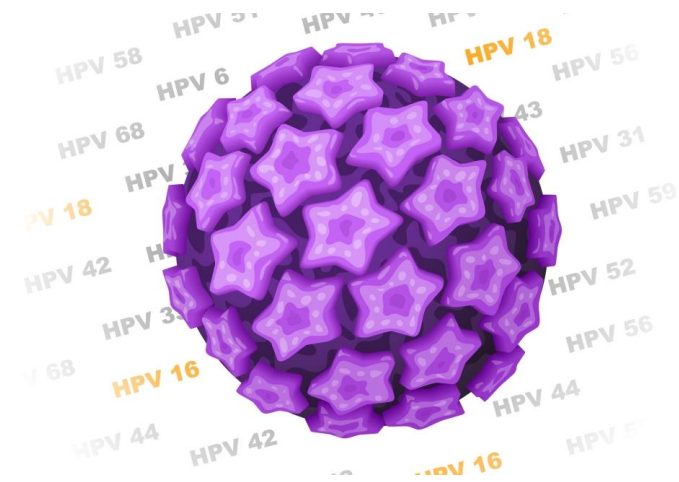
Source: American Family Physician, Vol101:5, 2020



# **STRATEGIES TO PROMOTE HPV VACCINATION**

# HPV INFECTION

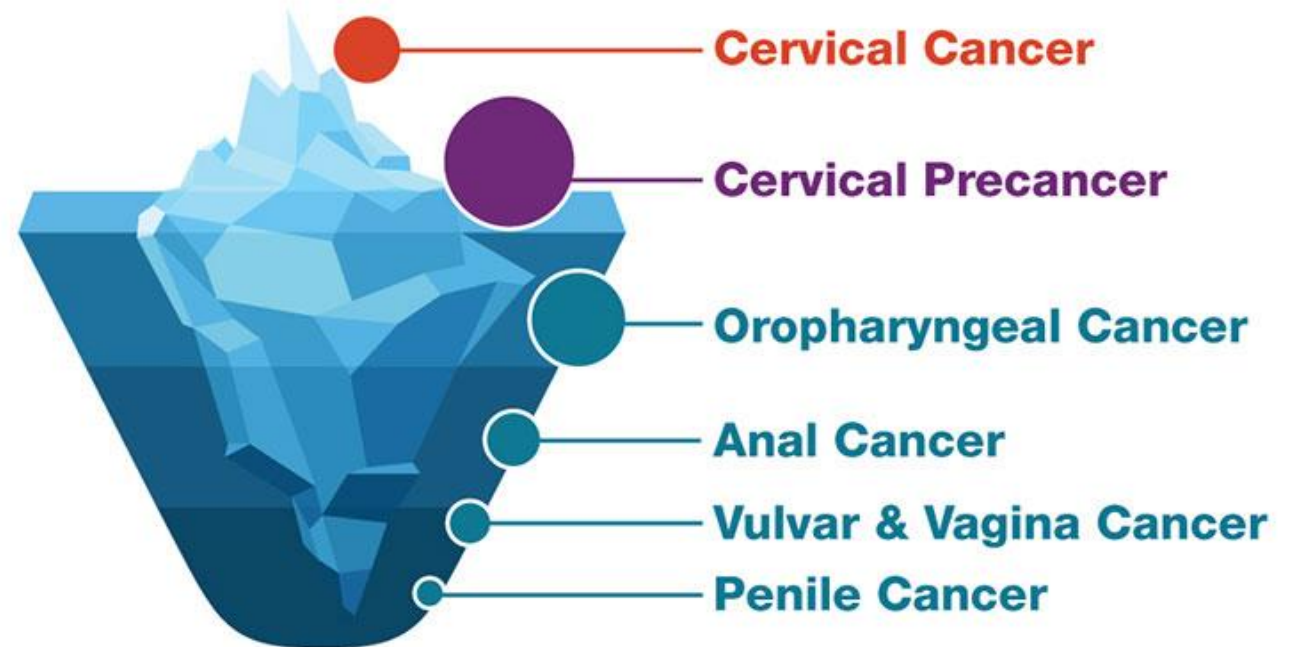
- HPV is the most common sexually transmitted infection (STI). HPV is a different virus than HIV and HSV (herpes). 79 million Americans, most in their late teens and early 20s, are infected with HPV. There are many different types of HPV. Some types can cause health problems including genital warts and cancers. But there is a vaccine that can stop these health problems from happening.



## DOES HPV CAUSE CANCER?

- HPV can cause cervical and other cancers including cancer of the vulva, vagina, penis, or anus. It can also cause cancer in the back of the throat, including the base of the tongue and tonsils (called oropharyngeal cancer).
- Cancer often takes years, even decades, to develop after a person gets HPV. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.
- There is no way to know which people who have HPV will develop cancer or other health problems. People with weak immune systems (including those with HIV/AIDS) may be less able to fight off HPV. They may also be more likely to develop health problems from HPV.

# HPV CANCERS ARE PREVENTABLE



Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>



# CERVICAL CANCER IS JUST THE TIP OF THE ICEBERG

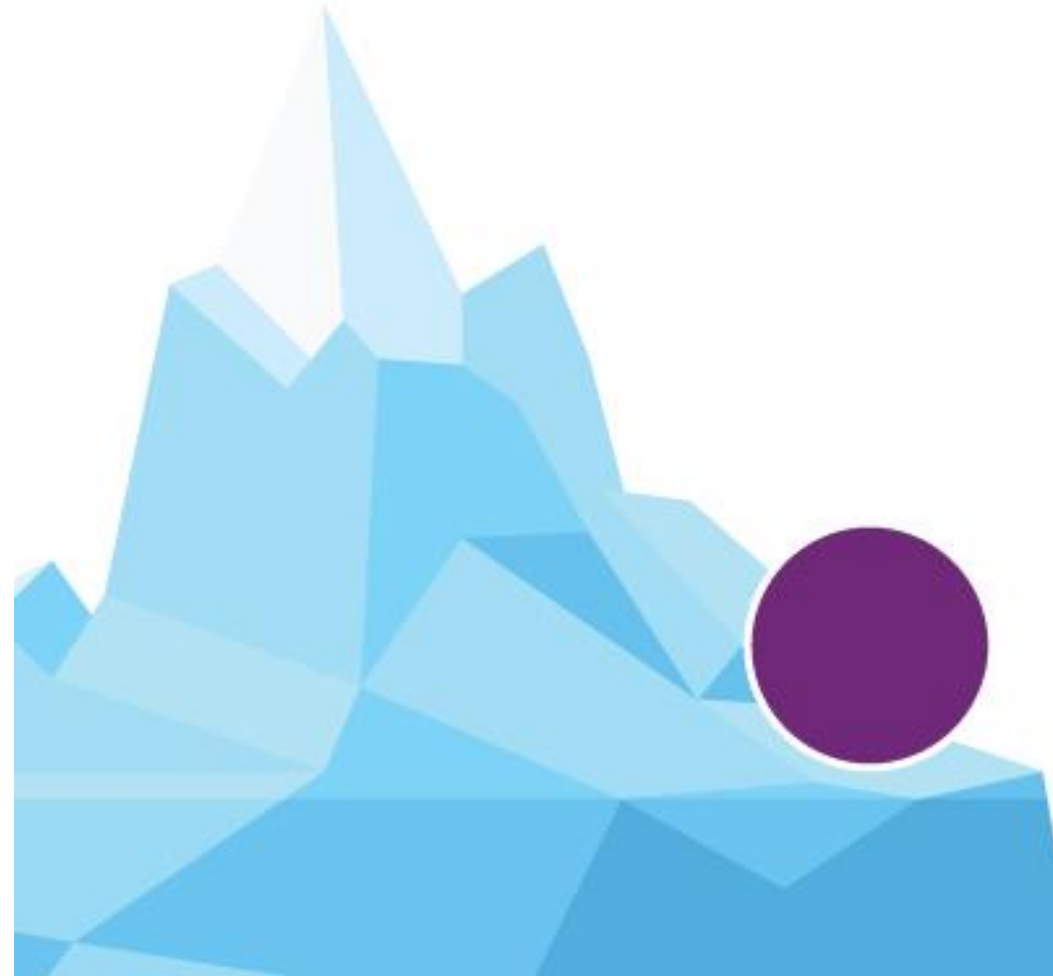
- Even with screening, HPV causes 10,900 cases of cervical cancer each year in the U.S. Every year, 4,000 women die of cervical cancer.



Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

# CERVICAL PRECANCERS

- There are an estimated 196,000 cervical precancers cases each year in the U.S. Treatment for cervical cancers and precancers can limit women's ability to have children.



Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

## OTHER HPV CANCERS

- Every year in the U.S., there are:
- 13,500 Oropharyngeal Cancer cases
- 6,200 Anal Cancer cases
- 3,400 Vulvar & Vaginal Cancer cases
- 800 Penile Cancer cases
- Recommended cancer screening tests are not available yet for these cancers. These cancers may not be detected until they cause serious health problems.



Source: <https://www.cdc.gov/cancer/hpv/statistics/cases.htm>

# HOW IS HPV SPREAD AND ITS ASSOCIATED HEALTH PROBLEMS?



## Spread

- You can get HPV by having vaginal, anal, or oral sex with someone who has the virus. It is most commonly spread during vaginal or anal sex. HPV can be passed even when an infected person has no signs or symptoms.
- Anyone who is sexually active can get HPV, even if you have had sex with only one person. You also can develop symptoms years after you have sex with someone who is infected. This makes it hard to know when you first became infected.



## Health Problems

- In most cases, HPV goes away on its own and does not cause any health problems. But when HPV does not go away, it can cause health problems like genital warts and cancer.
- Genital warts usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. A healthcare provider can usually diagnose warts by looking at the genital area.

## BENEFITS OF THE HPV VACCINE & ADMINISTRATION RECOMMENDATIONS

- Protects against the most frequent HPV associated to cervical cancer
- Inactivated vaccine
- Recommended for young females and males
- Few side effects

Should girls and women be screened for cervical cancer before getting vaccinated?

- Girls and women do not need to get an HPV test or Pap test to find out if they should get the vaccine. However it is important that women continue to be screened for cervical cancer, even after getting all recommended shots of the HPV vaccine. This is because the vaccine does not protect against ALL types of cervical cancer.



# HOW LONG DOES VACCINE PROTECTION LAST & IS IT COVERED BY INSURANCE?

- Research suggests that vaccine protection is long-lasting. Current studies have followed vaccinated individuals for ten years and show that there is no evidence of weakened protection over time.
- Health insurance plans cover the cost of HPV vaccines. If you don't have insurance, the Vaccines for Children (VFC) program may be able to help.

**Vaccines for Children**  
Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2018 will:

- prevent **419 million** illnesses  
(26.8 million hospitalizations)
- help avoid **936,000** deaths
- save nearly **\$1.9 trillion** in total societal costs  
(that includes \$456 billion in direct costs)

more than the current population of the entire U.S.A.  
greater than the population of Seattle, WA  
more than \$5,000 for each American

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/features/vfcprogram](http://www.cdc.gov/features/vfcprogram)

Updated 2018. Analysis using statistics from "Benefits from Immunization during the Vaccines for Children Program" - CDC/CIERS, 1994-2017

# STEPS FOR INCREASING HPV VACCINATION IN PRACTICE

Action guide from the American Cancer Society (ACS) to implement evidence-based strategies

Benefits of implementation:

Biggest predictor of HPV vaccine uptake are effective recommendations from a health care provider also great addition for quality improvement efforts.

Increased vaccination rate

Parents are more motivated to get their children vaccinated

Integration of cancer prevention into existing systems of care

# INCREASING HPV VACCINATION: OVERVIEW

Step 1 Assemble a Team	Step 2 Make a Plan	Step 3 Engage and Prepare all Staff	Step 4 Get patients vaccinated by their 13 <sup>th</sup> Birthday
Identify an HPV vaccination champion	Identify opportunities to increase HPV vaccination	Engage all clinical and non-clinical staff in your efforts	Make an effective recommendation
Form a QI team for HPV vaccination	Determine baseline vaccination rates	Prepare the clinic system	Prompt the health care provider
Identify external organizations and resources to support efforts	Design your clinic's HPV vaccination strategy	Prepare the parent and patient	Increase access
		Prepare the clinicians	Track series completion and follow-up
			Measure and improve performance



# VACCINATION PROGRAMS: HOME VISITS TO INCREASE VACCINATION RATES

Recommended by the Community Preventive Services Task Force (CPSTF)

What do home visitors do?

Assess clients' vaccination status

Discuss importance of recommended vaccinations

Provide vaccinations to clients in their homes or refer them to other services

Who are the visitors?

Nurses (provide vaccinations)

Social workers

Community health workers

# VACCINATION PROGRAMS: HOME VISITS TO INCREASE VACCINATION RATES

- Target population:
  - May be directed to everyone in a designated population
  - Low-income single mothers
  - Others who have not responded to previous intervention efforts
- Forms of implementation:
  - May be implemented alone or as part of a larger health care system
  - May be part of a community-based program to increase vaccination rates
- Home visits are potentially effective in addressing a wide range of public health problems e.g. HPV vaccination promotion, teen pregnancy prevention

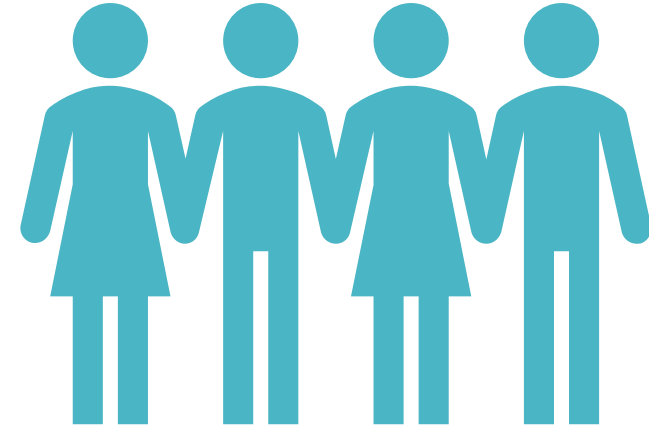


# AMIGAS – (AYUDANDO A LAS MUJERES CON INFORMACION, GUIA, Y AMOR PARA SUS SALUD)

*Helping Women with Information, Guidance and Love for their Health*

- A bilingual educational outreach intervention designed to help promotoras increase cervical cancer screenings
- Is built from the Community Preventive Services Task Force that one-on-one education increases Pap test use.
- Works with women who are experienced *promotoras* in their communities to deliver the education.
- Stresses how information and skills learned in the intervention will help women, their families, and their communities stay healthy.
- Provides culturally appropriate bilingual information.
- Uses naturally occurring social networks to recruit women.
- Detailed breakdown on tools and implementation methods on our website: <https://nchph.org/cervical-cancer-control-and-prevention/>





## HEALTH ISSUES IMPACTING ADOLESCENTS IN PUBLIC HOUSING

# ISSUES IMPACTING ADOLESCENTS IN PUBLIC HEALTH

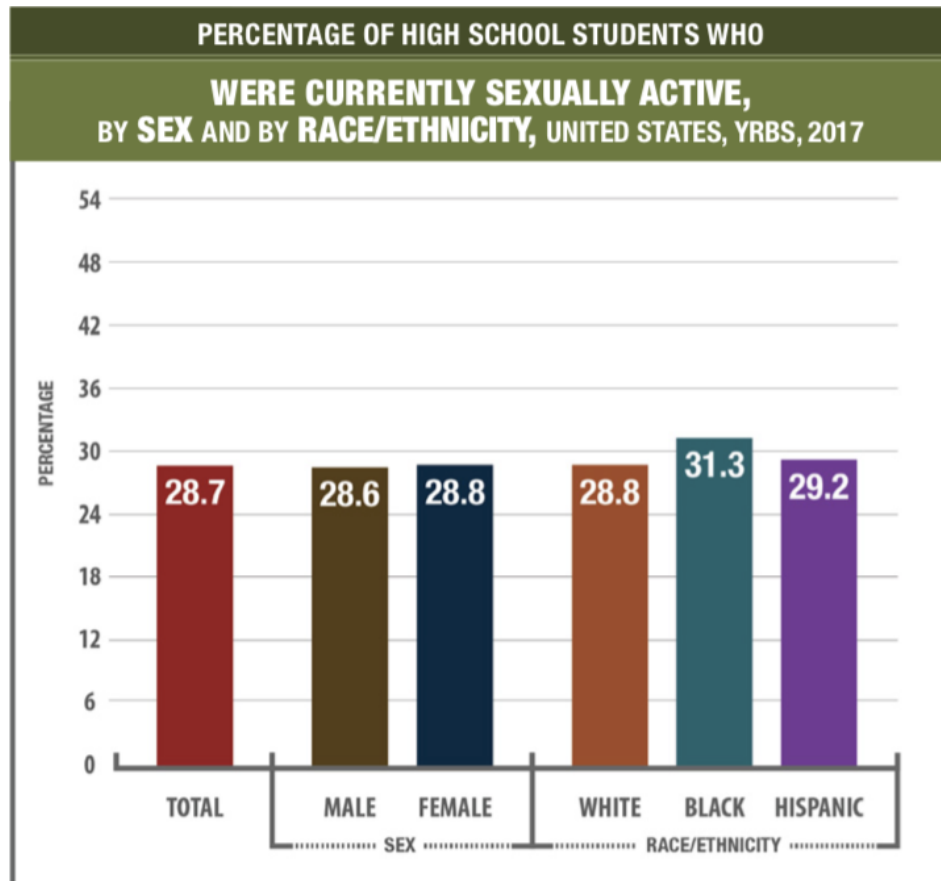
- Teens living in public housing have a higher risk for involving in risky behaviors due to housing instability and lack of social support, exposure to violent situations, socioeconomic status
- Teens' behaviors have a huge impact on their current and future health
- Preventable behaviors:
  - Substance 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

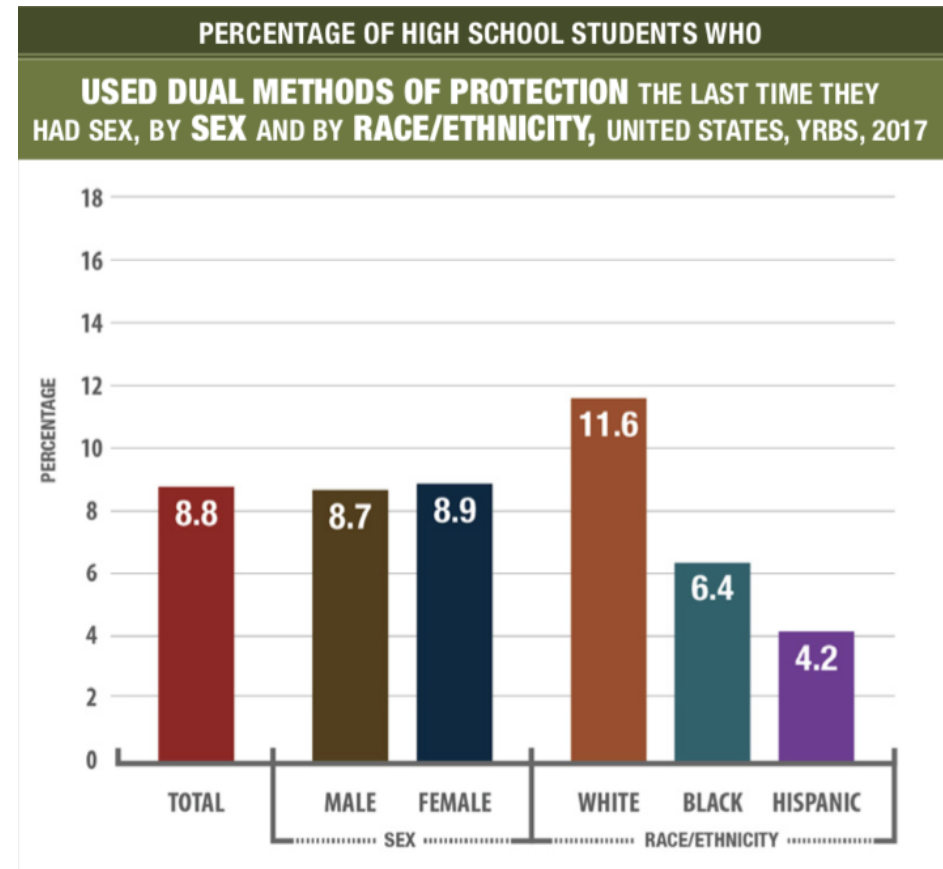
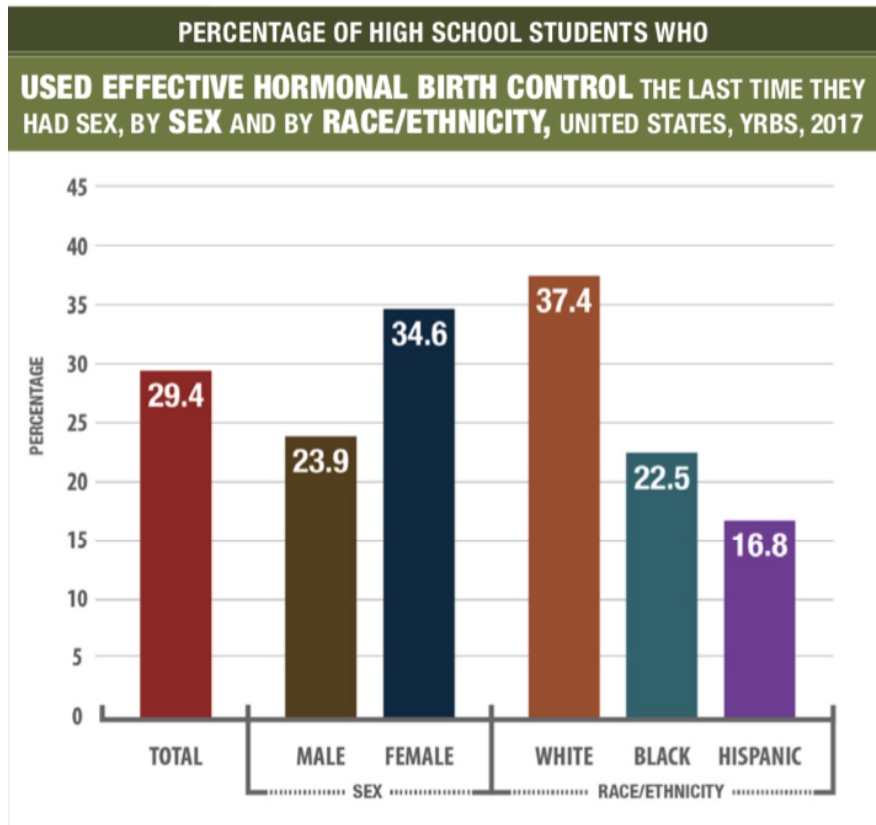


THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 Total	2009 Total	2011 Total	2013 Total	2015 Total	2017 Total	Trend
Ever had sex	47.8	46.0	47.4	46.8	41.2	39.5	Shield
Had four or more lifetime sexual partners	14.9	13.8	15.3	15.0	11.5	9.7	Shield
Were currently sexually active	35.0	34.2	33.7	34.0	30.1	28.7	Shield
Used a condom during last sexual intercourse <sup>†</sup>	61.5	61.1	60.2	59.1	56.9	53.8	Stop Sign
Used effective hormonal birth control <sup>†</sup>	NA	NA	NA	25.3	26.8	29.4	Shield
Used a condom and effective hormonal birth control <sup>†</sup>	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 <sup>†</sup>	NA	NA	NA	10.3	9.6	8.0	
Experienced sexual dating violence <sup>†</sup>	NA	NA	NA	10.4	10.6	6.9	

<sup>\*</sup>For the complete wording of YRBS questions, refer to Appendix.      <sup>†</sup>Among students who dated or went out with someone during the past year      Source: National Youth Risk Behavior Surveys, 2007-2017

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 <sup>+</sup>	NA	NA	NA	NA	NA	14.0	NA

<sup>\*</sup>For the complete wording of YRBS questions, refer to Appendix.      <sup>+</sup>Introduced in 2017      Source: National Youth Risk Behavior Surveys, 2007-2017





**CATHERINE PATTERSON, MA, MPH.**

**WOMEN'S HEALTH PROGRAM MANAGER**

**AltaMed**  
QUALITY CARE WITHOUT EXCEPTION™

# NEXT SESSION: TUESDAY, MARCH 31, 2020 @ 1:00 PM EDT

Registration link:

<https://attendee.gotowebinar.com/register/1868760054057967628>

Topic: Evidence Based for the Utilization of CHWs: HPV and teen pregnancy

Objectives:

- Review different approaches to teen pregnancy prevention
- List interventions using Community Health Worker
- Revise evidence-based interventions with Community Health Workers

## 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.



- When? June 18 – 19, 2020
- Symposium Registration, Call for Abstracts and Posters, and sponsorship opportunities are now available for our 2020 Symposium.
- Early-bird registration March 31, 2020
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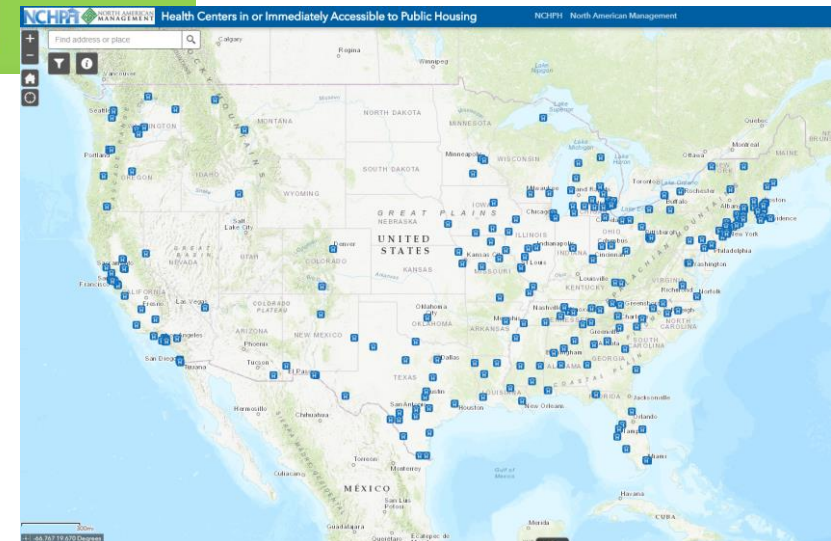
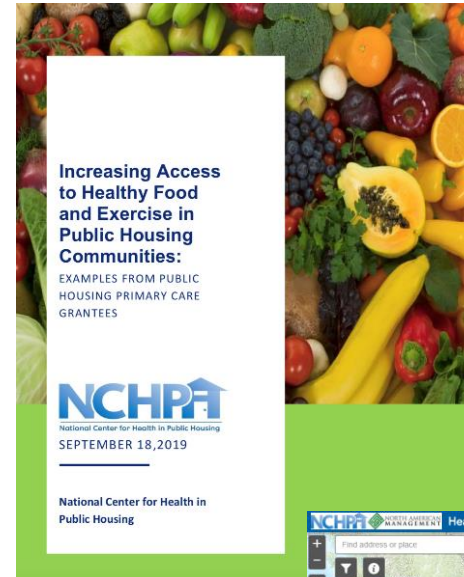


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**THANK YOU!**

