



Teen Pregnancy Prevention Program Case Study: *Mobilization for Positive Futures* Child & Family Resources - Tucson, AZ

Background

In 2015, the Office of Population Affairs (OPA) awarded 50 Teen Pregnancy Prevention (TPP) grants to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. OPA designed the 2015 TPP grant program to have a significant impact on reducing teen pregnancy rates and disparities by using a multi-component, community-wide strategy. The strategy integrated evidence-based programs (EBPs) into multiple safe and supportive settings, mobilized stakeholders around a shared vision, and increased access to youth-friendly services. While implementation approaches varied, all grantees were required to include four key elements:¹



Deliver EBPs with fidelity in at least three types of settings.



Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy.



Recruit a network of youth-friendly service providers, develop a referral system, and connect youth to needed services.



Ensure programs are provided in safe and supportive environments.

Mobilization for Positive Futures

Child & Family Resources (CFR) implements *Mobilization for Positive Futures* (*Mobilization*) in partnership with Planned Parenthood of Arizona (PPAZ) and Sunnyside Unified School District (SUSD). *Mobilization's* goals are to increase parent and community support for sexual health education, establish sexual health education during the school day as the norm, and increase the youth-friendliness of area resources. *Mobilization* provides evidence-based TPP programs to most eighth- and ninth-graders who live in two Primary Care Areas (PCAs) in the southern part of Pima County, Arizona—South Tucson and San Xavier.² *Mobilization* also has emerging partnerships with the San Xavier District of the Tohono O'odham Nation and with the Tucson Unified School District to provide EBPs outside of school time. **This case illustrates the importance of the cooperation of a local school district and the challenge of building cooperation with a tribal authority within the**

¹ See the Funding Opportunity Announcement for details: <https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf>.

² A Primary Care Area (PCA) is a geographic area in which most residents seek primary health services from the same place(s). While there are Native American youth in both PCAs, the San Xavier PCA encompasses only residents of the San Xavier District. <http://azdhs.gov/prevention/health-systems-development/data-reports-maps/index.php>

timeframe of a federal grant. CFR began the project in summer 2015; the case study is based on phone interviews and a site visit conducted in the grantee's second grant year.

Lessons in Scaling Up Evidence-Based Teen Pregnancy Prevention

Strong school district leadership facilitated full EBP saturation. CFR leveraged existing working relationships with key partners—PPAZ and SUSD—to get off to a strong start. Support from SUSD was indispensable, particularly by ensuring that EBPs were scheduled to reach the entire eighth and ninth grade target population by the end of the first year, and by setting aside time for teachers to be trained in the EBPs.

Mobilization prepared teachers to take ownership from the beginning. *Mobilization* planned to sustain EBP implementation beyond the life of the grant by ensuring that local teachers were trained in EBP delivery by the end of the second year of the grant and prepared to take over by the end of the third year, and providing support for teachers and school administration during implementation.

The timeline for tribal approval was longer than anticipated. A lengthy Tribal Council approval process that began after the grant was awarded meant a slower start and on a smaller scale than anticipated. After two years of relationship-building, *Mobilization* gained permission to work with one group of middle school students on the reservation.

Mobilization designed unique ways to authentically engage youth. CFR built on an established Youth Advisory Council (YAC) to support implementation and help recruit new YAC members. *Mobilization* structured a variety of positive youth development activities for YAC members, such as: an active role in hiring health educators, opportunities to make public presentations in a professional setting, developing educational materials, and assessing the youth friendliness of local clinics.

Low engagement in community-based settings required re-thinking the approach. Recruiting youth for out-of-school EBP implementation proved to be inefficient, yielding very few youth participants. Finding an approach to engage parents was more difficult than anticipated, resulting in low participation in workshops and other events. During the second year of the grant, the grantee was exploring new options for engaging parents.

Mobilization drew on in-house expertise to establish a system of referrals for health care and other services. *Mobilization's* referral system included a decision-making flowchart and a directory of service providers. It covered a range of services, including health care, educational and workforce development, and healthy relationships.

The complete case study includes greater detail on the community and organizational context of implementation, the project's structure, and how *Mobilization* implemented the four key elements.