REPLICATION: *Safer Sex Intervention (SSI)*

Grantee:	Planned Parenthood of Greater Orlando (PPGO)
Partner(s):	Department of Juvenile Justice, Alternatives Unlimited, Inc. Drop Back In, AMI Kids, Soldiers to Scholars, Orange County Healthy Start Program
Setting:	2 PPGO clinics
Target Population:	Sexually active females ages 15-19 who are not pregnant

Programmatic Context

Planned Parenthood of Greater Orlando

Planned Parenthood of Greater Orlando is one of nine organizations selected to participate in the Teen Pregnancy Prevention Replication Study. The study is a rigorous five-year evaluation of replications of evidence-based interventions aimed at preventing teen pregnancy, sexually-transmitted infections (STIs), and other sexual risk behaviors. The interventions are funded by the Office of Adolescent Health (OAH) under the federal Teen Pregnancy Prevention (TPP) Program. A brief overview of the study design and a description of the TPP Program can be found on the OAH website (http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/#Federal-LedEvaluation).

Planned Parenthood of Greater Orlando (PPGO), an affiliate of Planned Parenthood Federation of America, Inc., operates as a community based non-profit 501(c)(3) organization. Since 1995, the organization has provided reproductive health services (on a fee-for-service basis) and sexual health education in four central Florida counties – Orange, Osceola, Seminole and Brevard. Through its two reproductive health clinics (one on the East Side and West Side of Orlando), PPGO serves over 16,000 patients annually. The organization has also provided sex education in Orange County Public Schools since 1998.

PPGO has a history of working with and for local governmental and non-governmental agencies to provide education services and reproductive healthcare services to the community. It has been the recipient of multiple federal and state grants, as well support from private foundations and donors. The organization has a fairly strong presence in the community, successfully working in schools, but struggles to establish itself as a trusted resource in minority areas in part because of the political and social legacy of distrust of the healthcare system more generally. Concurrent with the start of the *Safer Sex Intervention (SSI)*, PPGO has made an extensive effort at community outreach, which has enhanced its image in the community and has garnered support for its range of services focused on young women's health and education.

Selection of Safer Sex Intervention

In September 2010, Planned Parenthood of Greater Orlando (PPGO) was competitively awarded a Teen Pregnancy Prevention Replication grant, administered by OAH. The grant is to implement the *Safer Sex Intervention (SSI)* with sexually-active females ages 15-19.[1]

The selection of *SSI* was guided by positive as well as negative considerations. A small but vocal group in the community actively opposed the work of the agency. This made it difficult to contemplate implementing a community-based model of sex education. The agency already provides some sex education in the Orange County schools. A stronger and more positive reason for selecting a clinic-based model is one that shaped the decision of others implementing *SSI*, namely that clinic administrators and clinicians perceived the limitations of efforts to change risk behaviors in sexually-active teens during a single clinic visit. Given the desire to base a program in the clinic to address the needs of those young women most at risk, *SSI (*as one of the few clinic-based evidence-based programs for youth on the list) was the inevitable choice.

Implementation of the Program Model

Settings for the Program

SSI is being implemented in two PPGO clinics – one on the west side of Orlando and one on the east side. The clinics vary in accessibility and the populations served.

Population Served

The data described below are drawn from a baseline student survey completed before the intervention was implemented. Enrollment for the study began in the fall of 2012.

Demographic Profile: By design, SSI is specifically intended for females. In this replication, the average age of young women was approximately 17 years. As a group, participants had diverse racial and ethnic backgrounds, with the sample consisting of 27% Hispanic, 20% White, Non-Hispanic, and approximately half Black, Non-Hispanic women (Exhibit 1).[2]

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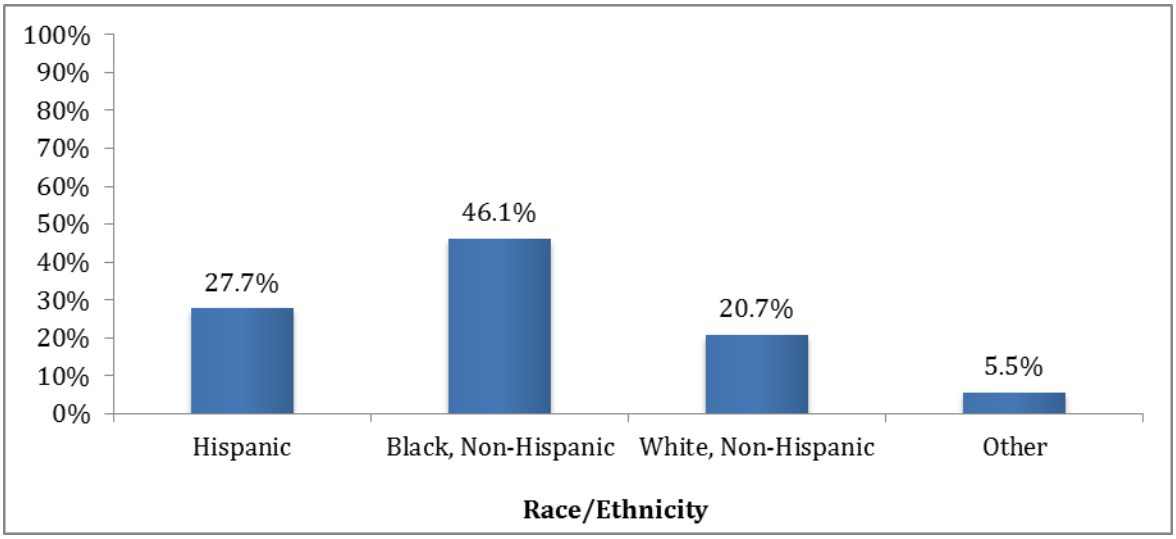
[1] A summary of the curriculum and citations for the original research are provided in the Study Overview.

[2] The total sample size for PPGO is 440. The sample sizes for each of the risk variables vary depending on individual item non-response. The percentages shown in the figures are for those who responded. The percentages of missing responses range from 1%-5%, depending on the risk variable. More detailed tables with sample sizes can be found in the Appendix.

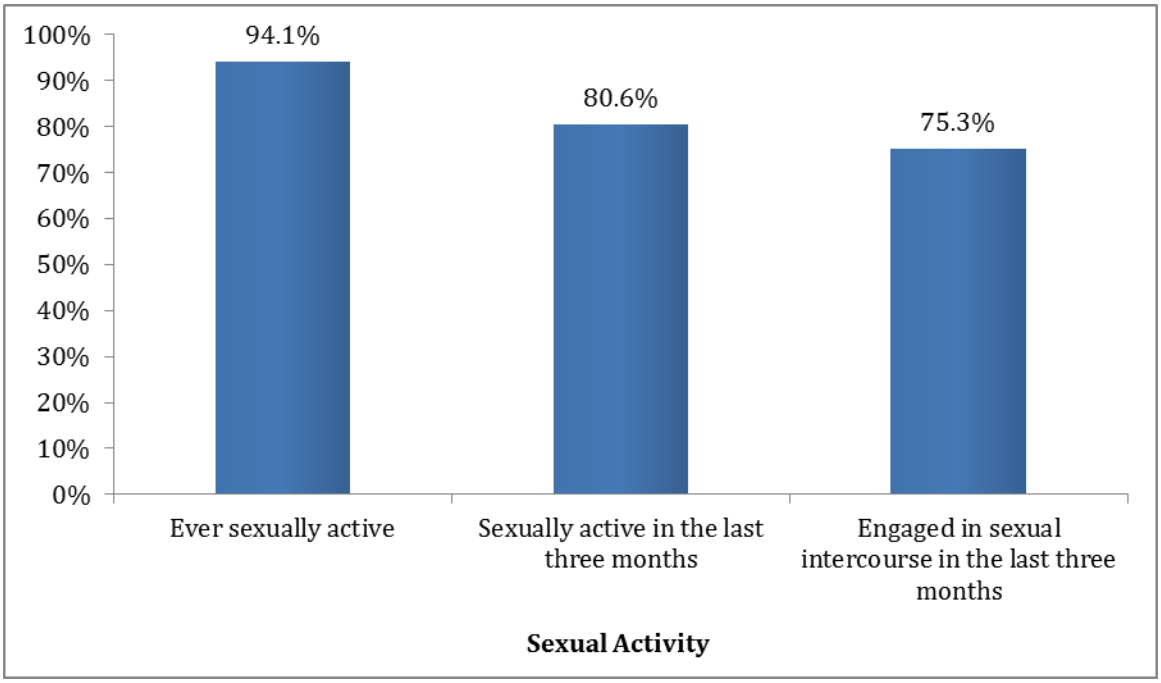
Exhibit 1: Race/Ethnicity of the PPGO Study Sample at Baseline



Risk Profile: Sexual Behavior

The program targets sexually active young women (or those contemplating sexual activity). On entry into the study, nearly all of the young women reported that they had ever been sexually active (i.e., engaged in oral or anal sex and/or sexual intercourse). Just over 80 % had been sexually active in the prior three months, and three-quarters had engaged in sexual intercourse during that same period (Exhibit 2).

Exhibit 2: Sexual Activity of the PPGO Study Sample at Baseline[3]

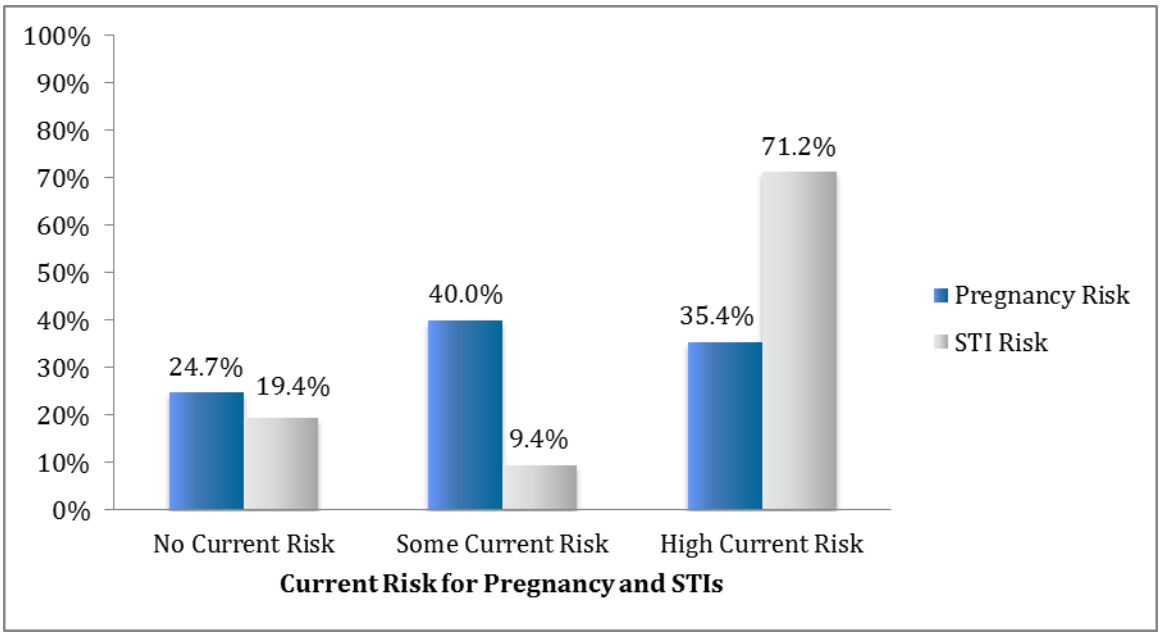


[3] Sexual activity is defined as sexual intercourse and/or oral sex and/or anal sex.

Exhibit 3 shows the distribution of study participants with respect to two kinds of risk, based on their sexual behavior in the 90 days prior to the survey: current risk of pregnancy, and current risk of sexually transmitted infection (STI). Those who did not engage in sexual activity in the 90 days preceding the survey are categorized as at "no current risk" for either. In addition, those who, although sexually active, did not engage in sexual intercourse in the last 90 days are categorized as at "no current risk" for pregnancy (although they may be at some level of risk for infection). Youth are categorized as being at "some current risk" of pregnancy if they reported consistent use of birth control during sexual intercourse in the last 90 days and at "some current risk" of infection if they reported consistent use of condoms during any sexual activity in the last 90 days. At "high current risk" for infection are those who did not use condoms during intercourse and/or oral/anal sex. At "high current risk" for pregnancy are those who did not use condoms or birth control. At "high current risk" for pregnancy are those who did not use either condoms or birth control during sexual intercourse.

Less than 25% of the young women are considered not currently at risk for pregnancy or infection (i.e., they had not engaged in sexual intercourse or other sexual activity in the 90 days prior to the survey). Of those who engaged in sexual intercourse, 40% reported consistent use of birth control to protect against pregnancy. The remainder, who failed to use birth control consistently, were at higher risk for pregnancy. Twice as many failed to use condoms consistently to protect against infection when they engaged in any sexual activity (i.e., sexual intercourse, anal or oral sex).

Exhibit 3: Current Risk of Pregnancy or Infection for the PPGO Study Sample at Baseline



Risk Profile: Perceptions about Sex

While very few participants reported pressure from peers to have sex (Exhibit 4), more than three quarters believed that most or all of their peers were engaging in sexual intercourse. A smaller percentage (58%) believed that most or all of their peers were engaging in oral sex. In the case of oral sex, approximately 15% of youth reported no knowledge of peers' sexual behavior (Exhibit 5).

Exhibit 4: Extent of Peer Pressure to have Sex for the PPGO Study Sample at Baseline

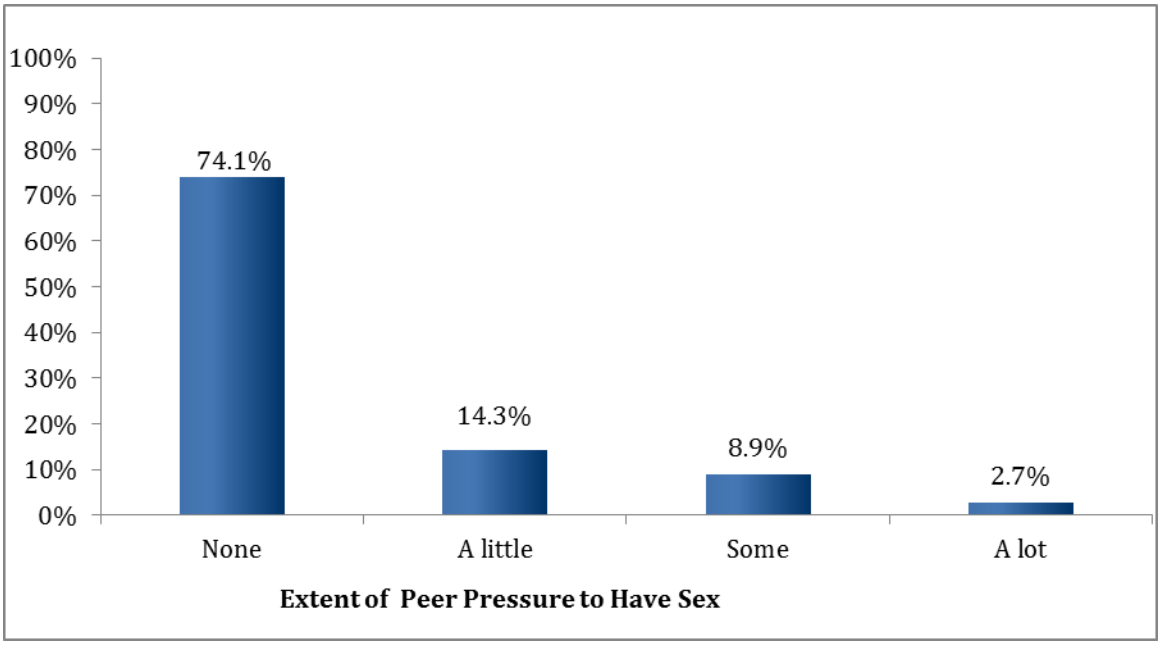
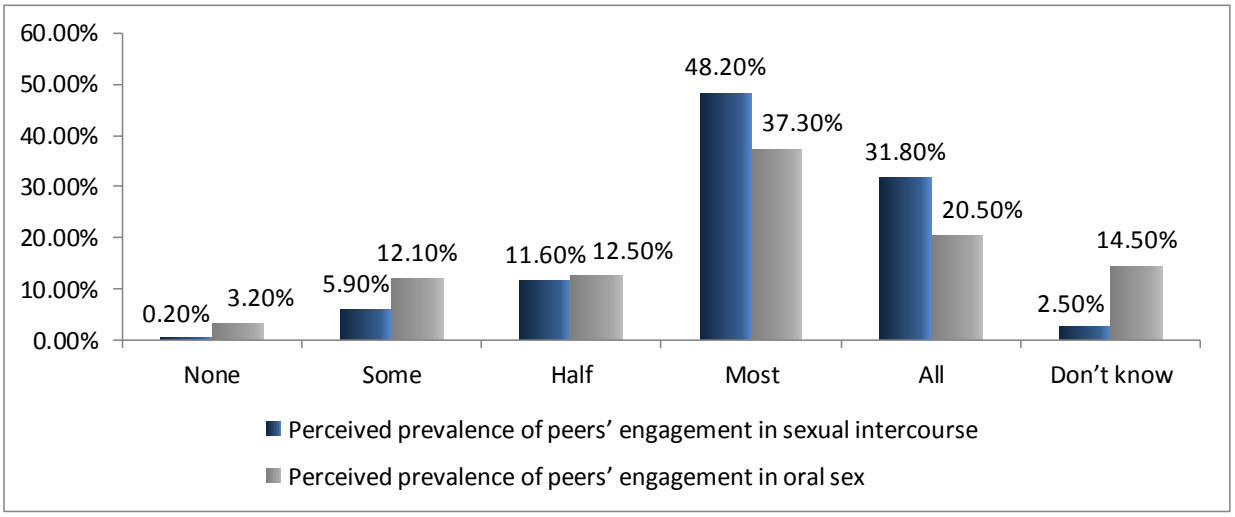


Exhibit 5: Perceived Prevalence of Peers' Engagement in Sexual Activity for the PPGO Study Sample at Baseline

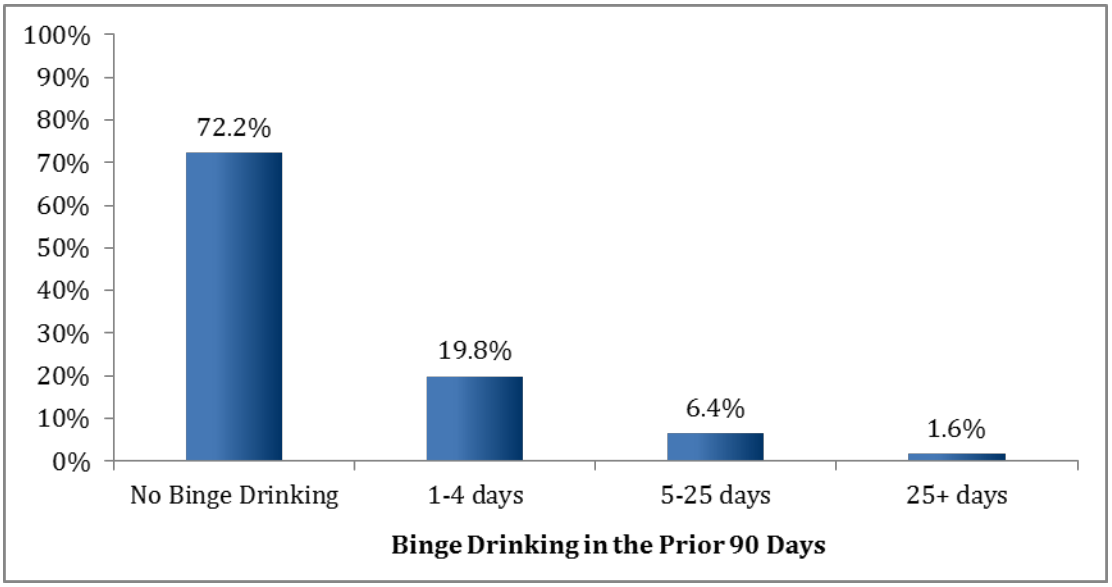


Risk Profile: Other Risk Behaviors

More than 90 percent of youth reported that they had not smoked at all in the prior 30 days. Most of the others were occasional smokers - less than 2% reported smoking daily during the same period (See Appendix, Table 9).

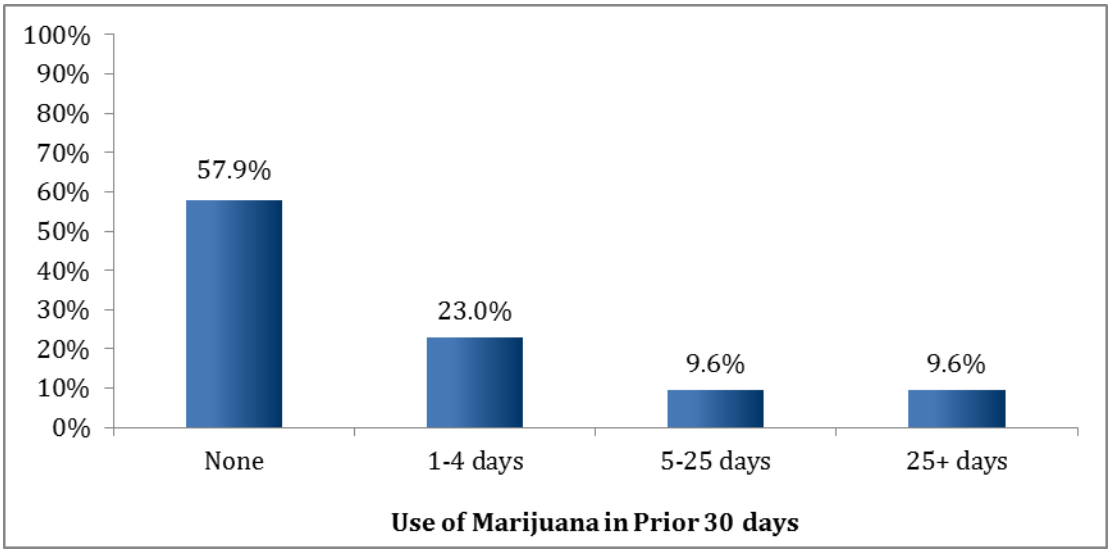
More than half reported using alcohol during the prior 30 days (see Appendix, Table 10). Almost 30% reported binge drinking (five or more alcoholic drinks in a row) during the same period (Exhibit 6).

Exhibit 6: Binge Drinking in the PPGO Study Sample at Baseline



Over 40% of youth reported using marijuana in the prior 30 days, and nearly 10% reported essentially daily use (Exhibit 7).

Exhibit 7: Marijuana Use in the PPGO Study Sample at Baseline



The Appendix provides data tables for PPGO and for the three *SSI* replications combined.

Program Delivery

The program is delivered one-on-one by a female health educator in a clinic setting. The initial session typically lasts an hour. The booster sessions last ten to twenty minutes and occur at roughly one, three, and six months after the initial session. PPGO was given permission to conduct booster sessions via videoconferencing; this adaptation is widely used and popular.

Staffing and Training

PPGO administers and implements *SSI* in its two clinical health centers. The PPGO Project Coordinator reports to the Program Director and supervises the work of three full-time health educators and a recruitment specialist. Two health educators and the recruitment specialist were hired at the beginning of the project, and PPGO later hired a third health educator to accommodate an increased workload.

In cases where transportation is a barrier to participation, booster sessions (those after the initial session) may be provided remotely, through video conference and smart phone video chat (Skype and iPhone Facetime), rather than in person.

The initial experience requirements for health educators were a bachelor's degree in social work, psychology or education and experience in working with youth. While PPGO hoped to recruit health educators with several years of experience, they were constrained by the salary levels they could offer. The health educators and recruitment specialist were hired from outside PPGO, specifically for *SSI*.

The Project Coordinator and the Program Director attended a two-day *SSI* curriculum training in Boston, MA led by the program developer. The Project Coordinator developed training materials based upon the developer-led training, and led an intensive two week training. The training focused mainly on motivational interviewing, which PPGO sees as the core of *SSI*. The training incorporated hands-on practice of motivational interviewing with youth. A condensed version of this training was provided for health educators hired after PPGO began implementing *SSI.* PPGO encourages health educators to participate in additional trainings offered by OAH over the course of the grant and to complete training and certifications that will improve their marketability once the grant period ends.

Monitoring Program Implementation

The health educators use a paper checklist during sessions to keep track of the items they need to cover. After the session is over, they complete the fidelity checklist and enter it into the online case management tool. They must complete the fidelity checklist within 48 hours of completing the session. The Program Coordinator reviews the fidelity checklists monthly and provides feedback on the content covered as well as items listed in the notes. In the beginning, checklists were reviewed for every session that took place over the course of the month, followed by an individual debriefing. Now, the Program Coordinator randomly chooses four sessions to discuss with each health educator.

Summary of Planned Parenthood of Greater Orlando Grantee Profile

In Planned Parenthood of Greater Orlando, as in the other two replications of *SSI* that are participating in the federal study, the major adaptations to the model as originally designed are that the participant age range is limited to 15 -19 years compared to 12 to 23 years in the original study, and eligibility for the program is expanded to sexually active female adolescents from the originally-studied population of female adolescents hospitalized for sexually transmitted infections.

The young females in the study sample ranged in age from 13 to 19, with an average age of 17.6 years at baseline. More than 80% were sexually active in the three months prior to the survey; the majority of these had engaged in sexual activity without consistently using a condom, placing them at high risk for STIs (and for pregnancy, when another method of birth control was not used during intercourse).

This research is supported by the Office of Adolescent Health and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services under contract number HHSP23320095624WC Order No. HHSP23337011T awarded in September 2011.

Appendix: Planned Parenthood of Greater Orlando Baseline Data Tables

Table 1. Race/Ethnicity in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 440)	Safer Sex Overall (n= 2097)
Hispanic	27.7%	18.3%
Black[1]	45.9%	35.1%
White[1]	21.1%	24.4%
Other Race[2]	5.2%	14.1%

[1] Non-Hispanic
[2] "Other Race" includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, and open-ended responses to the question "What is your race?"

Table 2. Age in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 440)	Safer Sex Overall (n= 2097)
Mean (SD)	17.6 (1.2)	17.1 (1.5)
Range	13 – 19	13 – 20

Table 3. Grade in School in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 440)	Safer Sex Overall (n= 2097)
7th	0.0%	0.9%
8th	0.9%	2.4%
9th	4.5%	8.1%
10th	9.5%	12.2%
11th	11.1%	17.3%
12th	21.1%	23.7%
Ungraded	0.9%	1.9%
College/technical	43.0%	24.3%
Not in school	8.9%	8.6%

Table 4. Sexual Activity in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n=440)	Safer Sex Overall (n=2097)
Ever sexually active[1] (n=438)	94.1%	93.7%
Sexually active in the past 3 months (n=438)	80.6%	83.2%
Engaged in sexual intercourse in the past 3 months (n=438)	75.3%	79.2%

[1] Sexual activity is defined as sexual intercourse, oral sex, and/or anal sex.

Table 5. Risk of Pregnancy[1] in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n = 438)	Safer Sex Overall (n=2095)
No Risk	24.7%	20.8%
Some Risk	40.0%	47.3%
High Risk	35.4%	31.9%

[1] *No Risk* is if the respondent did not have sexual intercourse in the past 90 days; *Some Risk* is if the respondent always used condoms or contraceptives during sexual intercourse in the past 90 days; and *High Risk* is if respondents engaged in unprotected sexual intercourse in the past 90 days.

Table 6. Risk of Infection[1] in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n = 438)	Safer Sex Overall (n=2093)
No Risk	19.4%	19.4%
Some Risk	9.4%	9.4%
High Risk	71.2%	71.2%

[1] *No Risk* is if the respondent did not engage in sexual intercourse, oral sex, and/or anal sex in the past 90 days; *Some Risk* is if the respondent always used a condom during sexual activity during the past 90 days; and *High Risk* is if respondents engaged in any sexual activity without a condom in the past 90 days.

Table 7. Risk of Infection and/or Pregnancy in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n =)	Safer Sex Overall (n=2091)
Sexual Activity and Condom Use		
Not sexually active	19.4%	19.4%
Sexually active with use of condoms	9.4%	9.4%
Sexually active without use of condoms	71.2%	71.2%
Sexual Intercourse and Birth Control Use		
No sexual intercourse	24.7%	20.8%
Sexual intercourse with birth control	40.0%	47.3%
Sexual intercourse without birth control	35.4%	31.9%

Table 8. Peer Pressure to Have Sex and Perceived Norms in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 440)	Safer Sex Overall (n= 2091)
Extent of peer pressure to have sex		
None	74.1%	77.7%
A little	14.3%	12.2%
Some	8.9%	8.0%
A lot	2.7%	2.2%
Prevalence of peer sexual intercourse		
None	0.2%	0.77%
Some	5.9%	10.6%
Half	11.6%	11.9%
Most	48.2%	47.0%
All	31.8%	24.6%
Don't Know	2.5%	5.1%
Prevalence of peer oral sex		
None	3.2%	3.2%
Some	12.1%	14.7%
Half	12.5%	12.4%
Most	37.3%	35.2%
All	20.5%	15.0%
Don't Know	14.5%	19.5%

Table 9. Frequency of Cigarette Use (past 30 days) in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 439)	Safer Sex Overall (n= 2098)
0 days	83.6%	72.5%
1-4 days	7.1%	11.4%
5-25 days	4.3%	6.3%
> 25 days	5.0%	9.8%

Table 10. Frequency of Alcohol Use (past 30 days) in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 439)	Safer Sex Overall (n= 2095)
Any alcohol use (last 30 days)[1]		
0 days	43.3%	48.5%
1-4 days	39.4%	38.7%
5-25 days	14.8%	11.6%
> 25 days	2.5%	1.2%
Binge alcohol use (last 30 days)[2]		
0 days	72.2%	73.8%
1-4 days	19.8%	21.1%
5-25 days	6.4%	4.6%
> 25 days	1.6%	0.5%

[1] Alcohol use is defined as having an alcoholic drink such as beer, wine, or other liquor ("just a sip" not counted).
[2] Binge alcohol use is defined as 5 or more alcoholic drinks in a row.

Table 11. Frequency of Marijuana Use (past 30 days) in PPGO and Overall *SSI* Study Samples at Baseline

	PPGO (n= 439)	Safer Sex Overall (n= 2094)
0 days	57.9%	57.6%
1-4 days	23.0%	21.7%
5-25 days	9.6%	11.8%
> 25 days	9.6%	8.8%