CDC-RFA-DP10-1009 Community-Wide Initiative Teen Pregnancy Prevention
FINAL REPORT

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Introduction

This report provides a summary of key outcomes and lessons learned for the Gaston Youth Connected (GYC) project, a multi-component, community-wide teen pregnancy prevention project. Between 2010 and 2015, the Adolescent Pregnancy Prevention Campaign of North Carolina (APPCNC) implemented GYC as part of The President's Teen Pregnancy Prevention Community-Wide Initiative. APPCNC selected Gaston County as the project site due to historically high rates of teen birth and strong interest among an array of community partners in addressing these rates.

Throughout the five-year project period the evaluation included an array of data collection strategies, which are briefly described throughout the report. Lessons learned were gathered through structured interviews with project staff and implementation partners. More information on the evaluation can be found at http://www.shiftnc.org/initiatives/gaston-youth-connected.

Component One: Program Implementation

Engaging Community Program Partners

From Years 2 to 5, 14 program partners offered nine evidence-based programs. Program partner organizations included the local health department, public schools, faith-based organizations, substance abuse and counseling agency, and non-profit, youth-development programs. Programs were offered in a wide range of community settings including: during the school day; after-school programs; churches; park and recreation centers, and health care clinics. More creative settings included bowling allies and rural retreat centers.

Youth Enrollment by Program[1]

Program	Number Enrolled
Project AIM	4,721
Making Proud Choices	1,622
Teen Outreach Program	597
SHARP	291
Cuidate	124
All4You	121
Making A Difference	61
17 Days	51
SIHELE	37
Total	7,625

Organizational capacity was measured by the Getting to Outcomes® accountability framework. Greatest gains for the six partners who offered programs for at least three years included assessing program fit, logic model development, and use of evaluation to improve program delivery. Partners also showed improvement in capacity to recruit and retain youth. Most importantly they improved capacity in effective program delivery, as shown by greater gains each year in students' knowledge, attitudes, and intended behaviors that pertain to pregnancy prevention.

[1] Enrollment reported by pre-tests.

Developing a Cadre of High-Capacity Program Partners and Labor-Intensive Coaching: Finding Balance

With the aim of casting a wide net to reach Gaston County youth, all organizations that expressed interest and a basic level of capacity were invited to become a program partner. In the first two years, there were 13 program partners. By Year 5, there were six partners with a strong commitment to providing high quality evidence-based program services. As the project evolved, project staff learned it was not possible to sustain a labor-intensive level of coaching for organizations that were not meeting recruitment targets or showing signs of improved capacity to do so. Partnerships that demonstrated low capacity to implement programs and few signs of improvement, were respectfully terminated. Early on, staff devoted about 800 hours to planned training and technical assistance activities. By Year 4, roughly 400 hours were spent on planned training and technical assistance, leaving staff more time to focus on other project components. Staff felt the investment in technical assistance for all the program partners was worthwhile; even partners who did not remain involved increased knowledge and skills in teen pregnancy prevention.

Collaborative Approach

Program partners described themselves as growing from a disjointed group of agencies who didn't know one another, and who saw themselves as competitors, to forming a collaborative network. They pointed to the technical assistance and training opportunities offered by project staff as fostering a team-based approach. One partner described a meeting with school administrators to coordinate school-based recruitment. ***When the opportunity came up to implement TOP in the schools, we didn't want to let the moment pass. We went together in one meeting and made a plan of who was going to which school. That has worked.*** Another partner commented: ***To move from the initial competition to wanting to work together past the project has been a great accomplishment.*** Program partners saw their initial fear of not meeting recruitment targets because of competition were unfounded; as recruitment became more collaborative, the project continued to reach more youth. Program implementation partners recommend:

1. Work to facilitate a collaborative approach to recruitment and program improvement from the beginning.
2. Start outreach to hard-to-reach populations, such as older teens, early on.

Project staff laid the groundwork a collaborative approach. They identified the following effective practices:

1. Set the tone early on. Project staff stressed a collaborative approach to program implementation at the first partner orientation meeting.
2. Set the bar. Clear expectations for a unified, collaborative approach were communicated in group meetings and during individual coaching interactions.
3. Allow time. As partners grew more competent and confident in their ability to implement programs they became open to collaboration.

Engaging Schools

It took 18-24 months to engage the schools in offering an evidence-based program. Project staff continued a dialogue with school partners throughout this time. It appears the project's investment in a community-wide approach kept the schools at the table as they were exploring their level of involvement. ***We continued to brainstorm about how we could be involved because we couldn't not sit at the table with a five million grant in the community.*** – Gaston County Schools stakeholder.

Another lesson learned is the importance of finding an intervention that addresses school system concerns as well teen pregnancy prevention goals. In the GYC project, the youth development program Project AIM met these criteria. The program's content supported school priorities for drop-out prevention and the program is an evidence-based teen pregnancy prevention intervention. Comments from a key school partner ***The relationship changed when APPCNC moved from this is what we think we need to do in your school system to this is what we need to do and what will that look like for you? It became a true collaborative partnership once they understood that their plan for GCS would need modifications.***

The project's approach to working with the schools resulted in sustained implementation of an evidence-based program: ***So when I'm no longer here, when APPCNC's grant is no longer present, they'll still be doing Project AIM until something comes along that's better and more age-appropriate. And our counselors have embraced it and they're happy to own that piece of it, and they're making it work in their school.*** – Gaston County Schools stakeholder

Accountability

Program partners in Year 5 identified the project's emphasis on accountability as a critical factor in reaching a high percentage of the community's youth population. Program partners described themselves as being ***hungry to meet their recruitment goals***.

Project staff also identified lessons learned about accountability. They pointed to tighter requirements, where recruitment and retention targets outlined in Memoranda of Agreements (MOAs) were tied to quarterly payments, as a factor in exceeding enrollment objectives in Years 3-5. They found it important ***not to be afraid to end a partnership where goals consistently were not achieved***, and to have a clear way to end the relationship. Again, the MOAs were useful tools in providing an objective view of when it was necessary to end a partnership.

Relationships

Program partners stated that champions are critical for reaching youth in community organizations. While project presentations to the Rotary and other civic groups were successful in informing the wider community about teen pregnancy, they did not typically lead to invitations from community organizations interested in offering programs. Instead, program partners' personal relationships and contacts opened doors. Examples include, a pastor who was supportive of youth receiving sexual health information; a football coach who saw several of his team members become fathers; and an administrator at a detention facility who had previously worked with a program facilitator. Partners stressed the importance of leveraging existing contacts and relationships to engage champions. Project staff noted the five-year cooperative agreement period allowed sufficient time to develop positive, productive relationships with program partners.

Recruitment and Retention

Program partners learned the incalculable value of getting parental buy-in via face-to-face meetings such as a parents' night. Other strategies included: partnering with local, trustworthy agencies who work with youth at the target age, utilizing the referrals of school professionals such as guidance counselors, administration, and social workers, and word of mouth from previous participants.

Incentivizing participants through the length of the program vastly improves retention outcomes. Program partners used attendance-based rewards such as small gifts or monetary incentives, raffles, and field trips. They learned to always have food at the sessions and to try to offer the program over

one or two days' duration if possible. They noted the importance of building open and trusting relationships with the participants. Finally, program implementers learned to avoid certain retention pitfalls such as considering winter weather when creating schedules, being flexible around school and sports' schedules and other conflicts related to partnering organizations like court dates.

Progress Toward Objectives Years 2-5

Five-Year Objective A: By September 2015, increase the number of sites in Gaston County that implement evidence-based programs with fidelity.

The project greatly expanded the reach of evidence-based programs. Prior to GYC (2009-10), 183 Gaston youth were enrolled in evidence-based programs, as compare to 3,136 in Year 5. The number of organizations implementing evidence-based programs increased from 1 to 6 in Year 5. The project's ability to meet enrollment objectives improved over time. All partners implemented programs with high fidelity ratings of 90% or greater.

Number of Total Youth Enrolled[2]			
Baseline = 183 youth enrolled in evidence-based programs (2009-10)			
	Objective	Actual	Percentage of Goal Achieved
Year 2	600	544	91%
Year 3	650	833	128%
Year 4	2500	3236	129%
Year 5	2500	3136	126%
Project Total	6,250	7,749	124%

Overall, the project experienced high rates of retention, which improved over time.

Percentage of Youth Retained	
	Retention Percentage
Year 2	56%[3]
Year 3	81%
Year 4	98%
Year 5	97%
Project Total	92%

Five-Year Objective B: By September 2015, Gaston County will have reached 2,000 more African American and Latino youth and 6,500 total youth with evidence based programs as compared to current participation logs.

The project particularly was successful in meeting objectives for enrolling youth of color.

[2] Enrollment reported by attendance logs.
[3] Incomplete record keeping also influenced ability to capture accurate retention for Year 2.

Number of Youth of Color Enrolled			
	Objective	Actual	Percentage of Goal Achieved
Year 2	400	421	105%
Year 3	430	551	128%
Year 4	750	1049	140%
Year 5	750	1280	171%
Project Total	2,330	3,338	143%

As compared to the overall Gaston 12-19 year-old population, African American and Hispanic youth were more likely to be enrolled in programs (29% enrolled compared to 20% of the population for African Americans and 11% enrolled versus 8% of the population for Hispanics).

Enrolled Program Youth Race and Ethnicity					
	Year 2 (%)	Year 3 (%)	Year 4 (%)	Year 5 (%)	Total (%)
African American	56	50	26	25	29
Caucasian	20	20	55	58	50
Mixed	13	9	4	5	6
Hispanic	18	7	10	11	11

Community-based program partners were successful in enrolling youth who attend middle and high schools in the 13 census tracts with the highest rates of teen birth. All students in Gaston's six high-priority middle schools were reached through Project AIM.

Percent of Community-Based Program Youth Who Attend High-Priority Schools	
	Percentage
Year 2	68%
Year 3	79%
Year 4	71%
Year 5	69%
Project Total	72%

Gender	
Males	50%
Females	48%

The project was successful in reaching males.

Average Age and Sexual Experience

The project average for the percentage of program youth who ever had sex was 39%. Males were more likely than females (49% versus 28%) to have had sex. The average age of program participants was 14.5 years. North Carolina Youth Risk Behavior 2013 High School Report shows 29.8% of 9th grade students and 44.4% of 10th grade students have ever had sex. The

project was successful in reaching sexually active males and somewhat successful in reaching sexually active females.

EVIDENCE-BASED PROGRAM OUTCOMES

A uniform pre/post survey was used to assess changes in knowledge, attitudes, and intended behaviors for all youth who attended programs offered by community-based partner organizations. (Project AIM, offered by Gaston County Schools in all 6th grade classrooms, used a different survey. Project AIM outcomes are presented separately). Use of a common survey for the community-based programs created the ability to tell a cohesive story about program outcomes throughout the community. Using feedback from program facilitators and project staff, the survey was modified slightly each year to capture the most effective data needed for continuous improvement. In Year 5, the number of survey items was intentionally slimmed in preparation for program partners to manage the data on their own, without the assistance of GYC staff, at the end of the cooperative agreement. A matched pairs t-test was used to analyze changes from pre to post.

Changes in Knowledge – Community-Based Programs

GYC Community-Based Program Participant Knowledge Change							
	N	Total Possible Correct Score	Mean Pre	Mean Post	Mean Change	t-Score	Effect Size[4]
Year 2	298	10	5.28	8.29	+ 3.01	18.51	1.24
Year 3	624	13	6.51	11.17	+ 4.66	32.13	1.54
Year 4	650	18	6.93	15.1	+ 8.21	46.43	2.35
Year 5	633	13	4.87	11.15	+6.28	45.48	2.22

Overall, program participant knowledge scores increased each year. Program partners became more effective at imparting teen pregnancy prevention information over the course of the project.

To address the project's goal of using an integrated approach to reduce teen pregnancy, project staff developed a supplemental lesson designed to increase youth knowledge of and intent to access contraceptive health services, if needed. The supplemental lesson content addressed minors' rights to access to health services, information on how and where to make an appointment for contraceptive health services, and what to expect during the appointment.

Items in the pre/post survey aligned with learning objectives from the evidence-based programs and the supplemental lesson. Areas where youth showed the greatest knowledge gains included:

- Ability to name at least three types of contraceptive methods
- Ability to list at least three correct steps in correct condom use
- Knowledge of minors' right to access contraceptive health services
- Knowledge of where to access contraceptive health services

[4] Effect Size calculated using t-Score and correlation statistic

More than 75% of youth entered programs knowing that abstinence is the best way to prevent pregnancy and sexually transmitted infections/diseases.

Changes in Intended Behavior – Community-Based Programs

GYC Community-Based Program Participant Intended Behavior Change							
	N	Total Possible Correct	Mean Pre	Mean Post	Mean Change	T-Score	Effect Size
Year 2	266	7	4.7	5.44	+.7	7.57	0.465
Year 3	533	7	4.89	5.69	+.80	12.68	0.518
Year 4	577	7	4.61	5.6	+.99	14.02	0.582
Year 5	580	5	3.55	4.41	+.86	15.16	0.654

Items where youth showed the greatest change in intended behavior include:

- Plan to use birth control at first or next sexual intercourse
- Plan to use a condom at first or next sexual intercourse
- Go to a doctor to get birth control if needed
- Negotiate pressure to have sex
- Negotiate pressure to have sex without a condom

Participants were less likely to report a change in intention to delay sex.

Changes in Attitude – Community-Based Programs

GYC Community-Based Program Participant Attitudinal Change							
	N	Total Possible Correct	Mean Pre	Mean Post	Mean Change	T-Score	Effect Size
Year 2	295	3	1.92	2.13	.21	3.53	0.181
Year 3	624	3	1.58	1.88	.30	5.84	0.206
Year 4	650	3	1.88	2.31	.43	9.98	0.415
Year 5	633	3	2.01	2.33	.32	8.12	0.317

These items assessed attitudes youth might have regarding delaying or abstaining from sex. Items where youth showed the greatest change include:

- I don't want to have sex because I don't want to get an STI or HIV/AIDS
- I don't want to have sex because I don't want to get pregnant or get someone pregnant

Teens Need Information Outside of Standard Evidence-Based Program Content

In addition to core sexual health content that focuses on abstinence; negotiation skills; effective condom use; and contraceptive methods, teens also need information on rights to access contraceptive health services, as well as where to access services. These two areas, covered in the project-developed supplemental lesson, were among the greatest learning and intended behavior gains.

Outcomes Improved Over Time

Program partners and technical assistance partners shared their perspectives on practices that contributed to the improvement in participant outcomes over the course of the project:

- **Familiarity with the curriculum and subject matter**. ***You come to practically memorize the curriculum (partner).*** GYC staff believe offering basic sex ed training (as a supplement to curriculum training) increased partner knowledge and comfort with the subject matter.
- **Familiarity with issues and concerns in the teen population**. Both GYC staff and partners identified increased familiarity with teen questions and concerns as improving program effectiveness. ***You anticipate the questions, especially trends of what teens are talking about, listening to, etc. Being able to engage at their level and bring relevant information meant they were more willing to ask questions (partner).*** GYC staff also observed partners' increased effectiveness in working with teens. ***As some partners learned how to be values-neutral, I saw more changes in participant knowledge because the teens felt safe and became more engaged (GYC staff).***
- **Technical assistance.** In addition to the basic sex ed training, other technical assistance approaches that appeared to be successful included site observations and help navigating the process of recruitment and retention. Also mentioned were project-led meetings where partners problem-solved common issues as a group.
- **Improved pre/post survey practices.** Just as partners gained ease with the curriculum, they also grew better at administering the survey. ***Partners learned the best ways to administer the survey where participants felt comfortable sharing sensitive information (GYC staff).*** One partner commented she saw pre/post results where she wasn't emphasizing important content, such as where teens can go for confidential health care. This helped her know what to emphasize in future groups.

Project AIM Gaston County Schools

Gaston County Schools found it more feasible to use a pre/post retrospective survey using items from a survey included in the Project AIM resource materials. They also considered feasibility issues in their decision to administer the survey with a sample of students at selected schools. Students at three of eleven schools completed the survey in Year 4; students at five of eleven schools completed it in Year 5. Survey items aligned with Project AIM's youth development focus and assessed changes in intended behaviors and attitudes.

Survey items specific to teen pregnancy prevention included:

- Getting pregnant – or getting someone pregnant – will lower my chances for becoming a successful adult.
- I should wait until I'm older to have sex.
- I am too young to take care of a baby right now.

GYC Project AIM Program Participant Attitudinal Change							
	N	Total Possible Correct	Mean Pre	Mean Post	Mean Change	T-Score	Effect Size
Year 4	194	3	2.72	2.79	.07	2.16	0.125
Year 5	541	3	2.66	2.70	.04	2.68	0.061

The majority of students reported positive attitudes regarding teen pregnancy prevention at the beginning and end of the program.

In keeping with the program's youth development focus, the greatest student outcomes included:

- Knowing what kind of job he/she might want.
- Having hope for the future.
- Ability to make choices that help he/she reach dreams and goals.

Component Two: Linking Teens to Quality Health Services

Engaging Community Clinic Partners

As the project unfolded, more Gaston healthcare providers signed on as partners. The number of partners grew from one in Year 1 to five in Year 5. Two partners provided services in multiple locations, resulting in a total of 10 health care practice sites that worked to improve the quality of teen-friendly reproductive health services. The public health department, the county's Title X provider and largest provider of adolescent reproductive health services, remained a strong partner throughout the project. Private OB-GYN providers became engaged in Year 3; the federally qualified health center also became a partner in Year 3. By Year 4, all OB-GYN providers in the county were project partners.

In Year 2, the county's sole hospital, CaroMont Health, served as an informal partner. The emergency department referred adolescents age 15-19 to the Teen Wellness Center by utilizing electronic medical record prompts during the discharge process. Adolescents presenting for ambulatory care sensitive conditions received printed referrals describing the comprehensive health services available at the Teen Wellness Center. During Year 3 and 4, administrative leadership at the hospital became engaged by incorporating project goals in hospital-related CQI processes. By year 5, the hospital demonstrated full support of sustainability efforts by participating in the planning process and agreeing to integrate project performance measures during the monthly women's health service line provider meetings.

Major project activities centered on three areas: (1) outreach and referral strategies to link teens to health services; (2) strategies to improve the overall quality of teen-friendly services; and (3) supporting the development of the Teen Wellness Center at the local health department. The Teen Wellness Center adopted an integrated approach to teen-friendly health services. A few examples of these activities include:

- Information about Gaston adolescent reproductive health services were distributed to 283 parents and 72 teens through nine businesses.
- Teen Action Council members made more than 700 peer referrals to the Teen Wellness Center.
- 254 health care staff, including providers and support staff in 5 practices received contraceptive counseling and youth-friendly services training

Outreach and Referral Strategies

The health department found word of mouth to be the most successful referral strategy. They also noted informal linkages with youth-serving organizations were more effective than formal Memoranda of Understandings (MOUs). In some cases, asking a youth-serving organization to undergo a formal MOU process was a barrier to increasing referrals.

Face-to-face relationships with referral partners were recommended by both public and private clinic partners. One partner suggested having face-to-face events for staff who work directly with youth in programs such as the Boys and Girls Club to meet clinicians, so there is a personal aspect to the referral. Community member tours of a clinic also were noted as effective. A private health care partner recommended drop-in lunches with pediatric practices. A parent may first talk with a pediatrician about contraceptive methods for their teen before a referral to an Ob/Gyn. Ob/Gyns can help pediatricians become more comfortable with long acting reversible contraception (LARC) before the referral takes place.

Across all partners, public and private, **parents and friends** were consistently the top referral sources. Future projects should consider strategies to ensure parents are aware of available healthcare services. School personnel have the potential to be a strong referral partner.

It's also important to consider **non-traditional partners** for referral and outreach. Seven youth-serving businesses, such as a tattoo parlor, a barber shop, and coffee shop, distributed more than 500 information cards on where to access reproductive health services. These businesses also distributed more than 5,000 condoms.

Overall, project partners found it important to cast a wide net when getting the word out about adolescent reproductive health services, reaching youth and adults in a variety of settings.

Integrated Services at Teen Wellness Center

In an effort to integrate reproductive health services into all adolescent visits, Gaston Public Health opened a full-service teen clinic (Teen Wellness Center) in one main and three satellite locations in May 2012. This approach allowed for no missed opportunities to offer reproductive health services and created an environment that assured privacy for teen clients. No one would know the reason for their visit, as compared to the previous configuration of separate clinics for family planning and STI services. This integrated approach allowed for the provision of contraception at well-child visits, as well as for offering and billing for contraception at STI visits.

Major lessons learned about providing an integrated approach to reproductive health services included:

- Make sure the clinic is staffed (provider and support staff) with people who enjoy working with teens.
- All staff should be trained in adolescent development. One provider noticed her co-workers were less frustrated with teens wanting to bring their friends to the visit after attending the training.
- Where possible, keep the same staff at one location, so teens can see the same provider for any type of visit.
- Be prepared to make changes in coding and billing procedures. For example, staff elected to bill STI services as family planning services, because they were able to bill for contraceptive

counseling and provision for STI clients if the visit was coded as family planning, whereas they could not bill for these services if the visit was coded as STI. All STI clients needed contraceptive counseling or provision.

- Be mindful of services that have confidentiality requirements and those that do not. In a situation where a client who was seen in a separate family planning visit without a parent and who returns for a well-child visit with their parent, the provider needs to be mindful about privacy protections regarding the contraception provided in the previous visit.

A provider noted the following benefits of integrated services:

- Teens enjoyed having the same provider for multiple services. Providers were able to develop a trusting, caring relationship with their teen clients.
- Providers were able to schedule follow-up visits, such as a school physical for a family planning client, during the family planning visit. When teens know they can come back and see the same provider, and the provider has taken care of scheduling the appointment for them, they are more likely to return. This provider noticed an increase in the number of college physicals as a result of this practice.
- Providers were able to offer contraception at well-child visits.
- Clinic services became more integrated with health education services. Because there was a health educator placed in the Teen Wellness Center, clinicians had greater knowledge of community health education activities and were more likely to refer parents and teens to these activities.

Teen-Friendly Visits

Public and private partners described how they honed their skills in offering teen-friendly services. One provider saw an increase in teen clients when the practice increased the number of appointment slots available for walk-ins and same-day appointments. All partners stressed ensuring confidentiality; having a separate parent waiting area and explaining to parents why time alone with the provider is standard practice for teen health care was key. One provider noted visits were more effective when the teen was allowed to lead the visit. She also described the need to give short, direct answers to teens' questions.

Partners noted the importance of creating a teen-friendly physical environment, including a separate waiting area for teens. In the public health setting, a provider observed how the teen-friendly waiting room with comfortable couches sets up the visit. ***I see them come in and kick their feet up, which starts the visit with a positive vibe.*** A private provider recommended - if there isn't space for a separate waiting area - packaging together materials, such as information about Bedsider and sample birth control methods, in a consult room.

Public and Private Providers Require Different Technical Assistance Approaches

Lessons learned in providing technical assistance to public and private clinic partners include:

- A data-driven internal QI process in a publicly funded health center with Title X funding is best aligned with the Family Planning Annual Report (FPAR) and additionally in health departments with state accreditation benchmarks. The tracking of QI metrics such as contraceptive/LARC provision, and teen reproductive health visit data is less delineated in private practices unless adolescent health is a priority.

- Same-day LARC insertions in the publicly funded health clinic was consistently available due to administrative directives, increased provider capacity for insertions, and the ability to bill for reproductive health visits in the clinic (family planning waiver). In private settings, billing guidelines as outlined in contract addendums can often prohibit same-day insertions resulting in reduced reimbursement for all services provided.
- Building a community of practice (COP) among clinic partners increased communication and accountability for adolescent reproductive health best practices. The COP strengthened peer support for service delivery changes and fostered a foundation for community-wide contraceptive/LARC provision sustainability.
- Seventeen Days DVD intervention was a missed opportunity in private clinics. The intervention is designed to follow the patient during a typical visit and this format was not conducive to productivity typically associated with private practice. Implementation in a publicly funded clinic was more successful due to longer appointment slots and having key staff (front desk, health educator, provider) designated to promote and monitor the intervention.
- Both public and private providers found trainings and educational tools focused on North Carolina minor's rights to access health services and confidentiality essential to strengthening staff comfort in promoting time alone with providers and communicating with teens about their rights.
- Leadership (medical champion) support and engagement is critical and looks different in both public and private clinics. The medical champion in the public clinic was the medical director and was instrumental from the onset of GYC to establish necessary policies to direct high quality service delivery in the Teen Wellness Center. Having the medical champion highly engaged early in the project supported adoption of clinic performance measures, integrated QI processes, and staff capacity building. In private clinics strong leadership engagement from CaroMont at the onset would have afforded more time for quality improvement among affiliated clinic partners.

LINKING TEENS TO QUALITY HEALTH SERVICES OUTCOMES

Progress Toward Objectives Years 2-5

Five Year Objective: By September 2015, increase number of Gaston County youth who utilized youth-friendly reproductive health care services as measured by assessing baseline utilization numbers and tracking changes in utilization over time.

Objective A: Increase the number of youth who received teen-friendly reproductive health services (sexual health assessment, sexual health guidance, or contraceptive services)[5]

Outcomes for Linking Strategies – Gaston Public Health

Parents, friends, and Gaston Public Health marketing approaches were consistently identified as the main referral sources for teen clients at the health department sites. The biggest change can be seen in school-based referrals. The percentage of teens who identified school personnel as a referral source increased from 9% to 53%. This increase suggests project-led referral training for school nurses and

[5] STI services were not included because 1) Gaston Public Health changed coding practices in 2012, making it difficult to compare year-to-year changes, and 2) a decrease in the need for STI treatment, which could be considered a positive reproductive health outcome, would mask the overall increase in youth receiving preventive reproductive health services.

counselors was an effective strategy. While not a main referral source, it is worth noting that some clients identified other project-developed approaches as referral sources, such as the Playbook social marketing campaign and evidence-based programs where the supplemental lesson on where to access health services was implemented.

Referral Source – Gaston Public Health	May 2012 (n=178)	May 2013 (n=150)	Oct 2013 (n=201)	Aug 2014 (n=201)	April 2015 (n=186)
	Percent of Teen Clients Who Selected Referral Source[6]				
Friends	25%	43%	36%	37%	56%
Parent	19%	35%	25%	39%	44%
School Personnel	9%	22%	24%	41%	53%
Gaston Public Health Website or Brochure	24%	24%	9%	22%	23%
Other Family	11%	15%	10%	12%	24%
Gaston Family Health Services	7%	25%	5%	31%	17%
Hospital	1%	9%	2%	7%	9%
Playbook	n/a	24%	9%	22%	13%
Evidence-Based Program Facilitator	n/a	-	3%	10%	5%
DSS	1%	-	-	2%	5%
Gaston College	2%	5%	5%	3%	4%
Church	3%	3%	-	4%	3%

Outcomes for Increased Reproductive Health Service Clients

Number **of Youth (Males and Females)** **Age 12-19** Receive Reproductive Health Services at Partner Sites						
Partner	2010	2011	2012	2013	2014	2015 (Jan-June)
Gaston County Public Health	1,000	1,347	1,569	1,617	2,287	1,004
Courtview Gyn					299	254
Ashley Women's Center				335	371	307
Gaston Women's Healthcare				173	170	139
Gaston Family Health Services					79	172
Total[7]	1,000	1,347	1,569	2,125	3,206	1,876

[6] Teens could select more than one referral source.

[7] It's not possible to know how many clients received services from more than one partner; estimated duplication is low.

Changes in Reproductive Health Clients Over Time – Gaston Public Health

From 2010 to 2014, the number of Gaston County Public Health adolescent reproductive health clients increased by 129%. Increases from 2010 to 2013 were mainly attributable to:

- Increased locations (from 1 location in 2010 to 4 locations in 2012)
- Project outreach efforts, including training on how to make an effective referral for school-based personnel.
- An increase in clients who came in for well-child visits (and received a sexual health assessment) after the Teen Wellness Center opening in May 2012.

The increase from 2013 to 2014 is largely attributable to expanding use of the Rapid Assessment for Adolescent Prevention Services (RAAPS), which includes a sexual health assessment, to all teen clients, including immunization and sick-visit clients.

Objective B: Increase the number of adolescent females who receive contraception.

The overall number of clients who received contraception at Gaston County Public Health did not increase; there was a 14% decrease from 2010 to 2014. However, the number of Gaston Public Health clients who were provided LARC increased by 51% from 2010 to 2014. Teen clients who use LARC, which is effective for 3-5 years, may not return for annual contraceptive visits, which might partly explain the decrease in the number of Gaston Public Health contraceptive clients.

Number of Females Age 15-19 Receive Contraception at Partner Sites						
	2010	2011	2012	2013	2014	2015 (Jan-June)
Gaston County Public Health	1040	1101	1030	913	895	630
Courtview Gyn	--	--	-	-	256	217
Ashley Women's Center[8]	--	--	--	--	335	193
Gaston Women's Healthcare	--	--	--	161	133	107
Gaston Family Health Services	--	--	--	0	61	22
Total	1,040	1,101	1,030	1,074	1,680	1,169

Objective C: Increase the percentage of adolescent females who receive long-active reversible contraception (LARC), of those who receive contraception.

From 2013 to 2014, there was an increase in the number of teens who were provided long-acting reversible contraception (LARC), the most effective type of contraception. Where it's possible to track year-to-year changes, all partners saw an increase in LARC provision. Gaston Public Health realized a 51% increase in the number of teens receiving LARC (2010 to 2014). Ashley Women's Center saw a 52% increase, and Gaston Women's Healthcare saw a large increase from 2013 to 2014.

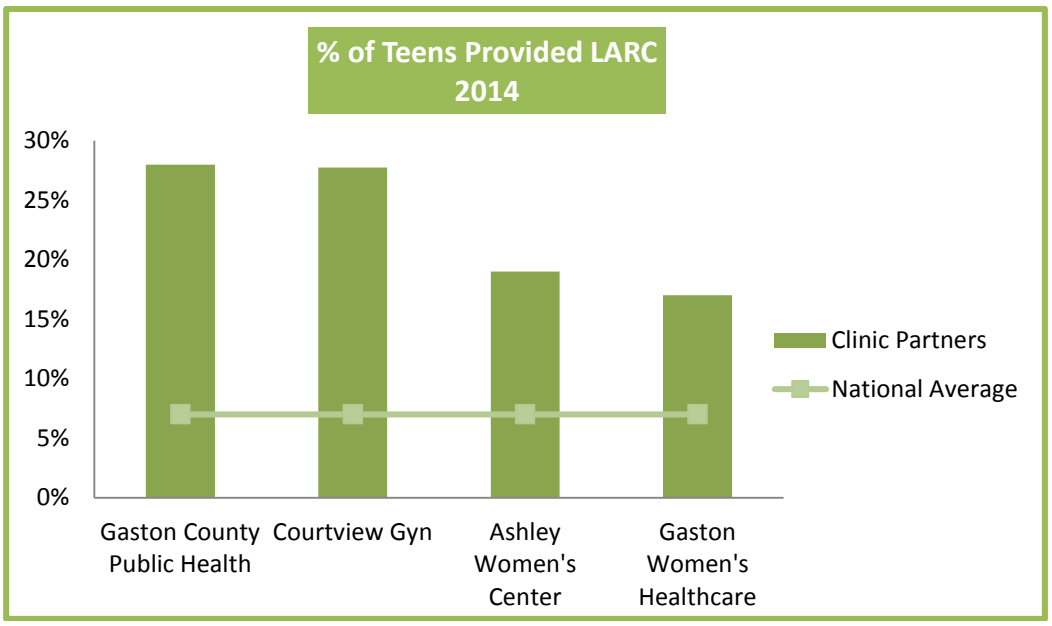
[8] Ashley Women's Center was unable to report full range of contraceptives provided for 2013.

Number of Females Age 15-19 Receive Long-Acting Reversible Contraception at Partner Sites						
	2010	2011	2012	2013	2014	2015 (Jan-June)
Gaston County Public Health	167	211	212	203	251	171
Courtview Gyn					71	57
Ashley Women's Center				42	64	45
Gaston Women's Healthcare				3	22	17
Gaston Family Health Services					0	0
Total	167	211	212	248	408	290

Overall, partners experienced an increase in or maintenance of the percentage of teens who received LARC.

Of Females Age 15-19 Who Received Contraception, Percentage Who Received Long-Acting Reversible Contraception						
	2010	2011	2012	2013	2014	2015 (Jan-June)
Gaston County Public Health	16%	19%	21%	22%	28%	27%
Courtview Gyn					28%	26%
Ashley Women's Center					19%	23%
Gaston Women's Healthcare				2%	17%	16%

Of the partners who provided LARC, all were well above the national average for percentages of teens who receive LARC. Nationally, 7% of 15-19 year-olds who are provided contraception at publicly funded family planning clinics are provided LARC.



Objective D: 50% of Gaston County adolescent females in need of contraception will receive contraception from clinic partners.

As the project added more partners, a greater percentage of sexually active females were provided contraception at sites that worked to implement teen-friendly services.

Percent of Estimated[9] Sexually Active Gaston County Females Age 15-19 Receive Contraception at Partner Sites				
2010	2011	2012	2013	2014
35%	39%	37%	38%	60%

LARC Provision

Both public and private providers noted the importance of receiving training on counseling to the most effective method. One provider noticed an increase in LARC use among teen clients after she began to use a handout where the most effective method was listed at the top of the page. They thought LARC training was important for all providers, even if the purpose was to increase provider comfort with referring clients to co-workers who were more comfortable with LARC insertion. Having LARC in stock for same-day insertions was noted as effective; whereas the Medicaid practice of having to bill for LARC counseling and insertion separately was noted as a barrier.

[9] 44% of females reported as ever having sex 2011-13, National Center for Health Statistics July 2015

Component Three: Stakeholder Education

Five Year Objective: By September 2015, increase stakeholder knowledge and commitment at state and local level in support of effective education and access to clinical care as measured by key informant interviews and evaluation of communications plan.

Objective A: Community and state stakeholders will receive information on what policies, approaches, and strategies are conducive to prevention efforts as measured by outreach logs and key informant interviews.

Objective B: Leadership team members will demonstrate increased ability to support the evidence-based strategies of the project and share project outcomes within their networks of influence as measured by outreach logs and leadership surveys.

Progress Toward Objectives Years 2-5

As the project progressed, leadership team members showed increased capacity to lead stakeholder education presentations.

Number of People Reached by Project Community Outreach					
	Year 1	Year 2	Year 3	Year 4	Year 5
Staff Presentations	345	1011	582	490	250
Leadership Team Member Presentations	-	183	353	654	762

Number of Organizations Reached by Project Community Outreach					
	Year 1	Year 2	Year 3	Year 4	Year 5
Staff Presentations	41	45	16	26	7
Leadership Team Member Presentations	-	9	24	22	20

Use Data to Educate Stakeholders

In Year 4, we conducted interviews with a sample of 24 community members who attended more than one stakeholder presentation through groups such as the Rotary, board of health, and community service organizations. Lessons learned included:

- Use of data, especially local data was effective. ***The statistics here in Gaston county—on the number of teen pregnancies that we're having. And I think being able not just to talk about it, but to provide solid data was very effective.***
- Stakeholders appreciated being part of a conversation; they reported it was effective to hear about project updates over the five-year period.

- The presentations were effective in increasing audience members' accountability for ensuring the community addressed teen pregnancy prevention*. I think, again, because it forced us to be more aware of it, there's a greater sense of accountability of trying to combat the issue.*
- The presentations were effective in establishing support for comprehensive sex ed; there was less support for access to clinical services among audience members. Future stakeholder education presentations should particularly focus on the need for clinical services.

Component Four: Community Mobilization and Sustainability

Progress Toward Objectives Years 2-5

Five-Year Objective: By September 2015, the community will demonstrate sustainability of evidence-based programs via diversified funding and secured partnerships as measured by a sustainability plan and identified sources of continued support for integrated services.

Objectives Year 3 – 5:

Objective A: Leadership groups will identify key mobilization strategies and activities and achieve 85% of action steps.

Objective B: Community sustainability groups will act on strategies outlined in the Sustainability Plan.

The work of community mobilization and sustainability was primarily carried out by three leadership teams:

a.) **Core Partner Team** – works with project staff to plan, implement, and monitor the project and holds primarily oversight for sustainability
b.) **Community Mobilization Team** – provides diverse voices to advise the project and conducts outreach activities to diverse sectors of the community
c.) **Teen Action Council** – helps staff and key stakeholders understand youth perspectives on adolescent reproductive health and advises on ways to connect with youth

The leadership teams began Year 2 with strategies to increase community awareness of teen pregnancy in Gaston County and of the project. They played a role in strengthening relationships among community organizations, including the health department and public schools. They also worked to raise awareness of health disparities within the community and with clergy. A brief summary of key activities includes:

- Core Partner Team and Community Mobilization Team members connected staff to key community members needed to achieve project goals. They conducted presentation and outreach efforts, including outreach to clergy, local businesses, and civic groups. These teams led project sustainability efforts.
- The Teen Action Council provided feedback to the GYC project leaders in promoting referrals and the Playbook social marketing campaign. They provided Teen Wellness Center referrals for more than 1,600 teens and reached more than 1,400 of their peers with education and outreach events.

Percentage of Objectives Fully Achieved			
Leadership Team	**Year 3**	**Year 4**	**Year 5**
Core Partner Team	100%	80%	90%
Community Mobilization Team[10]	100%	NA	NA
Team Action Council	75%	100%	100%

The Leadership Teams completed a Leadership Survey each year of the project. They showed growth over time with:

- Perceptions of community support for project approaches
- Ownership for and engagement with the project
- Capacity to sustain the project
- Teen Action Council members increased their knowledge of and confidence with promoting adolescent reproductive health. They consistently gave high ratings of effectiveness for reaching the team's goals.

Increased Ownership and Diminished Perception of Controversy

Over time, leadership became convinced that there was broad support for project strategies and greater possibility of building on that support. Perceptions of public opinion at the beginning of the project compared to later in the project were greatly improved. Building trust and connections, gathering relevant data, demonstrating project integrity, and sharing success seemed to have contributed to increased ownership and commitment reported by leaders and observed by staff. Other points:

- Community leaders' perceptions of 'this won't fly in our community" changed – mainly through use of data (assume from community and parent surveys) and the sky didn't fall in as the project unfolded. Incubated change through small demonstrations of progress.
- It's important to involve many sectors of the community.
- Context matters. Leadership changes, such as new superintendent of schools or changes in health department governance, impact community mobilization efforts.
- Attention to pacing and sequencing is important building support first serves the project in the long run. It was beneficial to take time at the beginning to lay a solid foundation.
- External project oversight with a strong local presence was effective.
- Aim for normalizing project strategies. Comparing Year 4 to year 3, adult team leaders reported increased ownership for sustaining project approaches: 92% agreed their team has shown increased ownership for sustainability and 70% agreed as an individual they showed increased ownership for sustainability.

Component Five: Working With Diverse Communities

Progress Toward Objectives Years 2-5

Five-year Objective: By September 2015, project staff and partners will demonstrate continued and deliberate engagement with diverse communities and stakeholders in order to inform and accomplish the project's objectives.

[10] Core Partner Team and Community Mobilization Team merged in Year 4.

Objective A: Maintain representation from priority communities on the Core Partner Team, Community Mobilization Team, and Teen Action Council. Representatives from priority geographic locations and populations will be present as indicated by membership lists from these leadership teams.

Overall, priority communities were comprised of members from priority geographic locations and populations. The project saw growth in this area over time. The leadership teams were over-representative of African American and Hispanic/Latino community members, as compared to the Gaston County population.

Objective B: Maintain 75% program participation with teens from priority geographic areas and from high risk schools recruited into evidence-based programs.

The project was very close in meeting this objective; 72% of program youth were enrolled in schools located in priority geographic locations.

Objective C: Performance indicators will show positive movement on strategies for working with diverse populations.

By the end of Year 5, the project implemented 34 best practice strategies as compared to 29 in Year 2.

Working with Diverse Communities Strategies Guided by Best Practice		
	Total number of strategies guided by best practices implemented as of Year 5	% of strategies guided by best practices implemented as of Year 5
Subset 1: Engage diverse youth (Maximum = 7)	6	86%
Subset 2: Utilize participatory approaches for community mobilization to include diverse youth (Maximum = 8)	8	100%
Subset 3: Engage a diverse group of community partners to participate in teen pregnancy prevention efforts (Maximum = 3)	3	100%
Subset 4: Support implementation partners' programmatic practices (Maximum = 8)	8	100%
Subset 5: Support clinical partners to develop culturally competent clinical services (Maximum = 7)	7	100%
Subset 6: Support community outreach practices (Maximum = 4)	2	50%
Total (Maximum = 37)	34	92%

Use Diversity Lens for All Aspects of Project

Gaston Youth Connected and the project at large started with less definition of this component due to dependence on integrating with each of the other 4 components. It was most instructive in HOW we approached each component including making the case, assessing the causes, cultivating representative leadership, and program implementation. More subtly, concentrating

on diverse communities and social determinants allowed us to address situations where stigma or discrimination is hatched or perpetuated. Lessons:

- It could be easy to care about addressing diversity but relegate it to the side because it is hard
- Having staff that actively engaged stakeholders of diverse backgrounds and who spent time understanding needs and concerns and building trust was essential.
- Having diversity on our project team was important.

More Involvement Equals Progress on Normalizing Strategies

We theorize that the overrepresentation of the African American community in all aspects of the project worked in concert to impact the dramatic decrease in the African American birth rates which more than halved over the course of the project. There is historic mistrust of the "system" for good reason. Relying on community leaders to be part of the solution instead of making the community feel the problem may have gone some distance in normalizing education, health access, and contraceptive choice.

Working on Disparities is a Big Responsibility

It became clear as we worked on this aspect of the project, looking at root causes and asking hard questions of agencies and institutions, that it is a big responsibility to uncover dysfunction, to identify structured inequities. Those things can be so hard-wired that attempting to dismantle them requires more time, attention, and care than one might anticipate at the outset.

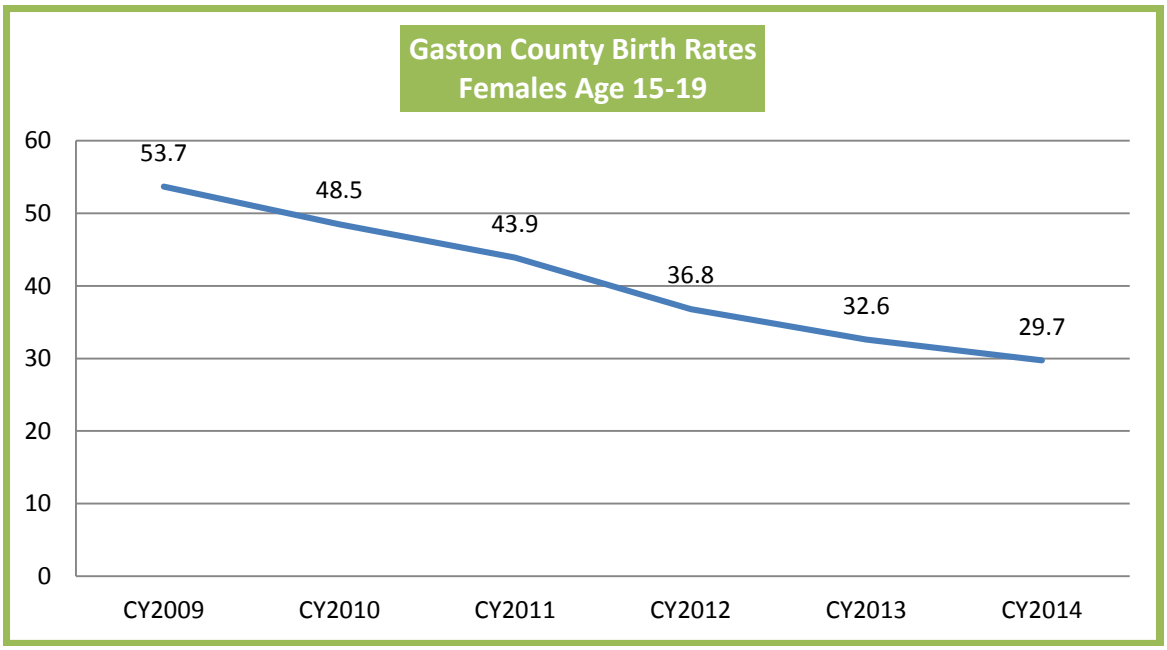
Impact

The Gaston Youth Connected logic model includes two major impact goals:

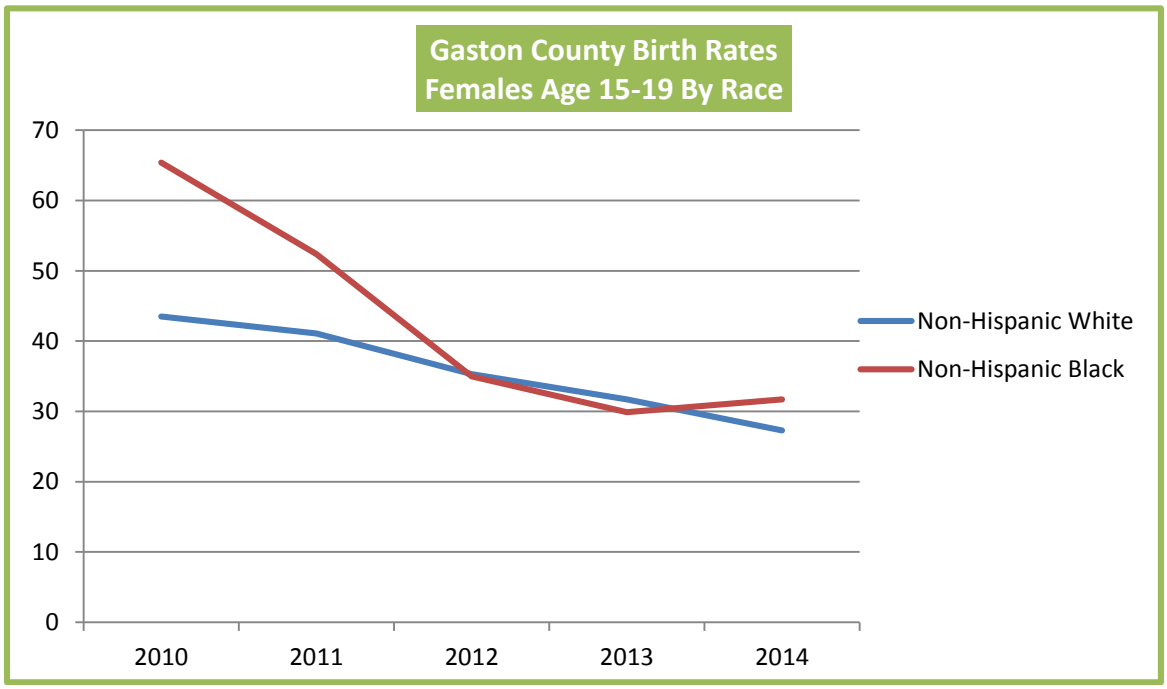
1. Decrease teen pregnancy and birth rates by 10% by September 2015
2. Integrate and strengthen leadership, education, health care, and linking networks such that preventive strategies are sustained post funding period.

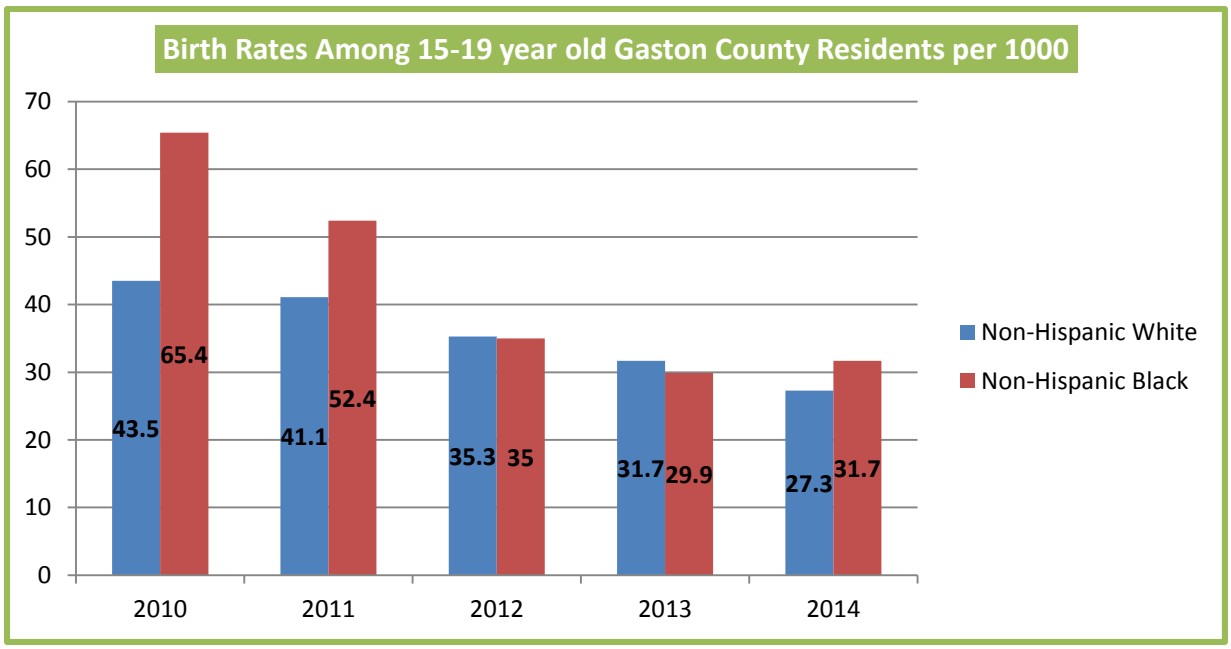
Pregnancy and Birth Rates

Gaston County teen birth rates decreased by 45% between 2009 and 2014. In comparison, the North Carolina statewide rate decreased 40% during the same time period.



Unique to Gaston County was a precipitous decline in the African American birth rates that accounts for a closing of the historic gap between African American and White birth rates.





Sustain

Gaston County will continue to benefit from project inputs and the systematic changes that were accomplished during the grant period.

<u>Sustained Efforts:</u>

Clinic Access and Reproductive Health Services:

1. Established a practice community of all clinic partners which will continue to meet quarterly. Shared resources:
    a. A shared goal for LARC coverage
    b. Caromont Hospital taking a larger role and committed to bringing other service lines into providing best practices to adolescents, including pediatricians and family medicine providers.
    c. Approach the work with a collaborative (and not competitive) approach
2. Teen Wellness Center that serves all young people for all of their health care needs, including reproductive health services.
3. Teen Wellness Center and all OB/GYN practices have adopted best practices.

Evidence-Based Programs:

1. Established a community of practice that will meet quarterly. Shared resources:
    a. Ability to train on certain evidence-based programs
    b. Continued collaboration to reach highest need youth

c. Shared measurement with health department leading on issuing an annual adolescent health report card.

2. Gaston County Schools have adopted Project AIM for all 6th graders.
3. Gaston County Health and Human Services were awarded a state grant through the North Carolina Department of Public Health which will allow them to continue to serve the number of youth they were serving with GYC funding.
4. Phoenix Counseling will continue to implement Making Proud Choices and partner with the detention center to implement SHARP because they recognize the alignment with their mission.

Linking:

1. Gaston County Health and Human Services will continue to invest in the Teen Health Advocate position and continue to offer referral trainings and to do outreach directly to youth and parents.
2. Schools will continue to make meaningful referrals to clinic services.
3. Program partners will continue to implement the Knowledge to Action module.
4. The Playbook marketing strategy will continue through 2016.

Coordinated Leadership:

1. Gaston County Health and Human Services will continue a quarterly adult leadership team meeting that consists of cross sector representation and members of the program and clinic communities of practice.
2. Gaston County Health and Human Services will continue the Teen Action Council.
3. Shared new goal of reducing pregnancy rates by an additional 30% by 2018

Keep Focused on Big Picture

These impact goals were often used to help the community see where we intended to end up and to build support for the long view. Early in the project, Gaston surpassed the reduction goal of 10% which fueled buy-in and continued commitment and effort.

Define Sustainability Broadly

Focusing on systems-level changes does much of the work of sustainability in larger institutions like schools and health departments. Gaston County Schools and Gaston County Health Department, for example, have made changes that will continue to impact Gaston County youth without requiring additional funding. Maintaining funding can be as productive as finding new funding.