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Social Stigma in Substance Use and Risky Sexual Behaviors in Adolescents: A Thematic Analysis

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An abstract of
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Abstract

Social Stigma in Substance Use and Risky Sexual Behaviors in Adolescents:

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By Marissa N. Robinson

This qualitative study aims to increase knowledge of overlapping themes regarding the relationship of social stigma around the topics of risky sexual behaviors and substance use among adolescents. A thematic analysis of semi-structured interviews with sixteen key community informants and five focus groups of participants in the Teens Linked to Care (TLC) initiative identified key themes. The results show that themes of social stigma were identified through descriptions of stigma, enforcers of stigma, negative effects of stigma and implications for programming within the community. The data suggests that further studies are needed to investigate the relationship of social stigma around the topics of substance use and risky sexual behaviors in adolescents.

KEY WORDS: Adolescents, Intervention, Risky Sexual Behaviors, Substance Use, Rural

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Table of Contents:

Chapter 1: Introduction

Introduction and rationale

During the behavior stage of adolescence, behaviors determined by peers help to navigate social environments like schools, increase likeness, understanding, and a common bond. Being sensitive to this dichotomy of the influence in which adolescents, surrounding adolescents, and the adolescents themselves is vital during the adolescent stage to increase the likelihood of acceptance and trust (Ritchwood *et al.*, 2015). As highlighted by the recent CDC Division of Adolescent and School Health report on Sexual Risk Behaviors, programs within the school setting can accomplish risk reduction for sexually transmitted diseases (STDs) and increase positive health outcomes (CDC, 2019). There is a need to acknowledge the unique challenges adolescents are faced with and the implications of current public health concerns that have been determined by the Centers for Disease Control and Prevention.

School-based interventions aim to encourage positive youth development, healthy behaviors, and academic success. Findings from successful interventions at an early age have been linked to positive effects on healthy behaviors that can last into adulthood (CDC, 2018). Factors limiting research in this field include small sample sizes, varying demographics, and data evaluation methodology. Despite the many programs surrounding adolescent research, an evaluation on the thoughts of the participants within

a school based intervention focused on risky sexual behaviors and substance use has limited studies on this topic.

Problem Statement

National surveys of adolescents have been conducted over time including the recent, School Health Policies and Practices Study (SHPPS) (CDC, 2018), and the annual Youth Risky Behavior Surveillance Survey (YRBSS)(YRBSS, 2017). However, both surveys captured the health and risk factors that affect adolescents, as it exclusively relates to risky sexual behaviors and substance use in limited amounts. With a focus on data surrounding school-based interventions and concentrating exclusively on risky sexual behaviors and substance use in adolescents, the field of public health can be strengthened with data from an intervention targeting those factors.

Purpose Statement

The aim of this research is to advance knowledge about the Teens Linked to Care (TLC) pilot program. In 2015, CDC identified vulnerable or at-risk counties and jurisdictions for outbreaks of HIV/Hepatitis C virus (HCV) among persons who inject drugs following a CDC consultation (CDC, 2015)(Faust, 2018). After identifying the communities affected, the Teens Linked to Care pilot was established. Through the pilot program, access to health services, safe and supportive environments, substance use and HIV prevention education, as well as an evaluation for these high-risk communities were provided to the initiatives participants.

Research question

It is hoped that this study seeks to answer to the following research question: How does Teens Linked to Care (TLC) explore the relationship of social stigma around the topics of Risky Sexual Behavior and Substance Use among adolescents in three high schools in Indiana, Kentucky, and Ohio?

Significance Statement

TLC is a community-led intervention pilot program located within three high schools in rural high-risk areas in Indiana, Kentucky, and Ohio. Per a recent report on the Youth Risk Behavior Surveillance Survey (YRBSS, 2017) and Banspach *et. al.*, negative health risk behaviors are becoming a serious public health concern, these similar behaviors are seen carrying over into adulthood and can impact quality of life (Banspach *et. al.*., 2016)(YRBSS, 2017). In 2017, 56 million people attended elementary and secondary school, with an estimated 16.5 million being in grades 9 through 12 (US Department of Education, 2016). The high numbers within the school settings contribute to the greater need to address interventions at the school-level for early and successful impacts on adolescents. By advancing the knowledge about the TLC pilot program, research surrounding initiatives within the school setting can be further explored. With an overlapping approach between multiple communities, schools and governments, successful and healthy adolescents can positively affect health and academic outcomes (Bonell *et. al.*, 2013).

Through collaboration between community members and schools, TLC has a unique position within the field of public health. Due to the implementation framework, TLC is capable of effectively addressing substance use and risky sexual behaviors among adolescents in a way that does not stigmatize adolescents, likely encouraging further behavior change even after the adolescents' involvement in the program. By TLC establishing a safe and non-stigmatizing environment for the adolescents, this dynamic is established through TLC adolescent participants and the program coordinators.

Like the Whole School, Whole Community, Whole Child (WSCC) model (CDC, 2018), combining health and education is imperative for success within the programs participants. Per CDC Healthy Schools, program engagement beyond the adolescent promotes positive behavior change among family and community members alike (CDC, 2018). Although, TLC is implemented in a school-based environment, TLC participants also engage with program coordinators and community members, thus having a potential larger reach to others than solely the adolescent participants within TLC.

Chapter 2: Review of the Literature

Adolescence

Adolescence is a time-period of individuals ages 10 to 19 who experience immense physical, emotional, social, and psychological changes (Blakemore & Mills, 2013). Success in navigating the expectations of adolescent environments such as the education system, is critical to entering adulthood successfully which ultimately puts immense pressure on youth (Crockett, 2000). Adolescence is a period in which young people learn their own personal beliefs about certain groups and other individuals, this can be either positive or negative (Choudhury 2010, Fiske 2009). Additionally, the impact of this adolescent time-period causes a heightened reaction to certain events (i.e. Peer pressure to engage in certain behaviors, etc.). These events occur due to the young age range as well as easily influenced nature (Crone & Dahl 2012, Peper & Dahl 2013).

Adolescents between the ages of 14 and 22 are at the greatest risk of developing lifelong consequences related to risky behaviors (Bingham *et. al.* 1996). Once a young person has engaged in a risky behavior they are more likely to continue the behavior into adulthood and beyond. Juvenile delinquency, driving under the influence, and other poor decision making can result in lifelong consequences (Adams *et. al. 2002*). Over the past two decades due to the growing adolescent population which engages in these dangerous and risky life-changing behaviors, an increased effort of public health research has resulted (Arnett, 1992, 1996; Gonzalez *et. al.*,1994, Lavery *et. al.* 1993; Levitt *et. al.* 1991). Due to this vulnerability during the stage of adolescence, poor habits that are hazardous

or criminal can be adopted and can cause a life-long battle with poor decisions with even greater consequences.

Teens Linked to Care (TLC)

The Teens Linked to Care program is a three-year pilot to determine the feasibility of implementing prevention strategies and activities that address both substance use and sexual risk behaviors among youth in high-risk rural communities. This community-led intervention pilot program is located within three high schools in rural high-risk areas in Indiana, Kentucky, and Ohio. The program aims to explore possible facilitators and barriers associated with the implementation. The goal of this pilot is to develop a framework that can be implemented in schools to address (HIV/STD) prevention, teen pregnancy, and high-risk substance use among adolescents. The qualitative data has been gathered from a thematic analysis which consisted of in-depth interviews in the format of focus group discussions and key informant interviews. A listed question guide assisted in guiding the interview conducted by the evaluation team.

Risky Sexual Behaviors

As adolescents enter adulthood, they are faced with different experiences involving sexual decision-making. For the purpose of this study, risky sexual behavior (RSB) is defined as any behavior that increases one's likelihood of contracting an STI, including having unprotected intercourse, having multiple sexual partners (more than one partner at a time), and having intercourse with an intravenous drug user (IVDU). Research shows that large numbers of adolescents are participating in RSBs including unprotected sex (without the use of a condom) and sex with multiple partners, which

increased risk for sexually transmitted infections (STIs) (Brunham and Plummer, 1990). The Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS) included 14,765 questionnaires to high school students across the United States. According to CDC, during testing following the YRBSS questionnaires, reports on sexual health yielded reports of 488,700 cases of chlamydia, gonorrhea, and syphilis as well as 1,652 cases of human immunodeficiency virus (HIV) (CDC, 2017).

Currently, sexually active high school adolescents account for 46.2% of the total high school population not using methods to prevent pregnancy and of those students, 9.7% have had 4 or more sexual partners across the United States (CDC, 2017). Before their last sexual encounter, 70.6% of students did not use birth control pills, IUD, Depo Provera shot, or birth control ring. Rates of sexually active high school students are higher among minority female students, Black (25.5%), and Hispanic (22.0%) compared to White (11.8%) students. In addition, sexually active students are higher among younger students 9th grade (20.1%) vs 12th grade (12.3%), and higher among females (16.7%) vs male (10.5%) (CDC, 2017).

Substance Use

In addition to risky sexual behaviors, adolescents may participate in risky behaviors relating to illicit and non-illicit substances use, as well as alcohol, which result in hazardous effects and often harsh consequences (Arnett, 1992; Gullone *et. al. 2000).* For this study, substance use (SU), was defined as: the frequency of alcohol use (binge drinking for men equal to 5 or more drinks at least 1 day in the past 30 days, binge drinking for women equal to 4 or more drinks at least 1 day in the past 30 days),

prescription drug abuse, or the use of any illicit substances (marijuana, cocaine, heroin, inhalants, opiates, and ecstasy).

The misuse of illicit substances has grown over the last decade. These substances include but are not limited to heroin, cocaine, opioids, marijuana, alcohol, and inhalants. Scientific research suggests a current crisis concerning opioid overdoses across the United States with 78 individuals dying from overdoses daily and over 20 million individuals nationwide suffer from a substance use disorder (HHS, 2016). Due to the addictive nature of substance use, the younger the individual is once they engage in substance use the more dramatic the effect will be to their overall cognitive development. Nearly two decades ago, a 2002 study noted the largest percentage of 8th graders consumed alcohol (19.6%) more often than marijuana (8.3%) and cigarettes (10.7%) (Institute of Medicine, 2004). Research on risky behavior and substance abuse has found that adults with an addiction problem began the addiction when they were in their adolescent years (Compton *et. al.* 1991).

Substance Use and Risky Sexual Behaviors

The complex relationship between SU and RSBs among adolescence has garnered interest within the public health arena. Literature suggests that adolescents that are routinely engaging in SU have higher risks of engaging in sexual activity earlier, having more sexual partners, and engaging in unprotected sex more often (Madkour, Farhat, Halpern, Godeau, & Gabhainn, 2010; Connell, Gilreath, & Hansen, 2009; Tucker *et. al.*, 2012). Concerns from policy makers and public health professionals have been raised about this population due to the elevated risk of STIs (Swartzendruber, Sales, Brown,

DiClemente, & Rose, 2013). STI infection intersects with substance use at an intensified rate during the adolescent period (Swartzendruber *et. al.* 2013).

In recent years, YRBSS reported 28.7% of high school students across the United States were sexually active and of those, 18.8% had used illicit drugs or alcohol prior to engaging in sexual intercourse (CDC, 2017). In the last decade, there has been a 6% overall decrease in the occurrence of high school adolescents who engage in illicit drug or alcohol use before sexual intercourse in the United Sates (CDC, 2017). As previously stated, health consequences due to RSBs will have impacts continuing past the stage of adolescence and will linger into adulthood (Crone & Dahl 2012, Peper & Dahl 2013).

Despite the logical connection between SU and RSB, studies focusing on the relationship between the two behaviors have found no correlation. (e.g., Baskin-Sommers & Sommers, 2006; Bryan, Ray, & Cooper, 2007). However, many correlations exist in other bodies of literature. Without understanding if and how these two behaviors are linked, research will be missing a vital relationship within the field of adolescent health. On the contrary, there has been research that indicates a lack of correlation thus making the relationship of SU and RSB arduous. (Leigh *et. al.*, 2008; Voisin *et. al.*, 2007), (Ellickson, Collins, Bogart, Klein, & Taylor, 2005).

An experimental study involving 161 college-aged women (mean age=25.02) reported lower rates of condom usage associated with heavy alcohol consumption (Norris *et. al.*,2009). In another study, 351 women (mean age=18) that were STD clinic patients who engaged in binge drinking (5 or more drinks at once), reported 5 and 3 times, respectively, the rate of sexually transmitted diseases (STDs) and engagement in

risky behaviors within the past 30 days compared to women who abstained or only drank minimal alcohol (Hutton, 2008).

Stigma

Prejudice and negative beliefs usually negative are important to recognize and comprehend to uncover stigma within a community. Many public health interventions are in place to help address and combat issues of stigma but first initiatives must identify what/whom is being stigmatized and the root causes of it before being able to implement a successful intervention. Stigma can cause negative impacts to health from a population and individual standpoint (Hatzenbuehler, 2013). Due to the many ways in which stigma can manifest itself in multiple areas, the sole definition is lack of acceptance (Phelan, 2008). Stigma can be described as a lack of individual acceptance and potential discrimination due to specific traits or characteristics (Goffman, 1963).

In current research, stigma attempts to uncover potential misconceptions, barriers and challenges in the literature (Hatzenbuehler, 2013). However, when discussing stigmatized topics, misconceptions, barriers and challenges can cause limited dialogue to occur surrounding these sensitive stigmatized topics. Additionally, as seen with individuals who suffer from diseases surrounding mental health, there is a potential negative effect on the individual level of self-hate due to the stigma of a specific population (Corrigan, 2002). In a recent 2015 study, overweight and obese adolescents were found to have unhealthy habits such as illicit drug use and risky sexual behaviors in reaction to the stressors caused by stigma. These behaviors triggered by stigma may demonstrate increased risk for future health consequences (Farhat, 2015).

Due to cultural beliefs, many shared thoughts and opinions dictate the understanding of certain topics on an individual level (O'Mara-Eves *et. al.* 2015). As these individuals share these thoughts on various topics, the identification of which these topics are associated with can become positive or negative depending on the individual which can be labeled as "stigmatization" (Rew *et. al.* 2012).

Stigmatization can be used at the individual level, however, when a larger population uses the label this can be referred to as "public stigma" and can promote certain attitudes toward that population (Department of Health, 2008; Boote, 2002). Socially this type of stigma can be seen across multiple groups. For example, when discussing certain diseases such as human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) or health disorders such as heroin addiction many individuals within this population are labeled a certain way. For instance, the public stigma is viewed harshly since these realities can be "controllable" at the individual level (Connell *et. al. 2009;* Tucker *et. al.* 2012),(Fortney *et. al.*2004).

Social stigma can stem from stigmatization and refers to extreme ostracizing or poor treatment caused by specific characteristics. An example of this is identifying with a group of individuals that participate in specific norms such as substance use and being treated poorly by other community members due to the substance use label. To understand more deeply why individuals, use labels and stigmatize other populations, we must explore the theory behind the actions.

School-based Intervention

Within the school setting, adolescents can improve health and wellness as well as academic performance. School-based interventions have become a public-health interest because of their potential to use a collaborative framework to analyze comparisons between academic achievement and health risk behaviors (Rasberry et. al., 2017). An example of such collaboration is the Whole School, Whole Community, Whole Child(WSCC) model (CDC, 2016) which is a 10-component student-led community approach that utilizes collaboration between schools and communities to promote healthy behavior change to address topics like pregnancy, HIV and STD infection.

Current Study

Teens Linked to Care creates a collaborative and safe interactive environment for adolescents to increase education surrounding HIV, STD, substance use, and early detection screening. By providing these educational tools and environment, participants within the TLC initiative can explore individual experiences to potentially live safer and healthier lives.

Chapter 3: Design & Methodology

Sample Selection

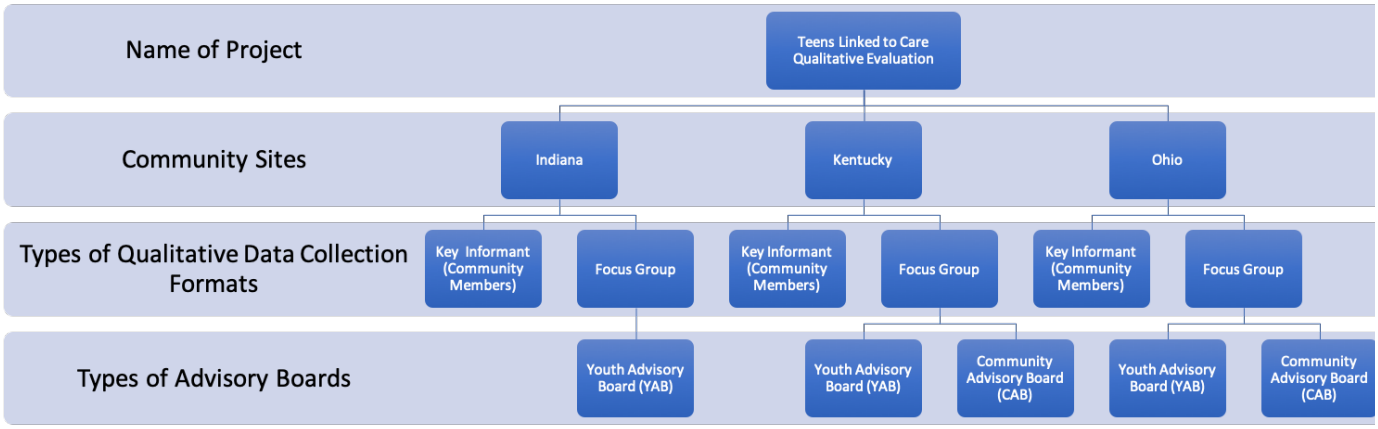
In 2015, CDC identified vulnerable or at-risk counties and jurisdictions for outbreaks of HIV/Hepatitis C virus (HCV) among persons who inject drugs following a

CDC consultation (CDC, 2015)(Faust, 2018). After identifying the communities affected, the Teens Linked to Care pilot was established. The rural communities were in Kentucky, Indiana, and Ohio. Focus groups were conducted with community members taking part in the Community Advisory Board (CAB). The CAB consisted of community members such as the project coordinators, school administration, health department staff and community organization staff. Student participants participated in a separated Youth Advisory Board (YAB). Individuals from the two groups were community members or students from three high-risk rural areas.

Aim of Study

The purpose of the pilot study was to create a framework for adolescents using a school based intervention which focused on proper screening and prevention for risky sexual behaviors and substance use in high-risk areas in 3 Mid-Western U.S. states (CDC, 2018). The purpose of this current analysis was to explore the relationship of social stigma around the topics of risky sexual behavior and substance use among adolescents across three high schools in rural Kentucky, Indiana, and Ohio.

Appendix A. Teens Linked to Care Qualitative Evaluation



Research Design

For the current analysis, a semi-structured interview guide was utilized for individual key informant interviews and focus group discussions. Key informant interviews (KIIs) and focus group discussions (FGDs) were used to gain both subjective and objective views from participants in ways that observational or survey data collection methods are not proficient enough. Key Domains that were assessed in the key informant interview guide included successes within the TLC program, barriers and challenges within the community, concern in the community about substance use or risky sexual behaviors and how substance use and risky sexual behaviors intersect. Key Domains that were assessed in the focus group discussion guide included favorite or least favorite activity, program involvement/engagement, future suggestions, barriers and challenges. The developed guide provided a further understanding with questions like "Complete

the following sentence, Teens Linked to Care cannot be successful without [blank]" and "What was your least favorite part about the youth advisory board?".

The evaluation team conducted sixteen KIIs and five FGDs. KII participants included community members who also served on the Community Advisory Boards (CABs) for the local TLC project. FGD participants were Youth Advisory Board (YAB) members consisting of current high school-aged adolescents. The Community Advisory Boards (CAB) consisted of current community members. Five KIIs and a YAB FGD were facilitated in Indiana, five KIIs and FGDs with YAB FGD and CAB FGDs were facilitated in Kentucky, and lastly, in Ohio five KIIs and FGDs were conducted with the YAB FGD and CAB FGD.

Thematic Analysis

The qualitative data analysis method of thematic analysis was conducted to identify, examine, code, and contextualize patterns within the data (Braun and Clarke, 2006). KIIs and FGDs were digitally recorded and transcribed verbatim. Verbal and written consent was provided to allow recording. Once the data was transcribed, an extensive in-depth documentation into a qualitative diary was used individually amongst the evaluation team members. Through this methodology, themes were identified, named, and defined while simultaneously creating a codebook. Once the codebook was collaboratively developed, overlapping patterns throughout themes across the data were discussed amongst the evaluation team. Over several weeks, transcripts were analyzed using the qualitative data management software MAXQDA (VERBI software, Berlin, Germany). Once coding was completed, Cohen's Kappa was

calculated to measure inter-coder reliability of the evaluation team. The evaluation team had a Cohen's Kappa reliability score of $k = .82$. Following the coding of the themes and sub-themes, an analysis was conducted by the evaluation team intern to identify patterns which were seen across the data and determined how each of those patterns incorporated the various outcomes based on the research questions.

For the current analysis, sub-coding was performed to identify perceptions, thoughts, and feelings of the participants as it related to stigma. By further analyzing these codes throughout the analysis, thick descriptions of context with sufficient detail were developed to provide further in-depth rationality.

Ethical Considerations

The Teens Linked to Care pilot initiative was a process evaluation which collected no demographic or personally identifying information thus, being exempt from needing Institutional Review Board approval. A contractor working alongside the Centers for Disease Control and Prevention as well as the CDC Foundation provided this project the exemption.

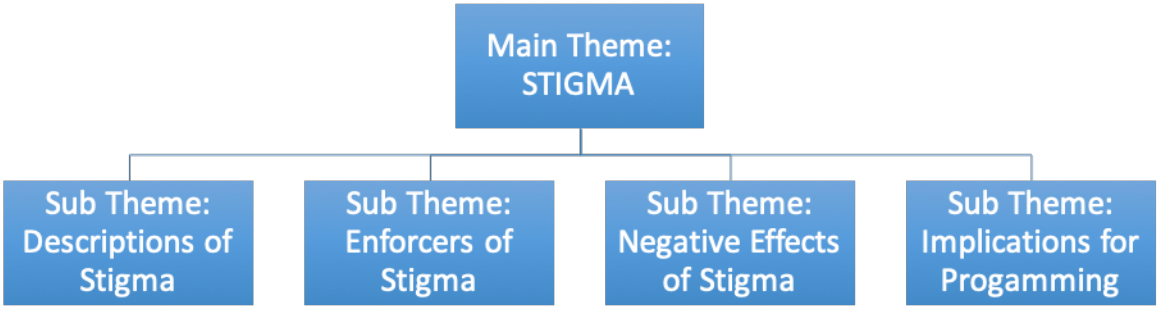
Chapter 4: Findings

Results

Interviews identified a major theme of social stigma. The theme of *Stigma* relating to risky sexual behavior and substance use was pervasive throughout the KIIs. Specifically, key informants discussed *descriptions of stigma, enforcers of stigma,* and *negative effects of stigma*. Interestingly, youth did not directly address stigma; however,

there were indirect references to stigma in their discussions of *implications for programming*.

Appendix E: Teens Linked to Care (TLC) Themes and Sub-themes



Participants

Participants of the TLC project were comprised of high school-aged students and adult community members. TLC was hosted in three Mid-Western U.S. states which included Indiana, Kentucky, and Ohio. To ensure confidentiality, no formal demographics were collected.

Stigma

Community member KII participants described social stigma in relation to both risky sexual behaviors and substance use in adolescents. Within these descriptions, analysis of the stigma code revealed four major sub-themes. First, participants provided

multiple *descriptions of stigma* within their communities. Second, participants described multiple *enforcers of stigma* including political persons, family and community members. Third, participants described the numerous accounts of *negative effects of stigma* within the community. Lastly, participants described the *implications for programming*.

Descriptions of stigma

KII participants described multiple accounts of stigma and how it was enacted throughout their communities. More specifically, participants described community stigma against substance use, sexual activity, and sex education in schools. The participants discussed the current drug problem and epidemic in their communities. One of the KIs who was a leader in the community of the TLC program said, *"Well, there's community pushback as far as you know, whether or not people that are drug addicted, it's a choice, or a disease. And so there's stigma and not a lot of sympathy."- Ohio 1 KII 2018.* Out of the 16 KIIs, 6 KIIs reported an "out of sight, out of mind" mentality as it related to substance use or risky sexual behaviors occurring in their communities. Participants acknowledged they may have contributed to this mentality by ignoring these issues, or assuming if adolescents aren't physically seen engaging in the activity by that specific individual, then such activity is not happening in their community. For example, *"I definitely hear about substance abuse in youth…But I almost feel like you have to have those types of situations for it to be a concern otherwise it's kind of out of sight out of mind." – Kentucky 1 KII 2018*

In addition to stigma relating to substance use, KII participants discussed stigma within the community surrounding the topic of risky sexual behaviors. Due to the sensitive nature of sexual activity among adolescents, there was a lack of desire to discuss

the topic. Participants explicitly stated how much easier it is to discuss a substance use problem rather than discuss sexual behavior. One participant shared, *"It is still a really taboo subject here in the community…People don't want to talk about drugs but they really don't want to talk about sex and sexual health."- Kentucky 1 KII 2018.* While another participant shared, *"I think they still don't want to talk about teens having sex so even if they say it's a concern I don't know if it's actually like something that people are willing to talk about which leads to an increased risk for that teen."-Kentucky 3 KII 2018.* This creates an avoidance of discussion, and therefore, may result in an increased risk for these adolescents in their community.

As illustrated by the previous quotes above, stigma (against either sex or drug use) was often manifested not by outright actions or words, but rather by avoidance of discussion. The lack of discussion surrounding sexual activity was also clear as it related to the provision of sex education in the school system. One participant specifically pointed out that health/sex education is only offered once during the four-year matriculation of high school, severely limiting the access of pertinent sexual health information to adolescents who could potentially miss the single course. *"We have health one time in high school. One time. If you transfer in, you might miss it". – Indiana 3 KII 2018.*

Enforcers of stigma

KII participants identified several specific institutions or groups of people as continually enforcing stigma. The most important of these was religion – specifically, conservative Christian, political and cultural beliefs which are often practiced in certain geographic areas in the south-eastern and south-central states often referred to as the

"Bible Belt". Related to the dominance of such religious beliefs in these communities, local politicians and schools also enforced stigma and inhibited open discussion about sexuality. Participants described how overarching religious beliefs in this area led to a lack of sex education in schools, promotion of abstinence only curriculum, and enforcement of these curricula through political institutions. In contrast to comprehensive sexual education which provides in-depth comprehension of contraception and birth control options, abstinence-only education excludes the discussion of any contraceptive methodology other than abstaining from sex. At least one participant from each community reported a strong push for abstinence-only curriculum from school administrators and politicians as well, despite acknowledging its potential limitations.

The topic of sexuality was often conflated with mentions of abortion. Abortion was rarely talked about and in the two interviews when it was, it was spoken of in a negative light. An Ohio community member described the negative attitude about abortion in the community, "*But that is a barrier I do believe 'cause I mean, if you hear guys in the class, they are really..Oh, she's a baby killer. She had an-" you know, and if it gets out that a girl has done that, then that is frowned upon."- Ohio 3 KII 2018.* There was also a lack of education surrounding topics of risky sexual behaviors for adolescents. Due to abstinence-only education one participant highlighted reinforcement of the curricula by politicians in the community, *"We have some politicians that are definitely lean more towards the abstinence stance, especially for young people."- Kentucky 1 KII 2018.* A participant from Indiana spoke of the lack of information shared by teens which included misinformation concerning

sexual behaviors, *"There's just misinformation and kids rely on each other a lot of times as [laughing] the knowledge base. And that's scary some of the things that we hear. Like just misunderstandings, so."- Indiana 5 KII 2018.* Even within one of the adult FGDs, participants identified misinformation as a large barrier. "*So when I told her that, she said really? And I said yeah…But they don't think oral sex is sex, because intercourse, like ––…. She just didn't think they had it at that age."-Ohio CAB 2018.*

Conversations about stigma were primarily focused on stigma related to risky sexual behaviors, rooted largely in the conservative religious views dominant in the Kentucky region. However, several mentioned stigma surrounding substance use in adolescents, one of the participants described the following, "*People are so much more willing to talk about the issues with drug use even though they don't want to say that their kids are doing drugs, but they're more willing to talk about that because it's like easier for them to wrap their heads around than actual just regular sexual behavior"- Kentucky 3 KII 2018.*

Negative effects of stigma

KII participants also described the negative effects of stigma within these communities. Stigma was reported to hinder efforts to combat substance use and risky sexual behavior in several interviews. An Ohio participant specifically spoke of the schools not wanting to talk about sex or drugs due to a parent potentially getting upset, "*Schools are afraid to talk about sex and drugs because some parent is probably going to get offended or mad or whatever"-Ohio 1 KII 2018*. This can cause a lack of discussion within schools perpetuating the stigma within the schools' approach to risky sexual behaviors. Another participant described the unrealistic belief of abstinence only education for

adolescents and impacts of such approach, *"A lot of times abstinence is what people want to ___and support. And I don't know that that's always, I mean that's not realistic… need to make sure the kids are equipped and prepared because they are going to have, they're having sex. So, we can't only focus on abstinence."* - Indiana 5 KII 2018. This clearly identifies the lack of impact the abstinence only approach is having on the current adolescents in the community. By changing the approach to provide sexual education resources and proper information, adolescents can protect themselves properly and have the correct sources of information to do so.

Implications for Programming

It was notable that while stigma was mentioned frequently in the KIIs, our youth FGD participants did not directly mention stigma against either sexual risk behavior or substance use. One of the participants discusses the different views from the adults and adolescents and how imperative it is to have the adolescents' perspective, *"We have - a board has come together, talked about it, and then included teens. And we all got together and there is more collaboration going on now than before. Things that we think they are an issue, it may not be an issue. Or the teens are bringing things up that we never thought that was a concern about."-Indiana 1 KII 2018.* However, the existence of stigma was alluded to or implied in some of their recommendations for youth-focused programming. As it relates to stigma, all three YAB FGDs highlighted multiple ways that the TLC initiative has increased involvement to create a positive change within their community, encouraged non-judgmental conversations in safe spaces, and promoted willingness to participate in mentoring capacities to other adolescents.

The TLC program encouraged the exchange of ideas within safe spaces with adolescents and program coordinators. A YAB FDG participant from Indiana described how getting involved with TLC caused them to become a role model within their community and create positive change within their community. This was especially highlighted when a participant said the following, *"I really just wanted to assist the community because I got tired of hearing the bad name that we were getting. So I wanted to help step up and be kind of a role model for people, I guess – try to be something that's not what we were being called, or what they're trying to make us out to be, is really why I joined."-Indiana YAB FGD 2018.*

Two participants from the YAB FGD from Kentucky described the program coordinators' ability to have non-judgmental conversations and create a safe space for the adolescents to engage in dialogue. One participant described how the environment was friendly and judgement-free which helped them to feel that they weren't being judged even if they had a different opinion on a topic, "*I mean the people are always friendly and it's a non-judgmental zone, so if you have a different opinion, then nobody really –You can just say whatever you think without being judged."- Kentucky YAB 2018*. Another participant highlighted the rapport between themselves and the coordinator again, referencing a non-judgmental environment to engage in discussions, ''*Yeah, she was really good about it 'cause she didn't care what the issue was, she wasn't there to judge. She just wanted conversation, so talk about what you thought."-Kentucky YAB FGD 2018.* This established rapport between the coordinator and the adolescents can encourage conversations surrounding positive messages.

Two YAB FDG participants from Ohio described ways to become more engaged in their communities by serving in a mentoring capacity and helping to guide someone who they have something in common with. One participant discussed how they wanted to become a mentor to another student to assist the other student with a potential transition into the school, *"Would like to be a mentor to somebody who's just coming into the school to help them get"-Ohio YAB FGD 2018.* Another participant described the importance of being matched with another high school-aged student who had similar, shared interests that could relate to them, as well as, assist with a successful transition into school, *"Where you're matched up with somebody that has equal things that, or that you have in common."-Ohio YAB FGD 2018.* The adolescents having the personal desire to participate in a mentoring capacity, this is an example of a positive behavior change in the TLC participants in Ohio.

Chapter 5: Conclusion

Discussion

Stigma within communities can cause negative effects within the population. A key finding from our study was that there was considerable stigma in these communities related to the current drug epidemic. These findings are consistent with previous work, which found that negative health impacts due to stigma exist within communities. The stigma highlighted in this study described labeling and stereotyping as major components. In addition, at the population level evidence linked stigma to higher rates of morbidity and mortality (Hatzenbuehler, 2013). Due to the current epidemic in communities where TLC is implemented, the adolescent perspective surrounding stigma-related issues needs to be further analyzed. Importantly, we found through our

KIIs and FGDs that the adults in this study were aware of and highlighted the negative effects of stigma among the adolescent population. This awareness among adults has the potential to provide increased awareness, support, and further interventions surrounding these stigmas within the adolescent populations.

Additionally, this study demonstrated that people who perpetuate stigmas based contextually on perceptions of risky sexual behaviors and substance use in this community do so largely based on their religious and conservative views, "out of mind out of sight" attitudes, perceived taboos, and lack of information. To try and combat these issues, a sensitive, open-minded conversation to brainstorm a collaborative approach between religious leaders, community members, and adolescents must occur. Through an open dialogue surrounding the factors previously stated, an exchange between the different audiences can provide an education and awareness session on current stigmas within the community. Once stigmas via each community group have been identified, a de-mystification process of each taboos in the community can potentially be addressed with intervention level approaches for example, using positive word choice.

Geographic location within the 'Bible Belt', has previously been attributed to negative stigma which results in behaviors that are reinforced by strongly conservative religious beliefs. The conservative religious anti-abortion belief seemed to be very dominant in this region, this was seen when the participants shared that abortions were a frowned upon action in the community. The shared experiences of several participants echoed cultural beliefs embedded within religion. Similar to our study, this studies outcome focused on health behaviors, health consequences, and social support.

Community engagement had a statistically significant effect on health behaviors, health consequences, and social support thus, confirming that improving health-related outcomes is possible through public health interventions despite cultural beliefs within religion (O'Mara-Eves *et. al.* 2015).

It is clear from the participants that stigma plays a role in a person's daily life in different environments (i.e. school, work, church, etc.). Participants suggested that abstinence-only sexual education was encouraged and that abortions were frowned upon. These were identified as factors promoting stigma within their communities. This causes a gap between the adolescents and the general community. TLC attempts to bridge that gap to fill the evident needs of these populations to fulfill a positive environment of behavior change.

In summary, our findings highlighted the nature, enforcers and effects of stigmas against sex and substance use among rural Midwestern youth. Importantly, we also demonstrated how the communities' concerns involving stigma can be addressed through established safe environments with nonjudgmental staff. These safe environments established by TLC encourage a non-judgment and comfortable space in which participants can engage with one another, despite differences in opinions.

By taking a closer look at negative health impacts, multiple approaches should be considered to begin addressing stigma within these communities. For instance, there may be promise to combine existing school-based intervention approaches with adolescents looking at the intersection of risky sexual behaviors and substance use, that consider the unique geographic location of these communities in the "Bible Belt". As our study

illustrates, TLC can have a large reach not only to adolescents but to schools and community members combined. There is an urgent need to implement programs like TLC within communities affected by the current drug epidemic to promote positive behavior change in adolescents in those communities. Ultimately, TLC can serve as a blueprint for other school-based interventions that want to explore risky sexual behaviors and substance use in adolescents.

Strengths and Limitations

Despite several strengths, the study does have limitations that should be considered. Due to this initiative being a cross-sectional study, the initiative did not evaluate changes in stigma over time. Based on the results, our study population focused on the code of stigma, descriptions of stigma, enforcers of stigma, negative effects or stigma and implications for programming. Data which provided a focus on stigma came primarily from KII participants' and CAB FGDs that were comprised of adults. The discussions surrounding stigma was not present in the YAB FGDs resulting in a lack of stigma theme for the adolescent participants overall.

TLC's target population (high school-aged students) and the assessed population (both adolescents and adult community members), could have differences in experiences. This could result in variability in the data and our findings being different in other communities based on age, sex, religious beliefs, SES, etc. While all three schools were represented, these schools are only three of many schools in the respective Mid-Western U.S. communities. The data collected included twenty-one key informant interviews and focus group discussions combined. Increasing the sample size by including more schools

and participants within the surrounding areas might have provided a different perspective with other neighboring schools.

TLC works with youth in high risk communities. As such, it is possible some KII participants may have held back certain information to not further stigmatize their communities and possibly tailored their responses throughout the KIIs. Further probing of topics is needed and continuation of questioning may have been useful to develop a fuller understanding similar to the KII within the YAB FGDs. Due to this being an evaluation, demographic information was not collected, therefore not allowing inferences to be made across socio-demographic factors.

Implications for Public Health Practice

For future program implementation, the following recommendations can be considered when designing future interventions.

Enhanced efforts to improve interventions targeting risky sexual behavior and/or substance use should be implemented to maximize the opportunity tor training and employing non-judgmental facilitators to deliver interventions to adolescents. Adolescent participants specifically mentioned feeling comfortable and nonjudgmental with program coordinators thus, creating a safe space for productivity and engagement. By ensuring essential intervention staff are properly trained in adverse childhood experiences (ACEs), positive youth development, communication skills, etc. these essential environments can be facilitated and necessary dialogue can occur. Further research should evaluate more exclusively the relationship of risky sexual behaviors and substance use as it relates to adolescents. Specifically, in adolescents who are directly

impacted by the current drug epidemic in rural Mid-Western communities. Within our analysis, the theme of stigma was identified however, this was primarily viewed through the lens of the adult participants. While adult participants reported various views of stigma, a more detailed and comprehensive understanding from the adolescent perspective is needed.

By identifying certain aspects of these adolescents' experiences, an in-depth focus of positive behavior change efforts can be provided to the adolescents to address the needs of combatting stigma. For example, this analysis identified that adult participants consider conservative religious views to be a large reason for stigma within the community. Further research can consider how religion should encourage future program development that can promote engagement with the TLC program and meet the needs for adolescents in the community. This approach can be mutually beneficial for individuals that have been highly stigmatized in these communities i.e. adolescents who have engaged in risky sexual behaviors, have had an abortion, unplanned pregnancy, STD infection or have engaged in substance use. Future research can also analyze other environmental factors in the community such as socio-economic status, political will power, etc.

Conclusion

Our findings have implications for future public health initiatives. These initiatives have an opportunity to address needs of high school adolescents and their communities by focusing on the larger complex issues of risky sexual behaviors and substance use. The KII participants in this study indicated that multiple forms of stigma

that exist against adolescents within their communities. These stigmas may be caused by conservative religious views, lack of discussions about sexual activity, lack of sexual education in schools, misinformation, and lasting impacts caused by the drug epidemic. The YAB FGD adolescent participants described a sense of being comfortable, non-judgmental and having increased positive behavior changes due to TLC. Both KIIs and YAB FGDs highlighted various experiences with stigma, which provided suggestions to achieve greater results to improve the current TLC program.

Literature surrounding school based interventions for high school adolescents in the past have focused on closing the achievement gap while measuring academic success (Basch, 2011), health related behaviors and academic achievement (Rasberry et. al., 2017), as well as stigma relating to adolescents with obesity (Pont et. al., 2017). Out of these studies, only the study discussing obesity within adolescents discussed stigma within the intervention strategy. Per Pont et. al. 2017, the study addressed stigma in the school environment by way of discussing weight stigma in-depth and the false perception of weight stigma being improperly used against those who suffer from obesity as encouragement. This belief model happened to have the opposite affect for the individual sustaining such stigma and negatively impacted or made the problem of obesity worse. Creating healthy environments, positive word choices and role modeling were some examples used to enforce positive behavior change amongst the school population.

More studies surrounding interventions for high school adolescents are needed to compare results across populations, create variation, and comparison groups. By incorporating the new-found knowledge concerning adults in these communities as it

relates to stigma while simultaneously collecting data around stigma from the adolescent perspective, a positive improvement can be made in these rural communities experiencing stigma. This initiative has the potential to spark similar school-based interventions, provide follow-up interventions, and widen the scope to improve health and wellness in these communities by combatting reinforced stigma. Given the current evidence, data suggests that further studies are needed to investigate the relationships between adolescents and community members within TLC.

Chapter 6: References

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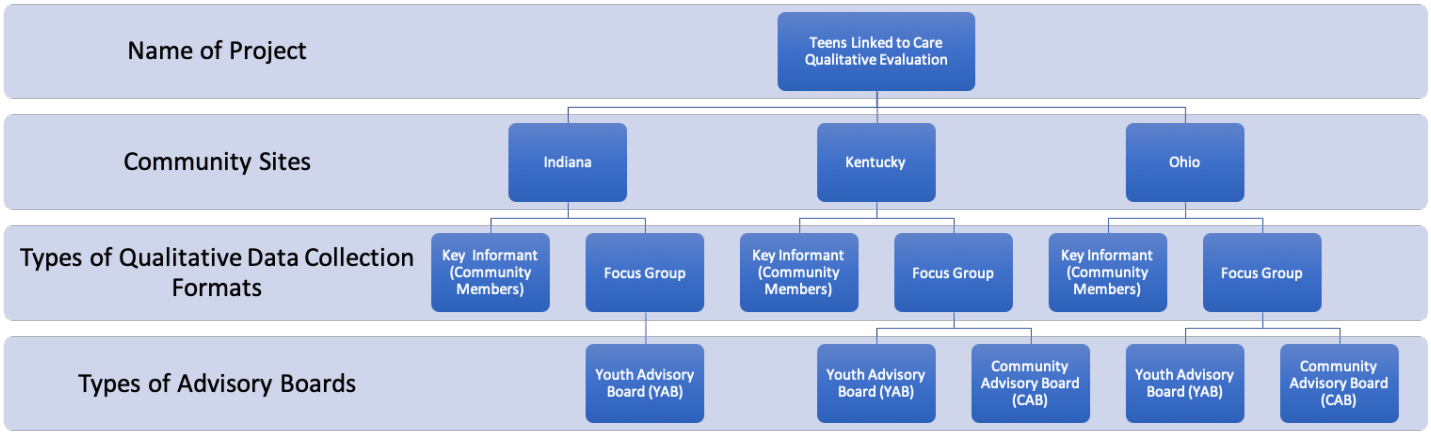
Appendix

Appendix A: Teens Linked to Care (TLC) Qualitative Evaluation



Appendix B: Key Informant Interview (KII) Guide

The Key Informant interview questions assessed TLC's successes, barriers & challenges, and future program develop, included the following questions:

1. On a scale from one-ten, how much of a concern is teens *substance use* to the community, with 1 being "not a concern at all" and 10 being "a very great concern"?
2. What are some driving forces that give you that impression?
3. What do you think have been some community facilitators that had kind of helped develop TLC, and kind of addressed substance use?
4. On the flip side, what have been some of the barriers and challenges to the work with TLC from your perspective in the community?
5. On a scale from one-ten, how much of a concern is teens engaging in *risky sexual behavior* to the community, with 1 being "not a concern at all" and 10 being "a very great concern"?
6. Are there any community facilitators that can help address some of that concern?
7. What other barriers, challenges, do you face when talking about risky sexual behavior?
8. What's the most successful aspect of the TLC program from the previous years?
9. What would you say is probably the single biggest barrier, challenge to TLC activities?
10. What community members and constituencies do you think TLC represents well?
11. How might TLC focus more on parent engagement?

12. So, a lot of times what happens when you do this kind of work and you have these kind of conversations, the two pillars of substance abuse and risky sexual behavior start to kind of diverge. And you start kind of like trying to tackle one, and the other one kind of gets neglected. And then you kind of jump back over to the other rail. So, how do you see the TLC program being able to kind of merge those two into more of an intersection, as opposed to being on different tracks?
13. Complete the following sentence. Teens Linked to Care cannot be successful in the future without (blank).

Appendix C: Youth Advisory Board (YAB) Focus Group Discussion (FGD) Question Guide

The YAB Focus Group discussion questions assessed TLC's successes, barriers & challenges, and future program develop, included the following questions:

1. What was your favorite part about the youth advisory board?
2. Is there anything else about the program that makes it feel like you can come here and say whatever you want? So maybe what makes you feel like there's no judgment in this room?
3. If you had to pick something that was your least favorite or several things, if there was something that was your least favorite part of TLC?
4. What was your least favorite part about the youth advisory board?
5. What can prevent the program from going downhill?
6. What reason did you join the youth advisory board?
7. What activities encouraged the youth advisory board participation?
8. What activities did you not like/ unsuccessful in youth advisory board?
9. What activities did you want to do in the youth advisory board but didn't?
10. What activities/initiatives should we add for the future?
11. Can you think of anything else from the program that you guys have worked on that you personally feel was a success?
12. As you look back on your experience with TLC, and if you were to fill in the blank, "I'm really glad I was involved in this program because."
13. Other suggestions?

Appendix D: Community Advisory Board (CAB) Focus Group Discussion (FGD) Question Guide

The CAB Focus Group discussion questions assessed TLC's successes, barriers & challenges, and future program develop, included the following questions:

1. What was something that was very successful about Teens Linked to Care from this past?
2. So, what are some things that you think maybe weren't as successful of Teens Linked to Care?
3. Any other things that you think were struggles or barriers for Teens Linked to Care this year?
4. So, what made each of you want to be a part of the community advisory board for this program?
5. What are some of the things that you would like to see TLC do herein future iterations?
6. Anything else? Any other changes or activities that you'd like to see included as we move forward?
7. What are some of the things that you as community advisory board members didn't get a chance to take part in with TLC this year that you would have like to have done?
8. What do you think is necessary for this to continue to be successful?
9. Anything else? So, anything else necessary to make it successful?

10. So, some of the things you're talking about today, some of the changes you want to see made, how do you guys feel comfort-wise coming to [staff member] or coming to [other staff member], and those of us who are with the CDC to get these things changed?

Appendix E: Teens Linked to Care (TLC) Themes and Sub-themes