Health promotion

Clinical Study Shows Great Promise for Reducing Teen Pregnancy

by Barb Schlaefer

The formula seems obvious. Empower adolescent girls with accurate information, communications skills, regular access to a caring adult, and avenues to build self-confidence and they’re likely to create positive, healthy futures for themselves. These concepts have been researched and affirmed over many years. But effectively translating them into sustainable services that could change the trajectory of young lives is both pioneering and outrageously ambitious.

School of Nursing Associate Professor Renee Sieving, PhD, RN, FSAHM, and her interdisciplinary colleagues challenged themselves to do just that. Together, they carefully developed and tested a scientifically-based, cost-effective youth development program for at-risk teens that incorporated counseling along with leadership opportunities as peer health educators. For Sieving it’s about protecting vulnerable teens from struggles that can negatively and permanently hijack their lives – most notably, early pregnancy.

“Years ago, local clinics came to us articulating their frustration in seeing adolescents at high risk for pregnancy and knowing that a short clinic visit couldn’t change this trajectory,” said Sieving. “They asked for our help in creating a youth development model designed for primary care clinics.”

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In response, the research team designed a two-part program, called Prime Time, that engaged teens in monthly one-on-one meetings with a case manager for 18 months, supplemented by weekly involvement as leaders in a peer health educator group for four months. To test this program, researchers recruited 253 girls ages 13-17 years old who met risk criteria for teenage pregnancy. All of the girls received standard services through a clinic, but 126 girls also participated in Prime Time’s one-on-one case management and youth leadership activities.

THE OUTCOMES

Study participation rates were high, and nearly all (93.3 percent) of the 253 girls completed a survey at 24 and 30 months after the start of the program.

At both the 24 and 30-month assessments, Prime Time program participants reported significantly more consistent condom and dual contraceptive use than teens receiving standard clinic services.

There were other promising findings too. Fifteen percent of program participants versus 5.7 percent of teens in the control group reported having no recent sex partners. As an indicator of participants taking positive steps toward their futures, 72.1 percent of program participants versus 36.5 percent of those in the control group who finished high school were in college or technical school 12 months after the program ended.

THE PROGRAM

In one-on-one sessions with girls, case managers covered topics such as personal goals, healthy relationships, responsible sexual behaviors, and family and school involvement. These sessions were flexible, depending on each teen’s interests and needs, and included mentorship, counseling, goal-setting and emotional support.

Peer educator groups covered topics including expectations and skills for healthy relationships, sexual decision making and contraceptive use skills. During the time they were involved in peer educator groups, participants were asked to reach and teach others in their daily lives with information from their groups.

The program and study were funded by the National Institute of Nursing Research at the National Institutes of Health and the Centers for Disease Control and Prevention. The Prime Time program was developed to be cost effective and easily replicated in primary care clinic settings anywhere. The approximate cost per participant was $2,800.

The Affordable Care Act will dramatically increase the number of young people in the U.S. with access to preventive health services. This presents both a need and an opportunity to expand quality preventive care for adolescents that can positively impact their life trajectories – reducing their health care costs and improving quality of life for the long term.

“We plan to further test and improve the model with clinic partners,” said Sieving. “The long-term aim is to translate this into a reimbursable clinic service that has a very clear cost benefit. Invest a small amount now for a brighter, healthier future for our most vulnerable young adults.”

The study has been featured in JAMA Pediatrics and Prevention Science, and a summary of the study is featured on the Centers for Disease Control and Prevention website.

THE RESEARCH TEAM

Renee Sieving, PhD, RN, FSAHM; Barbara McMorris, PhD; Linda Bearinger, PhD, RN, FSAHM, FAAN; Ann Garwick, PhD, RN, LMFT, LP, FAAN; and Sandra Pettingell, PhD, are from the University of Minnesota School of Nursing. Michael Resnick, PhD; Kara Beckman, MA; Annie-Laurie McRee, DrPH; Jennifer Oliphant, EdD; and Shari Plowman, MPH, are from the University of Minnesota Medical School. Molly Secor-Turner, PhD, RN, is from North Dakota State University.