

**TELECONFERENCE WITH THE NATIONAL CAMPAIGN TO PREVENT TEEN  
AND UNPLANNED PREGNANCY  
TUESDAY, MARCH 4, 2008**

**OPERATOR:** This is a recording for the National Campaign to Prevent Teen and Unplanned Pregnancy, Tuesday, March 4, 2008, scheduled for 10:45 a.m. Eastern Time.

Ladies and gentlemen, thank you for your patience in holding. We do have all of our speakers in conference. Please be aware that each of your lines is in a listen-only mode. At the conclusion of our speakers' presentations, we will open the floor for questions. Instructions will be given at that time on the procedure to follow if you would like to ask a question.

At this time, I would now like to turn the conference over to Ruthie Flores from the National Campaign to Prevent Teen and Unplanned Pregnancy. Ms. Flores, you may begin.

**RUTHIE FLORES:** Thank you very much. Welcome to the Latino Initiative National Conference Call on our two recent publications on parent-teen communication and parenting practices. Thank you for your enthusiastic response. We have received close to 12,000 views of the publications on our website, and we are excited to announce that over 550 participants registered from across the country to join us this morning on this call, hailing from community health clinics, government organizations, state and local health departments, counselors and teachers, coalitions to prevent teen pregnancy, and national and state Latino organizations. This record-breaking number for the National Campaign to have over 550 callers is a testament to the growing interest in reducing teen pregnancy in culturally relevant ways. Again, thank you practitioners, educators, community leaders, and everyone on the call for joining us today and making history on this Super Tuesday II.

On behalf of the National Campaign to Prevent Teen and Unplanned Pregnancy's Latino Initiative, I want to acknowledge the six authors of the two publications, all experts in the field of effective parenting communication and intervention work in Latino families. It has been a great pleasure working with Dr. Ramos, whose family is from Puerto Rico, and Ms. Bouris, of Columbia University, on the publication *Parent-Adolescent Communication about Sex in Latino Families: A Guide for Practitioners*. It has also been, *un sincero placer*, collaborating with Dr. Allen, Dr. Resnick, Dr. Svetaz, who is from Argentina, and Ms. Hardeman of the University of Minnesota, on the publication, *What Research Tells Us About Latino Parenting Practices and their Relationship to Youth Sexual Behavior*.

I also want to recognize a number of my colleagues who made today possible: Andrea Kane, Chelsey Storin, Kristen Petros, Katy Suellentrop, Kristen Tertzakian, Bill Albert, and Jessica Sheets. Thank you all.

We also received insights and recommendations from our Latino Initiative Advisory Group, spearheaded by Chair Daisy Expósito-Ulla.

I would also be remiss if I didn't thank our CEO, Sarah Brown, for her dedication to improving the lives and future of children and families, especially through her support of the Latino Initiative, launched less than a year ago to help us address teen pregnancy in the Latino community. We are honored to have her here with us this morning. And now a few words from our fearless leader, Sarah Brown.

**SARAH BROWN:** Well, good morning, everybody. I join Ruthie in welcoming you, and I particularly want to thank our lead sponsors of the Latino Initiative here at the Campaign for terrific support in this effort. The two publications today that we're going to be discussing, that were released just February 8<sup>th</sup>, were made possible in particular by support from the Summit Fund of Washington, The Turner Foundation, and the Abbott Fund. So special

thanks to all of these wonderful colleagues and supporters. And, of course, also the more general funders of the Campaign who've been with us for many, many years, the William and Flora Hewlett Foundation, and the Robert Wood Johnson Foundation, who both support the full range of Campaign activities.

Now, as you all know, everybody on this phone, teen pregnancy has been very much in the national spotlight in the last several months. We refer to it around here as sort of a perfect storm. In a very short period of time, we had the sobering data from NCHS released last fall, noting the first increase in the teen birth rate in 15 years; we had the celebrity pregnancy, as it were, of 16-year-old Jamie Lynn Spears, whose boyfriend immediately disappeared; and the Oscar-nominated movie, *Juno*, which was nominated for a number of Academy Awards. And the combined effect of those in popular culture has been to really raise the profile of the teen pregnancy challenge. Ruthie and her colleagues here have been very skillful in taking this general interest and also using it as an opportunity to focus attention on high rates of teen pregnancy in Latino communities. She has succeeded in securing press coverage in the *Washington Post*, *Newsweek*, *Univision*, *Latina* magazine, and more. I think it's been a very impressive outpouring of attention.

Now, as you're going to hear more about today, through the Latino Initiative work, we've also conducted a lot of research in focus groups with Latino teens, and we have heard over and over again that parents do matter. Latino teens, like teens nationwide, want and need guidance from their parents on sex, love, and relationships. So thank you for being with us today to learn about our recent work from these excellent authors about how to better help Latino parents connect with their children. These authors and our speakers today have been tireless in their efforts, and the high quality of their work, I think, lies behind the widespread interest.

So with just those few welcoming remarks and appreciation to all of you, I'm going to return the call to our moderator and our wonderful Latino Initiative Senior Manager, Ruthie Flores.

**RUTHIE FLORES:** Thank you, Sarah. So here's a glance at today's agenda. The authors will give a brief overview of their publications, and I will then ask the authors a few questions, including some of the comments e-mailed to us before today's call. I'll then open the floor for questions. And finally, just one important note, we will have a transcript and a recording of this conference call available next week on our website at [www.teenpregnancy.org](http://www.teenpregnancy.org).

I'm now going to turn it over to our team of experts, beginning with Dr. Ramos.

**DR. RAMOS:** Well thank you, Ruthie. This is Dr. Ramos, and I want to start by first formally thanking the Campaign, Sarah Brown, as well as Ruthie Flores, for asking me and my colleague, Alida Bouris, to be part of this project. It's a very important project and something that I feel really committed to personally and professionally.

Before I go into kind of the three major points I'd like to highlight in reference to the Latino Guide, I want to say that I'm going to be referring to Latino families as if they were kind of one group. And we know there's lots of diversity in Latino families. And probably even more importantly, when we think about not only differences between kind of sub groups of Latinos, but we think about kind of individual differences, the level of adolescents and their families, and the comments I'm going to be making today, I'd ask that providers and the practitioners and the researchers that are on the call, that you think about them within the context of the actual people that you're working with, and that every case is different, and then that becomes really salient when you have a family in front of you.

In terms of the Guide, there are a couple of things that I'd like to highlight, and I think I'll just make three points, and hopefully later we'll have more discussion. I was really pleased to hear Sarah Brown immediately refer to the fact that parents matter and that parents do make a difference. So I think one of the things that's been somewhat of a disservice over the years is there has been a tendency to focus on the kind of peers and that the idea, "make a difference in the lives of young people," seems to...you know, seems to not be as highlighted as it should be. I think that parents are instrumental, that young people want to hear from their parents, and that there are a number of ways—and we'll talk about communication and other ways—that parents, in fact, are quite important in terms of decisions that young people make around sex and, you know, whether or not to become pregnant.

I think another piece that's important about the Guide is that it really, you know, puts communication into a framework and that one of these things that has been quite striking is that there has been an increase in kind of public service announcements or messages that are targeted to Latino families that send the idea that parents should be doing something, but there's little support in terms of what should they be doing, how could they be most effective. And assuming that families are, in fact, interested in communicating, then what should they be saying? When should they be saying it? How often should they be saying it? And under what context should they be saying it? And I think one of the things that we're going to talk about today is communication and kind of bringing to bear some of what we've learned from the empirical literature and how we've translated that into practical strategies for helping Latino families to be more effective in communicating with their adolescent children.

And then the last point I think is really highlighted in the Guide is that there's a discrepancy between kinds of things that are most proximal or that most influence parents

and make parents kind of feel motivated to actually do something. For our purposes, we'll be talking about communication as the thing that we're trying to influence, and those things that are most proximal to young people's decisions around whether or not they become sexually active. And I want to highlight that discrepancy, because I think it's important when we think about helping Latino families to actually, you know, talk to their kids about these topics.

So I think I'm going to stop there, Ruthie, and maybe we can come back to those points either in questions that you'll be asking or that may come up during the live discussion.

**RUTHIE FLORES:** Excellent. And now we'll turn it over to Dr. Allen and her team.

**DR. ALLEN:** Well, I also want to thank Sarah Brown and the National Campaign for this opportunity and Ruthie Flores for her great work on this project. It's really been a privilege to be part of it.

Just quickly, how we're going to work this with our group of authors is Dr. Resnick is going to do a quick introduction, I'm going to go through our first two key points, and then Dr. Svetaz is going to go through the last one. So, Dr. Resnick?

**DR. RESNICK:** Yeah, good morning. Greetings to everybody from sunny Minnesota. We are delighted that the National Campaign has amplified this important issue, and it really is part of a larger conversation that is going on throughout the country, in fact internationally, about the role of parents and families, other adults, schools, and youth-serving organizations in the lives of our young people. And we have learned so much about the power and importance of young people having as many points of connection as possible in

their lives. And I think that the National Campaign has really been in the forefront of helping us to understand the role of family communication in particular, relative to teen pregnancy prevention. A lot of this goes back to the work of Brent Miller in the late 1990s, and it's his work and the work of many, many others throughout this country and around the world. This is certainly reflected in Dr. Ramos's introductory comments, as well. A lot of this work is helping to dispel this cultural mythology that still seems to be floating around out there that somehow magically after childhood, what parents and families and other adults say and do no longer matters. And in fact, nothing could be further from the truth. And where the research, and the program, and practice experience is all converging and where the experience of really millions of families is all coming together, is that the role of caring, competent adults in general and caring families in particular is absolutely instrumental in terms of promoting the health and the well-being of our young people. And I offer that up as a way of framing the larger conversation, and now we can move to the particulars of looking at the well-being of Latino young people.

**DR. ALLEN:** So, the first thing that came through in our review of the literature on Latino families was one of reception and adaptation, really parents moving into bicultural parenting. And much of the research that we reviewed supported that idea that immigrant Latino parents are engaged in a dance where they're taking their parenting beliefs and practices that they were raised with and adapting those to the culture, neighborhoods, and social realities that they're experiencing in the United States. And this is a very dynamic process. So, for example, one study comparing Latino parents in Mexico to those in southern California found that those living in poor urban environments in California used more authoritarian or strict parenting practices than their Mexican counterparts. And other studies have found that parents adapt their communication strategies to meet the perceived risks in

challenging environments. So, while we know that parents can and want to use the most effective parenting practices available to them and are really flexible in taking what they're experiencing and learning and making it work in the environment that they're living in, we can't say from the literature that we reviewed whether the strategies that they've adopted are working and when they're working and when they aren't.

So, that brings us to the second theme, and that is that parenting training interventions work for parents of teenagers, but we need more that meet the needs of Latino families and that are directed at pregnancy prevention. So, we found that there's a number of examples of these sorts of programs that work generally to develop skills such as effective communication, monitoring a teen's whereabouts, and disciplinary practices. And all of these must be grounded in trusting and connected relationships. But we found only two programs that were described in the literature that were sort of evaluated experimentally, that focused on Latino families, and one of those was more directed towards substance abuse prevention. A recent publication by the National Campaign highlighted a couple of promising programs that did focus on parents, but we really need more work to show us what kind of programs work well with Latino families, specifically towards preventing teen pregnancy.

So, quickly, the next theme that we identified is that the programs do need to be developed specifically for Latino families, because cultural values matter. And just one quick example of that I would like to use is the example of the cultural value, *respeto*, that those of us who are not Latino tend to equate this idea with sort of the authority of parents, which seems quite familiar to us. But as a cultural value, it really runs much deeper for Latino families. For example, the research that we reviewed suggests that *respeto* may mean that communication within a family tends to be more driven by parents than by teens and that parents perceive this as appropriate and harmonious. So, understanding these

perceptions and values is important in how we design programs and services, and so, Dr. Svetaz will speak more to that.

**DR. SVETAZ:** Excellent. Thank you so much, Michele. And what I'm going to share with you is a theme that came out consistently in the literature that we have reviewed and also from our own experiences, that we find that having services and programs to match the Latino values and beliefs is crucial. We need to convey our messages in the way that is understandable for the audience, and that means not only the language. It means how you connect with the people. It means knowing where their values and belief systems are. Prepare to breach those different sets of the different norms for every person, but in particular to help and to be aware that some groups share some common beliefs.

One of the most, I would say, stronger concepts that came across is the importance of families. And it's extremely important in the sense that Latino identity relies on group identity. It's not an individual identity as much as American identity. So, if you're going to promote the way to bring up your teen and to protect him or her, you need to see the whole picture in order to understand what is really going on in their life. Or if not, you're going to miss the boat. And while this is true for everything, it is particularly more relevant with the Latino teen for whom the influence of the well-being and opinion of their loved ones is so important. I usually comment like, my well-being is the average of the well-being of my family members. I think it's one of the concepts that is true of the different Latino groups. And this is important in every single program, not only pregnancy prevention. But pregnancy prevention is sometimes where people tend to get lost, thinking that it's only about access to medical care and knowledge. And while this is important, it's a much more complicated thing. It's about hope. It's about opportunities, about your perception, about

what really matters in your community, your relationship with peers—and Michael and Vincent so well put it—and your connections.

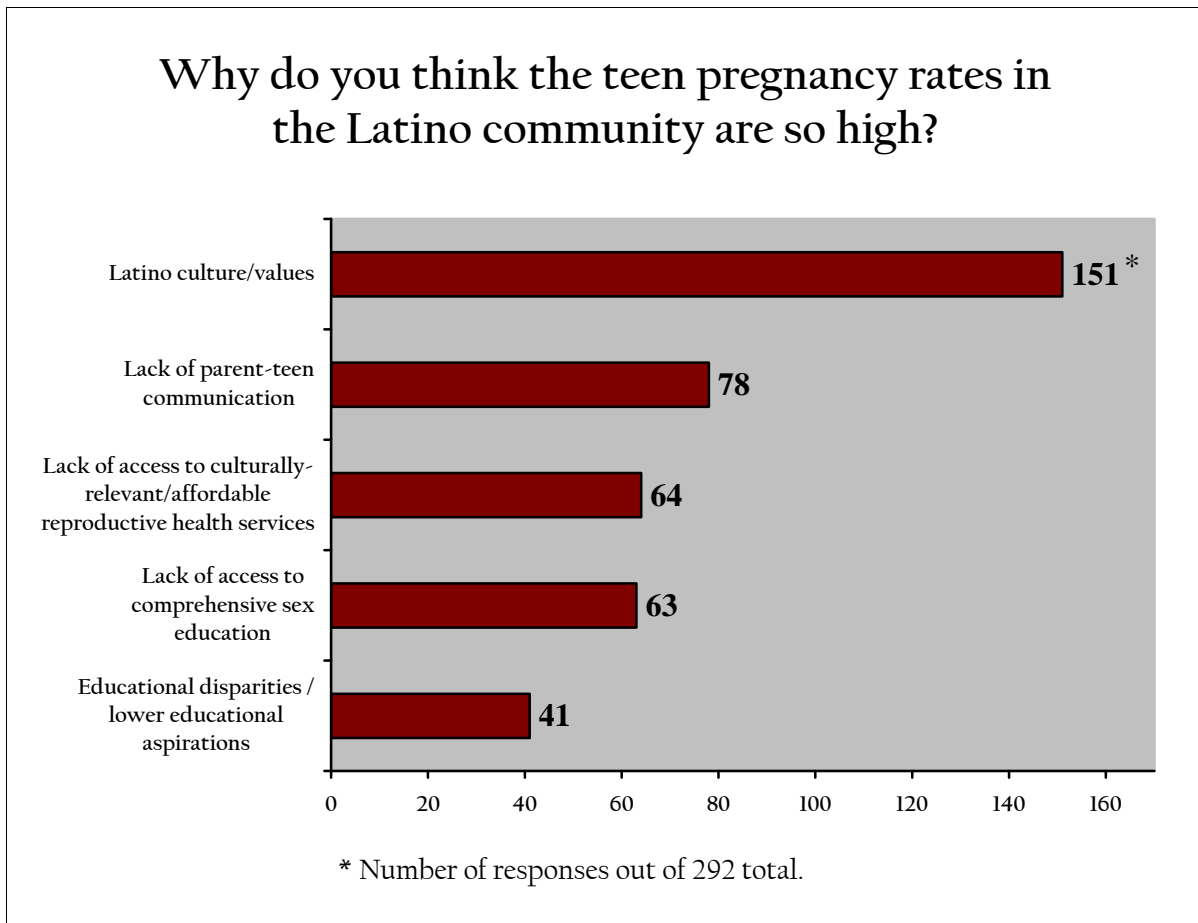
One other key concept and cultural value that we identified in our literature review was *personalismo*. And this is key, because this is your way... It will help you to connect and make a really, truly a relationship with your patient, with your client, with your experience—whomever you're trying to help. Relationships are key in the Latino community, and who you are as a person is important. So, that's why it's so crucial that providers working with a Latino try to reach them at a personal level and try to create relationships based on respect. And it's crucial for Latino families to feel that the professional working with them in many contexts truly, truly cares for them. And this is what is called *personalismo*. So now...

**DR. ALLEN:** So now, Ruthie, we will turn it back to you.

**RUTHIE FLORES:** Great. Thank you so much. Thank you for laying the communication framework to more effectively help Latino families talk about sexual issues. And as we heard from all of the speakers, part of the challenge is to better understand the cultural values of Latino families—and as practitioners, as counselors—to embrace *respeto*, and embrace *personalismo* and *familismo*, as strengths.

In the survey question that we posed to all the callers who registered for today's call online, we asked the following question: Why do you think the teen pregnancy rates in the Latino community are so high? Of the 292 responses that we received, the top two answers were number one, Latino culture and values; and number two, lack of parental communication (see chart). One respondent said that Latino families are more accepting of pregnancy once it happens. Another said that teen pregnancy is not a family shame. Yet

another said that babies are welcome and celebrated within the Latino culture, but are not raised by the young mothers. So, the question to both teams of experts is the following: How do we address the fact that 51% of Latinas get pregnant at least once before turning 20, and that Latinas have the highest teen birth rates among the major racial and ethnic groups in a community where teen pregnancy is widely accepted?



**DR. RAMOS:** This is Dr. Ramos. I'm going to jump in. So, I think one of the things that kind of stands out in my mind as I think about your question, Ruthie, or the question that was sent in, is that I think parents typically—and I include Latino parents in this—is they typically underestimate how involved their adolescent child is in the risk behavior, for our

purposes, sexual behavior. And one of the reasons why parents may not be talking is because they don't perceive that that is necessarily an issue that is affecting their adolescent child. And often when communication does occur, it occurs after the parent has some indication that the child may have transitioned to sexual experience. And at that point, there are different factors that are operating that will determine whether or not that young person continues to have sex versus the decision to begin sex. And I think that that is one important point that we need to get across to parents; that it's important to start thinking about not only their child's friends, but their own children, and perhaps considering, is their child potentially sexually active? And even if they're not, you know, does it make sense to start thinking about having that conversation? And later on, I can talk more about kind of the timing and frequency of that, you know, what needs to happen in Latino families. But I wanted to just kind of focus on that.

The second part of your question deals with the birth rates. And I guess, as a social worker, as somebody who's coming from a social work perspective, I typically think about the context in which Latino families live. And I wonder whether or not that becomes a perfectly rational decision to actually have a child when there's so many other things that aren't working out. And there are many kinds of structural and environmental factors that don't facilitate health and well-being, but in fact make it so that a young person may see as kind of a positive outcome the idea they can form a family, that they can actually be successful at something, and perhaps that something is having a child.

**RUTHIE FLORES:** Any other authors that would like to comment?

**DR. SVETAZ:** Yeah, this is Dr. Veronica Svetaz, and I cannot agree more with what Vincent has just said. I think there's a lot about communication, and parents need to talk to

their teens early on, but also there's a lot about the decision-making process and how at that moment [teens] want to be valued and be respected in our community. And if there's no other opportunity to get that respect, if studying or college is not an option for you, or you will find ways to validate yourself through ways...using those values coming from your own culture. And I think the value in our community is very important, but I'm thinking it's very important sometimes... I think for Latino teens sometimes it's not an accident. It's something that they were looking for, and we need to figure out why that is kind of like an escape or the road of becoming more, or being perceived as more successful in life.

**RUTHIE FLORES:** Thank you, Dr. Svetaz. Any other authors who'd like to comment?

**DR. ALLEN:** Well, I would just go back a bit—this is Dr. Allen—to what Dr. Ramos said, and that the communication piece, I think as their paper so eloquently laid out, I think is very important. Some of the work that we are doing with Latino parents in Minnesota is really looking at how can we in some ways formalize some of those...that training for parents, help parents identify their strengths and learn some of these skills and practices. So, we have a Parent Advisory Board that's working with us, and one of the things that was striking in what they've told me and what they've told us is that they feel very different power. And so the more that we can do as providers do formal training and interact with parents to really let parents know that they do have the power to help their children, whether it's pregnancy prevention, substance abuse prevention; I think that the better off parents are going to be in helping to turn around these teen pregnancy rates in the Latino community.

**RUTHIE FLORES:** Thank you very much. Yes, it's also the case that when the National Campaign has surveyed Latino teens and we've asked them who's the most influential when

it comes to the decisions about sex, almost 50% of Latino teens say their parents, compared to only 22% who say that it's their peers. So, as practitioners, it is very important to remind the parents and the families that we work with, as well as the extended family, of the importance of their voice and of their influence over their children, and starting when they're in grade school. So, thank you for your comments.

And we've also seen that it's rare when parents and teens agree on the same topics. But research shows that they actually do in some topics, and one is when it comes to talking about sex. Three-quarters of Latino adults and teens agree that Latino parents need help. Latino parents, they want to talk about sex but are at a loss of words. And as Dr. Ramos and Ms. Bouris say in the research in an eloquent manner, that Latino parents also lack the knowledge about the technical aspects of sex.

The other point where Latino teens and parents agree: three-quarters of Latino teens and adults agree that parents send mixed messages to their sons and daughters. Dr. Ramos, what would you encourage parents to say to their children in order to be most effective and consistent in their messages about sex, and what other factors besides communication should parents consider?

**DR. RAMOS:** I think before I answer your question, Ruthie, I think I want to take a second to just kind of frame a couple of issues, because there may be some folks aside from the information that I think has been provided that's been very clear where we now know that young people want to hear from their parents. There may be some folks on the call that may be asking, well, is a family-based approach, is parent-adolescent communication, is that the way to go? And I think there are a couple of important advantages when I think about Latino families that makes this an attractive option.

So, the first, again, I think it's been stated that, you know, overwhelmingly we have lots of information that says young people want to hear from their parents and they value their parents' perspectives and that parents are, in fact, very influential in terms of key decisions that young people are making around a number of areas, including sexual behavior.

Another important point I think is something that appeals to many Latino families; that parent-adolescent communication be implemented within the context of a family values system. There are all kinds of conceptual factors—religious, generational differences, differences in acculturation level, cultural values and beliefs that were so eloquently pointed out by the Minnesota team—I think that what's wonderful about a parent talking to their child is that a parent can think about the content of the message but from a point of view of what they really believe is important in terms of their values and their culture.

In addition, parents are really the experts on their children's lives. They know the individual nuances and orientations of their adolescent child. And one of the things that's really striking is that when we think about other kinds of evidence-based interventions, typically it's one size fits all, that everyone is getting that curriculum, or they're a part of that activity. There's no reason why parents need to necessarily constrain their efforts based on that. They know their children, and they should bring to bear their full knowledge of their child and try to influence their child's behavior from that vantage point. Parents can have control over the content. We know as a country that we feel at best ambivalent about safer sex versus abstinence and that it becomes important when we think about a family approach to really allow parents to think about what makes most sense for their children and what's consistent with their beliefs. And then, parents can be flexible in terms of their timing. There's no reason why parents can't start early, and there's no reason why it can't be ongoing, it can't be sequential, and it can also be time-sensitive.

So, those are some preliminary comments. I think very briefly I'll talk about your question, Ruthie, more specifically, which is communication and what can parents do to be more effective. So I stated earlier that one of the issues is that parents typically underestimate that their child's involved in sexual behavior. But also I think parents lack some of the fundamental kind of knowledge and some of the perspectives that are most effective. Now what's exciting about helping, and for practitioners this is really the challenge, how can we help parents to do that because they are in this very unique position?

In our Guide, one of the things that we highlight, which is based on work that others have done, including Jim Jaccard and Brent Miller, and others that have contributed enormously to this area, is that we lay out a communication framework. And what we do is talk about kind of the content of the message, the timing, the frequency, and the context. And very briefly, the timing should be early, and that communication needs to occur before the young person has transitioned to sexual experience. It can't be just one conversation. It has to be an ongoing conversation that is tailored, that is time-sensitive, and that keeps that issue alive in the family and that's respectful of the changes that are occurring during adolescence. Adolescence is a very fluid period, and parents are in a really wonderful position to actually target their efforts based on the changes that are occurring in their adolescent child's life.

And then the context, we need to be thinking about contexts that are kind of real-world settings or that take into account the natural kind of behaviors and patterns of families. And as we think about developing interventions or making recommendations to families, we need to ask them, you know, what are things that they're currently doing? And can we build our efforts into the things that they're currently doing? And are there opportunities in the

Latino family, whether they're cooking or they're engaged in some kind of shared activity, to see that as an opportunity to actually talk?

Then my last point really deals with the content. And I think one of the things in my work that's been really striking, you know, here in New York, we work with a large number of Latino families in a number of studies. You know, over and over again, our families have told us that what really motivates parents and Latino parents to communicate is when they perceive their adolescent child as having some negative health consequence. When a Latino parents sees the child as possibly, you know, acquiring HIV, developing AIDS, acquiring a sexually-transmitted infection, or having negative outcomes associated with teen pregnancy, they become highly motivated to actually do something. And most often, they want to communicate what then becomes essential that they need perspective on what they should be saying. And I think what the kind of debacle is, or what is the challenge, is that when we talk to young people, they don't talk about those health consequences. They're not necessarily saying in their most immediate answers to what are the things that influence their behavior—HIV, pregnancy, STIs—they're talking about social factors. They're talking about being closer to a boyfriend or a girlfriend. They're talking about people liking them, being popular, being more mature, feeling loved, et cetera, et cetera. And I think one of the things that's really eloquent in the Guide is that we want parents to be thinking about those health consequences. When they get ready to talk, we want them to include the factors that are most proximal to their adolescent children's lives, and please to remember the social factors and to contextualize them with clear messages that communicate the parents' values.

**RUTHIE FLORES:** Thank you. The next question posed by a respondent through e-mail is open for both teams of experts. Is there a difference in communication styles between

families who are recent arrivals, *recién llegados*, and families who have lived in the US for more than one generation?

**DR. ALLEN:** I expect we could ask Dr. Ramos to answer that, being an expert on communication, but I am not sure if we have enough information to really answer that question adequately.

**RUTHIE FLORES:** Dr. Ramos, do you want to chime in? Or, we could also ask Dr. Resnick how providers specifically address the acculturation gap, which is highlighted in the publication, between Latino parents and their children.

**DR. ALLEN:** Well, I'll go ahead and answer the acculturation gap question.

**RUTHIE FLORES:** This is Dr. Allen?

**DR. ALLEN:** This is Dr. Allen.

**RUTHIE FLORES:** Thank you.

**DR. ALLEN:** So, when we speak about an acculturation gap, we're really referring to the tendency... You know, children, young teens, are like sponges, and they become more fluent in new languages and cultures quite rapidly and usually more rapidly than their parents. And they're out in school, they're experiencing the sort of general adolescent culture, and their family may not be as exposed to the English language. So, the way that we talk about this mostly is not specifically about communication and how it plays out in

communication, but mostly about sort of the overall effect that this can have on a family. The general finding in the research is that what this suggests is that this gap undermines this value of *respeto* and the hierarchy organization in families, and it can cause stress and can really undermine parent's utilization of parenting classes that they know well. So, again, just to speak to our experience with the parents on our Parent Advisory Board, they know what they need to do for their children, but in some sense the rug has been pulled out from underneath them in terms of understanding in regard to rules. And much of this research has looked at what's been sort of intermediary parenting outcomes and then have linked it to greater substance use among teens. So, again, this is an area I think we need a lot more research to really look at what's happening here in terms of pregnancy and reproductive health outcomes.

**RUTHIE FLORES:** Thank you. And that's why the Latino Initiative was launched less than a year ago, to be able to have conversations like this and see where the gaps are and be able to promote studies and collaborate with researchers on the gaps, even in our research field. So thank you for providing that information.

And one last question before we open the floor to our callers. Dr. Svetaz, tell us more about how you approach confidential reproductive care for Latino teens which might at first seem to go against the grain of the Latino family values.

**DR. SVETAZ:** I know. I completely agree. And before I started doing this confidential care of teens and families together in a family setting, I was really scared, and my — even my team member was really scared. And I have to say that the National Campaign helped me and empowered me to go into the field and to provide the care that should happen with confidence. Because it was around 1989 when we started doing these kind of studies, and

the National Campaign was releasing information that parents really were willing...were waiting to be served. So, for that, the task was how to put confidential care in this family setting in a way that it was not frightening to the *familismo* and the Latino values. It was an opportunity to include the family into the care of the teen, and the family like a group. I found that the Latino community, it is specifically... It's kind of an issue, because you have all the family confusion and this family identity that permits you to do so.

I found one of the most important things for confidential care is that you need to explain what it's all about. And I will say that you need to do that for Latino families and for any kind of family, because what happened, I would try this with Latino families, and we can share experiences about how it works wonders. But you need to spell out why confidential...what is confidential care first. Second, why was it created? To create a space... And you have to be clear. Be very specific about explaining things. You need to coach them, and you need to teach them the way things work here in this country. I would hope that in the near future, this will be the way of caring for teens around the globe. We have confidential care to provide a teen with a safer space where we can share their concerns. And sometimes the teen, even when they love their parent and they feel connected with them, they don't want to go to them because they are fearful of bringing shame to them or they feel like maybe they are going to feel bad about themselves. It's not because they want to hide information from them all the time.

And you need to be very careful explaining that confidential care doesn't go against family relationships. And you need to explain that... I usually use the phrase confidential care. I look at this data. I have a teen and the parents together in the same room, and this is the first thing that I will say, even before they tell you what they're there for. Because she needs to take that personal judgment out of the room as soon as possible. She doesn't know how things are going to be played out, so they are aware that it's not about them. It's

about the way that we provide care. And we have a script in our paper. It's a script for discussion of confidential medical care, and it will say it's a script for discussion of confidential medical care in a family setting. So it's spelled out—what is confidential care. And why it doesn't collide with family relationship and family values. And when you're saying things, you're looking at the teen, you're looking at the mom, and you're saying this to both of them in the same room. You want both of them to be aware of what you said so they don't say to each other kind of like, she tells me this, you tell me that. But the most important thing is that you look at the parents and say we know how difficult it is for a parent to raise a teen and to do it in a culture where you didn't grow up. Therefore, parents need help in this transition. We want to be your partner, and even when sometimes we can't discuss certain details about your teen, we will always be there for you, guiding you, and giving your teen the best advice possible to protect him or her. And I think the conversation between the parents and the provider allows the parent to voice their doubts, their need for more information, and create a space for the parents, protected by confidentiality. They know that I'm not going to be able to disclose what the teen has told me, but I will provide my best...the best care, and I will give them my best advice on how to support the teen and help to support them and would they do this, which is to nurture that teen. And help them to learn the new set of skills that they need to get to help the teen to thrive in this new culture.

**RUTHIE FLORES:** Thank you, Dr. Svetaz. And in the same way that you mentioned that the provider should emphasize that they want to be a partner with the parent, it's important to also—those of us who work with Latino families—to emphasize to the Latino parents that we're working with them; that they're [as parents] on the same team that their child is on; that when we're meeting with the Latino teen, to emphasize that their parents are on the same team they are on. A lot of times there is that wall and disconnect between the teen

and the parent. It's so important for us to be able to say, no, we're on the same team. So thank you for bringing those insights into the conversation, Dr. Svetaz.

Before I turn the floor over to the operator, I want to remind the authors to please state your name each time before answering a participant's question. So now, operator, the floor is yours to start the questions.

**OPERATOR:** Thank you very much. Ladies and gentlemen, at this time we will open the floor for questions. Instructions will be given as to the procedure to follow if you would like to ask a question. If you would like to ask a question, please press star, one, on your touchtone phone now. Once again, that is star, one, on your touchtone phone now to ask a question. Questions will be taken in the order in which they are received. If at any time you wish to remove yourself from the questioning queue, please press star, followed by two.

Our first question will come from Cassandra Iala from MIC Women's Health.

**CASSANDRA IALA:** Hi, this is Maria. I'm Cassandra's co-worker. We work together here in MIC Women's Health Services. And I don't have a question, but I do have a comment. That's what I have. And that is in regards to the comment on the birth rate and how sometimes the Latino children, the Latino adolescents see pregnancy as an escape. And pretty much as a Latino parent, I would also comment on that, and that is that I pretty much identified with that. I can comment on that because most of the time, a lot of times, Latino children are raised in a very rigid environment where they have no freedom; they're not allowed to do much, because the parents are very protective. And so, sometimes pregnancy is a way to escape. It's a way to let the parents know that I've reached adulthood. Look at me, and I'm pregnant. I'm having sex. I need some freedom. And that's a way that Latino children a lot of times use that as an escape, maybe unconsciously,

to just gain some kind of freedom and some kind of trust from the parents, that they are now adults, that they are now...should be treated like adults.

And the other comment was on virginity, which I never... I didn't hear anything about virginity, and that is a very big issue, because it's a strong value among the Latino children, Latino families. Virginity is pretty much, as we all know, perceived as, you know, the pureness of young women, the young Latina. And once a Latina adolescent loses or uses their virginity—they choose to say uses their virginity—it's pretty much perceived as something like they lost their worth so much. And so, a lot of times when the Latina women, Latina young girls get pregnant, then the parents look at it as *ya se metió la pata*. Pretty much, you know, you have nothing else to lose now. You just got pregnant, so you lost your self-worth. And so I wanted to just comment on that, too. Thank you.

**DR. RESNICK:** Cassandra, this is Michael Resnick in Minnesota. I do want to make a comment on your comment, especially the first part of it. And we know that... You know, when babies are born, our nurse practitioners and physicians do a wonderful job of helping families to know what to expect, how to make the household safe, and so on and so forth. But for I think a large number of parents, when it comes to parenting adolescents, they feel like they've been pushed into the deep end of the swimming pool. And I think this is reflecting back on some of the things Dr. Svetaz has said and Dr. Ramos, that there are wonderful opportunities here for community-based organizations, cultural centers, YM and YWCAs, to offer parenting classes and really lay these issues on the table. And it's very important that there are these opportunities for parents to learn how to effectively communicate to young people in the second decade of life. We need to reach those parents who might be struggling the most, and sometimes that means taking this kind...these kind of learning opportunities into the community, into the workplace, the work environment, to

really reach out and connect with those parents. And I think an important part of that content, an important part of those messages, is really how contemporary American society might be different from the experiences they had while growing up. We have a colleague here who I think very astutely refers to the sexually toxic environment that our young people grow up in and the media messages that repeatedly say, do it, do it, do it... And sometimes I'm surprised that the teen pregnancy rate isn't higher than what it is. So I think there is a hunger on the part of parents to learn these things. We really need to be quite creative about reaching out and giving messages about what it means to be growing up in a very diverse, contemporary American society.

**DR. RAMOS:** So, this is Dr. Ramos, and I actually would like to build on what Dr. Resnick just shared. And I think one of the points I was trying to make, and I hope that it won't get lost in our call in terms of what I'm saying, is that you know, I'm just going to think about the young people I work with here in New York City. And I ask that perhaps folks that are listening envision Latino families in particular communities where you are.

You know, Latino families in New York, just as a function of being situated in the context in which they reside, are disadvantaged. And, you know, there tends to be an emphasis on individual behaviors and what is it exactly that the young people themselves or their families—what are they doing or not doing? And I don't want to minimize that, because I certainly think a lot of what I try to do in my work in terms of intervening is really trying to work with the family directly and the young person.

But just to try to complicate things a bit, if I think about the Bronx, the Bronx is a community that is heavily populated by Latinos, and a young person that resides in the Bronx is, you know, growing up in a context where there's a very high prevalence of HIV, disproportionate to other communities. So if that young person, that same Latino

adolescent, were situated someplace else, they would be much less likely to come into contact with HIV or some other STI. And in addition, when I think about the Bronx, I think about the deliberate targeting of different messages, of alcohol products, or tobacco products, and the implications of that for sexual behavior and that those are not there at random. There's a reason why that advertising is there. I think about the kinds of schools that Latino young people are in in the Bronx and that they're resource-poor schools that lack kind of the trajectories that can help support the career aspirations of many Latinos. I think about the fact that many Latinos don't have a regular provider of healthcare. They interact with the Emergency Room for each acute sporadic episode with a different provider intervening each time.

And these are just some examples that I'm thinking about now as I listen to Maria and her comment, but I want us to now forget that part of what the epidemiological profile of Latino birth rates looks like, it's certainly related to the young person's decision. But those decisions are made within the context of environments, and I think we need to ask ourselves how do those environments facilitate, or how do they somehow dis-inhibit health and wellness?

**RUTHIE FLORES:** And this is Ruthie at the National Campaign. Maria, with the topic of virginity, I just wanted to share with you some of the findings that we had during our polling last year. And the question that we asked the teens is: Do you think it's embarrassing for teens to admit that they're virgins? And it was interesting to note the majority of Latino teens do not think it's embarrassing to admit that they're virgins and, in fact, seven in 10 Latino boys don't find it embarrassing to admit that they're virgins, contrary to many stereotypes about young Latino men.

And we'll move onto the next question.

**OPERATOR:** Thank you. Our next question will come from Heather Hutchins, Seattle Public Health.

**HEATHER HUTCHINS:** Hi, I had a question. Are there any evidence-based curriculums, activities, lessons for parent workshops to foster parent-child communication among Latino parents and address these topics of teen pregnancy, substance use, acculturation gap, that any of you would recommend and that are also easily accessible?

**DR. RESNICK:** Heather, this is Michael in Minneapolis. It's interesting your question, because that part of our paper is scant. And the reason it's scant is because the evidence is scant. There's a section of our paper called "Can Parenting Interventions Influence Adolescent Sexual Behavior?" We specifically referred to the work of Martinez and Colleagues in Oregon in a program which has been well-evaluated. It's culturally appropriate; it's comprehensive in its approach. But as Michele Allen mentioned early on, these handful of programs that are out there typically have not been designed with teen pregnancy prevention in mind. Sometimes the focus is more on prevention of delinquency, violence, substance use, and so on. So, there are really wonderful opportunities right now for community partners, for researchers, practitioners, and evaluators to come together and craft programs. And we really want to emphasize the importance of careful, thoughtful evaluation so we can really get out there the wisdom that grows when we know what works. This is an area where we don't have a large number of programs to pull from, and I'm hoping that if we need to revisit this conversation in a few years there will be much more of an evidence base out there for us.

**OPERATOR:** Thank you. Our next question will come from Laura Kramer, Girls Incorporated of Greater Atlanta.

**LAURA KRAMER:** Yes, hello. My name is Laura. And I wanted to go back to actually the last question that was just asked, how there are few resources. For Girls Incorporated, we have a program that's called "Creciendo Juntos," or in English, "Growing Together." And it's specifically designed for parents and daughters to talk about sexuality, and it begins with going back with the parents and talking about the messages that they had when they were younger and then having that communication with their daughter. There's also that technical piece with that, and that has been implemented in affiliates throughout the United States. So, that's one comment that I had.

The other thing that I was going to ask, especially here in the south we're seeing—in Georgia, Tennessee, and Alabama—the community is very resistant to programs like this in the churches and schools. I didn't know if anybody else had, you know, comments on what we can do to further promote this program that we're trying to help with communication between parents...Latino parents and daughters.

**DR. RESNICK:** This is Michael again. Laura, what you're describing happening in the south, in fact, is a shared issue, a shared struggle in many communities throughout the United States...overtly might be very inhibiting, very challenging and difficult to do, we need to then widen the lens and talk about, hearkening back to the very beginning of this program, the fundamentally important role of parents and families in the lives of kids. This is something that community members will not be opposed to, but strategically it's important that promotion of these programs comes from voices that are honored and respected and would be listened to in the community. So it is a function not only of the message but also

the messenger, and framing these issues in terms of this much broader issue about the healthy development of our kids.

In our community here in the Twin Cities, there's a program that sounds very similar to what you were describing called "Celebration of Change", which is something that brings together parents, mothers in particular, and their daughters, and it's all about building communication. But the huge emphasis is on this idea of celebration, celebrating the wonder of change, and growth, and maturity, and both the rights and responsibilities that come with that. And we have found tremendous community support for this, because it's framed in such a powerful, positive, and energetic way.

**RUTHIE FLORES:** And there's also a program called "Plain Talk" or "Hablando Claro," and it's a neighborhood-based initiative designed to increase adult-teen communication about sex, increase sexually-active teens' access to contraceptives, as well as decrease unwanted pregnancy, STDs, and HIV/AIDS. And we'll be more than happy to share actually a science-based research brief that we published in July of last year on effective and promising teen pregnancy prevention programs for Latino youth. So feel free to follow-up with me at the end of the call, and I'll give you my e-mail and number.

**DR. RAMOS:** Ruthie, I'd like to build a little bit on what Dr. Resnick was just sharing, and I agree that these issues of parents being somewhat ambivalent about whether or not these issues should be addressed in the family is an important one. I think what I'd like to add in terms of what was just shared is that I think we need to think about what's underneath that and, is it that parents fear that if they address these issues that it will in turn lead to the adolescent child becoming sexually active? Is it that they fear that they don't have the skills and knowledge to be effective? Is it that they are concerned that it's not relevant and it

doesn't apply to their family? That it's actually related to other kids and not theirs? And do they see it as part of what I think... I think, Ruthie, you actually stated that, you know, the common goals between a parent and adolescent. Do they see as a common goal the health and well-being of the family and of the adolescent? And if those things can be addressed, I have found that... You know, we have a very large study that has been funded by the Centers for Disease Control that has 3,500 families, and two-thirds of those families are Latino families. And we have been able to recruit them or retain them in the project, largely because we've dealt with these issues very directly; tried to you know, really appeal to common goals between parents and adolescents and dealing very specifically with their fears about these issues.

**OPERATOR:** Thank you. Our next question will come from Steve Flores, Kern County Public Health.

**STEVE FLORES:** Thank you. I was wondering if you had any west coast models that you think would be models for communicating the message.

**DR. RAMOS:** Steve, one of the evaluated programs we do mention in our paper, the one by Martinez and Colleagues, was developed [based on the] specific needs of Mexican and Central American immigrant parents, and they were in Oregon. That literature, that evaluation, is the one that we could steer you to that comes from the heart of the Pacific Northwest.

**STEVE FLORES:** Okay, and so the Minnesota model is one that you would recommend looking at for overall message, delivering message and promotion. Is that correct?

**DR. RAMOS:** Yes. I mean, what I like to do looking at well-evaluated programs and promising programs is to really try to distill what are the nuggets that apply in my community, my context, my setting, with the families and community with which we're working and to pull those essential elements out. And then of course—this is the researcher in me speaking—please evaluate what you do.

**STEVE FLORES:** Right. Thank you.

**RUTHIE FLORES:** And this is Ruthie one more time. The “Plain Talk/Hablando Claro” neighborhood-based initiative has been implemented in San Diego, as well.

**STEVE FLORES:** Thank you.

**OPERATOR:** Thank you. Our next question will come from Joseph Mares, Worth the Wait.

**JOSEPH MARES:** Yeah, my question basically is I guess along the lines—we're here in Texas, and I guess we are in the south—basically around programs. We do some curriculum here, but obviously it's just a higher calling right now to address the issue of parenting amongst Latinos. And I was just... My question is, I guess, what is out there? And some of you guys have already answered that as far as there needs to be more research. What can we be doing now that would be vital in communicating?

**DR. ALLEN:** Well, I think that—this is Dr. Allen—I think that Dr. Ramos and their Guide is a very practical start. I mean this is... You know, when you're working with and trying to

promote communication, I think that this is a very important start. We've heard from a couple of the callers on very important, very promising local projects, and a number of them are funded by foundations. So, you know, checking some of the foundation websites for other programs, but I think, you know, certainly don't wait for us. Don't wait for researchers. But to sort of echo what Michael said, I think that the better that we can evaluate these programs and sort of get that information back out, the more we're going to build on current successes. So that's sort of the round-about answer.

**DR. SVETAZ:** And this is Veronica again, and one thing that I would say like reach to them: You can do a lot of things, a lot of...by reaching out to them and creating this space where they can share with you their concerns. That's something crucial, and they're kind of lost by now. So if you work in a school and you have like a kindergarten where Latino kids are coming... reach to them right there. Don't wait to... Don't wait later on. They need to be transitioned through this culture. For your comment about what should we do right now, it also brings me back to one question... It's like, is there any difference about the communication with the parents in the United States. And whatever you say is right. Especially reach out to the new immigrants and try to spell out systems. If you are in the educational system, spell out how the system works in a very complete way. Most of us...we know how to do that...because we know how to guide, we know how to coach. So do that with parents, and include them... and also coach everyone with this transition age. And I think it's very important for all of us to create kind of like...to put this in a public health matter that family goes to. It's a very important transition, and they need a lot of resources. They need direct face-to-face intervention right now. And at the moment, I hope like, everyone will realize that the same great work... public health, with prenatal care, that we will do the same with transitioning into adolescent years to the whole family, because we

cannot wait for the family to ask for help. We need to address the needs of repairing the whole family through this transition.

**DR. RESNICK:** Hi, Joseph. This is Michael. One thing I want to add to your question, and what I love about your question is that what I detect is that sense of urgency, that things need to be done right now. And you may well be doing these things already, but let me just tick off a few. Be an advocate. Be a powerful voice in your community for an education that will serve young people now and in the future. Be a powerful voice for health services and responsive systems that truly meet the needs of our young people. And if you haven't yet had an opportunity to do this, take a look at the websites of the National Campaign, the Guttmacher Institute, and Child Trends, all of which do a wonderful job of outlining well-evaluated programs and interventions that work, as well as promising programs and best bets. And I think that you'll find a wealth of ideas already out there.

**DR. SVETAZ:** I think we need to reflect also how...this urgency there was something going on with providers and all the work that we have to do because we don't have a system in place. And we cannot wait for that system to be in place right now. And we are the one in the trenches. If you are in the education system, if you're in the healthcare system. And as much as we need to work in the community and with our universities and in the public health arena and with politicians, we're there in the trenches, we are there face-to-face with our parents and with our providers, and that is so consuming. So we provide tips for all of us, and it's number 12, avoid burnout. Providers may seem isolated and overburdened when working with underserved populations such as Latinos. Do not reinvent the wheel. Create a space to move other providers to share your mission and passion. Use opportunities to

refresh, share ideas and resources. That's how you will avoid a burnout... You are not going to be able to do it alone.

**OPERATOR:** Thank you. Our next question will come from Claire Brindis, UC San Francisco.

**CLAIRE BENDAS:** Good morning. I wanted to thank everyone on the call for their very illustrative comments. My question really has to do with the hope issue that we talked about or was mentioned earlier. And given the political and social environments, really, and anti-immigration—and I'm afraid environment which spills over to Latinos in general, are there any suggestions that you have for trying to really find these alternative viable aspects of these young people's lives so that childbearing doesn't become the primary goal?

**DR. RESNICK:** Claire, this is Michael. First of all, we want to acknowledge the wonderful, wonderful work that you do and have done in this area for many, many years. Your focus on practical things that communities can do is absolutely invaluable, and I think it makes your question that much more compelling for all of us.

I'll throw in a few answers, and I would invite my colleagues to respond, as well. One thing we can do is vote. I, of course, cannot recommend how people should vote, but be engaged in the political process. You know, this is reflective of what we were talking about with Joseph just a moment before. To advocate, to be engaged, to be a powerful voice for young people, you can do more good than you possibly know. And I know that this is so much part of your professional work already. For everyone who is listening out there, become involved with schools, with youth-serving community-based organizations, with advisory boards. Be a persistent and sometimes nagging voice on those local councils and

places where the mess of democracy works, because it really will only be through those persistent adult voices and adults who have kids to mobilize on their own behalf, as well, that we're going to see the kinds of changes that you speak of and the changes we desperately need.

**DR. SVETAZ:** Yes, this is Veronica. And that's such an amazing question, and the way that you pose the question...and how can we share those un-empowered, new members of the society, become — to thrive and to become really part of the society and to integrate them in the society. So the other component is getting involved with any organization that you can, because we need to get Latinos into powerful positions where we can teach others about our needs, about our values, because we have a lot of things to offer to this society. And I think that is crucial to become a voice, and sometimes even when you cannot vote, your voice can be heard in different ways. But it's very important what you have said, to give the teens and the parents a space where they can talk about that racism, that institutional racism, and that stressful situation. But it's a daily thing. And I can speak about... I have so many, so many stories and experiences that I can share myself like an immigrant, and having an accent, and I can go on and on and on. But I find the most important things are provided, and this is something that the American Medical Association has said, when working with other immigrants, transitioning and helping them to find their own cultural identity is to give them space to talk about this racism and discrimination, because even by — by giving them space, for once you're recognizing and you're helping them to find ways to convey new ways where they can find a positive solution for that, or at least to create positive outcome of that.

**DR. RAMOS:** So, this is Dr. Ramos. I just want to first to say hi, Claire. Thank you for calling in. I think we all feel honored that you've taken time to be with us today.

I want to build on what Joseph said, and I think what I would add, and I'll be brief, is that in my work I try to think about kind of the context. And I mentioned some of this earlier, the context of that young people in terms of their decisions around sex and then also family processes. And you know, a lot of the things that concern me that are kind of larger societal or structural issues; they've been around for a long time. And I guess I don't want to sound like I'm being too negative or lacking, you know, kind of an optimistic view, but when I walk around my community, I'm interested in right now what's happening with the families that are growing up in this context. And while I certainly support efforts to deal with those larger structural issues, I'm really interested in keeping young people from acquiring HIV, from becoming pregnant, from acquiring an STI. And so, my way of thinking about that and how I would answer your question is that I try to understand how those kind of conceptual factors influence individual families, and I try to get families to be aware of how simply as a function of having that marketing in their community or having a preponderance of alcohol vending, you know, establishments, businesses, by having a lack of reproductive health services—how do those things influence their health and well-being? And I've been surprised that when those things are made really transparent that it helps people to start becoming more self-efficacious about what they can do.

**OPERATOR:** Thank you. Our next question will come from Linda McGlone from Monterey County Health.

**LINDA MCGLONE:** Hi, thank you very much. We work in rural California, as does the gentlemen who called from Kern County, and primarily with Mexican immigrants. We have a

parent workshop that's very well received, but I found it informative and a great reminder that many of our parents lack the knowledge to explain reproductive health, to explain birth control, to explain how the basic plumbing works. And while we provide that information, I think we're a little bit sheepish about it, and I think we in some ways maybe add to, you know, the shame of talking about this topic. Can any of your panel give us a way to begin to teach reproductive health to parents who we know have a pretty low educational attainment?

**DR. RAMOS:** Dr. Ramos. I think I certainly don't want to start off by kind of disagreeing with the approach, but I guess one of the things that's really, you know, kind of we highlight in the Guide is that I believe that what parents mostly need to know about, they actually do know. And I think that the kinds of things that are most effective in terms of preventing transition to sexual experience really don't deal with kind of the nuts and bolts of the reproductive health system but deal more with the social context in which young people live and that parents know a lot about what it must feel like for their adolescent child to be popular or not popular, to be closer to a boy or a girl, to feel more mature, to feel loved. And I think one of the things that concerns me is that if we continue—and it sounds like we don't even do such a good job at providing that information—but if we continue to send parents messages that they need to know about all this stuff, and kind of that level that require a certain degree of sophistication, then that is a disempowering message and that it becomes really scary as a parent; am I ever going to be able to explain the difference between a viral or a bacterial STI? Can I really understand this? And I wonder if that isn't what they should... I don't know if that's what they should be talking about. I think they should be talking about things and that as practitioners, we should be motivating them and encouraging them to feel self-efficacious, to talk about things that are most proximal to their

kids' decision making. And I would argue—and I actually would be really interested in hearing from the other authors, particularly the physicians—that parents actually know a lot about things that are quite important to their kids' decision making about sex.

**DR. ALLEN:** I would agree entirely but would add that maybe just as a sort of general edge that, start where parents are and talk to them about what they need or want to know, because I've certainly experienced that parents want more information. They do want to be able to convey accurate information to their children, so my experience has been that they do want some of that information. But I agree entirely that reinforcing that what they already know, that the strength that they have as parents, are probably going to make the most difference in their adolescent's life and to really reinforce that. That empowerment piece I think is so vital. But then, too, convey to them as much information as they want to know, because my experience has been that parents do want that information. And they don't need to know all the details. They don't need to feel responsible for that. But they need to feel like they understand the basics, and then maybe they know where they can go themselves or direct their children when they have questions that they can't answer. So, maybe a little bit of both. But I think that that empowerment, that reinforcement that parents have these incredible strengths, is such an important message.

**OPERATOR:** Thank you. Our next question will come from Thalia Robles from Girls Incorporated.

**THALIA ROBLES:** Hi. Actually, this is a statement. I actually created a workshop and a program for parents that I facilitate on parents to be able to communicate effectively and openly with their youth. And actually, this is about teen pregnancy prevention. And I

actually have like a ton of parents who want to participate in this program and are, like, eager to find ways that they can actually communicate with their youth and kids relating to sex and sexual health. So I think that we really need to get parents involved more and be able to have programs that can help parents be able to relate and openly communicate with their youth about sex, whatever topic that may come up with their youth. And it's been very successful for me, and I just want to do more for parents. I just wish that there was more resources, more programs for parents, because they are the core for youth. They're the ones who are going to help youth, you know, make a difference in their future.

So I got this grant from EPH, and it's been working perfectly fine. I had in my last program 20 parents involved, and they're just parents who are word-for-word, you know, in the community, word-of-mouth. I heard this program is working and it's really good. I want to learn more. And they continue to come and want to participate. I have parents like, non-stop, having them come to my program, but then I can't take them all, because I'm just one person, and there's 20 parents that come to my program. But they stand up, you know...they realistically find that they can actually communicate better with their youth after the program. So I guess we need more of...programs out there. So that's what I have to...

**RUTHIE FLORES:** Thalia, this is Ruthie at the National Campaign. What chapter of Girls Inc. did you establish this parent communication?

**THALIA ROBLES:** It's called Girls Inc of Holyoke.

**RUTHIE FLORES:** G

reat. Thank you.

**DR. RESNICK:** This is Michael. It's a wonderful reminder you've given us about the great work that Girls Inc. has done over the years, including with well-evaluated programs. And you also bring up two other issues that I think are very important. One is that parents become the best ambassadors of these programs, and they are wonderful for reaching out to other parents, as well. And then we have this marvelous dilemma on our hands, which is when the demand grows, how do we meet it? And that takes us right to the issues of funding and sustainability, which of course are ongoing challenges for each and every one of us in all of our communities.

**DR. RAMOS:** This is Dr. Ramos again. I want to build on what Dr. Resnick was just sharing. And I want to just acknowledge again the work that Thalia is doing. It sounds like it's tremendous work. I think one of the things that has been really striking to me as I think about my work here in New York is that I've had very little guidance from the scientific literature in terms of what is the correct or the best form for actually developing a parent intervention, and what should the delivery mechanism be? And I think one of the things that's been really clear is that, there are lots of things I could build, but there are fundamental questions about whether or not parents will be able to participate in whatever it is that I build. And I guess what I'm saying in an indirect way is, I think we need to think about the kinds of parenting programs we're building and do they ask parents to do things that they're not able to do? Do they make demands on family life that are not really reasonable, given the multiple competing priorities? And maybe we should be thinking about the things that parents are already doing and the places where parents already are located, and can we build interventions that are respectful of that?

I also think that, you know, we've used the word *parent*, but I'd like to mention fathers really briefly, because I think most of the interventions that are developed have tended to focus on mothers. And there's some good reasons for that, but I wonder if we also shouldn't be talking about fathers. I don't think we've done a good job at being able to recruit parents in general into our programs. I think that there are huge issues with participation rates, and probably the parents that show up are the ones that least need the program. And the ones that don't come, that we never see, are the ones that most need it. And again, I think that speaks to the point that I've already made. But in terms of kind of looking forward, you know, what is the role of Latino fathers? How can Latino fathers work in collaboration with Latino mothers? And are they developing programs that are sustainable, that are realistic, that actually are things that Latino families can do? And do they really bring to bear both mothers and fathers and other people that are important in a family?

**THALIA ROBLES:** I had three parents graduate from the program, three males, and they're very motivated. My message to them is that they're very important in the decisions their kids make. You never know when a parent, a female, is not going to be present, and a father has to take over and sort of relate to their daughters, sons—whatever it may be. And of course, you know, girls are not getting pregnant alone out there. Boys need to be educated, as well. At the end of my program, I actually have an activity where parents actually do an activity with their youth, and it's called a tandem relay race, where parents are actually feeling comfortable being able to demonstrate to their children that they can talk and relate to situations like that on a comfort level. And basically, it's having parents understand that they can actually, you know, learn their comfort zone to be able to relate to their youth first, because they know their comfort zone to be able to listen and then react. A lot of the youth here today will be so open to communicating with their parents.

**RUTHIE FLORES:** We have time for one more question.

**OPERATOR:** Thank you. Our next question will come from Katie Wilkinson, Planned Parenthood Arizona.

**KATIE WILKINSON:** Hi. Yes, we actually have a program here called “Real Life, Real Talk,” and it deals with communication between the parent and the child and the best ways that they can communicate about sex and health. But my problem is, I’m having a lot of trouble getting parents to actually attend the workshops. And I don’t know if I’m going about it the right way, or what kind of strategies that you guys can offer to me as the best way to reach the parents and what venues I should be targeting. Should I be going to the schools and through the children, or should I be going directly through the parents in their workplaces? I’m just kind of looking for some guidance.

**DR. RAMOS:** So, this is Dr. Ramos. I think I really appreciate the question and your experience, because that’s also been my experience. We have a large number of families that are part of our intervention study, but it’s been very difficult to actually recruit them and get them to participate in the project. And I think one of the things that was really apparent early on back in 2001, when we started our program, was that we wanted to build something that was fairly intensive. And then when we started talking to families about what they wanted, what they could use, what they were willing to participate in, it became really apparent that they thought our program was great, but they wouldn’t necessarily use it, because it required too much of them. And ultimately, what we developed was something that required less time on the part of the parent, and that really was a program that involved

homework assignments that moved into the home and something that parents could do with their adolescent child in the home. And I don't want to necessarily say that my way is the way. I think what I'm trying to express is that we need to be developing programs that are respectful, that probably the people who are coming in reflect, you know, a certain segment of the parenting population, and that there are many others that we want to reach that are just as committed to their children, that care about their adolescent children but can't access our program because it doesn't really fit into the context of their life.

I would refer the caller that called from Planned Parenthood in Arizona to the National Campaign's website. A couple... I guess last year—I'm forgetting now—but there was a meeting that was sponsored—maybe, Ruthie, you could help with this—but there was a meeting that was sponsored by NIH and the Campaign that Alida Bouris, my colleague and I, had the opportunity to present a paper and a PowerPoint discussion on future directions and research opportunities in terms of thinking about the development of family-based intervention. And that paper is on the Campaign's website and the PowerPoint presentation, and we highlight a number of venues that we think are promising for the next generation of our efforts to reach families.

**RUTHIE FLORES:** Yes, thank you, Vincent. And that's available on our website at [www.teenpregnancy.org](http://www.teenpregnancy.org).

**DR. ALLEN:** I'd—this is Dr. Allen—I would just point out there's one set of studies out of UCLA that Mark Schuster was involved in that are published about workplace education for parents around sexuality and communicating with adolescents, and they showed some success that way. As far as I know, that program hasn't been adapted for Latino families, but at least they've shown that that's a model that can work really well.

**RUTHIE FLORES:** Thank you. And as a wrap-up, I'll just ask one of the authors from each of the teams to please summarize what you want all of us to take away from this call, maybe one or two key points from your research and practice.

**DR. ALLEN:** This is Dr. Allen. I'll jump in first. So, I think to just go back to the specifics of what we found in the literature, that the themes that we really identified were that one of reception and adaptation. We talked about this a lot today, that the context where Latino families settle is really important and that this transition to bicultural parenting is an important one to consider. And then the second theme is that parenting training, interventions, and a lot of you have really shared your important work that you're doing—that they do work...And then, just finally is the importance as we're designing services, as we're providing services and care to Latino families that the cultural context is so vital. Thank you.

**ALIDA BOURIS:** Hi, this is Alida Bouris, and I want to reiterate a lot of what's already been said on the call. But the three main points that we want to wrap up with, we want to reiterate again how much parents do matter and that parents, Latino parents in particular, really can play an important role in helping prevent teen pregnancy and helping Latino youth make good decisions around sexual behavior. We want to focus again on the difference that communication can make, especially in the context of a strong parent-adolescent relationship. And for all providers who are working with parents, we want to emphasize the message to really help parents understand what is motivating Latino adolescent sexual behavior and to help motivate parents to talk to their children and to focus on kind of messages that really let parents know about what is important for Latino youth in terms of social factors related to their sexual decision making.

**RUTHIE FLORES:** Thank you. And considering that it's now almost five minutes over the amount that we had allotted for this conference call, I wanted to give our many thanks to our amazing team of authors who presented today for sharing with us the wealth of wisdom and practice on this topic. And a big *gracias* to all of you who participated today.

If you have colleagues who were not able to join us, once again, our call transcript and recording will be posted on our website next week. And we have also developed a PowerPoint presentation and a one-page fact sheet created specifically for practitioners working with Latino families, as well as for community leaders working with Latino parents on our website next week.

You'll also receive an evaluation of today's call in the next few days. And if for some reason you did not sign up with us directly, that means we don't have your e-mail to give you an evaluation. So just go ahead and e-mail my colleague, Kristen Petros, at [kpetros@thenc.org](mailto:kpetros@thenc.org), and she'll be more than happy to send you an evaluation. If you have any questions about the Latino Initiative or want more information, other topics that were discussed, or publications, feel free to give me a call directly at 202-478-8504.

**OPERATOR:** Thank you. This call has now concluded. You may disconnect at this time.