

Project Year 3 2012-13 Evaluation Report

March 2014

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March 2014

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Project Description

Gaston Youth Connected is a community-wide initiative with the goal of reducing teen pregnancy and birth rates by 10% by 2015. Funded in 2010, this five-year project is one of nine demonstration sites that comprise the President's Teen Pregnancy Prevention Initiative. The initiative is a partnership between the Centers for Disease Control and Prevention and the federal office of the Assistant Secretary for Health. The overall purpose of the national demonstration is to test the effectiveness of innovative, multi-component, community-wide strategies in reducing rates of teen pregnancy and birth in communities with the highest rates, with a focus on African American and Latino youth aged 15-19 years.

Program goals include:

1. Reduce the rates of pregnancies and births to youth in the target areas.
2. Increase youth access to evidence-based and evidence-informed programs to prevent teen pregnancy.
3. Increase linkages between teen pregnancy prevention programs and community-based clinical services.
4. Educate stakeholders about relevant evidence-based and evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities.

The Adolescent Pregnancy Prevention Campaign of North Carolina provides primary oversight for the project. A multitude of Gaston County leaders, dedicated community members, and project implementation partners are primarily responsible for carrying out project activities described in this report. Gaston Youth Connected is highly collaborative in nature, with multiple sectors working in tandem to address teen pregnancy.

This report reflects findings from the major evaluation activities conducted for federal fiscal year 2012-13 (October 1, 2012 – September 30, 2013). FY 2012-13 is Year 3 of the five-year project. The first year was a planning year, and Year 3 is the second full year of implementation.

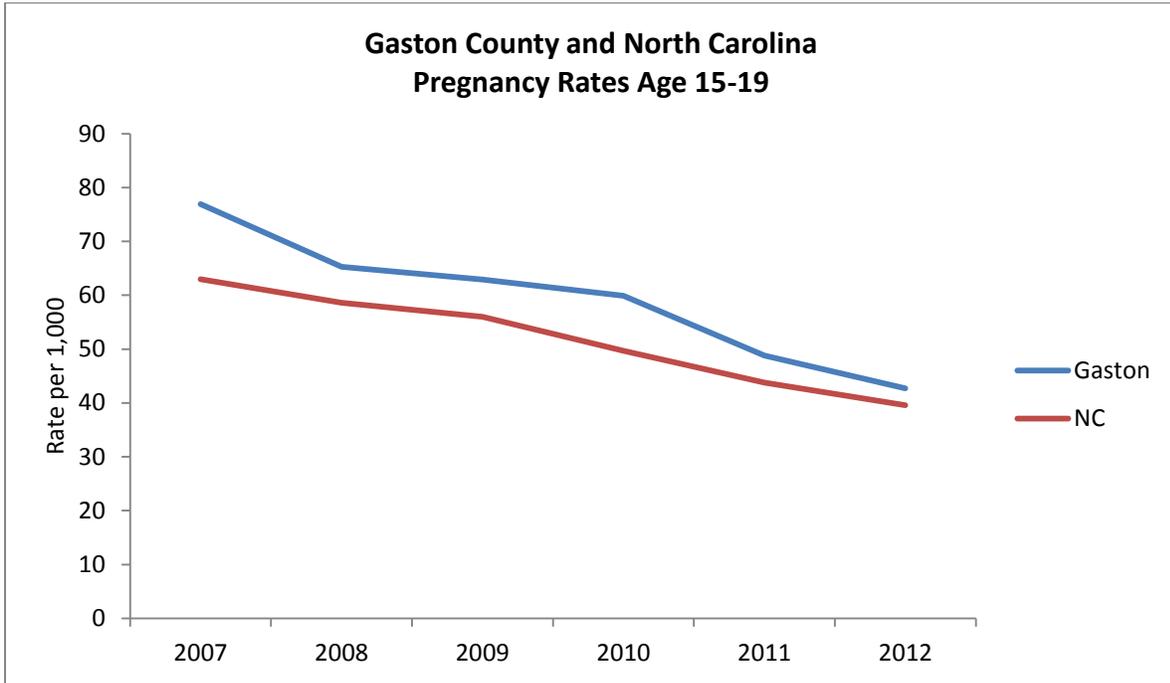
Those interested in obtaining detailed information about the evaluation methodology or copies of the surveys and tools used in the evaluation may contact the author at jsotolongo@appcnc.org.

Acknowledgements

The evaluation is intended to be as inclusive and collaborative as possible within the usual limitations of resources and funding guidelines. Gaston Youth Connected project staff, leadership team members, and implementation partners (i.e., evidence-based program and clinical partners) responded to numerous requests for input to the evaluation. The author wishes to thank all those who participated in discussions about the evaluation, answered requests for data, and gave thoughtful responses when asked for feedback. Their dedication to ensuring that Gaston's youth are provided the opportunity to succeed is evident in the amount of time and thought devoted to learning about the progress of this project.

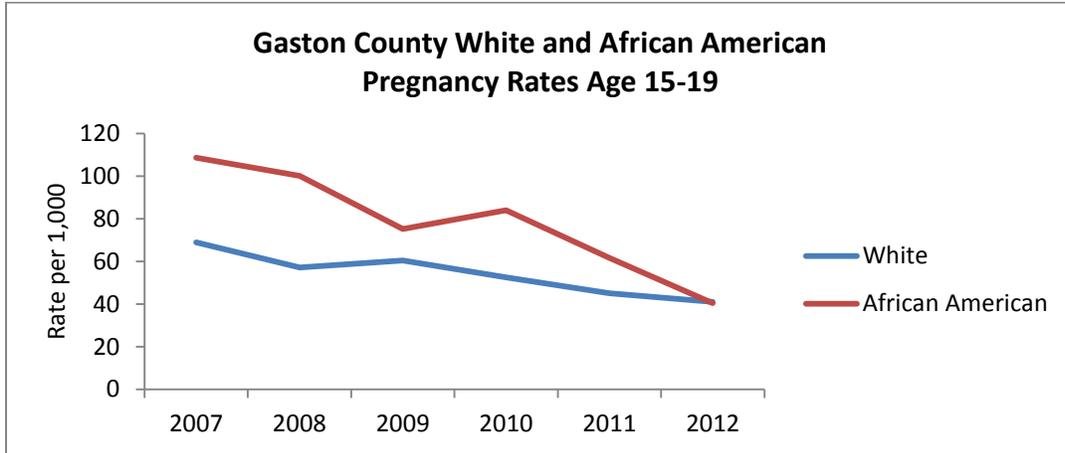
Teen Pregnancy Rate: 15-19 Years

The 2012 Gaston 15-19 year-old pregnancy rate is 42.7. This reflects a 13% decrease from 2011. The gap between rates for North Carolina and Gaston is narrowing. There were a total of 273 pregnancies for this age group in 2012.

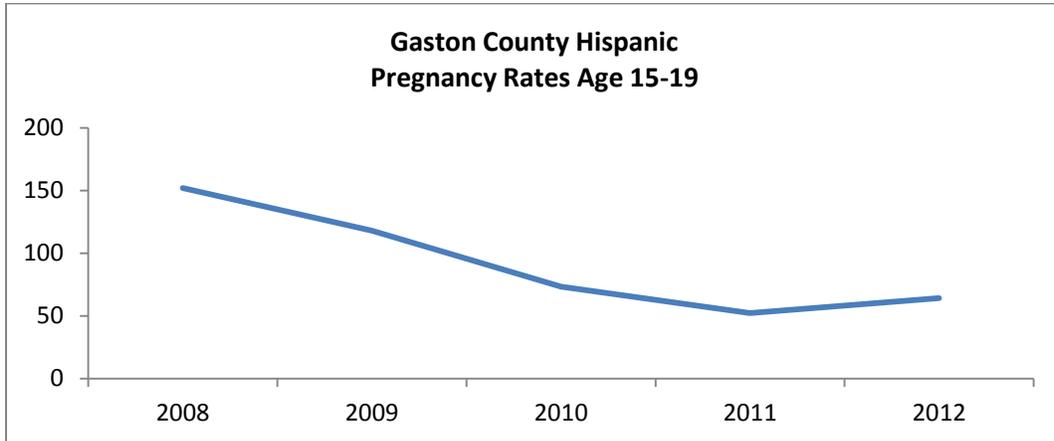


Teen Pregnancy Rate and Number: Race and Ethnicity

Rates for African American teens are falling at a faster pace than for Caucasian teens. In 2012, for the first time, the African American rate (40.4) was slightly lower than the Caucasian rate (41.1).



There was a slight increase in pregnancies to Hispanic teens, from 21 pregnancies in 2011 to 35 in 2012. The rate increased from 52.3 to 64.3.



Number of 2012 Gaston Pregnancies Age 15-19	
Caucasian	182
African-American	52
Hispanic	35
Other	3
Total	273

Teen Pregnancy Rate and Number: Older Teens

72% of 2012 Gaston teen pregnancies were to 18-19 year-olds. The 2012 Gaston 18-19 year-old rate decreased by 13%, from 94.6 in 2011 to 82.5 in 2012. This means that in 2012, 8% of 18-19 year-olds became pregnant.

Number of 2012 Gaston Pregnancies 18-19 Years	
Caucasian	127
African-American	41
Hispanic	26
Other	2
Total	196

Repeat Pregnancies: 15-19 Years

22.7% (n=62) of Gaston 2012 teen pregnancies were repeat pregnancies. The percentage of repeat pregnancies decreased by 7% as compared with 2011.

Summary

Program Implementation

- ✦ There was visible growth in areas from Year 2 that had been highlighted as in need of improvement. These include:
 - Improvements in enrolling youth from high-priority schools (79% versus 71%).
 - Increased data capacity with a larger set of matched pre/post surveys that more effectively capture program results.
 - Improved satisfaction ratings on peer respect (83% versus 78%).

- ✦ The project was successful in recruiting and retaining more youth as compared to Year 2. The number of youth enrolled in Year 3 increased by 53% as compared to Year 2 (833 versus 544). A total of 1,377 youth have been enrolled since the project began. Year 3 retention was 81%; 675 youth attended at least 74% of sessions offered.

- ✦ The project was successful in targeting youth of interest, including youth of color and youth who attend schools in at-risk geographic areas of the county. Three-fourths of youth enrolled in programs were youth of color; 83% attended schools with higher rates of teen pregnancy.

- ✦ Teens who completed the evidence-based programs benefited, particularly with significant increases in knowledge of healthy practices. Greatest knowledge gains included learning about correct condom use; minors' rights to consent for health services; and types of contraceptive methods.

- ✦ Teens who completed the evidence-based programs benefited from the project's goal of improving linkages to health services, as shown by significant increases in knowledge about accessing health services.

Recommendations for Year 4 include:

- Increased participation from Caucasian youth
- Peer mentoring from experienced program facilitators for newer organizations and facilitators
- Continue successful strategies with recruitment and retention, particularly in high-risk census tracts

Linking Teens to Quality Health Services

- ✦ The project increased the number of clinic partners. By the end of Year 3, there were six partner locations. Additional partner locations will come on board in Year 4.

- ✦ As compared to Year 2, there were improvements in the number of formal and informal referral agreements with community organizations, particularly with Gaston County Schools.

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- ✦ Teen Wellness Center providers continue to be state and national leaders in providing the most effective methods of contraception to clients seeking contraception.
- ✦ As compared to Year 2, Teen Wellness Center clients provided higher satisfaction ratings in every category except for wait time.
- ✦ The Teen Wellness Center has been effective in reaching African American and Hispanic youth.
- ✦ The Teen Wellness Center did not meet goals for increased total clients; increased family planning clients; or increased provision of LARC.

Recommendations for Year 4 include:

- Examine other measures of progress that may be a better fit with project strategies, such as number of new clients, saturation rates for LARC, or coverage of the entire Gaston population.
- Explore ways to learn if immunization and sick-visit clients are sexually active.
- Examine reasons that account for 21% of teen wellness service clients seen outside of Teen Wellness Center sites.
- Explore strategies to provide sexual health guidance to younger teens (age 11-13).
- Continue focus on outreach and linkage to services.
- Target outreach to the top referral sources, parents and peers.
- Target outreach to Caucasian 18-19 year-olds, the demographic group with the highest number of teen pregnancies.

In Year 4, the evaluation will more closely examine the contribution of Teen Wellness Center strategies to the decline in Gaston teen pregnancy rates, particularly the steep decline in rates for African American females.

Stakeholder Education

- ✦ Core Partner Team members represented the project, through speaking engagements or facilitation of meetings, at 32 events. Audiences included Jaycee and Rotary clubs; elected officials and agency board members; and community leaders.
- ✦ Core Partner and Community Mobilization Team members reported sharing information on project services; overall project description; and data on teen pregnancy.
- ✦ Project staff represented the project at 22 events with a total of 582 people in attendance. Audiences were comprised of potential sustainability partners; church leaders; and school staff.

Community Mobilization and Sustainability

- ✚ Leadership teams met their stated objectives for the year.
- ✚ The combined Core Partner and Community Mobilization Team offers diversity that is more representative of the county in a single team.
- ✚ Advocacy for teen pregnancy prevention and for the project is the most frequent action undertaken by the adult team members.
- ✚ Adult team members cited visibility and sustainability as priorities. They believe ownership for the project has increased as compared to Year 2.
- ✚ There is broad acceptance among adult team members for sustaining project approaches.
- ✚ Team members perceive the project as being in the middle of a continuum of sustainability outcomes, which aligns well with the stage of the project (i.e., Year 3 of a five-year project).

Recommendations for Year 4 include:

- Create and act upon strategies to increase visibility of the project and of teen pregnancy prevention.
- Team members take action to create connections to Caucasian youth.
- Explore ways to hear from parents and teens most affected by teen pregnancy.
- Invite more clinic providers to participate on the leadership team.
- Continue sustainability planning and implementation of the plan.

Working With Diverse Communities

The project implemented 84% of best practice strategies for working with diverse communities; four new strategies were implemented in Year 3.

Program Implementation

- ✚ 79% of youth enrolled in programs were from areas of the county with high rates of teen births.
- ✚ 75% of youth enrolled in programs were youth of color.

Linkage to Health Services

- ✚ The percentage of African-American and Latina females receiving services at clinic partners is over-representative of the overall Gaston population.
- ✚ There is room to reach more African-American and Caucasian females with clinic services.

Community Mobilization and Sustainability

- ✚ The combined Core Partner and Community Mobilization teams in Year 4 are more reflective of Gaston's diverse populations than the individual teams prior to the merger.

Component 1: Program Implementation

Five-year Objective:

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

Year 3 Objective: By September 2013, Gaston County will have reached 650 total additional youth with evidence-based programs as compared to 600 youth served by evidence-based programs in Year 2, including 430 African American and Latino youth above the 400 served in Year 2.

What were the project's experiences with engaging implementation partners?

Program Partners	10
Programs Offered	7
Program Locations	32

Partner	Program(s) Offered	Number of Groups	Number of Settings
Carolina Total Care	Teen Outreach Program	2	1
Center of New Hope	Making A Difference	1	1
	Making Proud Choices	4	3
Children in Crisis	All4You	2	2
Gaston Health and Human Services – Public Health	All4You	3	2
	Making Proud Choices	16	8
	Teen Outreach Program	3	2
I Am My Sister	Making Proud Choices	8	3
	Teen Outreach Program	4	2
Phoenix Counseling	Making Proud Choices	2	1
	SHARP	8	2
Rapha House	All4You	2	1
RCDM Ministries	Cuidate	3	2
	Making Proud Choices	7	2
Restoration Center	Making Proud Choices	5	1
St. Stephens AME Zion Church	Making Proud Choices	2	2
	SiHELE	1	1
	Teen Outreach Program	1	1
Total		74	35¹

¹ Two settings were used by more than one partner organization.

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Programs were offered in a wide-variety of settings, including shelters and juvenile corrections facilities, where youth may be more at-risk. This was the first year where programs were offered in conjunction with after-school programs at two middle schools. African American churches were the most common program setting.

African American Churches	6
Schools	4
Recreation Centers	3
Youth Development Programs	3
Homeless Shelters	2
Juvenile Corrections Facilities	2

Of the ten partner organizations in Year 3, six elected to continue in Year 4. Gaston County Schools is a new partner, bringing the total to seven partners for Year 4.

Increase in the Number of Gaston Youth Reached by Evidence-Based Programs

The project reached 833 youth in Year 3, an increase of 53% from Year 2.

Year 2 GYC Program Enrollment	544
Year 3 GYC Program Enrollment	833
Total	1,377

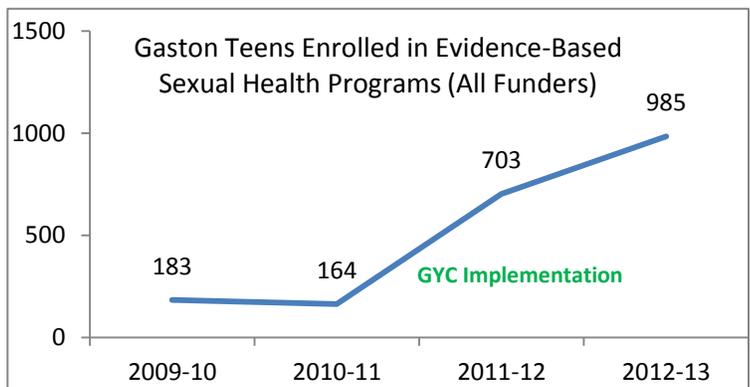
In September 2013, the five-year project goal was increased to 6,500. With the addition of Gaston County Schools as a partner, the projected program reach for Year 4 is 2,500. Assuming 2,500 youth are reached in each of the remaining project years, the project will meet this goal.

Overall Increase in Reach of Evidence-Based Programs Throughout Gaston

In addition to Gaston Youth Connected, there are other resources targeting teen pregnancy prevention in Gaston County. This graph shows the increased reach of programs throughout the county. It includes youth enrolled in evidence-based programs supported by Gaston Youth Connected, North Carolina Teen Pregnancy Prevention Initiative, and the Juvenile Crime Prevention Council.

A total of 2,009 Gaston youth have attended an evidence-based program between 2009 and 2013.

It should be noted that this comparison examines the number of youth enrolled in programs on the U.S. Department of Health and Human Services List of Evidence-Based Teen Pregnancy Prevention Programs.² The community offers additional programs that are described as promising practices (e.g., *Wise Guys*).



² <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>

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Program Partner Capacity

Building the capacity of partner organizations to effectively deliver teen pregnancy prevention programs is a major project focus. Project staff provided 21 formal trainings for program partners in Years 2 and 3. The formal trainings included topics such as program curricula, evaluation, SMART objectives, and grant-writing. Project staff provided 362 hours of individual coaching with program partners in Year 3.

At the beginning of each program year, the Program Implementation Partner Needs Assessment is conducted with program partners to determine technical assistance needs. This section examines changes over time in responses to the needs assessment for returning program partners.

Use of Getting to Outcomes (GTO)® Framework

Getting to Outcomes is a 10-step accountability framework for planning, implementing, and evaluating community initiatives. This framework is used as the foundation for the Program component of Gaston Youth Connected. There are 42 items in the Program Implementation Partner Needs Assessment that relate to the GTO Framework. Responses to the needs assessment were analyzed for program partners who completed a baseline and at least one follow-up assessment.

Over time, more partner organizations responded they have adopted the GTO framework.

Has your organization adopted the GTO Framework – Returning Partners			
	Dec 2011	Oct 2012	Oct 2013
Yes	1	2	4
No		2	1
Don't Know		1	1

GTO Step	Returning Partner Use of GTO Steps		
	Yes 2011 ³ (n=5)	Yes 2012 (n=5)	Yes 2013 (n=6)
Use Needs Assessment	3	5	5
Have a Logic Model	3	5	6
Identify Evidence-Based Approaches	4	5	6
Assess Fit	4	5	6
Assess Capacity	4	5	6
Have a Work Plan	4	3	5
Evaluate	2	5	6
Use Evaluation to Make Changes	2	4	6
Sustainability – Market Program to Funders	4	5	4

By Year 3, almost all of the returning partners responded they are using the full GTO framework. Sustainability is a focus for Year 4.

³ 2011 is the baseline year for partners who returned in 2012. Partners were in the early stages of implementing GTO in December 2011.

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Partners who returned from the previous year showed an increased ability to complete 19 tasks associated with the GTO framework.

Ability to Complete Tasks Without Assistance 1 = A great deal of assistance is needed 5 = No assistance is needed			
	2011	2012	2013
Average Rating Across 19 GTO Tasks	2.0	2.5	3.4

Tasks where the greatest capacity gains were realized include:

- Create timelines
- Assess fit of program activities for population
- Identify staff responsibilities
- Ensure activities link to goals by using a logic model
- Assess program fit for target population
- Use evaluation results to improve program delivery

Tasks where program partners had lower capacity include:

- Assess underlying risk factors for teen pregnancy in your community
- Develop a budget for each activity
- Develop a plan to sustain the program

These tasks will be important to address in sustainability efforts that will take place in Year 4.

In Their Own Words – Program Partner Comments on Capacity Building and Technical Assistance

In July 2013, all Year 3 partners participated in interviews that examined their experiences with capacity building. In an effort to ensure objectivity and elicit honest responses, interviews were conducted by a University of Chapel Hill School of Public Health intern. The comments below were provided by both returning and non-returning partners. The four partners who elected not to continue in Year 4 responded they were not continuing due to issues internal to their organization.

Increased Confidence

Yes, my confidence grew. The trainings were helpful; they are all very knowledgeable on the subject matter. If I had any questions, my TA provider was always there to help walk me through things.

You get more comfortable talking about the sensitive issues because you developed those strong relationships with kids and their parents.

Going to different conferences and also having a TA provider who is very much interested in the success of the program contributed to my confidence.

I learned about using social media for recruitment, and my confidence in how to recruit grew.

A few program partners replied that they had a strong confidence base and did not experience a growth in confidence throughout the year.

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APPCNC Technical Assistance That Was Important for Their Work

We didn't have a work plan prior to this year. I have learned that keeping things in order has really been helpful.

All the relationship building that APPCNC provided was important for my work, especially with the schools.

I learned about "green light" changes to the curriculum where I could ask for assistance if something wasn't working.

We learned about different curricula that were a better fit for our target populations.

I was given a lot of information on evaluation and how we can look at our data from previous years to decide what we want to do in the coming years.

Positive Statements on APPCNC Technical Assistance

They provided a number of trainings – from grant writing to technology skills. They've gone above and beyond with providing free workshops!

They've been very available and flexible.

My technical assistance provider is amazing. She gives you support but also tells you what you need to do to improve.

The technical assistance provider believes in the success of the program and helped us achieve success by working through our challenges.

There was great follow-up from trainings, where we were asked how we were using recruitment tools and if we needed any help.

There was only one program partner who provided less favorable comments about the experience with APPCNC technical assistance. This partner stated she did not feel supported and did not have the information she needed that would enable her to understand expectations and requirements.

What successes and challenges did project partners face with recruiting and retaining high-priority population youth in evidence-based programs?

High-Priority Geographic Areas

At this point in time the project does not have the capacity to create maps that examine the number of youth enrolled in programs who live in geographic areas with high rates of teen births. The best proxy for determining the reach of evidence-based programs in high-risk geographic areas is to examine the schools that youth enrolled in evidence-based programs attend. The percentage of youth from high-priority schools increased from 71% in Year 2 to 79% in Year 3. Partners were successful in recruiting and retaining youth in high-priority geographic areas.

Percent of Program Youth Who Attend High-Priority Schools	79%
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High-Priority High Schools	High-Priority Middle Schools
Ashbrook High	Bessemer City Middle
Bessemer City High	Grier Middle
Forestview	Holbrook Middle
Hunter Huss High	Southwest Middle
North Gaston High	W.C. Friday Middle
Warlick	York Chester Middle

High priority schools are defined as schools in areas of the county with the highest teen birth rates for 2007-2011.

Enrollment and Retention

Program enrollment and retention are measured by attendance logs submitted by program partners. Retention improved from 56%⁴ in Year 2 to 81% in Year 3.

Youth Enrolled in Programs	833
Youth Retained in Programs	675
Percent of Youth Retained	81%

⁴ Year 2 retention may be under-reported due to issues with record-keeping. Documentation of attendance and retention improved in Year 3.

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Enrollment and Retention by Partner and Program				
Partner	Program(s) Offered	Number Enrolled	Number Retained	Percentage Retained
Carolina Total Care	Teen Outreach Program	40	27	68%
Center of New Hope	Making A Difference	14	14	100%
	Making Proud Choices	29	26	90%
Children in Crisis	All4You	32	20	63%
Gaston Health and Human Services – Public Health	All4You	37	28	76%
	Making Proud Choices	170	149	88%
	Teen Outreach Program	53	34	64%
I Am My Sister	Making Proud Choices	70	66	94%
	Teen Outreach Program	86	83	97%
Phoenix Counseling	Making Proud Choices	21	11	52%
	SHARP	75	54	72%
Rapha House	All4You	16	15	94%
RCDM Ministries	Cuidate	22	18	82%
	Making Proud Choices	56	40	71%
Restoration Center	Making Proud Choices	66	61	92%
St. Stephens AME Zion Church	Making Proud Choices	13	12	92%
	SiHELE	5	2	40%
	Teen Outreach Program	28	15	54%
Total		833	675	81%

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High-Priority Youth of Color

Project partners were successful in enrolling African American and Hispanic youth, two populations of particular interest due to proportionally higher rates of teen pregnancy and birth in these populations.

While the gap between Gaston Caucasian and African-American 15-19 year-old pregnancy rates closed in 2012, there is still a disparity for Hispanics teens.

Racial and Ethnic Demographics ⁵	Year 3 Enrolled		Year 3 Retained ⁶	
	Number	Percent	Number	Percent
African American	418	57%	342	60%
Caucasian	168	23%	126	22%
Mixed	73	10%	46	8%
Hispanic	60	8%	51	8%
Other (non-Caucasian)	13	2%	9	2%
Total Youth of Color ⁷	551	75%	439	76%

Project partners are aware that the majority of Gaston teen births occur to Caucasian females. The number of Caucasian youth enrolled in programs increased by 56% from Year 2.

It does not appear there were particular groups of youth, by race or ethnicity, who were less likely to complete the program. Mixed youth were slightly less likely to complete, but on the whole, race and ethnicity did not appear to play in role in program completion.

Gender

Project partners were very successful in enrolling males. Males and females were equally likely to complete a program.

Gender	Year 3 Enrolled		Year 3 Retained ⁶	
	Number	Percent	Number	Percent
Male	424	53%	320	52%
Female	383	47%	293	47%

Ever Had Sex

Project partners were successful in enrolling youth with behaviors that place them at risk for pregnancy. This table examines responses from 10th grade participants, so they can be compared to responses in the Gaston Youth Risk Behavior Survey that assessed 10th grade students. Program participants in grade 10 were 65% more likely to have had sex than the general Gaston 10th grade population.

Have You Ever Had Sex – Percent of 10 th Graders Who Responded Yes		
GYC Program Participants	Gaston YRBS	NC YRBS
76%	46%	43%

There were no differences in the percentage of program participants from all grade levels who reported they have ever had sex at pre-test as compared to post-test. Program youth from all grade levels who reported they have ever had sex = 46%.

⁵ African American, Caucasian, and Mixed are non-Hispanic

⁶ Retained = All youth who completed pre/post test and who attended 75% or more program lessons

⁷ Youth of Color includes Mixed

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Retention by Program

There does not appear to be a relationship between program length and retention in Year 3. Retention for the Teen Outreach Program improved from 28% in Year 2 to 77% in Year 3. This comparison should be viewed with caution as Year 2 retention was likely under-reported. However, project staff and program partners focused on retention in Year 3. Retention improved for all programs that were offered in Year 2.

Depending on where the program is offered, some factors that affect retention are out of the partners' control. For example, seven SHARP and seven Making Proud Choices groups were offered in juvenile correction facilities; there were

Program	Retention	Number of Lessons (Program Length)
Making a Difference	100%	9
Making Proud Choices	86%	9
Cuidate	82%	7
SHARP	77%	8
Teen Outreach Program	77%	30
All4You	74%	15
SiHELE	40%	5

instances when youth needed to leave the program for court or meetings with court officers. Three Teen Outreach Program groups met on school grounds; these groups had to meet offsite for the sexual health lessons. Moving the program offsite might have affected attendance.

Retention by Partner Organization

Program partners had varying experiences with retention. Several of the partners with higher retention rates were returning GYC partners who built upon lessons learned from Year 2. Others experienced barriers as described above, where location impacted retention.

Program Partner	Retention	Years as GYC Partner
I Am My Sister	95%	2
Rapha House	95%	2
Center of New Hope	93%	2
Restoration Center	92%	1
Gaston County Health Dept	80%	2
RCDM Ministries	74%	2
Carolina Total Care	68%	2
Phoenix Counseling	68%	1
Children in Crisis	63%	1
St. Stephens AME Zion Church	63%	1

Recruitment and Retention Strategies

Program partners shared successful strategies in monthly reports and at a partners' meeting in April 2013.

Recruitment

These strategies are similar to those used in Year 2:

- Get parent buy-in and support; host a parent night
- Connect with trustworthy agencies, particularly summer programs where there is room on the schedule for programs
- Use past participants
- Use maps of high-risk areas
- Work with school principals, social workers, and counselors

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Retention

Several of these strategies are different from those used in Year 2. They likely account for the improved retention in Year 3.

- Use incentives, including an end-of-year trip for longer programs and ‘random acts of kindness’
- Contact youth who miss a session and offer opportunities to make it up
- Conduct programs near participants’ homes, to offset the barrier posed by no transportation
- Pay attention to relationship-building with youth, including texting, birthday cards, social media
- Host program during an off-site retreat
- Conduct the program over a shorter time period (for shorter programs)

How did youth experience the program?

Through a series of seven focus groups conducted in the spring of 2011, more than 50 Gaston teens offered input for planning the implementation of evidence-based programs. The satisfaction questions on the post-survey capture features suggested by the focus group participants, which include:

- Facilitators should have knowledge about the subject matter.
- A preference for facilitators of a similar ethnicity and who understand their background and daily living experiences.
- Non-judgmental, caring, and a sense of humor also were mentioned as desirable characteristics.

Overall Satisfaction

Youth who completed the program provided high satisfaction ratings. Out of a maximum score of 11, the average satisfaction score was 10.

Facilitator Respect and Understanding of Youth’s Background and Daily Living Experiences

Slightly more than 90% of youth responded favorably to two questions that asked if they felt like the facilitators understood and respected “people like me.”

Knowledgeable and Caring Facilitators

96% of youth responded the facilitators “knew a lot about sexual health.” 94% indicated they thought the facilitators showed they cared about people in the group.

Fun Activities

94% of youth responded favorably to two questions about perceptions of fun activities.

Peer Respect and Non-judgmental Attitudes

The lowest ratings (83%) were for two questions about how youth perceived other members in the group respected and judged each other. These ratings improved from 78% in Year 2.

Share What They Learned

83% agreed they would share what they learned in the group with friends.

What Teens Have to Say about the Evidence-Based Programs

The post-survey included open-ended questions asking teens about their experience with the program.

What I really liked about the group:

An overwhelming majority of the comments centered on teens liking the open discussion and having their questions answered (n=93).

Teens provided 519 responses to this question. The majority of responses focused on liking the open discussion and having their questions answered. Other common responses include: the group was fun, learning new things, the lessons and activities, and being with their peers. Slightly more than 25 participants specifically mentioned liking the group leader. Sample comments include:

- *I got answers to questions that weren't answered in the past.*
- *You could ask questions about sex and nobody got mad at you.*
- *It was an open group.*
- *I actually learned some things I didn't know. And they are really useful. I was surprised!*
- *We could ask all the questions we wanted to and the games were fun.*
- *I liked the community service and hanging with my friends.*

What I didn't like about the group:

Very few teens identified things they didn't like. The few comments provided focused on not liking it when their peers were talkative, disruptive, or disrespectful.

Did the project achieve the goal of reaching 650 additional youth, including 430 African American and Latino youth with evidence-based programs?

The project reached 833 youth, which exceeded the goal by 28%. The project reached 478 African American and Latino youth, exceeding the goal by 9%.

Year 3 Goal	650
Year 3 Youth Enrolled	833
Percent of Goal Reached	128%

Project Reach in High-Priority Geographic Areas

With the assistance of Gaston Health and Human Services – Public Health, the project identified 13 census tracts with the highest rates of teen pregnancy over a three-year period. The high-priority schools mentioned earlier in this section are in these census tracts. Given the breadth and depth of this project, it is worth examining the

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reach of evidence-based programs in these high-priority census tracts. While it may not be realistic to reach all the youth who live in these 13 census tracts, over the course of the grant it will be helpful to know the extent to which the project strategically invested resources and services in the highest risk sections of the county.

Using high-priority schools as a proxy for geographic risk, this table shows the number of youth enrolled in evidence-based programs who likely live in the 13 high-priority census tracts.

In Year 3, the project reached a higher percentage of youth from high-priority census tracts as compared with Year 2. The cumulative reach in these high-priority areas across the project year is 23%.

Year	Gaston 12-17 Year-Old Youth		
	Youth Enrolled in Programs Who Attend High Priority Schools	Population in 13 Total Census Tracts with Highest Rates of Teen Births ⁸	Percentage of Geographic High-Risk Youth Enrolled in Programs
Year 2	295	3411	8%
Year 3	493	3411	14%
Cumulative Across Year 2 and Year 3	788	3411	23%

Did teens experience a positive change in knowledge, attitudes, and intended behaviors after attending the program?

Teens complete a survey at the beginning of the program, before any lessons are taught. They then complete the same survey at the end of the program, after the last lesson is taught. The same survey is used for each of the five programs, so that changes can be reported at the project level and a cohesive story of the project’s impact can be told. The survey includes 24 questions, with 11 additional satisfaction questions on the post-test. The survey was developed using questions from national surveys on this topic, provided as a resource by the Centers for Disease Control and Prevention. The project’s Teen Action Council reviewed the survey and provided valuable input for making the survey user-friendly for teens.

Changes in What Teens Know

Nine survey questions measured teens’ knowledge about how to prevent pregnancy and disease.

Knowledge Score – All Questions		
Average Pre-Test Score (Maximum Score = 13)	Average Post-Test Score (Maximum Score = 13)	Change
6.51	11.17	+ 4.66*

*p=.000

Teens significantly increased their knowledge about sexual health. The positive change in knowledge scores improved by 58% from Year 2; that is, program partners were more effective in increasing knowledge this year.

⁸ Data Source – 2010 Census

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More than three-fourths of teens entered the program with knowledge about abstinence as a way to prevent pregnancy; by the end of the program, more than 90% provided correct responses for this question. The areas where teens learned the most include:

- correct condom usage
- minors' right to consent for health services
- types of birth control methods
- where to access health services

Knowledge Score – Individual Questions				
Question	Number of Responses	Percent Correct - Pre	Percent Correct - Post	Change
List three steps of correct condom use	619	25%	74%	+ 49
Minors' rights to consent for health care services	611	42%	88%	+ 46
List three types of birth control methods	620	42%	81%	+ 39
Birth control access	619	48%	85%	+ 37
Reproductive health care services access	608	50%	87%	+ 37
Condom access	583	72%	96%	+ 24
Abstinence best way to prevent pregnancy	605	77%	93%	+ 16
Abstinence best way to prevent STI	605	77%	92%	+ 15

Access to Health Services

An overall project focus is to help teens who are sexually active access health care. Project staff created a supplemental lesson⁹ that teaches teens about the availability of reproductive health care services in Gaston County and how to access those services if needed. The supplemental lesson is used with each of the five programs. Scores for the subset of knowledge questions presented above that specifically measure knowledge of access to health services are presented here.

Teens showed an increase in their knowledge of access to health services.

Knowledge of Access to Health Services Score		
Average Pre-Test Score (Maximum Score = 4)	Average Post-Test Score (Maximum Score = 4)	Change
2.19	3.61	+ 1.42*

* $p=.000$

In addition to gaining knowledge, some teens are using the knowledge to access health services. In an October 2013 survey, 14 teens identified one of the evidence-based program facilitators as the way they learned about the Teen Wellness Center.

⁹ *Knowledge to Action: Helping Teens Access Health Services*, Adolescent Pregnancy Prevention Campaign of North Carolina in partnership with Gaston Health and Human Services - Public Health.

In Their Own Words – What Teens Learned

I learned about contraception, how to make better choices, and how to say no.

More than 500 teens provided comments on what they learned in the program. The majority of comments focused on learning how to prevent sexually transmitted infections and the importance of correct condom usage to prevent infections. Teens stated they learned about birth control and preventing pregnancy. Many teens said they learned they are comfortable with waiting until they are older before having sex.

Sample comments include:

- *A lot about how to keep myself healthy and how to say no to sex until I am ready*
- *How to keep myself from messing up*
- *The meaning of the diseases; how transmitted; how to prevent; how to use a condom*
- *About safe sex and abstinence*
- *More about diseases that I already knew a little bit about. How to better protect myself.*
- *About what the health department can do for you*
- *Different birth control methods available, practicing safe sex, and potential consequences*

Changes in What

Teens Think

All of the programs encouraged teens to explore their attitudes about sexual and reproductive health.

Survey Category	Total Number of Questions in Category	Types of Attitude Statements
Attitudes	1 Question with 14 Attitude Statements	Religious and moral reasons for not having sex
		Wanting to delay having sex
		Wanting to avoid pregnancy and disease
		Parental or peer influence on sexual behaviors

Teens were asked to select any of 14 attitude statements that were true for them.

For the purposes of compiling an Attitude Score, three of the fourteen statements applied equally to any of the five programs and also were most relevant to the overall focus on reproductive health. These statements were used to calculate the Attitude Score. Youth received a point if they selected the statement as being true for them.

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Teens showed an increase in positive attitudes related to reproductive health. Changes were greater for attitudes related to disease prevention and future goals.

Attitude Score – All Questions		
Average Pre-Test Score (Maximum Score =3)	Average Post-Test Score (Maximum Score = 3)	Change
1.58	1.88	+ .30

Attitude Score – Individual Questions				
Question	Number of Responses	Percent Agreement - Pre	Percent Agreement - Post	Change
I do not want to get pregnant or get someone pregnant	624	51%	59%	+ 8
If I get pregnant, or my partner gets pregnant, it would mess up my future plans	624	48%	58%	+ 10
I don't want to get an STI or HIV/AIDS	624	60%	71%	+ 11

Changes in What Teens Think They'll Do

All of the programs encouraged teens to think about how they will handle situations that require making healthy decisions. There were seven questions on the survey asking what teens thought they would do.

When looking at all the intended behavior questions as a whole, teens showed an increase in positive intended behaviors.

Intended Behavior Score – All Questions		
Average Pre-Test Score (Maximum Score = 7)	Average Post-Test Score (Maximum Score = 7)	Change*
4.89	5.69	+ .80

P= .000

Intended Behavior Score – Individual Questions				
Question	Number of Responses	Percent Agree - Pre	Percent Agree - Post	Change
Plan to use birth control first time or next time have sex	599	64%	82%	+ 18
Would go to doctor to get birth control if needed	605	72%	89%	+ 17
Plan to use a condom first time or next time have sex	605	80%	95%	+ 15
Able to say no to partner who wants to have sex without using a condom	616	82%	94%	+ 12
Able to say no to pressure to have sex	618	80%	91%	+ 11
Plan to wait to have sex until older	612	49%	56%	+ 7
Likelihood of having sex in the next 3 months	601	58%	59%	+ 1

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When looking at individual intended behavior questions, teens showed the greatest increase in their intent to:

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

The intent to access health services if needed aligns with the supplemental *Knowledge to Action* clinic access lesson.

There essentially was no change in the intent to have sex in the next 3 months. As would be expected, responses to this question varied by age. At post-test, 83% of youth age 11-13 years did not intend to have sex in the next three months; whereas 31% of 17-19 year-olds did not intend to have sex in the next three months.

Summary and Implications

- ✚ The project was successful in recruiting and retaining more youth as compared to Year 2.
- ✚ The project was successful in targeting youth of interest, including youth of color and youth who attend schools in at-risk geographic areas of the county.
- ✚ Teens who completed the evidence-based programs benefited, particularly with significant increases in knowledge of healthy practices.
- ✚ Teens who completed the evidence-based programs benefited from the project's goal of improving linkages to health services, as shown by significant increases in knowledge about accessing health services.
- ✚ There was visible growth in areas from Year 2 that had been highlighted as in need of improvement. These include:
 - Improvements in enrolling and retaining youth from high-priority schools
 - Increased data capacity with a larger set of matched pre/post surveys that more effectively capture program results
 - Improved satisfaction ratings on peer respect

Recommendations for Year 4 include:

- Increasing participation from Caucasian youth
- Peer mentoring from experienced program facilitators for newer organizations and facilitators
- Continue successful strategies with recruitment and retention, particularly in high-risk census tracts

Component 2: Linking Teens to Quality Health Services

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.

Year 3 Objective A: By September 2013, the percent of clients who receive healthcare at a clinic partner site who receive a sexual health assessment at every visit will increase from 86% to 95%.

Year 3 Objective B: By September 2013, the percent of sexually active female clients who receive hormonal contraceptives or IUD at clinic partner site will increase from 82% to 90%.

Year 3 Objective C: By December 2013, the number of Gaston County youth who utilize youth-friendly reproductive health care services will increase by 10% from 2,443 to 2,687. Of the additional 244 youth, at least 100 will receive family planning (contraceptive) services, and of those, at least 70 will be age 18-19 years.

Year 3 Objective D: By December 2013, of females provided contraception, the percent who are provided IUD or implants (LARC) will increase from 21% to 25%.

What types of strategies did clinic partners use to increase teen-friendly reproductive health care services?

Partners

The project engaged two new clinic partners in Year 3, and at least one new partner has been engaged for Year 4. Year 3 partners include:

- Gaston Health and Human Services - Public Health (4 sites)
- Ashley Women's Center – *new for Year 3*
- Courtview GYN – *new for Year 3*
- Gaston Family Health Service – *new for Year 3*

Ashley Women's Center became a partner in the spring of 2013, and Gaston Family Health Service and Courtview GYN became partners in September 2013. Information provided in this section pertains to strategies implemented by the Gaston Health and Human Services – Public Health. A brief description of plans for the three new partners is provided at the end of this section.

Teen Wellness Center Approach

A major strategy implemented in Year 3 included implementing the 'no wrong door' approach at Gaston Health and Human Services – Public Health, where teens receive a full complement of health care services in one setting. The Gaston Health and Human Services - Public Health Teen Wellness Center allows teens to receive physicals and well-child care, immunizations, and reproductive health services in one place. This approach strengthens the likelihood that all teens will receive a sexual health history and guidance on reproductive health at every visit. It also increases opportunities for teens to have a medical home.

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Year 3 Teen Wellness Center locations include:

- Co-located at Bessemer Healthcare Center
- Co-located at Cherryville Health Center¹⁰
- Highland Health Center, a collaborative facility with services provided by Gaston Health and Human Services - Public Health and Gaston Family Health Services
- Main Public Health location on Hudson Boulevard

Data on teens’ experiences with the Teen Wellness Center are provided on p. 31.

Teen Health Advocate

In Year 3, the project supported two Teen Health Advocate positions at the Teen Wellness Center locations.

The Teen Health Advocates worked to ensure sexually active youth use effective contraception.

The Teen Health Advocates provided:

- Education on types of contraceptives to 717 sexually active clients
- Education specifically on long-acting, reversible contraceptives (LARC) to 433 clients
- Follow-up contacts to encourage proper use of their contraceptive method to 124 clients

Outreach to Parents and Youth	1,300
Referral Training for Youth-Serving Professionals	63
New Referral Relationships with Youth-Serving Agencies	15
Contraceptive Education for Sexually Active Teens	717

The Teen Health Advocates implemented outreach strategies to increase the number of adolescents who receive Teen Wellness Center services. They had contacts with approximately 700 youth and 600 parents at outreach events. They held trainings on how to make a good referral to health services for 63 professionals from five youth-serving organizations, such as Gaston Family Health Services dental clinic staff and Gaston County School resource officers.

Linkages and Outreach

Formal and informal referral agreements with community agencies are best practice strategies for ensuring teens have access to health services. The number of formal, written agreements between Gaston Health and Human Services – Public Health and youth serving organizations increased from one in Year 2 to five in Year 3. Organizations with formal agreements to refer youth to Teen Wellness Center services include:

- Gaston County Department of Social Services (merged with Gaston County Health Department)
- Boys and Girls Club of Greater Gaston
- Phoenix Counseling Service
- With Friends Youth Shelter
- On Eagles Wings Ministries

¹⁰ Cherryville site operated from Oct 2012 through May 2013, when it was closed due to the small client caseload.

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Relationships were developed with 10 new community organizations increasing the number of informal agreements to refer youth from 5 in Year 2 to 15 in Year 3.

Best Practices

The Clinical Partner Needs Assessment is administered with the four Gaston Health and Human Services - Public Health Teen Wellness Center locations each year. Results are compiled into eight best practice categories that include topics such as type of contraceptive methods provided; cost, confidentiality, and consent; and a teen-friendly environment.

Best practice areas that improved in Year 3 include:

- Improved capacity to access accurate data on types of contraceptives provided
- Adopted performance measures for adolescent reproductive health
- Monthly staff meetings to examine progress towards meeting goals for increased number of clients and increased provision of long acting, reversible contraceptives

Best practice areas worth exploring for improvement include:

- Taking a brief sexual health history at all visits, regardless of visit reason
- Offering over-the-counter emergency contraception to males where appropriate
- Offering weekend appointments

Social Marketing Strategy – The Playbook

In response to the fact that nearly three-quarters of teen pregnancies in Gaston are to 18-19 year-olds, Gaston Youth Connected launched The Playbook social marketing strategy in February 2013. The goal of this strategy is to increase the number of sexually active older teens who receive contraceptive health services.

The strategy delivers information via The Playbook website and via The Playbook Facebook page. The content is specifically designed for older teens.

February - October 2013	
Playbook Website – Gaston Visitors	640
Average No. of People Who See Gaston-Targeted Facebook Posts	1,933
Percent of 18-19 Year-Old - Heard About TWC ¹¹ from The Playbook ¹²	14%

The Playbook Facebook Page – Reach and Engagement

Between February and October 2013, there were 78 Gaston County fans of The Playbook Facebook page. Many Gaston teens identify Charlotte as their location for Facebook; an additional 73 fans are in border cities, such as Charlotte or Rock Hill. Sixty-four percent of The Playbook Facebook fans are between the ages of 18 and 24. Sixty-one percent are female.

One advantage of using social media to reach teens is the ability for teens to share messages with their peers. The project sponsors posts that are targeted to 18-19 year-olds in Gaston County. Between

¹¹ TWC = Teen Wellness Center

¹² May 2013

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February and October 2013, the average number of people who saw the Gaston older teen-targeted posts was 1,933. While it is not possible to know the location of those who viewed the Gaston-targeted posts, one can assume that many, if not a majority, of the viewers were also Gaston older teens.

Another measure of The Playbook Facebook page is the number of people who are actively engaged by commenting on posts, sharing stories, or liking individual posts. The evaluation is not able to calculate the unique number of users who are actively engaged over time, but we do know of those who like or comment on posts, 71% are female and 41% are 18-24 years.

The Playbook Website – Reach and Engagement

Between February and October 2013, there were 640 Gaston County unique visitors on The Playbook website. Gaston visitors came to the site 727 times, and clicked through 2,862 items or pages on the site. Age and gender are not available for website visitors.

The most commonly viewed pages on The Playbook website include (number of people):

1. Beat Headphones promotion page (702)
2. Birth Control Methods (558)
3. Scenarios – What if... (*common teen pregnancy questions and issues*) (371)
4. Your Rights (186)
5. Where To Get It (birth control) (176)
6. Post on 99% of Patients Would Recommend Teen Wellness Center to a Friend (167)

The Playbook Strategy Effectiveness

A May 2013 survey of Teen Wellness Center clients showed 19% of older teens (18-19 years) selected at least one Playbook media outlet as how they learned about the Teen Wellness Center. The May 2013 survey is a snapshot in time and includes responses from 74 18-19 year-olds. It will be important to continue to monitor the number of older teens who list The Playbook as a referral source.

It is not possible to know the age or gender of the 640 Gaston Playbook website visitors, making it impossible to know the exact campaign reach throughout the target population. However, we do know there are 2,441 females and 2,685 males age 18-19 in Gaston.¹³ In the fall of 2013, project staff, in conjunction with an advertising contractor, developed a revised plan to increase the effectiveness of The Playbook strategy. As the project monitors reach of The Playbook messages, it will be important to examine this reach through the lens of the entire 18-19 year-old population.

Findings from focus groups that explored older teens' perceptions about the lack of contraceptive use among their sexually active peers can be found on p. 56. These findings will be used to inform project strategies in Year 4, including improvements to the Playbook strategies.

Teen Wellness Center Promotions

The project offered two promotions aimed at increasing the number of Teen Wellness Center clients. The strategy offered clients the chance to enter a drawing for an iPad in May and a pair of Beats headphones in July. Flyers and ads for the promotions were distributed at recreation centers, neighborhood festivals, and on social media sites.

¹³ Source: State Center for Health Statistics, North Carolina using NCHS Bridged Population Data for 2011

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While the number of clients in each of the promotion months increased from the previous month, it is not known if or how much the promotion contributed to the increase. The number of clients increased by 41 in May and 65 in July. However, there were a greater percentage of immunization clients seen in the Teen Wellness Center in July, which likely contributed to the overall increase for that month.

Gaston Memorial Hospital and Caramont Group

In response to the fact that 164 teens age 13-18 years obtained reproductive health services (e.g., pregnancy or STI testing) from Gaston Memorial Hospital Emergency Department in 2011, the project implemented a strategy of distributing materials about services available through the Teen Wellness Centers to every teen who visited the hospital's Emergency Department.

Between May and September 2013, there were 2,180 discharges from the Emergency Department for youth age 12-19 years. Discharge instructions for youth in this age group included information about the Teen Wellness Center. Nine percent of responses on the May 2012 Teen Wellness Center referral survey indicated Gaston Memorial Hospital as a referral source; five percent of the responses indicated the hospital on the October 2013 survey.

New Partner Strategies for Year 4

Ashley Women's Center

Initial assessments of Ashley Women's Center point to potential strategies that include: improvements in the physical environment to be teen-friendly; staff training on adolescent development; and increased capacity to use data for continuous quality improvement.

Gaston Family Health Services

A partial needs assessment was completed in 2012. Those findings point to a focus on improvements to the existing referral relationship with Gaston Health and Human Services - Public Health; taking a sexual health history at every visit; and increased provision of long-acting, reversible contraceptives. The needs assessment will be updated in 2014.

What were adolescent client experiences with clinical services?

Through a series of seven focus groups conducted in the spring of 2011, more than 50 Gaston teens described quality clinical services as:

- Confidential
- Anonymous (no one would know what type of services they were seeking)
- Provided by knowledgeable, caring, and non-judgmental adults
- Limited wait-time
- Affordable
- Accessible

Cicatelli Associates, Inc., a national project partner with expertise in health care quality improvement, recommends similar attributes of quality health care services for teens:

- High quality
- Confidential
- Free or low-cost
- Easily Accessible

Teen Survey Results – Satisfaction with Services

Teen client experiences were assessed in May of Year 2, which was the first full month the Teen Wellness Center and satellite clinics were open. Satisfaction was assessed again in May of Year 3. Items on the satisfaction survey directly relate to preferences for quality services expressed by teens in the 2011 focus groups.

Satisfaction Attribute	Average Rating	
	May 2012 (n=178)	May 2013 (n=150)
Caring, Qualified Staff	95%	98%
Confidential, Anonymous Services	96%	99%
Affordable, Accessible	95%	94%
Wait Time	93%	88%
Overall Quality	95%	97%

Overall, teens expressed high levels of satisfaction in each category of quality services. There were slightly higher ratings for staff interactions, confidential services and overall quality in Year 3. Ratings were less favorable for wait time in Year 3.

In May 2013, males provided slightly less favorable ratings on several items; however, the sample size for males was relatively small (n=15), especially compared to females (n=132). Teens age 15-17 provided less favorable ratings on two items related to wait time. Satisfaction with wait time for teens age 15-17 was 76% compared to 90% for younger and older teens.

Referral Sources – How Teens Learned About the Teen Wellness Center

To inform strategies that increase the number of teens who access the Teen Wellness Center, a referral survey was implemented at three points in time. The referral survey asked teens how they heard about the Teen Wellness Center. In addition to friends and family, referral source options included agencies

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that received training on how to make effective referrals, evidence-based program facilitators, and social media outlets.

Number of Teens Who Selected Referral Source*			
Top Four Responses			
	May 2012 (Survey sample = 178)	May 2013 (Survey sample = 150)	Oct 2013 (Survey sample =201)
Friend	45	64	72
Parent	35	53	50
Other Family	20	22	20
School Nurse	5	14	25

**Teens could select more than one referral source.*

Friends and family are consistently the top referral sources. The number of school-based referral sources increased over time, particularly the number of referrals from school nurses.

Number of School Referral Responses*			
	May 2012 (Survey sample = 178)	May 2013 (Survey sample = 150)	Oct 2013 (Survey sample =201)
Before/After School Program	n/a	4	6
Coach	1	6	6
School Counselor	2	5	6
School Nurse	5	14	25
Teacher	2	3	6
Total	10	32	49

**Teens could select more than one referral source.*

Older Teen Referral Sources

As older teens continue to make-up the majority of teen pregnancies, it's important to focus on increasing access to clinical services for 18-19 year-olds.

Friends and parents are the main referral sources for older teens. In October there were a greater percentage of responses for school nurse and Gaston College, possibly due to the time of year the survey was administered.

Number of Older Teens Who Selected Referral Source*		
Top Four Responses		
	May 2013 ¹⁴ (Survey sample = 74)	Oct 2013 (Survey sample =89)
Friend	33	38
Parent	18	13
Gaston Family Health Services	17	
Other Family	11	
School Nurse		8
Gaston College		7

**Teens could select more than one referral source.*

¹⁴ Age was not collected in May 2012.

Did the project attain Year 3 Objectives?

Year 3 Objective A: By September 2013, the percent of clients who receive healthcare at a clinic partner site who receive a sexual health assessment at every visit will increase from 86% to 95%.

This objective speaks to the best practice of “no wrong door,” where adolescents receive sexual health assessment and guidance regardless of the reason for their visit. The “no wrong door” approach is especially important for adolescents due to their infrequent use of health care.

The main tool for assessing the percentage of clients who receive a sexual health assessment at every visit is the Room Study. In the August 2012 Room Study, 93% of clients received a sexual health assessment.

The Teen Wellness Center began integrating immunization clients into the center in Year 3. We know from the Clinical Partner Needs Assessment that teen visits for the sole purpose of immunization do not currently received a sexual health assessment. As the project explores the possibility of changing this practice, a follow-up Room Study will be conducted.

In addition to the Room Study, the Referral and Satisfaction Survey has two questions about sexual health guidance¹⁵. As would be expected, older teens were more likely than younger teens to respond they received sexual health guidance.

<i>Someone talked to me about preventing pregnancy and sexually transmitted infections today.</i>			
May 2012 Percent Agree		May 2013 Percent Agree	
Middle School	67%	11-13 Years	68%
High School	85%	14-17 Years	81%
College or Out of School	89%	18-19 Years	85%
Total	86%	Total	81%

The overall percentage of clients who responded they received sexual health guidance or birth control decreased from Year 2 to Year 3. The likely reason for this decrease is the fact that the majority of Teen

<i>I was offered birth control or condoms today</i>			
May 2012 Percent Agree		May 2013 Percent Agree	
Middle School	80%	11-13 Years	75%
High School	91%	14-17 Years	82%
College or Out of School	95%	18-19 Years	90%
Total	92%	Total	85%

¹⁵ The 2013 survey collected data on age rather than school level. Ages presented in 2013 column correspond with grade levels presented in 2012 column.

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Wellness Center visits in May 2012 were for family planning, compared to a diverse array of visit reasons in May 2013, including illness and immunizations, where it was not standard practice to provide sexual health guidance.

The Teen Wellness Center plans to implement The Rapid Assessment for Adolescent Preventive Services, a broader assessment of adolescent risk factors, in Year 4. It will be interesting to see if this assessment is used in all types of visits. Overall, it will be important to monitor progress on this objective in Year 4.

Year 3 Objective B: By September 2013, the percent of sexually active female clients who receive hormonal contraceptives or IUD at clinic partner site will increase from 82% to 90%.

Progress for this objective is assessed using the Room Study tool, which has been delayed to accommodate other data collection efforts and to align with any practice changes that may occur with immunization and sick-child visits. A Room Study will be implemented in early 2014.

Year 3 Objective C: By December 2013, the number of Gaston County youth who utilize youth-friendly reproductive health care services will increase by 10% from 2,443 to 2,687. Of the additional 244 youth, at least 100 will receive family planning (contraceptive) services, and of those, at least 70 will be age 18-19 years.

This objective is measured by the number of Teen Wellness Center clients, with the assumption that all clients receive at a minimum a sexual health assessment and guidance if they are sexually active. This assumption has not been fully realized, as teens who are seen for immunizations or illness do not routinely receive a sexual health assessment and guidance. The tables in this section will present findings on the overall number of teen clients, as well clients whose visit includes a sexual health assessment.

A Note about the Data

Throughout the course of this project, the capacity to capture a more accurate picture of adolescent client services has increased. Gaston Health and Human Services – Public Health began the transition to an electronic medical records system in Year 2 and completed the transition in Year 3. Project staff and Gaston Health and Human Services – Public Health staff also have increased their understanding of the existing data system and how it can inform progress for these objectives. The third factor impacting the data is that the Teen Wellness Center sites opened Feb-April 2012. Thus, 2012 clients included those seen prior to the opening.

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When assessing progress towards meeting project objectives, there are several questions that can be examined.

Did Gaston Health and Human Services serve more youth age 12-19 in 2013, in both Teen Wellness Center and non-Teen Wellness Center sites?¹⁶

Service	2013 All Sites	2012 All Sites	Change (Number)	Change (%)
Child Health	596	365	+231	+63%
Health Check	488	340	+148	+46%
Family Planning	1,082	1,142	-60	-5%
Immunization	885	910	-25	-3%
STI	271	237	+34	+14%
Total (Duplicated across services – youth may receive more than one service)	3,322	2,994	+328	+11%
Total Unduplicated Clients	2,562	2,443	+119	+5%

The greatest increases in client services were Child Health and Health Check.

Where did youth receive teen wellness center services in 2013? Were all teen wellness services provided in the Teen Wellness Center locations?¹⁷

Service	TWC 2013	Hudson or Highland NON TWC 2013	Total 2013
Child Health	565	31	596
Health Check	450	38	488
Family Planning	1,078	4	1,082
Immunization	348	537	885
STI	156	115	271
Total (Duplicated across services – youth may receive more than one service)	2,558	725	3,322
Total Unduplicated Clients	2,005	557	2,562

Gaston Health and Human Services – Public Health was less successful with integrating immunization (IM) into the Teen Wellness Center. Age did not play a major role; less than 16% of the IM and STI clients seen outside of the Teen Wellness Center were 19 years. The majority of IM clients seen outside of the Teen Wellness Center were seen at Hudson.

Of the 115 STI clients not seen in a Teen Wellness Center site, 77 were clients who received phone counseling from Adult Health; of the additional clients, 14 were seen at Highland and 24 were seen at Hudson.

¹⁶ Data source = billing data in EMR; client birth years = 1993-2000 for 2012 and 1994-2001 for 2013; sites = Hudson, Highland, Cherryville, and Bessemer City

¹⁷ Data source = billing data in EMR; client birth years = 1993-2000 for 2012 and 1994-2001 for 2013

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Were there changes in service areas for different client age groups?

Service	Change 2012 to 2013 (%)		
	12-14	15-17	18-19
Age Group			
Child Health	+41%	+28%	+149%
Health Check	+35%	+9%	+121%
Family Planning	-16%	-5%	-7.4%
Immunization	+6.5%	-27.2%	-8.2%
STI	-42.9%	+26.6%	+12%
Total Unduplicated Clients (Regardless of Service)	+16%	+8%	-4.5%
Percentage of Clients Receiving More than One Service	+50%	+23%	+50%

These data suggest:

- Because the majority of Child Health and Health Check 2013 clients were seen in the Teen Wellness Center, the integrated approach was successful in bringing in clients for general health services, especially older teens.
- Family planning services essentially did not change for clients age 15-17.
- Overall, there was a decrease in older teen clients.
- Across all age groups, there was an increase in the percentage of clients who received more than one service.
- Overall, 23% of clients received more than one service in 2013 compared to 18% in 2012.

Data for 2012 is limited to clients born between 1993 and 2000. Further examination shows that some clients age 12-19 born outside of these years (e.g., they were 18 and 11 months at the time of their visit) were excluded from the data set. For comparison purposes, age was calculated the same way in 2012 as 2013.

In 2013, we were able to calculate age using the full date of birth. Using this method, there were an additional 294 Teen Wellness Center clients for a total of 2,299 in 2013. While there was an increase in clients in certain service areas, regardless of how age is calculated, the project did not meet the goal of a 10% increase in clients.

The Gaston Health and Human Services – Public Health staff gathers monthly to review progress towards meeting project objectives. This data can be used to determine if a) immunization and sick visit clients will receive a brief sexual health history; and b) if STI and immunization clients will be fully integrated into the Teen Wellness Center.

Clients Where a Sexual Health History is Taken

As of September 30, 2013, 1,550 clients had a visit where a sexual health history was taken, as defined by a Health Check, Family Planning, or STI visit. This number is under-reported, as Child Health clients who were not sick would also have been given a sexual health history.

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Increased Clients Provided Contraception

In 2013, 1,123 clients were provided contraception, 138 fewer than 2012. It appears the project did not reach goals for increased family planning clients who received contraception.

	Clients Provided Contraception Teen Wellness Center, Hudson, or Highland ¹⁸		
	2013	2012	Change
Females	1,050 ¹⁹	1,182 ²⁰	-11%
Males	73	79	-.01%
Total	1,123	1,261	-11%

Increased Older Teen Clients Provided Contraception

In 2013, 602 clients age 18-19 were provided contraception, 84 fewer than 2012. It appears the project did not reach goals for increased family planning clients age 18-19.

Teen Wellness Center Client Demographics

These tables describe the Teen Wellness Center clients between January and September 2013. These data include all clients age 12-19 by using the full birth date to calculate age.

The majority of clients are female (75%); 25% are male. A greater percentage of clients are older females. Males are fairly evenly distributed among age groups.

TWC Clients by Age and Gender (n=2,299)		
Age	Female	Male
12-14	13%	10%
15-17	26%	7%
18-19	35%	8%

Although a greater percentage of clients are Caucasian, the proportion of African Americans and Hispanics are over-representative of the Gaston population.

Males and Females Age 12-19		
Race/Ethnicity	Teen Wellness Center Clients	Gaston Population
Caucasian	49%	70%
African American	36%	20%
Hispanic	13%	8%
Other/Unknown	3%	2%

¹⁸ Data Source: HENS (medical record note)

¹⁹ Includes 93 females where condom is the sole method noted

²⁰ Includes 117 females where condom is the sole method noted

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The majority of clients receive family planning services.

Visit Type	Number of Clients
Family Planning	1,169
Child Health	448
Health Check	257
Immunization	301
STI	124

Year 3 Objective D: By December 2013, of females provided contraception, the percent who are provided IUD or implants (LARC) will increase from 21% to 25%.

The project focuses on increasing the number of teens who are provided long acting, reversible contraceptives (LARC), which have been shown to be the most effective contraceptive method for adolescents and young adults. For the purposes of this evaluation, implants and IUD are considered LARC methods.

Females 12-19 Years Provided Contraception ²¹	2012 (Jan-Dec)	2013 (Jan-Dec)
Unduplicated Female Clients Provided LARC (IUD or Implanon)	218	209
Unduplicated Female Clients Provided Hormonal Contraception or IUD	1059	995
Percent Provided LARC	21%	22%

The project was not successful in reaching the goal for increased LARC provision. However, while the total number of clients receiving contraception decreased in 2013, the percentage of clients who received LARC increased slightly. This suggests Gaston Health and Human Services – Public Health continues to be a state and national leader in the best practice of providing the most effective contraceptives to teens.

Summary and Implications

- ✚ The project increased the number of clinic partners. By the end of Year 3, there were six partner locations. Additional partner locations will come on board in Year 4.
- ✚ As compared to Year 2, there were improvements in the number of formal and informal referral agreements with community organizations, particularly with Gaston County Schools.
- ✚ Teen Wellness Center providers continue to be state and national leaders in providing the most effective methods of contraception to clients seeking contraception.

²¹ Data source: HENS (medical record note)

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- ✦ As compared to Year 2, Teen Wellness Center clients provided higher satisfaction ratings in every category except for wait time.
- ✦ The Teen Wellness Center has been effective in reaching African American and Hispanic youth.
- ✦ There was an increase in Child Health and Health Check clients, the vast majority of whom were seen in the Teen Wellness Center. The number of older teen clients in these service areas particularly increased.
- ✦ There was an increase in the percentage of clients who received more than one service.
- ✦ The Teen Wellness Center did not meet goals for increased total clients; increased family planning clients; or increased provision of LARC. It is important to review this data and examine the possibility of other measures that are a better fit for examining progress, such as the number of new clients or coverage of the entire Gaston population.

Recommendations for Year 4 include:

- Examine other possible measures of progress, such as number of new clients or saturation rates for LARC and contraceptive coverage.
- Build on the success of seeing more older teens in Child Health and Health Check Teen Wellness services; make sure each of these clients receives a sexual health history.
- Continue focus on outreach and linkage to services.
- Target outreach to the top referral sources, parents and peers.
- Target outreach to Caucasian 18-19 year-olds, the demographic group with the highest number of teen pregnancies.
- Explore ways to learn if Teen Wellness Center immunization and sick-visit clients are sexually active.

In Year 4, the evaluation will more closely examine the contribution of Teen Wellness Center strategies to the decline in Gaston teen pregnancy rates, particularly the steep decline in rates for African American females.

Component 3: Stakeholder Education

Five-year Objective:

- A. By September 2015, increase stakeholder 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.

Year 3 Objective A: By September 2013, community and state stakeholders will receive information to continue to support policies (including but not limited to Healthy Youth Act, Minor's Consent, Medicaid Waiver) supporting evidence-based programming and access to clinical care.

Year 3 Objective B: By September 2013, leadership team members will implement strategies that inform key community stakeholders on project implementation progress and the need to support policies and evidence-informed programs and practices that prevent teen pregnancy.

How many and what type of stakeholder education activities occurred?

Activities Led by Project Staff

Project staff participated in 22 education and outreach events with a total attendance of 582 community members. These events brought attention to the issue of teen pregnancy; project approaches; and ways community members can support teen pregnancy prevention efforts. A few examples include:

- Six individual meetings with organizations that have the potential to play a role in sustaining project approaches, including the United Way of Gaston County and Links of Gaston County.
- Five meetings with individual churches, reaching a total of 44 faith leaders, to discuss the issue of teen pregnancy and how churches can become involved.
- A meeting with Gaston County School counselors to keep them apprised of project approaches.

Activities Led by Core Partner Team Members

Core Partner Team objectives focus on stakeholder education. Members reported 32 face-to-face events or meetings where they presented information on teen pregnancy and/or the project. A few examples include:

- Presentations at Jaycees and Rotary Clubs
- Presentations to elected officials about teen pregnancy prevention and project approaches
- Presentations to the Board of Health, hospital board, and Gaston Community Healthcare Commission
- Presentations to county leaders, such as the superintendent of schools and county manager

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The Core Partner and Community Mobilization Teams reported the type of information they shared with the community. As compared to Year 2, project leaders were more likely to share information about Gaston Youth Connected services and slightly less likely to share information about project results.

Information Shared with the Community	Number	Percent
Services Funded by Gaston Youth Connected	14	93%
Description of Gaston Youth Connected Project	12	80%
Data on Teen Pregnancy	12	80%
Data about Gaston Youth Connected Progress	8	53%
Community or Parent Needs Assessment	8	53%

Component 4: Community Mobilization and Sustainability

Five-year Objective:

- B. 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.

Year 3 Objective: By September 2013, the three community stakeholder groups (Core Partner Team; Community Mobilization Team; and Teen Action Council) will identify key mobilization and sustainability steps, create a corresponding work-plan and achieve 85% of the action steps included in the work-plan.

The work of Component 4: Community Mobilization and Sustainability is primarily carried out by three leadership teams:

- a. **Core Partner Team** – works with project staff to plan, implement, and monitor the project and holds primary 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

While the primary roles of these teams remain distinct, in practice, their work often overlaps, as will be evident in their responses to evaluation questions in this section. For example, all three teams are concerned with public awareness.

Were stakeholders reflective of the diverse populations and constituent groups across the county? How often did they meet and what types of activities did they undertake?

Core Partner Team

The Core Partner Team (CPT) is comprised of 13 members who represent a host of county-wide organizations, which include:

- Gaston County Health and Human Services, Public Health Division
- Boys and Girls Club
- Gastonia Parks and Recreation
- Gaston County Schools
- Gaston Faith Network
- Gaston Community Healthcare Commission
- Gaston Memorial Hospital
- United Way of Gaston County
- YMCA
- Gaston County Health and Human Services, Social Services Division

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The racial/ethnic composition of the team is predominately Caucasian. Core Partner Team members are selected based on their leadership positions in organizations whose involvement is critical to achieving project goals. Given the Year 3 structure for each of the three leadership teams, the extent to which the project can influence the diversity of the Core Partner Team is somewhat limited.

Core Partner Team Year 3	
Race/Ethnicity	Percent
African-American	8%
Caucasian	92%
Latino	-

The Core Partner and Community Mobilization teams will merge in Year 4. At the end of this section, demographics for the combined team are presented on p. 41.

The Core Partner Team held six meetings in Year 3; 77% (10/13) of the members attended at least 75% of the meetings. Major activities include:

- Sharing project and teen pregnancy prevention information with community members at 30 events and meetings, such as boards of directors for member organizations, Jaycee and Rotary meetings, and church events
- Participation in sustainability planning meetings
- Connecting project staff to potential funders
- Facilitation of project staff participation in United Way community impact planning, where teen pregnancy prevention is discussed as a potential priority

Community Mobilization Team

The Community Mobilization Team (CMT) is comprised of 18 members who represent various community sectors. Examples of the sectors represented include:

- Sororities and fraternities
- School counselors and teachers
- Foundation
- Clergy
- Parents and grandparents
- Male involvement initiatives
- Elected official
- Evidence-based program facilitators

The racial/ethnic composition of the Community Mobilization Team is predominantly African American, with some Latino representation, which aligns with the focus on bringing diverse voices to the project.

Community Mobilization Team Year 3	
Race/Ethnicity	Percent
African American	78%
Caucasian	11%
Latino	11%

The Community Mobilization Team held seven meetings in Year 3; 66% (12/18) of the members attended at least 75% of the meetings. Major activities include:

- Members attended training on engaging business stakeholders in teen pregnancy prevention
- Members recruited 20 restaurants, 5 churches, 1 teen recreation site, and a library to display materials for Teen Pregnancy Prevention (TPP) month. Members facilitated sharing of TPP at

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other events, including a showing of Unnatural Causes and sharing TPP information with city department managers.

- Members planned and hosted a community event recognizing leaders in TPP; 83 community members attended the event which received media coverage
- Active participation in sustainability planning
- Team members connected project staff to new clinic partners, county planning department (for detailed maps of tracts with high rates of teen birth), and housing authority (as a site for offering evidence-based programs).

Combined Core Partner and Community Mobilization Team for Year 4

There are 26 members on the combined team. The combined team is slightly over-representative of the Gaston youth African American and Hispanic populations and under-representative of the Caucasian population. The over-representation aligns with the project focus on youth of color as a priority population due to historically higher teen pregnancy rates in these groups.

	Combined Leadership Team	Gaston Youth Population 12-19 Years
Race/Ethnicity	Percent	Percent
African American	35%	20%
Caucasian	58%	70%
Latino	8%	2%

The combined team represents an array of community stakeholder groups.

Families of teens directly impacted by teen pregnancy do not appear to be represented.

Sector Represented	Number of Members (Members can represent more than one sector)
County or City Agency	11
Evidence-Based Program Provider	5
Grassroots Community Group	4
Youth-Serving Organization (Non-Government)	4
Faith Leader	4
Clinical Provider	1
Hospital	1
Elected Official	1

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Teen Action Council

The Teen Action Council is comprised of 14 members who represent various geographic areas of the county.

The Teen Action Council year coincides with the school year; meetings begin in July and conclude in June of the following year. The full Teen Action Council year for this reporting period spanned July 2012 to June 2013. The majority of activities for this Teen Action Council occurred during Year 3 of the project.

The Teen Action Council has proportionally higher representation from African American and Latino youth, which is intentional, given the project’s focus on reaching youth of color.

Teen Action Council Year 3	
Race/Ethnicity	Percent
African American	64%
Caucasian	7%
Latino	14%
Other	14%

There was improvement in the number of members enrolled at high-priority high schools in Year 3. The project was challenged by a lack of applicants from North Gaston.

Thirty percent of the members were enrolled at high-priority or at-risk schools in Year 2, compared to 50% in Year 3. Representation from out-of-school youth is beneficial, as older youth and out-of-school youth are priority populations.

	Year 2	Year 3
High-Priority High School	Number of TAC Members	Number of TAC Members
Ashbrook	1	2
Bessemer City	1	1
Hunter Huss	-	4
Forestview	1	1
North Gaston	-	-
At-Risk High School Total	3	8
Cherryville	3	-
Out of School	2	2

Year 4 Teen Action Council members include a greater percentage of Caucasian members, which is beneficial, given the fact that the majority of Gaston teen pregnancies occur in the Caucasian population. These members however, do not attend schools in areas of the county with high rates of teen birth. While the project has been successful in recruiting Teen Action Council members from high priority schools, the vast majority of members from these schools are African American. The project has not been as successful in recruiting Caucasian teens from at-risk schools.

The Teen Action Council held 24 meetings in Year 3. 64% (9/14) members attended 75% of the meetings. Major activities include:

- Team members received in training on sexual health; youth advocacy; event planning; and Keeping It Real With Teens Adolescent Provider Communication
- Team members held 7 teen pregnancy prevention and sexual health events, reaching 190 teens
- Six individual team members held personal events, reaching 73 of their peers

How successful was the project in achieving team objectives?

Core Partner Team

The Core Partner Team was successful in achieving the objectives laid out in their work plan.

Core Partner Team Objective	Status	Notes
Raise community awareness by presenting teen pregnancy prevention information (general awareness and prevention strategies) to at least 25 community meetings as tracked by CPT members.	Achieved	Presented information at 32 events.
Educate elected officials, as permitted by invitation, about the importance of prevention in general and in using proven effective strategies.	Achieved	Presented information to 3 county commissioners and 3 city councils.
Draft a sustainability plan which considers program, clinic, and linking evaluation data to date and outlines next steps for strengthening systems and telling and story.	Achieved	Team is represented on sustainability planning team, which has met seven times. Draft plan is underway.

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Community Mobilization Team

The Community Mobilization Team fully achieved three of four objectives, and partially achieved one objective.

Community Mobilization Team Objective	Status	Notes
Work to increase relationships with schools.	Achieved	Team members served as key liaisons in helping project staff forge relationships that resulted in Gaston County Schools offering an evidence-based program to all 6 th grade classes in Year 4.
Increase business community involvement with GYC project.	Achieved	Team members recruited area businesses for Teen Pregnancy Prevention Month activities. These relationships serve as the foundation for continued business engagement strategies in Year 4.
Increase community engagement among residents, churches, and youth serving organizations.	Partially Achieved	Hosted Unnatural Causes viewing and discussion events and facilitated meetings with several churches. Did not hold events for parents.
Increase advocacy for best practices in clinical services.	Achieved	Laid foundation for promoting Teen Wellness Center to parents and teens via area businesses; provided referral training for Parks and Recreation staff; and helped identify two new clinic partners.

Teen Action Council

The Teen Action Council fully achieved three of four objectives and partially achieved one objective.

Objective	Status	Notes
Provide feedback to APPCNC and GYC project leaders and other community leaders about Gaston Youth Connected.	Achieved	Offered feedback for project evaluation report. Offered feedback on promotion for clinic referral strategies and Playbook social marketing campaign.
Empower Teen Action Council members to become leaders and decision makers who take action in their communities.	Partially Achieved	Reported feeling empowered on year-end survey but not all members fully acted on this strategy; foundation laid for more interaction with community leaders in Year 4.
Educate youth about the need for pregnancy prevention efforts for themselves and other young people.	Achieved	Council members hosted 13 events that reached 263 Gaston teens.
Promote teen friendly health services and encourage peers to utilize these services in the community.	Achieved	Council members were trained to train health care providers on effective communication strategies. Council members were trained to make effective peer referrals and reported instances of peer referrals in their year-end reports.

Leadership Team Survey – Core Partner and Community Mobilization Teams

The Leadership Team Survey includes items that assess team members' perceptions of team effectiveness; their opinion on priorities for the upcoming year; and need for assistance and resources to carry out team goals. Sixteen members completed the survey, for a response rate of 53%. Ten were members of the Core Partner Team (83% response rate for the team) and five were members of the Community Mobilization Team (28% response rate for the team). One member did not indicate their team. The low response rate for the Community Mobilization team can partially be explained by the fact that the survey was conducted after the decision to merge the Community Mobilization into the Core Partner Team, where some Community Mobilization Team members elected not to continue.

Engagement

Team members were asked how often they engaged in critical team actions throughout the past year. Members responded they frequently made teen pregnancy prevention a priority for their organization; advocated for evidence-based programs; and advocated for increased access to clinical services.

Leadership Team Actions in Past Year	Number of Team Members Responded They Did This Frequently
Make teen pregnancy prevention a priority for your organization	14
Advocate for evidence-based programs rather than approaches that lack rigorous results	11
Advocate for increased access to high quality teen clinical services, including access to birth control	11
Speak up for or request resources for after the grant ends	8
Ensure youth have an authentic leadership role in preventing teen pregnancy	8
Ensure a diverse group of stakeholders (grassroots and grass tops) play a leadership role in teen pregnancy prevention	8
Speak at meetings about GYC	7
Help connect organizations or individuals to further GYC goals	7
Advise GYC staff on project direction	6
Give out materials about GYC	5
Organize an event to promote GYC	5

Team members were asked about increased ownership for sustaining project approaches.

- 80% agreed their team has shown increased ownership for sustainability, as compared to last year.
- 73% agreed as an individual they showed increased ownership for sustainability, as compared to last year.

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Accomplishments

Team members were asked to list up to three accomplishments during Year 3. Major themes with example comments include:

Participation and promotion:

- *Attended all GYC meetings and participated with organizations to promote Teen Pregnancy Prevention Month. Attended state meeting and APPCNC Conference.*
- *Promoting successful events and campaigns that address awareness. Helped teens and parents become aware of the facts.*
- *Brought a large health care agency on board and have begun training their providers.*

Community participation:

- *Increased presence in the community and collaboration with community organizations*
- *Community conference promoting youth awareness*
- *Generated more community stake holder buy-in and supported successful Teen Wellness Center social media presence.*

Increasing ownership:

- *Brain trust getting together and discussing putting sustainable approaches in place*
- *Recognition that the key to sustainability of the program is firmly in the hands of the Health Department as they are the most capable to continue the work.*
- *Meetings with leadership of schools and faith community to gain support for project goals.*

One response pertained to an imbalance in the level of effort among the Core Partner Team members:

- *A few key members of the Core Partner Team, not necessarily the team as a whole, have really stepped up and are taking ownership of the project and looking towards how to sustain the progress that has been made.*

Critical Events

Team members were asked which events were critical in moving the project forward. The responses covered a broad range of events including (from those most to least often cited):

- Building partnerships with schools and civic organizations:
- Opening the Teen Wellness Center
- Marketing – the continuing marketing efforts and specifically the display of the Table Tent in restaurants during Teen Pregnancy Prevention Month
- Recognition – community impact awards, Gastonia Conference Center event, publication of new declining teen pregnancy rates
- Implementation – formation of the Sustainability Workgroup, initiating Project AIM in the schools

An analysis of changes from Year 2 responses shows maturity in the teams and in the project. Year 2 responses included sharing of needs assessment surveys and new project approaches, such as formation of the Teen Action Council and opening of the Teen Wellness Center. Year 3 responses focused more on partnership development and implementation.

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Critical Barriers

Team members described external and internal barriers.

External: Many of the barriers that surfaced relate to the amount of external support provided from some institutions that impact the extent of ownership taken and the potential for sustainability. These include:

- *A continued lack of public support from any noteworthy person or organization - elected officials, a prominent church, etc.*
- *Getting the faith communities to share more ownership*
- *Need positive media coverage - newspaper and/or PSA.*

Internal: Other barriers were internal to the respondents' teams. Beyond mentions of general communication barriers and funding limitations, these were the specific barriers mentioned:

- *Same barriers faced every year: different viewpoints on how we should address teenage pregnancy prevention - trying to weave no one-size approach - different viewpoints are the most difficult speed bumps to navigate - we spend a lot of time on this.*
- *Lack of buy-in and individual participation of a majority team members*

An analysis of changes from Year 2 responses shows progress with partnership development, especially with the schools. There were a number of comments that focused on lack of collaboration with the schools in Year 2; whereas Year 3 comments listed improved partnership with the schools as a success.

Team Priorities for Year 4

Priorities identified by team members for Year 4 include:

- Transition to a focus on sustainability
- Strengthen involvement with critical partners
- Increase visibility of teen pregnancy and project successes

When asked what **roles or activities they would like to undertake** in Year 4, comments aligned with the priorities listed above. Team members listed specific partnerships they'd like to strengthen, such as those with faith institutions. They listed ways in which they want to increase visibility, including sharing information with Rotary Clubs, etc. A few team members identified planning for sustainability as a task they want to undertake.

When asked **how the team could improve support for the project**, the majority of responses centered on tasks team members could undertake to improve visibility. A few responses described tasks associated with fundraising.

Sustainability

Because sustainability is a critical issue for the leadership teams, team members were asked which **project strategies team members think are most critical to sustain**. Year 3 responses include:

- The majority of comments spoke to sustaining project approaches – Teen Wellness Center, evidence-based programs, and community mobilization with formal leaders and grassroots organizations.

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- A few comments focused on sustaining efforts to keep teen pregnancy prevention visible in the community.
- A few comments described team members' desires to plan for sustainability and ensure there is staff to coordinate teen pregnancy prevention efforts in the future.

Year 3 responses were fairly similar to Year 2 responses. The desire to sustain project approaches is evident in responses from both years. There were fewer comments in Year 3 on sustaining partnerships. Interestingly, partnerships showed up in comments about Year 3 accomplishments and critical events. This suggests the possibility that partnerships are no longer seen as something new.

In June 2013 representatives of the leadership teams attended a day-long meeting that kicked off a six-month intensive sustainability planning process. Team members were introduced to a Community Mobilization Impact model developed by Advocates for Youth. The model presents a continuum of impacts that lead to sustained community change, starting with increased awareness and ending with broad community support. The five impact areas include:

- Engagement - Increased community awareness of teen pregnancy prevention (TPP)
- Legitimization - Team members are seen as community leaders on TPP
- Transformation – Team members build widespread community support for evidence-based programs and clinical services - and have gained support from resisters.
- Normalization - Widespread use of evidence-based programs and clinical best practices are an integral part of the community. Failure to provide them is unthinkable.
- Broad Community Support- More resources invested in TPP; institutionalized in youth-serving institutions.

The Year 3 Leadership Survey assessed team member perceptions as to where the project fell along this sustainability continuum. Response options for each stage of the continuum included:

- Emergent – working on but too early to rate progress
- Partially Achieved – have met some success
- Achieved – successful and will continue to work in this area
- Not There Yet – not ready or haven't achieved

Team member responses aligned with the continuum. Earlier impacts were most likely to be rated as *Achieved*, while impacts farther along the continuum were least likely to be rated as *Achieved*.

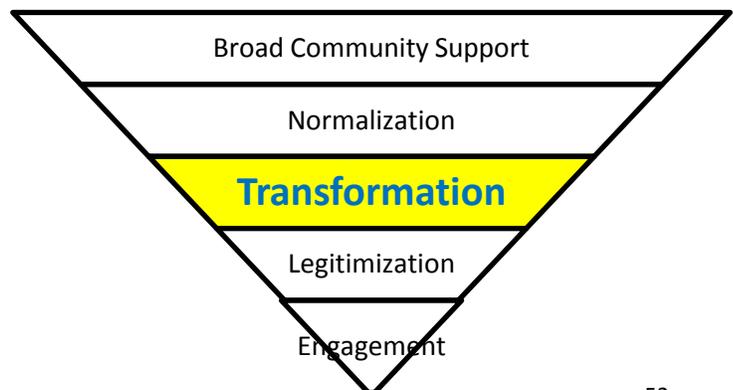
Engagement received the most *Achieved* responses.

Legitimization received the second highest number of *Achieved* responses.

Transformation was the first impact to receive a few *Emergent* responses and was predominantly rated as *Partially Achieved*.

Normalization received a few more *Emergent* responses than Transformation and was predominantly rated as *Partially Achieved*.

Broad Community Support received the fewest number of *Achieved* responses.



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Based on these ratings, team members view the project as poised in the Transformation stage. The definition of Transformation is: **Team members build widespread community support for evidence-based programs and clinical services - and have gained support from resistors.** Ratings suggest the project is well on its way to being established in the Engagement and Legitimization stages and farther from achievement in the later Normalization and Broad Community Support stages. It will be important to continue assessing progress along the continuum and look for changes over time.

Teen Action Council Year End Survey

The Teen Action Council conducts bi-weekly meetings between August and June each year. Members who served for Year 3 completed the Teen Action Council Year End Survey in May 2013. The survey includes items that assess members' perceptions of team effectiveness. Twelve of the fourteen members completed the survey (86% response rate).

Teen Action Council Team Effectiveness Ratings

Team members provided high ratings of team effectiveness. Their ratings were comparable to Year 2 ratings.	Team Goals	Average Rating (1= Very Effective 5 = Not Very Effective)
	Offered meaningful input to project staff and stakeholders	1.6
	Empowered young people to serve as leaders and decision-makers in promoting adolescent reproductive health	1.4
	Raised awareness among youth about the need for teen pregnancy prevention efforts	1.5
	Developed a network of young people to share information on teen pregnancy prevention	1.9

Members provided comments about their ratings:

- *Being on TAC made me more confident in myself.*
- *Everyone who came to an event learned something.*
- *The pregnancy rate has dropped 22%.*
- *TAC gives teens knowledge on health services, but we are not sure if they use them.*

When asked if they felt their individual contributions to the Teen Action Council led to positive changes in the community, every member responded yes.

Sample comments include:

- *I was able to talk to Hispanics.*
- *I hope my contributions helped provoke meaningful conversations and better events.*
- *Ensuring my generation are making health decisions.*

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Teen Action Council Member Feedback

The majority of members liked learning how to work together as a group and learning about reproductive health.

Suggestions for improvement included:

- Better events with more variety, planning, and marketing
- Engage in projects with the LGBTQ community
- Communication skills training and practice
- Event planning and outreach training

Summary and Implications

- ✚ Leadership teams met their stated objectives for the year.
- ✚ The combined Core Partner and Community Mobilization Team offers diversity that is more representative of the county in a single team.
- ✚ Advocacy for teen pregnancy prevention and for the project is the most frequent action undertaken by the adult team members.
- ✚ Adult team members cited visibility and sustainability as priorities. They believe ownership for the project has increased as compared to Year 2.
- ✚ There is broad acceptance among adult team members for sustaining project approaches.
- ✚ Team members perceive the project as being in the middle of a continuum of sustainability outcomes, which aligns well with the stage of the project (i.e., Year 3 of a five-year project).

Recommendations for Year 4 include:

- Create and act upon strategies to increase visibility of the project and of teen pregnancy prevention.
- Team members take action to create connections to Caucasian youth.
- Explore ways to hear from parents and teens most affected by teen pregnancy.
- Invite more clinic providers to participate on the leadership team.
- Continue sustainability planning and implementation of the plan.

Component 5: Working with Diverse Communities

Five-year Objective:

- A. 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.

Year 3 Objective A: By September 2013, 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.

Year 3 Objective B: By September 2013, there will be a 25% increase, as compared to Year 2, in the number of teens from priority geographic areas and from high risk schools recruited into evidence-based programs.

Year 3 Objective C: By September 2013, outreach plans will include strategies to reach 1000 youth in priority populations and geographic areas with information about community resources and programs.

What challenges and successes did project partners face with working with diverse populations?

Rather than serving as a separate project component, working with diverse communities is woven throughout the other components. A summary of challenges and successes reported in sections on the other components include:

Program Implementation

- The number of teens from priority geographic areas increased from 71% in Year 2 to 79% in Year 3. This reflects an 8% increase, short of the 25% Year 3 objective; however more than 75% appears to be a realistic target to allow for reach among youth who live in other areas of the county.
- Three-fourths of the youth reached by evidence-based programs were youth of color.

Linkage to Health Services

- The percentage of African American and Latino females age 15-19 receiving health services at clinic partners sites is over-representative of the overall Gaston population. Clinical partners appear to have been successful reaching youth of color. When looking at all females age 15-19 in Gaston, however, there is room to reach more African American and Caucasian teens.

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Project Outreach to Youth in Priority Populations

- Teen Health Advocates reached approximately 1300 parents and youth with information about community resources.
- The Teen Action Council reached 263 youth with information about community resources.
- A total of 1,563 community members in priority areas were reached, exceeding the Year 3 objective of reaching 1,000.

Stakeholder Education

- Public awareness and outreach events occurred in diverse geographic settings throughout the county.
- Public awareness and outreach events targeted a wide range of constituent groups, including but not limited to Gaston residents representing all racial and ethnic groups, parents, faith leaders, youth-serving professionals, and community leaders.
- Project leaders would like to continue to increase public awareness, particularly with churches and decision-makers.

Community Mobilization and Sustainability

- The merger of the two adult leadership teams at the beginning of Year 4 has allowed for more diverse representation in one cohesive team. There is some degree of representation from geographic areas across the county, with room for improvement in representation from Bessemer City and Dallas, two areas with high rates of teen births.
- There is room for the project to adopt strategies that allow for authentic representation from parents and teens most affected by teen pregnancy

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JSI Research and Training Institute, a national technical assistance partner with expertise in culturally relevant strategies for adolescent health, created a list of best practice strategies for working with diverse communities. This table summarizes the number of best practice strategies used by the project in Year 3. Five of the strategies were identified as in-process, and therefore were not counted as being implemented. Three were identified as not yet having been selected.

Working with Diverse Communities Strategies Guided by Best Practice	Total number of strategies guided by best practices implemented to date	% of strategies guided by best practices implemented to date	Number of <u>new</u> strategies guided by best practices implemented during the <u>past reporting cycle</u>
Subset 1: Engage diverse youth (Maximum = 7)	4	57%	0
Subset 2: Utilize participatory approaches for community mobilization to include diverse youth (Maximum = 8)	7	88%	0
Subset 3: Engage a diverse group of community partners to participate in teen pregnancy prevention efforts (Maximum = 3)	3	100%	0
Subset 4: Support implementation partners' programmatic practices (Maximum = 8)	8	100%	1
Subset 5: Support clinical partners to develop culturally competent clinical services (Maximum = 7)	7	100%	1
Subset 6: Support community outreach practices (Maximum = 4)	2	50%	2
Total (Maximum = 37)	31	84%	4

Updated Needs Assessments

Youth Risk Behavior Survey

In April 2013 Gaston Youth Connected provided support for a collaborative effort between Gaston Health and Human Services – Public Health and Gaston County Schools to administer the NC Youth Risk Behavior Survey (YRBS) to 7th and 10th grade students.

Results are presented for high school students. The middle school survey does not include questions about sexual risk behaviors.

High School – Demographic Characteristics of Survey Participants

94.6% were in 10th grade
 86.2% were 15-16 years-old
 88.9% were heterosexual; 4.8% were bi-sexual; 2.7% were gay or lesbian

Gaston YRBS respondents were slightly under-representative of the Gaston 10th grade Caucasian and African American student populations and slightly over-representative of the Hispanic and Other race student populations.

Demographic	High School YRBS Respondents	Gaston 10 th Grade Population ²²	NC 2011 YRBS Respondents
Female	49%	48%	48%
Male	50%	52%	51%
Caucasian	60%	65%	55%
African American	18%	21%	28%
Hispanic	12%	8%	10%
More than one race	5%	4%	3%
Other race	5%	2%	4%

When compared with the statewide High School 2011 YRBS population, the Gaston YRBS sample is comprised of a greater percentage of Caucasian, Hispanic, and multi/other race students and a lower percentage of African American students.

High School – Sexual Health Responses

A note on comparisons with the statewide Youth Risk Behavior Survey: Data is compared for 10th grade students only. The Gaston Youth Risk Behavior Survey sample includes 95% 10th grade students with a few students who responded they were in grades other than 10th. The statewide survey sample includes

²² North Carolina Department of Public Instruction

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a representative sample from students in each grade level (9th-12th). For comparison purposes, responses from 10th grade students were selected from the state survey. Statewide responses are reported within a 5% confidence interval. The full range is presented below the reported statewide response.

Ever Had Sex

Gaston Compared to NC

Gaston 10th graders were more likely to report having sex compared to the average response reported from 10th graders throughout the state.

<i>Have you ever had sexual intercourse?</i>		
	Gaston 10 th grade	NC 10 th grade
Yes	46%	43% (36%-51%)

Gaston - Gender

There were no differences in Gaston responses based on gender.

<i>Have you ever had sexual intercourse?</i>		
Gaston Responses	Yes (Number)	Yes (Percent)
Female	448	47%
Male	450	47%

Gaston – Race/Ethnicity

Gaston youth of color were more likely to have had sex.

One reason for this finding may be the fact that African American students were twice as likely as Caucasian students (18% versus 9%) to be older for their grade (17 years or older). 16% of Hispanic 10th graders were 17 years or older, and 6% of youth reporting more than one race were older. The statewide Youth Risk Behavior shows an increase in the percentage of youth who have sex with each age grouping and grade level. Statewide, 71% of students 18 and older have had sex.

<i>Have you ever had sexual intercourse?</i>		
Gaston Responses	Yes (Number)	Yes (Percent)
African American	193	60%
Mixed	50	56%
Hispanic	113	51%
Caucasian	495	43%

Condom Use

Condom use at the state level is reported for students who had sex in the last three months. 32.3% of Gaston 10th graders reported having one or more sexual partner in the last three months. The tables below present data for 32.3% (n=608) of students who were sexually active in the last three months.

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Gaston Compared to NC

Of students who had sex in the last three months, Gaston 10th graders were slightly less likely to report using a condom compared to the average response reported from 10th graders throughout the state.

<i>The last time you had sexual intercourse, did you or your partner use a condom?</i>		
	Gaston 10 th grade	NC 10 th grade
Yes	57.5%	61.5% (53.3%-69.1%)

Gaston - Gender

Of students who had sex in the last three months, Gaston females were less likely to report they used a condom than males.

<i>The last time you had sexual intercourse, did you or your partner use a condom?</i>		
Gaston Responses	Yes (Number)	Yes (Percent)
Female	158	53%
Male	177	62%

Gaston – Race/Ethnicity

Gaston Hispanic students were less likely to report condom use (51%) as compared to Caucasian and African American students (both reported 58% Yes).

Age - Sexual Intercourse for First Time

The average age for onset of sexual intercourse for Gaston 10th grade females who have had sex is 14.2 years. Gaston 10th grade males who have had sex reported a slightly younger age for onset with an average of 13.8 years.

When examining these ages, it is important to remember that a) more than half (54%) of Gaston 10th grade students reported they have not had sex; and b) these responses are from 10th grade students who are predominately 15-16 years-old. In general, the average age of first sexual intercourse will be older when the sample includes older students.

Number of Sexual Partners in Last Three Months

The vast majority (82%) of Gaston 10th grade females who had sex in the past three months reported having one sexual partner. 61% of 10th grade males who had sex in the past three months reported having one sexual partner; 17% reported having two sexual partners; and 22% reported having 3 or more partners.

Older Teen Focus Groups

In response to the fact that older teens account for almost 75% of Gaston teen pregnancies, the project held four focus groups with 21 Gaston females age 18-19 years. The primary purpose of the focus groups was to learn why some sexually active older teens do not use contraception. The focus groups also gathered feedback on project strategies to reach older teens.

Reasons for Not Using Contraception

In answer to the question of why some of their sexually active peers did not use birth control, the following major themes emerged:

- Parents influence teens' decisions. Participants who were using contraception described their parents as taking an active role in helping them access contraceptive health services.

I learned about it from my mom and went to get on birth control, the Teen Wellness Center is very nice center, I would recommend it to anyone.

My mom took me to the doctor first and it was too expensive so we switched to the health department.

- Fear of disapproval by parents is one of the top barriers to accessing contraceptive health services.

I have a friend whose parents are really strict and she can't talk to them about sex, I think when she goes off to college she will be wild and will get pregnant if she doesn't talk to them.

Some girls feel they can't tell their parents but can't go to the doctor by themselves.

When asked for clarification on whether parent disapproval influenced decisions to have sex and/or decisions to use contraceptives, one participant commented:

Anyone can sneak around and have sex and parents would never know, but if your parents come in and find your birth control on the counter, then you get caught.

- Partners influence teens' decisions. A few participants described their partner as playing a supportive role in actively preventing pregnancy. Many participants described situations in which their female peers were afraid that their partner would end the relationship or refuse to have sex if they were vocal about using contraception. This was true for both condoms and other methods.

To keep a boyfriend; guys say it feels better without a condom

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- Concern about side effects is a barrier. Participants shared their own – and what they believe to be their peers’ – perceptions about side effects. The tone and language used in their statements suggested they believed these perceptions were fact and were widely believed by Gaston teens.

When you get Depo, teens are worried about weight gain and the thing in your arm causes headaches.

Friends were so sore and uncomfortable from Implanon during insertion and after.

I don't want to gain weight; the pill makes you gain weight.

- Unfavorable perception of the health department is a barrier.
 - Those teens who used the health department spoke very highly of the services; however there were few teens in the sample who knew of the Teen Wellness Center or had used the services.
 - Some teens expressed perceptions that the health department is “gross” and where you go if you have an STI.

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In addition to participating in a facilitated discussion about why some of their peers are not using contraception, focus group participants rated common reasons found in the literature on a written form prior to the discussion. The two top reasons selected on the written form also were major themes that emerged in the open discussion.

Reasons Why Teens Don't Use Birth Control	True For Most of My Friends	True For Some of My Friends	Some and Most Combined
Worried about the side effects	6	11	17
Afraid someone will tell their parents	9	6	15
Don't want people at the clinic to know why they're there	2	12	14
Not enough information on types of birth control	1	11	12
Don't have transportation to a clinic	2	9	11
Can't afford birth control	1	8	9
Don't know where to go to get birth control	3	5	8
Want to have a baby	0	7	7
Want to please a partner who doesn't want to use birth control	1	6	7
Their parents don't want them to use birth control	3	4	7
Don't believe birth control works	3	2	5
Don't have time to go to a doctor	1	3	4
Believe that if it's their time to get pregnant, then they will get pregnant	0	4	4
It's against their religious beliefs	0	3	3
Don't trust doctors	0	2	2

Strategies

Focus group participants were asked for feedback on strategies to increase older teen use of contraceptive services.

- **Face-to-face strategies were the main recommendations** from participants. Using peers or slightly older peers to convey messages was the preferred method. They suggested reaching upper-level high school students at schools and at community locations such as the mall, skating rink, and gyms. Participants in one focus group thought that churches were a good place to reach teens. For college-age teens, many of the participants endorsed the idea of using a peer-ambassador to impart information in a club or at an informal hangout like Cookout restaurant. Some participants did not express favorable views for this approach, commenting they would not want to be approached when they were out having fun.

Participants across all the focus groups clearly expressed the need to have open, informative discussions about contraception.

- **Use of social media to convey information** was mentioned in all groups. A number of participants endorsed the use of Twitter over Facebook. A main theme in their comments is that social media campaigns would be more effective if teens helped craft the messages and took ownership for spreading the information throughout their social media networks.

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- Focus group participants stated that **education for older teens** is needed. While they stated that most of their peers know about some types of contraception (mainly the pill and condoms), there is a need to learn about a broader array of contraceptive methods. They stated that most teens have an idea of where to access contraception but would benefit from learning how to access contraceptive services. Most participants did not know about the Teen Wellness Center; those who did were very pleased with the services provided.
- Most of the participants agreed that the message that having a baby is hard would be heard by their peers. They thought **obtaining a true picture of the realities of adolescent parenting** would be a deterrent.