Adaptation Guidelines for Science-Based Adolescent Pregnancy and STD/HIV Prevention Programs

Claire Moore, MPH[1]; Lori Rolleri, MPH, MSW[2]; Carla Poindexter White, MPH[3]; Taleria R. Fuller, Ph.D.[1]
(1) Manila Consulting Group, Inc.; Centers for Disease Control and Prevention; (2) ETR Associates;
(3) Centers for Disease Control and Prevention - Division of Reproductive Health

Background

- Despite declines, adolescent pregnancy remains a public health issue – 750,000 girls become pregnant every year, and youth of color are disproportionately affected.
- Each year, three million adolescents, approximately one in four sexually experienced adolescents acquire an STD.
- One-half of all new HIV infections in the U.S. occur among youth under the age of 25 with one-quarter of new infections occurring among those 13–21 years of age.
- There are numerous science-based adolescent pregnancy and STD/HIV prevention programs that have been shown to be effective, yet many youth-serving organizations do not utilize them.
- **A key barrier is that many program providers perceive that the science-based program (SBP) do not 'fit' their youth.**

Quotes from the field

- .....organizations are desperately seeking very specific adaptation guidance for their target population for each of the current [science-based program].
- I have heard repeatedly, in reference to the science-based curricula, that there is "nothing that 'works' in the Hmong or Native American community"
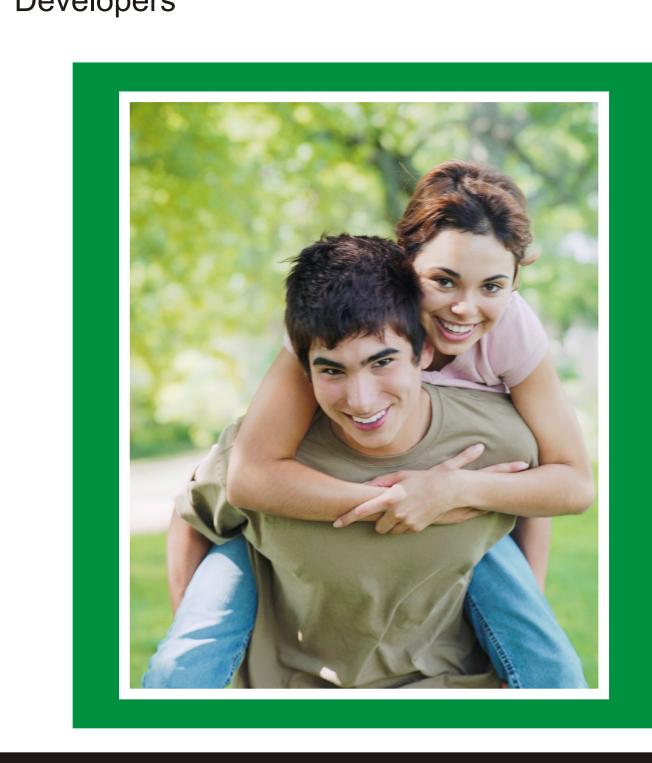
Need for Adaptation Guidelines

- Need and interest among CDC Division of Reproductive Health, Promoting Science-Based Approaches to Prevent Teen Pregnancy (PSBA) grantees has been documented in several ways through surveys and interviews.

  — The purpose of the PBSA program is to increase the capacity of state and local organizations such as health departments, health clinics, community based organizations, and other youth-serving organizations to use a science-based approach to prevent teen pregnancy;

- Currently, adaptation guidelines for the grantees and other adolescent reproductive health practitioners do not exist.

Purpose of Adaptation Guidelines

- CDC Division of Reproductive Health and Education, Training, Research (ETR Associates) has initiated the development of the Adaptation Guidelines to guide practitioners through a systematic process to select an appropriate adolescent pregnancy and STD/HIV prevention program and make adaptations while maintaining fidelity to the program's core components.
- Specifically, these guidelines are designed to assist youth program facilitators, health care providers, teachers, and other youth serving professionals interested in implementing and adapting SBP.
- The guidelines will assist those who are particularly interested in making adaptations to SBP that are time-conscious and require fewer resources, known as **"green light adaptations".**

How Were the Adaptation Guidelines Developed?

- Review of Relevant Literature (list not exhaustive)
  - Lesesne, et al. 2007
  - Solomon, et al. 2006
  - McKleroy, et al. 2006
  - Tortolero, et al. 2005

- Adaptation Working Group (providing conceptualization and review)
  - ETR Associates
  - Healthy Teen Network
  - South Carolina Campaign to Prevent Teen Pregnancy
  - Center for Health Training (Washington)
  - CDC Division of Reproductive Health
  - CDC Division of HIV/AIDS Prevention
  - CDC Division of Adolescent and School Health
  - CDC Global AIDS Program

- Tool Development Experts (provided systematic analyses of curricula)
  - Science-Based Program Developers
  - Curriculum Experts

What is Adaptation?

- **Adaptation** is the process of making changes to a SBP in order to make it more suitable for a particular population and/or an organization's capacity without compromising or deleting its core components.

Reasons for Adaptation

- Fit the culture of the priority population
- Change activities that have not worked well in the past
- Respond to community values
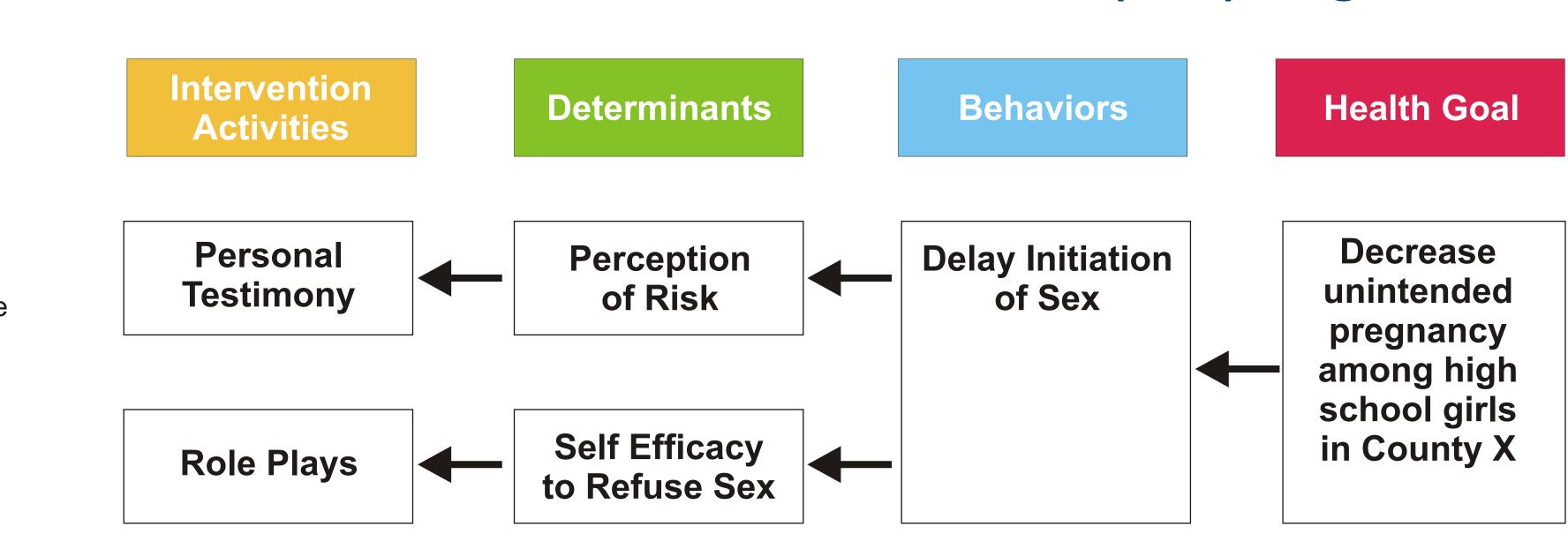- Meet facilitator comfort level regarding content or pedagogy
- Meet the needs of the organization
- Address time constraints
- Reduce program costs
- Adopt a greater sense of ownership of the curriculum
- Reduce time to deliver program

Adaptation Tools

In conjunction with the guidelines, the following tools are being developed for multiple SBP in collaboration with the curricula developers:

1. Logic models that identify the link between curriculum activities and health goals.
2. Descriptions of the curriculum's core content, pedagogical and implementation components.
3. Identification of green light adaptions.
4. Additional tools, including assessments and program selection tools.

Behavior-Determinant-Intervention (BDI) Logic Model

Intervention Activities	Determinants	Behaviors	Health Goal

| Personal Testimony | ← | Perception of Risk | Delay Initiation of Sex | Decrease unintended pregnancy among high school girls in County X |
| Role Plays | ← | Self Efficacy to Refuse Sex | | |

Core Components

Core components define program characteristics that must be kept intact when the intervention is being replicated or adapted, in order for it to produce program outcomes similar to those demonstrated in the original evaluation research.

Three Categories of Core Components

- *Core Content Components* are the essential characteristics of a program that relate to **WHAT** is being taught by the program, that is, the knowledge, attitudes and skills that are addressed in the program's learning activities and are believed to change sexual risk behaviors.
- *Core Pedagogical Components* are the essential characteristics of a program that relate to HOW its content is taught (eg., Using role-plays to build self-efficacy to refuse sex).
- *Core implementation components* are the essential characteristics of a program that relate to some of the logistics that set up a conductive learning environment such as program setting, facilitator-youth ratio, dosage and sequence of sessions, etc.

Types of Adaptations

- **Green light adaptations** make changes to SBP activities in order to better fit the age, culture, and context of the priority population and to fit the needs of the organization or community.
- These changes do not include adding behaviors or determinants or compromising/deleting the core components.

Examples

Changing the language and setting of role-play scenarios

Using more factually up to date material

Changing learning activities to be more appropriate to the youth's culture

Changing wording of behavioral messages to be more appropriate to youth's culture

Making activities more interactive

- **Yellow light adaptations** *are more complex* and **it is highly recommended that an expert in behavior change theory and curriculum development be consulted** so that the programs core components are not compromised.
- Examples include changing the sequence of activities, adding activities to address additional risk and protective factors, changing the facilitator from adult to peer, etc.

- **Red light adaptations** compromise or delete one or more core components of a program.
- Examples include shortening programs, reducing or diminishing activities that allow youth to personalize information and practice skills, and reducing condom activities that may reduce impact on condom use.
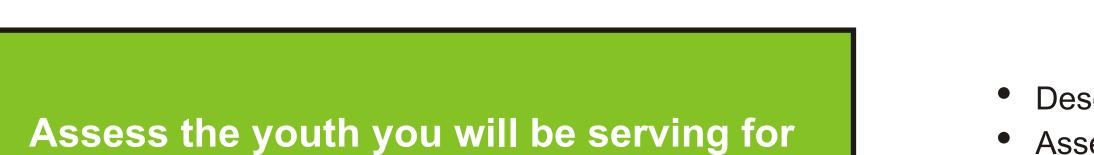- Red light adaptations should be avoided.

Adaptation Guidelines for Science-Based Sexual Risk Reduction and HIV Education Programs
"Green Light"

Assess the youth you will be serving for green light adaptations, as well as your organization's capacity
- Describe the demographics of your priority population
- Assess/identify the adolescent sexual risk behaviors you wish to change
- Assess your organization's capacity to deliver a science-based program
- Use existing and newly collected data

Select a science-based program that best fits your priority population of youth
- Examine logic model and core components for program
- Narrow available programs based on the sexual behaviors you want to change
- Match sexual behaviors you want to change to those that the original programs changed
- Other items to consider:
  - Costs
  - Staffing needs
  - Time
- Eliminate programs that require you to delete or change the core components
- Based on these matches, select a program to implement

Identify the green light adaptations that would improve the program's fit with your priority population
- Use the data from your assessment efforts
- Identify where the original program differs from your population on demographics, youth culture, organizational capacity, dosage, etc.
- Consider how the changes will be made (i.e. will they be directly changed in the program manuals?; will new pages be inserted in the manual?)

Make green light adaptions to the programs
- Use readily available resources to make adaptations and enhance program suitability
  - How to Facilitate Role-Plays, Large Group Discussions, Small Group Work, etc.
  - Adolescent Reproductive Health Data websites
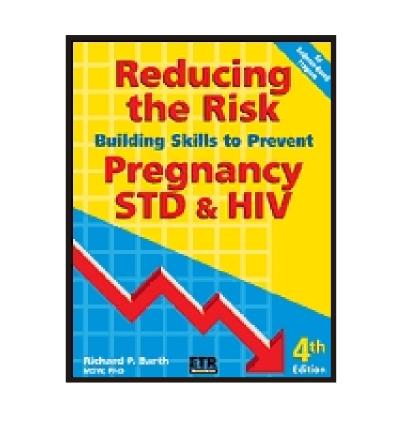 - Cultural Competency Resources
  - Classroom Management

Prepare to pilot, implement, monitor and evaluate your adapted science-based program
- Conduct a pilot test of the adapted program to make appropriate revisions and address challenges
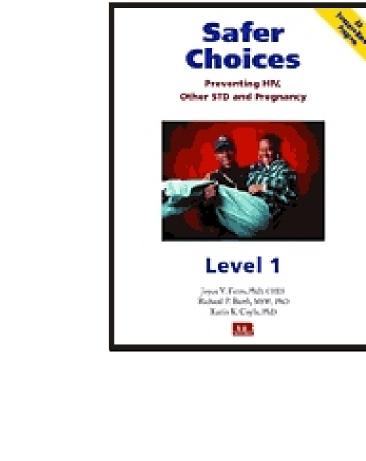- Develop program monitoring and evaluation plans, strategies, and tools to check the progress of the program and ensure that it has the desired effect on the targeted population
- Utilize fidelity monitoring tools to ensure that you are maintaining the core components of the program
- Develop follow-up plans to assess further how the adaptations are working and the overall effect of the program
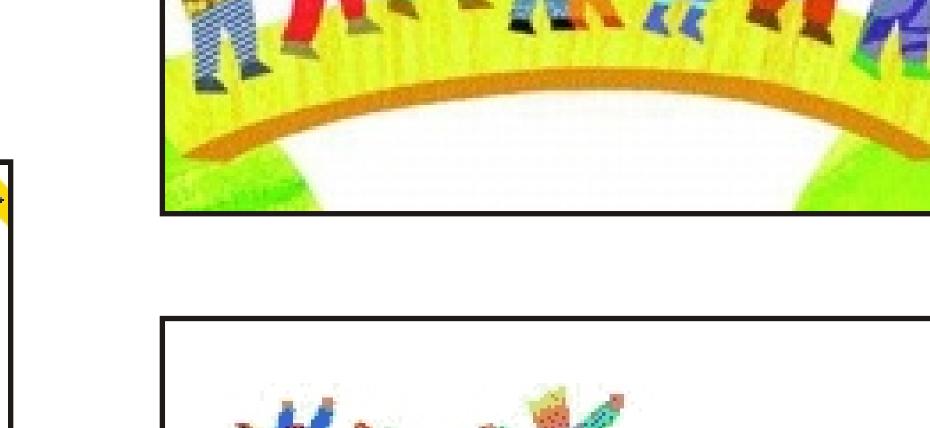
Five Program Examples for 2006–2007

- Becoming a Responsible Teen (after school, high school age)
- Making Proud Choices (after school, middle school age)
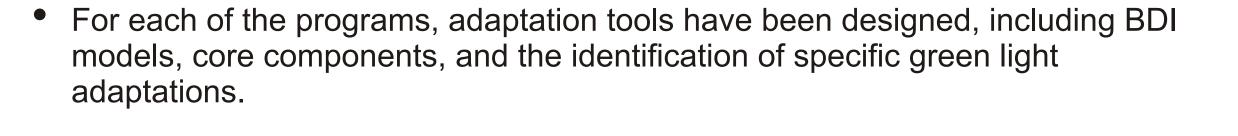- Making a Difference (after school, middle school age
- Reducing the Risk (in school, high school age)
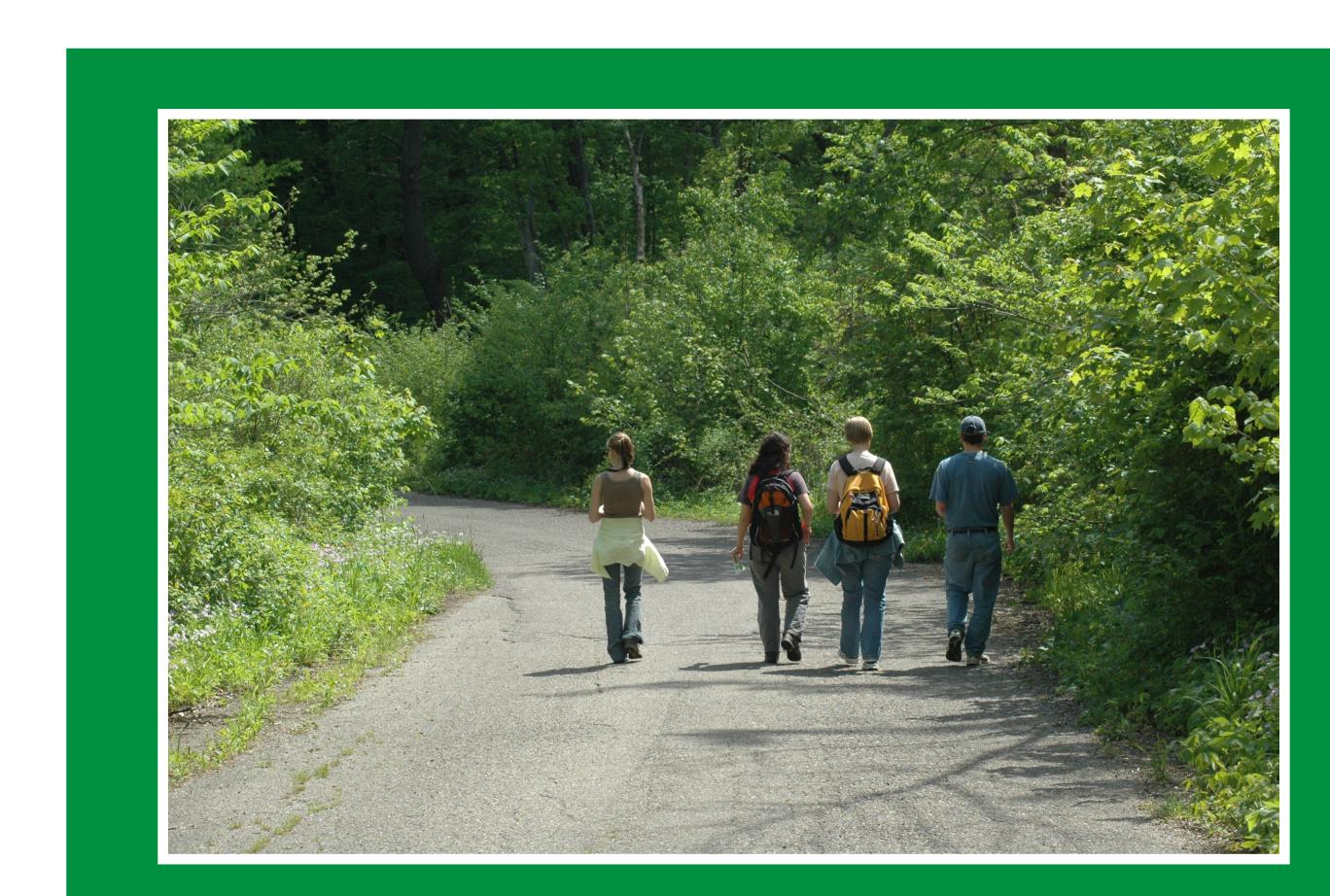- Safer Choices (in school, high school age)

- For each of the programs, adaptation tools have been designed, including BDI models, core components, and the identification of specific green light adaptations.

Where Are We Going?

- Develop tools for 1–2 other types of programs (youth development, clinic-based)
- Pilot test the guidelines and tools to ensure they are user-friendly
- Develop and provide training
- Conduct validation studies to see if the guidelines "work"
- Integrate guidelines into our overall program planning framework

References

1 Santelli JS et al., Recent declines in adolescent pregnancy in the United States: More abstinence or better contraceptive use? *American Journal of Public Health,* 2007, 97(1) forthcoming.

2 Darroch, J.E. & Singh, S. *Why is teenage pregnancy declining? The roles of abstinence, sexual activity and contraceptive use.* Occasional Report No. 1, Alan Guttmacher Institute, 1999.

3 "Adolescent care standards and CHIP efforts" Adolescent Care Standards and State CHIP Efforts. June 1, 2000. FindArticles.com. 27 Sep. 2007.

4 *Young People at Risk: HIV/AIDS Among America's Youth,* Centers for Disease Control, October 1998.

5 Kirby, D. (2004). BDI Logic Models: *A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-taking, Pregnancy, HIV and other STDs.* Santa Cruz, CA: ETR Associates.
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Contact Information

Lori A. Rolleri, MSW, MPH
ETR Associates
Lorir@etr.org

Taleria R. Fuller, Ph.D.
Manila Consulting Group, Inc.
Centers for Disease Control and Prevention
TFuller@cdc.gov

To learn more about the PSBA Program go to:
Http://www.cdc.gov/reproductivehealth/AdolescentHealth/ScienceApproach.htm

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