TEENSTALKHEALTH:  
AN INTERACTIVE WEBSITE TO PROMOTE HEALTHY  
RELATIONSHIPS AND PREVENT STIs 

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Interactive websites:  
An innovative health services approach  

- Adolescents feel comfortable using the Internet to...  
  ○ Obtain sexual health information  
  ○ Express concerns to health professionals  
- The Internet can facilitate...  
  ○ Ongoing interaction between teens and health educators  
  ○ Interventions that are responsive to potentially changing needs of teens over time  

Borzekowski & Rickert, 2001; Gould et al., 2002; Montanaki et al., 2011; Rideout, 2001
**TeensTalkHealth intervention**

- TeensTalkHealth is an interactive sexual health website designed to promote condom use and healthy relationships.
- Video vignettes, teen-friendly articles, and other content serve as conversation starters on message boards.
  - By adding comments, teens clarify their values and beliefs.
  - Health educators attempt to...
    - Reinforce health promoting attitudes and behaviors.
    - Respectfully challenge risk promoting attitudes and behaviors.

**TeensTalkHealth feasibility study**

- Teens aged 14-18 were recruited from 3 community clinics and 3 schools between Jan and Oct, 2011.
  - 90% female
  - 64% White, 11% Black, 6% Asian, 3% Hispanic/Latino, 1% Other, 15% More than one race/ethnicity
- Evaluation data obtained from 147 teens.
  - 92 assigned to the TeensTalkHealth intervention.
  - 55 assigned to a “no-intervention” control group.
- Private monthly surveys assessed...
  - Intervention teens’ impression of the website.
  - All teens’ relationship quality and condom use with partners over time.

**TeensTalkHealth study timeline**

<table>
<thead>
<tr>
<th>Intervention Group</th>
<th>Baseline Survey</th>
<th>4 Month Intervention Period</th>
<th>2 Month Post-Intervention Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>Baseline Survey</td>
<td>4 End-of-Month Surveys</td>
<td>2 End-of-Month Follow-Up Surveys</td>
</tr>
</tbody>
</table>
Process evaluation components

- **Dose delivered/completeness**
  - Extent to which intended intervention content was provided
- **Reach**
  - Proportion of the intended sample that participated in the intervention
- **Recruitment and retention**
  - Procedures used to approach, attract, and maintain involvement of teens
  - Today’s focus is on retention
- **Fidelity/quality**
  - Extent to which an intervention was implemented as planned
- **Dose received**
  - Exposure
  - Satisfaction

Contextual facilitators and constraints


Intervention tasks (60 total)

- **20 video topics**
  - Brief private survey
  - Public comment
- **4 article topics**
  - Brief private survey
  - Public comment
- **12 discussion topics**
  - Public comment only

No Worries - sample task

- **Video synopsis**
  - Marcus and Isabella have some troubles when trying to use a condom
- **Learning objectives**
  - Remain committed to condom use even if a partner is having difficulty using one.
  - Show that acceptance of a partner is not conditioned on his/her sexual performance in the moment.
1. Acknowledge the importance that teens place on relationships
   - It’s possible to protect health while also building relationships

2. Foster the ability to recognize the difference between healthy and unhealthy relationships
   - Everyone deserves a healthy relationship

3. Build a climate where teens feel comfortable sharing experiences, sharing what has been learned, and providing guidance to others

**Fidelity/quality of implementation**
Overarching guidelines for responding to teen comments

**Strategies to promote behavior change**

Motivational interviewing and cognitive-behavioral techniques:
- Highlight teens’ personal strengths
- Praise self-awareness and ask for information about thoughts/feelings that drive behavior
- Provide motivation (rationale for health protective behavior) and skills (how to...)
- Reframe and gently challenge risk-promoting statements
- Empathize with stressors (acknowledge difficulty)
Strategies to foster healthy decision-making

- Emphasize teens’ autonomy and choice with respect to behavior (foster agency)
- Gently challenge the idea that it is possible to completely avoid negative experiences when choosing to engage in risk
- Encourage teens to think about how past negative experiences can inform healthy decision-making in the future
- Encourage teens to plan ahead (foster intentionality)

Task completion among intervention participants: Reach, dose received (exposure), and retention

- **Reach**: 91% of teens participated at some level.
- **Dose Received**: Nearly 60% of teens completed 2/3 or more tasks
- **Retention**: Task completion declined across the 4-month intervention period

### Process evaluation results - Dose received (exposure)

<table>
<thead>
<tr>
<th>Website development goal</th>
<th>Month 1 M (SD)</th>
<th>Month 2 M (SD)</th>
<th>Month 3 M (SD)</th>
<th>Month 4 M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouragement of condom use</td>
<td>4.52 (.83)</td>
<td>4.62 (.56)</td>
<td>4.59 (.58)</td>
<td>4.39 (.85)</td>
</tr>
<tr>
<td>Responsiveness to barriers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teens on website</td>
<td>2.56 (1.09)</td>
<td>2.67 (1.15)</td>
<td>2.62 (1.09)</td>
<td>2.79 (1.12)</td>
</tr>
<tr>
<td>Health educators</td>
<td>3.16 (1.20)</td>
<td>3.35 (1.10)</td>
<td>3.30 (1.07)</td>
<td>3.46 (1.05)</td>
</tr>
</tbody>
</table>

* When I talked about a problem I was having with a relationship, teens/health educators... showed they cared. Tried to help solve the problem.

Likert scales (1-5) utilized.
Process evaluation results - Dose received (satisfaction)

<table>
<thead>
<tr>
<th>Website development goal</th>
<th>Month 1 M (SD)</th>
<th>Month 2 M (SD)</th>
<th>Month 3 M (SD)</th>
<th>Month 4 M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comfort on website</td>
<td>4.21 (.86)</td>
<td>4.24 (.81)</td>
<td>4.08 (.89)</td>
<td>4.01 (.94)</td>
</tr>
<tr>
<td>Perceived privacy</td>
<td>4.81 (.51)</td>
<td>--</td>
<td>4.83 (.63)</td>
<td>--</td>
</tr>
<tr>
<td>Credibility of health educators</td>
<td>--</td>
<td>4.52 (.67)</td>
<td>--</td>
<td>4.53 (.64)</td>
</tr>
<tr>
<td>Respect for autonomy</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>a) Leaving out information to get you to do what they want?</td>
<td>--</td>
<td>1.64 (1.26)</td>
<td>--</td>
<td>1.70 (1.19)</td>
</tr>
<tr>
<td>b) Trying to help you do what you want?</td>
<td>--</td>
<td>3.76 (.94)</td>
<td>--</td>
<td>3.79 (.87)</td>
</tr>
</tbody>
</table>

Likert scales (1-5) utilized

Understanding retention

- Task completion was not associated with other components of our process evaluation
  - It does not appear that participation was determined by...
    - Perceived responsiveness to barriers by health educators
    - Perceived credibility of health educators
    - Perceived respect for autonomy by health educators
  - Future analyses can examine other potential determinants of participation
    - e.g., relationship quality with partner
    - e.g., history of condom use and other contraceptive use

Contextual facilitators and constraints

- Consider available staffing for moderation of website messages and development of new content in response to ongoing discussion
- Consider how competing demands on adolescents’ time may influence participation rates during the course of an intervention lasting several months
Strategies to potentially increase interest in website content

1. Blend condom- and relationship-focused topics throughout intervention
2. Assign a tailored, smaller number of tasks based on responses to the baseline survey
3. Create a function to automatically notify teens of replies to their messages

Conclusions

- The TeensTalkHealth approach is an innovative, acceptable, and feasible strategy to promote health
- Our process evaluation provided valuable information that will assist in improving our intervention

Thank you!

**TEENS TALK HEALTH**

Questions?

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