Item 307B: Evaluation of the VDH Teen Pregnancy Prevention Initiative

Annual Report – FY02

Submitted by:
Virginia Department of Health

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EXECUTIVE SUMMARY

Introduction

Growing concern about teen pregnancy and parenting in the United States is due to two primary factors: the sheer number of teens becoming pregnant and having babies and the concomitant adverse economic, health, and social consequences. Despite a 22 percent decline in the rate of teenagers giving birth in the U.S. since 1991, the U.S. teen birth rate is still one of the highest among developed nations.

Phase I of the Virginia Department of Health (VDH) Teen Pregnancy Prevention Initiative (TPPI) began with the appropriation of $600,000 in general funds during the final legislative session of the 1993 General Assembly for the purpose of establishing three pilot teen pregnancy prevention programs in the health districts of Alexandria, Norfolk, and Richmond. These three health districts were selected, in part, because of their consistently higher than average or rising (in contrast to state teen pregnancy rates which after years of increases had begun to decline) teen pregnancy rates. At the start of FY94, each of these three health districts received $200,000 to develop its pilot program. In response to the General Assembly appropriation, the Maternal and Child Health (MCH) Council's Subcommittee on Teen Pregnancy Prevention formed an interagency advisory committee to establish general guidelines for the three pilot teen pregnancy prevention programs. The interagency advisory committee established seven guidelines adopted by the Subcommittee during the early part of FY94. One of those guidelines stipulated, "VDH, in consultation with the interagency advisory committee, would contract with an external program evaluator to conduct program evaluation. A portion of the appropriated funds should be set aside for this purpose."

Through an administrative agreement with the Department of Medical Assistance Services (DMAS), Virginia obtained matching federal dollars in addition to general fund dollars in FY95. This mechanism established an annual base budget of $1.4 million for the VDH TPPI. The General Assembly authorized the additional funds to go towards starting four additional pilot teen pregnancy prevention programs in the health districts of Crater, Eastern Shore, Roanoke, and Portsmouth. This marked the beginning of Phase II of the VDH TPPI. In conformance with the guidelines adopted by the Subcommittee and the charge to VDH to evaluate the programs in order to ensure that the prevention methodologies were successful and transferable to other health districts, evaluation was given priority status. A percentage of the base budget was withheld from the health districts to fund evaluation activities. At this point, however, a year had already elapsed without an evaluative structure in place for three of the seven pilot programs.

Methodology

The ultimate objective of the VDH TPPI is to develop effective and replicable community-based teen pregnancy prevention programs. Evaluation contributes to the attainment of this objective by:

1. Providing data for use in management planning and resource allocation,
2. Measuring performance at each stage of program development,
3. Measuring performance of programs using outcome measurement, and
4. Providing information and feedback to the VDH regarding effective teen pregnancy prevention strategies.

To these ends, VDH and Virginia Commonwealth University Survey and Evaluation Research Laboratory (SERL) staff developed a statewide system of evaluation in FY96. Since that time, there have been several adaptations made to the original plan in order to overcome a variety of obstacles.

There are presently three primary uniform data collection and reporting components, in addition to a local site evaluation component, within the statewide system of evaluation. All components of the statewide system of evaluation are interrelated and feed into the Logic Model for Program Evaluation (Figure 1). A logic model is a succinct series of statements that link together the problems the program is attempting to address, the methods used to address them, and the expected results. The VDH TPPI program evaluation logic model includes the following components:

1. *Inputs* are program resources such as money, staff time, volunteer time, facilities, supplies, and equipment and are predicted to have an effect on activities or outputs (the services and efforts a program provides to its target audience such as instruction, public awareness, and referrals).
2. *Activities* are what the program does with the inputs to fulfill its goals and objectives.
3. *Outputs* are the direct products of program activities such as the number of participants served.
4. *Outcomes* are client or agency level changes and are predicted to have an effect on impacts (population or system-level changes which include teen pregnancy rates).

Results

This is the seventh annual report to the Governor and the General Assembly on the evaluation results of the VDH TPPI. There are presently three primary uniform data collection and reporting components in addition to a local site evaluation component within the statewide system of evaluation. Proposed local site outcome evaluation activities for FY02 focused on assessing the impact of teen pregnancy prevention programming aimed at modifying knowledge, attitudes, and behaviors. Proposed activities were both formative and summative in nature and utilized qualitative and quantitative measures.

Phase I Programs

Of the Phase I Programs, the Alexandria Health District has experienced the greatest decrease in its teen pregnancy rates over the eight-year period from 1993 - 2001 (an average decrease of 3.6% per year as compared to the average statewide decrease per year of 3.3% over the same period). The Norfolk Health District has maintained an average per year teen pregnancy rate decrease below what has been experienced statewide over the same period (2.6%). The Richmond Health District has the lowest average reduction of its teen pregnancy rate (0.8% per year over the eight-year period) in relation to all seven VDH TPPI program sites. This is considerably less that what has been experienced statewide.

The Alexandria Teen Pregnancy Prevention Program. In 1984, Alexandria officials launched a unified effort to combat the city's continuing teen pregnancy problem. Over a period of five years, a city task force and a steering committee determined the extent and impact of the problem and identified available resources to address the problem. The efforts of these two strategic groups culminated in the establishment of an Adolescent Health Center (AHC) and the Interagency Consortium on Adolescent Pregnancy (ICAP). In 1991, ICAP, which consisted of 13 public and private human services agencies, developed a multi-faceted, multi-agency, comprehensive model for teen pregnancy prevention. This model is now identified as the ***Alexandria Teen Pregnancy Prevention Program (ATPPP)***. ICAP has increased its membership since 1991, and now draws members from 24 different agencies throughout the city. In 1999, the Mayor of Alexandria established the Blue Ribbon Task Force on Reducing Teen Pregnancy. To provide a more unified approach, the ICAP and the Mayor's Blue Ribbon Task Force on Reducing Teen Pregnancy were merged. The group, now known as Alexandria Campaign on Adolescent Pregnancy (ACAP), has developed, implemented, and is overseeing a citywide public awareness campaign to prevent adolescent pregnancies and promote positive youth development. ACAP has

established a community goal to reduce the teen pregnancy rate by 25% by 2005. The ACAP serves as the coalition that determines program type and provides direction for the ATPPP.

The ATPPP is a multi-faceted program that incorporates elements of prevention, intervention, and education. In addition to conducting a variety of community education activities such as health fairs, presentations, and workshops, the program funded six intervention projects serving at-risk youth between the ages of nine and seventeen in FY02. Five of those projects shared the goal of reducing the incidence of teen pregnancy in school age youth in the City of Alexandria. The primary objective of those projects was to provide youth who were still in school, but at risk for pregnancy or causing a pregnancy, an opportunity to take an active role in envisioning a future for themselves. Strategies included an emphasis on continued education and the ability to self-determine when to become parents, and the development of an internal locus of control to help youth to either successfully abstain from sexual intercourse or use an effective method of birth control. The sixth intervention project had as its primary focus the provision of support and advocacy services to pregnant and parenting teens.

All of the ATPPP intervention projects were established in areas of the city identified by the Virginia Center for Health Statistics as having a high incidence of teen pregnancy and a disproportionately high number of low-income single parent households. Several other teen pregnancy prevention efforts have developed in Alexandria as a result of ATPPP activities. Alexandria Health Department and ACAP continue to provide youth development and pregnancy prevention services to Latino youth of the city. The "Alexandria Latino Youth Enrichment Program" (ALYEP) which is now funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) continued to strive to accomplish the primary goals of reducing the incidence of adolescent pregnancy and substance use/abuse among Hispanic adolescents living in the Arlandria and West End neighborhoods (two of the city's largest Hispanic communities) and to assure access to, and enrollment in, primary health care for all program participants. However, since the funding source for FY02 was SAMHSA, more emphasis was placed on reducing the incidence of substance use and abuse in the target population. ALYEP achieved these goals by implementing a comprehensive life skills building and experiential learning program to youth 9 - 17 years of age in the identified communities. Topics of discussion include self-esteem, values, goal development, decision-making, communication skills, cultural adaptation, and family and personal relationships. Alcohol and drug use/abuse prevention and sexuality education are integrated into the life skills building program. Program participants also receive assistance with their homework, perform volunteer activities, learn job skills, participate in cultural and recreational activities, and receive counseling about the need for, and how to access, primary health care (including reproductive health care). The program, in its fourth year of operation, is now an integral part of the community and it has the full support and cooperation of the Hispanic families, businesses, and community leaders. The ALYEP program which began in November 1998 with two part-time staff at one site serving 25 Hispanic youth, had two full-time and one part-time staff that served 110 youth at three sites during FY02.

The Norfolk Teen Pregnancy Prevention Program. The ***Norfolk Teen Pregnancy Prevention Program (NTPPP)*** is known to the community as Real Alternatives to Pregnancy (RAP). The Norfolk Advisory Group for Teenage Pregnancy Prevention serves as the coalition that determines program type and provides direction for RAP. This body is comprised of representatives from local community and youth service agencies and organizations. The Advisory Group was formed in 1993 and presently has over fifty active members.

RAP is a comprehensive community-based program designed for pre-teens, teens, parents, and the Norfolk community at large. The mission of RAP is to bring together various community elements, and public and private resources in order to provide programs that change knowledge, skills, attitudes, and

behaviors in such a way as to reduce the incidence of teen pregnancy. RAP is the only VDH TPPI program whose strategy for reducing teen pregnancy rates is to create community/systems level change. An expanded Advisory Board and an annual community conference are two of the ways in which community/systems level change is effected. Additionally, interagency networking is integral to all components of RAP. As part of its commitment to interagency networking, RAP puts together an Adolescent Services Directory that lists all community agencies and organizations providing services to Norfolk teens and their families. In order to encourage and support existing community-based teen pregnancy prevention initiatives, RAP offers incentive grants to community agencies and organizations through a Request for Proposals (RFP) process. In addition to the network-enhancing activities and the general community education activities such as health fairs, presentations, and an annual conference, the RAP Program offered five categories of intervention projects during FY02.

The Richmond Teen Pregnancy Prevention Program. The Richmond Better Beginnings Coalition (RBBC) serves as the coalition that determines program type and provides direction for the ***Richmond Teen Pregnancy Prevention Program (RICTPPP)***. The RBBC has been active in the metropolitan area since 1990, with membership consistently comprised of a diverse group of providers and community representatives. In 1997 and 1998, the RBBC restructured, creating membership categories as a means of increasing commitment. Active membership consists now of approximately 40 representatives from many of the agencies and organizations involved in teen pregnancy prevention and positive youth development in the city. The RBBC has traditionally excelled in increasing community awareness and providing information regarding adolescent pregnancy and pregnancy prevention. In recent years, the organization has acted as catalyst, researching, introducing, and training providers in innovative prevention programming. The RBBC, in collaboration with the Richmond City Department of Public Health's (RCDPH) Healthy Start Initiative, was responsible for introducing Postponing Sexual Involvement (PSI) into Richmond City Schools by way of the Virginia League for Planned Parenthood. Additionally, the RBBC sponsored training in the Teen Outreach Program (TOP), the majority of which is now funded and implemented by the RICTPPP.

The RICTPPP was redesigned for FY02. With help from the VDH TPPI Coordinator, a more targeted and comprehensive teen pregnancy prevention initiative was developed. In addition to conducting a variety of community education activities such as workshops and the distribution of brochures at the request of community leaders, school personnel, and youth serving organizations, the RICTPPP, in its revised plan, funds three intervention projects.

Phase II Programs

Of the Phase II Programs, the Roanoke Health District has experienced the most significant decrease in its teen pregnancy rates (an average decrease of 6.8% per year over the seven-year period from 1994 – 2001 as compared to the average statewide decrease of 3.5% per year). In fact, the Roanoke Health District has experienced the most significant average decrease in teen pregnancy rates per year of all VDH TPPI programs. The Portsmouth Health District has also experienced a significant decrease, averaging a decline in its teen pregnancy rate of 4.1% per year over the seven-year period as compared to the statewide average decrease of 3.5% per year over the same period. The Eastern Shore Health District has experienced an average teen pregnancy rate reduction of 2.9% per year and the Crater Health District has experienced an average decrease of 1.5% per year over the seven year period, both below the average experienced statewide.

The Crater Teen Pregnancy Prevention Program. The ***Crater Teen Pregnancy Prevention Initiative*** (CTPPI) is unique among the VDH TPPI programs due to the diverse and expansive geographic

area covered by the health district. Three of its political subdivisions (Emporia, Petersburg and Hopewell) have had some of the highest rates of teen pregnancy in the Commonwealth.

The CTPPI Executive Committee serves as the coalition that determines program type and provides direction for the CTPPI. It is comprised of representatives from the Tri-Cities Crisis Pregnancy Center and agencies and organizations that receive subcontracts through the CTPPI. The CTPPI Coordinator chairs the group. Staff from Resource Mothers, the Comprehensive Health Investment Project (CHIP), Healthy Start, and the Crater Health District attend coalition meetings. Not only does the CTPPI Executive Committee provide direction for CTPPI, but it also makes every effort to share human and material resources, thus enhancing the effectiveness of all. In order to serve the needs of the three targeted communities, much of the funding for the CTPPI is distributed directly to those communities through a Request for Proposals (RFP) process. In FY02 CTPPI funds went to two community-based coalitions and one intervention project.

The Eastern Shore Teen Pregnancy Prevention Program. Established during the latter part of 1994, the ***Eastern Shore Teen Pregnancy Prevention Program (ESTPPP)*** is known to the community as "Young Voices for Better Choices". The coalition that determines program type and provides direction for the ESTPPP is made up of the Community Policy and Management Team (CPMT), the District Advisory Board, and members of the general public. In addition to conducting a variety of community education activities such as workshops, conferences, and community awareness surveys, the ESTPPP puts out a Request for Proposals (RFP) each year to solicit intervention projects. Eight projects were funded by the ESTPPP during FY02. The ESTPPP also partnered with several local organizations and agencies in sponsoring and conducting community activities and events.

The Portsmouth Teen Pregnancy Prevention Program. The Portsmouth Better Beginnings Coalition (PBBC) determines program type and provides direction for the ***Portsmouth Teen Pregnancy Prevention Program*** (PTPPP). The PBBC was established in 1984 and consists of teens, parents, community and civic leaders, members from the faith community, and professionals from the public and private sector, united to address issues related to teen pregnancy prevention in the city of Portsmouth. The PBBC is no longer staffed, but programs/services are coordinated by Portsmouth Community Health Center's Case Management and Outreach Services.

Throughout the year, the PBBC, PTPPP, and individual project staff participate in a variety of community education opportunities. These include health fairs, small group meetings at a church, annual community events, civic league or club meetings, and school meetings. During these events, information about the PBBC, the individual projects, and the specific teen pregnancy statistics for Portsmouth is shared. Discussion groups have also been held to assist parents in their communication about sex and sexuality with their teenage children. In addition to the above-mentioned activities, the PTPPP and PBBC organize a host of community education activities centered on Let's Talk Month and Teen Pregnancy Prevention Month. Some examples of activities conducted during these two months include: essay and poster contests; the distribution of teen help cards in the public schools and during football games; group sessions in churches or other community sites to discuss parent-child communication, abstinence skills, public speaking skills, teen parenting issues, and male responsibility; and billboards with statements about teen pregnancy and parent-child communication. In addition to these community education activities, the PTPPP also provided funding for four intervention projects during FY02.

The Roanoke Teen Pregnancy Prevention Program. The Better Beginnings Coalition (BBC) of the Roanoke Valley determines program type and provides direction for the ***Roanoke Teen Pregnancy***

Prevention Program (ROATPPP). The ROATPPP has been an official subcommittee of the BBC since 1995. The BBC was formed from the 1984 merger of the Prevention Coalition and the Coalition for Strengthening Family Living. The BBC membership consists of representatives from area school systems, social service agencies, health care providers, volunteer organizations, and concerned individuals. The ROATPPP Coordinator provides staff support to the BBC. The BBC exists for three purposes. First, it acts as an information clearinghouse on teen services. Second, it functions as an advocacy group, identifying the needs of Roanoke Valley adolescents, and working to mobilize groups to bring about change. The BBC works with other youth-serving coalitions and agencies to develop a community-based prevention plan in concert with the other community stakeholders. Third, it provides the community with education about causes and ways of dealing with the problem of adolescent pregnancy.

The ROATPPP targets all adolescents in the community, but focuses its projects primarily on those who are at high risk for becoming pregnant or causing a pregnancy. In addition to general community education efforts, the ROATPPP strives to build upon existing community resources. Consequently, its funds are used to expand four existing community projects.

Conclusion

The VDH TPPI grapples continuously with maintaining a balance between local autonomy/ownership and good stewardship and accountability for state and federal funds. According to the guidelines set by the MCH Council's Subcommittee on Teen Pregnancy Prevention, each locality is to form a community-wide coalition that includes representation from public and private organizations. The coalition is to determine program type and direction. An assessment of two of the seven coalitions is starting to paint a picture for the VDH TPPI that these local coalitions have not been as active and directive as originally intended.

Each of the seven VDH TPPI programs varies considerably in both composition and organizational structure. As a result, there is uniqueness and local culture and flavor reflected in the variability of program strategies and approaches across the seven pilot program sites. They range from having a primary focus on public awareness and community education activities (Levels 1 and 2) in order to reach a broad audience to an emphasis on more intensive intervention projects (Levels 3 and 4) targeted at individuals assessed to be at high risk for becoming pregnant or causing a teen pregnancy. The latter approach serves fewer individuals but is generally thought to have more immediate impact.

It is clear from the program descriptions, process and outcome evaluation data, and community teen pregnancy rate data, that some VDH TPPI program sites have been better able to garner the community support needed to mobilize for action than others. These sites include Roanoke, Alexandria, and Portsmouth. It is also clear that some VDH TPPI program sites are having less-than-expected program effects (i.e., lower than average decreases in their teen pregnancy rates). These sites include Crater, Richmond, the Eastern Shore, and Norfolk. The presumed reasons for not meeting expectations vary across the sites. In the Crater Health District, the available funds are clearly insufficient to provide the type of targeted intensive intervention projects needed to serve the diverse and expansive geographic area covered by the health district. Without the existence of additional funds, the CTPPI may need to rethink its strategy and focus its efforts on one community at a time. For the Richmond Health District, combined poor management and inadequate planning has contributed to less-than-optimal program effects. Under new management, the RICTPPP has overhauled its program in the past year and it is anticipated that this change will begin to appear in the evaluation results in the future. For the Eastern Shore, the community-based guidance directing the dissemination of small grants to multiple

community-based agencies results in each agency trying to do "too much with too little". The ESTPPP may need to rethink its strategy and move toward investing more funds into fewer replicable "4B" level programs. Level "4B" programs are those that carry with them the expectation that participants will attend all or most of a series of five or more intervention/education sessions and use an established and replicable curriculum. Norfolk has chosen to take a combination community/systems level change approach in addition to trying to target at-risk individuals within the community. Research has shown that community/systems level change approaches (such as through public awareness and education efforts) are effective. However, they require persistence over an extended period. Hence, the true outcomes and impacts of Norfolk's efforts may not be known for many more years. Additionally, since Norfolk is attempting to "do it all", it is possible that the program suffers because it too is trying to do too much with too little. For example, in comparison to the more successful VDH TPPI programs, Norfolk's intensive interventions are less intensive in terms of both average number of sessions attended by participants and the duration of those sessions. Norfolk may also want to re-think its strategy of trying to create change at both the community/systems level and at the at-risk individual level.

Future directions for FY03, which include some major restructuring, are outlined. In light of the restructuring effort and the evaluation results, only one recommendation for the VDH TPPI is provided for the upcoming fiscal year.

I. INTRODUCTION

A. The Problem of Teen Pregnancy

Growing concern over teen pregnancy and parenting in the United States is due to two primary factors: the sheer number of teens becoming pregnant and having babies and the concomitant adverse economic, health, and social consequences. Despite a 22 percent decline in the rate of teenagers giving birth in the U.S. since 1991, the U.S. teen birth rate is still one of the highest among developed nations. Teen pregnancy costs the U.S. at least $7 billion annually. Studies show that teen mothers are less likely to complete high school (only one-third receive a high school diploma). Furthermore, women who give birth as teens tend to have subsequent births within short periods resulting in larger families. These situational conditions make it very difficult for many teen parents and their children to escape a life of poverty. In addition, over the course of the last 20 years, the percentage of nonmarital births to teens has risen from approximately 15% in the early 1960s to approximately 80% of all teen births in the year 2000. Nonmarital childbearing for women of all ages has been linked to poverty and dependence on welfare.

The health and social consequences of teen pregnancy and parenting are also numerous and costly. It is important to note that the vast majority (85%) of teen pregnancies are unintended (either unwanted or mistimed). Unintendedness is associated with increased use of tobacco, alcohol, other dangerous substances, or a combination of these during pregnancy and decreased likelihood of receiving adequate prenatal care; all resulting is an increased risk of delivering premature and low birthweight babies who are at-risk for life-long developmental and health problems. Still growing and developing themselves, teen mothers are often unable to provide the kind of environment that infants and very young children require for optimal development. Measured against national norms, the children of adolescent parents live in homes that are of lower quality: poorer physical conditions, less favorable parent-child interaction, and diminished access to educationally stimulating resources. These limitations are reflected in poorer academic performance by the children, less attention given to their health problems, and higher rates of behavior problems. Children of teen parents also suffer higher rates of abuse and neglect than would occur if their mothers had delayed childbearing. Rates of foster care placement are significantly higher for children whose mothers are under 18 than for children of older mothers.

Finally, teen mothers spend more of their young adult years as single parents than do women who delay childbearing, which means that their children spend much of their young lives with only one parent. Children who grow up in single-parent homes are disadvantaged in many ways; being twice as likely to drop out of school, 2.5 times as likely to become teen mothers, and 1.4 times as likely to be disenfranchised, defined as being both out of school and out of work. Even after adjusting for a variety of relevant social and economic differences, children in single-parent homes have lower grade point averages, lower college aspirations, and poorer school attendance records.

B. Virginia's Response to the Problem of Teen Pregnancy

In recognition of the host of negative consequences associated with teen pregnancy, there has been a rather extensive history of teen pregnancy prevention efforts in the Commonwealth of Virginia. Some of the key events include:

- the establishment of the Better Beginnings for Virginia's Children Steering Committee by the Commission on Mental Health in 1982;

- the passage of HJR 61 creating a joint legislative subcommittee to study teen pregnancy prevention activities in the Commonwealth in 1986;
- the passage of HJR 103 establishing a Teen Pregnancy Prevention Task Force in 1988;
- the formation of the Virginia Council on Teen Pregnancy Prevention in 1991;
- the establishment of the Maternal and Child Health (MCH) Council with a Subcommittee on Teen Pregnancy Prevention under the Secretary of Health and Human Resources in 1992; and
- the appropriation of $600,000 in general funds during 1993 General Assembly for the purpose of establishing three pilot teen pregnancy prevention programs in the health districts of Alexandria, Norfolk, and Richmond [now referred to as Phase I of the Virginia Department of Health (VDH) Teen Pregnancy Prevention Initiative (TPPI)].

The three health districts selected to receive funding during Phase I of the VDH TPPI were chosen in part because of their consistently higher than average or rising (in contrast to state teen pregnancy rates which after years of increases had begun to decline) teen pregnancy rates. At the start of FY94, each of these three health districts received $200,000 to develop their pilot programs. In response to the General Assembly appropriation, the Maternal and Child Health (MCH) Council's Subcommittee on Teen Pregnancy Prevention formed an interagency advisory committee to establish general guidelines for the three pilot teen pregnancy prevention programs. The interagency advisory committee established seven guidelines adopted by the Subcommittee during the early part of FY94. These guidelines included:

1. Health districts would serve as the fiscal agent for the pilot teen pregnancy prevention programs.

2. Each locality should develop its own pilot program to be evaluated for possible replication on a statewide basis.

3. Pilot teen pregnancy prevention programs should incorporate the following set of eight core program guidelines or "best practices":

   a. Emphasis on sexual abstinence,
   b. Emphasis on male responsibility,
   c. Emphasis on young teenagers,
   d. Parental involvement,
   e. Life skills training,
   f. Access to health care services,
   g. Appropriate educational programming, and
   h. Use of mentors and role models.

4. Each locality should form a community-wide coalition that includes representation from public and private organizations. The coalition should determine program type and direction.

5. Each locality should conduct a community needs assessment in order to identify the nature of the problem, available resources, and any potential barriers to the development of teen pregnancy prevention projects and activities.

6. Each locality should develop and submit a program proposal for review and approval by the interagency advisory committee.

7. VDH, in consultation with the interagency advisory committee, would contract with an external program evaluator to conduct program evaluation. A portion of the appropriated funds should be set aside for this purpose.

Through an administrative agreement with the Department of Medical Assistance Services (DMAS), Virginia obtained matching federal dollars in addition to general fund dollars in FY95. This mechanism established an annual base budget of $1.4 million ($300,000 from the general fund and $1.1 million from nongeneral funds) for the VDH TPPI. The General Assembly authorized the additional funds to go towards starting four additional pilot teen pregnancy prevention programs in the health districts of Crater, Eastern Shore, Roanoke, and Portsmouth. This marked the beginning of Phase II of the VDH TPPI.

The MCH Council Subcommittee on Teen Pregnancy Prevention was reconstituted at the beginning of FY96 and given the mission of promoting replicable programs that are abstinence-based (i.e., designed to provide youth with the tools needed to delay sexual activity until marriage). The Subcommittee was also charged with the responsibility of providing general direction and guidance to teen pregnancy prevention programs throughout the Commonwealth, beginning with those that are both state-funded and community-based. The Subcommittee, in carrying out its charge, spent time hearing presentations by all VDH TPPI pilot programs and reviewing the plan for a statewide system of evaluation. After much discussion surrounding the attainment of a balance between local autonomy and the need for direction and guidance, a set of guidelines was unanimously approved by members of the Subcommittee and recommended to the MCH Council. These guidelines included:

1. To promote the healthy physical, emotional, psychosocial, and moral development of adolescents, all state funded community-based teen pregnancy prevention programs should emphasize premarital sexual abstinence as their primary message. Fundamental to this message is the development of character traits such as respect for self and others, responsibility, self-control, and delayed gratification. The local coalitions shall determine the programs that will assist adolescents with the development of skills and provide the support that would enable them to choose abstinence. This intervention philosophy should be consistently reflected by all programs in their interpretation of best practice guidelines, selection of projects and activities (whether directly operated by the health district or under subcontract), selection of curricula, and in training of staff.

2. Continuation funding for teen pregnancy prevention programs will be contingent upon successful evaluation of the effectiveness of their performance in developing and administering projects designed to reduce the rate of adolescent pregnancy among program participants.

3. If a local health department exhibits unprofessional fiscal management, VDH may identify another agency or organization within the health district to be the fiscal agent for TPPI funds.

The MCH Council adopted all recommended guidelines, with a unanimous vote for the first and third guidelines and only two dissenting[1] votes for the second guideline.

[1] Dissenting votes were reflective of: 1) concerns that this wording would encourage teen pregnancy prevention programs to select program participants with a high likelihood of success instead of targeting those at highest risk and 2) concerns that this wording would shift the focus away from the ultimate goal of reducing the rate of teen pregnancies at the community level. The majority of MCH Council members acknowledged the relevancy of these concerns; however, they felt that these would be addressed either through the system of evaluation and/or through VDH monitoring and oversight.

C. Evaluation of the VDH TPPI

In conformance with the guidelines adopted by the Subcommittee in FY94 and the charge to VDH to evaluate the programs in order to ensure that the prevention methodologies were successful and transferable to other health districts, evaluation was given priority status. A percentage of the base budget was withheld from the health districts to fund evaluation activities at the start of FY95. At this point, however, a year had already elapsed without an evaluative structure in place for three of the seven pilot programs.

The first year of evaluation was limited due to the difficulties associated with trying to capture historical data while managing multiple programs at different developmental stages. Given the problems encountered during FY95, it was recommended that a uniform and rigorous multi-year statewide system of evaluation be established. VDH staff, in conjunction with staff from the Survey and Evaluation Research Laboratory (SERL) at Virginia Commonwealth University (VCU), developed the structure for such a system in FY96. Additionally, staff conducted a pilot test of the monitoring and process evaluation components of the newly developed statewide system of evaluation on a select number of program sites. Based on the results of the pilot test, a series of recommendations to assist in moving toward full implementation of the statewide system of evaluation was offered in the annual report.

During FY97, all components needed for full implementation of the statewide system of evaluation with the exception of the pre- and post-test participant and comparison group assessment survey were implemented at all program sites. The pre- and post-test assessment survey was designed to appraise changes in: 1) knowledge and attitudes about areas of human sexuality (e.g., sexual development, abstinence, male responsibility); 2) the presence/absence of developmental assets and risk factors; and 3) sexual behavior between program participants and a comparison group of nonparticipants to determine program effects. However, by the middle of FY97 it became evident that the administration of a uniform pre- and post-test assessment survey to all program participants, in addition to a sample of nonparticipant comparison group members across sites in order to track participant level outcomes, was not feasible. Barriers to the implementation of such a survey included community and school sensitivities toward asking adolescents questions related to sexual behavior; difficulties finding a core set of survey questions that applied to the variety of interventions offered at the multiple sites; and difficulties finding adequate comparison groups at each site. It was clear that alternative methods of tracking participant level outcomes would be needed. A series of recommendations to assist in the fine-tuning of programmatic issues, the development of alternative methods for tracking participant level outcomes through a greater emphasis on local site evaluation activities, and the refinement of evaluative issues were made in the annual report at the individual program level and for the overall initiative.

In addition to the ongoing implementation of the statewide system of evaluation, VDH and SERL staff developed a process for developing more rigorous outcome-focused site evaluation studies during FY98 and implemented the process in FY99. In general, these outcome-focused local site evaluation studies showed that pilot program efforts were having a positive impact on their intended audience.

Proposed local site outcome evaluation activities for FY00 focused on assessing the impact of teen pregnancy prevention programming aimed at modifying knowledge, attitudes, and behaviors. All proposed activities were summative in nature, utilizing primarily pre- and post-test measures. These

studies were started, but were unexpectedly discontinued. The federal Office for the Protection Against Research Risks (subsequently renamed the Office of Human Research Protections) suspended Virginia Commonwealth University's (VCU) Institutional Review Board (IRB), the university-wide entity that reviews research protocols to ensure that adequate protections are provided to human subjects involved in research, due to a human subjects violation associated with a study conducted on VCU's medical campus. This suspension put a halt to all human subjects research conducted at VCU for the remainder of FY00 and midway into FY01. Hence, in those two years, data from inputs, outputs, and impacts were described in the annual reports, but no results from local outcome evaluation studies were available.

II. METHODOLOGY

The ultimate objective of the VDH TPPI is to develop effective and replicable community-based teen pregnancy prevention programs. Evaluation contributes to the attainment of this objective by:

1. Providing data for use in management planning and resource allocation,
2. Measuring performance at each stage of program development,
3. Measuring performance of programs using outcome measurement, and
4. Providing information and feedback to the VDH regarding effective teen pregnancy prevention strategies

To these ends, VDH and SERL staff developed a statewide system of evaluation in FY96. Since that time, there have been several adaptations made to the original plan in order to overcome a variety of obstacles. There are presently three primary uniform data collection and reporting components, in addition to a local site evaluation component, within the statewide system of evaluation. All components of the statewide system of evaluation are interrelated and feed into the Logic Model for Program Evaluation (Figure 1). A logic model is a succinct series of statements that link together the problems the program is attempting to address, the methods used to address them, and the expected results. The VDH TPPI program evaluation logic model includes the following components:

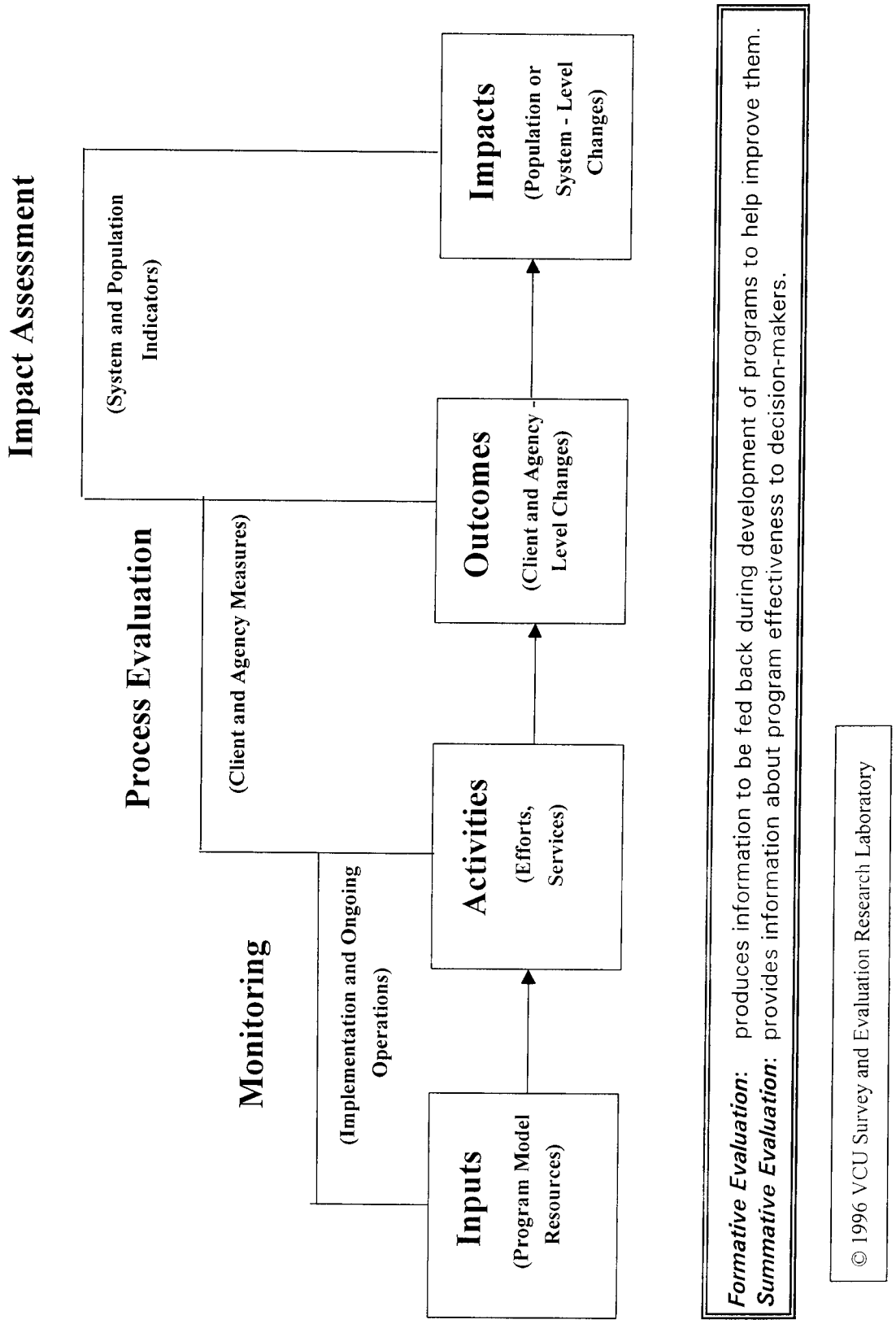
1. *Inputs* are program resources such as money, staff time, volunteer time, facilities, supplies, and equipment and are predicted to have an effect on activities or outputs (i.e., the services and efforts a program provides to its target audience such as instruction, public awareness, and referrals).
2. *Activities* are what the program does with the inputs to fulfill its goals and objectives.
3. *Outputs* are the direct products of program activities such as the number of participants served.
4. *Outcomes* are client or agency level changes that are predicted to have an effect on impacts (i.e., population or system-level changes which include teen pregnancy rates).

A. Uniform Data Collection and Reporting Components of the Statewide System of Evaluation

1. **Quarterly Implementation Progress Reports (QIPR).** This is a quarterly compilation and reporting of local programs' progress toward meeting their stated goals and objectives, including a description of barriers encountered and strategies developed to overcome those barriers. A standard format for the development of local program goals and objectives is provided to local program staff. Localities are required to group objectives by the headings of the stages of the Four-Year Plan for Program Development and Evaluation: Coalition Building, Assessment and Planning, Project Implementation, and Program Continuation and Outcome Evaluation; and are expected to complete QIPRs throughout their funding cycles. The QIPR is completed by each local site and submitted to VDH.

2. **Coalition Organization, Operation, and Productivity Survey (CO-OP).** Historically this has been an annual survey of all coalition members used to track changes in coalitions as they go through their developmental process. The information collected relates to coalition members' perceptions of the coalition's structure, roles, and responsibilities; extent of involvement by

Figure 1. Logic Model for Program Evaluation



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coalition members; and efficiency. Localities use the results to establish and/or revise objectives for ongoing coalition development.

The intent of the CO-OP survey was to ascertain a baseline on the variations in organization, operations, and productivity of the various coalitions in order to track changes. However, poor response rates, fluctuating coalition membership rosters, and a large number of inactive coalition members (those on coalition rosters but who do not participate in coalition activities on a regular basis) have made this a difficult (if not impossible) task. A decision was made to develop a different process for assessing the performance of coalitions during FY01. This year, focus groups were conducted at two sites, one urban and one rural, in order to determine the perceptions of coalition members.

3. **Project Activity Report and Attendance Log (PARAL).** This is a series of data collection activities that provide a complete account of project activities and participants. The PARAL is made up of three forms used to capture uniform data: a) the initial plan for the project, which establishes targets related to participants and content; b) an intervention project attendance log which is completed by the instructor/facilitator after each session/activity; and c) a community education information form. Participant information is collected only for projects providing intensive educational sessions utilizing a series of classes where the participants are expected to return to each session. For less intensive projects, such as one-time community education programs or a series of activities where there is no expectation for participants to return, the community education information form is used to collect aggregate level participant information.

B. The Local Site Evaluation Component of the Statewide System of Evaluation

The statewide system of evaluation provides a series of data collection activities that allow for local project-specific evaluations, allowing programs to focus on specific activities of interest. Each health district pilot program identifies, with the assistance of the SERL when needed, a Local Site Evaluation Specialist (LSES) to design and implement a local evaluation plan. Local evaluation plans are to complement the uniform data collection components of the statewide evaluation plan and not consist of any duplicative activities. They should also be appropriate to the developmental stage of the local program. This could involve the collection of additional data or more in-depth analyses of uniform data based on specific local interests. In the latter stages of program development, local site evaluation activities are to have an emphasis on participant level outcome evaluations of potentially replicable projects. Once local evaluation plans are developed, they are submitted to the Local Evaluation Team (LET) for review. The LET consists of SERL staff and those individuals that serve as LSESs. The LET decides how to best allocate the limited pool of funds.

C. The Data Collection Plan of the Statewide System of Evaluation

The overall goal of data collection is to provide an accurate and complete record of the VDH TPPI projects, activities, participants, and levels of participation. The success of this system of evaluation is heavily dependent upon each program's ability to develop a workable and sustainable plan for gathering and submitting appropriate data. Consequently, it is crucial that the data that are collected be relevant and meaningful. In an effort to match data collection efforts with programmatic efforts, a project typology was developed. Table 1 provides an overview of the five project levels and their corresponding data collection requirements. A number of project characteristics, including number of sessions planned, the expectation of sequential participation in sessions, and the existence of an

established or replicable curriculum, are used to determine the level assigned to a particular project. Data collection requirements vary based on the level assigned to each project.

Level 1 and 2 projects are considered "Community Education" projects. Level 1 projects are one-time outreach/community education efforts such as health fairs, large group presentations, and/or recruitment activities. Level 2 projects are those with a series (two or more) of educational sessions that do not carry the expectation that the same participants will return for each subsequent session (no enrollment required). Program staff complete Community Education Information Forms to capture general information about the purpose of these project along with aggregate descriptions of the project's participants.

Projects that receive a Level 3 or 4 designation are considered "Intervention" projects because they carry with them the expectation that participants will attend all or most of a series of intervention/education sessions (enrollment required). The length of their intended course of intervention distinguishes level 3 and Level 4 projects from each other. Level 4 projects are the most intensive efforts, with five or more sessions planned. Projects defined as Level 3 or 4 are subdivided into two categories, A and B. Projects with an "A" designation do not have an established or replicable curriculum, whereas "B" projects follow an established and replicable curriculum. The submission of both project and participant information, collected through the use of the Participant Attendance Report, are required for Level 3 and 4 projects. A unique client identifier that protects participant confidentiality while allowing for the determination of the age and sex of participants and the creation of an unduplicated count of attendees is created for all Level 3 and Level 4 project participants. Both Level 3 and 4 project participants partake in the Abstinence Awareness Assessment.

Table 1. VDH TPPI Project Typology

PROJECT CHARACTERISTICS	DATA COLLECTION REQUIREMENTS
LEVEL 1 ▪ One-time presentation ▪ May or may not have an established/replicable curriculum	**LEVEL 1** ▪ Community Education Information Form
LEVEL 2 ▪ 2 or more sessions planned ▪ No expectation that the same participants will return for each session ▪ May or may not have an established/replicable curriculum	**LEVEL 2** ▪ Community Education Information Form
LEVEL 3A ▪ 2 - 4 sessions planned ▪ Expectation that the same group of participants will attend all or most of the sessions ▪ Does not have an established/replicable curriculum	**LEVEL 3A** ▪ Project Activity Plan ▪ Project Activity Report ▪ Project Activity Attendance Log ▪ Participant Profile
LEVEL 3B ▪ 2 - 4 sessions planned ▪ Expectation that the same group of participants will attend all or most of the sessions ▪ Has an established/replicable curriculum	**LEVEL 3B** ▪ Project Activity Plan ▪ Project Activity Report ▪ Project Activity Attendance Log ▪ Participant Profile
LEVEL 4A ▪ 5 or more sessions planned ▪ Expectation that the same group of participants will attend all or most of the sessions ▪ Does not have an established/replicable curriculum	**LEVEL 4A** ▪ Project Activity Plan ▪ Project Activity Report ▪ Project Activity Attendance Log ▪ Participant Profile
LEVEL 4B ▪ 5 or more sessions planned ▪ Expectation that the same group of participants will attend all or most of the sessions ▪ Has an established/replicable curriculum	**LEVEL 4B** ▪ Project Activity Plan ▪ Project Activity Report ▪ Project Activity Attendance Log ▪ Participant Profile

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III. RESULTS

A. Coalition Assessment

The overall goal of assessing local coalitions is to understand the impact of local coalitions as a stakeholder driven entity on local teen pregnancy prevention programming and to support the identification of best practices in coalition operations that may be replicable in other coalitions statewide. Local coalitions are intended to play a key role in providing direction and guidance to VDH TPPI program sites. Two focus groups were conducted with coalition members from two program sites, one rural (Eastern Shore) and one urban (Richmond). Coalitions for both locations have provided VDH TPPI program support and guidance to service providers for several years.

The urban coalition was established in 1990 primarily to bring together individuals and agencies to focus on the prevention of teen pregnancy in the city. The rural coalition was formed in 1994 to serve as the community policy management team. The team eventually became the advisory board for a VDH TPPI program. Both locations started addressing the area of teen pregnancy prevention soon after their establishment. Neither coalition had representation by children, teens, or faith communities. Both coalitions consist of members from low income, diverse ethnic groups and both have males and females serving on the coalition.

The urban coalition believes that it represents professionals, human services, and nonprofit organizations that are interested in teen pregnancy prevention. No representative of the school system participates in the coalition. The rural coalition consists of school representatives, health department staff, and department of social services staff and court services. Attendance at coalition meetings is low for both sites. One site reported that they meet only for special sessions, while the other reported that their meetings moved from monthly to quarterly and are not well attended.

Neither coalition is directly committed to VDH TPPI as their main focus. Both coalitions meet to discuss other areas of interest, and VDH TPPI functions, objectives, or interests are not always a priority. Both groups of coalition members emphasized the amount of time they spend on coalitions and working in the community and attributed lack of time and resources as the main reason for not having a direct commitment to VDH TPPI during coalition meetings. The coalition members from both groups spend time responding to whatever immediate issue is the most demanding instead of concentrating fully on any one area.

Coalition members were asked if there were barriers that their coalitions faced. Coalition members felt barriers for the coalitions were:

- lack of cooperation from local schools - often school principals or superintendents do not allow the programs to collect information from students,
- lack of transportation for potential participants - rural area VDH TPPI program participants have no public transportation and the area covered by the program is too large to fund transportation to participants,
- inability to present certain types of information - what you cannot say (sex, intercourse, etc.),
- lack of clearly stated objectives - VDH has not produced clearly stated objectives for the coalitions, and
- lack of communication between the local TPPI coordinator and VDH and the local TPPI coordinator and the coalition.

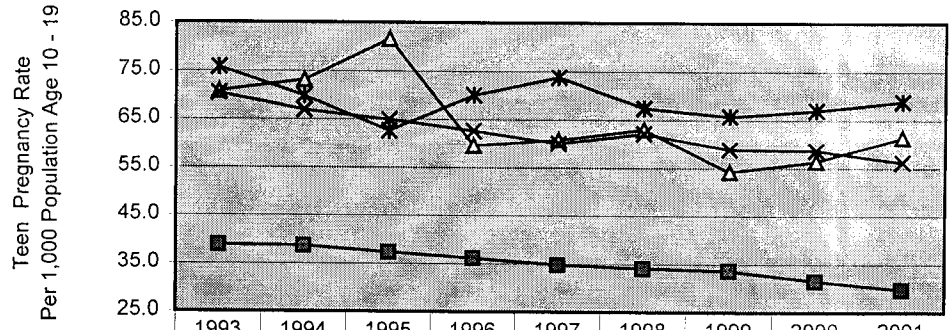
The role that the coalitions feel they play in relation to teen pregnancy prevention services is making sure those services are community oriented. The coalitions provide education, networking, and community awareness. Coalition members reported their role in the community as being effective as a catalyst – to provide information and opportunities.

Coalition goals, objectives, tasks and activities are accomplished in the rural coalition by allowing the programs to set their own agendas. Plans are made to establish goals and objectives with specific tasks and activities for each program. The program then has an evaluation piece at the end to see if the goals/objectives were met. If they were not, the program coordinators and staff revamp them and works with the community to make sure program services are being provided appropriately. The urban coalition recently established their goals and objectives by following state (VDH) guidelines for their coalition. Although the guidelines were mentioned, no coalition member could remember where the guidelines came from specifically.

B. VDH TPPI Phase I Programs

Of the Phase I Programs, the Alexandria Health District has experienced the greatest decrease in its teen pregnancy rates over the eight-year period from 1993 - 2001 (an average decrease of 3.6% per year as compared to the average statewide decrease per year of 3.3% over the same period). The Norfolk Health District has maintained an average per year teen pregnancy rate decrease below what has been experienced statewide over the same period (2.6%). The Richmond Health District has the lowest average reduction of its teen pregnancy rate (0.8% per year over the eight-year period) in relation to all seven VDH TPPI program sites. This is considerably less that what has been experienced statewide. An overview of the teen pregnancy rates for each of the Phase I Programs for each calendar year since their inception is found in Figure 2*.

Figure 2. Teen Pregnancy Rates for VDH TPPI Phase I Programs



	1993	1994	1995	1996	1997	1998	1999	2000	2001
Virginia	38.9	38.7	37.4	36.2	34.8	34.1	33.6	31.5	29.7
Alexandria	70.8	73.1	81.6	59.6	60.8	63	54.2	56.4	61.4
Norfolk	70.4	66.9	64.9	62.6	60.1	62.1	58.9	58.7	56.2
Richmond	75.8	69.8	62.6	70	73.7	67.4	65.7	67	68.8

Year

*2001 teen pregnancy rates are still considered preliminary and subject to change prior to official release by the VDH Center for Health Statistics.

The Alexandria Teen Pregnancy Prevention Program

Program Overview

In 1984, Alexandria officials launched a unified effort to combat the city's continuing teen pregnancy problem. Over a period of five years, a city task force and a steering committee determined the extent and impact of the problem and identified available resources to address the problem. The efforts of these two strategic groups culminated in the establishment of an Adolescent Health Center (AHC) and the Interagency Consortium on Adolescent Pregnancy (ICAP). In 1991, ICAP, which consisted of 13 public and private human services agencies, developed a multi-faceted, multi-agency, comprehensive model for teen pregnancy prevention. This model is now identified as the ***Alexandria Teen Pregnancy Prevention Program (ATPPP)***. ICAP has increased its membership since 1991, and now draws members from 24 different agencies throughout the city. In 1999, the Mayor of Alexandria established the Blue Ribbon Task Force on Reducing Teen Pregnancy. To provide a more unified approach, the ICAP and the Mayor's Blue Ribbon Task Force on Reducing Teen Pregnancy were merged. The group, now known as the Alexandria Campaign on Adolescent Pregnancy (ACAP), has developed, implemented, and is overseeing a citywide public awareness campaign to prevent adolescent pregnancies and promote positive youth development. ACAP has established a community goal to reduce the teen pregnancy rate by 25% by 2005. The ACAP serves as the coalition that determines program type and provides direction for the ATPPP.

The ATPPP is a multi-faceted program that incorporates elements of prevention, intervention, and education. In addition to conducting a variety of community education activities such as health fairs, presentations, and workshops, the program funded six intervention projects serving at-risk youth between the ages of nine and seventeen in FY02. Five of those projects shared the goal of reducing the incidence of teen pregnancy in school age youth in the City of Alexandria. The primary objective of those projects was to provide youth who were still in school, but at risk for pregnancy or causing a pregnancy, an opportunity to take an active role in envisioning a future for themselves. Strategies included an emphasis on continued education and the ability to self-determine when to become parents, and the development of an internal locus of control to help youth to either successfully abstain from sexual intercourse or use an effective method of birth control. The five projects were:

1) Pro-Teen/Pro-Youth (PT/PY). Pro-Teen/Pro-Youth was an eleven-month comprehensive life-skills development project offered at both an elementary school and a recreation center. Sessions occurred after school four days a week and during the summer. Youth ages nine to seventeen from schools in areas of the city identified as having a high incidence of teen pregnancy participated in educational activities drawn primarily from the "Life Planning Education: A Youth Development Program" curriculum developed by Advocates for Youth. This curriculum addresses self-esteem, values, goal-development, communication, and decision-making. In addition, youth received assistance with homework; participated in cultural, recreational, and career development activities; volunteered in local community programs; and participated in group and individual counseling sessions. The girls enrolled in this project were provided with one-on-one mentoring, offering them the opportunity to identify with professional and successful African-American women role models. Additionally, the parents of PT/PY participants were provided with information related to adolescent growth and development, parent-teen relationship building, and parent-teen communication.

2) Project Stepout/Project Manhood. Project Stepout provided girls ages eleven through eighteen with the information and skills they needed to take control of their lives and make informed, responsible decisions. Project Manhood provided the same type of programming for boys. A sorority, a fraternity, and private citizen volunteers conducted sessions after school on a weekly to monthly basis. Sessions were held during

the school year in recreation centers, schools, and churches. Session activities came from the "Life Planning Education: A Youth Development Program" curriculum developed by Advocates for Youth.

3) Postponing Sexual Involvement (PSI). The ATPPP offered PSI to all seventh and eight grade students at Alexandria's Francis C. Hammond Junior High School. Participants attended after-school classroom sessions once a week for ten weeks. The PSI educational curriculum, which originated in Atlanta, Georgia, is a youth center model program designed to help youth who are thirteen through fifteen years of age understand the potentially negative consequences of early sexual involvement and increase their ability to resist the media, social, and peer pressures leading to that involvement.

4) Teen Talk (TT). Teen Talk was designed exclusively for ninth grade male and female students enrolled at the Minnie Howard Ninth Grade Center. The project provided life skills sessions and addressed sexuality concerns that were identified by the teens. The program provided youth with an opportunity to engage in an open dialogue on topics selected and discussed by the teens with the help of a teen peer leader and an adult facilitator. The 21 program sessions were held once a week after school. Program sessions were drawn from the Advocates for Youth and PSI curricula.

5) Male Teen Responsibility Project (MTRP). MTRP was an after school project that provided male youth with the opportunity to participate in weekly structured educational, recreational, cultural, and career exploration activities. The National Urban League established the MTRP concept with the following core themes in mind: preparing youth for life as responsible adults, promoting positive self esteem, building character and confidence, and discouraging early parenthood. The staff used a variety of curricula (including the one by Advocates for Youth) and guest speakers to address these core themes. In addition, many of the participants were matched in one-on-one mentoring relationships, where a male mentor reinforced this information.

The sixth intervention project had as its primary focus the provision of support and advocacy services to pregnant and parenting teens. This project was:

6) Northern Virginia Urban League Alexandria Resource Mothers Project. The overall goal of this project was to promote positive pregnancy outcomes among teens (as defined by reduced low birth weight, infant mortality, and preventable health problems), prevent school drop-outs, and facilitate good health and parenting practices through lay home visitation and mentoring. Trained professionals and paraprofessionals served as "resource mothers" or "lay home visitors." The Resource Mothers made weekly contact with their teens and connected them with health care and community services. The Resource Mothers provided support and encouragement throughout the pregnancy up through the baby's first or second birthday. After the baby was born, the Resource Mothers encouraged the teens to either return to or remain in school or continue to work. They also provided them with information about breastfeeding, child care, child-development, family planning, immunizations, nutrition, parenting techniques, and well baby care. In addition to promoting healthy behaviors and responsible parenthood among the teen mothers, the project also provided one-on-one case management for teen fathers and promoted the involvement of fathers in the childrearing process.

All of the ATPPP intervention projects were established in areas of the city identified by the Virginia Center for Health Statistics as having a high incidence of teen pregnancy and a disproportionately high number of low-income single parent households. ATPPP staff recruited program participants through schools, community centers, and churches. Although referrals from counselors and responsible adults were welcomed, they were not required. Enrollment in the ATPPP was both open and voluntary; however, parental permission was required for participation in all of the ATPPP after-school program activities.

Several other teen pregnancy prevention efforts have developed in Alexandria as a result of ATPPP activities. Alexandria Health Department and ACAP continue to provide youth development and pregnancy prevention services to Latino youth of the city. The "Alexandria Latino Youth Enrichment Program" (ALYEP) which is now funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) continued to strive to accomplish the primary goals of reducing the incidence of adolescent pregnancy and substance use/abuse among Hispanic adolescents living in the Arlandria and West End neighborhoods (two of the city's largest Hispanic communities) and to assure access to, and enrollment in, primary health care for all program participants. However, since the funding source for FY02 was SAMHSA, more emphasis was placed on reducing the incidence of substance use and abuse in the target population. ALYEP achieved these goals by implementing a comprehensive life skills building and experiential learning program to youth 9 - 17 years of age in the identified communities. Topics of discussion include self-esteem, values, goal development, decision-making, communication skills, cultural adaptation, and family and personal relationships. Alcohol and drug use/abuse prevention and sexuality education are integrated into the life skills building program. Program participants also receive assistance with their homework, perform volunteer activities, learn job skills, participate in cultural and recreational activities, and receive counseling about the need for, and how to access, primary health care (including reproductive health care). The program, in its fourth year of operation, is now an integral part of the community and it has the full support and cooperation of the Hispanic families, businesses, and community leaders. The ALYEP program which began in November 1998 with two part-time staff at one site serving 25 Hispanic youth, had two full-time and one part-time staff that served 110 youth at three sites during FY02.

The Year in Review

During FY02, the ATPPP conducted 64 community outreach/education programs attended by an estimated audience of 3,655. In addition to community outreach/education activities, the ATPPP funded six intensive intervention projects. Following is statistical information regarding the intervention projects:

ALEXANDRIA			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
Pro Teen/Pro Youth	76	95	60
Project Stepout/Manhood	37	42	73
Postponing Sexual Involvement	11	13	74
Teen Talk	6	5	100
Male Teen Responsibility	16	41	61
Latino Youth Enrichment	95	59	77
TOTAL	**241**	**255**	

Evaluation Results

The African American Program for younger children, the Latin Youth Enrichment Program, and Ladies First, all known collectively as the Pro-Teen/Pro-Youth Program (PT/PY) were selected to be evaluated for their effectiveness in FY02. A process evaluation was undertaken during this time in preparation for formal outcome evaluation in FY03. The evaluation focused on two performance indicators established by program staff:

- Exposure to Minimum Dosage
- Mastery of Program Curriculum Content

This process evaluation included analysis of attendance records and a series of focus group interviews at each of the sites. These evaluation activities were designed to:

- Promote program staff's capacity to participate in the ongoing evaluation,
- Gain insight into parents' perspective and cultural values related to communication and instruction regarding sexual matters with their children,
- Assess program participants' reading comprehension in English and Spanish,
- Obtain participants' and parents' perceptions of the effectiveness of the programs,
- Plan for the development of culturally relevant instrument(s) to assess program outcomes, and
- Design of a formal outcomes evaluation plan.

Attendance Data

Performance Indicator 1 sets a minimum dose of attendance at 75% of the total sessions offered as the criterion for PTPY. Moreover, at least 75% of the program participants should receive this minimum dose. Analysis of the attendance data clearly showed that the holding-capacity of the programs was considerably below the criteria of minimum dosage. The highest percent of participants receiving the minimum dose was 18%, with many of the sites falling considerably below this level.

Staff expressed the challenge of significant participant turnover during the year, as well as the frequency of occasions where children registered late into the program year. It is imperative that the attendance patterns be carefully monitored on a weekly basis, and that staff document outreach activities that can appropriately address this barrier. It is recognized that in many cases the situation is beyond the control of the program, but there may be areas that are amenable to improvement. The careful monitoring of attendance should also suggest a more realistic criterion for this performance indicator.

Performance Indicator 1 was not attained by PTPY during this reporting period. It is important that the performance indicator be re-examined for its feasibility, given the factors that contribute to participant turnover. Careful monitoring of attendance and taking steps to increase participation in evaluation activities are imperative. This will be crucial for the FY 03 evaluation cycle when the formal outcome evaluation is expected to include the administration of pre-and post-test surveys.

Focus Group Interviews

The Latino parents that were interviewed were very positive about the program. They viewed the program as a safe haven for their children to engage in after-school activities, and as a support system for reinforcing school learning. They were candid about the difficulty of discussing issues related to sexual behavior with their children and approved of the manner in which the program assumed this responsibility. The factors that inhibited their dialog with their children appeared to have had both personal and cultural origins.

Latino program participants also responded quite favorably toward the program. They enjoyed the opportunity to have program staff assist them with their homework and to engage in games and group activities. They exhibited a level of camaraderie and expressed with pride their membership in the program.

The younger children's comments related to the story prompt revealed that they had internalized knowledge conveyed by the life skills curriculum. They expressed age-appropriate and pro-social responses toward abstaining from at-risk sexual behaviors, and gave accurate descriptions of the personal and educational consequences associated with teen pregnancy.

Older children expressed views similar to their younger counterparts. They were more explicit, however, regarding the value of the program in providing opportunity for them to discuss "real life" issues. They noted that such matters were seldom, if ever, discussed with their parents. Some expressed concern that to ask questions regarding sexual issues would raise the specter of parental suspicion and the prospect of harsh interrogation. Cultural differences emerged between the older African American and Latino girls when discussions turned to the issue of parents' reactions to their becoming pregnant. With the exception of rape, African American adolescents voiced the opinion that their parents would deal with them quite severely, even to the point of being ostracized from the home. Latino adolescents expressed their parents' disappointments in them if they were to become pregnant. However, severe parental condemnation was not anticipated, as was the case with the African American adolescents. Both African American and Latino older girls expressed the view that members of the extended family, particularly grandmothers, would be supportive if they were to become pregnant. The curriculum's emphasis on the importance of goal setting and appropriate decision-making was observed in the older girls' discussions about their personal aspirations and how they should respond in social situations. They noted the persuasive influence of peer pressure, but gave appropriate responses to resisting it.

Overall, the focus group interviews provided evidence that the Pro-Teen/Pro-Youth Program has impacted the lives of its participants. Both the younger and older children have internalized the knowledge and life skills that are taught through the use of group activities, guest speakers, and informal talks given by program staff. It would seem that the acquisition of knowledge, as specified by Performance Indicator 2, was achieved.

Looking Ahead

The ATPPP proposed six intervention projects for FY03. Two projects target a male-only audience, one project targets a female-only audience, and four projects target mixed gender audiences. An estimated 350 participants are expected to attend the projects. The majority (71.4%) of the projects are intended for mixed age audiences. The remaining projects (28%) are targeted toward participants aged 14 years or younger. Seventy-five percent of Alexandria's projects are identified as youth development projects that emphasize general skills building and future planning, 28.6% are identified as an education project that promotes abstinence and provides information on a broad range of reproductive health choices, and 14.3% are identified as education projects that emphasize abstinence.

Recommendations

In light of the evaluation results, the ATPPP was provided with the following recommendations by VDH during FY01. The following is the ATPPP staff response to those recommendations:

Coalition Building:
No recommendations.

Assessment and Planning:
No recommendations.

Project Implementation:
Recommendation 1: As previously recommended, the ATPPP should continue to build the tutoring component of its program. The ATPPP should seek additional tutors, particularly those with availability in the afternoon following school release.

Response 1: During FY02, the ATPPP continued to work with George Mason University (GMU) Undergraduate School of Social Work. Junior and senior students worked with the program participants throughout the school year. The GMU students served as tutors, led individual and group sessions, and assumed the responsibilities of the facilitator for assigned program sessions. In addition to the tutorial assistance provided by the GMU students, a collaborative tutorial partnership was established between the ATPPP staff, classroom teachers at the Cora Kelly project sites, and the recreational staff at the Ramsay project site. This partnership consisted of teachers and recreational staff working with the ATPPP staff four days a week to help students complete their homework assignments.

Program Continuation and Outcome Evaluation:
Recommendation 2: The ATPPP should continue to seek additional sources of funding, particularly those that target the "English as a Second Language" populations and inner city areas with a high degree of poverty.

Response 2: In FY02, to ensure the continuation of the ALYEP, the Alexandria Health Department (AHD) submitted a grant proposal to the SAMHSA. In September 2002, this grant was awarded which allowed the AHD to maintain, without interruption, all of the existing ALYEP services. In July 2002, in a continuous pursuit for financial support of the ALYEP, the project was submitted for a Premier Cares monetary award.

In light of the evaluation results, the ATPPP should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
No recommendations.

Assessment and Planning:
Recommendation 1: The ATPPP should re-examine issues related to minimum dosage and participant attrition/retention. A concerted effort should be made to assess and understand the barriers to consistent attendance by program participants in all programs where average participant total session attendance is less than 70%.

Project Implementation:
Recommendation 2: The ATPPP should explore and implement different approaches to overcoming barriers contributing to high program participant attrition/low retention.

Program Continuation and Outcome Evaluation:
Recommendation 3: The ATPPP should continue to seek additional sources of funding in order to expand upon and improve existing program efforts.

The Norfolk Teen Pregnancy Prevention Program

Program Overview

The ***Norfolk Teen Pregnancy Prevention Program (NTPPP)*** is known to the community as Real Alternatives to Pregnancy (RAP). The Norfolk Advisory Group for Teenage Pregnancy Prevention serves as the coalition that determines program type and provides direction for RAP. This body is comprised of representatives from local community and youth service agencies and organizations. The Advisory Group was formed in 1993 and presently has over fifty active members.

RAP is a comprehensive community-based program designed for pre-teens, teens, parents, and the Norfolk community at large. The mission of RAP is to bring together various community elements and public and private resources in order to provide programs that change knowledge, skills, attitudes, and behaviors in such a way as to reduce the incidence of teen pregnancy. RAP is the only VDH TPPI program whose strategy for reducing teen pregnancy rates is to create community/systems level change. An expanded Advisory Board and an annual community conference are two of the ways in which community/systems level change is effected. Additionally, interagency networking is integral to all components of RAP. As part of its commitment to interagency networking, RAP puts together an Adolescent Services Directory that lists all community agencies and organizations providing services to Norfolk teens and their families.

In order to encourage and support existing community-based teen pregnancy prevention initiatives, RAP offers incentive grants to community agencies and organizations by circulating a Request for Proposals (RFP) through interagency networking and direct mailings. A Mini-Award Review Committee, comprised of representatives from different community agencies including the local health department, screens and scores the proposals. Proposals are scored in the following areas: 1) type of program and target audience; 2) program purpose, goals, and objectives; 3) sustainability of program activities; 4) timeline for completion of activities; and 5) plan for evaluation. Awardees are selected based on the overall merit of their proposals. To date, over $75,000 has been granted to programs that provide pregnancy prevention interventions to youth throughout the city of Norfolk.

Finally, RAP staff provides crisis intervention as well as short-term individual and family counseling within the client's home, school and health department. The goal of this activity is to provide students with pregnancy prevention information and to help them identify resources within the community that could be of assistance in resolving their issues. Individual and family counseling uses about 4% of the RAP total time and effort and budget per year to serve 50 – 75 youth. From these interventions, clients are referred into the education and intervention projects.

In addition to the network enhancing activities described above, and the general community education activities such as health fairs and presentations, the RAP Program also offered five categories of intervention projects during FY02. The following projects use the majority of the RAP's total time, effort and budget:

1) Education and Intervention. RAP maintained a full schedule of education and intervention projects. RAP has developed a variety of partnerships in order to reach youth in all segments of the community. Each project typically convened at least twice a month for a minimum of five sessions. The primary goals of these education and intervention projects were: a) to provide participants with life skills training so that they may learn the skills necessary to lead productive lives; b) to provide participants with factual information concerning issues of sexuality so that they may be equipped to make responsible decisions regarding their sexual health; and c) to promote the benefits of practicing sexual abstinence. RAP

counselors utilized materials from two different curricula (Life Planning Education and Sex Can Wait) for these project sessions.

2) College Prep. RAP facilitated group education sessions for a "College Prep" project targeting high school age youth identified as in need of academic support. This group of youth convened at Norfolk State University once a week for 2 – 4 sessions during the summer. The primary goals of this project were: 1) to promote the value of higher education; 2) to inform youth of the benefits of practicing sexual abstinence; and 3) to teach youth how to make responsible decisions so that they may achieve future educational and career goals. RAP counselors utilized materials from two different curricula (Life Planning Education and Sex Can Wait) for these project sessions.

3) Peer Facilitators. RAP trained groups of youth to serve as peer facilitators within the community. Upon completion of the peer facilitator training, the teens facilitated group discussions with peers while a RAP counselor was present to both support and monitor their efforts. RAP counselors also continued to meet with the peer facilitators on a monthly basis in order to further their prevention education skills and knowledge. Training topics for peer facilitators included self-esteem, puberty, risk-taking, communication, decision-making, abstinence, and the prevention of STDs (including HIV/AIDS). Tools used in conducting the training included role-playing, videos, lectures, group discussions, and guest speakers. RAP counselors utilize the "Teens Educating Teens" training program to implement the Peer Facilitators Program.

4) Parent Training. RAP offers abstinence-based training for groups of parents (religious and secular) in Norfolk. RAP has integrated the materials from multiple resources and has developed its own curriculum, "Sexuality Education at Home," for this intervention. The goal of this intervention is to motivate and provide the skills necessary for parents to be the primary sex educators of their children. The curriculum covers topics such as human sexuality, adolescent development, relationship building, gender myths and stereotypes, peer pressure, pregnancy prevention, and STD prevention.

5) "RAP" Sessions. RAP offers a ten-week adolescent pregnancy prevention and youth development program within the community. An abstinence-based curriculum is utilized in order to address: a) the interpersonal skills needed to postpone sexual involvement; b) building participants factual understanding and self-knowledge, as well as necessary refusal skills, before becoming involved in sexual relationships; and c) encouraging participants to feel comfortable with their bodies and to respect themselves and each other. RAP counselors utilize the Life Planning Education program for these intervention projects.

The Year in Review

During FY02, RAP conducted 66 community outreach/education programs attended by an estimated audience of 3,761. In addition to community outreach/education activities, RAP funded more intensive education and intervention projects. Following is statistical information regarding the education and intervention projects:

NORFOLK			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
School Programs	80	136	68
After-School Programs	11	16	66
Summer Programs	13	28	57
Alternative Programs	15	41	86
TOTAL	**119**	**221**	

Evaluation Results

The RAP education and intervention projects are typically ten-week adolescent pregnancy prevention and youth development life skills trainings with an abstinence-based curriculum. The curriculum addresses the interpersonal skills necessary to postpone sexual involvement; builds participants' factual understanding and self-knowledge (including learning necessary refusal skills before becoming involved in sexual relationships; encourages participants to feel comfortable with their bodies; and fosters respect for self and others. The project is conducted within the area schools and other sites within the community.

The outcome evaluation study of this approach targeted a minimum of 24 middle school and 24 high school student participants (n = 48 min.) over the school year identified as "at risk" for issues related to teen pregnancy by teachers or counselors. The study was to be conducted in respective schools in both the fall 2001 and spring 2002 semesters with 12 participants in each school site. Racial/ethnic composition was expected to be 75% African-American, 24% Caucasian, and 1% Other at the middle school sites and 60% African-American, 25% Caucasian, and 15% Other at the high school sites. Gender breakdown was expected to be 65% female, 35% male across all sites. A control group of at least 24 similarly situated students (12 middle school, 12 high school) were to be recruited for pre-/post-test comparison.

Pre- and post-tests were identical, surveying knowledge (questions addressing curriculum content), attitude (questions addressing social support, self-confidence, and resistance to risky sexual behavior), and behavior (questions addressing intent to adopt more healthy behavior and incorporate learned resistance skills). It was expected that participants would demonstrate a significant increase in knowledge of the topic areas covered, and indicate a significant positive change in attitude and behavior after having successfully completed the training in comparison to the group of non-participants.

Procedural obstacles arose with regard to the consent forms required by the IRB as it required approval by the school administration, which created a delay. Additionally, RAP staff expressed reluctance with use of the consent form, citing that its length and clinically oriented tone and terminology might dissuade parents of program and comparison group participants from giving consent. RAP agreed to proceed with evaluation testing of student participants using the original consent form, but limited testing to completion of the knowledge section which did not fall under IRB consent requirements.

Low return of completed sets of program group pre-/post-tests and no returned pre- or post-tests from the comparison group crippled the effectiveness of the evaluation to determine the impact, if any, of the RAP project. Ninety-eight pre-tests from across six project sites were completed, while only 24 post-tests (one of

which was only partially completed and had to be discarded) were completed, resulting in 23 complete sets. Efforts by the evaluator to collect comparison group pre-/post-tests were unsuccessful.

In conclusion, no evaluative assessment of the overall outcome effects on participants of the RAP education and intervention project could be made. One salient finding, however, did emerge relative to question 9 in the curriculum content question part of the test ("Having sex is a normal part of dating – true or false."). Seventeen of the 23 participants (73.9%) who completed both pre- and post-tests answered "true' on both the pre-test and the post-test. This may suggest that the project needs to place more emphasis in this area of the curriculum.

Looking Ahead

RAP proposed three intervention projects for FY03. All target mixed gender and mixed age audiences. RAP plans on serving 400 participants through these three projects. The majority (94%) of RAP's proposed projects are identified as an education project that promotes abstinence and provides information on a broad range of reproductive health choices. RAP proposed 17 curriculum based educational projects for FY03, reaching an estimated target performance of 75% of the project participants.

Recommendations

In light of the evaluation results, RAP was provided with the following recommendations by VDH during FY01. The following is the RAP staff response to those recommendations:

Coalition Building:
None

Assessment and Planning:
Recommendation 1: As previously recommended, RAP should examine fully all of its programs to ensure the most effective use of VDH TPPI funding within the health district. RAP should consider using an approach that would have more immediate impact. This would mean a decrease in the amount of staff time dedicated to community education and crisis intervention counseling and a greater focus on developing, implementing, and monitoring "4B" level programming aimed at youth development and teen pregnancy prevention targeted toward at-risk youth.

Response 1: RAP decreased the amount of program staff time spent on individual/family counseling from roughly 20% to 5% and increased the time spent on "4B" level programming from 77% to approximately 92% in FY02. The staff time devoted to community level change remained at about 3%.

Project Implementation:
Recommendation 2: As previously recommended, RAP should strive to substantially increase parental involvement in its projects.

Response 2: Due to guidelines set by VDH that no more than three projects could be funded, RAP chose to discontinue parent groups for FY02. Parents continue to be recruited to attend the annual community conference.

Recommendation 3: RAP should examine the duration and intensity of its Level 4A/4B projects and its ability to retain participants in these projects. The average number of sessions attended by participants in

these projects is the lowest of all VDH TPPI programs with Level 4A/4B projects, and as a result may not have the impact desired.

Response 3: RAP is now providing most of its Level 4 projects in schools to increase attendance and retention.

Program Continuation and Outcome Evaluation:
Recommendation 4: As previously recommended, RAP should develop objectives related to the continuation and evaluation of the RAP program.

Response 4: RAP submitted continuation and evaluation objectives for FY01, FY02 and FY03. The objectives have been approved each year.

Recommendation 5: RAP should develop and incorporate procedures into its program planning and implementation process that will enhance the measurability of the individual projects.

Response 5: RAP staff utilized the Life Planning Education curriculum in its 10-session education program in FY02. Consistent use of this curriculum will enable RAP to develop a program evaluation system that documents current effectiveness and provide data that can be used to make decisions leading to continuous improvement of the program.

Recommendation 6: RAP should seek additional funding sources, especially those that specifically target inner city areas with high degree of poverty.

Response 6: RAP received 2% ($80,000) of the Virginia Initiative for Employment Not Welfare (VIEW) program funds for Partners in Prevention related efforts. These funds are utilized through a mini-grant award process to encourage community strategies to reduce out of wedlock pregnancies. The RFPs we received last year that might bring in additional funds required considerable preparation to submit a proposal in a very short time period. This was beyond our capabilities with current staffing.

In light of the evaluation results, RAP should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
Recommendation 1: The Norfolk Advisory Group for Teenage Pregnancy Prevention should be more actively involved in providing direction to RAP in terms of program design and implementation.

Assessment and Planning:
Recommendation 2: RAP staff should seek out training on the use of community needs assessment data in the design of programs.

Recommendation 3: RAP should continue to clarify its vision/mission and re-evaluate the efficacy of its existing one size fits all approach to education and intervention.

Recommendation 4: RAP should examine issues related to minimum dosage and participant attrition/retention. A concerted effort should be made to define minimum dosage requirements and assess and understand the barriers to consistent attendance by program participants in all programs where average participant total session attendance is less than 70%.

Project Implementation:

Recommendation 4: RAP should seriously consider targeting one or two high-risk areas with increased program dosage, providing consistent programming over time.

Recommendation 5: RAP should provide more clarity as to its intervention projects. Data being submitted by RAP does not adequately reflect the program description.

Program Continuation and Outcome Evaluation:

Recommendation 6: RAP staff should receive training in program evaluation and design. RAP should focus its efforts in ensuring that its programs meet the criteria for evaluation readiness prior to attempting further outcome evaluation efforts.

The Richmond Teen Pregnancy Prevention Program

Program Overview

The Richmond Better Beginnings Coalition (RBBC) has served as the coalition that determines program type and provides direction for the ***Richmond Teen Pregnancy Prevention Program (RICTPPP)***. The RBBC has been active in the metropolitan area since 1990, with membership consistently comprised of a diverse group of providers and community representatives. In 1997 and 1998, the RBBC restructured, creating membership categories as a means of increasing commitment. Active membership consists now of approximately 40 representatives from many of the agencies and organizations involved in teen pregnancy prevention and positive youth development in the city. The RBBC has traditionally excelled in increasing community awareness and providing information regarding adolescent pregnancy and pregnancy prevention. In recent years, the organization has acted as catalyst, researching, introducing, and training providers in innovative prevention programming. The RBBC, in collaboration with the Richmond City Department of Public Health's (RCDPH) Healthy Start Initiative, was responsible for introducing Postponing Sexual Involvement (PSI) into Richmond City Schools by way of the Virginia League for Planned Parenthood. Additionally, the RBBC sponsored training in the Teen Outreach Program (TOP), the majority of which is now funded and implemented by the RICTPPP.

The RICTPPP was redesigned for FY02. With help from the VDH TPPI Coordinator, a more targeted and comprehensive teen pregnancy prevention initiative was developed. In addition to conducting a variety of community education activities such as workshops and the distribution of brochures at the request of community leaders, school personnel, and youth serving organizations, the RICTPPP, in its revised plan, funded three intervention projects. These projects included:

1) Teen Outreach Program (TOP). TOP is nationally recognized for its documented impact on reducing teen pregnancy and increasing academic achievement. Founded in St. Louis, Missouri in 1978, TOP is a school-based program designed to reduce problem behaviors such as school suspension, school dropout, and teen pregnancy. The program consists of two major components: a) volunteer involvement in the community; and b) facilitator-led small group discussions. The Richmond TOP is a collaborative effort between the RCDPH, the Virginia League for Planned Parenthood, and United Way Services, and was expanded to seven middle schools and three high schools. Each participant receives 15-20 hours of Life Skills instruction and participates in 10-15 hours of Community Service Learning and 12.5 hours of guided reflection.

2) Baby Think It Over (BTIO). BTIO is described as an Infant Simulator Lifespace Intervention. Use has been targeted towards middle and high school students. This intervention is expected to impact the participant's beliefs about future parenting experiences. BTIO involves a brief, simulated parenting experience, and in some instances involves shadowing of a teen parent and individual counseling. This project is not considered a stand-alone teen pregnancy prevention effort, but a component or activity that can be used in conjunction with other existing programs. It is useful in community locations where over-night sleepovers can be conducted (Boys and Girls Clubs, churches, etc.). Positive feedback has been received from the use of this intervention in the John Marshall High School Work and Family Studies Program and from the Department of Juvenile Justice Services (DJJS). Additionally, students in Richmond Public Schools participated in BTIO activities through the parenting classes at Huguenot High School.

3) Healthy Relationships. The implementation of this program was recommended by the RBBC. Healthy Relationships consists of 8 sessions of education and activities designed to influence the decision making

process of youth ages 10-19 years old in an effort to help them to make more responsible choices regarding the issue of sex and relationships. Sessions were conducted in Department of Juvenile Justice sites, churches, and other community sites.

The Year in Review

During FY02, the RICTPPP conducted four community outreach/education programs attended by an estimated audience of 100. In addition to community outreach/education activities, the RICTPPP funded three intensive intervention projects. Following is statistical information regarding these intervention projects:

RICHMOND			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
Teen Outreach Program (TOP)	60	222	79
Baby Think It Over	9	83	91
Healthy Relationships	17	68	79
TOTAL	**86**	**373**	

Evaluation Results

The evaluation for this year for the RICTPPP was a pre/post-program focus group with youth ages 12-16 who participated in the TOP at middle schools in the City of Richmond. Participants consisted of a mixed group of both males and females. Anticipated enrollment at each site was 10 – 12 youth per focus group. The focus groups held were with youth between the ages of 12-16. A total of 13 youth participated in the focus groups; twelve African American and one Caucasian and three boys and ten girls. Due to the difficulty in obtaining parental consent for the youth to participate in the focus groups, the number of participants was approximately half of the anticipated number of participants.

Goal #1: To assess the functioning of the (TOP) teen pregnancy prevention activity. The information obtained from the focus groups will provide a context in which to understand and interpret the functioning of the TOP. This goal will allow program evaluation to be conducted and a content analysis of the focus group data to be performed in order to determine if attitudes and behaviors of program participants have changed due to program participation.

Results: Students changed their views of teen pregnancy, increased their communication skills, and developed a more positive attitude toward education and employment from pre to post program.

Goal #2: To gather data about participant experiences in the TOP. This goal will provide information from the perspective of the participant that will allow program and evaluation staff to make decisions about the future structure of the program.

Results: Participant experiences in the TOP show that the primary benefit was a more positive attitude toward their future through education and employment. Although some students did come away from the

program reporting better knowledge regarding pregnancy prevention, this was not the main focus of the program.

Goal #3: To use information gathered to find out if the TOP should be further developed and expanded to include a more rigorous intervention and evaluation.

Results: Based on the focus group information, the students felt that the program was a lot of work, which usually means that the level of intervention is high.

While the participants did show that their attitudes and behaviors toward delaying teen parenthood had changed from pre to post program focus group, we cannot directly link this change to the TOP alone. In future studies, a methodology for gathering information about outside influences on the participants such as television, other classroom instruction, etc. should be gathered.

Looking Ahead

During the previous year, the RICTPPP has actively participated in a prevention needs assessment conducted by the Richmond Behavioral Health Authority, in collaboration with the Virginia Commonwealth University Department of Psychology. Preliminary results of this needs assessment, coupled with GIS mapping of the Richmond area, have led to the development of a more targeted initiative for RICTPPP. With support from the VDH TPPPI Coordinator and evaluation staff from SERL, the RICTPPP Program Coordinator redirected RICTPPP strategies targeting adolescents living in Richmond's most at risk neighborhoods. In the next grant year, the RICTPPP will target two zip codes in the Richmond area that have the highest rates of births to adolescents – this group comprises 53% of the African American adolescent births in Richmond. The two areas account for over 47% of the total births to adolescents in the Richmond area. In the coming year, strengthened community collaboration will continue to be the focus of RICTPPP, and several task forces will be developed to facilitate community involvement and encourage input.

Also in FY03, the work of the local teen pregnancy prevention coalition will be revamped to accommodate changes in organizational structures and community interest. RICTPP plans to facilitate the development of a coalition whose role will continue the tradition of providing a community catalyst for implementation of "best practices" programming. The RBBC will continue to support the goals of RICTPPP through its work as the "training arm" of the RICTPPP programs. Postponing Sexual Involvement (PSI) and the Teen Outreach Program (TOP) will serve as the proposed intervention projects for FY03, and will be the foundation of the RICTPPP programming directed towards the community's most vulnerable families. RICTPPP plans to serve over 1500 participants through these two projects.

Recommendations

In light of the evaluation results, the RICTPPP was provided with the following recommendations during FY01. The following is the RICTPPP staff response to those recommendations:

Coalition Building:
Recommendation 1: The RICTPPP needs to continue the efforts of working in strong and close collaboration with the Richmond Better Beginnings Coalition (RBBC).

Response 1: The role of the RBBC has been shifted. Due to changes in funding to RBBC, the responsibility of this coalition will be to link with the newly formed Teen Pregnancy Prevention Task Force in an effort to bring the group to speed on the issues concerning teen pregnancy in Richmond. The group will also be responsible for providing training and information on "best practices" in pregnancy prevention. RICTPPP will continue to work in close collaboration with the RBBC.

Assessment and Planning:
Recommendation 2: The RICTPPP is encouraged to conduct a comprehensive needs assessment of the target population it serves.

Response 2: In association with the Richmond Behavioral Health Authority-based Friends of Prevention Coalition and the Virginia Commonwealth University Department of Psychology, the RICTPPP has actively participated in a comprehensive prevention needs assessment of the Richmond area. This assessment included detailed information on the community needs in terms of teen pregnancy prevention and program needs. Further needs assessments will be conducted on a community-wide basis to provide a more in-depth view of the issue.

Project Implementation:
Recommendation 3: As previously recommended, the RICTPPP should strive to substantially increase parental involvement in its projects.

Response 3: The TOP program has a parent component, and parents are consistently invited to attend the PSI sessions implemented in Richmond Public Schools. Plans also include conducting educational sessions for parents of youth in the TOP and PSI programs, as well as parent groups in the targeted communities.

Program Continuation and Outcome Evaluation:
Recommendation 4: As previously recommended, the RICTPPP, in conjunction with other collaborating partners, should seek additional funding sources, especially those that specifically target inner city areas with a high degree of poverty.

Response 4: During the next year, the scope of the RICTPPP will be refined, and the community involvement component will be strengthened. With community support, and a successful programming package, the RICTPPP program would have a better chance of being funded. To foster growth and development of this project, the RICTPPP will actively seek funding outside of VDH and RCDPH.

Recommendation 5: The RICTPPP should continue to implement programs that have successful outcome evaluations such as Teen Outreach Program. It should eliminate or modify all existing programs that do not have successful outcome evaluations.

Response 5: The foundation of RICTPPP will be the nationally evaluated Postponing Sexual Involvement Program and the Teen Outreach Program. The Healthy Relationships program will remain a component of the overall Teen Pregnancy Prevention Initiative, but will be primarily funded by the City of Richmond. The BTIO activity will be absorbed into segments of the existing programs, most likely the Postponing Sexual Involvement program.

Recommendation 6: The RICTPPP should continue to provide routine guidance to project facilitators and staff in the purpose and importance of data collection and quality data reporting to facilitate an increased focus on obtaining complete participant information.

Response 6: Each RICTPPP staff member will be assigned secondary responsibilities. One staff person will assume the duty of ensuring quality of data reported to facilitate the enhanced focus on obtaining complete participation information.

Recommendation 7: The RICTPPP should develop and incorporate procedures into its program planning and implementation process that will enhance the measurability of the individual projects.

Response 7: RICTPP will work closely with VCU/SERL to develop and incorporate procedures into its program planning and implementation process that will project measurability.

Recommendation 8: The RICTPPP should continue to engage in an across the board evaluability assessment of all funded projects to see which are the most viable candidates for outcome evaluation in future cycles.

Response 8: The RICTPPP will continue to engage in across the board evaluability assessment of all projects to see which are viable candidates for outcome evaluation in future cycles. This year, two of the RICTPPP programs were selected for evaluation. The Teen Outreach Program was chosen for evaluation of outcomes, and the Healthy Relationships program was chosen for process evaluation only.

In light of the evaluation results, the RICTPPP should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
No recommendations.

Assessment and Planning:
No recommendations.

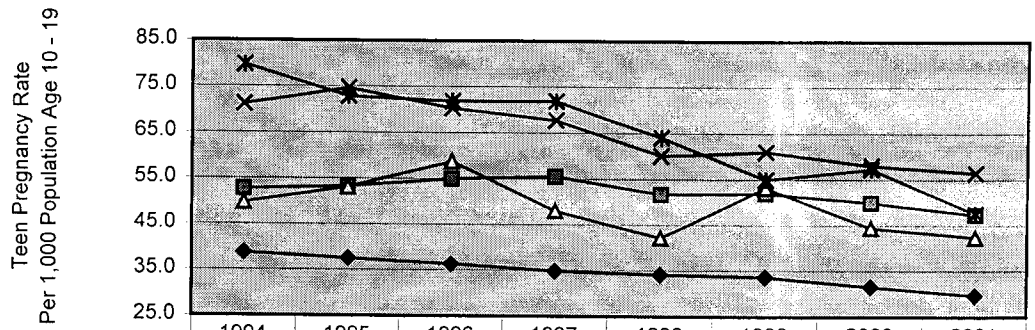
Project Implementation:
No recommendations.

Program Continuation and Outcome Evaluation:
Recommendation 1: As previously recommended, the RICTPPP, in conjunction with other collaborating partners, should seek additional funding sources, especially those that specifically target inner city areas with a high degree of poverty

C. VDH TPPI Phase II Programs

Of the Phase II Programs, the Roanoke Health District has experienced the most significant decrease in its teen pregnancy rates (an average decrease of 6.8% per year over the seven-year period from 1994 – 2001 as compared to the average statewide decrease of 3.5% per year). In fact, the Roanoke Health District has experienced the most significant average decrease in teen pregnancy rates per year of all VDH TPPI programs. The Portsmouth Health District has also experienced a significant decrease, averaging a decline in its teen pregnancy rate of 4.1% per year over the seven-year period as compared to the statewide average decrease of 3.5% per year over the same period. The Eastern Shore Health District has experienced an average teen pregnancy rate reduction of 2.9% per year and the Crater Health District has experienced an average decrease of 1.5% per year over the seven year period, both below the average experienced statewide. An overview of the teen pregnancy rates for each of the Phase II Programs for each calendar year since their inception is found in Figure 3*.

Figure 3. Teen Pregnancy Rates for VDH TPPI Phase II Programs



	1994	1995	1996	1997	1998	1999	2000	2001
Virginia	38.7	37.4	36.2	34.8	34.1	33.6	31.5	29.7
Crater	52.7	53.3	54.9	55.5	51.7	51.9	50	47.3
E. Shore	49.8	53.1	58.7	48	42.1	53.2	44.4	42.3
Portsmouth	71.1	74.6	70.3	67.7	60	60.9	58	56.4
Roanoke	79.7	72.8	71.8	71.8	64	54.9	57.2	47.6

Year

*2001 teen pregnancy rates are still considered preliminary and subject to change prior to official release by the VDH Center for Health Statistics.

The Crater Teen Pregnancy Prevention Program

Program Overview

The ***Crater Teen Pregnancy Prevention Initiative (CTPPI)*** is unique among the VDH TPPI programs due to the diverse and expansive geographic area covered by the health district. Three of its political subdivisions (Emporia, Petersburg and Hopewell) have had some of the highest rates of teen pregnancy in the Commonwealth. All three localities have conducted needs assessments utilizing the Communities That Care model. These assessments have been updated during FY00 and FY01.

The CTPPI Executive Committee serves as the coalition that determines program type and provides direction for the CTPPI. It is comprised of representatives from the Tri-Cities Crisis Pregnancy Center and agencies and organizations that receive subcontracts through the CTPPI. The CTPPI Coordinator chairs the group. Staff from Resource Mothers, the Comprehensive Health Investment Project (CHIP), Healthy Start, and the Crater Health District attend coalition meetings as dictated by the agenda. Not only does the CTPPI Executive Committee provide direction for CTPPI, but it also makes every effort to share human and material resources, thus enhancing the effectiveness of all. The CTPPI Executive Committee adopted the following as its Mission Statement in September of 1996:

> *To bring together various community elements, pooling public and private resources, to provide programs which change knowledge, skills, attitudes and behaviors in such a way as to reduce the incidence of teen pregnancy. To promote abstinence as primary prevention.*

The CTPPI Executive Committee sponsors business meetings (as needed) in addition to an annual district training event. Members of the CTPPI group also conduct a variety of community education activities, such as the sharing of needs assessment data, sharing of resources, and presentations of funding needs.

In order to serve the needs of the three targeted communities, much of the funding for the CTPPI is distributed directly to those communities through a Request for Proposal (RFP) process. In FY02 CTPPI funds went to two community-based coalitions and one intervention program. These included:

1) Appomattox Pregnancy Issues Council (APIC). APIC is a coalition that serves the cities of Petersburg and Hopewell. APIC has completed a fifth year of operation to prevent teen pregnancy and non-marital births in the cities of Petersburg and Hopewell. The program focuses on helping youth and adults make decisions based on sound judgment and setting goals for the future. The physical, psychological, sociological and economic impacts are addressed in the context of relationships, communication, anger management and conflict resolution. The process objectives chosen to implement are based on classes, support groups, and seminars conducted with youth and young adults over the past 5 years. APIC's teen pregnancy prevention activities include:

   - An estimated 600 students enrolled in Hopewell and Petersburg Public Schools and Virginia State University attended school based support group and educational sessions.

   - The APIC Basketball League for males 12 to 19 years old is in its fourth year of implementation. 120 boys participated in the program this year. This is an eight week summer basketball/social skills program where each participant must attend a 30-minute workshop session before each practice session. A facilitator will discuss social skills, cooperation, relationships, teamwork, anger management, and the importance of discipline and respect on and off the basketball court and the

effect of teen pregnancy on future career dreams. This program targets youth 12 to 19, and still in school.

- 117 males considered at-risk attended the first annual Hip-Hop Summit was held at Virginia State University Harris Hall in April 2002.
- A Family Life program was instituted at Hopewell High School through the Health and Physical Education Department. Hopewell does not have a family life program; therefore parental permission was required. Forty-five students participated completed a 6-week program.
- Results of Surveys conducted by APIC: Information gathering is important for evaluation and assessment of any prevention program. Some of the highlights of these surveys are reported below.
  - Among the males:
    - 92% reported they should not have to wait until after marriage for sex.
    - 60.7% reported that having children after graduation from high school, but before marriage, is okay.
    - 39.3% reported that they drink beer.
  - Among the females:
    - Among those reporting having had sex, 75% reported having lost their virginity at 13 years old.
    - 80% did not see marriage as important to having children.
    - 80% reported 18 years old as an acceptable age to have a child.
    - 95% reported that the majority of their friends were having sex.
- APIC programs will be evaluated for aspects of program delivery and effectiveness in reaching youth and subsequently changing behaviors through the application of critical thinking skills to everyday challenges to engage in risky behaviors.

2) The Greensville/Emporia Coalition to Delay Parenthood in Youth 19 and Under. This coalition is comprised of several members of a preexisting teen pregnancy prevention task force. The primary focus of this coalition is the promotion of abstinence among teens in the community. Efforts continued during this funding cycle to encourage residents to recognize and accept ownership of the teen pregnancy problem. The CTPPI provides the greatest single contribution to the total operating budget of this coalition; however, this coalition has sought and successfully obtained funds from both its governing bodies and from the Greensville Memorial Foundation. In addition, this coalition has also been successful in soliciting donations from local civic groups. The vision of the coalition is to be a leader in the Greensville-Emporia area for innovative and effective teen pregnancy prevention efforts and to have the organizational support to keep the teen pregnancy problem at the forefront of community concerns. Eighteen Community Education/Information presentations were made to a total of 3,792 individuals. The

total number of events for the year was 42. This exceeded the projected number of 35. Activities for FY02 included:

- "Baby Think It Over (BTIO)" – two additional Real Care Babies and an Empathy Belly were purchased. A total of sixty-five girls "adopted" a baby for up to 48 hours. A lock-in (overnight) at the Boys and Girls Club with 20 adolescent females and BTIO was held. Educational sessions were presented by representatives from Social Services, the Health Department and an employment agency. A teen mother spoke on the difficulties and stresses of being a teen mom trying to work and complete school. She stressed abstinence as the appropriate choice. The Empathy Belly was introduced at this activity.

- Motivational Speaker: Mr. Tracy Williams, a former Harlem Globe Trotter, and now motivational speaker, made two presentations at the High School and one at the Middle School. He used his personal experiences to encourage teen pregnancy prevention, good choices and decisions, respect, consequences of choices, hope, goal setting and encourages students to "write down your dreams." This was sponsored by the Coalition and co-funded by the Greensville Memorial Foundation and Juvenile Justice and Probation.

- Billboard Design Contest – There were a total of 72 entries. The winning entries from the Middle and High School were on display on a billboard on South Main Street during the months of May and June. Spaces were donated by local businesses.

- Teen Pregnancy Prevention Month Activities – The City and County issued Proclamations declaring May as TPP month. A Youth Forum: "What's In It For Me?" was held in the High School Gym on May 2002. The billboard entries were posted in the hallways of the High School for the Youth Forum. The goal of the program is to prevent destructive behavior in youth. The focus is on teen pregnancy and sexually transmitted diseases. Speakers included Drs. Adolph and Delores Flowers, two HIV positive individuals and a teen mother. The Coalition, NAACP and SADD/Teen Coalition jointly sponsored this event. There were over 500 people in attendance. Middle and High School students were awarded grade incentives for attendance. Community feedback was very positive. The Coalition video was shown once a week during the month of May on the local community access channel.

- Family Life Education – Educational materials/curriculum were given to guidance counselors. Materials are used in youth group meetings.

- "Beginning Alcohol and Drug Basic Education Studies" (BABES) was co-sponsored with District 19 Prevention Services and presented to the Head Start program at the Greensville Elementary School and at a local church youth group. Discussed topics on My Body and Me and Good Touch, Bad Touch.

- "I'm Special, So Are You" was a locally-developed program teaching self-respect/esteem/goal setting/prevention of risky behaviors and the consequences of decision making. The main focus is on abstinence. The students participate in a 16 week educational setting. The group consist of 39 students. This program is very successful. This was cosponsored with the District 19 Community Services Board Prevention Services unit.

- "Preparing Adolescents to Live Successfully" (PALS) - is a community coalition-based mentoring program that focuses on the reduction of teen pregnancy through strengthening families and reaching

out to offer hope and a future for the youth of Greensville/Emporia. The objective of the mentoring program is to build self-esteem, promote healthy decision making and provide a much needed one-on-one positive role model for adolescents. The target population for PALS is students in the Greensville/Emporia area who are deficient in reading, math skills, or both, or who are economically disadvantaged with family income at or below the poverty level. The need for a mentoring program continues but due to the inability to recruit adult mentors, the youth and the three adults will join one of the three I'm Special groups for the FY03 year. Mentors and mentees are asked to meet twice a month. Sessions are poorly attended by parents, who are invited to attend each session with participants.

- This has been an excellent year for the Young Family Center located at the Richardson Library. The renovation has been completed, the mural has been widely praised, circulation has been growing, and a number of excellent new items have been added to the collection. A complete bibliography of the collection has been prepared and distributed to some educators and others. The children's magazines we subscribed to last summer have been very popular.

3) The Resource Mother Program is an intervention program for pregnant teens. The CTPPP provides funding for a Resource Mothers outreach worker who works in Hopewell. The outreach worker provides family life education to students, one on one sessions with at-risk youth, counseling on abstinence, and family planning. Additionally, this outreach worker networks with others agencies to address teen pregnancy prevention, with an emphasis on the avoidance of repeat pregnancies. The outreach worker also works hard to assist and encourage the young teens to continue with their educational goals.

The Year in Review

During FY02, the CTPPP conducted 27 community outreach/education programs attended by an estimated audience of 4,512. In addition to community outreach/education activities, the CTPPP funded five intensive intervention projects. Following is statistical information regarding these five intervention projects:

CRATER			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
Preparing Adolescents to Live Successfully (PALS)	7	6	76
I'm Special, So Are You	14	30	71
BABES	13	49	74
Teen Support - Petersburg HS	1	4	100
ASPIRE - Hopewell	4	59	63
TOTAL	**39**	**148**	

Evaluation Results

The evaluation plan for Crater was to conduct a study of the Baby Think It Over (BTIO) program. The objective of this study was to determine what impact the BTIO program had on youth attitudes toward teen

pregnancy and parenting. The study was to employ a pre/post comparison group approach, with random assignment to intervention or comparison groups. Due to the difficulties involved in obtaining a comparison group, the focus group design employed a comparison of two methods of intervention. The first method was for the participants to take home the BTIO baby for a weekend. The second method was for the participants to have the BTIO baby for a weekend in which the participants were "locked in". The "lock in" was done at a local school and the participants were confined to a large area (a gymnasium) with each other, program staff, and the BTIO baby for the weekend. The objective of the focus groups was to determine what impact the BTIO program has on youth attitudes toward teen pregnancy and parenting. The hypothesis (i.e. evaluation outcome) was that the BTIO program will increase both attitudes consistent with delaying teen pregnancy and realistic perceptions of the rigors of parenting as measured by the data from the focus groups. The majority of the participants in the focus groups were African-American females. In one group, there was one Caucasian female. There were no males or any other ethnic groups represented in the focus groups. Participants were all middle school students. The participants were chosen due to their enrollment in the CTPPI program at their local school. Program coordinators sent parents a cover letter explaining the focus groups and asking for permission for their children to participate. Those children who had written consent from their parents to participate were invited to the focus groups at each location.

The focus groups were conducted asking questions based on the participants' perceptions of what becoming a parent to a young infant were as well as their perceptions about the BTIO experience after the intervention (taking the BTIO baby home for the weekend or being "locked in" for the weekend with the BTIO baby). The participants reported that their feelings on parenting had changed. Previous to having the BTIO baby experience, participants from both groups felt that having a baby would be easy and that their parents had exaggerated the responsibility needed to care for a baby. After having the BTIO baby experience, the participants from both groups reported knowledge and attitude changes in the amount of time needed to care for a baby and postponing pregnancy until the participants are ready and financially stable. The most notable change in the attitudes toward parenting was found in the area of planning a pregnancy and having a spouse or partner to assist with the care and upbringing of a baby. Participants from both groups reported that after having the BTIO baby experience they were unprepared to become a teen mother.

The hypothesis that the BTIO program will increase both attitudes consistent with delaying teen pregnancy and realistic perceptions of the rigors of parenting as measured by the focus groups was supported by the findings. Attitudes consistent with delaying teen pregnancy were found where the participants had taken the BTIO baby for a minimum of 48 hours. The main reasons for delaying pregnancy were financial and a need for more responsibility, education, and a spouse or partner. Changes in attitudes toward the perceptions of the rigors of parenting were found. The participants felt that the BTIO baby was more difficult to handle than they had anticipated with the crying and having to take the baby everywhere they went. Changing diapers, feeding, having to constantly monitor and take care of the BTIO baby were "complaints" from the participants connected to the reality of becoming a parent. The participants reported having a better understanding of the time, financial ability, patience, responsibility and knowledge it takes to become a parent.

The focus groups provided a comparison of the methods of the BTIO intervention. No significant difference was found between the "lock in" group and the group that took the BTIO baby home for the weekend. Both groups of participants had the BTIO doll for a minimum of 48 hours and had the same program information. The data from the focus groups did not differ from the participants in their perceptions of the program or of the BTIO experience.

The participants in the focus groups seemed to enjoy the BTIO program and having the BTIO baby. Specific recommendations for the BTIO program include:

- The participants should keep the doll for more than just a weekend.
- Males should be required to be a part of the BTIO experience, including taking the doll home for the weekend.
- Participants should be given a pre and post test to capture attitudes, behaviors and knowledge before and after the BTIO program.
- More life skills training should be provided to the participants. (i.e. financial planning, budgeting, shopping for baby items, resources for single parents, etc.)
- Participants should be given realistic expectations of what they will be going through during the program. This could be accomplished by bringing in either a teen mother or someone who had previously completed the program.
- Participants should receive training on how to care for an infant.

The preferred method of evaluation for the BTIO program would be a pre/post survey or focus group of all locations that offer the BTIO program. The sample size for the evaluation was relatively small (approximately 15 students). Additionally, participants in the focus groups were not chosen at random. Instead the focus group participants consisted of those BTIO program participants who could obtain permission to participate from their parent/guardian and be present on the day of the scheduled focus group. The ideal situation would be to have the ability to randomly choose participants from a pool of students who had permission to attend the focus group. Time constraints for the TPPI project for FY02 prevented this from taking place.

Looking Ahead

The CTPPI proposed fourteen intervention projects projected to serve 1500 participants for FY03. Two projects target a female-only audience, two target a male-only audience, and the remaining ten target mixed gender audiences. The majority (84.6%) of the proposed interventions are intended for mixed age audiences and 15.4% are targeted toward participants aged 14 years or younger. A little more than one-third (38.5%) of the CTPPI's proposed projects represent youth development projects that emphasize general skills building and future planning. Approximately three quarter (75.5%) of the projects are described as education projects that promote abstinence and provide information on a broad range of reproductive health choices, and approximate and promote the benefits of practicing sexual abstinence. The CTPPI also proposed to reach 7,000 youth through 45 community education projects during FY03.

Recommendations

In light of the evaluation results, the CTPPI was provided with the following recommendations by VDH during FY01. The following is CTPPI staff response to those recommendations:

Coalition Building:
None

Assessment and Planning:
Recommendation 1: The CTPPI should review different community saturation models for possible application.

Response 1: Needs assessments were conducted utilizing the "Communities That Care" Model. Another model that will be reviewed for possible future application is the APEX/PH model. This model consists of community organization/coalition building; data collection and analysis; problem specification and priority setting; intervention planning and implementation; and program evaluation.

Project Implementation:

Recommendation 2: As previously recommended, the CTPPI should examine fully all of its programs to ensure the most effective use of VDH TPPI funding within the health district. Attention needs to be given to directing staff efforts towards developing, implementing, and monitoring "4B" level programs. Should resources not be available to implement "4B" level programs in all communities, the CTPPI should consider focusing its efforts on one community at a time.

Response 2: 4B level programs were discussed with project facilitators. A new curriculum is added and is currently being reviewed with SERL for guidance on planning and implementation.

Recommendation 3: The CTPPI should continue to monitor subcontracts in a manner that ensures the grantees are providing quality service delivery and data management. CTPPI should reallocate funds as appropriate when services are not adequately delivered.

Response 3: The CTPPI coordinator will continue to monitor project facilitators through quarterly coalition meetings and classroom/community project observation.

Program Continuation and Outcome Evaluation:

Recommendation 4: As previously recommended, the CTPPI should develop objectives related to the continuation and evaluation of its programs and services.

Response 4: The CTPPI has a local evaluator in place and is working to meet its goal and evaluation process. The objective of the evaluation plan is to analyze outcome data to assess program effects.

Recommendation 5: As previously recommended, the CTPPI should continue to seek additional funding sources for the additional staff for the coalitions and programs as needed.

Response 5: Each coalition has sought and successfully obtained funds from other community sources to contribute to their total operating budget. Fatherhood Program ($5,000), City of Emporia ($5,000) and County of Greensville ($5000). CTPPI coordinator forwards any potential funding information to subcontractors.

Recommendation 6: As previously recommended, the CTPPI should continue to provide routine guidance to project facilitators and staff in the purpose and importance of data collection and quality data reporting.

Response 6: The CTPPI coordinator will serve as the data manager in an effort to monitor and maintain the quality of the data collection and quality data reporting. Data collection is discussed in quarterly meetings. Scheduled quarterly meetings with coalitions and as needed.

Recommendation 7: As previously recommended, the CTPPI staff should continue to work with project staff in order to be better informed about the purposes behind the data collection requirements. CTPPI staff should continue to focus on obtaining complete project activity and participant information.

Response 7: CTPPI coordinator will continue to work closely with local site evaluator to ensure compliance with all evaluation protocol, in addition to regular scheduled staff meeting with coalition to include discussion of completed activity and participate information. As required data is received from SERL or VDH, coordinator will continue to update and inform coalitions facilitators of change.

Recommendation 8: The CTPPI should continue to engage in an across-the-board evaluability assessment of all funded projects to see which are the most viable candidates for outcome evaluation in future cycles.

Response 8: CTPPI will continue to do assessments on all funded projects to ensure measurability of the outcome in order to help identify program success and viability.

In light of the evaluation results, the CTPPI should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
No recommendations.

Assessment and Planning:
Recommendation 1: With its limited resources, the CTPPI should seriously consider doing some long range planning and prioritization. The CTPPI should begin discussions with its stakeholders about developing criteria to determine areas of greatest need and readiness for intervention and consider concentrating its projects in one small area at a time.

Project Implementation:
Recommendation 2: The CTPPI should provide more clarity as to its intervention projects. Data being submitted by RAP does not adequately reflect the program description.

Program Continuation and Outcome Evaluation:
Recommendation 3: Due to the expansive area covered by the Crater Health District, the CTPPI, in conjunction with its community partners, should seek additional funding sources. The resources made available through VDH TPPI is clearly inadequate to meet all the needs in this Health District.

The Eastern Shore Teen Pregnancy Prevention Program

Program Overview

Established during the latter part of 1994, the ***Eastern Shore Teen Pregnancy Prevention Program (ESTPPP)*** is known to the community as "Young Voices for Better Choices". Community assessment activities, including two public forums, focus groups of teenagers, presentations to nineteen human service agencies and organizations, and feedback from the District Advisory Board and the Community Policy and Management Team (CPMT), resulted in the following consensus statements:

- Teen pregnancy is a multifaceted problem that requires multiple interventions focusing on the total child.
- There must be community ownership of the problem and community directed and controlled interventions.
- This is a long-standing problem that will require a commitment of human and financial resources over the long term to resolve.

The coalition that determines program type and provides direction for the ESTPPP is made up of the CPMT, the District Advisory Board, and members of the general public. The coalition developed the following guidelines for use of ESTPPP funds:

- Funds would be used to support community-based organizations wishing to implement programs targeted toward youth 10-17 years old and their parents that promoted abstinence as their primary preventive strategy and used a variety of decision-making and goal-setting interventions.
- No program would receive more than $10,000.
- A minimum of six projects would be considered.
- Selection of funded programs would be made by a panel of representatives from the CPMT and the Advisory Board.

In addition to conducting a variety of community education activities such as workshops, conferences, and community awareness surveys, the ESTPPP puts out a Request for Proposals (RFP) each year to solicit intervention programs with the following characteristics:

- Targets adolescents (ages 10 – 17) and/or parents of adolescents;
- Is developmentally and culturally appropriate;
- Emphasizes abstinence as a key to primary prevention;
- Provides factual information about physical development, human sexuality, and the consequences of sexual behavior;
- Teaches assertiveness, decision making, goal setting, career planning, and other life skills;
- Emphasizes the importance of communication between parents and adolescents and assists parents in establishing and communicating family values;
- Improves parenting skills;
- Enhances self-esteem; and
- Fosters male responsibility.

All community organizations awarded ESTPPP funds had to identify specific strategies and plans for their proposed projects and activities; provide copies of curricula; provide a plan to evaluate the effectiveness of the proposed project/activity; submit to a minimum of one monthly on-site visit by the ESTPPP Coordinator;

comply with deadlines for submitting reports; provide supporting documentation for expenditures; submit a line item budget; and use the "Young Voices for Better Choices" motto and logo in all of their marketing and promotional activities. The following eight programs were funded by the ESTPPP during FY02:

1) Leemont Charge Women in Ministry (Adams and Metropolitan United Methodist Churches). The project proposed by this community organization targeted 70 youth (ages 10 – 17) and their parents. Major components included promotion of abstinence as a key to primary prevention; outreach to at-risk youth; building assertiveness skills and self-esteem; development of parenting skills; tutoring; communication skills; cultural awareness; and the building of family values.

2) St. John's United Methodist Church. The project proposed by this community organization targeted 50 youth (ages 13 – 17 years) from Accomack County and their parents. Major components included a focus on abstinence as a key to primary prevention; decision-making; stress management; appreciation of cultural differences; teamwork; rites of passage; and mentoring.

3) Shiloh Baptist Church. The project proposed by this community organization targeted 35 youth (ages 10 – 17 years) and their parents. Major components included promotion of abstinence as a key to primary prevention; after school tutoring; development of positive parenting skills; dealing with peer pressure; appearance; dating skills; value of self and others; cultural appreciation; and youth work experience.

4) Mt. Calvary Baptist Church. The project proposed by this community organization targeted 48 youth (ages 10 – 17 years) and their parents. Major components included promotion of abstinence as a key to primary prevention; communication skills; decision-making; goal setting; peer pressure; dating; parental role modeling; and job shadowing.

5) Northampton County Cooperative Extension Teen Reaching Youth (T.R.Y.). The project proposed by this community organization targeted 49 youth (ages 14 – 19 years) and their parents. Major components included teen mentoring; promotion of abstinence as a key to primary prevention; provision of factual information on physical development and sexuality in age appropriate groups; building of assertiveness skills and self-esteem; building of communication between parents and adolescents; decision-making skills; goal setting; life skills; career planning; and leadership.

6) First Baptist Church – Raising-up Youth as Leaders (R.O.Y.A.L.). The project proposed by this community organization targeted 35 youth (ages 9 – 18 years) and their parents. Major components included promotion of abstinence as a key to primary prevention, mentoring, tutoring, building assertiveness skills and self-esteem, goal setting, and education about the consequences of irresponsible behavior and substance abuse prevention.

7) St. Luke A.M.E. Church (T.O.P. KIDS). The project proposed by this community organization targeted 35 youth (ages 10 – 17) and their parents. Major components included promotion of abstinence as a key to primary prevention, building self-esteem, communication skills, leadership skills, factual information on adolescent sexuality, responsible decision making, family values and morals, computer tutorial education, life skills, and career planning.

8) Accomack County Cooperative Extension (4-H). The project proposed by this community organization targeted 86 youth (ages 10 – 17) and their parents. Major components included promotion of abstinence as a key to primary prevention, setting reasonable goals and boundaries, identifying and resolving power struggles, assertiveness techniques, coping skills, character development, leadership skills,

parent/adolescent communication, establishing and communicating family values, life skills, career planning, and building self-esteem.

The ESTPPP partnered with several local organizations and agencies in sponsoring and conducting community activities and events. The ESTPPP also attended trainings and workshops. The following is an example of some of the activities, events, trainings, and workshops with which the ESTPPP was involved:

- "Building Greater Partnerships to Serve the Needs of Youth", October 2001;
- World AIDS Day December, 2001;
- "Real Alternatives to Pregnancy" January 2002;
- "Roots of Aggression: Understanding Adolescent and Child Anger" February 2002;
- Cross Cultural Communication in Health Science, March, 2002;
- Childcare Conference, March 2002;
- Health Fair, March 2002;
- Healthy Fathers Workshop, April 2002;
- Community Focus Group, April 2002;
- Coalition Focus Group, April 2002;
- "Making Informed Choices", May 2002;
- "Domestic Violence on Kids", May 2002;
- "Parents are the Key", May 2002;
- Stand for Children Day, June 2002;
- Human Sexuality Training, June 2002;
- Father/Child Dinner Program, June 2002;
- Mother/Daughter Program, June 2002; and
- "Paving The Way: Working With At-Risk Youth," June 2002.

The Year in Review

During FY02, the ESTPPP conducted 16 community outreach/education programs attended by an estimated audience of 712. In addition to community outreach/education activities, RAP funded eight intensive intervention projects. Following is statistical information regarding the intervention projects:

EASTERN SHORE			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
First Baptist Church - ROYAL	13	35	40
Northampton County	7	41	51
Shiloh Baptist Church	9	22	56
Mt. Calvary Baptist Church	7	30	49
St. John's United Methodist Church	12	41	65
Leemont Charge	15	24	39
St. Lukes AME Church (TOP Kids)	7	16	67
Accomack County Cooperative Extension (4-H)	14	77	47
TOTAL	**84**	**286**	

Looking Ahead

The ESTPPP proposed eight intervention programs for FY03. All eight programs target a mixed gender and 10-17 age audience. All eight programs are identified as education programs that promote abstinence and provide information on a broad range of reproductive health choices; seven programs will use the "Sex Can Wait Curriculum" and one program will use the "Postponing Sexual Involvement" Curriculum. These proposed programs will reach an estimated 280 participants For FY03. ESTPPP will partner with several organizations in conducting and sponsoring the following community activities: Reality Store, September 2002; World AIDS Day, December 2002; Child Care Conference, March 2003; Two Day Youth Conference, March 2003; Health Fair, March 2003; Fatherhood Workshop, Spring 2003; Human Service Training, Spring 2003; Fatherhood Initiative Workshop 2003; Mother/Daughter event 2003; and Stand for Children Day, Spring 2003.

Evaluation Results

Throughout the grant funding period beginning in 1995, the ESTPPP has provided periodic training to establish and to maintain a cadre of informed, skilled, motivated, and caring youth service workers in the Eastern Shore community. On June 3, 2002, the ESTPPI sponsored a one-day training program that addressed adolescent sexuality. The following reflects an evaluation of the training. An eleven-item survey was used to assess the participation in and the quality of the adolescent sexuality training. The survey consisted of:

- six demographic items (gender, race, age, parental status, years of youth work experience, and occupation);
- two self-evaluation items rating the participants' knowledge, attitude, comfort level and ability to work with youth);
- one three-part item rating the quality of the training presentation;
- one three-part item soliciting ideas, interests, and need for other training and topics; and
- one open-ended item for written comments.

Attending the adolescent sexuality training were thirteen youth service workers. These participants were all females, about half of whom were African-Americans and half were Caucasian Americans. The majority (n = 8) were middle-aged with nursing careers. In addition, there were one social worker, one retired educator, and three outreach workers. The number of years that the participants indicated as having worked/volunteered with youth ranged from six to 25 years. Sixty-nine percent (n = 9) reported more than 16 years and 31% (n = 4) reported less than ten years of experience working with youth. More than two-thirds of the group (n = 9) were parents, one was not, and three participants failed to respond to this question.

Based on the one-day training received from this program, the thirteen participants rated their knowledge of youth sexuality and their attitude toward open communication on adolescent sexuality topics as high (46%) or moderate (54%). Further, 61% reported having a high comfort level and 31% reported a moderate comfort level. Participants did not indicate a need for more training in knowledge, attitude, or comfort level in communicating with youth. When evaluating their ability over the last three years, a large majority (n = 11, 85%) reported a positive change and reported having become more effective with working with youth. Only 15% (n = 2) reported that the need for further training had become more obvious to them in the last three years. In evaluating the quality of the training presented, 100% of the participants agreed or strongly agreed that the workshop topic appropriately represented the needs and interests of youth service workers; that the workshop leader met the training objectives; and that the quality of the training was good.

Four participants indicated in their responses to survey item #10, "a logical follow-up to this training" that a longer training be provided to address communicating with adolescents on all kinds of adolescent and sexuality issues and updates. Four participants also offered that follow-up training include a series of training sessions to be provided on topics such as: biblical views of sexuality, family values, effective communication with teens, cultural diversity, and adolescence. Other written comments provided in the survey and orally in open discussion revealed that the thirteen participants found the training to be "very informative", "engaging" and "that any/all training related to youth" be provided.

In addition to an assessment of the youth worker training, eleven youth and twelve adults and parents participated in three focus group sessions on April 18, 2002. The focus group was held in the evening hours at Nandua High School on the Eastern Shore. To provide adequate space and an atmosphere of free expression and sharing, individual classrooms were used for each group. The purpose of the focus group was to obtain insight into the ideas, issues, and strategies related to adolescent sexuality issues as held by youth from the ESTPPP projects, parents, and other adults from Northampton and Accomack counties. Project coordinators recruited the youth, parents, and adults to participate. At registration, a six-item checklist, Part I of a three-part survey, was completed by all participants to assess views regarding ideas and issues toward adolescent sexuality and abstinence; and to assess parent, child, family, church, and community relationships and its impact on behaviors such as early sexual intercourse, drug use, and violence. Following a prepared script, the ESTPPI Coordinator explained the purpose for the focus group activity and assured the attendees that their comments were confidential, welcomed, and useful to the Shore's efforts to provide appropriate and sensitive teen pregnancy prevention programs. The coordinator also stressed that participation was strictly voluntary and that participants could leave at any time that they no longer desired to be a part of the focus group. Parental consent and youth assent forms were completed and collected prior to the start of the focus group sessions.

Two types of focus groups were held: one for adults and parents and one for youths only. There were eleven adults and parents in the first group. The two youth groups had five and six in each group. All groups were held in individual classrooms and were led by an assigned facilitator and assisted by a volunteer recorder. Oral responses were recorded on a prepared hand-out which listed the six topics or issues that the groups were to "focus" on. The adult focus group's discussion lasted about 90 minutes and the two youth focus groups' discussion lasted about 60 minutes each.

In Part I, the pre-focus group assessment revealed that the participants were in agreement with the idea that being connected to your home, school, church, or community is a protection against inappropriate, undesired behaviors, and risk-taking activities. Stemming from this agreement, it was observed that the focus group participants were willing, capable, and eager to share numerous issues and to propose strategies for teen pregnancy prevention programs.

From the focus group responses in Part II and Part III, involvement and empowerment were voiced as the underlying strategies to connect youth and adults with the community. Participation in community activities appeared to be highly influenced by personal interest and gains and by the desire and opportunity to help others in a worthy cause. Personal interests and gain seemed to relate strongly to one's involvement while a desire and an opportunity to help others seemed to relate strongly to one's feeling of empowerment. To develop a sense of connectedness with the community, the ESTTPPP must plant seeds (plan activities to involve) and nourish them (appropriate and desired programs) to guide youth, adults, and parents to grow (empower) into a greater sense of community.

Recommendations

In light of the evaluation results, the ESTPPP was provided with the following recommendations by VDH during FY01. The following is the ESTPPP staff response to those recommendations:

Coalition Building:
None

Assessment and Planning:
Recommendation 1: As previously recommended, due to the high rate of pregnancy among 18-19 year olds in this health district, the ESTPPP should develop programs and services to target this age group. Such programs should be developed in coordination with other community entities that deal with the population, including the community college and large employers such as Tyson and Perdue.

Response 1: The ESTPPP has developed a strong relationship with the Eastern Shore Community College; because of this partnership the ESTPPP is allowed to set up available one- on- one counseling and a display of prevention educational materials at least twice a month. A Public Health Nurse, Outreach Worker and the TPPI Coordinator will implement these services. Plans are also being developed with Tyson and Perdue

Recommendation 2: As previously recommended, the ESTPPP should examine fully all of its programs to ensure the most effective use of VDH TPPI funding within the health district. The ESTPPP should consider investing in a few solid "4B" level programs in order to avoid trying to do too much with too few resources.

Response 2: The Eight 4B Level programs have served a huge purpose on the Eastern Shore in the efforts of Preventing teen pregnancies. The programs are using replicable curricula "Sex Can Wait", and "Postponing Sexual Involvement". However, we conducted a Community Focus Group and sponsored a "Human Sexuality Training"; there were two reports developed from the findings. We plan to implement the recommendations from both reports in planning to help strengthen the 4B Level program prevention efforts.

Recommendation 3: The ESTPPP should review various community saturation models for possible application on the Eastern Shore. The ESTPPP should also ensure that programming is aligned with the new health director's vision for the Eastern Shore Health District.

Response3: The Nurse Supervisor, Director TPPI Coordinator, and Coalition continue seeking new effective strategies to enhance, advance, and strengthen the ESTPPP.

Project Implementation:
Recommendation 3: As previously recommended, the ESTPPP should review its process of subcontracting with other community organizations for the delivery of teen pregnancy prevention services. The need to use or develop a replicable curriculum is paramount and must be stressed with the agencies awarded a subcontract. Assurance that staff or volunteers at the community agencies have received appropriate training to implement the particular curriculum is also critical.

Response: The ESTPPP continues to use two curricula, "Sex Can Wait" and "Postponing Sexual Involvement". They will continue receiving appropriate training.

Program Continuation and Outcome Evaluation:
Recommendation 4: The ESTPPP should seek additional funding sources, especially those that specifically target areas with a high degree of poverty.

Response 4: A few of the ESTPPP Programs receive other funding sources, and will continue to due so, to keep their program functioning.

Recommendation 5: As previously recommended, the ESTPPP should consider evaluating and adding new evaluation dimensions to local programs that have previously been the focus of local outcome evaluation activity.

Response 5: ESTPPP has received two reports from the LSES on both the Community Focus Group and the Human Sexuality Training. Recommendations listed in these reports are potential new evaluation strategies for outcome evaluation activity.

In light of the evaluation results, the ESTPPP should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
No recommendations.

Assessment and Planning:
Recommendation 1: Due to the high rate of pregnancy among 18-19 year olds in this health district, the ESTPPP should conduct an assessment of this population to ascertain the social, emotional, economic, and other factors contributing to the high teen pregnancy rate among this group.

Project Implementation:
Recommendation 2: The ESTPPP should seriously consider targeting a smaller number of high-risk areas with increased program dosage, concentrating its efforts and focusing its funds.

Recommendation 3: The ESTPPP should consider the following recommendations based on the evaluation of the youth worker training:

- To increase the number of participants, it is suggested that the training be offered once during the day to accommodate youth service workers who are available during the typical workday and again for those who are only available to participate at the end of the work day.

- To increase the number of participants who receive training in a variety of different topics, the ESTPPP should announce and distribute at the beginning and periodically throughout the grant year to the Eastern Shore's community a structured training schedule of adolescent sexuality topics and programs.

- To continue to maintain a skillful cadre of youth service workers within the program, project coordinators and staff of ESTPPP should be encouraged to participate in a minimum number of training programs annually.

- An "end of the year" award/recognition program should be used to support/enhance training participation.

- Recruiting project participant alumni to provide leadership, direction, and focus to program training and to program development and implementation may be an approach worthy to explore in addressing the topic of "effective teen communication". Allowing a group of project participant

alumni to design and implement a training program may furnish creativity, momentum, motivation, and future youth service workers to the ESTPPP.

Recommendation 4: The ESTPPP should consider the following recommendations based on the focus groups:

- To create a greater sense of connectedness with one's community, program organizers must first plant seeds (involvement activities, awareness, recognition, rewards). Secondly, program organizers must provide nourishment for youth, parents, and adults to develop a sense of empowerment (worthiness, "I can do" , "I can make a difference" attitudes). Thus, the following strategies and guidelines are offered to achieve a greater sense of connectedness between youths; between youths and parents; and within the school, church, and community:

  - Take a "**Leave No Child Behind"** approach and increase the number and variety of activities offered to the community with community input and feedback from youth and adults for the type and kind of programs desired and needed. Utilizing a "buddy-system", mentoring strategies, and an easy to monitor system may increase retention, attendance, and participation for any youth identified as a nonparticipant in a church, school, recreational, athletic, cultural, or community program

  - Plan, design, develop, and advertise activities with the intent to show how and why the community can and should participate. Identify for the public the personal interest, gains and worthiness of their participation. Currently, research focuses on the relationship/communication between the mother and teen daughter as a protective mechanism against teen sex. A mother- daughter club may be an approach to establish, strengthened, and support positive, wholesome, and trusting relationships/communication between mother and daughter. Since the initial administration of the "Youth Survey of Attitudes, Knowledge, and Skills", the research for the ESTPPP has traditionally and consistently revealed that the "mother " has the strongest influence on the decisions made by youth.

  - For every community effort, provide recognition and show community appreciation with newspaper ads, featured articles, and editorials, radio announcements, letters of invitation and thank you notes, and telephone calls from youths and to youths, parents, and adults. Using a multi-strategy media campaign approach to flood the community will increase community awareness and knowledge of ESTPPP activities.

  - Continue to seek sponsors and to collaborate every TPPI program with a partner from the community, school or church to broaden program appeal, to extend its reach into the community and to share program costs. These approaches will help to get the community invested in the TPPI and will promote unity and cohesion in the community settings.ch county, host "after-school/after-church" open house activities for recruiting new youth and parents to participate in the ESTPPP projects.

  - Encourage, support, train, and guide a group of alumni of ESTPPI projects to design, develop, and implement a funded project that serves pockets of the community currently not reached (high school graduates) and that provides an opportunity for new community leadership and involvement.

- Establish and fill an employment position jointly funded by the school systems and the ESTPPP to work as a student advocate (career goal planning, education progress monitoring, and community involvement coordination) for any youth participating in a ESTPPP project.

Program Continuation and Outcome Evaluation:

Recommendation 5: Due to the expansive area covered by the Eastern Shore Health District, the ESTPPP, in conjunction with its community partners, should seek additional funding sources. The resources made available through VDH TPPI is clearly inadequate to meet all the needs in this Health District.

The Portsmouth Teen Pregnancy Prevention Program

Program Overview

The Portsmouth Better Beginnings Coalition (PBBC) determines program type and provides direction for the ***Portsmouth Teen Pregnancy Prevention Program (PTPPP)***. The PBBC was established in 1984 and consists of teens, parents, community and civic leaders, members from the faith community, and professionals from the public and private sector, united to address issues related to teen pregnancy prevention in the city of Portsmouth. The PBBC is no longer staffed, but programs/services are coordinated by Portsmouth Community Health Center's Case Management and Outreach Services. The general membership board meets quarterly to oversee administrative issues. During major initiatives, such as Let's Talk Month and Teen Pregnancy Prevention Month, more frequent meetings are held. The PTPPP Coordinator is an active member of the PBBC and a member of the PBBC education committee. PTPPP information/updates are part of the agenda of each general membership/board meeting. The PTPPP work plan committee is a PBBC subcommittee that develops the work plan. The work plan is then discussed during general membership/board meetings.

Male and female teens between the ages of 13 – 19 and their parents are the target population for the PTPPP. The PTPPP conducted an initial community needs assessment in FY95 to help identify existing services and gaps in services for teen pregnancy prevention. The results of the community needs assessment and the set of eight core program guidelines or "best practices" adopted by the MCH Council Subcommittee on Teen Pregnancy Prevention were used as a guide for selecting the projects to be funded. Since that time, an additional community needs assessment in FY98 sponsored by the city and the Department of Behavior Healthcare Services outlined the issue of teen pregnancy as a "significant risk factor" for the City of Portsmouth. PBBC was assigned to the role of continuing to take the lead in coordinating and outlining prevention programs related to it.

Throughout the year, staff and volunteers with PBBC, PTPPP, and individual project staff participate in a variety of community education opportunities. These include health fairs, small group meetings at a church, annual community events, civic league or club meetings, and school meetings. During these events, information about the PBBC, the individual projects, and the specific teen pregnancy statistics for Portsmouth is shared. Discussion groups have also been held to assist parents in their communication about sex and sexuality with their teenage children. In addition to the above-mentioned activities, the PTPPP and PBBC organize a host of community education activities centered on Let's Talk Month and Teen Pregnancy Prevention Month. Some examples of activities conducted during these two months include: essay and poster contests; the distribution of teen help cards in the public schools and during football games; group sessions in churches or other community sites to discuss parent-child communication, abstinence skills, public speaking skills, teen parenting issues, and male responsibility; and billboards with statements about teen pregnancy and parent-child communication. In addition to these community education activities, the PTPPP also provided funding for four intervention projects during FY02. These included:

1) Preventing Adolescent Pregnancy (P.A.P). P.A.P. is a comprehensive program of Girls, Inc. that has been implemented across the United States since 1985. The full program is made up of three separate curriculum components. Girls, Inc. receives funding from the United Way, foundations, private donations, and through program service fees. The PTPPP offered the following one of the three curriculum components at no charge to its participants:

   "Will Power/Won't Power." The goal of the Will Power/Won't Power component of P.A.P. is to teach girls ages ten to fourteen that they can abstain from sex through a series of eight ninety-minute program

sessions. The curriculum stresses that although sexual expression is positive and healthy, sexual intercourse is not the norm for adolescents. It then assists young girls to build assertiveness skills so that they can resist pressures to become sexually active when they are not ready for it. The girls are taught how to separate reality from myth, to make difficult decisions, to communicate their feelings, and to show affection in nonsexual ways. The Will Power/Won't Power project has been implemented for all seventh grade girls in two middle schools as a component of their health class (parents may choose to opt their child out of this project) since the inception of the PTPPP.

2) Good Beginnings Alumni. Child and Family Services sponsors the Good Beginnings Alumni project and targets teen parents who have completed their "Good Beginnings" program but are still perceived to require additional instruction. The purpose of the program is to provide instruction to parenting teens about life skills and job preparation as an alternative to another pregnancy during the secondary school years. This project met every week for twelve sessions at the Child and Family Services Center. The project facilitator and agency staff recruited participants. They also took self-referrals. The Good Beginnings Alumni project had three primary objectives: 1) prevention of child abuse; 2) delaying of repeat pregnancies before age 21; and 3) continuing education and career development. In addition to an educational curriculum of twelve ninety-minute sessions, participants were also offered the opportunity to take part in recreational and cultural events, counseling (individual and group), parent-child interactions, and home visits. The Child and Family Services Center developed the curriculum. The project received most of the funds it needed to support its implementation from the PTPPP, although some funds were received from the United Way and through local foundations.

3) PCHC Adolescent Outreach. The Portsmouth Community Health Center (PCHC) Adolescent Outreach program is designed to provide case management and outreach services for youth between the ages of 12-19 who have been identified by PCHC as being "at risk" for teen pregnancy. The program has two primary goals: (1) to educate youth on issues relating to healthy life choices with an emphasis on healthy sexuality, and (2) to encourage youth to become involved in community organizations by volunteerism, which promotes a sense of belonging and positive self-esteem.

   The program, which began in FY 2001, follows teens for up to one year. Teens are required to complete the 12 session Education Program and are encouraged to attend monthly Teen Advisory Subcommittee (TAS) meetings. Enrolled teens must also volunteer at least bi-weekly with a community program. The PCHC Adolescent Outreach Worker keeps in regular contact with the teens in order to provide education, support, and assistance in completing the requirements of the program. Teens are strongly encouraged to practice abstinence, continue their education, and access appropriate healthcare services. The PCHC Adolescent Outreach Program is funded entirely by PTPPP.

4) Male Responsibility Project. The Portsmouth Community Health Center (PCHC) piloted a Male Responsibility Program using the Wise Guys: Male Responsibility Curriculum This program promotes male responsibility, career development, educational skills, and healthy life styles, with the idea that in order to make responsible decisions about abstinence, sexual activity, and other life choices, males must be educated on how to do so. The curriculum is culturally sensitive and age appropriate, and seeks to increase knowledge of contraception, human sexuality, and STDs, while stressing abstinence, responsible decision-making, and healthy life decisions. It also focuses on two important tasks for male adolescents: 1) dealing with sexual and reproductive development, and 2) preparing for the world of work. Each of the five two-hour sessions has specific learning and skill objectives linked by a common theme of male responsibility. The PCHC Male Responsibility Program is funded entirely by PTPPP.

The Year in Review

During FY02, the PTPPP conducted 18 community outreach/education programs attended by an estimated audience of 1,229. In addition to community outreach/education activities, the PTPPP funded three intensive intervention projects. Following is statistical information regarding the intervention projects.

PORTSMOUTH			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
Will Power/Won't Power	24	132	90
Good Beginnings Alumni	22	34	27
PCHC Male Responsibility	11	9	69
TOTAL	**57**	**175**	

Evaluation

The PTPPP had no project targeted for outcome evaluation this year and received technical assistance only to review all operating projects for evaluability. This continued to be a rebuilding year during which, in addition to provision of the previous year's services and projects, development, implementation, and pilot evaluation pre- and post-testing of a 10 week life skills education project targeting adolescent males (Male Responsibility project) was a major focus. This area of service shifted to in-house after the decision was made not to renew the contract with V-MAN.

There were no major obstacles encountered in developing, implementing, and pilot evaluation testing of this project. The curriculum for the project was adapted from the ten-topic Wise Guys Male Responsibility Curriculum, (1995, 1998) published by the Family Life Council of Greater Greensboro, Inc. Once completed, outcome evaluation pre- and post-tests were compiled and reviewed and incorporated into the project implementation cycle. Training sites were established and participants recruited during the early months of 2002. Implementation of the first 10 week cycle of the project occurred in Spring, 2002. Project implementation and curriculum review began in Summer, 2002.

Recommendations

In light of the evaluation results, the PTPPP was provided with the following recommendations by VDH during FY01. The following is the PTPPP staff response to those recommendations.

Coalition Building:

Recommendation 1: The PTPPP should continue with efforts to work in close collaboration with the local Better Beginnings Coalition. The PTPPP should provide assistance for increasing coalition membership, particularly in the areas of private industry, to enable wider community advocacy and support as well as to increase distribution of information.

Response 1: The PTPPP Coordinator continues to formally and informally network through participation on local coalitions and initiatives, such as the Portsmouth Interagency Network (PIN) Workgroup, in building relationships with outside agencies.

Assessment and Planning:
None

Project Implementation:
Recommendation 2: As previously recommended, the PTPPP should strive to substantially increase parental involvement in its projects.

Response 2: PTPPP continues to strive to increase parental involvement through the implementation and growth of the Adolescent Outreach Program and community events focused on increasing parental involvement.

Program Continuation and Outcome Evaluation:
Recommendation 3: As previously recommended, the PTPPP should continue to seek additional funding sources, especially those that specifically target inner city areas with a high degree of poverty.

Response 3: PTPPP continues to strive to increase funding for programs relating to teen pregnancy prevention through private and municipal sources. Historically, PTTTP has been successful in achieving partial funding for programs through local foundations and the Portsmouth Housing Authority.

Recommendation 4: As previously recommended, the PTPPP should continue to assist in the development of community programs that are sound for evaluation or to replicate proven approaches such as Teen Outreach Program.

Response 4: PTPPP is seeking to implement an evaluated and recommended curriculum for FY02. The curriculum selected, Becoming A Responsible Teen (BART) and For Males Only, are both sound for evaluation and have been proven to be affective in reducing risk factors associated with teen pregnancy.

Recommendation 5: The PTPPP should develop and incorporate procedures into its program planning and implementation processes that will enhance the measurability of the individual projects.

Response 5: PTPPP plans to enhance the development and incorporation of procedures to enhance the measurability of individual projects through continued work with the local site evaluator.

In light of the evaluation results, the PTPPP should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
No recommendations.

Assessment and Planning:
No recommendations.

Project Implementation:
No recommendations.

Program Continuation and Outcome Evaluation:

Recommendation 1: The PTPPP should focus its attention on developing the needed infrastructure to conduct outcome evaluation on one or two of its projects.

The Roanoke Teen Pregnancy Prevention Program

Program Overview

The Better Beginnings Coalition (BBC) of the Roanoke Valley determines program type and provides direction for the ***Roanoke Teen Pregnancy Prevention Program (ROATPPP).*** The ROATPPP has been an official subcommittee of the BBC since 1995. The BBC was formed from the 1984 merger of the Prevention Coalition and the Coalition for Strengthening Family Living. The BBC membership consists of representatives from area school systems, social service agencies, health care providers, volunteer organizations, and concerned individuals. The ROATPPP Coordinator provides staff support to the BBC. The BBC exists for three purposes. First, it acts as an information clearinghouse on teen services. Second, it functions as an advocacy group, identifying the needs of Roanoke Valley adolescents and working to mobilize groups to bring about change. The BBC works with other youth-serving coalitions and agencies to develop a community-based prevention plan in concert with the other community stakeholders. Third, it provides the community with education about causes and ways of dealing with the problem of adolescent pregnancy.

In addition to providing support for the BBC, this year, the ROATPPP Coordinator sent information and literature on Emergency Contraception to local family physicians, OB/GYN and Pediatric offices in order to raise awareness on this important issue. The ROATPPP Coordinator also designed the wallet sized card that was sent to parents reminding them to talk to their children and highlighting ten tips to avoid teen pregnancy. The card were distributed during May Teen Pregnancy Prevention Month and during October National Family Sexuality Month. The ROATPPP coordinator also sent the BBC brochure together with the names of active members of the coalition to all Roanoke City Schools and offered the BBC's help in the implementation of Family Life education. Finally, the ROATPPP coordinator conducted year end focus groups, key informant interviews entered data to excel from the pre and post test from FMO, TOP, RAHP RM and sent all relevant facts to our LSES. The coordinator also participated in writing the FY02 evaluation report.

The ROATPPP targets all adolescents in the community, but focuses its projects primarily on those who are at high risk for becoming pregnant or causing a pregnancy. In addition to general community education efforts, the ROATPPP strives to build upon existing community resources. Consequently, its funds are used to expand the following four existing community projects:

1) For Males Only (FMO). This project educates at-risk teen males on a variety of relevant topics. FMO has one full-time person on staff who work with teens from many backgrounds in a variety of settings (high schools, middle schools, homes, after school programs and recreation programs). At present, ROATPPP funds provide the salary of the program director. Five separate project sites were implemented during FY02 under the FMO heading, including FMO-ROAD, a program that targets the prevention of subsequent pregnancies among teen fathers.

2) Resource Mothers. The Resource Mothers program is a home visitation program designed to ensure the delivery of healthy babies, delay repeat pregnancies, reduce infant mortality, increase school retention, and promote self-sufficiency among teens who are pregnant and parenting. Home visits occur twice monthly with telephone contacts made on alternate weeks. During the home visits, Resource Mothers work on establishing a relationship of trust, not only with the teen, but also with the teen's parent/guardian and other family members. The program enrolls first-time pregnant adolescents between the ages of 12 and 20 who are referred by school personnel, WIC staff, other teens in the community, medical facilities, and parents. ROATPPP funding enabled the program to enroll and provide services to

approximately 125 adolescents during FY02. Resource Mothers use a program-developed prenatal curriculum that includes topics on family planning, nutrition, stress, pre-term labor, relationships, fetal development, and family violence. In addition, the Partners in Parenting Education (PIPE) curriculum is used to enhance the parenting skills of postpartum teens.

The Teens About Success with Kids (TASK) support group meets once a week for six weeks twice a year and recruits teens from the Resource Mothers Program as participants. The topics covered in the group depend on the composition of the group at the time. When the group is comprised primarily of pregnant adolescents, then the focus is on relationships, family dynamics, dating, abstinence, and family violence. However, when the group is primarily comprised of parenting teens, one of the PIPE modules is used to enhance the parent-child bond during the group session.

The Roanoke Resource Mothers Program received a Community Development Block Grant this past year to provide services to low-income adolescents. This year services were provided to approximately 125 adolescents (95% of those delivered healthy babies, 97% experienced no repeat pregnancies, and 94% remained in school).

3) Roanoke Adolescent Health Partnership (RAHP). RAHP provides accessible, confidential, free health care services to adolescents ages 10 – 19 through Teen Health Centers. The Teen Health Centers are located at Patrick Henry High School, William Fleming High School, and William Ruffner Middle School. In addition, there is a school-linked facility located in the Hurt Park public housing development. The school-based Teen Health Centers are open according to the school calendar. The Hurt Park Teen Health Center is open year round on Tuesdays and Thursdays from 9AM until 5 PM and on Wednesday afternoons from 1PM until 5PM so that continuity is not lost when school is not in session.

RAHP focuses on prevention in order to reduce community-wide medical costs. School-based and school linked health care centers provide "one-stop health care shopping" for Roanoke adolescents' health care needs. Services offered through RAHP include minor illness and injury treatment, sports physicals, immunizations, drug and alcohol education, family planning, violence prevention, and mental health services. All students using the school-based Teen Health Centers must have a parental permission form on file. Teens who visit Hurt Park must also have parental permission, with the exception of those who come for reproductive and substance abuse-related services as allowed by the Virginia State law.

In May 2001, RAHP was selected as a beneficiary of the Roanoke Academy of Medicine Alliance Book and Author Dinner. In 2000, RAHP received a Merit Award from the National Association of Housing and Redevelopment officials.

Support for RAHP comes through multiple federal, state, and local funding sources. ROATPPP funding supported the salary and benefits for personnel at the school-based Teen Health Centers. These employees included two health educators and a clinic assistant. The Roanoke Housing Authority provides in-kind space at Hurt Park, while the schools provide space, utilities, and 1.5 FTE of in-kind secretarial support at the school sites. The Roanoke City Health Department provides much of RAHP's clinical infrastructure with such things as patient data entry, hazardous waste pick-up, and vaccines. The Roanoke City Public Schools, Roanoke City Health Department, and Carilion Health System employ both clinical and administrative staff and provide operational support; Blue Ridge Community Services employs and supervises two mental health counselors and a health educator; and Lewis-Gale Medical Center supports the RAHP partnership with cash funding. The strong community commitment for

RAHP is best reflected in a very low cash operational budget of $380,000 annually with a tremendous in-kind budget of over $220,000.

4) Teen Outreach Program (TOP). The TOP is a nationally recognized model for providing services to high-risk teens. TOP effectively targets both male and female teens who are high risk academically. Most have a history of academic failure. The TOP philosophy is that each young person has something to contribute to the community, and its mission is to help young people identify their individual talents and interests so that they can find their place in society. TOP is designed to enhance such protective factors linked with lower teen pregnancy rates as: school connectedness, family involvement, community engagement, and self-esteem/life skills development. TOP in Roanoke is being implemented at the following sites: William Fleming High School, Noel C. Taylor Learning Academy, St. John's Community Youth Program, the West End Center for Youth, Presbyterian Community Center, and the Roanoke County Career Center. There are several different components to TOP, including:

   a) Life Skills Training. Each student participates in group instruction using the TOP "Changing Scenes" curriculum. Students learn about topics such as communication, responsible decision making, and setting boundaries. The classes meet one to four times per week depending on the location.

   b) Community Service Learning. In one of the most interesting components of TOP, each student must participate in regular voluntary community service. Students volunteer in a variety of settings such as nursing homes, day care centers, or their own school campus or after-school program. Community service is intended to give students the opportunity to see themselves as contributors to the community. The experience also provides initial personal assessments of vocational interests.

   c) Role Modeling. Adults from the community interact regularly with TOP participants during mentoring sessions, community service work, life skill sessions, and in informal situations such as transportation to and from community service activities.

   d) Family Involvement. TOP reaches out to the families of youth, seeking to build on positive factors in the parent-child relationship and to empower parents to be more active in and informed about their child's scholastic activities. TOP also provides opportunities for youth to let their families know about the positive nature of their volunteer service, which helps their families to take pride in their activities.

   All participants complete at least 30 hours in TOP, and most complete at least 40 hours (20 hours of life skills and 20 hours of community service learning). TOP was recognized by the President's National Campaign to Prevent Teen Pregnancy, where Roanoke's TOP program was featured in their publication on model programs. The Roanoke TOP program has been featured in USA Today, the Osgood Files, and the Associated Press. In 2001, TOP received an Outstanding Model School-Community Partner Award from the Virginia Association of Partners in Education.

   Funding from the ROATPPP budget is a significant part of the TOP budget (39%) and is used to leverage other funds. TOP in Roanoke also receives financial support from the Landmark Foundation, the Thurman Fund, the United Way of Roanoke Valley, and the Carilion Community Fund.

The Year in Review

During FY02, the ROATPPP conducted 59 community outreach/education programs attended by an estimated audience of 1,190. In addition to community outreach/education activities, the ROATPPP funded intensive intervention projects. Following is statistical information regarding these intervention projects.

ROANOKE			
Name of Program	**Total # of Sessions Held (Year)**	**Total # of Participants (Unduplicated)**	**% of Total Sessions Attended by Participants (Average)**
TOP School-Based	50	74	71
TOP After-School	22	46	75
TOP Family Night Out	1	28	100
For Males Only	24	78	61
TOTAL	**97**	**226**	

Evaluation Results

The ROATPPP evaluation used multiple methods to assess program impact. Quantitative surveys were administered to participants in TOP and FMO. School concerns regarding the content of the TOP pre-post survey raised in previous years resulted in the removal from the survey any questions regarding knowledge and attitudes regarding sex and safe sex practices, and, with the exception of a question on whether a student had ever been or ever gotten someone pregnant, any questions regarding sexual behavior. As a result, the TOP survey only measures a limited part of TOP's desired impact. Focus groups with participants and key informant interviews were conducted. Program and school records were reviewed and outside measures of program effectiveness were used where available. For TOP and FMO, barriers to obtaining completed pre-tests and post-tests resulted in small sample sizes for the surveys, meaning results should be viewed with some caution.

FMO: The FY02 objective of FMO was to provide community education on family life and sexuality and related topics to young men. Focus groups with FMO and the FMO survey participants revealed that being in FMO fostered more responsible sexual intentions and behavior. Survey participants (70% of survey respondents are sexually active) said they learned a lot about responsibility and decision making. Many reported that they learned to be more responsible regarding birth control when they do have sex: the percentage of participants who used a condom the last time they had sex increased from 57% on the pre-test to 92% on the post-test. They also reported learning a lot about STDs and their prevention, and said FMO increased their knowledge regarding the causes and consequences of teen pregnancy. FMO also improved their ability to communicate with others and, as a result, helped them have better relationships with their friends, families, and girlfriends. Participants were unanimously positive about the program and program staff. They felt that FMO provided a necessary forum for discussing sexuality and relationships in an open and honest atmosphere. They had nothing negative to report about the program, and said it should be offered to all young men. Many participants felt that there should be a similar group for young women offered, with opportunities to discuss topics jointly. Key informants also felt that FMO was highly beneficial. A key informant working in the Roanoke City Schools responded: *"This school within a school idea where kids get personalized attention and they have core teachers that are really nurturing to them. It creates what we call a critical mass of kids working on the same issues and using the same strategies."*

Resource Mothers: Both satisfaction surveys and key informant interviews showed that participants in this program were extremely positive about Resource Mother (RM). All of the survey respondents said they were treated with respect and caring when they entered the program. Professionals familiar with RM echoed this enthusiasm. Both participants and key informants reported that Resource Mothers provided them with crucial emotional and material resources. Participants reported that they liked virtually everything about the program. Resource Mothers provided a range of needed assistance in such areas as transportation to appointments, checking on the mothers and their babies, answering questions, connecting the mothers to existing resources (such as the Maternal and Infant Education Center), prompting the mothers to use birth control, and helping them think through how they will support their babies. Both the participants and the key informants felt that the bond formed between the Resource Mothers and the teen mothers was a key element of program success. Commented one participant: *"She treats me as if I were one of her daughters and whenever I need something she's there for me."* The one consistent criticism was that the Resource Mothers were sometimes too busy.[1] Suggestions were made to increase the program staff. The need for more resource mothers was also seen by all of the professionals who were interviewed regarding RM. These individuals felt that the Resource Mothers are overextended already, and there are many more young mothers in need of the program. Several participants wished RM lasted for more than one year. Key informant interviews were uniformly glowing in their praise of RM and felt that the program could serve the young mothers with more in-depth services if it had more funding. Responded one key informant: *"I wish we could fund them more so they could serve more. I think with what funds they get from us they do a terrific job. I know the need is out there and the numbers are coming down so it's evident they are working."*

RAHP: The goal of RAHP is to increase access to health care and reduce risk behaviors among Roanoke City teens. Findings indicate the services provided through the RAHP Centers play a crucial role in addressing the problem of teen pregnancy and other teen health issues in Roanoke. RAHP provided 1,173 family planning visits (exams, education and follow-up, Depo Provera injections) for a total of 496 teens, an overwhelming majority 96.2% of the family planning patients did not get pregnant These findings are compiled from three focus groups with teens who received services from the Fleming/Ruffner Teen Health Center and the Patrick Henry Teen Health Center, and interviews with three school and health professionals familiar with RAHP. Both the teens and the key informants were overwhelmingly positive about the Centers. The teens felt the Centers were generally very accessible, and that the staff were approachable, confidential, respectful, and knowledgeable. It should be noted that teen responses reflected a significant improvement over the prior year regarding confidentially and ease in attaining an appointment at the Centers. The key informants stressed that the impact of RAHP is not limited to teen pregnancy, but also other pressing issues confronted by teens. In particular, the Centers play an important role in addressing sexually transmitted diseases (STDs) and mental health issues, both identified by key informants as urgent problems among the teen population. Few suggestions were made regarding how to improve RAHP; there was one student who expressed an interest in walk in appointments for serious health situations, another made a request for additional services at the Centers (specifically expanded types of birth control methods), and a couple of students felt that the Centers could be improved if a doctor was present more regularly at the Centers[2]. The key informants felt that the financial sustainability of RAHP was an area that could be improved. The key informants felt that more secure finances would help RAHP to expand and improve services, and would curb staff turnover. It was also mentioned that teacher and parent education should continue to be an ongoing goal of RAHP.

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[1] This continues to be perceived as a problem by participants. The same comments were given in the previous year.

[2] This final comment echoes concerns raised last year.

TOP: The goal of TOP for the 2001-2002 year was "to provide after-school and school-based prevention services to academically high-risk adolescents." Data from the TOP schools and the findings from a series of focus groups with TOP participants, interviews with key informants and staff activity logs revealed that TOP met that goal. The data shows that TOP had an important, positive impact on Roanoke teens. TOP participants and key informants were all very positive about the program. Findings indicate that TOP improves academic performance, builds self esteem, strengthens interpersonal skills, teaches responsibility, promotes friendships and build teens' bonds with their community. Staff activity logs showed TOP was well implemented and ran smoothly. When staff had to make adjustments to the program, the adjustments were typically minor and were made for reasons such as accommodating the needs of the students or to deal with occasional discipline problems. One of the clearly important aspects of TOP highlighted in these findings was that TOP provides a safe environment where teens can discuss important issues and get advice from adults they trust. It was clear, however, that all concerned felt the most important component of TOP is community service. Through this component the teens learned that they can be of value to others and, as a result, learned to value themselves. When asked, most of the teens and key informants did not have any suggestions on how to improve TOP. Most felt the program is just fine the way it is. What suggestions for improvement were offered focused mostly on expanding TOP to more schools, providing more opportunities for community service, and having a more organized classroom schedule. As one key informant stated: *"I can't think of anything else [to improve about TOP] except if she [program coordinator] had more resources...It's a great program."*

Looking Ahead

During FY03, the ROATPPP estimated that 908 participants will attend at least one of nine proposed projects. Two of the projects target mixed gender audiences, one project apiece is proposed for male-only and female-only audiences, FMO also offers one co-ed program and an additional female program with 40 girls at the YWCA. The target gender of four of the projects is unknown. Forty-four percent of the projects target mixed age audiences and eleven percent of the projects target youth between the ages of 15 – 17. The target age for four of the projects (44%) is unknown. Just over half (56%) of ROATPPP's proposed projects are identified as youth development projects that emphasize general skills building and future planning, 22% are described as education projects that promote abstinence and provide information on a broad range of reproductive health choices, and another 22.2% are designed to improve access to health care. The ROATPPP proposed 35 community education projects for FY03 with intentions of reaching 500 individuals. On top of that, for FY03 ROATPPP and the BBC will focus on highlighting teen pregnancy prevention through advertising on TV, billboards and through the media. Plans are to produce the wallet sized cards emphasizing communication and teen pregnancy prevention for distribution to parents during May Teen Pregnancy Prevention Month; apply for funding in order to bring the photographic exhibit, *Children of Children* to Roanoke; and to seek additional funding in order to expand its programs.

Recommendations

In light of the evaluation results, the ROATPPP was provided with the following recommendations by VDH during FY01. The following is the ROATPPP staff response to those recommendations:

Coalition Building:
None

Assessment and Planning:

None

Project Implementation:
Recommendation 1: As previously recommended, ROATPPP should strive to substantially increase parental involvement in its projects.

Response 1: Parental involvement is an essential part of the ROATPPP and continues to be successful, for example: The Teen Outreach Program (TOP) in FY02 held five family nights that were very well attended by parents, TOP students, and teachers. TOP parents enjoy receiving from the TOP staff the "Caught Doing Good" photographs and appreciate the frequent telephone contact that the TOP staff has with them. In addition, this year TOP has placed their handbook on "Helping You Help Your Child" on line at the Council of Community Service web-site for easy access for parents. Resource Mothers continues to encourage parental involvement and during FY02 worked with 69 parents and 29 fathers of babies. RAHP encourages parents to participate in the "Baby Think it Over" program, taking part in parenting activities and providing feed back. RAHP provides community and school based parent specific talks and is open to parent visits or telephone communication. In order for children to receive RAHP services parents must complete an annual consent form which also outlines RAHP activities and provides parents with contact information. During October "Lets Talk Month" ROATPPP/BBC partnered with TOP family night and the Roanoke Fatherhood and Families, family night in an evening of talking to parents and adolescent about the importance of positive communication. During May Teen Pregnancy Prevention Month, the Better Beginnings Coalition of the Roanoke Valley, Inc together with ROATPPP produced a wallet sized card encouraging parents to talk to their children and highlighting ten tips to avoid teen pregnancy. The card was placed in all Roanoke City employee pay-slips during the month of May.

Program Continuation and Outcome Evaluation:
Recommendation 2: As previously recommended, ROATPPP, in conjunction with other collaborating partners, should seek additional funding sources, especially those that specifically target inner city areas with high degree of poverty.

Response 2: All ROATPP programs continually seek ways to diversify their source of funding. For example TOP recently received a Learn and Serve Grant for Roanoke County in order to expand TOP to reach almost double the amount of students. The ROATPPP coordinator has recently purchased a subscription to the Foundation Directory online in order to search for additional funding for the ROATPPP programs.

Recommendation 3: ROATPPP should explore other funding opportunities to enhance and expand its Teen Health Centers.

Response 3: The Roanoke Adolescent Health Partnership continues to seek funding and partnerships with other agencies in order to enhance and expand its three teen health centers. The primary objectives of RAHP for the coming year will be to:

- Secure corporate funding
- Maintain current partnerships
- Seek new partnerships.

To plan for the year ahead RAHP is conducting a board retreat for all RAHP Board members the purpose of which is to develop a strategic plan in order to establish realistic goals and objectives consistent with the mission of RAHP. During the implementation of the plan progress will be monitored on a three monthly basis at three, six and at nine months.

Recommendation 4: The ROATPPP should consider evaluating local programs that have not yet been evaluated and adding new evaluation dimensions to local programs that were the focus of previous local outcome evaluation activity.

Response 4: The ROATPPP coordinator continues to work with Dr Karl Hamner the local site evaluation specialist to ensure that all Roanoke's programs are evaluated in accordance with the requirements of VDH. Although it was expected that the ROAD program would have expanded this year and be in a position to undergo evaluation, due to funding problems and staff cuts this could not happen. FMO/ROAD is funded solely by ROATPPP and employs one whole time coordinator who continues to seek additional resources for FMO/ROAD.

In light of the evaluation results, the ROATPPP should consider implementing the following recommendations (grouped by developmental stages) for the upcoming fiscal year:

Coalition Building:
No recommendations.

Assessment and Planning:
No recommendations

Project Implementation:
No recommendations.

Program Continuation and Outcome Evaluation:
Recommendation 1: The ROATPPP should continue to seek additional sources of funding in order to expand upon and improve existing program efforts.

Recommendation 2: The ROATPPP has made excellent use of qualitative data to inform it program evaluation. The ROATPPP should also consider using some other data sources to supplement its qualitative data collection in future evaluation designs.

IV. CONCLUSION

The VDH TPPI grapples continuously with maintaining a balance between local autonomy/ownership and good stewardship and accountability for state and federal funds. According to the guidelines set by the MCH Council's Subcommittee on Teen Pregnancy Prevention, each locality is to form a community-wide coalition that includes representation from public and private organizations. The coalition is to determine program type and direction. An assessment of two of the seven coalitions is starting to paint a picture for the VDH TPPI that these local coalitions have not been as active and directive as originally intended.

Each of the seven VDH TPPI programs vary considerably in both composition and organizational structure. As a result, there is uniqueness and local culture and flavor reflected in the variability of program strategies and approaches across the seven pilot program sites. They range from having a primary focus on public awareness and community education activities (Levels 1 and 2) in order to reach a broad audience to an emphasis on more intensive intervention projects (Levels 3 and 4) targeted at individuals assessed to be at high risk for becoming pregnant or causing a teen pregnancy. The latter approach serves fewer individuals but is generally thought to have more immediate impact.

It is clear from the program descriptions, process and outcome evaluation data, and community teen pregnancy rate data, that some VDH TPPI program sites have been better able to garner the community support needed to mobilize for action than others. These sites include Roanoke, Alexandria, and Portsmouth. Both Roanoke and Alexandria have effectively mobilized their communities toward the common goal of reducing teen pregnancies. The level of community involvement and investment in combating the problem of teen pregnancy in both of these cities is extraordinary. For Portsmouth, the community designed strategy of investing the majority of its funds into a small number of replicable intensive intervention projects serving targeted populations appears to be producing the desired outcomes and impacts.

It is also clear that some VDH TPPI program sites are having less-than-expected program effects (i.e., lower than average decreases in their teen pregnancy rates). These sites include Crater, Richmond, the Eastern Shore, and Norfolk. The presumed reasons for not meeting expectations vary across the sites. In the Crater Health District, the available funds are clearly insufficient to provide the type of targeted intensive intervention projects needed to serve the diverse and expansive geographic area covered by the health district. Without the existence of additional funds, the CTPPI may need to rethink its strategy and focus its efforts on one community at a time. For the Richmond Health District, combined poor management and inadequate planning has contributed to less-than-optimal program effects. Under new management, the RICTPPP has overhauled its program in the past year and it is anticipated that this change will begin to appear in the evaluation results in the future. For the Eastern Shore, the community-based guidance directing the dissemination of small grants to multiple community-based agencies results in each agency trying to do "too much with too little". The ESTPPP may need to rethink its strategy and move toward investing more funds into fewer replicable "4B" level programs. Norfolk has chosen to take a combination community/systems level change approach in addition to trying to target at-risk individuals within the community. Research has shown that community/systems level change approaches (such as through public awareness and education efforts) are effective. However, they require persistence over an extended period. Hence, the true outcomes and impacts of Norfolk's efforts may not be known for many more years. Additionally, since Norfolk is attempting to "do it all", it is possible that the program suffers because it too is trying to do too much with too little. For example, in comparison to the more successful VDH TPPI programs, Norfolk's intensive interventions are less

intensive in terms of both average number of sessions attended by participants and the duration of those sessions. Norfolk may also want to re-think its strategy of trying to create change at both the community/systems level and at the at-risk individual level.

A. Future Directions – FY03

Programming. In FY02, the VDH staff put significant energy into restructuring the program for FY03. While this did not directly affect implementation in FY02, it did have an indirect impact. Gaps in evaluation processes were not pursued aggressively, knowing that the model would be changing. All VDH TPPI local site coordinators and evaluators were introduced to an "outcome funding" model as proposed and taught by the Rensselaerville Institute. The intent of this introduction was to assist the site staff in early planning for FY03, in case they needed to phase out existing projects.

This model stresses:

- Use of *investor targets* to define the overall quantitative and qualitative results the investor (VDH) expects to achieve; multiple implementers contribute to investor targets, but when aggregated, investor targets define what constitutes success.
- Use of *implementor performance targets* to set annual objectives that focus on the desired behavior change of clients receiving services (as opposed to focusing on the services provided by the site).
- Use of *milestones* to track progress with achieving critical points during the contract period, to ensure that the project is on course.

The model as implemented for VDH TPPI is based on the following assumptions:

1. Effective program planning needs to be data-driven. Hence, programs should be developed based on needs assessment data that is current (within 5 years) and all projects should be able to be justified based on data.

2. Programs are more effective if they have community buy-in, getting input and connecting with partners, collaborators, and stakeholders is important to the success of teen pregnancy prevention.

3. This funding may not last forever, so working toward the sustainability of programs is important (unless of course they are so effective that teen pregnancy becomes eradicated in a particular community).

4. Short-term projects (i.e., those that last only a couple of hours) do not have a measurable impact on the behavior of teens.

5. Successful projects are effective when project participants receive the minimum dose of each project.

6. The most successful pregnancy prevention programs do not focus on any single approach, but they use multiple approaches to reach high-risk youth.

7. VDH believes that subcontracting is an appropriate response to results generation if the applicant does not have "in house" that which is necessary to achieve results, but the requirement to produce the results does not go away.

8. Since the Department of Medical Assistance Services is one source of TPPI funds, a substantial program effort should be directed at Medicaid-eligible teens.

9. Continuity in program implementation is easier to demonstrate over time when the program strategies are closely linked to an underlying theory. The specific theory does not have to be a formal or academic theory, but merely a rationale that supports the change process a particular program promotes. Each TPPI site should have a discernable underlying theory of change that program staff can articulate.

10. Based on national evaluation and research the National Campaign to Prevent Teen Pregnancy has identified successful typologies for teen pregnancy prevention programs. VDH has adopted these key typologies along with several typologies identified within TPPI over the past 8 years for program implementation. These 5 typologies are:

    - Curriculum-Based Educational Projects (CBE): Curriculum-based projects use a predeveloped curriculum to teach information about sexuality and pregnancy prevention and to develop attitudes and skills needed to avoid pregnancy. The fundamental feature of CBE projects is use of a predeveloped curriculum, which includes predeveloped and tested learning modules, teaching objectives, teaching materials and evaluation tools. These curricula focus on sexual antecedents. CBE projects involve an extended time effort, not solely a single session. CBE projects may be repeated and replicated with other groups.

      CBE projects may be an abstinence-only or a comprehensive sexuality education curriculum. Most are somewhere on a continuum. CBE projects may also be a parent-child education project designed to increase communication about sexuality and parental values. CBE projects may also include male responsibility curricula. CBE projects may be delivered in a variety of settings such as community-based, school, or health care system. CBE projects can be part of a family life education curriculum or a stand-alone project.

      In general, CBE projects contain information about human sexuality, consequences of teenage pregnancy, and means to avoid pregnancy. Skill-building to enable adolescents to enhance personal belief systems, recognize and avoid risky behaviors, develop interpersonal skills to successfully handle relationships, obtain factual information regarding sexuality, and utilize community resources for youth are also components of many CBE projects.

      Examples of CBE Projects include:
      - Reducing The Risk (CDC recommended),
      - Becoming a Responsible Teen (BART) (CDC recommended),
      - Safer Choices,
      - Making A Difference: An Abstinence Approach to STD, Teen Pregnancy, and HIV/AIDS Prevention,
      - Making A Difference: A Safer Sex Approach to STD, Teen Pregnancy, and HIV/AIDS Prevention, and
      - Postponing Sexual Involvement.

- Life Skills/Youth Development Projects (LS/YD): Life Skills and Youth Development projects are based on the belief that improving educational and career opportunities for youth can help reduce teenage pregnancy. Many youth development projects are focused on improving life skills or life options, rather than exclusive focus on sexual issues or pregnancy prevention. LS/YD projects often utilize activities such as service learning and completion of school. Service learning projects include voluntary service by teens in the community and structured time for preparation and reflection before, during, and after the service activity.

  These projects also are curriculum-based, however, they all feature elements to promote positive futures and address non-sexual antecedents. In some cases, however, these projects may include a distinct reproductive health component addressing sexual antecedents. These projects may also be conducted through community, school, or faith-based settings. They are multi-sessional, intensive, and build skills over the course of the project. Evaluation includes measurement of attitudes, skills, and behaviors, which identify development of personal responsibility, self-respect, positive future orientation, and decision-making.

  Examples of Life Skills/Youth Development Projects include:
  - Teen Outreach Program,
  - Reach for Health Community Youth Service Learning,
  - "I Have a Future",
  - Quantum Opportunities,
  - Twelve Together, and
  - Children's Aid Society Adolescent Pregnancy Prevention Program.

- Adolescent Reproductive Health Care (ARHC): Adolescent Reproductive Health Care projects focus on increasing access to preventive health care services. Medical services include physical examination and encompass referral for or provision of contraceptive services and testing for sexually transmitted infections. ARHC provide education and counseling on human sexuality and prevention of pregnancy. ARHC also include project components designed to meet special needs of teenagers. They may accomplish this through special settings and hours, a multi-disciplinary team approach including peer or other adolescent specific counseling, targeted education, counseling, and follow-up methods, special emphasis on male involvement, and provision of transportation. ARHC projects may take place in traditional medical reproductive health care settings or in school-based health clinics, mobile clinics, or community-based clinics.

  Examples of Adolescent Reproductive Health Care Projects include:
  - School-based health clinics,
  - School-linked health clinics, and
  - "Enhanced Clinical Service: New Adolescent Approach Protocols".

- Secondary Prevention Projects (SP): Secondary Prevention projects work with teenage mothers and fathers to prevent second or additional pregnancies. These projects are different because of their identified target audience—teenage parents. They include components of CBEs and work to develop life options. In addition, they link teenagers with adolescent preventive health care services as another project component. Many of these projects employ a mixture of one-on-one and group interventions. All interventions are geared at developing

and implementing a personal life options plan, which includes strategies to avoid subsequent pregnancies.

Examples of Secondary Prevention Projects include:
- Resource Mothers.

- Social Marketing (SM): Social marketing is a project type which relies heavily on traditionally commercial marketing techniques to promote a health-related behavior or attitude with the goal of specific behavior change. The emphasis on social marketing is in market segmentation, not in broad community awareness. Social marketing involves choosing and defining a specific target audience who is most likely to need your "product". The target market is more defined than "teenagers" or "adolescents" but is more specific such as male teenagers ages 15-17 who have chosen not to engage in sexual intercourse, or sexually active males and females from low-income neighborhoods who are also engaging in substance use. Campaigns for these groups might provide a message of support for the non-sexually active males or a message of sex and drugs don't mix for the other group. Social marketing involves researching the target audience and developing a broad array of marketing materials, which usually encourage a "cue to action". Social marketing goes beyond television advertising and includes multiple media strategies (radio, billboard, print) as well as community, small group, and individual activities.

  Examples of Social Marketing include:
  - "Don't Kid Yourself" Campaign, and
  - Campaign For Our Children.

Based on the assumptions and framework described above, VDH determined that it would (1) fund only projects falling into one of the five typologies, and (2) fund no more than three projects per site, unless adequately justified.

Next, VDH established an Outcome Statement as follows: *"No teenage pregnancies in the seven designated health districts"*

VDH then set a series of specific investor targets:

- Increase participation in each of the seven Virginia Teenage Pregnancy Prevention Initiative Programs so the majority of all project participants will receive minimum dose of each project's core components.

- Reduce the composite rate of teenage pregnancies in the seven health districts to no more than 101.1 per 1000 females ages 15-19 by 2004.

- Of those who receive the minimum dose, 80% of project participants will demonstrate competency in at least three areas of appropriate knowledge, skills, and attitudes to avoid pregnancy by the program year-end of June 30, 2004.

- Of those who receive the minimum dose, 80% of project participants will demonstrate a decrease in at least one behavior, which places them at risk for pregnancy by the program year-end of June 30, 2004.

- Of those who receive the minimum dose, 80% of project participants will demonstrate an increase in at least one protective factor by the program year-end of June 30, 2004.

Given the significant shift in program implementation required by the new model, VDH recognized the need to transition existing projects and data collection over a period of time. Therefore, only one implementor target was set for FY03:

- Number of teen project participants that receive minimum dose of the project.

Each VDH TPPI site, as part of its application for funding, established a numeric performance target for FY03 based on its past success, implementation strategies, and the specific project(s) it offers. This limited focus on participation rates encourages each site to put energy and resources into establishing and maintaining teen involvement in programming, which produces the best chance of success. In subsequent years, additional implementor targets will be selected by each site in response to the investor targets.

Evaluation. Evaluation for FY02 was hampered at all localities by the mandatory use of the Western Institutional Review Board (WIRB) consent form with the exception of Roanoke where evaluation funds were secured through a partnership with the City of Roanoke and independent of VDH TPPI funds. The form was lengthy and was not targeted to the populations that the TPPI serves. After several attempts at revision and discussion with the WIRB, the SERL was able to reduce the form length by one page. However, the WIRB would not allow the SERL to alter the language or reading level of the consent form to enable our population to better understand the form. Program evaluators and coordinators worked with program and school staff to try an implement their evaluation plans as much as possible given the hindering effect of the consent form.

During FY02, VCU's Internal Review Board was reinstated and submissions to this body were made for some sites in order to capture data. Although the sites were not able to do a pre/post study with comparison groups due to timing issues with the VCU IRB, progress was made this year with cooperation from evaluators and program coordinators toward using consent forms and obtaining informed consent generally.

Although WIRB and IRB obstacles were presented to evaluators and program coordinators/staff, sites were still able to provide programs to their clients. Evaluation took place at some level at four out of the six sites. Staff turnover at VDH posed new challenges to the VDH TPPI program as changes in the requirements were discussed and implemented at least twice during the year. The evaluators and program coordinators were presented with options for overcoming the current year challenges. Below are the results:

- FY03 will become a reorganization and revamping year for the VDH TPPI program that will include new measures for program participation,
- FY03 will be strictly a process evaluation year in order for the programs to meet the new requirements set forth by VDH,
- FY03 will produce from each site a reviewed and approved plan for evaluation that will be implemented beginning July 1, 2003 for the FY04,
- Evaluators will work during FY03 to provide sites with technical assistance and process evaluation in order to meet the guidelines set forth by SERL for their deliverables, and

- Evaluators, program coordinators, and any staff involved in the evaluation process will complete an IRB training held by SERL and an online NIH training to become familiar with human subjects research ethics and IRB issues.

B. Recommendations

1. Status of Recommendations from FY02.

Coalition Building:

Recommendation 1: All VDH TPPI program sites should continue to use their local coalition to determine program type and direction. The VDH TPPI coordinator should work closely with the local site coordinators and the local coalitions to ensure this process is taking place.

Response 1: The VDH TPPI coordinator worked with each site to offer feedback on local coalition development. The status of local coalitions was addressed at quarterly meetings where sites were able to offer suggestions to each other, as well.

Recommendation 2: As previously recommended, membership of community coalitions with which VDH TPPI collaborates should be defined in such a way as to ensure that it is demographically representative of the local community. Coalition membership should include consumers and parents, as well as broad representation from the human service system and related organizations such as schools. VDH should require the provision of careful orientation on an ongoing basis for coalition members. The orientation should include factual information about teen pregnancy, the VDH TPPI, and about the coalition itself.

Response 2: Information was shared with each site on best practices in teen pregnancy prevention that could be disseminated to local coalitions.

Assessment and Planning:

Recommendation 3: As previously recommended, VDH should continue to provide a careful process of curriculum quality assurance, encompassing an appropriate form of on-site review. All VDH TPPI programs should be based on accepted social and behavioral theory. All projects that make use of curricula that have been developed elsewhere should implement some procedure for assessment of the compliance with the curriculum. VDH should provide feedback to programs as to the appropriateness of the curriculum utilized with regard to the stated objectives and target audience of the program. VDH should also continue to encourage programs to invest their resources in a few solid programs in order to avoid trying to do too much with too little.

Response 3: The VDH TPPI coordinator made site visits to each funded site during the course of the year, conducted a review of all curricula used by sites, and reiterated to each site the expectation that all projects should be based on a documented theory of behavior change. Changes to the program for FY03 further substantiate these expectations.

Recommendation 4: As previously recommended, VDH should continue to monitor and review population and demographic trends in its seven VDH TPPI program sites. Allocation of VDH

TPPI funding resources should take into account both changes in performance and changes in need.

Response 4: VDH did monitor population trends in each site, as well as published teen pregnancy rates by locality. The allocation of funds to each site was based on the local program's proposed strategies.

Recommendation 5: As previously recommended, VDH should continue to provide technical assistance and training to VDH TPPI programs via the quarterly meeting format. In particular, assistance to programs in planning appropriate services for local communities should be offered.

Response 5: VDH staff provided technical assistance to all sites through both site visits and the quarterly meetings. Much of this assistance this year was aimed at shifting the program to a new outcome-focused model in FY03.

Project Implementation:

Recommendation 6: As previously recommended, the VDH TPPI Coordinator should strive to develop coordination of service delivery and exchange of information with the coordinator of Family Life Education in the Department of Education. Efforts should continue by all program sites to elicit the assistance of and increase the collaboration with local school systems as a way to obtain quality participant and comparison group survey and outcome data.

Response 6: VDH has made several attempts to work with the Department of Education to increase collaboration. However, due to the heavy emphasis on SOLs, most of the decisions regarding data collection are left at the local school board level.

Recommendation 7: VDH should work with VDH TPPI program sites to develop new MOAs or contracts that are more appropriate for the provision of teen pregnancy prevention services as needed. MOAs or contracts for all sites should increasingly reflect a move towards level "4B" programming.

Response 7: A primary focus of the TPPI program in FY02 was preparing for a change in program management in FY03, to an outcome-focused model. To this end, five categories of successful program typology were identified from the literature. All MOAs for FY03 have been issued in accordance with this new model, with an emphasis on strong, curricula-based projects.

Program Continuation and Outcome Evaluation:

Recommendation 8: VDH should continue to give additional thought to how to build in more of a longitudinal outcome evaluation focus in future years of the project. Such a focus would provide local sites a stronger basis for determining whether programs are truly worthy of replication or not.

Response 8: VDH is not in a position to implement longitudinal program evaluation, given the current level of funding; such programming would require systems to track teens from year to year, and collect cohort data over time – all of which is outside the scope of the current budget.

Recommendation 9: As previously recommended, VDH should consider implementing an annual TPPI outcome evaluation conference or workshop that is facilitated by the local evaluation team. The purpose of such an annual event would be to provide a forum to expand the discussion about TPPI outcome evaluation by beginning to include stakeholders who heretofore have been on the periphery of this discussion/activity. This would increase participation and further build the capacity of TPPI stakeholders to be a part of formal outcome evaluation. This would also be a great vehicle for making clear the link between evaluation results and program development/enhancement. Finally, such an annual event would provide a regular opportunity to repeat and underscore certain key messages important to the initiative (e.g., the theory based programming information presented in Charlottesville, etc.).

Response 9: The contract for evaluation for FY03 has been written to include an evaluation conference toward the end of the fiscal year.

Recommendation 10: As previously recommended, VDH should improve the overall uniformity of local evaluation efforts across sites via the following: (1) implement standard report format, (2) develop a standard measurement protocol for use by all sites to avert further human subjects issues, and (3) consider having all local site evaluation studies for a specific year be focused on evaluation of a particular type of program, a theme, or some other unifying evaluation issue, which begins to promote some standardization across sites in a given local evaluation cycle. This will go a long way to promote more uniformity in a process that currently has very little across sites, and will begin to make apparent gaps in evaluation capacity across sites.

Response 10: The changes implemented for FY03 address all of these recommendations: the use of standard implementor targets across all sites; the development of an evaluation plan that generically assesses each program type, regardless of the individual project curriculum (which will allow for one human subject review); limited focus in the next year on increasing measurements of program participation – all are intended to strengthen consistency across sites.

Recommendation 11: As previously recommended, the Local Evaluation Team should continue to clarify and improve its operations, ultimately making them as transparent to site-based program staff as possible.

Response 11: For FY03, responsibility for identifying a Local Evaluator has been included in each site's MOA; responsibility for managing the LET has been established with the evaluation contractor. It is VDH's expectation that the LET operations be more systematic and operate more efficiently with each local site.

In light of the broad scale proposed changes to the VDH TPPI structure, recommendations for the upcoming fiscal year have been limited to the following:

Recommendation 1: VDH should set out clear, written goals/objectives/guidelines for coalitions to operate with expectations and results included. VDH should provide an overall definition of what a coalition is and how it should function. Some recommendations include:

- Coalitions should minimally set quarterly meeting times to discuss TPPI programs – these meetings should be solely for this purpose. By setting quarterly meeting times to discuss only TPPI programs, the coalition builds its capacity to assist program staff, improve programs, bring together ideas from other areas of the community and share potential resources in a structured environment. Focusing on TPPI programs will allow coalition members to more accurately know what is happening in the programs and to be more involved.
- Coalition members should pledge a minimum one-year commitment to the coalition.
- Coalition members should consist of a variety of groups: school representatives, agency representatives, etc. should also consist of local program providers. Coalitions work best when they represent the community from all aspects and have the "professionals" there to provide the insight and knowledge that experience and education bring to the table. Agency representatives provide insight from the program provider. School representatives can assist in overcoming barriers with local educators and schools.
- Input into coalition activities should be gained from the community the coalition serves through forums, focus groups, informal surveys, town meetings, or some formal method of information gathering.
- VDH should form a partnership with local educators to remove local school barriers.
- Coalition members should be held to outcomes and results established at the beginning of each program year.
- Coalitions should work to obtain future funding to supplement VDH TPPI funding and eventually match or replace VDH TPPI funding.

V. APPENDIX

Copy of Authorizing Law

307.	State Health Services (43000)	32,909,578	32,918,984
	Child Development Services (43002)	3,970,145	3,971,736
	Children's Specialty Services (43003)	8,003,045	8,004,242
	Family Planning Services (43005)	6,722,041	6,725,174
	Maternal and Child Health Services (43008)	11,586,725	11,588,871
	State Health Services Technical Support and Administration (43012)	2,627,622	2,628,961
Fund Sources:	General	9,452,337	9,455,287
	Special	3,020,094	3,020,671
	Federal Trust	20,437,147	20,443,026

Authority: §§32.1-11, 32.1-77, and 32.1-89 through 32.1-90, Code of Virginia; and P.L. 94-566, as amended, Title V of the U.S. Social Security Act and Title X of the U.S. Public Health Service Act, Federal Code.

A. Health programs which improve pregnancy outcomes shall be assigned a high priority within the Department of Health. The Commissioner shall assure that adequate prenatal care services to include early identification and management of intermediate and high risk patients are available to low-income pregnant women through the appropriate state program. Recommendations of the Maternal and Child Health Council shall guide the Department of Health in assessing the adequacy of prenatal care services.

B. Out of this appropriation, $700,000 from the general fund and $700,000 from nongeneral funds and 28 positions the first year and $700,000 from the general fund and $700,000 from nongeneral funds and 28 positions the second year are provided for the operation of teenage pregnancy prevention programs in the health districts of Richmond, Norfolk, Alexandria, Roanoke City, Crater, Portsmouth, and Eastern Shore. The Department of Health shall evaluate these programs to ensure that the prevention methodologies are successful and transferable to other health districts. Results of a continuing evaluation shall be reported to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by January 1 of each year.

C. Notwithstanding § 4-1.03 of this act, general fund and nongeneral fund appropriations for the Resource Mothers Program shall not be transferred to support other public health programs or any other purpose.

D. Any funds originally budgeted for hemophilia clotting factor treatment which are unexpended as of June 30, 2001, shall be reappropriated in the succeeding year to be used for AIDS treatment services to hemophiliacs.

Go to (General Assembly Home)