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
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  PREP Program, SHPYL Program

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  PREP Coordinator

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  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 (Enough, Let’s Move On)
- 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
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

AEP/THEO

PREP Coordinator
Personal Responsibility Education Program

SHPYL Coordinator
Sexual Health Promotion Through Youth Leadership

Be Proud, Be Responsible!
Sisters Informing Healing Living and Empowering

Social Drama/Theatre
Community Outreach
Health Workshops
SHPYL
SEXUAL HEALTH PROMOTION THROUGH YOUTH LEADERSHIP

- Social Drama-Theatre
- Outreach / PLJ
- BATES, World AIDS Day Teen Town Hall Meeting, HIV Awareness Fashion Show
- Educational Trips Abroad
- Broadway Shows
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 2. Number of new HIV infections among youths aged 13–24 years, by sex and race/ethnicity — United States, 2010
### 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

<table>
<thead>
<tr>
<th>HIV-related risk behavior</th>
<th>Race/Ethnicity</th>
<th>Male high school students</th>
<th></th>
<th>Female high school students</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
<td></td>
</tr>
<tr>
<td>Sexual intercourse with four or more persons</td>
<td>Black/African American</td>
<td>45.1 (40.9–49.3)</td>
<td>43.3 (33.4–53.7)</td>
<td>24.1 (21.7–26.7)</td>
<td></td>
</tr>
<tr>
<td>during lifetime</td>
<td>Hispanic/Latino*</td>
<td>30.5 (28.5–32.7)</td>
<td>53.3** (45.6–60.8)</td>
<td>16.0 (14.3–17.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>19.5 (17.5–21.7)</td>
<td>29.5** (22.8–37.3)</td>
<td>17.5 (15.6–19.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>26.9 (25.5–28.5)</td>
<td>39.4** (34.5–44.4)</td>
<td>18.7 (17.3–20.1)</td>
<td></td>
</tr>
<tr>
<td>Ever injected illegal drugs</td>
<td>Black/African American</td>
<td>2.1 (1.4–3.1)</td>
<td>22.2 (13.9–33.4)</td>
<td>3.6 (2.6–5.2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>5.8 (4.5–7.4)</td>
<td>26.8** (20.3–34.5)</td>
<td>3.2 (2.3–4.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>2.1 (1.5–2.8)</td>
<td>13.9** (8.4–22.3)</td>
<td>2.8 (1.5–5.3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>2.9 (2.5–3.5)</td>
<td>20.4** (15.9–25.8)</td>
<td>3.2 (2.3–4.5)</td>
<td></td>
</tr>
<tr>
<td>Drank alcohol or used drugs before last</td>
<td>Black/African American</td>
<td>17.6 (14.9–20.6)</td>
<td>22.2 (17.4–36.7)</td>
<td>13.4 (11.2–16.0)</td>
<td></td>
</tr>
<tr>
<td>sexual intercourse†</td>
<td>Hispanic/Latino</td>
<td>27.2 (24.4–30.2)</td>
<td>64.3** (54.4–73.1)</td>
<td>16.6 (14.5–19.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>25.4 (23.0–27.8)</td>
<td>30.2 (23.0–38.5)</td>
<td>16.5 (14.7–18.4)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>24.3 (22.7–25.9)</td>
<td>38.5** (32.8–44.6)</td>
<td>16.0 (14.8–17.3)</td>
<td></td>
</tr>
<tr>
<td>Condom use at last sexual intercourse†</td>
<td>Black/African American</td>
<td>75.3 (72.2–78.2)</td>
<td>55.1** (42.1–67.4)</td>
<td>59.3 (55.5–63.0)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hispanic/Latino</td>
<td>67.4 (64.7–69.9)</td>
<td>33.0** (23.9–43.5)</td>
<td>53.2 (50.2–56.1)</td>
<td></td>
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<tr>
<td></td>
<td>White</td>
<td>69.2 (67.1–71.3)</td>
<td>48.7** (40.1–57.4)</td>
<td>57.0 (55.1–58.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>70.2 (68.7–71.6)</td>
<td>44.3** (39.0–49.7)</td>
<td>56.6 (55.1–58.0)</td>
<td></td>
</tr>
<tr>
<td>Ever taught in school about AIDS or HIV</td>
<td>Black/African American</td>
<td>82.5 (80.1–84.7)</td>
<td>73.0 (62.1–81.6)</td>
<td>86.2 (84.0–88.2)</td>
<td></td>
</tr>
<tr>
<td>infection†</td>
<td>Hispanic/Latino</td>
<td>83.5 (81.7–85.1)</td>
<td>62.0** (54.8–68.8)</td>
<td>84.9 (83.2–86.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>89.2 (88.0–90.2)</td>
<td>84.9 (80.1–88.7)</td>
<td>89.8 (88.6–90.8)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>86.3 (85.4–87.2)</td>
<td>74.6** (70.7–78.1)</td>
<td>88.1 (87.2–88.9)</td>
<td></td>
</tr>
</tbody>
</table>

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

* Who ever had sexual contact.
† Connectivity, 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

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

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.”
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
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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