

**TEENSTALKHEALTH:**  
**AN INTERACTIVE WEBSITE TO PROMOTE HEALTHY RELATIONSHIPS AND PREVENT STIS**

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**Funding** National Institute of Mental Health (R34 MH086320; PI: Brady)  
 University of Minnesota Grant-in-Aid

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**Presenter Disclosures**

- **The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**
  - Sonya S. Brady, PhD
  - Renee E. Sieving, PhD, RN
  - Loren G. Terveen, PhD
  - B. R. Simon Rosser, PhD, MPH
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**No relationships to disclose**

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**Interactive websites:  
 An innovative health services approach**

- **Adolescents feel comfortable using the Internet to...**
  - Obtain sexual health information
  - Express concerns to health professionals
- **The Internet can facilitate...**
  - Ongoing interaction between teens and health educators
  - Interventions that are responsive to potentially changing needs of teens over time

Borzekowski & Rickert, 2001; Gould et al., 2002; Mustanski et al., 2011; Rideout, 2001

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## TeensTalkHealth intervention

- TeensTalkHealth is an interactive sexual health website designed to promote condom use and healthy relationships
- Video vignettes, teen-friendly articles, and other content serve as conversation starters on message boards
  - By adding comments, teens clarify their values and beliefs
  - Health educators attempt to..
    - Reinforce health promoting attitudes and behaviors
    - Respectfully challenge risk promoting attitudes and behaviors

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## TeensTalkHealth feasibility study

- Teens aged 14-18 were recruited from 3 community clinics and 3 schools between Jan and Oct, 2011
  - 90% female
  - 64% White, 11% Black, 6% Asian, 3% Hispanic/Latino, 1% Other, 15% More than one race/ethnicity
- Evaluation data obtained from 147 teens
  - 92 assigned to the TeensTalkHealth intervention
  - 55 assigned to a "no-intervention" control group
- Private monthly surveys assessed...
  - Intervention teens' impression of the website
  - All teens' relationship quality and condom use with partners over time

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## TeensTalkHealth study timeline



Intervention Group	Baseline Survey	Participation in Intervention 4 End-of-Month Surveys	2 End-of-Month Follow-Up Surveys
Control Group	Baseline Survey	4 End-of-Month Surveys	2 End-of-Month Follow-Up Surveys

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## Process evaluation components

- **Dose delivered/completeness**
  - Extent to which intended intervention content was provided
- **Reach**
  - Proportion of the intended sample that participated in the intervention
- **Recruitment and retention**
  - Procedures used to approach, attract, and maintain involvement of teens
  - Today's focus is on retention
- **Fidelity/quality**
  - Extent to which an intervention was implemented as planned
- **Dose received**
  - Exposure
  - Satisfaction
- **Contextual facilitators and constraints**

Saunders, R. P., Evans, M. H., & Joshi, P. (2005). Developing a process-evaluation plan for assessing health promotion program implementation: A how-to guide. *Health Promotion Practice, 6*, 134-147.

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## Intervention tasks (60 total)

- **20 video topics**
  - Brief private survey
  - Public comment
- **4 article topics**
  - Brief private survey
  - Public comment
- **12 discussion topics**
  - Public comment only



What is consent?

*The simplest definition of consent is 'saying yes' or giving permission.*

*When it comes to sex, consent is a verbal agreement that it is ok to do a specific sexual behavior.*

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## No Worries - sample task

- **Video synopsis**
  - Marcus and Isabella have some troubles when trying to use a condom
- **Learning objectives**
  - Remain committed to condom use even if a partner is having difficulty using one.
  - Show that acceptance of a partner is not conditioned on his/her sexual performance in the moment.

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*No Worries*

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**Fidelity/quality of implementation**  
Overarching guidelines for responding to teen comments

- 1. Acknowledge the importance that teens place on relationships**
  - It's possible to protect health while also building relationships
- 2. Foster the ability to recognize the difference between healthy and unhealthy relationships**
  - Everyone deserves a healthy relationship
- 3. Build a climate where teens feel comfortable sharing experiences, sharing what has been learned, and providing guidance to others**

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**Strategies to promote behavior change**

*Motivational interviewing and cognitive-behavioral techniques:*

- Highlight teens' personal strengths
- Praise self-awareness and ask for information about thoughts/feelings that drive behavior
- Provide motivation (rationale for health protective behavior) and skills (how to...)
- Reframe and gently challenge risk-promoting statements
- Empathize with stressors (acknowledge difficulty)

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## Strategies to foster healthy decision-making

- Emphasize teens' autonomy and choice with respect to behavior (foster agency)
- Gently challenge the idea that it is possible to completely avoid negative experiences when choosing to engage in risk
- Encourage teens to think about how past negative experiences can inform healthy decision-making in the future
- Encourage teens to plan ahead (foster intentionality)

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## Task completion among intervention participants: Reach, dose received (exposure), and retention

Across all months	n	%	By month	n	%
0	8	8.7%	Month 1	0	14.1%
1-19	15	16.3%	1-4	4	4.3%
20-39	15	16.3%	5-9	10	10.9%
40-59	30	32.6%	10-14	4	4.3%
60	24	26.1%	15	61	66.3%
			Month 2	0	17.8%
			1-4	7	7.8%
			5-9	10	11.1%
			10-14	7	7.8%
			15	50	55.6%
			Month 3	0	23.6%
			1-4	9	10.1%
			5-9	6	6.7%
			10-14	8	9.0%
			15	45	50.6%
			Month 4	0	30.7%
			1-4	8	9.1%
			5-9	9	10.2%
			10-14	5	5.7%
			15	39	44.3%

- **Reach:** 91% of teens participated at some level.
- **Dose Received:** Nearly 60% of teens completed 2/3 or more tasks
- **Retention:** Task completion declined across the 4-month intervention period

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## Process evaluation results - Dose received (exposure)

Website development goal	Month 1 M (SD)	Month 2 M (SD)	Month 3 M (SD)	Month 4 M (SD)
Encouragement of condom use	4.52 (.83)	4.63 (.56)	4.59 (.58)	4.39 (.85)
<b>Responsiveness to barriers *</b>				
Teens on website	2.56 (1.09)	2.67 (1.15)	2.62 (1.09)	2.79 (1.12)
Health educators	3.16 (1.20)	3.35 (1.10)	3.30 (1.07)	3.46 (1.05)

\* When I talked about something that keeps me from using condoms, teens/health educators... Said things to try to help me use condoms.

\* When I talked about a problem I was having with a relationship, teens/health educators... Showed they cared. Tried to help solve the problem.

Likert scales (1-5) utilized

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### Process evaluation results - Dose received (satisfaction)

Website development goal	Month 1 M (SD)	Month 2 M (SD)	Month 3 M (SD)	Month 4 M (SD)
Comfort on website	4.21 (.86)	4.24 (.81)	4.08 (.89)	4.01 (.94)
Perceived privacy	4.81 (.51)	--	4.83 (.63)	--
Credibility of health educators	--	4.52 (.67)	--	4.53 (.64)
<b>Respect for autonomy</b>				
<i>How much were health educators...</i>				
a) Leaving out information to get you to do what they want?	--	1.64 (1.26)	--	1.70 (1.19)
b) Trying to help you do what you want?	--	3.76 (.94)	--	3.79 (.87)

Likert scales (1-5) utilized

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### Understanding retention

- Task completion was not associated with other components of our process evaluation
  - It does *not* appear that participation was determined by...
    - Perceived responsiveness to barriers by health educators
    - Perceived credibility of health educators
    - Perceived respect for autonomy by health educators
  - Future analyses can examine other potential determinants of participation
    - e.g., relationship quality with partner
    - e.g., history of condom use and other contraceptive use

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### Contextual facilitators and constraints

- Consider available staffing for moderation of website messages and development of new content in response to ongoing discussion
- Consider how competing demands on adolescents' time may influence participation rates during the course of an intervention lasting several months

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**Strategies to potentially increase interest in website content**

1. Blend condom- and relationship-focused topics throughout intervention
2. Assign a tailored, smaller number of tasks based on responses to the baseline survey
3. Create a function to automatically notify teens of replies to their messages

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**Conclusions**

- The TeensTalkHealth approach is an innovative, acceptable, and feasible strategy to promote health
- Our process evaluation provided valuable information that will assist in improving our intervention

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