

Integrating teen pregnancy prevention programming in schools: The experience of two former OAH grantees

Introduction

Delivering and sustaining a structured health program within the context of a busy and demanding school environment is challenging. Schools and districts have to juggle state requirements, community needs and perceptions, as well as their own resource and capacity constraints. In 2015, the Office of Adolescent Health (OAH) launched a three-year effort to explore the key factors that affect program sustainability, and to identify the strategies that former OAH grantees have successfully employed to sustain their programs (see About OAH's Sustainability Study). This case study highlights the strategies two former federal grantees used to replicate and sustain evidence-based programs in schools after their grants ended.

The Central Jersey Family Health Consortium, Inc., (CJFHC) and the Hawaii Youth Services Network (HYSN) received Teen Pregnancy Prevention Program (TPP) funding in 2010 from OAH to replicate an evidence-based program for five years. CJFHC was the lead agency of a collaboration of schools and youth service providers, working with eight community partners to implement an evidence-based program. CJFHC was also responsible for building the capacity of facilitators who were employed by their partner agencies. HYSN provided capacity-building training and technical assistance to 10 implementing partners to deliver two different evidence-based curricula in local schools.



Once their grants ended in 2015, both organizations were able to sustain programming by aligning with school-based health education standards, addressing local needs, fostering community awareness, and building capacity. We present the key lessons these former grantees learned as part of their efforts to continue their programs beyond the grant period.



In New Jersey, schools helped the grantee select a program that fit their needs

CJFHC worked closely with school administrators, who had experience with sexuality education programs in their schools, to identify an evidence-based model (Figure 1) as the right fit for the schools.

School administrators expressed frustration with the short duration and fleeting nature of previously implemented school-based sexual health education programs. They preferred the selected program's focus on life skills, social emotional learning, and community service, as it better aligned with school needs to support academic success and meet the overall developmental needs of youth. Schools who initially expressed concerns about some of the sex education content felt more comfortable with the program over time.

CJFHC valued that the program was inclusive of race, gender expression, and sexual orientation. It could also be implemented in a variety of settings, including in school and after school, as well as with rural and urban youth. Schools liked being able to integrate the program into health classes during school hours, allowing the program to become a part of regular school instruction. Some schools offered class credit for participation. After-school implementation was typically limited by the availability of after school busing to take students home after the program.

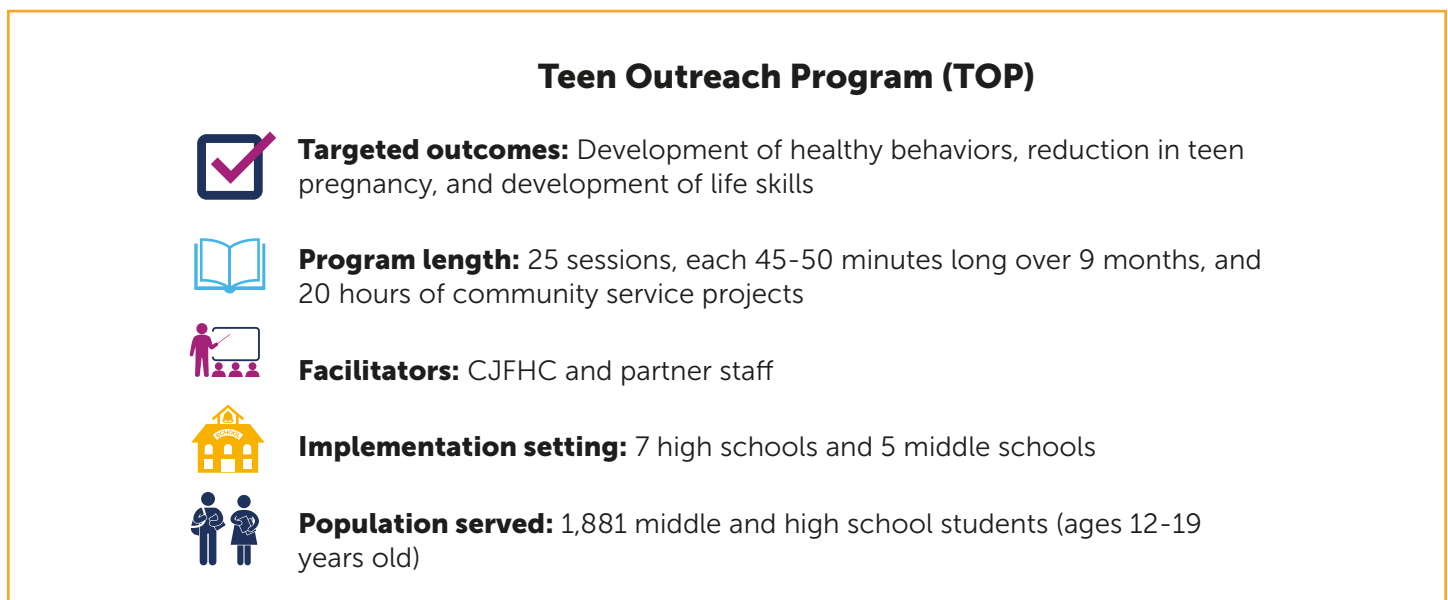
About CJFHC

CJFHC is a private nonprofit organization licensed by the New Jersey Department of Health and part of a regionalized maternal and child health system. Originally created through funding from the Robert Wood Johnson Foundation in 1988, CJFHC includes membership by perinatal and pediatric providers, hospitals, community-based agencies, consumers, and consumer advocates. CJFHC is responsible for ensuring the provision of maternal and child health services, including preconception and prenatal care programs; perinatal addiction prevention; referral services; early childhood programs, including early intervention; bereavement services; and teen health initiatives. As of February 2017, CJFHC employed roughly 111 people, including 10 part-time staff.

"We felt that [the selected] model provided something to the school beyond teen pregnancy prevention. . . . There was a lot for the school to buy into and the communities to buy into and we thought that it would be more sustainable over time than a model that maybe fit our needs as a maternal and child health consortia but didn't exactly fit the full need of the schools."

—CJFHC staff

Figure 1: Program implemented under OAH grant (CJFHC)



Source: CJFHC grant application, final report, and discussions with grantee staff.

In Hawaii, the grantee found that local outreach significantly helped address school concerns

HYSN had been implementing their selected curriculum (Figure 2) at private and charter schools and out-of-home care sites before receiving the OAH grant. Their implementation partners had previously implemented the program and had established relationships with the communities that were offering it. Therefore, continuing the curriculum as part of their programming and facilitating it in the communities under the OAH grant was a natural continuation.

However, under the grant, HYSN and their implementing partners needed to work with additional schools and ensure that the program content and methods were aligned with district needs and policies. HYSN decided to add a second evidence-based curriculum that met OAH grant requirements, had an abstinence focus, and could be implemented in their target schools.






From the beginning, HYSN made an effort to gain support and buy in from the schools and parents and

About HYSN:

HYSN is a statewide coalition of youth-serving organizations and the Pacific Islands Training and Technical Assistance Center, which primarily provides training and technical assistance in building organizational capacity. Additionally, HYSN assesses the resources youth and their families need, is involved in developing public policies to address those needs, and builds partnerships across youth organizations in Hawaii to bring federal funding to the state. Currently, HYSN's work involves runaway and homeless youth services, teen pregnancy and sexually transmitted infection prevention, bullying and violence prevention, and improving the foster care and juvenile justice systems. As of February 2017, HYSN employed three full-time staff and one part-time staff person.

ensure that the programs they selected were a good fit. For example, HYSN organized 90-minute parent nights to explain the program to parents, understand any concerns, and obtain their consent. Through their parent nights and community trainings, HYSN stressed the importance of schools and parents working together to educate teens about sex. They made sure that the messages were

Figure 2: Programs implemented under OAH grant (HYSN)

	Making Proud Choices!	Making A Difference!
 Targeted outcomes:	Increased condom use, and reduced rates of teen pregnancy and sexually transmitted infections	Increased sexual abstinence, and reduced rates of teen pregnancy, sexually transmitted infections, and risky sexual behaviors
 Program length:	45-50 minutes, 2-3 times a week for two months	
 Facilitators:	Subgrantee staff	
 Implementation setting:	Eight sites per year, including private schools, after-school and community-based programs, and out-of-home care sites for youth in foster care or homeless shelters	10 sites per year, public schools
 Population served:	1,621 middle and high school students (ages 11-19 years old)	2,593 middle and high school students (ages 11-19 years old)

Source: HYSN grant application, final report, and discussions with grantee staff.

supported by facts and framed in ways that parents and school administrators would relate to and understand. In addition to information on the two curricula, HYSN administered training for parents or providers (such as child welfare staff or social workers) to help them discuss sensitive topics with youth. The training, called, Helping Our Parents Educate, covered discussions on sexual health topics, sexuality, and anatomy.

"...use key messages that nobody can possibly disagree with, [such as] 'we all want our children to grow up safe, healthy, and ready to succeed, and we know that getting pregnant as a teenager gets in the way of that goal.'"

—HYSN staff

To engage participating youth and further strengthen support from families, HYSN made a few adaptations to the curricula to make programming more culturally relevant to Hawaiian youth. The adaptations included changing curriculum character names to Hawaiian names, creating video content to depict Hawaii youth in Hawaiian settings, and addressing risks relevant to Hawaii youth. HYSN observed that when the adaptations were used, the youth were more energetic and engaged as they went through the curriculum. This energy boosted facilitator morale, who felt the materials were a good fit for the target population and enjoyed teaching the curriculum to an engaged audience. HYSN suggested that the facilitators' positive experiences with the curriculum made their subgrantees more willing to continue implementing the program after the OAH funding ended. The hope was that if both the facilitators and the students enjoyed the curriculum materials, the schools would integrate them into their regular programming, and want to continue offering these programs to students.

Collecting data on community needs and program performance also helped sustain programming

HYSN used some of the OAH funding to conduct a needs assessment and examine local data on teen birth rates and community attitudes. For example, they conducted an independent survey on community attitudes towards sexual health education, and used the Department of Health's warehouse data to examine the

teen birth rates specifically for Pacific Islanders to better target programming to meet community needs. These efforts helped HYSN demonstrate the broader need for school-based TPP programming in Hawaii and also led to important insights into what community members wanted and needed.

Similarly, CJFHC relied on data collection and dissemination to support sustainability. CJFHC staff emphasized the importance of being able to collect and use performance measurement data to maintain partnerships with schools. Having access to performance data kept school partners engaged and conveyed the success of the program to new stakeholders, particularly if there was turnover within the partnership (such as a new school principal).

Grantees trained staff on implementation and sustainability to promote continued, and even expanded, programming after the grant.

Before the grant award in 2010, central New Jersey school districts were implementing a variety of health education programs. As part of the OAH grant, school administrators wanted to standardize health education across the schools. Therefore, CJFHC incorporated steps to build staff capacity and sustain programming, right from the start.

To accomplish this, CJFHC trained a wide range of staff within each school, from individuals who would implement the program to other adolescent-support staff, such as mental health counselors and youth development specialists.

"The long term goal was that as long as we do this with [the schools], [for] as long as we possibly can, that they would essentially be able to pick that program up and continue to implement it after we stepped out of the site."

—CJFHC staff

CJFHC has recently formed a new partnership with two statewide agencies and plans to train mental health clinicians and youth development specialists in several middle schools to implement their selected model. Similar to their approach with the OAH grant, CJFHC will build capacity for program implementation, but facilitators will be financially supported by local school funding.

Five of the 12 original implementing schools still offer the program today. CJFHC continues to monitor fidelity, primarily through observations that take place once per year, and to provide technical assistance as needed. The developer of the program also holds monthly technical assistance webinars in which schools can participate. CJFHC is now the organization licensed to provide technical assistance on this program in New Jersey, which means they are training facilitators and supporting implementation across the state with partners that have received funding from a variety of sources. Maintaining and developing these new partnerships with sites across the state has helped CJFHC sustain the program in sites that started under the OAH grant.

In Hawaii, the grantee required its partners to complete a capacity-building needs assessment at the beginning of the grant and subsequent annual assessments to measure subgrantees' progress toward sustainability after the five-year grant. To support subgrantees' sustainability efforts, HYSN organized trainings and workshop sessions related to grant writing and management, leadership to enhance agency infrastructure, and building sustainable programs. Executive directors and board members also received trainings. One training in particular was focused on the role of nonprofit boards of directors and fundraising. To help them sustain, HYSN worked with subgrantees to avail themselves of potential funding opportunities. Three subgrantees received new funding to sustain their programs. Six additional subgrantees continue to provide teen pregnancy prevention education in some capacity.

Key lessons learned

Both HYSN and CJFHC used their federal grants to replicate evidence-based interventions and expand programming in schools by building staff capacity and aligning with local requirements. From the beginning, they worked hard to find programs that were the right fit for schools, used data and parent input to support program delivery, and trained facilitators to continue the program beyond the grant period. Based on their experiences, CJFHC and HYSN highlighted the following strategies to successfully sustain programs after federal funding ends:

- ✓ **Choose a model that aligns with the goals of stakeholders and implementation partners.** In working with school administrators, CJFHC discussed the program from a broader youth development or dropout prevention perspective, rather than solely focusing on teen pregnancy prevention. Organizations should begin building relationships with school districts and parents even before the grant period and should engage them in the program selection process from the start.
- ✓ **Systematic assessments of need and performance can be critical to supporting program delivery after funding ends.** HYSN's early work to assess local needs provided valuable data to support school-based teen pregnancy prevention programming in Hawaii. For CJFHC, sharing performance data kept administrators engaged and invested in student outcomes. Concrete data that reflect local needs and outcomes are useful tools for getting buy-in from local and state administrators, schools, funders, as well as the community.
- ✓ **Build local capacity to support long-term implementation.** CJFHC and HYSN trained implementing staff from partner agencies and provided ongoing technical assistance to build their capacity and support sustainability of the programs. Organizations working with schools should plan to incorporate training and preparation of school-based staff to deliver evidence-based programs as an important sustainability strategy.

About OAH's Sustainability Study

Since its inception in 2010, the Office of Adolescent Health (OAH) has funded organizations across the country to deliver programs to prevent teen pregnancy. OAH's Teen Pregnancy Prevention (TPP) program provides funding for the implementation, development, and evaluation of evidence-based, as well as new and innovative approaches, to prevent teen pregnancy.

In 2010, OAH funded 94 grantees to either replicate evidence-based programs with new populations or in new settings, or evaluate new and innovative programs. Grantees were expected to not only implement their programming but also sustain their program over time.

In September 2015, OAH funded a three-year study to help understand whether and how programs were sustained after federal funding ended. Interviews were conducted with 37 of the 64 former grantees who did not receive renewed funding. Twenty-eight of the former grantees that were interviewed sustained their programs in some form after their federal grant period ended, while nine programs are no longer operating.

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