



PEER POWER

Lowering The Risk for Teen Pregnancy, HIV/AIDS
and STDs in African, Caribbean and Latino
American Teens Through Evidence Based Learning

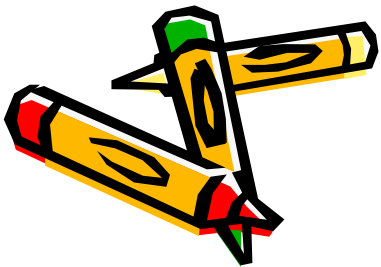
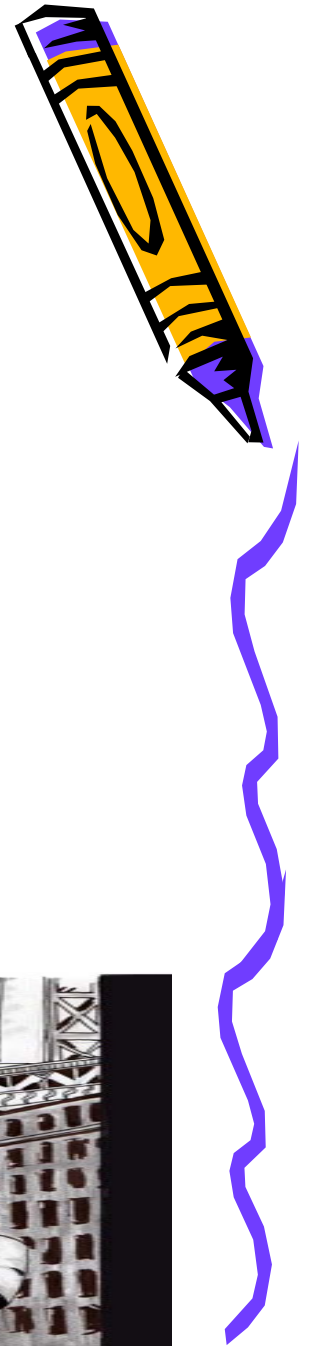
Presented By:

SUNY Research Foundation- PREP Program

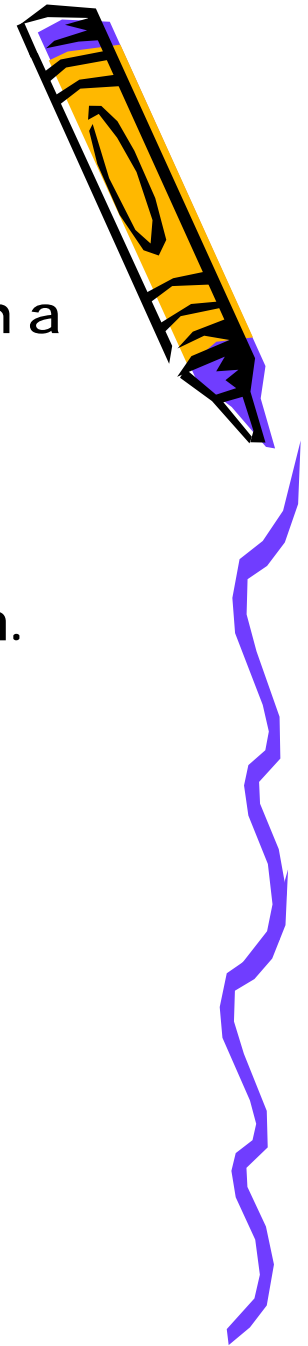


WHO WE ARE

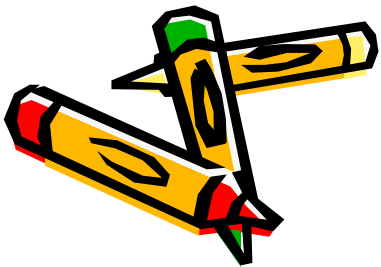
- Christine Rucker, MA
Director of Adolescent Education Program,
PREP Program, SHPYL Program
- Marian Searchwell, MS
PREP Coordinator
- Anthony Thompson, BA
SHPYL Coordinator



OBJECTIVES



- Define Cultural Competency as it relates to working with a specific population.
- Discuss program, overview, & history of program.
- Discuss statistics and stereotypes of targeted population.
- Discuss peer influence on program and program development
- Define Peer Power - peers as gatekeepers of their community.



GROUP NORMS

- One Mic
- Be Respectful & Mindful of Your Words & Actions
- Don't Yuck My Yum
- Ouch & Oops
- ELMO (**E**nough, **L**et's **M**ove **O**n)
- Participate at Your Level
- Tech Responsibly & Respectfully





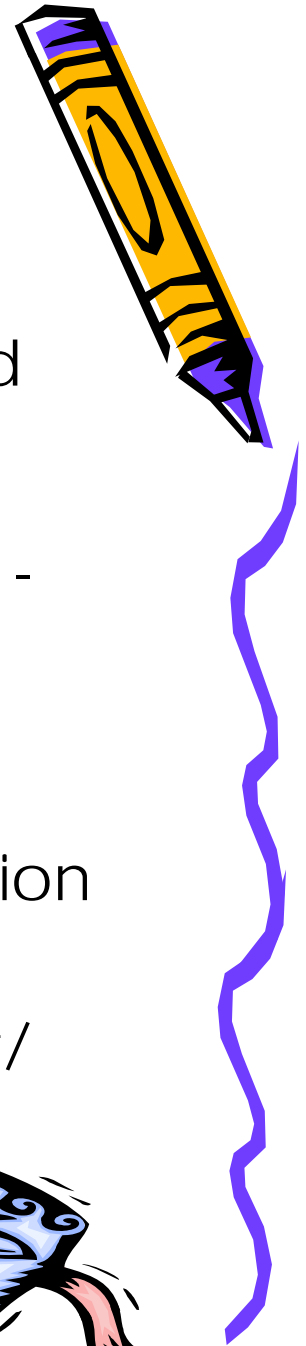
ICE-BREAKER/ WARM-UP ACTIVITY

Cultural Competency



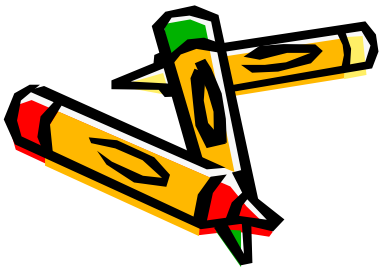
HISTORY OF AEP/THEO

- The Adolescent Education Program (AEP) was started in 1990 under the Special Treatment and Research Program at SUNY Downstate Medical Center. AEP provides preventive health care services to adolescents between the ages of 11-24.
- Leadership Development/Peer Youth Development-Case Management-Peer Education
- *Edutainment*: Education Through Entertainment/Hip Hop Theatre

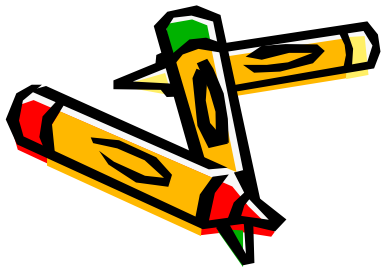
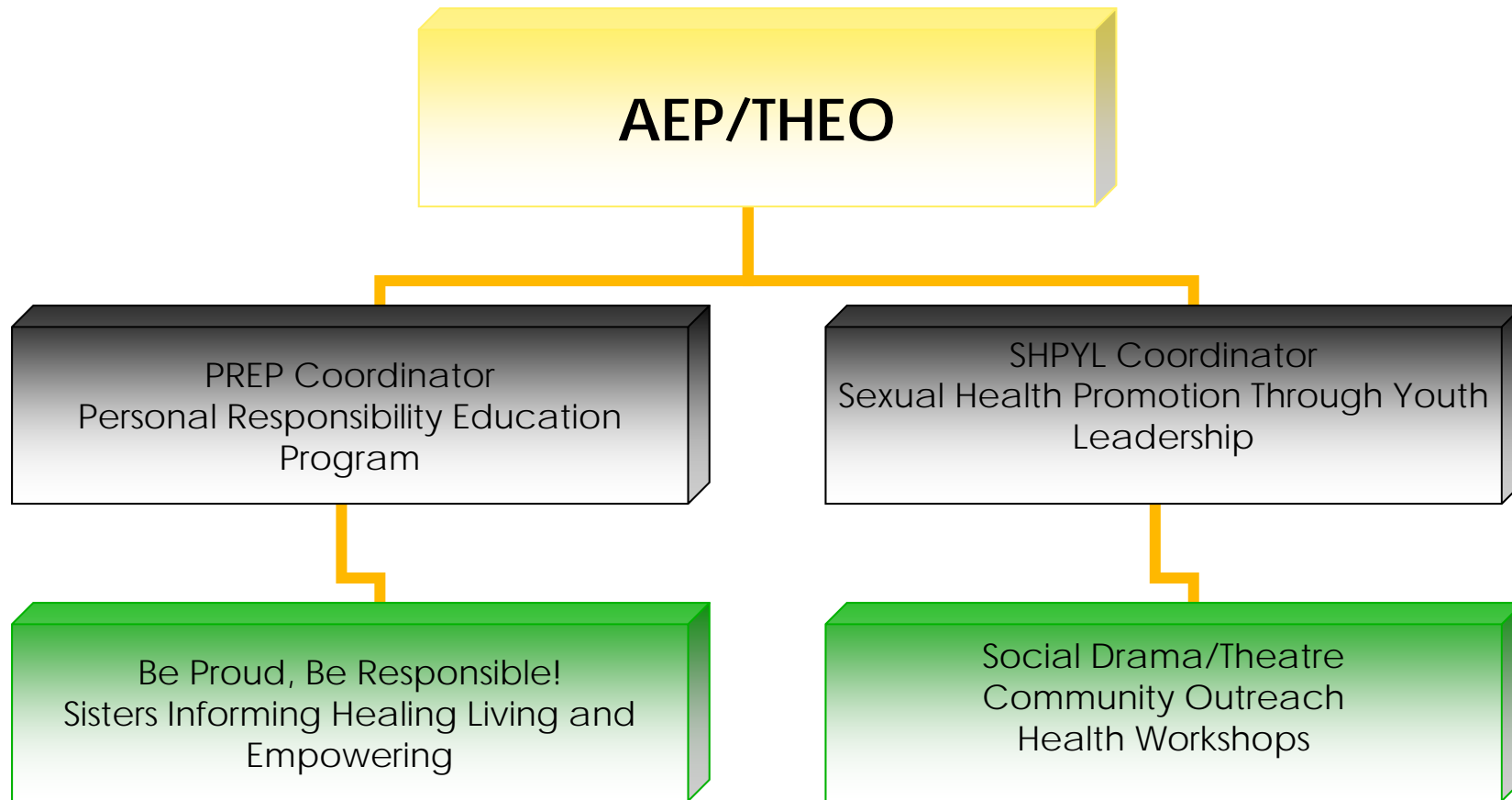


HISTORY OF THEO

- The AEP's Teens Helping Each Other Peer Leadership Initiative focuses on changing the communities in which young people live by providing support through youth leadership and community engagement.
- Peer Youth Facilitators address community barriers and environmental factors that impede young people's access to comprehensive sexual health education and services. THEO also addresses health concerns such as STI/HIV infection and unintended teen pregnancy.
- Over 350 young people have been trained and work as peer leaders over the past 22 years.
- Our Peer Leaders are predominantly Caribbean, from countries such as Jamaica, Haiti, Guyana, Grenada, Trinidad and Tobago. But, we have also served students from Nigeria, Ecuador, Egypt, Turkey, Mexico and China.
- Students have gone on to become doctors, nurses, health educators, social workers, program directors, police officers, teachers, military personnel, and audiologists.

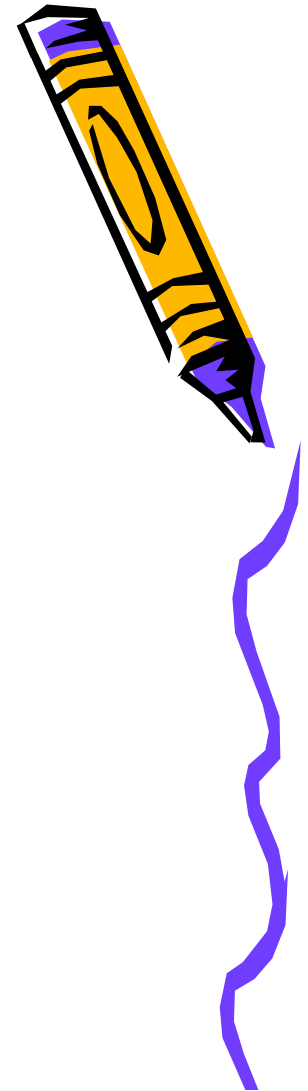


THE PHOENIX OF THEO

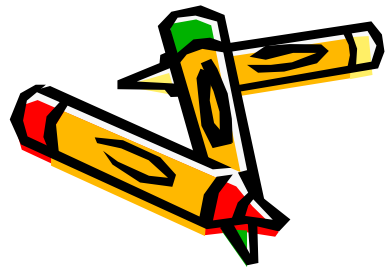


SHPLYL

SEXUAL HEALTH PROMOTION THROUGH YOUTH LEADERSHIP



- Social Drama-Theatre
- Outreach /PLI
- BATES, World AID Day Teen Town Hall Meeting, HIV Awareness Fashion Show
- Educational Trips Abroad
- Broadway Shows



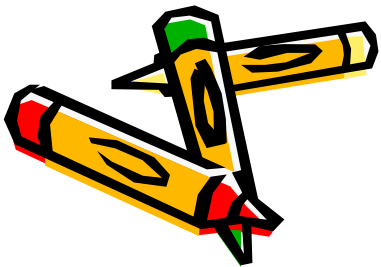
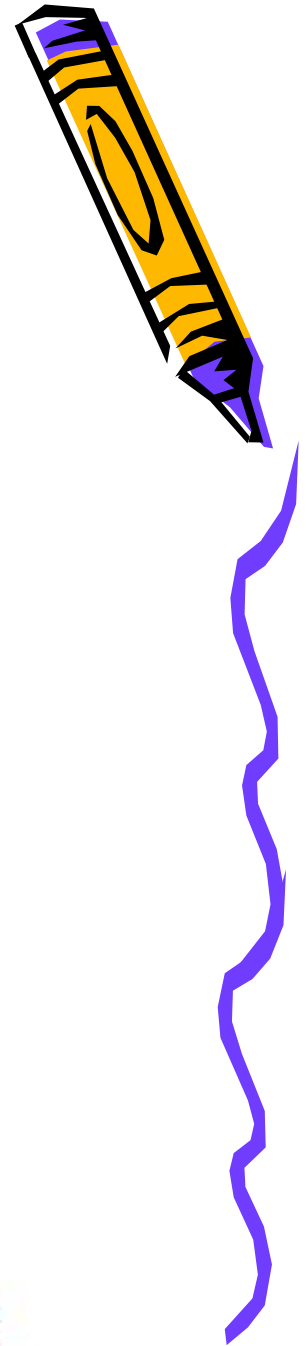
Helping young people learn, achieve and rea



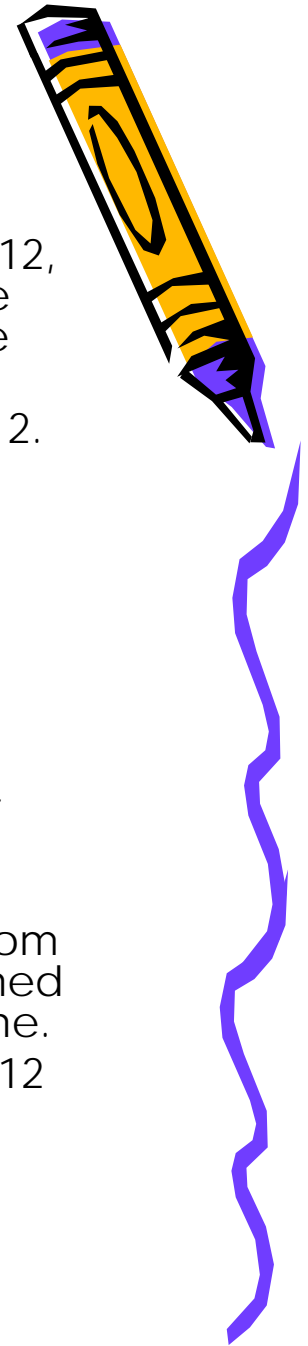
PREP

PERSONAL RESPONSIBILITY EDUCATION PROGRAM

- Be Proud, Be Responsible! (BPBR)
- Sisters Informing Healing Living and Empowering (SiHLE)



KEY POINTS



Overall Teen Birth Rates

The teen birth rate for girls age 15-19 decreased 6% between 2011 and 2012, from 31.3 births per 1,000 to 29.4 per 1,000. This is following a 8% decline between 2010 and 2011. Teen birth rates are at their lowest levels since NCHS began tracking teenage childbearing in the 1940's.

The teen birth rate for this age group declined 52% between 1991 and 2012. Between 2007 and 2012 alone, the teen birth rate dropped by 29%.

The teen birth rate for all age groups and all racial/ethnic groups are at historic lows.

Rates by Age

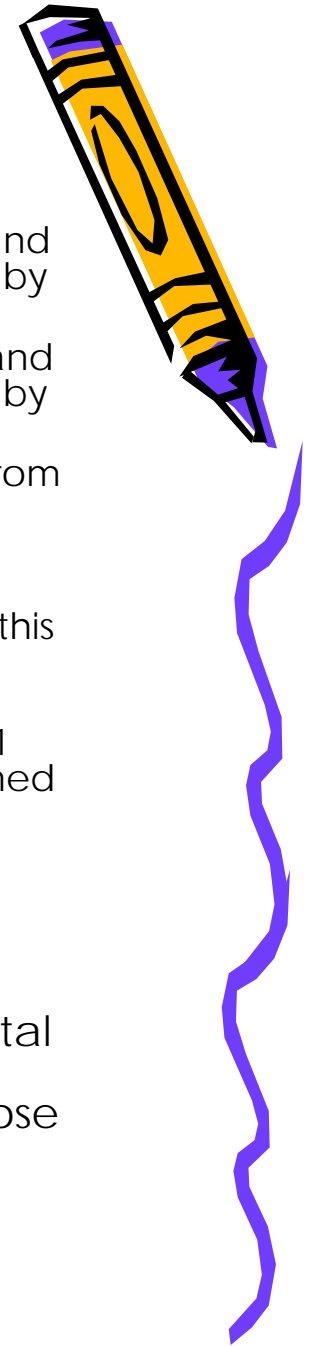
The birth rate for girls age 10-14 remained unchanged between 2011 and 2012 at .4 per 1,000, an historic low for this age group. The birth rate for girls age 10-14 has declined 71% between 1991 and 2012, and has declined by 33% since 2007 alone.

The birth rate for girls age 15-17 decreased 8% between 2011 and 2012 (from 15.4 per 1,000 to 14.1 per 1,000). The birth rate for this age group declined 63% between 1991 and 2012, and has declined by 35% since 2007 alone.

The teen birth rate for girls age 18-19 decreased 5% between 2011 and 2012 (from 54.1 per 1,000 to 51.4 per 1,000). The birth rate for this age group declined 45% between 1991 and 2012, and has declined by 28% since



KEY POINTS



Rates by Race/Ethnicity

The birth rate for non-Hispanic white teens age 15-19 decreased 6% between 2011 and 2012 (from 21.7 per 1,000 to 20.5 per 1,000). The birth rate for this group declined by 53% between 1991 and 2012, and has declined by 25% since 2007 alone.

The birth rate for non-Hispanic black teens age 15-19 decreased 7% between 2011 and 2012 (from 47.3 per 1,000 to 43.9 per 1,000). The birth rate for this group declined by 63% between 1991 and 2012, and has declined by 29% since 2007 alone.

The birth rate for Hispanic teens age 15-19 decreased 7% between 2011 and 2012 (from 49.6 per 1,000 to 46.3 per 1,000). The birth rate for this group declined by 56% between 1991 and 2012, and has declined by 39% since 2007 alone.

The birth rate for American Indian or Alaska Native teens age 15-19 decreased 3% between 2011 and 2012 (from 36.1 per 1,000 to 34.9 per 1,000). The birth rate for this group declined by 59% between 1991 and 2012, and has declined by 29% since 2007 alone.

The birth rate for Asian/Pacific Islander teens age 15-19 decreased 5% between 2011 and 2012 (from 10.2 per 1,000 to 9.7 per 1,000). The birth rate for this group declined by 64% between 1991 and 2012, and has declined by 34% since 2007 alone.

Non-marital Births

In 2012, the proportion of non-marital births among teens was essentially unchanged from 2011, at 88.7% of births to teens age 15-19. This is a total of 270,888 non-marital births to teens. Among teens under age 15, the proportion is 99.1%; among those age 15-17; it is 95.4%; and among those age 18-19 it is 86.0%.



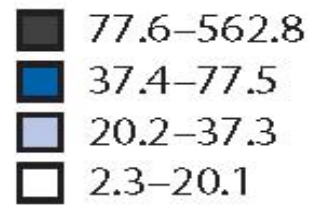
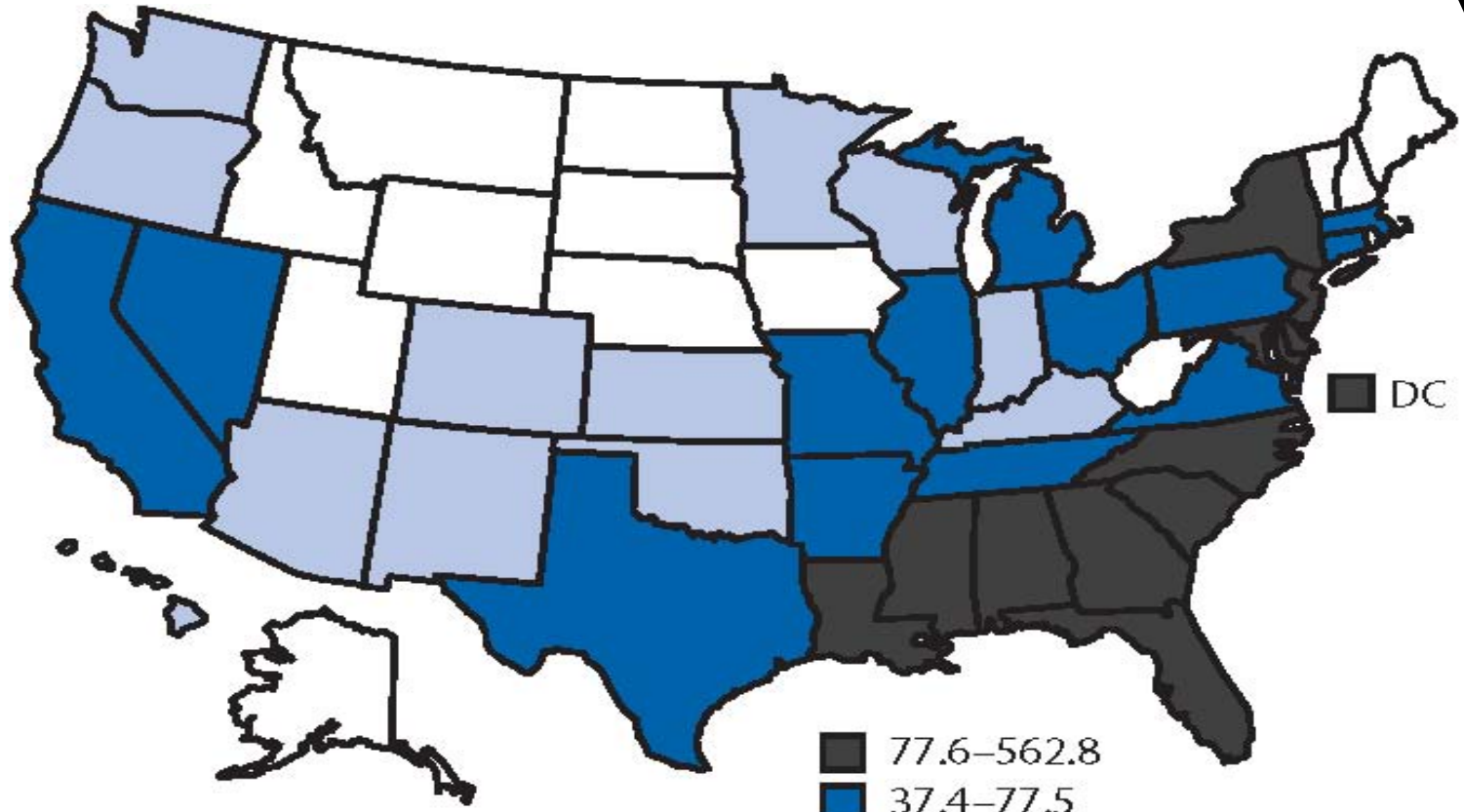
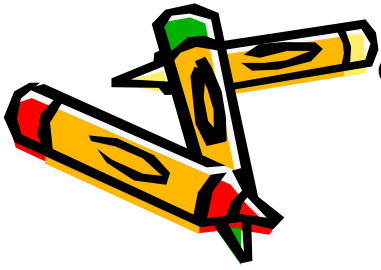


FIGURE 1. Prevalence rates of persons aged 13–24 years living with a diagnosis of HIV infection* — National HIV Surveillance System, United States, 2009



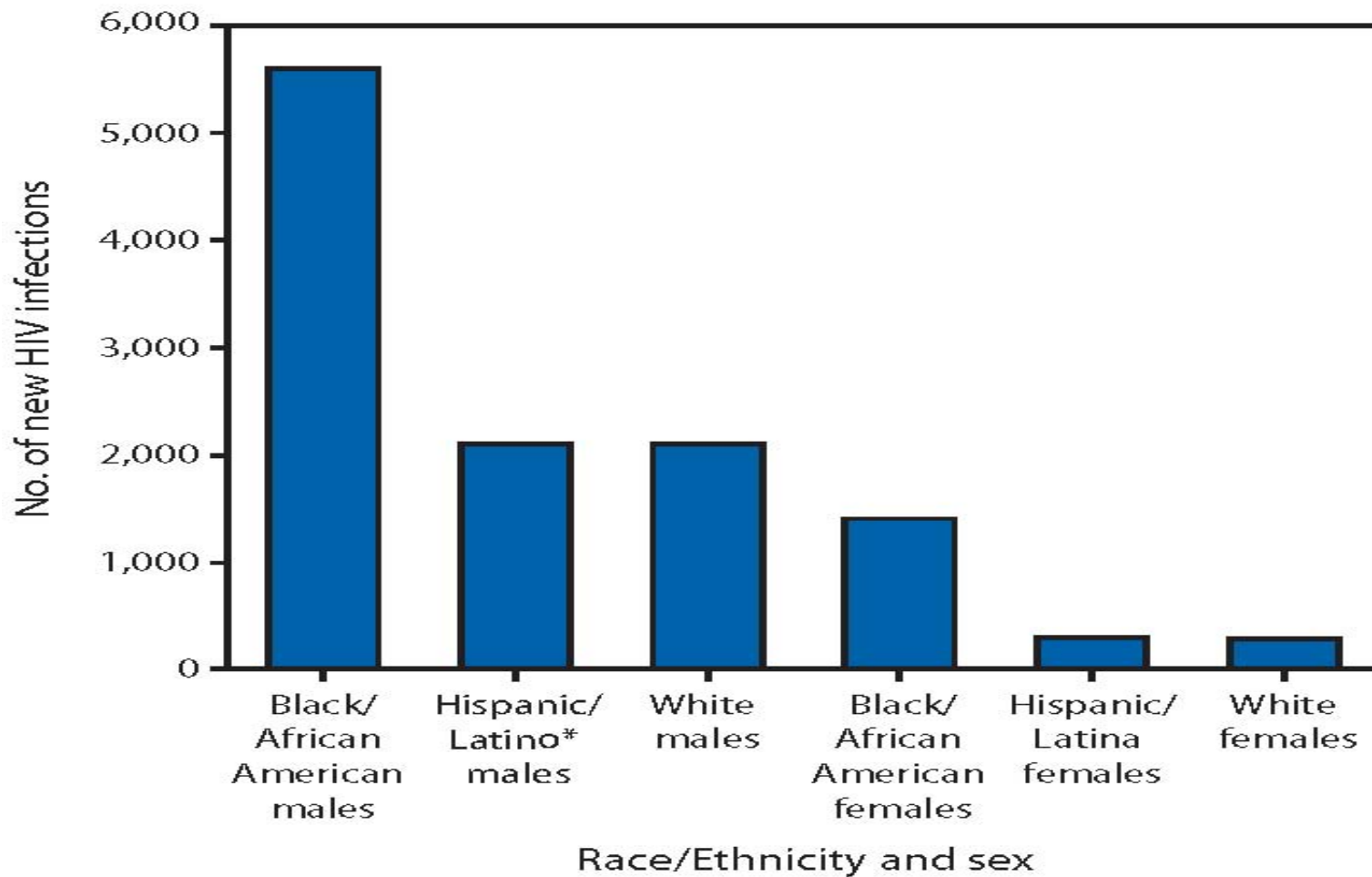
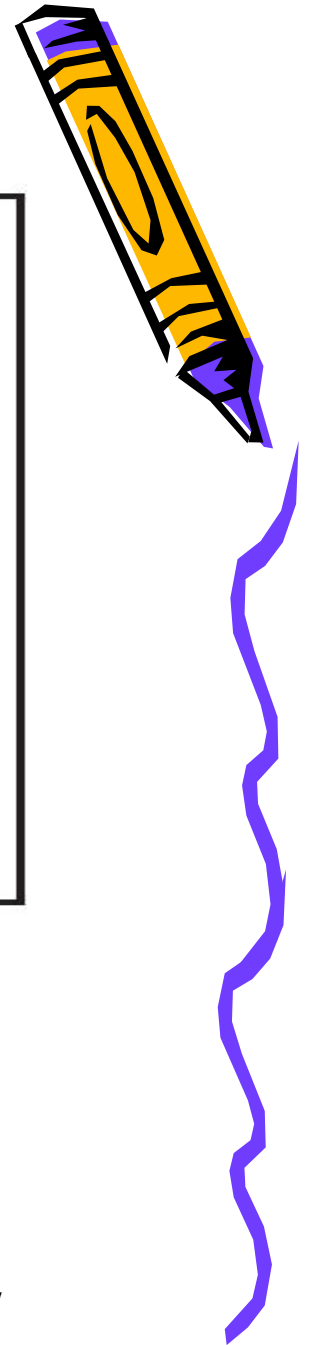


FIGURE 2. Number of new HIV infections among youths aged 13–24 years, by sex and race/ethnicity — United States, 2010



POPULATION SPECIFIC STATISTICS



TABLE 1. Percentage of male high school students* who reported HIV-related risk behaviors, by sex of sexual contacts, and female high school students* who reported HIV-related risk behaviors — state and local Youth Risk Behavior Surveys conducted in 12 states† and nine large urban school districts,‡ 2009–2011

HIV-related risk behavior	Race/Ethnicity	Male high school students				Female high school students who had sexual contact	
		Who had sexual contact with females only		Who had sexual contact with males only or both males and females		%	(95% CI)
		%	(95% CI)	%	(95% CI)		
Sexual intercourse with four or more persons during lifetime	Black/African American	45.1	(40.9–49.3)	43.3	(33.4–53.7)	24.1	(21.7–26.7)
	Hispanic/Latino [§]	30.5	(28.5–32.7)	53.3**	(45.6–60.8)	16.0	(14.3–17.8)
	White	19.5	(17.5–21.7)	29.5**	(22.8–37.3)	17.5	(15.6–19.7)
	Total	26.9	(25.5–28.5)	39.4**	(34.5–44.4)	18.7	(17.3–20.1)
Ever injected illegal drugs	Black/African American	2.1	(1.4–3.1)	22.2**	(13.9–33.4)	3.6	(2.6–5.2)
	Hispanic/Latino	5.8	(4.5–7.4)	26.8**	(20.3–34.5)	3.2	(2.3–4.4)
	White	2.1	(1.5–2.8)	13.9**	(8.4–22.3)	2.8	(1.5–5.3)
	Total	2.9	(2.5–3.5)	20.4**	(15.9–25.8)	3.2	(2.3–4.5)
Drank alcohol or used drugs before last sexual intercourse ^{††}	Black/African American	17.6	(14.9–20.6)	22.2	(12.4–36.7)	13.4	(11.2–16.0)
	Hispanic/Latino	27.2	(24.4–30.2)	64.3**	(54.4–73.1)	16.6	(14.5–19.0)
	White	25.4	(23.0–27.8)	30.2	(23.0–38.5)	16.5	(14.7–18.4)
	Total	24.3	(22.7–25.8)	38.5**	(32.8–44.6)	16.0	(14.8–17.3)
Condom use at last sexual intercourse ^{††}	Black/African American	75.3	(72.2–78.2)	55.1**	(42.1–67.4)	59.3	(55.5–63.0)
	Hispanic/Latino	67.4	(64.7–69.9)	33.0**	(23.9–43.5)	53.2	(50.2–56.1)
	White	69.2	(67.1–71.3)	48.7**	(40.1–57.4)	57.0	(55.1–58.8)
	Total	70.2	(68.7–71.6)	44.3**	(39.0–49.7)	56.6	(55.1–58.0)
Ever taught in school about AIDS or HIV infection	Black/African American	82.5	(80.1–84.7)	73.0	(62.1–81.6)	86.2	(84.0–88.2)
	Hispanic/Latino	83.5	(81.7–85.1)	62.0**	(54.8–68.8)	84.9	(83.2–86.5)
	White	89.2	(88.0–90.2)	84.9	(80.1–88.7)	89.8	(88.6–90.8)
	Total	86.3	(85.4–87.2)	74.6**	(70.7–78.1)	88.1	(87.2–88.9)

Abbreviations: HIV = human immunodeficiency virus; CI = confidence interval; AIDS = acquired immunodeficiency syndrome.

* Who ever had sexual contact.

† Connecticut, Delaware, Florida, Hawaii, Illinois, Massachusetts, Michigan, New Hampshire, Ohio, Rhode Island, Vermont, and Wisconsin.

‡ Boston, Chicago, Detroit, District of Columbia, Los Angeles, Milwaukee, New York City, San Diego, and Seattle.

§ Hispanics/Latinos might be of any race.

** The percentage for male students who had sexual contact with females only is significantly different ($p < 0.05$) than the percentage for male students who had sexual contact with males only or with both males and females.

†† Among students who had sexual intercourse with at least one person during the 3 months before the survey.

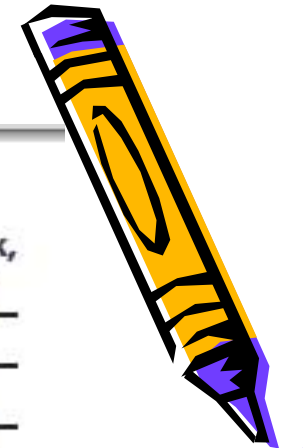


TABLE 3. Percentage of persons aged 18–24 years who have ever been tested for HIV,* by sex, race/ethnicity, and HIV risk factors — National Health Interview Survey, United States, 2010

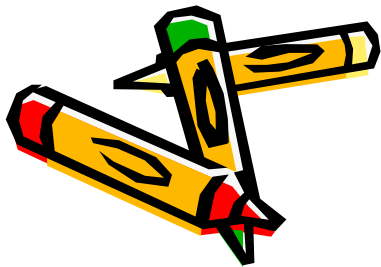
Characteristic	Males		Females		Total	
	%	(95% CI)	%	(95% CI)	%	(95% CI)
Total	24.1	(21.3–26.9)	45.0	(41.6–48.5)	34.5	(32.2–36.8)
Race/Ethnicity						
Black/African American	42.2	(33.5–50.9)	64.1	(56.0–72.2)	53.3	(47.1–59.5)
Hispanic/Latino [†]	23.7	(18.3–29.1)	49.8	(43.6–56.0)	36.2	(32.2–40.3)
White	19.4	(15.7–23.2)	40.2	(35.7–44.7)	29.8	(26.7–32.9)
HIV risk factors [§]						
No	23.0	(20.2–25.8)	44.6	(41.2–48.1)	33.8	(31.5–36.2)
Yes	53.4	(38.6–68.2)	67.6	(46.7–88.5)	58.9	(46.9–71.0)

Abbreviations: HIV = human immunodeficiency virus; CI = confidence interval.

* Excluding tests performed for blood donations.

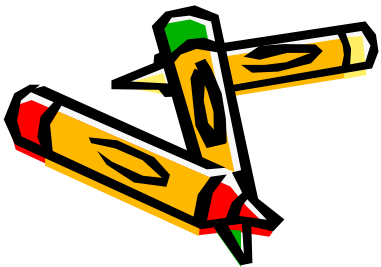
[†] Hispanics/Latinos might be of any race.

[§] Three percent of persons aged 18–24 years indicated that at least one of the following statements was true for them, but not which applied to them: “You have hemophilia and have received clotting factor concentrations.” “You are a man who has had sex with other men (even just one time).” “You have taken street drugs (even just one time).” “You have traded sex for money or drugs (even just one time).” “You have tested positive for HIV (the virus that causes AIDS).” or “You have had sex (even just one time) with someone who would answer ‘yes’ to any of these statements.”



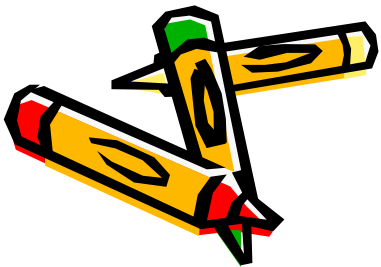
KEY POINTS

- Youths aged 13–24 years account for 7% of the estimated 1.1 million persons living with human immunodeficiency virus (HIV) infection in the United States.
- In 2010, 26% of estimated new HIV infections were among youths: 57% among blacks/African Americans, 20% among Hispanic/Latinos, and 20% among whites.
- Nearly 75% of the 12,200 new HIV infections among youths were attributable to male-to-male sexual contact.
- Only a low percentage of youths have been tested for HIV, and 60% of youths with HIV are unaware of their infection.
- Young males who have sex with males are at increased risk for HIV because of high rates of HIV in potential sex partners, and they are more likely to engage in HIV-related risk behaviors (e.g., unprotected sexual intercourse and injection drug use) than other male or female high school students.

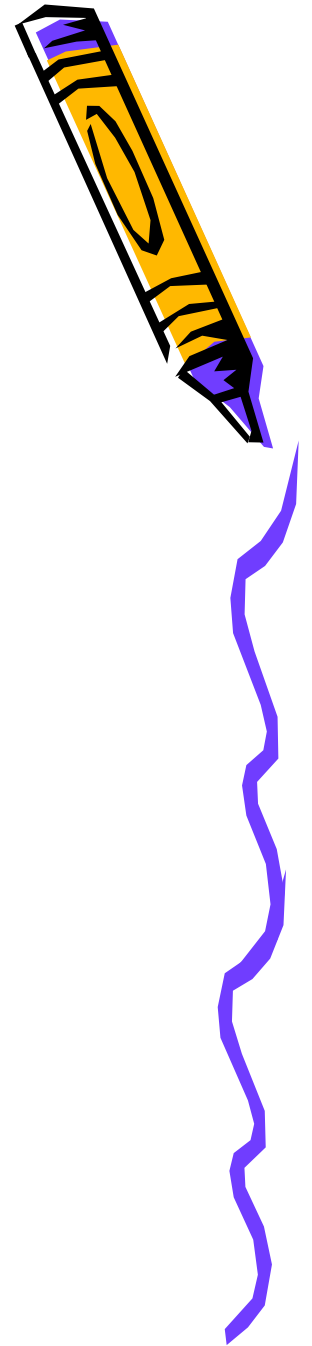


PEER POWER

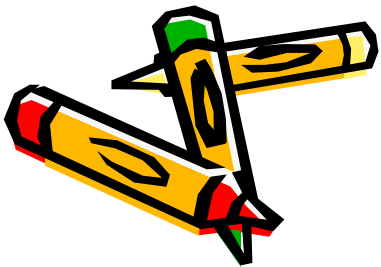
- Peer Driven
 - Recruitment/Interviews
 - Peer Review Board
 - Materials Review Board
 - Summer Training
 - Alumni –Summer Training, Fashion Show, Teen Town Hall, BATES Conference



L.Y.F.E.
LET YOUR FUTURE EXIST



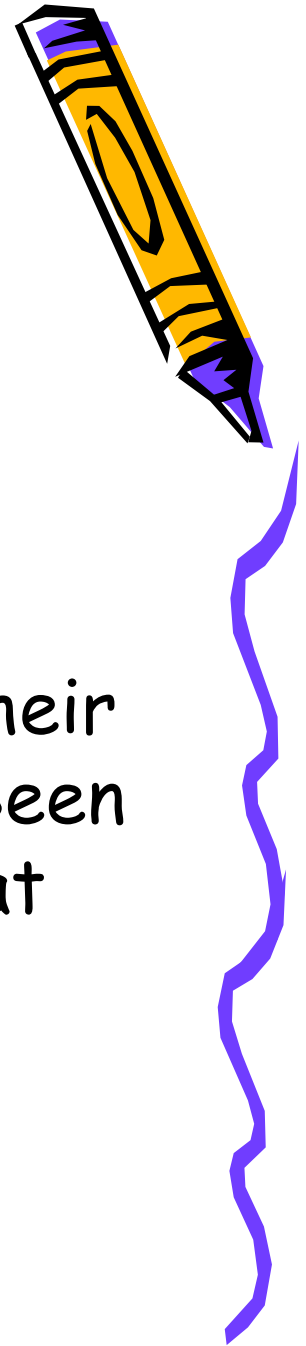
ROLE PLAY



COMMUNICATIONS

- Ex Partner Reveals To Former Partner That They Tested Positive For an STD
- Former Partner Must Now Reveal To Their Current Partner That They May Have Been Exposed to an STD and Encourages That They Both Get Tested

Lets See How It Plays Out!



CONTACT INFORMATION

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Check us out on the web at www.theoprogram.org

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