Adolescent Health: Risk and Resources

Satellite Conference and Live Webcast Tuesday, July 24, 2007 1:00 - 3:00 p.m. (Central Time)

Produced by the Alabama Department of Public Health Video Communications and Distance Learning Division

Faculty

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Program Objectives

- Describe common adolescent risk behaviors.
- Identify common risk behavior incidence and trends in Alabama adolescents ages 15-19 as measured by the Youth Risk Behavior Study.

Program Objectives

- List FOCUS programs curriculum guidelines to decrease risk behaviors and techniques for implementation into Alabama Schools.
- Describe Alabama teen pregnancy trends and discuss programs being used in Alabama to fight teen pregnancy.

The FOCUS Program

Sue Jones, MA

Overview

- The FOCUS Program
 - -Overview
 - -Participating schools
 - -Alabama Youth Council
 - -Rally for Awareness
 - -Healthy Students Healthy Schools Network
 - -Goals for 2007-2008

Overview of The Focus Program

- Student led prevention of HIV/AIDS and other adolescent risk behaviors
- Promotes school and community partnerships

Methods of Implementation

- Elective class
- · Extra-curricular activity
- · Family and consumer science class
- · Health science class

Participating School Systems (132)

PHA 1

• Florence City

• Franklin County

- Russellville City
- Marion County
- Walker County
- Jasper City
- Tuscumbia City

PHA 2

- Limestone County
- Huntsville City
- · Madison City
- · Scottsboro City
- Decatur City
- Cullman County
- Marshall County

Participating Schools

PHA 3

PHA 4

PHA 6

• Tuscaloosa County • Jefferson County

PHA 5

Dekalb County

Cherokee County

 Etowah County Gadsden City

- Anniston City
- · Jacksonville City
- Oxford City
- Cleburne County
- Pell City · Talladega City
 - Talladega County

Participating Schools

PHA 6

- Sylacauga City
- Clay County
- Roanoke City

PHA 7

 Choctaw County Perry County

Lowndes County

- Tallapoosa County
- Alex City
- The Donoho School (private)
- Alabama School for the Deaf and Blind

Participating Schools

PHA8

PHA 9

- Elmore County
- Clarke County
- Macon County
- Baldwin County
- · Phenix City
- Bullock County

Participating Schools

PHA 10

PHA 11

- · Pike County
- Mobile County
- Troy City
- 1,087 students enrolled in Focus

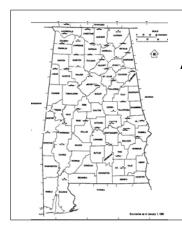
Alabama Youth Council for HIV/AIDS Education

3rd Annual Alabama Youth Council for HIV/AIDS Prevention

ASDE AND ADPH Collaboration Held in 2005, 2006, and 2007 Birmingham, AL

43 of 67 Counties Represented

Tentatively Scheduled for October, 2007 Alabama State University



Alabama Youth
Council for
HIV/AIDS
Education
held
in Birmingham

43 of 67 Counties Participated

"Rally for Awareness"

Held in Anniston, Gadsden, and Talladega 2004-2007

Plans are underway for 2008 in Huntsville, Montgomery, and DeKalb County

Collaboration between Community Agencies, ADPH, and Focus Program

Healthy Students Healthy Schools

Alabama Department of Public Health Alabama Department of Education Alabama Association of School Boards

Sponsored by
Chief Council of State School Officers
and
National Association of School Boards

Goals for 2007-2008

- Expand FOCUS Program to 36 counties
- Maintain existing schools
- Increase student participation in existing schools
- · Increase teacher training

For more information, please contact:

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Alabama Campaign to Prevent Teen Pregnancy

July 2007

Jamie Keith Executive Director Alabama Campaign to Prevent Teen Pregnancy

Topics

- Estimated teen pregnancies
- · Teen pregnancy rate
- Teen birth rate
- Percent of teen births to unmarried women
- What works to prevent teen pregnancy
- Resource list

Estimated Teen Pregnancies 2005

• Ages 10-14: 274

• Ages 15-17: 3,671

• Ages 18-19: 7,569

• Ages 10-19: 11,514

2005 Teen Pregnancy Rate

• Ages 10-14: 1.8

• Ages 15-17: 39.2

• Ages 18-19: 121.1

• Ages 10-19: 37.5

Teen Births

• Under 15: 148

• Ages 15-19: 7,755

• Total: 7,903

Percent of Teen Births to Unmarried Women

73.1%

What Works to Prevent Teen Pregnancy

Putting What Works to Work

- Science Says: "Characteristics of Effective Curriculum-Based Programs"
- Developed by National Campaign
- Based on Emerging Answers:
 Research Findings on Programs to
 Reduce Teen Pregnancy, author
 Douglas Kirby, Ph.D.

Why Care About Characteristics of Effective Curriculum-Based Programs?

 These characteristics are based on programs that have been well evaluated and shown some measure of success.

Why Care About Characteristics of Effective Curriculum-Based Programs?

 When barriers do not allow for exact replication of a program, the characteristics of these effective curriculum-based programs can be useful in developing a new curriculum.

Program Characteristics

- The effective programs share 10 common characteristics.
- Programs that did not incorporate one or more of these characteristics were typically found to be ineffective.

Characteristic #1

- Have a specific, narrow focus on behavior.
- Effective programs tend to focus on specific behavioral goals such as delaying first sex.
- Typically, they do not spend significant time on such topics as gender roles, dating, or being a parent.

Characteristic #2

- Based on theoretical approaches that have been effective in influencing other risky health-related behavior.
- Includes such theories as reasoned action, cognitive behavior theory, and theory of planned behavior.
- These theories help identify the particular risk and protective factors that the curricula try to change, which in turn may lead to voluntary change in sexual behavior.

Characteristic #3

- Provide clear messages about sex and protection against stds or pregnancy.
- A particularly important characteristic in distinguishing between effective and ineffective programs.
- Activities directed towards convincing students that not having sex or using contraception consistently and carefully is the right thing to do, as opposed to simply laying out the pros and cons of different sexual choices.

Characteristic #4

- Provide basic, not detailed, information.
- Emphasize the basic facts that young people need to avoid unprotected sex, instead of detailing all the different methods of contraception and STDs.
- Also, present information that might lead to positive changes in beliefs and attitudes, and what are perceived as values – the "norms" of their friends.

Characteristic #5

- Address peer pressure.
- Discuss situations that might lead to unwanted sex or "lines" that are often used to get someone to have sex.
- Also, address beliefs and misconceptions among groups of teens, such as "everyone is doing it."

Characteristic #6

- · Teach communication skills.
- Provide information about communication, negotiation, and refusal skills.
- Demonstrate those skills (ex: how to say no to sex or sex without contraception), and then provide repeated practice in those skills.

Characteristic #7

- Include activities that are interactive.
- Help teens personalize the information through engaging games, simulations, small group discussions, videos, role-playing, and written exercises.
- Some programs use peer educators or videos featuring people with whom students can identify.

Characteristic #8

- Reflect the age, sexual experience, and culture of the young people in the program.
- Because few young adolescents have had sex, curricula for middle school students tends to focus on postponing sexual involvement.

Characteristic #8

 For high school students, who tend to have more sexual experience, programs usually emphasize avoiding unprotected sex, stressing that abstinence is only 100% sure bet, and that contraception should be used every time if they do have sex.

Characteristic #9

- · Last longer than several hours.
- Because having a real influence on behavior is a difficult task, programs that are only a few hours cannot markedly change the risk and protective factors affecting sexual behavior.
- Programs that last 14 or more hours and that have a greater number of different activities have a greater effect.

Characteristic #10

- Carefully select leaders and train them.
- Place a high premium on recruiting teachers and/or peer leaders who believe in the program, and provide them with training.
- Training sessions are generally from six hours to three days and provide them with both information and teaching strategies.

What It All Means

- One of the most promising strategies for reducing teen pregnancy through programs is to put in place those programs that have been demonstrated to be effective with other youth in other places.
- If this is not possible, then it is important that the new program incorporates one or more of these characteristics.

For more detailed information and technical support contact the Alabama Campaign to Prevent Teen Pregnancy

Alabama Campaign to Prevent Teen Pregnancy Offers

- · Research on data and statistics.
- Fact sheets for distribution in community.
- Technical advice on effective programs.
- Information and access to a network of organizations focused on teen/family issues.

Alabama Campaign to Prevent Teen Pregnancy Offers

- Annual teen pregnancy prevention conference.
- Presentations regarding teen pregnancy prevention at community meetings.
- Library of books, curricula, etc available for review.

Resource List

Alabama Campaign to Prevent Teen Pregnancy 2 N. Jackson Street, Suite 202, Montgomery, AL 36104 334-265-8004

www.acptp.org / acptp@bellsouth.net

National Campaign to Prevent Teen Pregnancy 1776 Mass Ave, NW, Suite 200, Washington DC 20036 (202)478-8500

www.teenpregnancy.org / campaign@teenpregnancy.org

Advocates for Youth 2000 M Street, NW, Suite 750, Washington DC 20036 (202)419-3120

www.advocatesforyouth.org / information@advocatesforyouth.org

2005 Youth Risk Behavior Survey Results

Dr. Hank N. Williford

Alabama State Department of Education Centers for Disease Control and Prevention Auburn University Montgomery

2005 Youth Risk Behavior Survey Results

- Behaviors that contribute to unintentional injuries
- · Behaviors that contribute to violence
- Tobacco use
- · Alcohol and other drug use
- · Age of initiation of risk behaviors
- Tobacco, alcohol, and other drug use on school property

2005 Youth Risk Behavior Survey Results

- Sexual behaviors that contribute to unintended pregnancy and STDS, including HIV infection
- Dietary behaviors
- Physical activity
- · Overweight and weight control

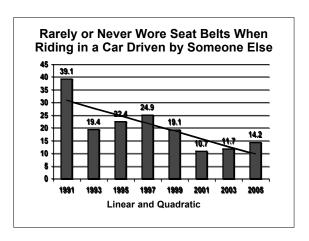
Alabama High School Survey Grades 9 to 12

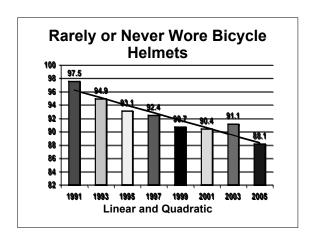
- Spring 2005
- 1140 Students
- 32 Schools
- Overall Response Rate 60%
- 82% Schools, 73% Students

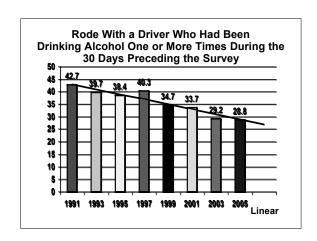
Alabama High School Survey Grades 9 to 12

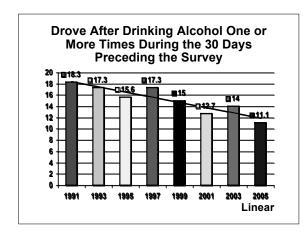
- Males 49.8%
- Females 50.2%
- Black 35.3%
- White 60.9%
- Hispanic 1.2%

Behaviors That Contribute to Unintentional Injuries

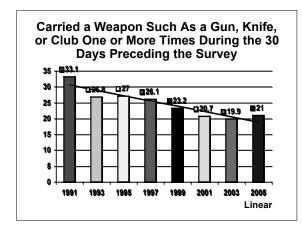


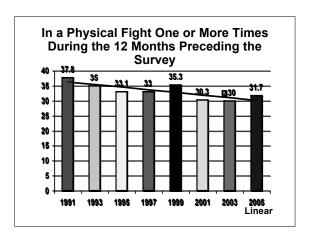


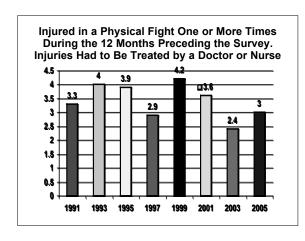


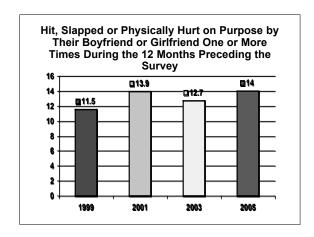


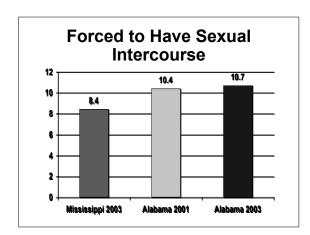
Behaviors That Contribute to Violence

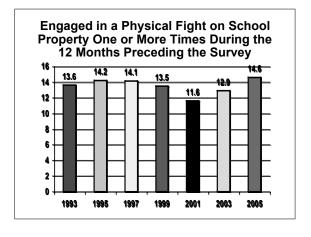


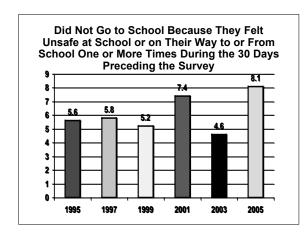


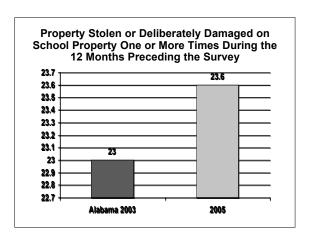


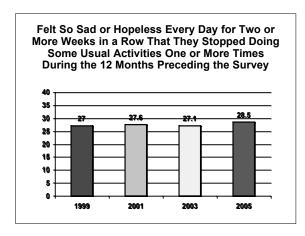


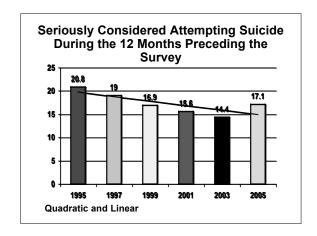


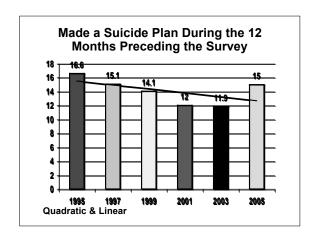


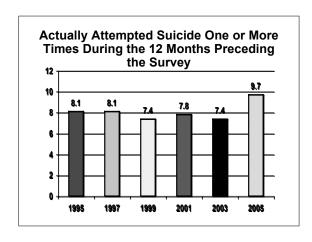


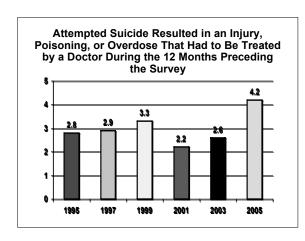


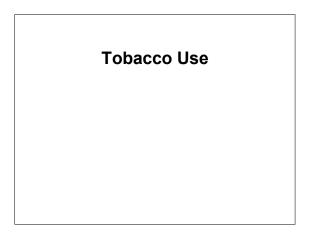


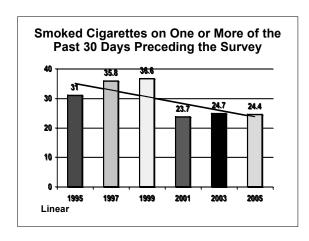


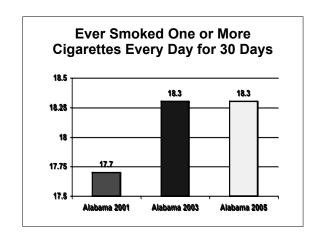


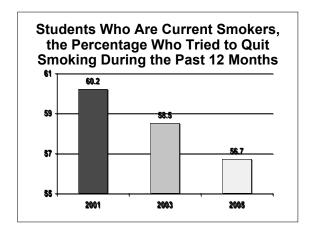


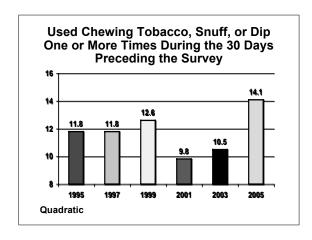


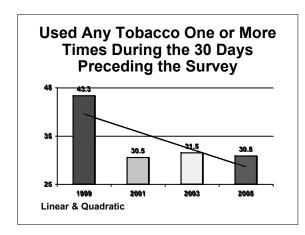


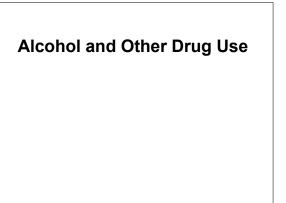


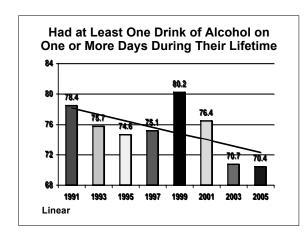


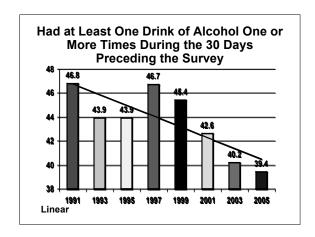


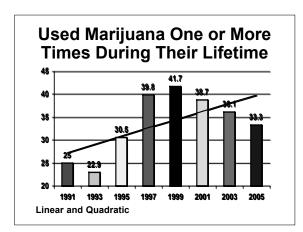


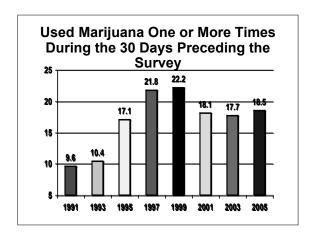


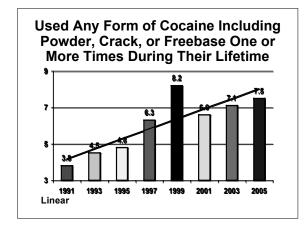


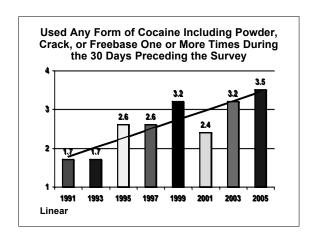


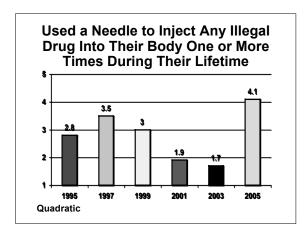


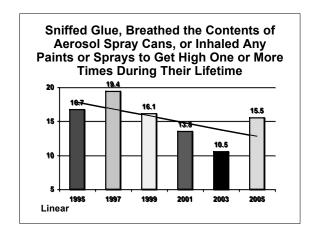


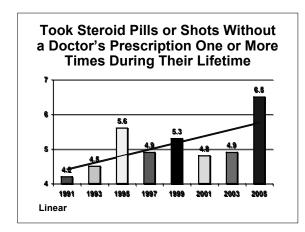


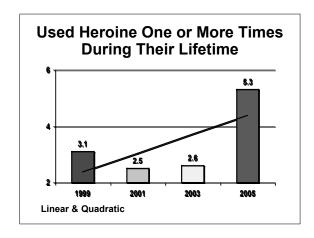




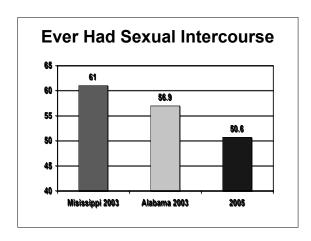


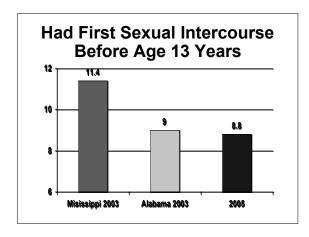


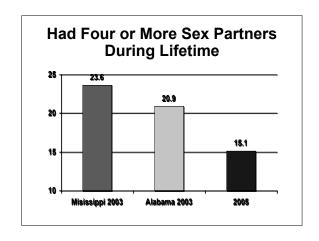


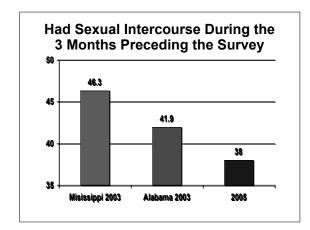


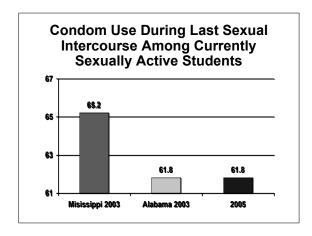
Sexual Behaviors That Contribute to Unintended Pregnancy and STDS, Including HIV Infection

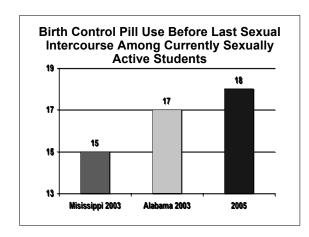


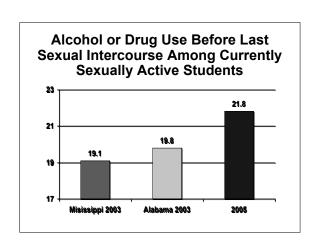


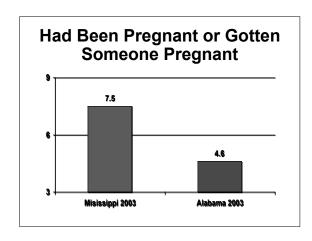


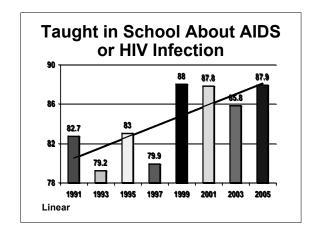


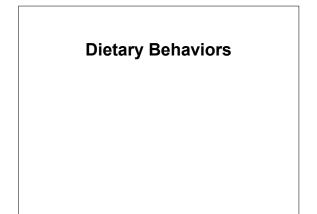


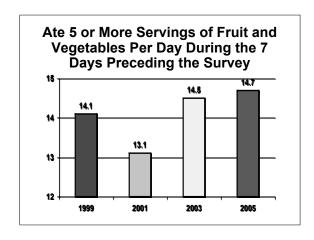


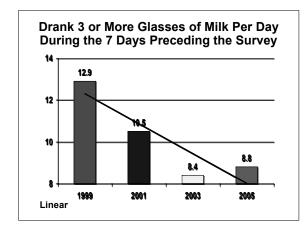


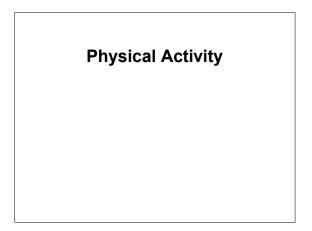


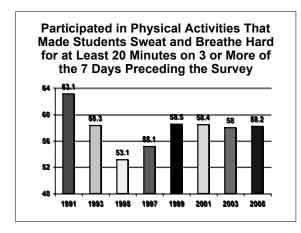


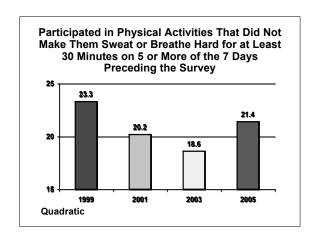


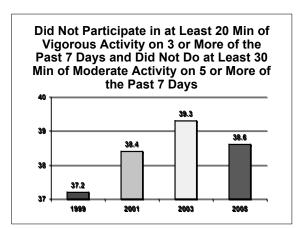


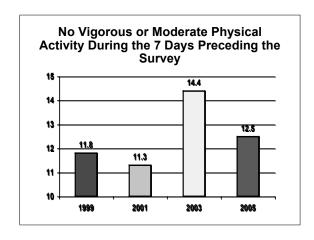


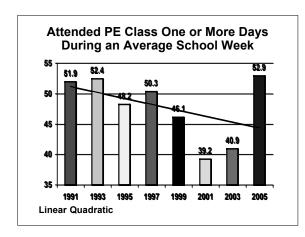


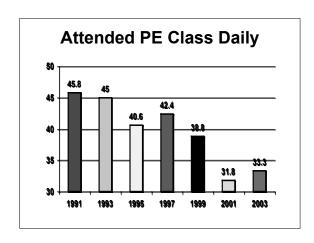


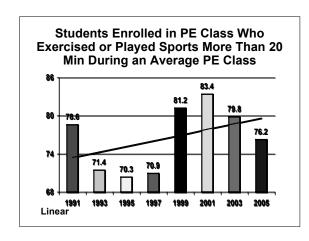


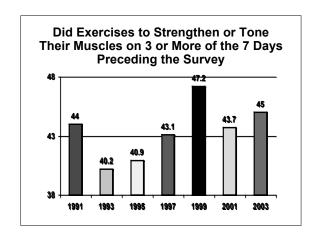


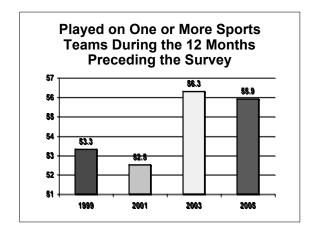


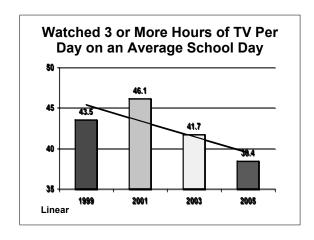


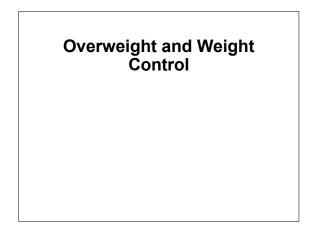


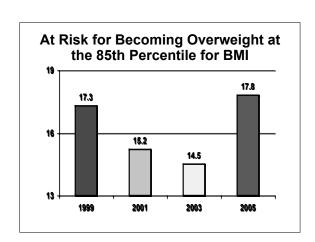


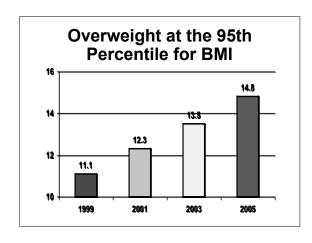


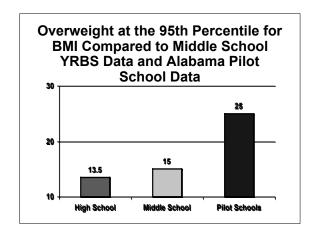


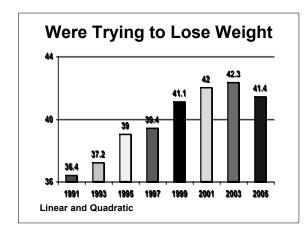


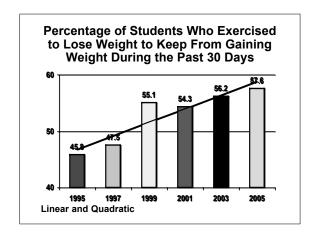


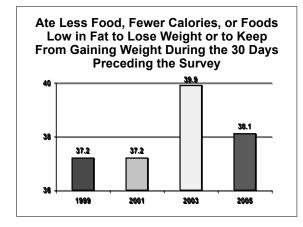


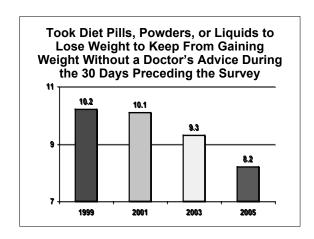












Behaviors that Contribute to Unintentional Injuries

Race	Black	Hispanic	White
Percent of students who described their health as fair or poor.	5.2	NR	6.3
Rarely or never wore seat belts when riding in car.	20.0	NR	10.8
Rode with drinking driver past month.	30.1	NR	27.6
Drove after drinking past month.	8.6	NR	12.4

Racial Differences

• Racial differences in behaviors

Violence by Race

Behaviors that Contribute to Violence	Black	His	White
Carried weapon (gun, knife, or club past month)	22.4	NR	20.4
Carried gun past month.	11.0	NR	4.8
Seriously considered suicide (past year)	16.8	NR	16.9
Attempted suicide past year	15.3	NR	6.9
Did not go to school because they felt unsafe at school past month.	12.3	NR	5.1
Were in a physical fight during past 12 months.	41.4	NR	26.0

Tobacco Use by Race

Tobacco Use	Black	His	White
Smoked cigarettes (past month)	15.5	NR	28.9
Ever tried smoking	61.0	NR	60.5
Used chewing tobacco, snuff, or dip (past 30 days)	7.1	NR	17.8
Used any tobacco one or more times (past month)	20.6	NR	35.9

Alcohol or Drug Use

Alcohol and Drug Use	Black	His	White
One or more drinks of alcohol (past month)	33.1	NR	42.7
Ever used marijuana one or more times.	39.0	NR	30.6
Used cocaine, crack, or freebase (past 30 month)	3.6	NR	3.5
Ever took steroid pills or shots without prescription	7.9	NR	5.4
Ever used heroine	7.5	NR	3.8
Ever tried marijuana before age 13	11.1	NR	8.0

Sexual Behaviors

Sexual Behaviors that Contribute to Unintended Pregnancy and STDS, Including HIV	Black	His	White
Ever had sexual intercourse	63.4	NR	44.9
Had sexual intercourse (past 3 months)	49.4	NR	32.7

Dietary Behaviors

Dietary Behaviors	Black	His	White
Ate 5 or more servings of fruit and vegetables per day (past 7 days)	18.7	NR	12.2
Drank 3 or more glasses of milk per day (past 7 days)	5.4	NR	10.5

Physical Activity

Physical Activity	Black	His	White
Participated in regular vigorous activity	47.4	NR	64.2
Participated in regular moderate physical activity	16.2	NR	23.8
No vigorous or moderate physical activity, past 7 days	16.7	NR	10.1
Attended PE class one or more days during average week	58.4	NR	50.3
Watched 3 or more hours of TV per day on average school day	46.9	NR	33.8

Overweight & Weight Control

Overweight and Weight Control	Black	HIS	White
At risk for overweight 85 th percentile for BMI	21.4	NR	16.1
Overweight at the 95 th percentile for BMI	18.8	NR	12.5
Described themselves as slightly or very overweight	25.1	NR	27.1
Were trying to lose weight	41.8	NR	40.5
Percentage of students who exercised to lose weight or to keep from gaining	60.2	NR	55.8

For a copy of YRBS 2005 contact:

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Upcoming Programs

Caring for the Arthritic Patient Wednesday, August 8, 2007 2:00 - 4:00 p.m. (Central Time)

For complete listing of upcoming programs visit: www.adph.org/alphtn