2012 BOULDER COUNTY PUBLIC HEALTH (BCPH) ANNUAL REPORT
PROGRAM NUMBER 485: GENESISTER (SIBLING PREGNANCY PREVENTION PROJECT) PROGRAM

Goal: To assist high-risk Boulder County youth (i.e. sisters of teen parents) in optimizing a healthy future for themselves by preventing teen pregnancy.

Needs Statement: Adolescent childbearing has significant public health consequences (e.g. high school dropout rates, lower educational attainment, earlier sexual initiation by the children, and higher rates of substance abuse). By providing primary prevention efforts directed toward the highest-risk populations, Boulder County Public Health will positively impact pregnancy rates among this targeted group. The 2009 teen birth rate in Boulder County was 16.6.[1] In 2010, 56.75% of teen births in Boulder County were to white Hispanic teens. According to the 2009 Youth Risk Behavior Survey, 33.9 % of Boulder County's white non-Hispanic teens have had sexual intercourse, while 50.5% of Hispanic high school teens reported having had sexual intercourse. Given these disparities, GENESISTER will concentrate efforts on Latina teens residing in Longmont, although services will be available county-wide to all eligible female siblings. Dr. Thomas Friedan, director of the Centers for Disease Control and Prevention (CDC), recently cited teen pregnancy as a public health priority and one of six winnable battles in the public health field;[3] thus, the timing is ripe for this prevention program.

Studies indicate that, "Younger siblings of teen parents are more likely than youth whose older siblings are not teen parents to become teen parents themselves, become sexually active in early adolescence, have more accepting attitudes towards early sex and teen pregnancy, and have lower educational aspirations." Research points to several variables contributing to this trend, including shared risk factors between siblings, modeling behavior of older sibling(s), and family dynamics (e.g. sibling rivalry). Child care (i.e. younger siblings spending more than 10 hours/week caring for nieces or nephews) also has a marked effect, as the more time a younger sister spends babysitting, the more likely she is to get pregnant herself. Family parenting styles also change after one child becomes a parent – both parental monitoring and confidence decrease. Research indicates that mothers tend to be less affectionate and more critical of their non-childbearing children, all of which impact a younger sister's chance of becoming pregnant herself. While state or local data do not exist for this subpopulation, GENESIS has witnessed this phenomenon time and time again. Many families have multiple sisters enrolled in the program, most often after the eldest becomes pregnant. National evaluation studies have proven that a case management model, combined with sexuality education and pro-social group activities (e.g. academic tutoring, sports, self-esteem development) can significantly impact the teen pregnancy rates of younger siblings of teen parents. Other proven primary pregnancy prevention efforts include service learning as a crucial component to prevention efforts, although not specifically with siblings.[4]

According to research from multiple investigators, younger teens who date older partners are much more likely to have sex. The National Longitudinal Study of Adolescent Health notes that 13% of same-age relationships among those between 12-14 years include sexual intercourse; whereas, if the partner is 3 or more years older, 33% of those relationships include sex.[5] Issues of power, coercion, and differing developmental stages all contribute to this phenomenon. For this reason, GENESISTER staff will address appropriate dating practices with both youth and parents.

Parent involvement is also critical to decreasing pregnancy rates among teens. According to the National Campaign to Prevent Pregnancy, parental influence accounts for 47% of children's decisions to have sex, with friends coming in second at 18%.[6] Unfortunately, most parents feel they have lost that influence once a child enters adolescence. GENESISTER employs parent specialists to work with parents to increase confidence in parent/child communication regarding sexual health. Staff, when appropriate, will also address the parents' reproductive health needs, testing the hypothesis that the greater comfort parents feel with family planning for themselves, the more likely they will be able to support their teens in accessing contraception.

Educational attainment is a crucial component in reducing teen pregnancy rates; when teens have a positive future orientation, they have reason to delay childbearing. A recent study measuring the impact of selected behavioral risk factors rates high school dropout, along with poverty and smoking, as imposing the greatest burden of disease in the United States.[7] Clearly, reducing high school dropout rates has significant, positive, long-term health benefits in addition to pregnancy prevention. In 2009, the graduation rate for Hispanic students in the St. Vrain Valley School District was 79.6%, compared to 91.7% for white non-Hispanic students.[1]

Colorado made great strides to reduce teen pregnancy rates in 2007 when it rejected Title V federal funding for abstinence-only education and passed HB 1292, mandat-

ing that public school districts that teach health education must teach comprehensive sexual education. Locally, the St. Vrain Valley School District (SVVSD) moved from abstinence-directed curriculum to a comprehensive model. Women's Health (WH) was a key community advisor in the development of SVVSD's current Human Growth & Sexuality curriculum. Despite forward gains, comprehensive sexual health education remains threatened. Colorado recently received over $1.5 million in federal funding to support abstinence-only and abstinence-until-marriage programs. The influx of funding into abstinence programming, which repeatedly has been shown to be ineffective, could reverse positive trends that have been achieved through many years of dedicated community work. In response, WH continues to build positive relationships with community and school leaders to ensure that *all* youth have access to quality prevention education and services. Now more than ever, it is imperative that programs delivering comprehensive, non-biased, and medically accurate information are supported.

GENESISTER will provide services to female siblings of male/female teen parents who reside in Boulder County. Services will be offered to these youth between 11-17 years, and clients can participate in the program from time of enrollment until their 18th birthdays.

GENESISTER addresses the BCPH PHIP focus areas by identifying and responding to mental health issues experienced by GENESISTER families. Staff is trained in crisis intervention and links families with needed mental health services for ongoing treatment and care. GENESISTER also provides thorough psychosocial assessments to all incoming clients. Teens who are struggling with substance use issues are referred and linked to ongoing treatment programs. Staff collaborates with providers to assure that treatment plans are followed and monitor teens for signs of relapse. Finally, GENESISTER provides ongoing opportunities for teens to engage in healthy living activities. Pro-social groups are designed to motivate youth to participate in activities that replace sedentary activities such as TV or computer time. Activities in the past year have included: ice skating, breakdance and hip hop classes, Zumba, trips to the rec center, and game days at local parks. GENESISTER has committed to serving healthy food options at group events.

All GENESISTER objectives align with Healthy People 2020 (HP 2020) objectives and the ten essential public health services. In addition to identified essential services, all GENESISTER activities are evaluated on a biannual basis, and staff continuously strives to develop innovative solutions to health problems. GENESISTER has been awarded a Robert Wood Johnson grant in recognition of its innovation and promising practices. The GENESISTER Program provides Colorado Core Public Health Services, specifically Prevention and Population Health Promotion.

[1] The Status of Children in Boulder County, 2010.
[3] Tobbe, Mike. Associated Press, September 30, 2010.
[4] "Putting what works to work Presentation: Younger Siblings of Teen Parents: At Increased Risk of Teen Pregnancy?" December 21, 2007, National Campaign to Prevent Teen Pregnancy.
[5] Bruckner, H., & Bearman, P. (2003). Dating Behavior and Sexual Activity of Young Adolescents: Analyses of the National Longitudinal Study of Adolescent Health. In Albert, B., Brown, S., & Flanigan, C. (Eds.), *14 and Younger: The sexual behavior of young adolescents* (pp. 31–56). Washington, DC: National Campaign to Prevent Teen Pregnancy.
[6] Troccoli, K, "How to Involve Parents in Programs to Prevent Teen Pregnancy," December 2006.
[7] Muenning, et al, "The Relative Health Burden of Selected Social and Behavioral Risk Factors in the United States: Implications for Policy," American Journal of Public Health, December 2009.

Planning Assumptions:

1. Staff will secure sustainable funding through Medicaid reimbursement and community foundation grants.
2. Partnerships will provide in-kind/contract services.
3. Staffing patterns will change and grow over time as caseload and funding increases. Caseload will reach 125 clients by December 2012.
4. The program will initially target siblings of currently pregnant or parenting teens, but the intent is to expand the program to include other high-risk groups, such as youth in foster care, incarcerated youth, and youth in addiction recovery programs.
5. Sustainable funding from municipalities and the county will be sought to supplement Robert Wood Johnson funding by 2015.

Number of Clients: *84*

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
1. Less than 5% of clients enrolled in the program for a period of six months or more will have a baby dur-	a. Pregnancy prevention efforts will include activities outlined below in objectives 2-4.	▪ Client self-reports and chart notes will be used to determine the percentage of GENESISTER clients enrolled	▪ 1 client (1%) became pregnant during the reporting period.	E	▪ This compares favorably with the 50 clients who entered the GENESIS Program in 2012 (as preg-

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ing the reporting period. EPHS #3, 4, 5, 7 HP 2020: FP-8, 9, 10, 12, 13	b. Staff will conduct pregnancy testing at client request. c. Staff will participate in the Sexual Health Coalition working toward assuring comprehensive sex education is taught in both school districts.	in the program for a period of six months or more who had a baby during the reporting period.			nant teens) who indicated that they had a teen parent sibling. ▪ It should be noted that GENESIS did not begin collecting this data until midway through the year, so this figure is likely significantly lower than the actual number of pregnant siblings of teen parents enrolling in GENESIS in 2012.
2. 85% of currently abstinent clients will delay initiation of sex until at least age 15, and 50% of currently abstinent clients will delay initiation of sex until at least age 17. EPHS #3 HP 2020: FP-9	a. Staff will facilitate educational and pro-social groups in addition to providing referrals to academic guidance/tutoring so as to foster youths': • Ability to identify and define personal values regarding sexuality. • Intent to abstain and greater self-efficacy with refusal skills. • Educational aspirations and plans for the future. • Self-esteem. • Positive attitudes toward school – increase in school achievement. • Communication with parent(s). • Age-appropriate dating. • Pro-social involvement designed to develop positive peer norms. • Understanding of need to avoid early pregnancy. b. Staff will provide individualized mentoring and support to delay sexual initiation.	▪ Chart notes will reflect the percentage of currently abstinent clients who delayed initiation of sex until at least age 15, and the percentage of currently abstinent clients who delayed initiation of sex until at least age 17. ▪ Clients will be assessed regarding their sexual activity at intake and throughout their tenure in the program.	▪ 76% of currently abstinent youth delayed sexual initiation until at least age 15. ▪ 76% of abstinent youth delayed sexual initiation until at least age 17.	NM	▪ As the program matures, along with the first group of enrolled clients, it is becoming increasingly evident that the highest-risk clients are initiating sexual activity at age 14. ▪ This information will help to guide future interventions to support clients in further delaying sexual experimentation.

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
3. During the reporting period, at least 40% of participants who have initiated sexual activity will utilize one of the following long-term, highly effective, and reversible contraception methods: Implanon, Depo Provera, or IUD. EPHS #3, 7 HP 2020: FP-6, 7.1, 8, 10, 15	a. Staff will provide the following referral, follow-up, and other case management services to assist with utilization of a reliable birth control method: • Review comprehensive sexual health information with all sexually initiated clients. • Transport clients to family planning clinics, as feasible and necessary and with appropriate parental permission. • If warranted, provide financial assistance for clients who are experiencing financial barriers to family planning services. b. Staff will facilitate educational and pro-social groups in addition to providing academic guidance/tutoring so as to foster youths': • Parental acceptance of contraceptive use to minimize risks. • Positive peer norms and support for condom and contraceptive use. • Self-efficacy to insist upon contraceptive use. • Partner communication on sex and perceived risks. • Knowledge/positive attitudes/self-efficacy toward contraception. • Academic achievement/career development as an alternative	▪ Chart notes will reflect the percentage of clients who have initiated sexual activity who utilized one of the following long-term, highly effective, and reversible contraception methods: Implanon, Depo Provera, or IUD. ▪ Clients will be assessed regarding their contraception use at intake and throughout their tenure in the program.	▪ 71% of sexually active clients are utilizing a LARC method of contraception. ▪ Of the remaining sexually-active clients, 24% are utilizing a non-LARC method (primarily oral contraceptives).	E	▪ The high rate of LARC usage among clients is particularly impressive, given that nationally only 4% of teens are utilizing LARCs (Guttmacher Institute).

OBJECTIVE	SERVICES/ACTIVITIES	EVALUATION	ACTUALS COMPLETED	RESULTS*	COMMENTS
	to early parenting.				
4. During the reporting period, less than 30% of clients will engage in ongoing dating activities with males who are more than three years older than the clients. EPHS #3 HP 2020: FP-1, 8, 9	a. Staff will facilitate educational and pro-social groups to foster: • Identification and definition of healthy relationships. • Positive peer norms and support for age-appropriate relationships. • Parent-child communication on acceptable/age-appropriate relationships. • Increased parental monitoring of their children's dating habits. • Pro-social involvement with age-appropriate peers. b. Parents will learn about appropriate dating practices at monthly parent groups and through individualized case management with staff.	▪ Chart notes will reflect the percentage of clients who engaged in ongoing dating activities with males who were more than three years older than the clients. ▪ Baseline dating information will be collected at intake.	▪ 4% of GENESISTER clients were dating males who were 3+ years older than they were.	E	
5. 75% of clients will participate in a minimum of 20 hours of community service (volunteer work) and subsequent service learning activities per year. EPHS #4, 10 HP 2020: AH-2	a. Staff will coordinate service-learning projects with community partners. b. Staff will arrange for the projects as either group event or individual services based on client need and demand. c. Staff will provide the transportation, necessary equipment, and meals.	▪ Chart notes will reflect the percentage of clients who participated in a minimum of 20 hours of community service (volunteer work) and subsequent service learning activities per year. ▪ Sign-in sheets will be used to log client community service hours.	▪ The service learning component of GENESISTER has not yet been operationalized.	NM	▪ Due to staff vacancies in 2012, developing the service learning component of GENESISTER was deferred. ▪ The program reorganized staff positions, resulting in a dedicated FTE to establish and deliver service learning opportunities for youth.
6. A parent or caregiver of at least 25% of clients will participate in at least one monthly educational / support group and/or receive family case management services.	a. Staff will utilize the curriculum and/or supplemental materials, as deemed clinically appropriate by supervisory staff. b. Individualized case management and education will	▪ Chart notes will reflect the percentage of parents or caregivers who participated in at least one monthly education/support group and/or received family case management.	▪ 59% of parents received educational, supportive, and case management services.	E	▪ Developing parent groups continues to challenge staff; parents are primarily receiving supportive services on an individualized basis.

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EPHS #3 HP 2020: AH-3, FP-13	be offered to parents.	▪ Sign-in sheets will be used to track parent attendance at groups.			
7. Staff will facilitate medical insurance coverage for at least 90% of insurance-eligible clients that do not already have existing coverage or a medical home during the reporting period. EPHS #7 HP 2020: AHS-1, 3, 5	a. All staff will be trained by Healthy Kids Initiative staff to enroll clients in Medicaid/Child Health Plan Plus (CHP+). b. Staff will work with benefit technicians to ensure that applications are appropriately routed through the Colorado Benefits Management System (CBMS) system. c. Staff will assist families in securing a primary care physician and receiving appropriate preventive and acute care, as needed.	▪ Chart notes will reflect the percentage of families who did not already have existing coverage or a medical home for which staff facilitated medical coverage. ▪ Insurance verification will be conducted through web portal twice annually. ▪ Medical home referrals and utilization will be documented in chart notes.	▪ Staff facilitated medical coverage for 68% of clients that did not have existing coverage.	NM	▪ The parent specialist is responsible for this activity; however, due to long-term position vacancies, this staff member was re-assigned to cover youth caseload for much of the year, impacting her ability to achieve this objective.
8. Less than 15% of clients will drop out of school during the reporting period. EPHS #3, 4 HP 2020: AH-5	a. Staff will partner with community agencies offering after-school tutoring/study hours, and/or refer clients for private tutoring through local colleges. b. Staff will foster positive attitudes toward school achievement by offering field trips to local colleges and high schools and linking clients to college mentors. c. Staff will partner closely with school district dropout prevention specialists. d. Staff will work closely with parents to troubleshoot home issues that interfere with academic achievement, providing appropriate referrals, when necessary.	▪ Chart notes will reflect the percentage of clients who dropped out of school during the reporting period. ▪ Chart notes will reflect school attendance and enrollment status.	▪ 1 client (1%) dropped out of school during the reporting period.	E	▪ The Deferred Action Program has provided undocumented youth increased incentive to remain in school. ▪ In addition to supporting educational goals, staff has worked intensively with eligible families to assist them in applying for deferred action status.

STAFFING:

Key Staff Members: Andrea Poniers, Community Health Division Manager
Jody Scanlon, GENESIS/GENESISTER Program Manager
FTE: 4.34

BUDGET:

Program Expenditures: **$340,337**
Number of Clients: 84
Direct Cost per Client: $4,052

Source of Funds	Amount	% of Program
County Appropriation	$ 71,326	23%
Rose Foundation[1]	71,742	23%
MCH Block Grant[2]	33,430	11%
RWJ Foundation Grant[3]	30,221	10%
Per Capita	44,124	14%
Prior Years' Earnings	56,312	18%
DHHS Healthy Kids Initiative	275	<1%
Brett Foundation	2,100	1%
Miscellaneous Donations	234	<1%
TOTAL	**$309,764**	**100%**

[1] – Total Grant with Indirect: $85,409
[2] – Total Grant with Indirect: $39,798
[3] – Total Grant with Indirect: $33,638

Service Site	Service Hours
Boulder (Sundquist)	Monday – Friday, 8:00 a.m. – 5:00 p.m.
Longmont	Monday – Friday, 8:00 a.m. – 5:00 p.m.
Lafayette	Monday – Friday, 8:00 a.m. – 5:00 p.m.

Healthy People 2020 Objectives – GENESISTER

Adolescent Health/AH:

AH-2	Increase the proportion of adolescents who participate in extracurricular and out-of-school activities.
AH-3	Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver.
AH-5	Increase educational achievement of adolescents and young adults.

Access to Health Services/AHS:

AHS-1	Increase the proportion of persons with health insurance.
AHS-3	Increase the proportion of persons with a usual primary care provider.
AHS-5	Increase the proportion of persons who have a specific source of ongoing care.

Family Planning/FP:

FP-1	Increase the proportion of pregnancies that are intended.
FP-6	Increase the proportion of females or their partners at risk of unintended pregnancy who used contraception at most recent sexual intercourse.
FP-7.1	Increase the proportion of sexually active females aged 15 to 44 years who received reproductive health services in the past 12 months.
FP-8	Reduce pregnancy rates among adolescent females.
FP-9	Increase the proportion of adolescents 17 years and under who have never had sexual intercourse.
FP-10	Increase the proportion of sexually active persons aged 15 to 19 years who use condoms to both effectively prevent pregnancy and provide barrier protection against disease.
FP-12	Increase the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old.
FP-13	Increase the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old.
FP-15	Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.