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The Promise of Worksite Parent-Based HIV Prevention for Youth

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Although notable decreases have been observed in recent years, adolescents in the United States continue to engage in a range of risky sexual behaviors that contribute to unacceptably high rates of pregnancy, sexually transmitted infections, and human immunodeficiency virus (HIV) despite ongoing and longstanding educational and public health efforts to intervene [1]. Individual-level interventions have had success in reducing sexual risk behaviors and subsequent negative health outcomes among adolescents [2], although effects are modest and typically are not sustained for long periods of time [3].

Because parents have such an important role in educating their children, targeting parents with intervention efforts has been shown to be an effective means of affecting a variety of adolescent risk behaviors and health outcomes, including sexual initiation, delinquent behavior, and alcohol, tobacco, and drug use [4]. Effective parenting interventions focused on adolescent sexual risk behavior are increasing in number and include Parents Matter! [5], Keepin' It R.E.A.L. [6], and Families Talking Together [7,8], to name a few. These programs are delivered in a variety of settings including schools, clinics, and community-based organizations, and have been shown to lower intentions to have sex and delay initiation of sexual intercourse, and improve parent–adolescent communication about sex and parents' comfort in discussing sex with their adolescents, as well as to have additional positive outcomes for both parents and adolescents.

There are well-known challenges facing parent-based interventions, particularly when attempting to scale up programs beyond a research setting when resources for program delivery are less plentiful. These include the challenge of reaching parents who would most benefit from effective programs and addressing parents' competing priorities, including their jobs and family demands. Parent-based programs that are successful in dealing with recruitment and retention challenges typically are those that offer flexible scheduling, onsite child care and meals, and assistance with transportation costs, and are delivered in settings convenient for large numbers of parents.

Worksite-based interventions for parents of adolescents may now provide another effective option for reaching large numbers of parents in a way that makes participation easy. More than a decade ago, Schuster et al [9] described worksite-based interventions with parents of adolescents as a promising approach for reducing adolescent risk behavior, but cautioned that rigorous evaluations of programs were needed. They identified numerous advantages of

the workplace as a setting for reaching parents, including the potential for reaching large numbers of parents, the convenience for parents to attend programs in a setting where they are already located, the increased acceptability of programs receiving employer endorsements, natural support networks created by access to coworkers who are participating in programs, and existing infrastructure to support program delivery. However worksite programs would also be faced with some unique challenges associated with addressing sensitive topics. For example, employees may not want coworkers to know they are interested in learning about adolescent issues, including communication about sexual topics, and parents may be reluctant to share personal information in the context of a parenting program if coworkers are present. In addition, parents may be concerned about privacy from their employer. If handled properly, these issues can be addressed effectively in worksite programs.

Eastman et al [10] and Schuster and colleagues [11] subsequently developed and evaluated a worksite program and demonstrated the evidence for its effectiveness. Talking Parents, Healthy Teens was implemented in 13 worksites in southern California with parents of 6th-through 10th-grade children and was found to improve parent–adolescent communication about sex and correct condom use. This program was also found to be feasible and cost-effective [12], and the Let’s Talk! adaptation of the program for South African worksites was effective in increasing communication about sex- and HIV-related topics and increasing parents’ comfort with talking to adolescents about sex [13]. The success of Talking Parents, Healthy Teens and Let’s Talk! may pave the way for additional worksite-based interventions for parents, including those tailored to a variety of children’s age groups and health issues, as well as for different types of worksite settings.

As efforts to expand the portfolio of efficacious worksite parent-based HIV prevention programs increase both domestically and abroad, there are issues specific to those settings to be addressed. For example, with efforts to target international programs appropriately by geographic area, implementing programs in primarily low-risk, low-prevalence areas may not have the desired impact on HIV as with those implemented in higher-risk regions. In addition, employers may encounter difficulties if they are providing programs for parents of only a certain age group of children, and may want to consider offering additional programs for parents of younger or older children. One potential way for programs to be successful and sustainable is to provide full-time positions for qualified health educators who can offer programs in a variety of settings and at a variety of times to best serve the needs of most parents, but this may be difficult to do in some settings, in which the lunch hour is likely to be the most feasible time for program delivery.

Although there is the potential for adapting existing efficacious parent-based interventions for a worksite setting, this may not always be feasible. The timing of intervention sessions may present challenges to implementation in a work setting, and if there are imbedded homework assignments or other reasons to space out the delivery of multi-session interventions, this would need to be carefully scheduled at the worksite. Formative work in worksite settings will inform successful adaptations.

Clearly, the field does not yet have all the answers with regard to effective delivery of worksite HIV prevention interventions for parents. However, there is solid evidence that this intervention approach can be effective, feasible, and cost-effective in both domestic and international settings [12,13]. As parents continue to be the most important sexuality educators for their children, the development, identification and dissemination of effective interventions that parents can and will use may eventually prove to be a key strategy in reducing teen pregnancy, STD and HIV around the world.

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