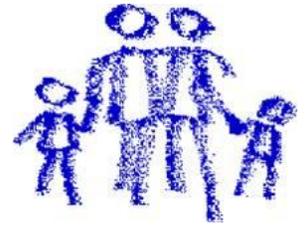


TEEN PREGNANCY PREVENTION PROGRAMS 2010 BEST PRACTICE EXAMPLES



The Office of Family Planning (OFP) has identified several best practice examples commonly utilized in the Teen Pregnancy Prevention (TPP) Program. The most notable strategies used to meet program goals include, but are not limited to:

- ❖ Comprehensive Sexuality Education
- ❖ Clinical Service Linkages
- ❖ Information Presentations
- ❖ Youth Leadership Development
- ❖ Life Skills Education
- ❖ Male Involvement
- ❖ Education and Support for Teen Mothers and Fathers
- ❖ Education and Support of Significant Adults, Parents and Other Caregivers
- ❖ Community Awareness and Mobilization

Each of the nine best practices provides examples of approaches that were implemented and are transferrable by many of the TPP Grantees within the TPP Program. The following details specific activities implemented by TPP Grantees for each of the aforementioned best practices.

COMPREHENSIVE SEXUALITY EDUCATION

PLACER COUNTY OFFICE OF EDUCATION (GOLD COUNTRY):

Example 1: Placer County provides comprehensive sexuality education (CSE) at various sites of service. At one location, Health Educators use a game, "R U in Jeopardy" on the last day of the program. It serves as a review and re-enforcement of all of the concepts and topics covered. Further, it is an opportunity for project staff to check for understanding and myths. This ensures that the participants not only understand the information, but also understand how various choices and behaviors are connected to risks and consequences. The activity is conducted in a competitive team format, and is designed to speak to teens with various learning styles and strengths. Health Educators report that teens who are shy, reserved, hard to understand, challenged by reading or afraid of being judged can contribute and demonstrate knowledge in ways other than a written test or raising their hand to answer a question. Teens may have never said a single word during the entire series but turn out to be incredibly strong on teams as enthusiastic leaders. Other teens use poetic and musical skills to quickly come up with poems, raps, or songs about the topics and issues covered such as pregnancy, sexually transmitted infections (STIs), HIV, relationships, puberty or anatomy. Sometimes teams are asked to demonstrate body language or communicate in the form of a skit or conduct a quick lesson on the white board with colored pens drawing and explaining the biology of the fertilization of an egg by a sperm at the beginning stages of pregnancy. Within the team, there may be participants whose strength are drawing, others that will be able to label the parts and remember the sequence, while others that love doing all of the talking. This activity continues to be a great time for everyone and allows the teens to demonstrate incredible knowledge. Furthermore, if by chance no one knows the answer, another opportunity is presented to follow up and re-examine that particular topic to reinforce learning.

Using creative and interactive activities such as games, skits, and art to discuss adolescent development/sexuality and sexual health topics helps to address various learning styles and strengths of teens. Setting up an environment in which teens are encouraged to participate and learn from their peers reinforces learning through a team approach.

COMMUNITY ACTION PARTNERSHIP OF KERN (CENTRAL VALLEY):

Example 2: In an area where many schools have low Academic Performance Index (API) scores, the districts have eliminated health and life skills curriculum to dedicate more class time to core subjects. As a creative solution, project staff decided to partner with athletic programs to provide comprehensive sex education to youth during their practice.

This collaborative approach allows the youth an opportunity to receive reproductive health information after school without taking time out of the school day.

JWCH INSTITUTE (LOS ANGELES):

Example 3: In collaboration with a service center for AIDS, a speaker who was HIV positive came in person to speak about her experience living as a woman and a mother with HIV. Project staff reported that this experience made a huge impact on the youth participants that were in attendance. Many of the youth wrote heartfelt thank you letters about how her presentation made an impact on them.

Project staff reported that arranging for someone to share their story directly with youth was invaluable and enhanced the program in an emotional and sincere way. Participants felt the compassion and empathy for the speaker along with being informed regarding sexual reproduction and the consequences of making choices. (“Decision making” is part of the curriculum and included in post-test results).

COMMUNITY ACTION PARTNERSHIP OF SAN LUIS OBISPO (CENTRAL COAST):

Example 4: A comprehensive sex education curriculum is presented to youth attending court and community schools. Students attending court and community schools are often on probation, have issues with substance use, are most likely sexually active, and at very high risk for teen pregnancy. The Health Educators have a long history (over 15 years) of providing prevention education to this population, many of whom struggle with learning disabilities and emotional challenges. The curriculum is further enhanced by the utilization of clinical linkages to neighborhood Family PACT providers and peer-provider clinics. References to services and what happens during a clinical visit is incorporated in every comprehensive sexuality educational session.

Training project staff is essential when working with students with special needs. Sensitivity but firmness while providing services to students with special challenges can promote trust, security, and stability within the classroom.

CLINICAL SERVICE LINKAGES

CALIFORNIA HEALTH COLLABORATIVE (FRESNO, KINGS, AND MERCED) (CENTRAL VALLEY):

Example 1: This agency distributes branded silicone bracelets (“No Bumps, No Babies”) that allow clinic staff to recognize program-referred youth when they pursue Family PACT services in local health clinics. The bracelets prompt clinic staff to provide additional privacy for those clients (e.g. placement in private room to complete forms vs. waiting in main lobby).

Quick and discreet identification of youth entering clinics to access services minimizes fears about being “caught” waiting for clinic services. Staff provide a quiet and confidential environment in which youth complete paperwork and have all their questions addressed without feeling embarrassed. These efforts have been shown to increase participants comfort level, while also allowing the CCG program to collect data on the number of youth who access clinic services.

CALIFORNIA HEALTH COLLABORATIVE (BUTTE) (CENTRAL VALLEY):

Example 2: This agency negotiates special scheduling arrangements with two county Family PACT Clinics, so they have blocks of appointments available for participants. The final session of each Prevention Education curriculum includes offering Family PACT clinic appointments and transportation to all participants.

Collaborating with multiple Family PACT providers expands access to and the availability of clinic services for youth. Staff providing youth with transportation from an after-school program site to Family PACT clinics eliminates barriers for youth who would not be able to access clinical services without transportation.

ALTAMED HEALTH SERVICES CORPORATION (LOS ANGELES):

Example 3: Project staff refer students from the Comprehensive Sexuality Education classes to the many Family PACT clinics in the area. Project Peer Educators have been able to serve as liaisons/navigators for students from their high schools.

Peer Educators are trained to provide peer support with confidentiality, assisting teens with sensitive questions, understanding the process of accessing clinical services, and often times accompanying teens to their appointments. This approach creates a very comfortable environment so that teens are not afraid to access clinical services and they become familiar with what to expect during a visit.

FOOTHILL FAMILY SERVICE (LOS ANGELES):

Example 4: The agency’s Health Educators developed a unique strategy to increase effective communication with teens by consistently providing teens with their cell phone numbers; and allowing teens to text their sexual health questions anonymously which may reduce the teens’ sense of embarrassment or judgment.

As a result, Health Educators report that there has been a significant increase in teens accessing clinical services.

INFORMATION PRESENTATIONS

CALIFORNIA HEALTH COLLABORATIVE (BUTTE) (CENTRAL VALLEY):

Example 1: Project staff have worked closely for years in collaboration with local Hmong Community Elders to produce an annual conference focused on improving the quality of parent-teen communication and raising cultural awareness. At the end of each conference, staff and elders conduct focus groups and solicit input from the community about the barriers to fostering positive and effective communication within Hmong families. From the focus group findings, project staff learned about the core concepts of the Hmong culture which include the principles of character development and cultural fidelity. Staff have been able to provide keynote presentations from a regionally revered elder and facilitate discussions between teens and parents, re-assuring parents that their children are being taught values similar to theirs, even if the behaviors that are expected from youth in the U.S. are different from their traditional culture such as delaying parenthood and accessing Family PACT services.

Utilizing community leaders of the same culture to facilitate discussions between youth and parents creates greater trust of public health workers and services available to the community. This partnership enables project staff to identify and address issues that arise for refugee families as they struggle to balance cultural preservation and cultural adaptation. By using this approach, this TPP program has developed a relationship with the community, which leads to vested interests in resolving public health concerns related to teen pregnancy prevention.

YOUTH LEADERSHIP DEVELOPMENT

FAMILY CONNECTIONS OF EL DORADO (GOLD COUNTRY):

Example 1: Family Connections of El Dorado developed a comprehensive mentoring program, called Mentoring Plus. Through this program, Family Connections staff have been influential in bringing youth development practices and principles to their community. Working in partnership with the school district, this agency was awarded a three year Safe Schools/Health Students grant. This grant allowed for 100 district staff and students to be trained in youth development practices and principles and the district adopted the Health Education Standards for California Public Schools in March 2008. Annual evaluation of the Mentoring Plus program includes using a Youth Program Quality Assessment Tool to assess program quality, determine program strength, and identify areas for improvement.

Mentoring Plus program activities are integrated into all areas of middle school and high school culture; including the health curriculum creates a common language between Mentoring Plus program health educators and school staff. Their collaborative goal is to reduce teen pregnancy, work with parenting teens with an emphasis on keeping young fathers involved, and to collaborate on funding opportunities.

As part of the agency's on-going work with the Sacramento-based Youth Development Network (YDN), Mentoring Plus staff have been participating with a regional program committee working to

design a website for social networking. This will help all participating agencies expand their outreach and identify available resources for youth.

Significant collaboration among CCG Programs and School Districts can foster comprehensive approaches to youth development. Integrated CCG programming with School District staff helps ensure that youth receive consistent guidance in avoiding pregnancy, STI/HIV transmission and acquisition, and keeping young fathers involved. Collaborations with School Districts can lead to funding opportunities for both the CCG Program and the School District.

DOS PALOS ORO LOMA JOINT UNIFIED SCHOOL DISTRICT (CENTRAL VALLEY):

Example 2: This agency trains a group of students on Teen Pregnancy and STI/HIV prevention so they may participate as peer educators on a call-in Teen Radio Show. A Health Tech is always present to answer more sensitive and/or complicated questions about pregnancy and STI/HIV prevention.

Using media (broadcasting over radio) as a means for spreading teen pregnancy and STI/HIV prevention information enables the agency to reach a large listening audience. Students are trained as peer educators on various sexual health topics. The peer educators then use their leadership abilities and interpersonal skills to educate others about teen pregnancy prevention.

LIFE SKILLS EDUCATION

TEEN FUTURES (LOS ANGELES):

Example 1: Youth participants are issued an "electronic baby" to care for over the course of 48 hours (Infant Simulator Project). This experience exposes the participants to what is entailed in being a young/teen parent. The infant simulator will cry every four hours or so, and it is the job of the participant to "soothe" the infant simulator by rocking it in order to stop its crying. The infant simulator will cry regardless of the time of day, interrupting normal activities such as school and sleep. After 48 hours have passed, the infant simulators are returned to the program. TPP agency project staff gauge how successful the participants were in caring for the infant simulators by measuring total minutes crying, amount of neglects (wherein the baby cried for a long time without being soothed) and number of physical abuses to the electronic baby. Most participants were greatly relieved to return the infant simulator at the end of the 48 hour period. They often expressed sentiments such as "Get this baby away from me, take it back!" All of the participants acknowledged that while taking care of the electronic baby was difficult, a "real baby would be much harder."

Teens experience life skills of what it would be like to care for an infant through the Infant Simulator Project. They learn the hard work, inconveniences, frustrations, and problems involved in caring for an infant which discourages early parenthood. The majority of the participants report to project staff that they are not ready to become teen parents.

ORANGE COUNTY DEPARTMENT OF EDUCATION (ORANGE):

Example 2: The agency's target population consists of extremely high-risk sexually active teens. The agency developed a one-on-one and small group reproductive health coaching model for ACCESS students, Girls Court, and foster care youth. The reproductive health coaches target the highest risk students by meeting with them individually and creating a plan to postpone becoming a parent. Topics and discussions range from future planning to dating rules and conflict resolution.

Providing a one-on-one reproductive health coach allowed these high risk teens to have individual support, develop future goals, and have a positive role model who they could connect with and build a trusting relationship.

MALE INVOLVEMENT

LOS ANGELES COUNTY OFFICE OF EDUCATION (LOS ANGELES):

Example 1: Students receive workshops in class on Teen Pregnancy Prevention topics with regards to male responsibility and waiting to take on the responsibility of parenthood until they are emotionally, financially, and physically able. Project staff provide extended learning activities and ice-breakers that support the lesson topics of male responsibility, peer pressure, influence of media, minor's rights/laws, and anger management, healthy relationships, and other topics that relate to males. Male participants receive job skill preparation workshops and youth employment information to assist them in making positive life decisions and becoming financially responsible.

Providing male facilitators as role models and engaging male participants in real-life lessons and experiences can increase the level of comfort in participating in the various activities and inquiring about services specifically for males. Male facilitators can provide messages that will motivate and empower male participants to consider making better choices for themselves.

EDUCATION AND SUPPORT FOR TEEN MOTHERS AND FATHERS

HUMAN SERVICES ASSOCIATION (LOS ANGELES):

Example 1: Project staff implemented the CCG Southeast Teen Opportunity Prevention Program (STOPP), a nurturing program that is open to all young males and females who are parenting or soon to be parents. The program promotes open communication and fosters a protective nurturing environment. The program helps to overcome obstacles that many teens are not able to overcome by themselves. Various topics pertaining to educational success are discussed and other issues may come up such as domestic violence. Staff reports there is success with students referring other students or self-referring themselves.

Many participants report they are no longer sexually active due to fear of a second pregnancy and others report a high use of contraceptives. For example, a 14-year old pregnant student who was in an abusive relationship reached out to this program. The program guided her to a fresh start so that she and her infant could live a healthier, independent lifestyle without her

abusive partner. Currently, the student remains active with the program and is expecting to graduate this year from high school and will begin college in the fall.

EDUCATION AND SUPPORT OF SIGNIFICANT ADULTS, PARENTS AND OTHER CAREGIVERS

MONTEBELLO UNIFIED SCHOOL DISTRICT (LOS ANGELES):

Example 1: The SHAPE program which stands for **Sharing Healthy Adolescent and Parent Experiences** is offered at the beginning of the school year to all the schools in the district via email. Within one day of the announcement going out to all the schools, the program is usually booked for the whole year due to the extensive and diverse recruiting efforts by project staff such as distributing information about the program and local family PACT providers at health fairs, back to school nights, open houses, having permission slips readily available, and providing incentives for those who sign up for the program. Once enrolled, there are interactive sessions that are fun and engaging for both parents and youth. Also, the program provides a very popular annual field-trip which takes place at the California Science Center Gallery of Life. The gallery contains the various stages of pregnancy with real-life models of the embryos, fetuses, and the uterus.

This approach provides an array of learning tools for both youth and significant adults. The annual field trip event promotes open communication, great family bonding time, and rapport building between youth and their parent(s) and/or significant caregiver while at the same time understanding human development and anatomy.

WOODLAND JOINT UNIFIED SCHOOL DISTRICT (GOLD COUNTRY):

Example 2: The Woodland School District recruited facilitators to implement the CCG Parent-to-Parent curriculum. Facilitators included Marriage and Family Therapists Interns/Trainees from several universities who are in a Masters' Program for counseling. Bilingual, bicultural facilitators fluent in Spanish, Russian, and Hmong are also recruited and trained to facilitate sessions. Facilitators collect demographic information, maintain attendance sheets, and conduct evaluations.

Recruitment efforts for teens and their parents/caregivers are through advertisements in the county's fair book and local newspaper as well as sending the information to all middle and high school counseling staff within the school district. Information regarding the classes is distributed at the Woodland Youth Connection meeting to members of the collaborative. However, it is noteworthy that most of the referral sources come from "word of mouth", from parents who have participated and have shared their positive experience and outcomes with other parents who are going through a difficult time with their teen(s).

The curriculum is designed for parents and their teens to work together by discussing topics such as: knowing your adolescent; setting boundaries; information on alcohol and drugs; pregnancy prevention; communication; discipline; and anger management. The emphasis throughout the curriculum is communication. Communication is the basis for parents to create a healthy environment in the home and communicate parents' expectations to their teens. With the skills to communicate more effectively, prevention of unhealthy behaviors, such as the use of drugs or alcohol, both of which contribute to teen pregnancy, parents can get between their children and the negative influences that put their teens at-risk. Both adult and teen participants are given the opportunity to share their experiences in the class.

Recruiting and training specialized volunteers for CCG activities can attract target populations who might not otherwise participate and increase program success. Adults and youth working together to learn communication skills helps develop clear expectations resulting in successful communication.

COMMUNITY AWARENESS AND MOBILIZATION

CLINICAL SIERRA VISTA (CENTRAL VALLEY):

Example 1: This agency sponsors a poster contest about clinical health services (pregnancy and STI/HIV prevention) available to youth. The winning poster is then used as a cinema advertisement in a local theater to increase awareness of available services and provide clinic contact information to a much larger audience within the community.

Theater advertisement is an excellent way of increasing the visibility of reproductive health services available to youth. These messages reach the community at large where the target population resides. The ads are used to reinforce messages regarding teen pregnancy prevention services to youth in the community.

RIVERSIDE COMMUNITY HEALTH FOUNDATION (INLAND EMPIRE):

Example 2: A community event was attended by young men ages 12-22 from 12 schools, 32 mentors, dignitaries, and educators. Through workshops and presentations by community partners, the event's goal was to help at-risk young men recognize their potential and identify personal strengths. Topics covered during the event included masculinity, gangs, drugs, domestic violence, and college and career guidance. Professionals from a variety of fields gave their testimonials on personal resiliency and how living dangerously will get you nowhere. A judge who was the keynote speaker left the youth in awe as he shared his life story as a young boy raised in the city, growing up to attend college and becoming a judge. He emphasized that every young individual has what it takes to become someone and it is possible to be a success even when your future looks bleak. Also, the event enlightened and empowered the youth to make healthy decisions and pursue goals. The mentorship provided a healthy connection for young males in the community. Mentors provided the youth with assistance to recognize their own potential and identify personal strengths through their involvement and insight. Hopefully, the leadership that the mentors provided was a positive influence not only for the day but for the future.

Another aim of the event was to provide the young men with information to raise their awareness about various issues related to adolescence. Local leaders provided information and resources regarding character building, making healthy decisions, and the consequences of engaging in unprotected sex.

This approach utilized a myriad of community partners to facilitate workshops and present information from a variety of professionals. Having a prominent/influential male keynote speaker and mentors to promote vital messages may enable male youth to raise their awareness in making better choices. Hopefully, in making better choices, it will help to change their high risk behaviors.

MONTEREY COUNTY HEALTH DEPARTMENT (CENTRAL COAST):

Example 3: Increasing the awareness of teen pregnancy prevention by mobilizing the population that may be under served, such as farm workers, is a critical aspect of this intervention. In collaboration with another organization, Family PACT information is provided to 225 farm workers. They receive information on Family PACT services such as confidential and free reproductive health services. Farm worker youth receive referral cards with the incentive of a free calling card to encourage them to seek services. They are able to receive other incentives as well. Initially, the young men are reserved and do not want to say very much. However, after further talking with project staff and local presenters, they begin to feel more comfortable and begin to ask many questions with regards to services.

Project staff begin by identifying groups within the community who may need specific services. Networking and collaborating with other agencies can maximize available resources in addressing the needs of a specific population.

PROGRAM IMPLEMENTATION

GREAT BEGINNINGS FOR BLACK BABIES (LOS ANGELES):

Example 1: Project staff implemented a new schedule involving 5 school sites. The schedule consists of organizing each school site by assigning a day of the week by which all interventions are implemented by project staff. Students, parents, principals, and project staff are extremely excited about this new schedule which supports all aspects of each intervention on the particular day for a particular school. The classes implemented are very interactive. Project staff is providing the opportunity to educate teens in making healthy choices by engaging them in hands-on lesson activities, providing accurate information through role play, guest speakers, skits, raps, poems, and art posters. Project staff reported that youth and parents are learning to open up and feel comfortable in discussing issues.

This comprehensive approach of scheduling provides easy accessibility to project staff regarding the interventions. Furthermore, it creates consistency whereby teens and parents will know exactly when and where project staff will be on any particular day of the week which can make a tremendous impact on TPP Program's visibility within the community.

CONCLUSION

The examples of Best Practices included above represent a sampling of the creative ways TPP Grantees are approaching teen pregnancy and STI/HIV prevention. The examples were gleaned from progress reports submitted by Grantees in 2010-2011. These practices highlight innovative approaches that enhance the TPP Program in ways that educate, support, elevate and inspire at risk youth.

**On behalf of the Office of Family Planning/Teen Pregnancy Prevention Program:
Your commitment over the years is very much appreciated!**

**TO ALL TEEN PREGNANCY PREVENTION PROGRAM GRANTEES
THANK YOU**