Engaging Parents and Families In Adolescent Reproductive Health

A Case Study Review

By

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January 2003

The Center for Applied Research and Technical Assistance, Incorporated (CARTA) is a non-profit, non-partisan organization established in October 1999 to address the emerging needs of disadvantaged and vulnerable youth and the provider agencies that serve and support them.

CARTA envisions a world where all youth are empowered to make positive change in self, in others, and in the world. We promote the safe and healthy transition of youth to adulthood by building the capacity of youth service providers and by striving to transform the systems in which they work. To accomplish this mission, we:

1. **FACILITATE** program improvement through technical assistance and training;

2. **GENERATE** new knowledge and deepen current knowledge through applied research and evaluation;

3. **EDUCATE** providers, policy makers, youth, and the public in order to catalyze change.

CARTA is also committed to supporting and developing the capacities of youth directly. CARTA's Youth Leadership Development Program (YLDP) provides employment, internship and training for youth and young adults, offering them a chance to participate in the development and implementation of applied research programs, program and service delivery strategies, and approaches for working with youth and young adults.

This report was made possible through the generous support of The Annie E. Casey Foundation.

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Preface

Engaging Parents and Families in Adolescent Reproductive Health Creating a Partnership on Behalf of Youth

Few would argue that parents and families matter for the well-being of children and youth. This is evident in virtually every aspect of child and adolescent well-being, from their social and emotional adjustment and their readiness for school and capacity to learn to their values about sexuality and engagement in sexual risk-taking activities. It is beneficial to youth when reproductive health providers work together with parents and families to promote healthy and responsible sexual behavior among young people. Such a partnership is common sense and would be more commonplace if not for the ongoing political debate about parental rights versus teens' access to confidential reproductive health services.

Interest in the role of parents and families in young people's lives has increased tremendously in the past several years. More social science research studies are exploring the impact of parents and families on various health and social outcomes of children and youth. Public policies have shifted to protect the rights of parents and families as overseers of their children's well-being and to impose sanctions on parents if they fail to meet their parental/familial obligations to their children. Various segments of the child and youth services field have begun to recognize the importance of connecting parents and families to program activities, from including parents/families as supporters and participants of specific program activities, to providing separate services for adults that address the specific needs and challenges faced by parents, particularly low-income parents and family members.

The heightened social/public interest in parents and families offers many opportunities. It can encourage innovation in programs and create an exciting and rewarding collaboration between agencies and community residents. If done well, engaging parents and families has the potential for increased positive impact on the lives of children and youth.

Greater emphasis on parents and families also brings many challenges. It means agencies may have to increase their capacity to understand the family and community context and augment their skills to work effectively and appropriately with adult family members. For the reproductive health field, the focus on parents potentially means a greater emphasis on the age-old dichotomy – parental rights and parental responsibility and control versus teens' rights to independence and confidential access to services. Identifying ways to shift the debate from parental versus adolescent rights to a dialogue about parental support and partnership with teens and the provider community is critical.

Despite the lack of a formal and public dialogue, many reproductive health providers have taken the leap and identified ways to work with parents and families to promote healthy and responsible sexual behavior among teens. Much of this work is still in the early stages of development and has yet to be shared publicly with the broader reproductive health provider community. Despite the newness of these

efforts, there are already many insights about how to connect with parents and lay the groundwork for a strong partnership in support of adolescents.

The Annie E. Casey Foundation and CARTA share a profound commitment to improving the sexual and reproductive health of adolescents. Both are committed to protecting minors' access to confidential reproductive health services. Both believe that engaging parents and families is critical for and important to youth. Yet parents and families struggle when it comes to the topic of adolescent sex and sexual health. Adults need to be more knowledgeable about, more comfortable with, and more effective at connecting with children, particularly during adolescence, about matters of reproductive and sexual health. Finding ways to foster partnerships between reproductive health providers, teens, parents, and families will not be easy. These uncharted waters require a good deal of professional, organizational, and political risk-taking. By documenting examples of what is currently being done to engage parents in this important, but often controversial topic, and sharing these lessons with others, we hope to inform ongoing and new program efforts. We encourage all who are willing and able to join us in this important endeavor.

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Introduction

Engaging Parents and Families in Adolescent Reproductive Health: Innovation or Barrier to Serving Teens?

Since June 2000, CARTA has been examining the state of parental engagement among adolescent reproductive health provider (ARH) agencies. The starting point for this work consisted of: 1) a review of relevant research to understand the role of parents and families in adolescent reproductive and sexual health behavior; 2) identification of 19 parental engagement programs and a review of program materials to document parental engagement activities, and; 3) telephone interviews with key informants representing health practitioners, community-based organizations, advocacy groups and government agencies to gauge the level of support for parental engagement and to determine the political and programmatic challenges to this work.

Year one culminated in a one-day working meeting in Orlando, FL. A small group of reproductive health professionals, advocates and researchers convened to discuss the literature reviews conducted and to begin a dialogue about engaging parents in ARH. The major questions meeting participants discussed included: 1) What should be the purpose of engaging parents in ARH? 2) What language should practitioners use to characterize parental engagement activities so that providers and parents would feel comfortable with and support this work? 3) What should be done to ensure program strategies are appropriate for and effective at engaging parents from economically and culturally diverse communities, or parents of lesbian/gay/bisexual/transgender youth? 4) What type of community-based and national support is needed to facilitate both a dialogue and the implementation of parental engagement activities more broadly?

The discussion was rich and provocative and provided a better understanding of what has already been accomplished and documented the work that still remains. CARTA released a white paper summarizing the results of the first year's activities and the working meeting in 2000.[1] This documents gives a brief overview of studies documenting the influence of parents and families on ARH, and describes 19 parental engagement programs each with different strategies for connecting with parents.

The second year of the project took an in-depth look at four of the 19 parental engagement programs identified in year one. CARTA chose programs that represent a mix of strategies, populations and geographic locations. Each program participated in a two-and-a-half day site visit conducted by CARTA staff who based assessments on a mix of staff and administrative interviews, an extensive review of program documents (including models and curricula, if available) and protocols, observation of program activities,

[1] Sugland, B.W. and León, J. (2000). Engaging Parents and Families in Adolescent Reproductive Health: An Approach Supported by The Annie E. Casey Foundation. CARTA, Inc., Baltimore, MD.

and where possible, impromptu interviews with adult program participants.

This document presents case studies of the four parental engagement programs visited:

- The Adult Role Models (ARMs) program in New York City;
- *Teen Time* and the After School Programs in West Palm Beach, FL;
- Parents' Talk in Reno, NV, and;
- Parental Engagement located in several program sites across the state of New Hampshire.

This review provides a snapshot of these programs and how organizations with different administrative structures and origins, serving different community and youth populations, attempt to engage parents and adult family members to support youth in ARH. Although many of the strategies have not been tested fully, the lessons and themes across sites offer numerous and valuable insights. Several companion documents to the case study review include: *Engaging Parents and Families As Partners in Adolescent Reproductive Health and Sexuality: A Guide for Reproductive Health Providers* by J. León B. Sugland, and G.L. Peak; *Lessons Learned: Tailoring Parental Engagement Programs for Diverse Populations by J. León and B. Sugland; and Lessons Learned: Measuring the Benefits of Parental Engagement Programs by B. Pelea and B. Sugland*. The documents illustrate strategies used and lessons learned, in more detail, and offers short assessments for providers to determine their interest and capacity for engaging parents and families in ARH.

Engaging Parents and Families in Adolescent Reproductive Health

A brief description of 19 parental engagement programs sponsored by ARH service providers across the country is provided in Appendix A. These programs offer a variety of activities for both teens and parents, ranging from educational workshops and training in communication and group facilitation to a multi-media campaign geared towards parents. Programs that target parents tend to be conducted entirely outside of the clinic environment, with some programs using parents as adult educators to hold adult/teen conversations in residents' homes throughout their community (e.g., *Plain Talk; Poder Latino*).

Programs are grouped into three categories, given the nature of engagement activities – **Youth-Centered Parental Engagement**, **Joint Youth- & Parent – Centered Parental Engagement,** and **Parent (Family)-Centered Engagement Programs**. Regardless of the nature of engagement activities, all three types of categories acknowledge the importance of preserving youth access and confidentiality to reproductive health services.

Youth-Centered Parental Engagement Programs

These programs recognize the importance of parents, but keep a strong emphasis on the specific needs of teens and confidentiality of care for teens. The strategy includes providing a full range of reproductive health services to adolescents, with staff encouraging teens to inform/involve parents in their sexual and reproductive health decisions, or in special programs being offered by the clinic. Title X funded clinics have an explicit mandate to encourage parental engagement; other clinics have incorporated language about encouraging parental engagement into their medical/clinic protocols for adolescents.

Service agencies implementing youth-centered programs also offer additional educational and training activities to augment the provision of medical/clinical services. Such activities include special workshops on becoming a peer educator (e.g., *Teen-Time*); and using peer educators to provide school-based workshops, including workshops for parents on youth sexuality (e.g., *Maternal and Infant Care – Women's Health Center*);

Joint Youth- & Parent –Centered Parental Engagement Programs

Programs using this approach tend to incorporate parents into specific youth-centered activities, or offer a separate, short-term activity to augment the broader youth-centered effort. For instance, programs may sponsor a health fair specifically for parents/families to raise awareness about sexual and reproductive health issues. The health fair augments the peer education offered directly to youth participants and provides informational brochures on communicating with teens. Parents/families also have the opportunity to speak with clinical and education staff.

Another example of a parental engagement program with joint youth- & parent-centered activities is the "*Teen-Only*" Clinic program sponsored by Planned Parenthood of Central Washington. This program includes a strong educational component for teens using peer health experts, the creation of HIV/STD information phone card with hotline and

other service information, and intensive case-management. The program also offers parent training workshops for parents and joint parent-teen workshops. Parent participants are recruited only if the teen has agreed to and/or expressed an interest in having their parent involved in the joint sessions.

Parent (Family)-Centered Parental Engagement Programs

This final category of programs offers explicit outreach to and activities for parents and only parents. These are usually community and/or school-based activities. The *ARMs - Adult Role Models* - program, sponsored by Planned Parenthood-New York City, informs parents about ARH issues through training in sexuality education and group facilitation, and workshops that help increase parents' comfort levels and communication skills to talk with their children about sexual health and responsibility. Parents conduct the program for parents, using a "train the trainer" program model. Since 1999, the program has trained over 30 adult role models who have reached over 1500 parents in the South Bronx.

The *Center for Adolescent Pregnancy Prevention (CAPP)* in Pittsburgh uses a multi-media campaign geared entirely towards parents. The program asks teens and parents to prepare videotaped sessions that are aired on television. The spots are designed to prompt parents to call their hotline for additional information and support services.

The *New Hampshire Family Planning Program* seeks to improve and enhance parental engagement in the reproductive health choices of their children. The program includes community education along with parent-child communication workshops.

The *"Can We Talk"?* program in Washington, D.C. is sponsored by the National Education Association. It is a community- and school-based program for parents. The program stresses the importance of communicating values to children and parents' need for factual information on reproductive health topics. Parent workshops are provided focusing on increasing knowledge, communication skills, and comfort level with reproductive health topics, increasing awareness of community resources, and enhancing parent's capacity for having a healthy relationship with their children.

Types of Parental Engagement Programs

Youth -Centered. Recognizes the importance of parents, but maintains focus and emphasis on the specific needs of teens. Staff members encourage teens to inform parents about their sexual and reproductive health decisions and invite parents to special programs sponsored by the clinic. Programs tend to be implemented within the clinic setting.

Joint Youth- & Parent-Centered. Connects parents with specific youth-centered activities. Offers a separate, short-term activity to augment the broader youth-centered effort, such as a health fairs specifically for parents to raise awareness about sexual and reproductive health issues.

Parent (Family)-Centered. Offers explicit outreach to and activities for parents/families and only parents/families. Activities are usually community- and or school-based and include adult training communication workshops and multi-media efforts.

Parental engagement programs reviewed range from youth-centered programs that are clinic-based and focus entirely on the youth client, to parent (family)-centered programs that are community- or school-based and focus primarily on the needs of parents and adults to improve parent-child, family-child communication and relationships. In between is a subset of programs that remain youth-centered, but have attempted to increase parent/family participation in specific or short-term activities (e.g., health fairs, parent-teen communication workshops). As clinics seek to have a more explicit and deliberate engagement with parents/families, activities appear to move

from the clinic environment to an environment (communities and schools) that both preserves the confidentiality of care for adolescents and facilitates direct access to parents and adult residents. Although this description of engagement programs is based only on a very small subset of ARH providers across the country, it is likely many reproductive health providers are either using this strategy, or would feel more comfortable using this approach because it enables providers to engage parents, yet preserve confidentiality of care and access to services for teens.

Case Study #1

Adult Role Models (ARMs)
New York, NY

"I was really nervous about coming, but it was the best five months I spent"

-Adult Role Model

"I had no idea there was stuff about my body that I didn't know about!"

-Adult Role Model

The Adult Role Models Program (ARMs) is implemented in two low-income communities in New York City – The South Bronx and the Lower East Side (East Manhattan) by staff of Planned Parenthood of New York City (PPNYC). PPNYC is comprised of three urban-based clinics in Manhattan, the Bronx, and Brooklyn that provide an array of clinical services, as well as outreach and educational programs.

The *ARMs* program is a parent-centered parental engagement program. ARMs is part of a broader *Community Initiatives Program* which aims to reduce sexual risk taking among youth. The goal of the *ARMs* program is to help parents feel comfortable talking with their children about sexuality. The *ARMs* program is the result of a research project – *The Adolescent Research Initiative* –conducted by PPNYC between 1995 and 1998.[2] The Charles Stewart Mott Foundation, along with several other contributors[3] funded the project. The project surveyed the four (4) boroughs in New York City - Brooklyn, Bronx, Manhattan, and Queens - to assess teens' access to reproductive health services and to understand the level of sexuality knowledge and experience among these teens. Findings from the study show a high rate of pregnancy, particularly in the South

Community Characteristics

Site Locations: South Bronx, Lower East Side (East Manhattan)

	Total	Youth[1]
Population[2]:		
New York State:	18,976,457	13.8%
New York City:	8,008,278	13.1%
Bronx:	1,332650	15.7%
Lower East Side*:	N/A	
Race/Ethnicity:		
New York City:		
Black:	26.6%	—
Latino:	27.0%	—
White:	44.7%	—
Bronx:		
Black:	35.6%	—
Latino:	48.4%	—
White:	29.9%	—
Lower East Side:		
Black:	N/A	—
Latino:	N/A	—
White:	N/A	—

Teen Pregnancy (15-19 year olds/1000):

New York State[3]:	—	108.0
New York City[4]:	—	114.0
Bronx[4]:	—	162.2

STD Rates[5] (per 100,000 population)

	Chlamydia	Gonorrhea	Syphilis
NYC	365.5	66.7	1.8

Free/Reduced Lunch by Grade Level[6]

NYC	
Pre-K – 9	74.1%
9-12	47.3%

*Note: The Lower East Side is included in the NYC statistics

[1]Youth is defined as persons age 10-19, unless otherwise noted.

[2]Source: DP-1. Profile of General Demographic Characteristics: 2000, *Data Set: Census 2000 Summary File 100-Percent Data.* Geographic Area: New York; Bronx Borough; New York City

[3]*Teen Pregnancy: Overall Trends & State-by-State Information.* New York: Alan Gutmmacher Institute, April 1999. Note: 1996 Data.

[4]New York State Department of Health. Vital Statistics of New York State. 1999 Tables. http://www.health.state.ny.us/nys/doh/vs99/table30.htm. Revised October 2001.

[5]Source: *City Health Information, Summary of Reportable Diseases and Conditions*, 1999. Vol. 20 (1), March 2001. Note: Totals for all ages.

[6]Source: *1999-2000 Annual District Report.* http://www.nycenet.edu/daa/reportcards/index.html.

[2] *Responding to Teen Voices: A Report on the Adolescent Research Initiative*, Planned Parenthood of New York City, 1998.

[3] Additional support was contributed by the Compton Foundation, The Lewis B. and Dorothy Cullman Foundation, the Geraldine R. Dodge Foundation, the Abby R. Mauze Charitable Trust, the Jeffrey M. and Barbara Picower Foundation, the Shelly and Donald Rubin Foundation, the Dorothy Schiff Foundation, and the United Hospital Fund.

CARTA

Bronx (where one in five teens get pregnant) and high sexually transmitted disease (STD) rates. Additionally, results from the project show a gap in communication between parents and teens regarding reproductive health and sexuality. These findings served as the premise for developing a program that equipped parents with the necessary tools and skills to effectively communicate with youth. PPNYC initiated ARMs in September, 1998 through a grant from the New York State Department of Health.

About ARMs

The *ARMs* program is a parent-to-parent peer education model. The program uses the train-the-trainer approach to educate parents in ARH issues and facilitation skills. Trained parents then present workshops to their peers in the community on how to communicate with their children about sexual health and responsibility.

Models and Theories

The program uses the Promotores Model as the structure for disseminating information to the community, and the "Our Whole Lives – Lifespan Sexuality Education" (OWL) curriculum as the foundation for program content. The Promotores Model is based on the philosophy of Brazilian educator, Paulo Freire, who believed in the importance of using dialogue among community residents as a means to empowerment .[4] In practice, one example stems from the Community Outreach Partnership Center (COPC) that was funded by the U.S. Department of Housing and Urban Development. COPC was established to address the needs of *colonia* residents in Hidalgo County, Texas.[5] Research from the original project noted *colonia* residents felt insecure and embarrassed to participate and receive information from program providers. To address this problem, women from the *colonias* were recruited and trained in various health-related topics; these women would then serve as lay educators and organizers in their communities. This technique yielded positive results because these women were well received in their communities, and information disseminated was more readily trusted and followed. Several factors were believed to have contributed to the strength of this approach [See Box 1].

Box 1: Promotores Model – Key Factors

- **Face-to-Face Communication.** Communication with familiar faces establishes good rapport and builds mutual trust.
- **Community Liaisons.** Residents of the community are empowered as educators and become the driving force for community development.
- **Community as a Resource.** The community is seen as a valuable resource that can contribute to its own development.
- **Cultural Appropriateness.** The approach is culturally consistent and sensitive to the communication needs of the community.

Source: Pindus, N.M., O'Reilly, F.E., Schulte, M., Webb, L. (1993). "Service for Migrant Children in the Health, Social Services, and Education Systems". The Urban Institute. <http://aspe.os.dhhs.gov/hsp/cyp/lxsmignt.htm>. Retrieved October 11, 2001.

The Unitarian Universalist Association/ United Methodist Church Board for Homeland Ministries (Boston) developed the OWL curriculum used in the ARMs program. The curriculum is designed for five age groups across the life span: grades K-1, grades 4-6, grades 7-9, grades 10-12, and adults. The curriculum is divided

[4] Paulo Freire (1921-1997) emphasized the importance of using dialogue as a way of empowering instead of curricula and creating action that is informed and linked to certain values. This practice builds social capital in that it encourages community residents to develop "educational activities in the lived experiences of [participants]". Smith, M.K. 1997. Paulo Freire and Informal Education. Retrieved 11/14/02 from www.infed.org/thinkers/et-freir.htm.

[5] Pindus, N.M., O'Reilly, F.E., Schulte, M., Webb, L. (1993). "Service for Migrant Children in the Health, Social Services, and Education Systems". The Urban Institute. http://aspe.os.dhhs.gov/hsp/cyp/lxsmignt.htm. Retrieved October 11, 2001.

into several comprehensive components that address a variety of issues, including

body awareness, relationships, and preparing for parenthood [See Box 2]. Together, the Promotores Model and the OWL curriculum are used to guide the ARMs workshops presented to community residents.

Box 2: Our Whole Lives Curricula Components

- Human Development
- Relationships
- Personal Skills
- Sexual Behavior
- Sexual Health
- Society & Culture

Source: Our Whole Lives Curricula – Lifespan Sexuality Education Curricula. www.uua.org/owl/what.html

Program Design

Parents from the community are recruited to become ARMs by word of mouth and through program fliers. PPNYC staff interview parents to assess their ability to become effective role models. The following questions are used to frame PPNYC staff members assessment of potential ARMs:

- What motivates the parent to become an ARM?
- How is the parent perceived in the community?
- How well connected is the parent in the community?
- Is the parent able to commit to the ARMs program for at least one year?
- What is the parent's position on adolescent reproductive health issues, including abortion? [Note: While an individual parent does not have to be pro-choice, they must be comfortable with and able to make referrals for youth to abortion services].

Adults who are selected participate in a three-month comprehensive training program. Training sessions occur two to three times per week for three hours each, for a total of more than 75 hours of training. Prospective ARMs are trained in the following six areas:

- Child and Adolescent Development;
- Anatomy & Physiology of Reproductive Organs;
- Birth Control Methods;
- Sexuality and Sexual Health;
- Communication; and
- Group Facilitation.

Following the training, each prospective ARM takes a knowledge assessment test to determine their readiness to facilitate workshops in the community. Graduates of ARMs training are honored with a graduation ceremony and presented with a certificate of completion. The ceremony is a very significant occasion for many ARMs graduates because this is the first time many have graduated from any formal program, including high school. As a result, many family members and friends attend the graduation in support and in celebration of the ARMs' accomplishments.

ARMs learn to present two workshops, "Talking To Your Children About Sexuality" [See Box 3] and "Open the Lines of Communication with Your Children". PPNYC staff accompanies the ARMS to their first few workshops presentations to provide feedback on the ARMs' facilitation style and accuracy of information shared. ARMs are encouraged to share their experiences as they present the workshops to their peers. Also, PPNYC staff support role models through monthly meetings. Monthly meetings are an opportunity for ARMs to clarify information they are presenting in the workshops. During the meetings, role models discuss their workshop successes and challenges and collaboratively develop strategies for improvement. In addition, PPNYC staff use this time to inform the role models of new ideas and information.

Box 3: Workshop I – Talking to Your Children About Sexuality

[The following activities were observed during the implementation of this workshop at an employment training agency. Note: workshop participants had been mandated to complete a life skills workshop as a requirement of their employment training. The ARMs workshop fulfilled this requirement and was made available through a partnership with PPNYC]

1) Introduce program by ARM facilitator.

2) Present Planned Parenthood of NYC poster listing clinical services.
   - ❖ Briefly assess participants' knowledge of Planned Parenthood services.
   - ❖ Briefly describe/mention services listed in the poster.

3) Establish ground rules. Note, participants were asked to volunteer ground rules *they* deemed as appropriate for this particular setting.

4) Share stories as an ice breaker of a funny story experienced with children regarding sexuality.

5) Handout: "What is Sexuality?"..."Sexuality is More than Sex"
   - ❖ First, participants are asked to share their perception of sexuality.
   - ❖ Second, the facilitator provides a list of items that can be considered a component of sexuality. The list broadens participants' notion of what sexuality is; offers a notion of sexuality across the life span – from birth to death, not just during the reproductive years.

6) Hold true/false activity
   - ❖ Facilitator reads aloud a series of statements. Topics include: masturbation, age/gender appropriateness to begin sexuality talks, appropriate/primary sexuality educator, etc.
   - ❖ Participants indicate, by show of hands, whether the statement is true or false.
   - ❖ Participants volunteer reasons why they voted true or false.
   - ❖ Facilitator provides facts and explains the reasoning behind the correct answer.

7) Handout: "How to Talk to Your Kids"
   - ❖ Facilitator provides diverse scenarios that a parent might encounter with their child.
   - ❖ Facilitator walks participants through the different scenarios and then has pairs of individual role play and insert their own answers (based on personal values, lifestyle, faith, etc.).
   - ❖ Provides helpful probe questions to use when children approach parents with questions regarding sexuality and RH.

8) Handout: "Teachable Moments"
   - ❖ Facilitator presents parents with strategies useful to initiate and maintain open communication with children in day-to-day situations.

PPNYC values the presence of adult role models in the community and understands the impact ARMs can have on improving communication among children and adults around issues of sexuality. To this end, PPNYC compensates the role models financially for their time and commitment to the program. Adult role models are given $480 for the three-month training (half in the beginning and the rest upon completion of training). In addition, ARMs receive reimbursement for transportation to and from a workshop and a stipend of $20 for each workshop they conduct.

PPNYC recommends a minimum of one workshop per month per role model. The number of workshops conducted by each role model varies, however, depending on the ARMs schedule and availability. PPNYC staffs recognize that sometimes life and family circumstance preclude a role model's ability to actively participate in the program. Staff members work closely with the ARMs to accommodate life situations, while maintaining a commitment and structure to the program.

Population

The adult residents who make up the *ARMs* program are local parents who reflect their neighborhoods. Some parents have extensive work histories and are leaders in the community; many have not worked nor graduated from high school. The *ARMs* program provides community adults with an opportunity to gain professional skills and to earn a stipend for their work. Also, a key focus of the program is to conduct outreach to parents at least 20 years of age, thereby ensuring the *ARMs* program would not become a teen parent program. PPNYC staffs wanted to target older parents so that their [generational] experience could be integrated into the program and enhance the potential for building relationships between a(n) [at risk] youth and an ARM.

The first *ARMs* pilot program was in the Mott Haven community of the South Bronx. The community was selected because of Planned Parenthood's long history in the community (a PPFA clinic has been in the community for over 30 years) and because of its immense need for positive community development. PPNYC staff note Mott Haven is a community at risk on a number of health and safety issues. It is the poorest Congressional District in the country[6]. Additionally, Mott Haven has the highest percentage of births to teens in New York City and one of the highest in the country[7]. The community population is approximately 55 percent African American and 45 percent Latino.[8] Most households are single parent homes.

Efforts to replicate the model in the Lower East Side (LES) began in 2000. Parents reached through the LES *ARMs* program are 59 percent Latino, 13 percent African-American, 8 percent Asian, 8 percent White, and 22 percent other. Developing ties with adults in this area was more challenging, as PPNYC did not have a sliding scale fee for adults to access services at the center.

The *ARMs* program has trained 10-15 parents a year reaching about 2,000 parents in the South Bronx and 800 parents in the LES through ARMs workshops. The target is to reach 1,000 parents per site. Currently there are 36 ARMs; 12 work in the LES. Most of the adult role models and workshop participants are African American [women].

Outreach and Recruitment

Initially, outreach relied on referrals from community-based organizations. PPNYC established a partnership with the East Side House Settlement in the South Bronx to facilitate recruitment of ARMs, as well as to participate in workshops presented by ARMs. Originally, the idea of a "Tupperware Party" approach to reach parents was considered. This approach did not work initially because community members were uncomfortable going into the homes or inviting strangers into their home. Now, community members are more receptive to hosting workshops in their homes because of the recognizable benefits ARMs has produced in the community and the familiarity with other ARMs.

Other outreach methods used to recruit potential ARMs and workshop participants include: (1) putting up flyers at community centers, adult classes, community colleges, GED programs, and drug rehabilitation centers, as well as, employment training sites, PTA meetings, Head Start and youth development programs; and (2) through word of mouth of newly-trained ARMs.

[6] "Community District Needs, The Bronx Fiscal Year 1996". City of New York, Rudolph Giuliani, Mayor. Office of Management and Budget. Department of City Planning.
[7] New York City Department of Health. Bureau of Disease Intervention Research. "Summary of Vital Statistics 1999 - City of New York". Table 26. Live Births to Teenagers by Selected Characteristics and Infant Deaths by Health Center District Residence, New York City, 1999. http://www.nyc.gov/html/doh/pdf/vs/1999sum.pdf.
[8] "Community District Needs, The Bronx Fiscal Year 1996". City of New York, Rudolph Giuliani, Mayor. Office of Management and Budget. Department of City Planning.

Staff and Agency Capacity

Education and Professional Experience

PPNYC staff that direct the *ARMs* program all have substantive backgrounds in outreach and education, either partially or entirely, dealing with issues of sexuality. The director, associate director and site coordinator all have master's degrees (MSW, MPH and MFA respectively). Their collective work has included experiences such as being sexuality educators, working with sexually abused children, counseling teens on HIV prevention, and working in a family planning clinic. The combined work experience and expertise of these staff members has provided an extremely solid base for the creation and sustainability of the ARMs program.

Cultural Capacity

The *Community Initiatives* program (of which the *ARMs* program is a part) consists of five staff members, four of who are fluent in Spanish. The staff person who coordinates the LES program is bilingual; the person who coordinates the Bronx program is not bilingual. In general, the ARMs program receives support from the *Community Initiatives* program and the Education Department when supervision for Spanish workshops is needed or to assist the ARMs in conducting Spanish workshops.

Among the ARMs participants, the level of cultural and language capacity to address diverse populations is mixed. In the LES, for example, four out of nine ARMs conduct workshops in Spanish and only one ARM, who is Chinese, conducts workshops in Chinese. Because Asians comprise the third largest population in the LES[9], this staffing ratio combined with the fact that no staff members speak Chinese poses a problem for effectively reach this population.

In the Bronx Center, there is one ARM who facilitates workshops in Spanish. Staff identifies a few ARMs as bilingual during the recruitment process, however many did not feel comfortable facilitating workshops in Spanish.[10] Many had difficulties translating sexuality information, because of the technical terms necessary to present some of the information. Although these challenges have an impact on program implementation and community outreach, they have not deterred the level of participation by Latino parents.

PPNYC staff does their best to accommodate the language needs of everyone who requests workshops. When scheduling the workshops, PPNYC tries to determine if there are any non-English speaking participants so that they can schedule bilingual ARMs or bilingual staff.

Technical Capacity

PPNYC has extensive technical assistance resources available and a strong educational department of 19 professional staff.[11] One or more of the eight or nine sexuality educators in PPNYC's education department conduct most of the ARMs-specific training. As mentioned before, the "Our Whole Lives" comprehensive sexuality education curriculum guides the ARMs training and is the basis of PPNYC's educational programs. In addition, special guests are often invited to conduct presentations and offer expertise on specific topics.

PPNYC has flyers, brochures, pamphlets, and guides to disseminate to parents and

[9] Latinos make up the largest population in the Lower East Side.

[10] Although many Latinos speak both English and Spanish, most speak a mixture of both (A "Nyurican" dialect) and are not fluent enough to translate "technical" information. Nyurican describes a 1st generation Puerto Rican born in New York City. Usually they intertwine their native language-Spanish, customarily spoken at home by parents and older generations, with first generation English spoken at schools and in the greater community. Customarily Nyuricans flow in an out of Spanish and English in the same sentence and throughout thoughts and create "new words" that combine a mix of the two languages (e.g. rufo for roof, instead of *techo*; el/la teachel for teacher instead of *maestro*). In the context of this work, it is used to describe the use of a language that artfully meshes two languages, but masters neither English nor Spanish technically or grammatically. Consequently, individuals were unable to translate *truly* between languages. This has implications for translating reproductive health technical terms from English to Spanish.

[11] Of the 19 staff in the Education Department, eight are people of color and four are fluent in Spanish. In addition, the staff includes 4 men.

families.[12] The availability of such diverse published materials to promote and educate families on ways to improve parent-child relationships around issues of reproductive health is integral to increasing parent/community knowledge, comfort, support, and advocacy of adolescent access to care.

Collaborations & Partnerships

PPNYC has partnerships with a number of other agencies to recruit ARMs and adult participants for workshops. As noted above, initial implementation of the ARMs program began through a partnership with the East Side House Settlement in the South Bronx. Currently, PPNYC also reaches out to the faith community for support and joint collaboration. PPNYC receives recommendations from key community members identifying churches that might be open to a community-based program such as ARMs, or religious organizations that are already doing community outreach and might assist in recruiting.

PPNYC also collaborates with employment training programs, GED programs, Head Start programs, and drug rehabilitation centers. Partnerships between the PPNYC and these types of agencies can be beneficial for both. For instance, individuals who receive services from the GED program are required to complete a life skills workshop as part of their educational or training activities. Through its partnerships with the GED program, PPNYC provides participants the opportunity to fulfill the life skills requirements through the ARMs workshops. To facilitate consistent participation, the ARMs workshops are provided at the collaborating agency's site. Thus, PPNYC benefits from tapping into a captive audience that is more receptive to attending an ARMs workshop (either because it fulfills a prerequisite for program completion or because it is presented at a familiar place that is associated with services beneficial to the individual). Collaborations with community-based organizations are a key element in implementing the ARMs program.

Program Funding

PPNYC has several funding sources to support the *ARMs* program, including the New York State Department of Health (NYSDOH) for implementing the South Bronx program. These monies target teen pregnancy prevention efforts and are restricted to zip codes where high rates of teen pregnancy are reported. Until 2001, NYSDOH has awarded this money on a non-competitive basis. Starting in 2001, however, NYSDOH opened up funding to other agencies, through a competitive proposal process. Despite these changes, PPNYC does not anticipate problems with renewed funding, in light of the many accomplishments of the ARMs program.

In contrast, private monies primarily support the LES site through one and two year grants. PPNYC have begun to apply for public funding for the LES site for part of an educator's salary. At the time the site visit was conducted, no funding had been awarded.

Evaluation & Tracking

Formal evaluation of the *ARMs* program, particularly outcome evaluation is limited. Currently staff maintains a program database that includes data collected from surveys administered to participants after completion of the ARMs training. These surveys address participants' 'Intent' to use the information learned in ARMs workshops and participants' 'knowledge' about reproductive and sexual health matters. PPNYC gathers additional information from the intake forms when workshops are requested and demographic information about potential workshop attendees to coordinate the workshops. This information could also be used for additional statistical and qualitative assessments. They also collect evaluation data on "how the workshop went", noting challenges and successes with implementation of workshop activities. According to program staff, this information is not currently assessed.

[12] A review of relevant materials used to implement the ARMS Programs was conducted during the site visit.

Lessons Learned: Success and Challenges

Successes

PPNYC staffs believe the ARMs program has many important attributes and benefits for program participants. The most invaluable aspect of this program, however, is the adult community members who participate in training and who conduct the ARMs workshops. The *ARMs* program greatest value is that it works to empower residents, an important and critical strength of the program. Like the Promotores Model upon which it is based, the *ARMs* program empowers community parents to become local experts. "PPNYC has created a cadre of parents who can answer on-going questions from friends and neighbors." The effectiveness of tapping into community residents underscores the value of having what seems to amount to "24-7" access to health experts who community members feel comfortable approaching. ARMs mention being frequently asked by other community members about reproductive health issues in stairways of their apartment buildings or even in the grocery store.

According to PPNYC staff, the community response to the ARMs training has been incredibly positive. They had no idea how powerful an influence the *ARMs* program would have on participating parents [See Box 4]. Originally, the intent of workshops was to increase teen communication. Its potential influence, however, has extended beyond that specific objective. The program has also made a tremendous impression on the role models. Besides fulfilling a need for youth, equipping parents with the necessary skills and openness that make them an "*askable*" parent, the ARMs program has also filled a need for parents. ARMs comment:

- "... [it was a time of] a lot of personal growth, a chance to deal with other personalities"
- "It provided a reality check; even if you didn't think you had a problem with something, talking about issues in the open made you realize that sometimes you did!"

After the training, ARMs graduates report they are more able and eager to positively handle day-to-day problems, not just issues of adolescent sexuality.

The financial incentive for ARMs facilitates recruitment and participation and supplements day-to-day financial needs. This stipend is both a key component of the program and, when combined with the commitment and requirements of the program, give participants the sense that they are being employed.

While the *ARMs* program has many immediate benefits, it also may have some long-term benefits as well. PPNYC staff estimates that between 15 and 20 percent of parents who become ARMs go on to seek professional employment, many for the first time. As an example, a former ARM is now employed full-time as a sexuality educator for PPNYC.

PPNYC has had several programmatic successes. Besides the ARMs Program, PPNYC implements two other programs, as part of the *Community Initiatives* Program, aimed at reducing teen pregnancy: the *Teen Advocates* Program and the *Young Sisters* Program. The *Teen Advocates* Program is a group of about 20 young people from the Mott Haven community who are trained by PPNYC staff to

Box 4: Benefit of ARMs to Adult Participants (as reported by Parents):

- Increased capacity to understand teen-related issues and positively deal with questions and concerns of youth;
- Increased personal knowledge of and interest in anatomy and physiology and how it is related to sexuality;
- Helped gain personal and professional growth;
- Helped acquire valuable skills, such as public speaking, tolerance, awareness, and acceptance of diversity.

present drama workshops on a range of sexual health topics. The *Young Sisters* Program is a 12-week series for younger sisters and daughters of teen mothers.[13] Collectively, activities from these programs aim to:

1) Increase communication between individuals in all aspects of PPNYC programs;
2) Foster intergenerational communication within PPNYC programs; and
3) Encourage intergenerational communication within families and in the community.

More recently, PPNYC staffs have begun to take advantage of the unique talents of the teen advocates and the ARMS to foster educational and growth opportunities for their respective family members. For example, the ARMs conduct workshops for parents of the teen advocates. Similarly, teen advocates present workshops for teen children of ARMs. Also, teen advocates participate in ARMs graduation ceremonies and celebrations. The mingling of participants in various adult and youth groups establishes positive intergenerational communication and promotes comfort in discussing issues of sexuality between adults and youth.

Challenges

Despite the success of the *ARMs* program, several challenges limit the expansion and modeling of this program. Challenges include:

- Engagement of males as ARMs and as parent participants at workshops;
- Staff language capacity to work with diverse populations;
- Retention of trained parents as ARMs;
- Continuity and consistency of parent participation at ARMs workshops;
- Lack of clarity on the number and intensity of workshops that need to be conducted to achieve the best results for participants;
- Lack of an evidence-based framework for long-term success.

The capacity of PPNYC staff to serve diverse populations is mixed. PPNYC needs to employ creative recruitment strategies to reach out to males, as well as culturally diverse communities. With the exception of one male ARM (who is not currently active in conducting workshops), all other males who have been a part of the ARMs training did not complete the training program. Staffs believe this may be due to fathers being over-extended (e.g., work and financial responsibilities). Thus, despite good intentions of leading workshops, the reality of the life circumstances usually prevents them from doing so consistently.

Despite an equally significant representation of Latinos and African American in the South Bronx, African Americans are more likely to participate in the ARMs program. Why Latino residents participate at a disproportionately lower rate must be understood in order to increase participation among Latino residents.

Another challenge is retention of trained parents. The ARMs training is the most costly part of program implementation. It is important to find strategies that will yield the maximum (e.g., long-term commitment) from investments (e.g., trained adults). Some parents do not complete the training; others complete the training, but do not go out into the community to conduct workshops. Approaches are needed that will support parents through the training and help parents acquire the confidence needed to deliver workshops in the community.

ARMs currently deliver two types of workshops, with one complementing the other. PPNYC staff is looking for ways to ensure that parents in the community benefit from both workshops. Currently, it is difficult to get parents to return to subsequent workshops. PPNYC is unclear on the appropriate number of workshops and the

[13] As noted in a PPNYC Community Initiatives brochure, this programs aims to address the increased likelihood of younger sisters of teen mothers also becoming pregnant at an early age.

intensity of the workshop that will produce long-term, significant impact on teen pregnancy prevention. They ask:

- How many workshops will help parents become comfortable talking to their children about sexuality and reproductive health?
- What components of these workshops are most significant for creating the desired impact?

Next Steps

PPNYC considers the parent-to-parent/peer-training model to be an ideal approach to use in urban communities. They need to develop a comprehensive framework that addresses the limitations noted above.

For now, PPNYC is expanding the number of workshops delivered by ARMs and developing a media workshop that will show parents how to critically assess media messages youth receive. Ultimately, PPNYC would like to offer a series of four to five different workshops. Because this number of workshops proposed is not evidence-based, they need to data support the number of workshops necessary for significant and long-term impact. Nonetheless, PPNYC is interested in expanding the ARMs approach throughout New York City. Anecdotal data suggests the value of the ARMs program.

To maintain and increase recruitment efforts, PPNYC comments using the media could be an effective way to reach target populations and provide messages regarding parental engagement that are consistent with what is being taught in the program. Staff acknowledges the media is a powerful communication tool for community residents. Staff continues to explore creative ways to use the media to deliver and reinforce similar messages to those advocated in the ARMs workshops.

Despite limitations in the current ARMs approach, staff accomplishments are significant. In general, the ARMs program is a holistic tool to support positive youth development and family strengthening. The ARMs program integrates youth, parent, and the community in a comprehensive approach to dealing with issues of adolescent sexuality and reproductive health. The ARMs program empowers parents to become the primary sexuality educators of their children and provides youth with *askable* adults they can go to for guidance about sexual matters.

Additional information is available at:
http://www.ppnyc.org/lets_talk/adultrolemodels.html

Case Study #2

Teen Time & The After School Programs West Palm Beach, FL

The communities of West Palm Beach, Belle Glade and Riviera Beach, FL serve as locations for the second case study. Planned Parenthood of the Palm Beach and Treasure Coast Area, Inc. (PPPBTC) in West Palm Beach, Florida[14] is an urban-based clinic that provides an array of clinical services, as well as outreach and educational programs to youth and adults in the surrounding communities. PPPBTC West Palm Beach sponsors the two parental engagement programs observed for this project – *Teen Time* and the After School Programs, a replication of Michael Carrera's Teen Pregnancy Prevention Program.[15]

Program Overview: History and Program Development

PPPBTC West Palm Beach aims to establish a positive relationship with the community to ensure community support and advocacy for adolescent reproductive health services. They work diligently to communicate to the surrounding communities the array of services Planned Parenthood has to offer both adults and youth.

PPPBTC has been a part of the West Palm Beach community for more than 25 years. Staff notes that many parents received reproductive health care at Planned Parenthood when they were teens and young adults. Familiarity with staff and with the clinic facilitates higher active parental

Community Characteristics

Site Locations*: West Palm Beach, Belle Glade, Riviera Beach

	Total	Youth[1]
Population[2]:		
Florida State:	15,982,378	12.9%
West Palm Beach:	82,103	12.0%
Belle Glade:	14,906	17.5%
Riviera Beach:	29,884	16.1%
Race/Ethnicity:		
West Palm Beach		
Black:	32.2%	—
Latino:	18.2%	—
White:	58.1%	—
Belle Glade		
Black:	50.7%	—
Latino:	30.3%	—
White:	27.6%	—
Riviera Beach:		
Black:	67.8%	—
Latino:	4.5%	—
White:	27.8%	—
Teen Pregnancy Rates (15-19 year olds/1000):		
Florida State[3]:	—	115.0
Birth Rates (15-19 years old/1000):		
Palm Beach County[4]:	—	46.97

STD Totals by City[5] (Total # of Cases)

	Chlamydia	Gonorrhea	Syphilis
Belle Glade	78	32	22
Riviera Beach	165	179	38
W. Palm Beach	582	373	95

Free/Reduced Lunch[6]
Florida State: 57.1%

* All Sites are located in Palm Beach County
[1]Youth is defined as persons age 10-19, unless otherwise noted.
[2]Source: DP-1. Profile of General Demographic Characteristics: 2000, Data Set: Census 2000 Summary File 100-Percent Data. Geographic Area: Florida, West Palm Beach City, Belle Glade City
[3]Note: West Palm Beach, Belle Glade, and Riviera Beach are located within this county. Source: State Department of Health. Office of Planning and Evaluation Data. Data is for 2000.
[4]Teen Pregnancy: Overall Trends & State-by-State Information. New York: Alan Gutmmacher Institute, April 1999. Note: 1996 Data.
[5]State of Florida Department of Health, Bureau of STD Control and Prevention Data files. For Reporting Year 2000.
[6] Using Reduced Lunch as Indicator for Poverty Index. http:www.fns.usda.gov/pd/slsummar.htm. Data as of 9/25/01.

[14] There are several affiliate clinics with the Planned Parenthood of Palm Beach and Treasure Coast Area. Our focus is on the West Palm Beach clinic site.
[15] Carrera, M.A. 1995. *The Carrera Model Replication Manual*. There are multiple components that make up this holistic model. Of particular interest is the [Parent] Family Life and Sex Education (FLSE) components

engagement at this site.

This site visit concentrated on two programs with parental engagement – *Teen Time*, a joint youth- & parent-centered parental engagement program which focuses on the provision of clinical services to youth, and the *After School Programs*, also a joint youth- & parent-centered parental engagement program.

About *Teen Time*

PPPBTC West Palm Beach was established *Teen Time* in 1994 to provide clinical services to youth and to encourage youth who seek these services to involve their parents in decisions about sexuality issues. PPPBTC West Palm Beach coordinates rap groups that coincide with major social events for teens, such as the prom, and uses these groups as a way to encourage parent/youth interaction and discussions around sexuality. Rap group topics for a specific event might include dating and relationships. Despite the clinic and staff being a familiar part of the community, staff notes that rap groups are not consistent and parent participation is challenging.

Parental engagement, although encouraged, is not a structured component of *Teen Time* within the clinic setting. Nonetheless, staff continues to strongly encourage youth to discuss sexual health decisions with their parents and invite youth to invite their parents to come to the clinic with them. Staff notes that it is not unusual to see parents in the waiting room during *Teen Time* hours. If a parent is present in the waiting room, providers use this time to discuss with parents (with youth consent) procedures that occur during the examination, and to inform parents (with youth consent) of the outcome of the examination. Staff also offers suggestions for supporting the youth's healthy sexuality, including positive parent and youth communication. Staff acknowledges that although many youth are hesitant to talk to their parents about sexuality issues at first, the level of reported parental engagement increases after about six-months of involvement/interaction with clinic services. Youth often comment that they have at least told their parents about their visits to the clinic and suggest that their parents are supportive. Staff also comment that parents of clinic patients may be more open to their children receiving reproductive health services for several reasons, including the long standing history of the clinic in this community and parents having sought services at the clinic when they were young.

About the After School Programs

In 1998, PPPBTC West Palm Beach received partial funding from the Children's Services Council (a private agency) to begin after school programs in three communities, Riviera Beach, Belle Glade, and Delray Beach.

The after-school programs are implemented in collaboration with other community organizations and services, including community centers, housing authorities and local churches. The programs offer an array of services to address medical, economic, educational, and social aspects for the individual and the family. This comprehensive approach helps increase protective factors for youth and reduces the likelihood youth will engage in risky behaviors.

Currently, there are three after school programs in Riviera Beach (*No Limit Club*), Belle Glade (*Above the Muck*), and Delray (*Delray Teen Society*). [Note for the purpose of this case study, only two of the three programs are discussed. The program in Delray is run by a sister affiliate of PPPBTC West Palm Beach that did not participate in the site visit].

The after school program in Riviera Beach was originally established in 1998 at

a Boys & Girls Club in order to address high rates of teen pregnancy in the area. In 1999, the need for more space led to the establishment of the *No Limit Club* at its present location. The program is housed in a building adjacent to a church. The building was not in use at the time the program was initiated. With support from the clergy, PPPBTC West Palm Beach agreed to assume responsibility for renovations and maintenance of the vacant building, in exchange for using the building space for program activities.

Above the Muck is located in a housing authority development in Belle Glade. Belle Glade is a rural, agricultural community west of West Palm Beach. Throughout Belle Glade, land plots are covered with a dark, rich soil called muck. Participants adopted the name 'Above the Muck' to signify that their goals and achievements would surpass even the richest and most valued element in Belle Glade.

Models and Theories

Both after school programs are based on the Carrera Teen Pregnancy Prevention Program model, which takes a comprehensive approach to delivering services to youth and families preferably within a community-based context. The model aims to address the multiple issues that increase the likelihood of parenthood among youth in vulnerable communities. This holistic approach aims to[16]:

- Influence diverse aspects of young people's lives over a continuous period;
- Engage parents and community adults;
- Establish long-term relationships with a consistent group of youth;
- Encourage staff flexibility and adaptability to young people's changing lives; and
- Promote use of "creative, daring, and unorthodox approaches."

The model has seven key components each designed to address the multiple facets of young people's lives, including:

- Family support;
- Comprehensive sexuality education[17];
- Access to care;
- Academic support and enrichment;
- Recreational and creative opportunities;
- Mentoring and community service engagement;
- Continued education opportunities.

PPPBTC West Palm Beach provides program components concurrently rather than in succession to address the whole person continuously. In doing so, this model addresses issues affecting the individual as well as their social context, including family, friends, and school. The goal is to generate genuine life changes in youth by reducing hopelessness and increasing motivation.

Research findings from an evaluation of several Carrera Model sites in New York City indicate youth that participate in these programs have better outcomes in several areas.[18] As compared to statewide or nationally representative samples of youth, participants are more likely to have:

- Higher educational aspirations, including graduate degree;
- Improved outcomes four years after entering high school;
- Lower rates of alcohol use;
- Less likely to be sexually active;
- More likely to have used condoms at last intercourse; and
- Lower rates of teen pregnancy.

Although expensive to implement, the model is a cost-effective approach to

[16] Carrera, M.A. 1995. *The Carrera Model Replication Manual.*

[17] This component offers sessions to youth and adults.

[18] M. Carrera and P. Dempsey. 1995. *New York Replication Evaluation Update*, New York: Phillber Research Associates.

addressing underlying causes of risky behavior among teens, including the early onset of sex.

The model also encourages parents and community participation to create a solid support system for youth. A two-track program is designed to engage parents by: 1) building relationships to support program initiatives, and 2) meeting the fundamental needs of parents (e.g., employment, educational completion). The model recognizes that establishing a relationship with parents and community adults is integral to addressing the needs of youth.

Program Design

The *No Limit Club* and *Above the Muck* program offer a recreational alternative to children, youth, and adults, as activities in both communities are limited. Program components include:

- Job Club
- Study Circle
- Mental Health Services
- Special Events
- Individual Sports

The *Job Club* encourages youth to work in the community with local officials. Older youth work 15 hours/week, while younger children work on site 10 hours/week. This program component is intended to supplement family income and encourage responsible money management. It helps youth buy school supplies (lessening the burden on families), and helps youth set up savings accounts. Consistent with findings reported from research conducted in several of the original Carrera sites in New York City, attendance in program activities is higher where matters concerning employment are involved.[19] Usually participation dwindles during the summer months, although in the summer of 2001 when the *Job Club* was implemented, youth remained engaged. This component is integral to supporting youth and their families in establishing a stable home life.

The *Study Circle* promotes intergenerational learning among older adults, parents, and youth. It addresses barriers to positive community development and includes topics such as teen sexuality and drug abuse. The *Study Circle* facilitates attendance by providing daycare for younger children and encourages individuals to share their stories as a pragmatic way to learn from each other's experiences. The goal is to have children and youth learn from their parents' mistakes and to avoid behaviors that might lead to negative outcomes.

Mental health services are available as a support for youth and their parents. The after school programs have licensed clinical social workers that provide services, as needed for up to six hours per week for participants and their families. In addition, an arrangement with mental health providers refers participants to free referral services.

The program uses special events to create a partnership with parents and foster better parent-child relationships. Parents are often encouraged to volunteer during trips and other program activities. Also, program activities engage parents through workshops of interest to adults, such as computer skills training, general information workshops about topic areas and issues (e.g., learning about the census). In addition, special events related to holidays (e.g., Mother's/Father's Day) also facilitate parent, staff, and youth interactions. These events promote family engagement and demonstrate the importance of addressing the individual youth as part of a family unit.

After-school program staff has worked to establish a positive relationship with parents of their youth. For example, parents support staff access to school information (e.g., academic records) to help

[19] Carrera, M.A. 1995. Preventing Adolescent Pregnancy: In Hot Pursuit. *SIECUS Report*, 23 (6), 16-19.

youth with educational improvement and build on educational plans and goals.

In general, both the Riviera Beach and Belle Glade communities have been supportive of both the *No Limit Club* and the *Above the Muck* programs. Despite some initial hesitation related to Planned Parenthood's sponsorship of the two programs, there is overwhelming anecdotal evidence the programs have been beneficial to parents and youth and that parents now supports the growth of the program. In fact, the youth at the *No Limit Club* have come up with a club motto – "Planned Parenthood – More Than You Think".

This motto is important because of the perception communities have of the agency as an abortion provider, which limits the acceptability of programs that can be implemented by Planned Parenthood in the community. Staff feels community comfort and trust is integral to getting parents, families and communities to participate in program activities and to advocate for their children's right to access sexuality and reproductive health services.

Population

The populations of youth and adults who participate vary from program to program, and community to community.

Participants in the *No Limit Club* are primarily from the African-American community. In total, about 40 youths and several of their parents participate regularly. During the school year, an average of 20 youth participate daily. For the most part, the same youth consistently attend services and activities. Most youths are between the ages of 14 and 16. The majority of youth come from single parent families.

Youths participating in the *Above the Muck* program are a bit more ethnically diverse. According to PPPBTC West Palm Beach staff, about half of the participants are African-American, 30 percent are Latino (Mexican American and Puerto Rican), and 20 percent are Haitian or Caribbean. Most youth are between the ages of 15 and 17.

The Carrera Teen Pregnancy Prevention Program model calls for all program components/services to be delivered across a consistent group of individuals. That is, all participants should have access to all components of the program. However, in this particular site, the community-based (*After-School*) and medical components (*Teen Time*) of the Carrera Teen Pregnancy Prevention Program Model seem to attract different population subgroups, making it difficult to reach everyone with all aspects of the program. For example, the community after-school programs tend to attract primarily youth and families of color. In contrast, the *Teen Time* clinic attracts primarily white clients (80 percent). The sexuality educators in *Teen Time* clinic activities are primarily African American (95 percent), with a small proportion of Latinos (2-3 percent). Program staff members had hoped that a high proportion of African American staff would increase clinic service utilization among youth of color and attract an ethnically diverse client base. This has not been the case at the *Teen Time* clinic. Although, staff recognizes the importance of addressing the mismatch between race/ethnicity of teen clients and clinic staff to increase service utilization among youth of color, no formal effort to address this issue is underway.

Staff and Agency Capacity

PPPBTC West Palm Beach has a staff of nearly 100. The director of the training, education programs and teen services unit oversees six general program areas – Teen Services, Latino Outreach Education, Breast Health Education, Community Programs, and Training Consultant. Coordinating these areas ensures the development, implementation, and monitoring of programs that seek to engage parents in the communities PPPBTC West Palm Beach

serves. Support and buy-in from staff for parent/family engagement is evident and cuts across line staff to the highest administrative levels within PPPBTC West Palm Beach.

Educational and Professional Experience

The educational experience of staff interviewed at PPPBTC varies widely. After-school specialty staff are required to have a Master's degree, while after-school program coordinators do not have any specific educational requirements. Program and administrative staff were pursuing Master of Business Administration degrees, demonstrating PPPBTC West Palm Beach's commitment to professional growth of their staff members. The professional experience of staff in the training, education programs and teen services department includes working in the fields of juvenile justice, specifically sex offenders, education and outreach and youth service.

The organization of the after-school program staff is shaped by the guidelines and protocols of Carrera Teen Pregnancy Prevention Program Model [See Box 1]. The recommended staffing structure should be built from the ground-up, ensuring that staff who spend the most time with youth in the program are from the community and are familiar with (and can relate to) the issues and concerns of youth and the community in which they live. Additionally this structure helps to ensure financial viability amid budget constraints. For example, the model considers it illogical to have a person with specific expertise (a Masters degree) to staff an administrative position, such as a program coordinator. The person's expertise would command high pay although her/his skills would not be used effectively if she/he manages and coordinates the day-to-day activities of the program.

Box 1: Carrera Model Staff Organization

- **Program Coordinator:**
  - Management experience
  - No bachelors degree required
- **Community Organizer:**
  - Community member
  - No high school diploma required
- **Educators:**
  - Professional experience
  - Specific skills required
  - Masters degree required

Cultural Capacity

Prior to 2000, when the new executive director joined PPPBTC West Palm Beach, the agency had limited commitment at the senior administrative level to ensure staff had the cultural capacity to address diverse populations. Particularly, there was a lack of Latino educators to address the population at the Lake Worth clinic site. A change in administration facilitated a more diverse mix of staff. These changes contributed to broader outreach and provision of more culturally appropriate services, particularly to the Latino population.

Staff of the after-school program reflects the populations they serve. The Carrera Teen Pregnancy Prevention Program Model recommends that, if possible, the program hire capable, professional, high-quality staff that complements the cultural and racial/ethnic background of the youth participants.

Technical Capacity

Staff indicates technical assistance (TA) needs are being met to a large degree. Current TA resources are from Cornerstone Consulting, Sexual Attitude Reassessment (SAR) Training, and guidance from materials detailing the Carrera and Promotores Models.

Staff requests other areas of TA to improve support and advocacy within the organization. Staff is interested in training workshops on public speaking and program evaluation. Senior staff notes the importance of staff understanding the value

and dynamic role evaluation plays in the design, implementation, and refinement of programs. They also stressed its ability to leverage future financial and political support for a particular program.

Collaborations & Partnerships

PPPBTC West Palm Beach established several partnerships and collaborations to facilitate implementation of diverse services, and to enhance outreach capacity to diverse segments of the population. Their collaborative efforts include:

- Community Church – A local church houses one of the after school programs. PPPBTC West Palm Beach developed the partnership to gain support and advocacy for programs from community members and to promote community development by supporting the renovations and maintenance of a community building.

- Community Agencies and Local Officials – Established partnerships to create a venue for job opportunities and professional experiences for youth participants.

- Housing Authority – An after-school program is housed in several buildings within a housing authority. This community integration reduces barriers of participation in several ways, including transportation, lack of comfort or familiarity, and promotes community development by empowering communities to take ownership within their own community.

- Health Centers – PPPBTC West Palm Beach established several partnerships with local health centers that have an established relationship with the community. These partnerships allow for delivery of more comprehensive services between two agencies.

- Schools – PPPBTC West Palm Beach also established a relationship between several schools and their breast health education program. This partnership aims to reach out to young girls at schools and their parents via newsletters sent home with youth. This partnership creates yet another venue to reach youth who would otherwise not frequent the clinic.

- Mental Health Agency – PPPBTC West Palm Beach partners with outside agencies and provides referrals to clients to ensure receipt of this component's services.

Funding

Several funding sources support PPPBTC West Palm Beach's Department of Education and Teen Services, which houses the two programs observed. The department is 90 percent funded by grants from local funding agencies that are quasi-governmental,[20] foundations, and private donors. Some of the dollars for *Teen Time* come from Title X through the local health department, which also provides supplemental support in the form of free lab work and unlimited supplies and medications to treat patients. State funding is augmented by a $20 fee that teens pay annually to obtain services.

The grant funds PPPBTC West Palm Beach receives are usually awarded in five-year blocks and are non-competitive. The Children's Services Council of Palm Beach County funds the after-school programs highlighted. Last year, the A.D. Henderson Foundation also supported the program. In years past, the Picower Foundation and Children's Aid Society funded the after-school programs.

[20] PPPBTC West Palm Beach receives funds from the Children's Services Council of Palm Beach. This council is a special district of local government established by the Florida legislature and empowered by voters of the county to levy local property taxes to support youth services.

Evaluation & Tracking

PPPBTC West Palm Beach does not have a formal and organized system to track time spent with parents in engagement activities. Currently staff record time with parents differently from the rest of their work. In particular, interactions with parents are noted in monthly and quarterly reports submitted to department administrators. Despite the process for gathering data, staff indicates there is no systemic way to use the information. Staff notes there is a need to conduct an evaluation of current programs and use this information to develop strategies for improving and refining current program design and implementation protocols.

Lessons Learned: Success and Challenges

Successes

One successful aspect of the PPPBTC West Palm Beach site is their ability to integrate the Carrera Model into various services and programs. The model provides PPPBTC West Palm Beach a framework for implementing a comprehensive service delivery plan for youth and families facing a myriad of complex issues. Using this model has increased staff ability to build stronger relationships with parents and other segments of the community, all of which help reduce risk of negative behaviors. Applying this model has been a strong force for PPPBTC West Palm Beach.

This site was also able to diversify its staff, which enhanced their ability to reach diverse populations more effectively. As noted previously changes in the make up of staff have had direct impact on program efficacy.

Additionally, establishing formative partnerships with faith-based institutions has increased support from local communities. Staff notes that program and agency credibility is enhanced by the involvement and support of local churches. Similarly, engaging respected community leaders is key to engaging parents and families.

Challenges

Despite several successful partnerships with various community agencies, PPPBTC West Palm Beach's affiliation with Planned Parenthood continues to result in resistance to program efforts by some community residents. This is due largely to misinformation and myths within the community about the nature of services offered by Planned Parenthood and the agency's stance on adolescent sexual risk-taking. Many residents still perceive the agency to promote sexual activity because Planned Parenthood dispenses condoms and other contraceptives. In some instances, PPPBTC West Palm Beach has been able to overcome these challenges, but positive results are seen mostly where PPPBTC West Palm Beach contributes to the development of the partnering agency (e.g., renovation and maintenance of community building), in addition to conducting/participating in program implementation. In such cases, both partners mutually benefit from the collaboration and attitudes regarding the Planned Parenthood change.

More targeted parenting activities are still in the preliminary planning stage, although interest in such activities by PPPBTC West Palm Beach's is high. Adequate and appropriate staffing, funding, community willingness and other key elements need to be secured to ensure successful program implementation and sustainability of program efforts.

Next Steps

PPPBTC West Palm Beach continues to be committed to promoting positive youth development and engaging parents and community adults in youths' transition to adulthood and benefiting from a 2001 grant to fund a part-time staff member

specifically to address parental engagement. PPPBTC West Palm Beach currently is considering two efforts for implementation; a parental engagement program modeled after the Adult Role Models (ARMs) program sponsored by Planned Parenthood New York City to recruit community adults from already established programs such as the after school programs and *La Promesa* and train them to become ARMs, and a model established in areas near Orlando, Florida to prevent drug use in neighborhoods. This project, The *Village House* Program, builds on the concept that there is one home in each neighborhood where most community members gather (with sometimes negative as well as positive results). Staff can build on this community characteristic to create a program where neighborhood residents volunteer their homes as safe havens and positive activity centers for neighborhood youth. Rather than building a center, the *Village House* program maximizes the resources in the community by "creating a center" around a familiar home. The program provides educational, social, recreational, and other positive activities for children, youth, and their families after school, on weekends, and during vacation. PPPBTC West Palm Beach wants to model this program in the Palm Beach area to address issues of teen pregnancy.

The new staff member would be responsible for overseeing the planning, implementation, and monitoring of both of these programs. These programs will inevitably increase parental and community engagement as PPPBTC West Palm Beach works to foster increased support and advocacy for "broad public access to quality reproductive health care".

Additional information is available at: http://plannedparenthood.org/pbtc/main.asp.

Case Study #3

Parents Talk
Reno, NV

Until five years ago, Planned Parenthood of Mar Monte (PPMM) was an independent affiliate, called Planned Parenthood of Northern Nevada. In 1996, it merged with the Mar Monte affiliate of the Planned Parenthood Federation of America (PPFA). PPMM is located in downtown Reno on the outskirts of the casino district. The clinic provides an array of medical services, as well as outreach and educational programs. The clinic does not provide abortion services.

Program Overview: History and Program Development

One of the goals of PPMM is to enable parents to feel comfortable communicating their values about sexuality to their adolescent children. PPMM operates under the premise that parents want teens to know about and understand concepts of healthy sexuality, but parents lack skills to educate their teens to become responsible decision makers.

PPMM implements several education and outreach programs, including:

- Teens Talk – targets at-risk middle school youth referred by school counselors. Parental consent is required. Parents are informed of the range of activities and discussions through a newsletter sent home with the youth;
- Teen Success – targets pregnant and parenting teens in two low-income, Latino communities;
- Male Investment – targets young males in the community. Outreach extends to juvenile halls, alcohol and drug treatment centers, youth on probation, job corps, and street outreach;
- Youth Alert – targets high school age youths;
- Baby Think It Over – uses an infant simulator to teach the responsibilities of parenthood;
- Parents' Talk – targets parents in the community with educational workshops about parent-teen communication

Community Characteristics

Site Location: Reno, NV

	Total	Youth[1]
Population[2]:		
Nevada State:	1,998,257	13.4%
Reno:	180,480	12.8%
Race/Ethnicity[2]:		
Reno		
Black:	2.6%	1,312
Latino:	19.2%	8,321
White:	77.5%	30,069
Native American	1.3%	1,452
Teen Pregnancy (15-19 year olds/1000):		
Nevada State[3]:	—	140.0
Washoe County[4]:	—	38.6

STD Percent by County and Age[5]

	Gonorrhea	Chlamydia	Syphilis
Washoe			
10-14	0.0%	2.0%	N/A
15-19	56.0%	46.0%	N/A

Free/Reduced Lunch:[6]
Nevada State: 33.01%

[1]Youth is defined as persons age 10-19, unless otherwise noted.
[2]Source: DP-1. *Profile of General Demographic Characteristics: 2000, Data Set: Census 2000 Summary File 100-Percent Data.* Geographic Area: Nevada , Reno City
[3]Latest Data Available. *Teen Pregnancy: Overall Trends & State-by State Information*, New York: Alan Guttmacher Institute, April 1999.
[4]Source: Nevada Department of Human Resources, State Health Division, Bureau of Health Planning and Statistics, Center for Health Data and Research; January, 2002.
[5]Source: *Washoe District Health Department Annual Communicable Disease Summary 2000.* Note: Washoe County includes the city of Reno and Sparks and the Lake Tahoe Region.
[6]Using Reduced Lunch as Indicator for Poverty Index. http://www.nde.state.nv.us/hlthsaf/frp2002_2001.html. 2000-2001 School Year. Note: Data reflects only schools that participate in the National School Lunch/Breakfast Program.

around sexuality and reproductive health.

Parents' Talk was the focus of site visit activities at PPMM, as it is the only program sponsored by PPMM that specifically targets parent/adults to raise issues of communication about sexuality and reproductive health.

Program activities began in the mid-1980s. The curriculum evolved out of some of the initial activities and workshops conducted with little documentation of early program activities. Thus, the extent of parental engagement during the early stages of this program is unknown.

PPMM's primary approach to parental engagement continues to be youth-centered, and targeted to youth clients, although engagement of parents/families is supported and encouraged. However, as staff began to recognize the importance of integrating parents/families into the services they provide for youth, they wanted to develop programs to target adults in the community.

About Parents' Talk

The curriculum's framework guides the development of current programs and activities for *Parents' Talk.* Facilitators modify the curriculum accordingly to address the needs of specific populations. Facilitators often network online with other Planned Parenthood affiliates and family planning colleagues to obtain suggestions on how best to customize activities for particular population segments.

Models and Theories

Although the *Parents' Talk* program has a curriculum to guide discussion topics, PPMM does not use a specific program model or theory, such as the Carrera Model or Promotores, to determine the nature of program activities. Rather, activities are patterned after other activities previously implemented by PPMM and other PPFA affiliates and colleagues, including the California Office of Family Planning.

Staff comments that despite recognition of the importance of parental engagement, and emphasis of direct parental engagement in some of its activities (see below description of collaboration with the Step II, Reservation site, and Head Start program), PPMM's primary approach to parental engagement remains youth-centered. Staff member's efforts to engage parents and community adults more effectively are not structured beyond the general activity plans used to determine the content of workshop topics.

Program Design

The *Parents' Talk* program and its associated activities address a range of topics, including contraceptives, anatomy and physiology, STDs, and healthy relationships. As noted, activities might differ from group to group depending on the facilitators' assessment of the group's comfort level or interest with a specific topic area. Regardless of the topics discussed, a basic activity plan for an adult/parent workshop includes:

- Gain a sense from parents of the extent of past and current parent-teen communication around issues of sexuality;
- Determine parents' sense of the importance of talking with teens about issues of sexuality;
- Present information on a range of topics related to sexuality and reproductive health, including contraception and anatomy and physiology;
- Provide parents with basic strategies to talk with their kids about sex (i.e., H*ow to be an ASKABLE Parent);*
- Discuss media influences on teens' [and adults'] perception of sexuality and how this shapes communication; and

- Answer any questions parents might have.[21]

Currently, PPMM conducts *Parents' Talk* workshops in three different settings – residential substance abuse treatment program, Native American reservation, and Head Start Program Office.

PPMM has established a partnership with a residential substance abuse program, the Step II Program, to provide a life skills workshop for women as part of their requirements for completing the residential program. Typically, they offer two to four workshops per month during the winter and spring, although workshop frequency can vary depending on the primary schedule for rehabilitation treatment activities. While PPMM staff provides a range of topics, they note that the session on anatomy and physiology is the most popular.

PPMM also provides workshops to the Native American community on a reservation for the Paiute and Washoe tribes. The workshops focus primarily on youth, although efforts to engage parents are underway. Currently, staff conducts adult workshops by request only. While three workshops were requested in the past year, only one was actually conducted due to scheduling conflicts with other tribal events.

PPMM also conducts workshops for parents of children in the Head Start program. These workshops, although somewhat infrequent (once or twice per year), focus on age-appropriate healthy sexuality messages for younger children.

In an effort to facilitate access to workshops and decrease barriers to program participation, facilitators travel to the target population to deliver services. Regular and consistent participation is greatest at the treatment facility. Participation at the Head Start and Reservation sites is significantly lower. Increasing participation at these two sites continues to be a challenge.

Population

PPMM serves a distinct population within each of its three *Parents' Talk* program sites. The Step II Program offers comprehensives services to women and their dependent children and addresses issues of domestic abuse. Participating women are predominantly white, in their mid-30s, and characterized as working class at the time of enrollment.

Programs offered at the reservation for Paiute and Washoe tribes are conducted for youth. Adult participants, when present, are primarily female.

The Head Start parent population is primarily African American. Most are two-parent families with an average age in the mid-20s. Most are low income, which is consistent with requirements for populations participating in Head Start.

Outreach and Recruitment

Overall, securing parent participation is difficult, despite delivering workshops at a convenient site and providing incentives such as transportation and food. At one time, staff considered using financial incentives, but could not reach a consensus on using this approach because of ethical concerns around using financial incentives with each of these populations.

As noted, most PPMM educational programs are community-based. Current outreach is facilitated by the collaborating agencies.

[21] Note, questions may be on or off topic, and may even be personal. The purpose is to increase parent comfort with facilitators and promote an aura of openness among the group.

Staff and Agency Capacity

A director, two full-time outreach staff, one part-time educator, and several interns from the local state university implement community education and outreach efforts at PPMM.

Educational and Professional Experience

All staff members have at least a bachelor's degree. Their areas of expertise include nutritional science, psychology, and journalism. Some have prior experience with youth. Most interns from the university are enrolled in a masters-level program and have educational interests including speech communication, biology, and family studies.

Staff training occurs through observation (shadowing) or experiential learning. Also, staff participates in regional trainings to enhance skills and knowledge around sexuality issues. Staff members who attend outside trainings also facilitate in-house presentations and trainings for other staff members that are unable to attend outside sessions. Additionally, outreach educators conduct all the trainings for interns and volunteers.

Cultural Capacity

Staff acknowledges lacking cultural capacity sufficient to address diverse youth and adult populations. In particular, PPMM has difficulty communicating and establishing a relationship with the Native American community. They explain that Native American youth are often reluctant to speak with PPMM because there is a sentiment of unfamiliarity—"*you don't look like* me." They also attribute some of the resistance to differences in culture such as lack of familiarity and skills for dealing with the issues within a cultural context. For instance, staff comments that issues of sexuality are considered taboo to discuss among Native Americans. In addition to Native American populations there is a recent increase of Latinos in the area, particularly Mexicans and Central Americans. Limited cultural and language capacity creates challenges to reach these populations as well.

Additionally, because the focus of PPMM is on youth, the majority of the PPMM staff is young. Staff believes that their age and their limited life experiences minimizes their ability to connect with some of the parents. In certain cultures it may be inappropriate for young staff to make overtures to parents on matters of sexuality pertaining to their children. There is agreement among staff about the importance of being able to relate to a circumstance to increase comfort and trust among staff as educators.

Technical Capacity

Staff considers their technical assistance needs are being met to a large degree. They are encouraged and supported to attend as many professional training sessions as possible. PPFA and the California Office of Family Planning, which has an arrangement with PPMM to provide training to PPMM staff whenever needed, provide most of the opportunities for staff training.

One staff member noted a particular need for technical assistance to address issues of sexuality and effective strategies for parents with developmentally disabled children. A recent SIECUS[22] publication has increased staff attention to and interest in this issue. While there is more information available on how to work with physically disabled children and youth, appropriate materials and messages on how to work with parents of developmentally disabled children and youth are limited.

Also, PPMM has expressed an interest in addressing the issue of drug abuse and its impact on reproductive health. Technical assistance that addresses

[22] SIECUS is the Sexuality Information and Education Council of the United States.

the specific needs of the women in the Step II program has been limited and would be a welcomed addition to the PPMM staff.

Collaborations & Partnerships

PPMM collaborates with many entities to enhance their resources and facilitate development of programs and activities for youth and adults. As noted, collaborations with the Step II program, the Head Start program, and the Native American community make it possible to conduct outreach to diverse populations. These partnerships are necessary for several reasons. First, it minimizes barriers to ensure outreach and recruitment of diverse populations, particularly when in-house cultural capacity is limited. Second, it augments resources for both parties. Third, it creates a more comprehensive approach for dealing with populations faced with multiple circumstances.

Funding

PPMM receives a state family-planning grant (e.g., Title X, Family Planning) for clinical services. However, this funding is restricted to the clinical services for teens. Title X Family Planning Education Project funds the Parents Talk program. This grant for $16,447 (for FY 03) is intended to fund staff to reach 450 individuals through workshops and 1300 individuals through other outreach methods. These funds have been awarded on a non-competitive basis for the last five years, with the primary recipient being the Washoe County Health Department. It is uncertain if funding will remain non-competitive in the future.

Evaluation & Tracking

Although PPMM does not have a strong emphasis on evaluation of its program components, staff is required to submit quarterly reports to Title X funding source with information on the number of individuals served. In addition, a post-test is used after a *Parents' Talk* workshop to assess parents' knowledge and to provide feedback to staff. These evaluation forms are generally used to acknowledge well-received staff members who effectively communicate with participants.

Lessons Learned: Success and Challenges

Although PPMM's focus is primarily youth-centered, staff recognizes the need to address youth as part of a larger unit, the family. The *Parents' Talk* initiative demonstrates the importance of integrating parents and helping parents understand adolescent issues of sexuality and reproductive health.

Successes

PPMM's ability to tap into a captive audience through collaboration with other agencies is an effective way to maximize resources. The use of a captive audience increases the potential for active participation in a workshop. For example, *Parents' Talk* workshops fulfill requirements at the residential treatment center. Therefore, parents who would not otherwise come to the workshops have added incentive to participate (e.g., "graduate" from residential program). PPMM seems to be particularly successful in establishing this collaborative relationship with the Step II Program.

Challenges

PPMM faces multiple challenges to engage parents and adults around issues of sexuality and reproductive health. As noted, getting parents/adults to participate in workshops is extremely difficult (with the exception of the Step II program). Securing parent/adult participation is challenging for several reasons. First, parents have many daily demands and time constraints. Even when programs recognize the many priorities parents have to juggle, consistent participation from parents is simply difficult. Program participation is seen by parents as

competing with other priorities (e.g., maintaining employment, looking after children or other family members), even though they may be deeply interested in learning how to communicate better with their adolescent children.

Staff composition and capacity to understand and address cultural issues hinders PPMM from reaching a more diverse group of parents. The racial/ethnic, age, and parental status of most PPMM staff does not help build relationships with community adults. Introducing difficult topics such as sexuality and reproductive health is particularly challenging, when trust, understanding and respect between staff and community residents is limited.

Other challenging factors include lack of community organizational support. Despite the benefits of collaboration and partnerships, organizational priorities often take precedence. For example, staff at the potential collaborating agency may already be overwhelmed dealing with urgent and immediate issues at their own sites (e.g., a domestic violence shelter). In comparison, maintaining an interagency partnership to promote mother-daughter communication may seem trivial. Although this is an extreme example, it demonstrates how organizational priorities of any kind can prevent partnerships and collaborations from establishing and growing. It is important to identify a common goal between organizations to encourage mutually beneficial partnerships.

The local political context presents some barriers to program implementation for PPMM staff. For instance, the two largest church assemblies in the area are generally unsupportive of Planned Parenthood and are strong opponents of reproductive choice. A strong community presence by these prominent institutions dilutes the positive efforts PPMM is attempting to make. In contrast, staff notes there are other religious institutions that currently distribute condoms and are conducting workshops for parents on parent-teen communication. The presence of both more conservative and more liberal religious institutions suggests there is room for a compromise to be reached that will benefit the community at large.

In addition, the largest hospital in the area is a Catholic hospital. A large segment of the community receives care at this hospital because it provides an affordable health care plan. However, the Catholic hospital does not distribute contraceptives. Thus, individuals do not have access to comprehensive and full service reproductive health care.

Next Steps

PPMM recognizes the importance of addressing the challenges listed above to move forward with an agenda that encourages and actively promotes the engagement of parents and other adults in a dialogue about issues of sexuality.

Staff members believe it is key to identify the priorities of the community, including information about the factors that create barriers to participation and the type of incentives that might increase program participation. In doing so, PPMM can address these priorities more directly and more efficiently. For instance, PPMM might learn that offering food stipends as incentives or financial stipends for their time and participation might help to increase program participation. Also, discussions with community residents might indicate to PPMM the importance of connecting issues of sexuality with other life outcomes such as school drop out rates or diminished employment. Connecting the topic of sexuality with other issues that resonate with community residents could make workshops more relevant and interesting to parents.

Second, staff members need to identify ways to enhance the partnerships PPMM has already established and to create

new partnerships with other organizations. Creating strong partnerships with diverse organizations can be very cost-effective. Shared resources can help alleviate budget constraints and help to build community-wide approaches to dealing with community problems.

Third, establishing stronger affiliations with specific segments of the faith community should be a priority. Many populations, particularly among African American and Latino communities, are integrally connected to their faith and religious institutions. Collaborating with the faith community is key to providing the community with comprehensive sexual health information. Better ties with the faith community would also help minimize some of the negative perceptions in the community maintained by more conservative religious groups.

Additional information available at their website: http://www.ppmarmonte.org/teen/parents.asp

Case Study #4

Parental Engagement
Claremont, Wolfeboro, Laconia and Nashua, NH

Parental engagement activities across the state of New Hampshire are included in the fourth case study. Parental engagement activities cut across several different family planning agencies representing a mix of publicly and privately funded provider agencies. Given the number of parental engagement activities across this rural state, CARTA visited four family planning sites – Claremont, Wolfeboro, Laconia and Nashua. Staff from several other locations throughout the state came to one of these four locations to share information about their parental engagement activities. Providers from the following organizations were interviewed:

- Planned Parenthood of Northern New England (PPNNE) Claremont Office (Outreach Educator)
- PPNNE West Lebanon Office (Outreach/Community Educator)
- White Mountain Community Health Center (Community Health Educator/Coordinator of Teen Clinic) [Satellite to the Wolfeboro Site]
- Josiah Bartlett Elementary School (Family Support Liaison)
- RESPECT[23] Teen Clinic at Family Planning Laconia (Community Health/Teen Clinic Coordinator)
- Nashua Area Health Center (Clinic Coordinator & Temporary Assistance for Needy Families (TANF) Outreach Worker)
- PPNNE Derry Office (Educator)
- State of NH DHHS Office of Community and Public Health (Family Planning Special Projects Coordinator)

[23] RESPECT stands for "Resources to Educate, Support, and Protect Every Community Teen".

Community Characteristics

Site Locations: Claremont, Lebanon, Wolfeboro, Bartlett, Laconia, Nashua

	Total	Youth[1]
Population[2]:		
New Hampshire:	1,235,786	14.5%
Claremont:	13,151	13.6%
Lebanon:	12,568	12.3%
Wolfeboro:	2,979	12.9%
Bartlett:	2,705	12.4%
Laconia:	17,200	N/A
Nashua:	86,605	13.2%
Race/Ethnicity[3]:		
New Hampshire		
Black:	8,502	1,521
Latino:	35,561	6,130
White:	1,143,788	164,086

Teen Pregnancy [4] **(15-19 year olds/1000)**:
New Hampshire State —— 57.0

Birth Data by County (Mothers Age < 20)[5]

Sullivan:	——	11.7%
Grafton:	——	9.3%
Carroll:	——	8.5%
Belknap:	——	9.9%
Hillsborough:	——	7.2%

NH STD Rates by Age[6](10-19 years old/100,000)

	Chlamydia	Gonorrhea	Syphilis
10-14:	18.2	1.1	0.0
15-19:	539.2	22.5	0.0

Free/Reduced Lunch[7]:
New Hampshire State: 16.9%

[1] Youth is defined as persons age 10-19, unless otherwise noted.
[2] Source: *DP-1. Profile of General Demographic Characteristics: 2000, Data Set: Census 2000 Summary File 100-Percent Data.* Geographic Area: New Hampshire, Claremont, W. Lebanon, Wolfeboro, White Mountain, Bartlett, Laconia, Nashua, Derry.
[3] *Populations by Age, Sex, and Race for New Hampshire and Counties.* Compiled by NH Office of State Planning. Source: U.S. Bureau of the Census.
[4] Latest Data Available. *Teen Pregnancy: Overall Trends & State-by State Information*, New York: Alan Guttmacher Institute, April 1999.
[5] Source: New Hampshire Vital Statistics Report, 1998. Note: New Hampshire does not gather abortion data .
Note: Sullivan County = Claremont; Grafton County = W. Lebanon; Caroll County = Wolfeboro, WhiteMountain,Bartlett; Belknap County = Laconia; and Hillsborough County = Nashua, Derry. Other cities and towns are located within these counties.
[6] Source: New Hampshire Department of Health and Human Services. Office of Community and Public Health. Division of Epidemiology and Vital Statistics. Bureau of Communicable Disease Surveillance – *Reported Cases of STDs in New Hampshire, 2000.*
[7] New Hampshire State Department of Health.

Support for parental engagement activities varies by community. At the state level, the NH Department of Health and Human Services (NHDHHS) advocates for parental engagement, as long as it does not compromise access to services for teens. The NHDHHS strives to "join communities and families in providing opportunities for citizens to achieve health and independence."[24]

Until FY2000, all agencies receiving Title X monies through the state were mandated to spend 10 percent of their budget on community outreach (including to parents). While this funding allocation is no longer in place, Title X grantees still are required to encourage parental engagement. As a result, all minors seeking reproductive health services from a Title X recipient agency receive counseling which encourages them to involve their parent(s) to the extent they are comfortable doing so. Any such counseling is noted in a teen's medical chart.

Program Overview: History and Program Development

The majority of sites visited in New Hampshire were affiliates of PPNNE. PPNNE's mission is to "provide, promote, and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health." PPNNE provides reproductive health care services to over 54,000 women, men and teens each year at 27 different health centers throughout Maine, New Hampshire and Vermont.[25]

The length of time involved in implementing parental engagement activities differs across sites, as does the history surrounding the development of parental engagement activities. In Claremont, for example, focused parental engagement activities began approximately five years ago. At this site, community educators gained an entry into the community by networking with parent groups at schools and through agencies. They present parent programs on parent-teen communication around teen sexuality.

In the West-Lebanon site, parental engagement activities have been reinstated in the past year, after an eight-year lapse in program activities. They initiated activities at this site in schools at Parents' Nights to help parents become "askable parents" and learn how to utilize "teachable moments".[26]

Josiah Bartlett Elementary School

Development of parental engagement activities in other areas of the state were much more formal. Roughly, five years ago, the town of Bartlett convened a strategic planning meeting facilitated by paid professionals. They brought together constituents from several sectors e.g., school, parents, businesses, law enforcement, etc.) to create a vision for their community. The goal that emerged from this process was to establish a more formal partnership between the school and community residents. The idea was to "bring the school into the community and community into the school". In 2000, the town voted overwhelmingly to create a new position, a family support liaison, based out of the public elementary school (Josiah Bartlett Elementary). In Bartlett, town residents vote regularly on the allocation of county monies. The desire of the community to fulfill the goal established in the "visioning" process was so overwhelming that community residents voted to fund the position for one year.

[24] Retrieved on October 11, 2001, from www.dhhs.state.nh.us/index.nsf/vHTML/SplashPage?OpenDocument.

[25] Retrieved on October 11, 2001, from www.plannedparenthood.org/ppnne/main.asp

[26] "Teachable moments" are characterized by the use of everyday experiences and occurrences (e.g. watching a sitcom together) to teach kids about life skills (e.g. decision-making) and issues related to sexuality.

Nashua Area Health Center

The Nashua Area Health Center, part of Lamprey Health Care, provides family-oriented primary care regardless of patients' ability to pay.[27] As part of their Family & Children's Programs, the agency holds a teen clinic, which was one of the programs participating in site visits. This separate waiting area developed unintentionally in response to parents of teen clients who attended the clinic with their adolescent children. When parents came in with youths during clinic, staff felt the need to provide a separate waiting area for these parents to avoid infringing on the confidentiality of other youths that were awaiting service. Although the separate waiting area was not an intentional strategy, it has facilitated parental engagement for youths who want to engage parents in their reproductive health and sexual development and decision-making.

Derry Planned Parenthood

About six years ago, the Educator at the Derry Planned Parenthood took the initiative to engage parents in activities around adolescent sexuality. Despite the conservatism in the state, they encountered little resistance to these activities primarily because the educator was not affiliated with a school. The goal of the parent activities was to help parents become more comfortable with the subject of sexuality to increase youth's sexual health and increase the number of positive messages youth received about sexuality.

Programs and Activities

Programs and parental activities are also diverse, with some sites reporting a more extensive program and set of activities than others. Highlights of program activities across sites are as follows:

Josiah Bartlett Elementary School

The family support liaison has an office in the Josiah Bartlett elementary school. The liaison fills a variety of functions, including counselor to students and parents, workshop facilitator, health educator, and school nurse. The family support liaison also makes resource referrals to students and parents as needed. The liaison has hosted several workshops, including "Raising Sexually Healthy Adolescents", a parenting adolescents series sponsored by the state health department and fielded by school nurses. While others supported the liaison with the fielding activities to various sites, it is reported the liaison in Bartlett had the largest turnout from parents, and was the only group to attract fathers. Because of the popularity, level of participation, and community support for this position, the three-week workshop turned into a five-week workshop with each session lasting three and a half hours instead of the scheduled two hours. Parents were enthusiastic for information and thrilled to be in an environment where they could "feel comfortable to ask questions." Activities for the workshop varied, but included lectures, discussions, small group work, values clarification exercises, and tips for parents such as "Ten Ways to Help Your Children Grow Up Sexually Healthy" (See Box 1). The great turnout is attributed to the liaison's name recognition within the community, having been a school nurse for 10 years in addition to other community roles, and the level of community support for her created position.

In her role as a counselor to students and their families, the liaison worked with 54 families during the 2000-2001 school year. About one third of the issues dealt with in family "therapy" were related to sexuality related issues (e.g., sexual abuse, teen pregnancy).

[27] Retrieved from on October 11, 2001, from www.snhmc.org/About_Us/Community_Services/Comm_Ser_NeighborHealth.htm.

Box 1: Ten Ways to Help Your Children Grow Up Sexually Healthy

1. Remember that learning about sexuality starts at birth.
2. Understand that the process of developing one's sexual identity begins by the age of five.
3. Use the correct words for body parts and functions to help children respect and take care of their bodies.
4. Use positive touch to give your children feelings of closeness, comfort, security, and safety.
5. Share your values with your children and why they are important to you.
6. Talk to your children about the behaviors you expect and their responsibilities.
7. Teach them to think about what they say and do, how it makes others feel in both positive and negative ways.
8. Teach your children to use assertive communication to express feelings, resist pressure and protect themselves.
9. Talk to your children about sexual abuse and how to protect themselves.
10. Give girls and boys the same respect and opportunities.

Source: New Hampshire State Department of Education

In addition to the activities described above, the liaison also writes a column in the school newsletter, which is sent to parents weekly. She focuses on topics of parenting, sexuality, and other issues related to raising children in a healthy manner.

Derry

The Derry educator interacts with parents regarding issues of sexuality primarily in three ways. The first is through the schools at a parent/student information night. One or both parents accompany a seventh grade student to a workshop held either in the beginning or end of the school year. The focus of the workshop is talking about adolescent sexuality and encouraging open communications between parents and their child(ren). Each year, the educator reaches approximately 150-200 parents through this approach (parents and students attend separate yet simultaneous workshops). The educator does a variety of activities with parents in the workshops, including exploring what sexuality really means [See Box 2] and facilitating values clarification exercises such as "Where Do You Stand?" [See Box 3].

The second venue facilitates interactions with populations in low-income, mostly rural, housing units. The educator hosts discussions at the housing units on a weekly basis. Topics of discussion are varied but often focus on issues surrounding parenting and sexuality. The educator facilitates approximately 10 discussions per week, with an average attendance of 10 parents.

Box 2:

Sexuality is....

- ***Emotional:*** feeling loved, warm, affection, attraction, discovery;
- ***Physical:*** Touching, holding, closeness, genital exploration, physical intimacy;
- ***Intellectual:*** understanding, verbalizing who someone's attracted to;
- ***Spiritual:*** why someone's connected with another, mutual connection, sense of self, giving, commitment; and
- ***Personal:*** unique, belongs to self, expression of self, fun, playful, serious, passionate.

Compiled by Cationa McHardy & Anne Johnson, PPNNE, 2001

The third approach involves outreach to parents at Women, Infant and Children (WIC) program clinics. The educator visits a clinic once or twice a week, speaking to an average of six to eight mothers. While these are mothers of younger children, she talks with them about healthy sexuality messages and other relevant issues, to lay the groundwork for open communication when their children become teenagers. The educator also provides basic health education and outreach in the WIC clinics.

The Derry educator is planning several other activities, including a mother-

daughter retreat, which focuses on issues of sexuality and a home visiting program for pregnant women where a variety of topics, including sexuality, will be discussed. The educator anticipates doing six to eight home visits per year, in addition to periodic training of other PPNNE home visitors.

Box 3: Where do you stand?

1. It is unwise for teens to have sexual intercourse.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

2. Teens should be encouraged to use birth control and condoms.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

3. It's the male's responsibility to get birth control.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

4. Sexual intercourse is necessary in all intimate relationships.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

5. Young men and young women should be equal partners in deciding about sexual activity.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

6. Condoms should be readily available to teenagers.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

7. Masturbation at any age is harmful and should be avoided.

Strongly Agree 1 2 3 4 5 6 Strongly disagree

Compiled by Cationa McHardy & Anne Johnson, PPNNE, 2001

West Lebanon

PNNE West Lebanon also supports parental engagement workshops. The West Lebanon outreach educator's focus is on conducting outreach efforts for the teen walk-in clinic. These efforts also include "empower[ing] parents to realize they're [the] primary educators." One program has been conducted to engage parents at a junior high school. The program was geared to help parents talk with teens about sexuality. In doing so, educators helped parents understand the range of experiences and developmental levels experienced by youth. The workshop focuses on the importance of parents becoming "askable parents" and to utilize "teachable moments" to positively engage in a dialogue with their children.

PPNNE West Lebanon recognizes the value of conducting a needs assessment to accurately determine what parents want to learn. Thus far, parents have expressed an interest in understanding statistics on youth behavior for their particular geographic area.

PPNNE West Lebanon also distributes a bi-annual newsletter called *GULP* designed to help parents talk with their children about sexuality. Different PPNNE West Lebanon staffs contribute to the newsletter, which addresses children's sexuality at different developmental stages, providing age appropriate messages. Additionally, the newsletter tries to cover issues such as sexuality issues of children with developmental disabilities.

PPNNE West Lebanon supports the notion of parents as primary educators. Educators note, however, there has not been a specific training on delivering this particular message.[28] Educators do not follow a specific curriculum when delivering workshops. Rather educators use a client-focused design to prepare and present workshops. The goal is to facilitate a conversation, rather than impart information, because educators believe interactive learning leads to empowerment of parents. At present, other outreach efforts include presentations at schools, including providing a description of PP services at health classes, and going to worksite locations to do parent presentations.

[28] PPNNE offers professional trainers to assist in general delivery/education of sexuality-related information.

Nashua

Parental engagement is not a primary focus of the Nashua Area Health Center. For their teen clinic, however, there is a separate waiting room for parents that ensures confidentiality for teen clients, in case parents or other relatives come to the clinic. Parental engagement is not promoted via the existence of a separate waiting room; it is there as a precautionary method. During intake, youth are asked the current extent of parental engagement and the desired level of parental engagement. No formal mechanisms are set up, however, to actively engage parents for those youth who choose to do so.

RESPECT Teen Clinic/ Laconia Family Planning

Currently, there are no specific parental engagement programs at Laconia Family Planning. The degree of parental engagement activities depends on the efforts of the clinic coordinator employed at the clinic at the time. Several efforts to encourage parental engagement have recently begun, however. A new community educator position will focus more on engaging parents. Teens who come to teen clinic are now being encouraged to have conversations with their parents regarding issues of sexuality. Youth relationships with parents are assessed through a social history screening, as well as whether or not parent information is present on the insurance forms. Only youth who indicate a comfort in communicating with parents are actively encouraged to have a dialogue with their parents. Of the estimated 30 teens seen per site in clinic each month, approximately 25 percent have parental participation, as evidenced by parents accompanying youths for care or having clear support from parents for receiving services.

Other activities for engaging parents are underway or in development. The teen clinic coordinator recently held a leadership conference for young girls and their mothers addressing issues of puberty and development. Efforts to secure permission from the schools to conduct similar workshops are underway. The coordinator hopes these efforts will increase parental awareness of and involvement in the education of youth regarding sexuality

Additional activities include disseminating literature, training of other health professionals in issues of sexuality, and working to increase staff buy-in for parental engagement. This should enhance staff ability to respond appropriately and supportively when parents call the clinic. Additionally, the clinic has a lending library that is available to patients and the community. Efforts to engage males/fathers include attending a conference on engaging young men and dads at Morehouse College in Atlanta, as well as learning from the "Wise Guys Program", a program based in the Midwest underway.

White Mountain Health Center/Wolfeboro

Parental engagement efforts at this site include conducting workshops at a variety of schools. Currently they hold workshops in all high schools with a smaller proportion at junior high schools and elementary schools.

During the clinic intake process, staff ask teens about their desire for parental engagement. Youth that express an interest in involving their parents are encouraged to invite them to the clinic or have a health provider speak to the parents about ways to support the youth. Additional strategies to promote parental engagement include offering weekly tips printed in the *Daily Sun* newspaper[29], an after school program called Project Succeed[30], and collaborating

[29] Tips that are published are taken from literature provided by the National Campaign to Prevent Teen Pregnancy.
[30] This is an after school enrichment program with an ongoing parent series.

with University of New Hampshire (UNH) Cooperative Extension.

Population

Claremont

The Claremont community is a low-income residential area. The racial/ethnic composition of Claremont is primarily white, although there has been an increase in the proportion of Latino residents in recent years.

West Lebanon

The West Lebanon community has a pocket of middle and upper middle class educated residents, as well as a pocket of working class, disadvantaged persons with little to no access to services. The ethnic/racial makeup of the population is mostly white.

White Mountain/Wolfeboro

The Mount Washington Valley area spans a large rural area, including the towns of Wolfeboro, Bartlett and Tamworth. The income of the valley is primarily based on tourism. The population is almost entirely white. Wolfeboro is a rural community. It is the oldest summer resort in the country.[31] With the exception of wealthy vacationers in Wolfeboro, residents of the area have struggled with poverty for multiple generations. Most families are two-parent, low-income and employed seasonally by the tourist industry. As a result, most have few or no health benefits (70-80 percent are uninsured or underinsured in the Mt. Washington Valley).

In the last few years, the population of Bartlett has increased, mostly due to improvements in the school. The school recently won federal and state awards for improvement in academic and social outcomes of its students.

Laconia

The Laconia Family Planning Clinic serves three areas: Laconia, Franklin and Plymouth. Demographics are distinct for each area. Franklin is primarily comprised of working class (e.g., factory workers) communities with low literacy rates. Plymouth is comprised of professional parents, while Laconia has a mix of professional and working class parents. The average age of the teens that frequent the clinic is 16-17 years. Most teen clients are white. Engaged parents are between 40 and 50 years of age. Many of them became parents when they were teens.

Nashua

Nashua has a distinct changing population with a large influx of refugees. Also, this population has a mixed socio-economic make up.

Derry

This site serves Rockingham County (including the towns of Derry, Raymond, Exeter, Portsmouth, Manchester and Bedford). The population is comprised of white, low to middle income families. This site notes participation and interest from male residents around issues of sexuality and teen behavior.

Staff and Agency Capacity

Educational and Professional Experience

All key staff interviewed across all sites had a Bachelor's degree in a health/education-related field. Additionally, three people had master degrees in public health, counseling and female sexuality and spirituality. Almost everyone interviewed had previous outreach and education experience affiliated with a family planning

[31] As a result of the tourist industry in this area, staffs indicate parents often work nights and weekends, which is primetime for interaction with children and youth.

agency. Some educators have been in the field for a few years, while others have been working more than 10 years for the same agency.

The family support liaison had been a prenatal social worker and HIV testing counselor for 11 years prior to assuming her current position at the school. Since Bartlett is a small community, she has incredible visibility among community members, fostering a level of trust and comfort.

Technical Capacity

PPNNE provides extensive training and materials to all their staff and other health professionals in Northern New England. While PPNNE staff in Claremont and West Lebanon do not have to pay to attend meetings and trainings, travel expenses are high since most events are held in Concord, which is about two hours away.

Staff remarked that they use educational materials and resources primarily from PPNNE, but also from other national organizations, such as SIECUS, the Alan Guttmacher Institute and ETR Associates. Also, the professional education and training staff at PPNNE is important and provides tremendous support to affiliate staff members and others in the field. In fact, staff from non-PPNNE clinics routinely takes advantage of PPNNE trainings.

At the RESPECT Teen Clinic in Laconia, staff would like technical assistance on how to get the message out to the community regarding the importance of parental engagement in general, but particularly in relation to issues of adolescent sexuality.

Collaboration and Partnerships

The extent of collaborative efforts varies from site to site. For instance, in Claremont there are no formal partnerships with other agencies, although staffs at PPNNE Claremont were knowledgeable of community resources available for referrals.

In contrast, in Bartlett there is tremendous collaboration among the town government, the school system and the health clinic. These relationships have been fostered over many years and thus facilitate program development and implementation. Also the Bartlett and Derry sites have formed other partnerships that include collaborative efforts between PPNNE and Ugandan doctors[32] and PPNNE and local clergy.

Similarly, Laconia Family Planning has significant community support from several agencies, including:

- Upstream – group of business and human service professionals
- Whole Village Family Resource Center – 12 human service agencies
- United Church of Christ – facilitates ways to reach parents & teens at church on issues of sexuality (the church promotes a sexuality curriculum for church schools).

Partnerships with these agencies extend resources and provide network opportunities to strengthen service delivery.

Unlike, Laconia, Nashua has had a challenging experience establishing partnerships and collaborations. Staff describes efforts as difficult primarily because the nature of the community is very protective and adults tend to hide their issues and problems. Staff is making an effort to overcome this barrier; they attend community meetings to try to engage the

[32] The PPNNE 's partnership with the Association of Ugandan Women Medical Doctors developed out of the notion that Ugandan communities faced similar issues with their youth as PPNNE staff. The initiative helped Ugandan doctors form relationships with parents to begin community programs around drugs, alcohol, unprotected sex, and other youth issues.

community by participating *within* the community.

Funding

All of the New Hampshire sites receive Title X and Temporary Assistance for Needy Families (TANF) dollars. Specifically, funding for PPNNE's education and outreach activities comes from the Maternal and Child Health Bureau from dedicated funds for low-income women and teens to decrease unintended pregnancies and increase spacing of births. The funding is stable at least until 2005.

In Bartlett, the funding mechanism is very innovative, since the person who performs the parental engagement activities is a school employee, with dedicated funding from the county budget. Each year, funding for the position has to be voted on, but given the level of community support for this position, staff do not foresee problems maintaining funding for this position into the near future.

White Mountain Health Center activities are also funded by TANF dollars funneled through the state health department. This funding is primarily for the prevention of secondary pregnancies among teens, although staff does general outreach and prevention for all teens, not just teens at-risk of a second pregnancy.

Family planning in Laconia receives grant funds from both the state and federal governments. At present, they are in the process of applying for more grant funding from diverse sources.

Nashua receives family planning, teen clinic, and TANF monies to implement clinic and outreach services.

Evaluation and Tracking

PPNNE takes care to monitor all their activities, including parental engagement. Staff is responsible for submitting monthly reports that include: date and location of events, number of people reached, type of presentation or discussion, and any other pertinent information. In addition, staff provides workshop participants with an evaluation sheet to complete after the workshop. These provide educators with feedback on their communication style and suggestions for workshop topics. The evaluation also asks what was useful about the workshop and what was not useful. These forms are sent to PPNNE's central education department for analysis. Feedback is provided to the educator upon completion of analysis.

The family support liaison in Bartlett keeps track of the number (and names) of parents she talks with both formally and informally. At family planning in Laconia, staff tracks client numbers and administer evaluation forms for teens to assess their experience in the clinic. Using these two sources of information, the director of the teen clinic provides monthly reports to the clinic director.

Bartlett does not formally assess program impact on either teen or parent behaviors are not formally conducted. Any assessment of behavior change among program participants is determined through anecdotal information.

Lessons Learned: Success and Challenges

Successes

PPNNE's approach is based on experience that has shown efforts can be more effective if staff bring program activities to the parents, rather than waiting for parents to attend sponsored events. This is particularly true in the rural communities across the state where travel to and from sponsored events could pose tremendous barriers to program participation.

One strategy that has proven to be effective is to organize parental events at places that parents frequent. Such places include:

- Parent night at school;
- Places of work (this is especially effective if there are only a few employers in the area); and
- Public housing communities that have a common space.

In Claremont and West Lebanon, Planned Parenthood staff is trying an outreach model that does not require parents to travel to presentations or other events. Staff is going to a public housing community in a very impoverished, rural area, and using its common space to do parent presentations and workshops. The common space is used by other service-oriented agencies, as well, to connect adults and children with services they may need, but not be able to access.

Bartlett's biggest success comes from the effective integration of school–community–health clinic. Unlike other sites, the family support liaison has been able to secure sizeable levels of parent participation at her workshops. Staff attributes the participation level to her wide acceptance as a trusted community member–not just as a health educator. Because of the unique characteristics of this position and this individual, it may be extremely difficult to replicate this model in other communities.

In Derry, one of the biggest program successes has been their ability to identify ways to offer parental activities that do not rely on school board support, given the conservative stance of the school board. Although some of the activities take place within a school context, getting consent directly from parents seems to bypass the difficulties other outreach educators have with the school boards.

The political climate in Claremont and surrounding areas is very conservative which is a barrier. However, as demonstrated in Bartlett, parents of all political and social backgrounds want information to help them deal with issues of adolescent sexuality. The key is to "frame" it in a way that makes parents feel comfortable.

Additionally, staff in Laconia has worked diligently to foster a positive relationship between local churches and the clinic. Some church communities are adopting a shared sexuality curriculum in parochial schools. One congregation openly supports gay and lesbian community members, contributing to a general sense of acceptance of others' ideas and lifestyles.

Challenges

The biggest challenge for all the sites is developing strategies to address the rural isolation of New Hampshire residents. Outreach strategies to attract parents to events that may work well in urban areas will not necessarily work in rural communities. For example, one method used to advertise events is to put up flyers in common areas. As there are no central locations where most community residents frequent, staff cannot rely on flyers as a mechanism for program advertising. Outreach and advertising efforts in rural communities have to rely heavily on print media, radio shows and announcements, (which can cost agencies money), as well as Public Service Announcements (PSAs) to get the word out. Other common strategies offering free food, day care, and transportation reimbursement, have not been enough to attract the level of parental participation staff would expect. While free food and day care are always appreciated, without public transportation, the time needed to travel to other locations, offset these incentives to garner parental participation.

In addition, PPNNE staff continuously deals with the community perception of Planned Parenthood as an abortion provider. This creates many barriers, especially in the predominantly conservative communities of New Hampshire. Staff find that before they can offer educational presentations or workshops, they have to do a lot of legwork to educate folks on the myriad of services and resources PPNNE has to offer.

Staff from the White Mountain Community Health Center describes challenges with rural communities that include public transportation, the difficulty in gaining parent/family trust, and lack of appropriate program models for rural areas. Teen access to services is difficult because there is no reliable public transportation. Additionally, teens most in need of services are either too young to drive[33] or have parents who work evenings and are unable to take them. Also, in rural New Hampshire there is a cultural expectation that people *do not* ask for help with family issues; to ensure problems and "solutions" stay within the family.

In Laconia, staff encounters varying degrees of difficulty in sponsoring parental engagement activities. These challenges are related to differences in community buy-in, funding priorities for the clinic, and population demographics. Additionally, staff has had difficulty with conservative school boards in terms of hosting school-related sexuality education sessions. There are also financial constraints of the program that must be addressed.[34] In addition, staff are cognizant of striking the delicate balance between encouraging parents' involvement and maintaining the confidentiality of teens seeking services.

[33] Note: Educators comment for some teens the first time they receive care is around 16 or 17 when they get a license and are able to drive themselves to the clinic.

[34] Laconia has a year-to-year contract with the state, as well as receives federal funding.

Next Steps

PPNNE staff had a range of ideas taking their parental engagement activities to the next level. In Derry, staff is trying to reach and work with parents while their children are young, rather than waiting to work with parents once their children become teenagers. In addition, they are making efforts to involve fathers as well.

In Claremont and West Lebanon, next steps include programs that help to normalize sexuality and assist parents in positively responding to youths' questions and concerns, as well as to images presented in the media. Staff believes there are too many negative messages about sexuality, and it is important to foster a sense of healthy sexuality for children and everyone. Future initiatives in West Lebanon include a parent program delivered in the target population's community setting. This initiative aims to help with the transportation issue currently experienced due to rural isolation.[35]

Since the creation of the family support liaison position has been extremely beneficial to residents of Bartlett, the main suggestion was to create a similar position in every school district. Staff members believe this is practical and it makes sense. By using the empowerment model that Bartlett used with its community planning and priority-setting process, staff "can take direction from community members by asking residents what they really need." Staff suggests other communities go through a similar process.

Another suggestion has been to explore the development of teen centers for social recreation in rural areas such as Bartlett, White Mountain, and Wolfeboro, since there is no place for teens to go and hang out in rural communities.

[35] This initiative will be included in a grant objective for 2002-2003 as part of the Teen-Clinic Grant from MCHB.

In Laconia, family planning staff intends to organize efforts to increase exposure to parent-teen communication regarding issues of sexuality. Staff believes this is an effective mechanism to open up dialogue between parents and their children. Staff feels it is necessary that teens become empowered to make healthy decisions and choices, such as including parents and families in their reproductive health. Staff comments that such efforts will support healthy teens and positively engage parents to build and strengthen parent-child relationships.

Nashua feels effective implementation of comprehensive sexuality programs can best be mediated through school partnerships. School initiatives that include a health curriculum, as well as promote capacity building (e.g., staff training) increase the likelihood of building a positive value system around issues of sexuality.

Next Steps for New Hampshire

A state family planning representative notes that results from an opinion phone survey that polled individuals in New Hampshire demonstrate overwhelming support of comprehensive sexuality education, but local control of school policy does not allow for a statewide implementation of a comprehensive sexuality education curriculum. In order to circumvent this barrier, it is necessary to take evidence to school boards and show them what people really want. It is useful to use Bartlett as a successful model that benefits all residents –parents, children, school, and community at large.

Comprehensive sexuality education also requires a dual funding structure. Currently funding is determined based on criteria that favor urban settings (agency capacity, community collaboration, past experience and number of people served). Since rural agencies are often disproportionately small, they do not have the capacity to serve large numbers of people and therefore receive less funding to implement effective programs strategically. Additionally, due to rural isolation, collaboration is much more difficult for rural agencies compared with urban agencies. It is thus necessary to set up, respectively, standards appropriate for agencies operating in urban and rural areas. According to a health department official, the most effective way to promote parental engagement is to increase funds through Title X or another funding mechanism that are specifically dedicated to this purpose. Similar to the process that Bartlett underwent, the state needs to engage in a strategic planning process that moves parental engagement into a more central role, from which programmatic decisions are made.

Additional information is available at their website: http://www.ppnne.org/site/PageServer?pagename=Parents&AddInterest=1044.

APPENDIX A: Description of 19 Parental Engagement Programs

Note: Shaded cells indicate programs currently operating (2000)

PROGRAM	CONTACT	Clinic?/ Community?/ School?- Based	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
Teen-Time	Valli Moyer Planned Parenthood 5312 Broadway West Palm Beach, FL 33407 (561) 848-6402 x308	Clinic	Education: Male (35-40%); African American (80%), White (15%), Hispanics (5%) Medical: Male (5-10%); No race/ethnic estimates	Provide youth with access to needed health services	Offer educational and medical services to reduce high risk behavior	*Education: 4-day youth training to become peer educators; 32 Hrs of Volunteer Srv (Conduct Workshops & Presentations in the Comm & Medical Facility) *Medical: B.C., STD Testing & Treatment, OBGYN, Counseling	*All youth are encouraged to involve families *Rap Groups (e.g., prom time)-encourage communication *Health Fairs: Go to the parents; raise awareness, brochure tips on communication		*Clinics operate @ different times on different days to increase youth access *Parental Participation is Difficult. It is nonexistent in the educational component b/c lack of parental initiative. Low % (est. 1%) are involved in the Medical. *Youth express desire for involvement
Teen-Only Clinic	Carrie Nyssen Planned Parenthood of Central Washington 303 E. D St., Suite 105 Yakima, WA 98901 (509) 453-3054	Clinic	Hispanic (50%)	Peers more easily communicate to each other. Therefore, must educate youth to inform peers of the facts surrounding high risk behavior	Provide teens with varied activities to reduce high risk behavior and encourage healthy decisions	*Medical: OBGYN, B.C., STD/HIV Testing *Education: Peer health experts, HIV/STD program (Create "phone cards"), Project Reach Out (to gain community support), Case Management (pregnant & parenting Teens)	*Parent Training Workshops -1-2 week, parent only 2-3 week, integrate kids -Kids-only component *Parents are parents of teens who have agreed for their involvement		
ARMS-Adult Role Models (1998)	Tracy Smith Planned Parenthood - NYC 26 Bleaker Street New York, NY 10012 (212) 965-4845 Tracy.Smith@ppnyc.org	Community	Parents	Literature demonstrates importance of child connectedness to parents A way to deal with the difficulty of engaging parents	Inform parents of ARH	*Training in Sexuality, Group Facilitation, and Communication *Knowledge Assessment to Determine Readiness *Workshops: "How to Talk to your Kids about Sexuality"	The entire program is by Parents for Parents with PPNYC guidance	Since 1999, have trained over 30 Adult Role Models who have reached over 1,500 parents in the South Bronx	*Currently does not couple medical services with ARMs program *Notes the issues/barriers to parental recruitment efforts in the current healthcare environment
Tailoring Family Planning Services to the Special Needs of Adolescence: New Adolescent Approach Protocols (PASHA) (1989)	Lorraine Winter Lynn Cooper Breckenmaker Family Health Council of Central PA 1017 Mumma Road P.O. Box 360 Camp Hill, PA 17001 (717) 7380	Clinic	18 & Under	Youth are uncomfortable and fearful of the clinic environment	*Create a teen-friendly environment *Increase knowledge and use of family planning clinic	*One-page information form (Q. on Sexual Behavior & Feelings) *Intake Session (2 Visits): 1) Education & Counseling; 2) Exam *6-Week Follow Up Visit	Encourage parental participation	The pilot program was implemented in six rural sites. Findings support the idea that tailored specialized services benefits clients more.	*PASHA packet details step-by-step how to administer the program in a clinical setting (e.g. involving a parent) *Includes easy-to-read brochure and suggested steps to create a welcoming environment *The parental component was minimal b/c it was not central to the program design

PROGRAM	CONTACT	Clinic?/ Community?/ School?- Based	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
Center for Adolescent Pregnancy Prevention (CAPP) (1994-Present)	Pamela Kania Jeffrey Lawson Family Health Council 960 Penn Avenue, Suite 600 Pittsburgh, PA 15222 (412) 288-2130	Clinic & School & Community	Parents and Youth (50:50 M&F) & Adults working with Youth	Parents should be the primary sexuality eucators	Assist parents to "step up to the plate" in talking with their children about sexuality	*A multi-media campaign: geared toward parents, prompt parents to call in *Taught not caught: Training for Youth Servers *Peer Education *Teen Connections: information & resource book	Video: Kids Looking into the Camera (Parents) & Asking Q.: e.g. 1) Why do boys always want to talk about sex? 2) Mom, what's a virgin? 3) Dad, what's a Condom *Family Connection: Q&A booklets to help parents to talk to kids about sex	*During 1st 12 mo. campaign FHC received 8,000+ calls. 40,000+ copies of Adolescent Resource Network nook distributed	The video is meant to prompt parents to call in. A narrator asks "If you feel awkward answering these questions, how do you feel about this?" A baby crying in the background.
The Door	Shelly Wilson Howard 555 Broome Street New York, NY 10013 (212) 941-9090 x3209 www.door.org	Clinic & Community	*21 & Under *African American (60%), Latino (20%), White & Asian (20%) *Males (30%)		*Provide youth with a wide range of social and health services and encourage healthy decisions *Involve parents in the process	*Education: Tutoring, GED, College Prep *Health: Counselors (Nutrition, Sexuality, Hygiene, Pregnancy, HIV) Testing, Nursery, Pharmacy *Get Help!: LGBT Support, Legal, Medicaid *Work: Resumes, Applications, Interviews, On-Site Job Training *Recreation: Art, Recording Studio, Gym	Encourage teens to involve parents. Explain benefits		All physicians and nurse practitioners are experts in working with teens
Maternal and Infant Care Women Health Center	Linda Smart-Smith Director of Nursing MIC-Women's Health Services 225 Broadway 17th Floor New York, NY 10007 (212) 267-0900 x 257	Clinic	21 & Under	Increase awareness of adolescent risk to negative sexual behaviors will decrease adolescent engagement to sexual risk behavior	Provide teens with health services	*Teen counselors work in schools to 1) Provide individual & group counseling 2) Attend PTA meetings	Teen counselors conduct workshops for parents on youth sexuality		Parents are made aware of the youths' right to receive confidential services
Can We Talk?	Vicki Harrison National Education Association 1201 16th Street, NW Washington, DC 20036 (202) 822-7783	Community & School	Parents (Demographics vary by community. Curriculum implemented in 20 states)		*Importance of communicating values to children *Awareness that students need factual information *Help children develop decision-making skills	*1 1/2 Day Training *Curriculum *Family Activity Book *Video	*Parent Workshops -Increase Communication on RH Topics -Increase Parents' Knowledge and Comfort Level -Increase Awareness of Community Resources and Strategies for Creating Healthy Relationships	Evaluation results due in Summer 2000: Pre&Post-test -Focus Groups	This is a tool kit meant to assist parents in establishing a healthy relationship with their children

PROGRAM	CONTACT	Clinic?/ Community?/ School?- Based	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
"Don't Kid Yourself" (1996)	Lynda Ion Planned Parenthood 654 South 900 East Salt Lake City, Utah 84102 (801) 532-1586	Community	*Young Women Ages 18-24 *Particularly those at 200% or less poverty level	Reduce unintended pregnancies	*Increase use of contraceptives *Increase knowledge and contraceptive options *Increase communications with partners *Increase male use of condoms *Increase mother-daughter Communication	*Radio (preferred medium by audience) *Posters *Newspaper Ads *Brochures *Paper Drink Coaster (Bars & Clubs)			Media Messages Included: 1) If You Are Sexually Active, You Can Get Pregnant 2) Birth Control Should be Discussed with Your Partner, Friends, and Parents 3)Men Should be Responsible and Informed
Human Sexuality-Values & Children: A Values-Based Curriculum for 7th and 8th Graders (PASHA) (1983)	Search Institute 615 First Avenue N.E. Suite 125 Minneapolis, MN 55415 1-800-888-7828 www.search-institute.org	Community	*White (62%), African American (19%), Hispanic (10%), Asian or Native American (3%), Other (4%) *Male (48%) *Two-Parent (70%), More than 1/2 of dads and 40% of moms had completed college *Ages: 12 (56%), 13, (33%), 14 (7%)	Research in social psychology demonstrates a link between an individual's social values and behavior	*Reduce teen pregnancy by teaching "the facts" *Reduce community opposition to sexuality education *Enable adults to reach informed decisions about their children's participation in sex ed	*Student Lessons (Role Play, Group Discussions, Behavioral Skills Exercises): Understanding Emotional Change, Understanding Choices & Consequences *Student's Though Book	*Adult-only sessions: program videotape & discussion guide to assist parents in talking with children	*Positive and short term effects on sexual attitudes and values *Parental participation had no effect on student attitudes toward sexual intercourse	*Researchers note the data fit the typical pattern of attitudinal change research, with significant short term gains that weaken over time
School/Community Program for Sexual Risk Reduction Among Teens (PASHA) (1982)	Murray L. Vincent Norman J. Arnold School of Public Health University of South Carolina Columbia, SC 29208 803-777-4639	Community & School	Bamberg County: *African Americans *Rural *Low Income	Bamberg County has a rate of teen pregnancy that exceeds state average	*Reduce unintended pregnancies among unmarried adolescents *Highlight benefits associated with delayed sexual intercourse, instead of taking a judgmental stance	*Public Awareness: PSAs, TV, notes from school to parents *Workshops: Addresses parenting skills and social relationships between adult & children *Teacher Education: Age appropriate Curriculum *Peer Counselors	*Parents are informed of ARH through: -Notes sent from the school -Parental consent for youth participation in peer counselor training	*Significant drop recorded during full implementation period *Impact decreases after important elements of the program were discontinued	
Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth (PASHA) (1996)	Heriberto Crespo Hispanic Office of Planning & Evaluation (HOPE) 55 Dimock Street Rozbury, MA	Community	*Latino (100%), mostly Puerto Rican *Inner-City *Ages 14 to 20	Elevated rates of HIV infection among Latino communities in the U.S.	*Increase awareness of risks of HIV/AIDS *Increase use of condoms	*Workshops: in Schools, Community & Health Centers *Group Discussions: Local Residents' Home *Door-to-Door Canvassing *Peer Educators	*Parent Training: Parents are recruited in the community to conduct *charlas* (chats) with adults & teens in their homes	*Intervention delayed the onset of males' sexual activity and reduce the number of sex partners among females	*Importance in Latino culture to make parents feel comfortable and in control of the situation, best to increase awareness in their setting *Condoms are distribute in at every activity

PROGRAM	CONTACT	Clinic?/ Community?/ School?-Based	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
Programs for Youth	Emily Hendrick Planned Parenthood Mar Monte 455 West Fifth Street Reno, NV 89503 (775) 688-5555	Clinic	*Teens Talk: Ages 9-13 *Youth Alert: H.S. age *Parents Talk: parents *Baby Think it Over: teens & young adults *Male Investment: Ages 13-24	Young people get messages from their peers that can lead to risk-taking behaviors. Educate youth so that they can inform peers about correct, positive messages	Provide youth with educators they can relate to on issues of ARH	*Teen Talk: Delay sexual involvement *Youth Alert: Responsible sexuality *Parents Talk: Importance of talking with youth about sexuality *Baby Think It Over: infant simulator *Male Involvement Program: Responsibility and prevention of unintended pregnancies	*Parent Talk provides parents with: 1) Tips for communication 2) Help recognizing pressures teen face 3) Sensitive issues communication Exercise 4) Introduction to pressure, assertiveness, and relationship exercises for teens 5) Role play opportunities		
Real Men Male Involvement Program (St. Luke's Community Center)	Trina Evans Family Planning Section Office of Public Health 325 Loyola Avenue, Rm 610 New Orleans, LA 70112 (504) 568-5330	Community	Males	Recognize the need for adolescent male involvement in reproductive health	*Involve males in reproductive health issues *Provide family life education *Prevent unplanned pregnancies among teenagers	*Monthly sessions on various topics (e.g. "manhood", realm of responsibility, Kwanzaa celebration)	*Open House introduced parents to the program, activities, and gained their support		Program models *Hombres Jovenes con Palabra* (Young Men with Word) - focuses on male responsibility
Family Adolescent Risk Behavior and Communication Study (1993-1994)	Centers for Disease Control and Prevention National Center for HIV, STD, & TB Prevention Divisions of HIV/AIDS Prevention Surveillance & Epidemiology Epidemiology Branch Alan Greenberg 1108 Corporate Square Atlanta, GA 30329 404 639-8040	Other	Adolescents ages 14-16 (in Montgomery, AL, NYC, and San Juan, PR)	African Americans and Puerto Ricans are disproportionately at risk for HIV	Examine external (e.g., family, environment) factors which influence HIV risk and risk-reduction behaviors	Examined how teens' communication w/ partner & condom use was affected by 1) Parent-teen discussion about sexuality 2) Parent-teen discussion about sexual risk 3) Parent openness & responsiveness to communication	Mother-Child Communication	Positive correlations with less sexual risk behaviors included: 1) Comprehensive broad sex-related messages 2) Open and Responsive Communication 3) Timing of Discussions	
Girls, Inc.	National Office 120 Wall Street New York, NY 10005 (212) 509-2000 *YWCA Girls 128 W. Franklin Street Baltimore, MD 21201 (410) 685-1460	Community	Ages 9-11; 12-14; 15-18; 12-18	Building *Strong, Smart, Bold* girls will assist girls in planning and making healthy decisions in their lives	Prevent adolescent pregnancy and enhance personal development	*Eight Sessions: e.g., Communicating with parents & friends, STDs, contraception, positive relationship building *Focus on personal, educational, and career planning *Promote abstinence from sexual intercourse to avoid unintended pregnancy			This description is specific to the Baltimore affiliate of Girls Incorporated

PROGRAM	CONTACT	Clinic?/ Community?/ School?-Based	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
Plain Talk	Annie E. Casey Foundation 701 St. Paul St Baltimore, MD 21202 410-547-6600 www.aecf.org	Community	**Percent of youth demographics varied by community* *Ages: 12-18 *African American and Latino	W. Europe's tolerance of sexual activity , but not pregnancy, facilitates discussion of sexual activity, access to resources, increase of service usage.	*Create a community consensus around the needs of youth by foucsing on adults as recipients and disseminators of accurate information	*Community education workshops: 1) Increasing adult knowledge 2)Increasing parent-youth communication	*Have adults recognize the need for early and consistent use of contraceptives among youth *Provide adults with information and skills for positive communication w/ youth *Improve adolescent access to healthcare, including contraceptives	*Improvements and increases in RH occurred in all sites *Increase in hours of clinic *Increase awareness of practices that encourage adolescent use of serivces	*Data suggests having community organizations lead efforts to generate broad instituional reform may be an unrealistic goal
NH Family Planning Program	Jill Underhill (603) 271-4540 Junderhill@ dhhs.state.nh.us	Clinic & Community	White (98%) Teens (30%) Low-Income women		Improve and enhance parental involvement in reproductive health choices of their children	1) Community education 2) Teen clinic program -Comprehensive services -Peer educators	Parent-Child Communcation Workshops		Several clinics have high percentage (85%) of parental involvement in the teen's decision to come to the clinic. Separate waiting room for parents maintains confidentiality of other teens. While waiting, parents contribute suggestions on how to involve other parents and express areas of concerns
Parents as Advocates for their Adolescent's Health	Project Staff American Medical Association Partners in Program Planning for Adolescent Health (312) 464-4538		Parents	Adolescents want support and guidance from their parents and want to maintain a close relationship with them	Build healthy parent-child relationships and imrove communciation	*Understanding & appreciating adol. growth & dev (charts growth process) *Tips for being a positive health role model (exercise & nutrition) *Tips for building healthy relationships-effective communciation *Adolescent questions for the physician *Resources to healthcare and other helpful parent-child links	Information packet to help parents work with adolescents to improve health		

Appendix B: Contacts

Below is contact information for various organizations mentioned throughout the case study review. A listing does not imply an endorsement of any organization or any parental engagement program.

Annie E. Casey Foundation
Debra Delgado
Senior Associate
701 Saint Paul Street
Baltimore, MD 21202
Tel: (410) 547-6600
Fax: (410) 547-3610
Email: ddelgado@aecf.org
Website: www.aecf.org

Center for Applied Research and Technical Assistance (CARTA)
Barbara W. Sugland
Executive Director
1800 North Charles Street
Suite 902
Baltimore, MD 21202
Tel: (410) 625-6250
Fax: (410) 625-1965
Email: bsugland@cartainc.org
Website: www.cartainc.org

Josiah Bartlett Elementary School
Vicki Varrichione
Family Support Liaison
Rt. 302,
P.O. Box 396
Bartlett, NH 03812
Tel: (603) 374-2331
Fax: (603) 374-1941
Email: jemery@jbartlett.k12.nh.us
Website: www.mail.jbartlett.k12.nh.us

Laconia Family Planning Clinic
Lisa Macdonald
Teen Clinic Coordinator
426 Union Avenue
Laconia, NH 03246
Tel: (603) 524-5453
Fax: (603) 528-2795
Email: lamac@worldpath.net
Website: N/A

Nashua Area Health Center
Raquel Samson
Clinic Coordinator
10 Prospect Street
Nashua, NH 03060
Tel: (603) 883-1626
Fax: (603) 881-9914
Email: rsamson@lampreyhealth.org
Website: www.lampreyhealth.org

NH DHHS – Bureau of Maternal Child Health
Robin Collin Zellers
Family Planning Special Projects Coordinator
6 Hazen Drive
Concord, NH 03301
Tel: (603) 271-4739
Fax: (603) 465-7615
Email: rzellers@dhhs.state.nh.us
Website: www.dhhs.state.nh.us

Planned Parenthood Federation of America
Michael McGee
Vice President of Education
810 Seventh Avenue
New York, NY 10019
Tel: (800) 669-0156
Fax: (212) 245-1845
Email: Michael.mcgee@ppfa.org
Website: www.plannedparenthood.org

Planned Parenthood Mar Monte
Dana Roblin
Director of Community Services
455 W. Fifth Street
Reno, NV 89503
Tel: (775) 688-5562
Fax: (775) 688-5599
Email: dana_roblin@ppmarmonte.org
Website: www.ppmarmonte.org

Planned Parenthood of Northern New England - Claremont
Regina DeBoer
Community Educator
241 Elm Street
Claremont, NH 03743
Tel: (603) 542-4568
Fax: (603) 543-6788
Email: reginad@ppnne.org
Website: www.ppnne.org

Planned Parenthood of New York City
Adult Role Models (ARMs)
Michele Bayley
Director for Community Initiative
26 Bleeker Street
New York, NY 10012
Tel: (212) 965-4834
Fax: (212) 274-7300
Email: Michele.bayley@ppnyc.org
Website: www.ppnyc.org

Planned Parenthood of Northern New England – West Lebanon
Sarah Greene
Community Educator
89 South Main Street
West Lebanon, NH 03784
Tel: (603) 298-7766
Fax: (603) 298-5976
Email: sarahg@ppnne.org
Website: www.ppnne.org

Planned Parenthood of Northern New England – Derry
Anne Johnson
Community Educator
4 Birch Street
Derry, NH 03038
Tel: (603) 432-7414
Fax: (603) 434-4290
Email: annej@ppnne.org
Website: www.ppnne.org

Planned Parenthood of the Palm Beach and Treasure Coast Area, Inc.
Triste Brooks
Director of Education and Teen Services
5312 Broadway
West Palm Beach, FL 33407
Tel: (561) 848-6402
Fax: (561) 848-8279
Email: PPTPP@aol.com
Website: www.pppbtc.org

White Mountain Community Health Center
Suzy Kjelberg
Community Educator
PO Box 2800
298 White Mountain Highway
Conway, NH 03818
Tel: (603) 447-8900
Fax: (603) 447-4846
Email:
skejellberg@whitemountainhealth.org
Website: www.whitemountainhealth.org

Appendix C: RESOURCES & PROGRAM MATERIALS

Below are websites and references to resources and other program materials (for providers) around youth development, in general, and positive ways of engaging parents in adolescent reproductive health and promoting sexuality as a natural and life-long experience.

RESOURCES

Advocates for Youth
Laura Davis
Director of Adolescent Sexual Health Services
1025 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 347-5700
Fax: (202) 347-2263
Email: Laura@advocatesforyouth.org
Website:
www.advocatesforyouth.org/parents/

Alan Guttmacher Institute
Jacqueline E. Darroch
Senior Vice President and Vice President for Science
120 Wall Street
21st Floor
New York, NY 10005
Tel: (212) 248-1111
Fax: (212) 248-1951
Email: info@agi-usa.org
Website: www.agi-usa.org

The Children's Aid Society
Michael A. Carrera
Thomas Hunter Professor Emeritus of Health Sciences at Hunter College (CUNY)
350 East 88th Street
New York, NY 10128
Tel: (212) 876-9716
Fax: (212) 876-1482
Email: casntc@attglobal.net
Website: www.stopteenpregnancy.com

ETR Associates
Douglas Kirby
Senior Research Scientist
P.O. Box 1830
Santa Cruz, CA 95061-1830
Tel: (831) 438-4060
Fax: (831) 461-9534
Email: doug@etrassociates.org
Website: www.etrassociates.org

Girls Incorporated
Bernice Humphrey
Director Healthy Girls Initiative
120 Wall Street
New York, NY 10005
Tel: (317) 634-7546
Fax: (317) 634-3024
Email: nrc@girls-inc.org

Family Health Council
Center for Adolescent Pregnancy Prevention (CAPP) – Family Connections
Linda Snyder
Director for CAPP
960 Penn Avenue
Suite 600
Pittsburgh, PA 15222
Tel: (412) 288-2130/ (412) 288-0518 (to order)
Fax: (412) 288-9036
Email: CAPP@fhcinc.org
Website:
www.fhcinc.org/education/cappparent.html

Sexuality Information and Education Council Of the United States (SIECUS)
Amy Levine
Family Project Coordinator
130 West 42nd Street
Suite 350
New York, NY 10036-7082
Tel: (212) 819-9770
Fax: (212) 819-9776
Email: siecus@siecus.org
Website: www.familiesaretalking.org
www.lafamiliahabla.org

Latino Health Access
America Bracho
Chief Executive Officer
1717 North Broadway
Santa Ana, CA
Tel: (714) 542-7792
Fax: (714) 542-4853
Email: prevention@latinohealthaccess.org
Website: www.latinohealthaccess.org

Mother's Voices
Giokatza Molina
Director of Community Programs
165 West 46th Street
Suite 701
New York, NY 10036
Tel: (212) 730-2777/ (800) MVOICES
Fax: (212) 730-4378
Email: gm@voices.org
Website: www.mvoices.org

The National Campaign to Prevent Teen Pregnancy
Alexandra Gonzalez
Information Manager
1776 Massachusetts Ave., NW
Suite 200
Washington, DC 20036
Tel: (202) 478-8500
Fax: (202) 478-8588
Email: campaign@teenpregnancy.org
Website:
www.teenpregnancy.org/parent/default.asp

National Education Association
Health Information Network
Can We Talk?
Kandra Strauss
Project Associate
1201 16th Street, NW
Suite 521
Washington, DC 20036
Tel: (202) 822-7570
Fax: (202) 822-7775
Email: info@canwetalk.org
Website: www.canwetalk.org
www.nea.org
www.neahin.org

National Organization on Adolescent Pregnancy Parenting, and Prevention (NOAPPP)
A. Charlene Leach
Executive Director
2401 Pennsylvania Avenue
Suite 350
Washington, DC 20037
Tel: (202) 293-8370
Fax: (202) 293-8805
Email: cleach@noappp.org
Website: www.noappp.org/docs.asp

Unitarian Universalist Association
Rev. Marjorie Bowens-Wheatley
25 Beacon Street
Boston, MA 02108
Tel: (617) 948-6519
Fax: (617) 367-4798
Email: mbowensw@uua.org
Website: www.uua.org/owl

Public Private Ventures
Karen E. Walker and Lauren J. Kotloff (authors)
2005 Market Street
9th Floor
Philadelphia, PA 19103
Tel: (215) 557-4400
Fax: (215)557-4469
Email: msherman@ppv.org
Website: www.ppv.org

Public/Private Ventures
Geri Summerville
Replication and Program Strategies
200 Market Street
Suite 600
Philadelphia, PA 19103
Tel: (215) 557-4479
Fax: (215) 557-4485
Email: gsummerville@ppv.org

Search Institute
Nancy Tellett-Royce
Community Liaison Coordinator
The Banks Building
615 First Avenue, NE, Suite 125
Minneapolis, MN 55413
Tel: (612) 376-8955/ (800) 888-7828
Fax: (612) 376-8956
Email: si@search-institute.org
Website: www.search-institute.org

PROGRAMS

Carrera Model – [Parent] Family Life Sex Education Component
The Children's Aid Society

Get Organized – A Guide to Preventing Teen Pregnancy. Vol. 3 – Making It Happen.
T. Kreinin, S. Kuhn, A. B. Rogers, & J. Hutchins (eds.)
The National Campaign to Prevent Teen Pregnancy

Innovative Approaches to Increase Parent-Child Communication About Sexuality: Their Impact and Examples from the Field
SIECUS

Our Whole Lives (OWL) – Lifespan Sexuality Education Curricula
Unitarian Universalist Association

Plain Talk: Addressing Adolescent Sexuality Through A Community Initiative: A Final Evaluation Report Prepared for The Annie E. Casey Foundation
The Annie E. Casey Foundation &
Public/Private Ventures – Karen E. Walker and Lauren J. Kotloff (authors)

Plain Talk Implementation Guide: Helping New Communities Begin Plain Talk
Geri Summerville
Replication and Program Strategies
Public/Private Ventures

Preventing Adolescent Pregnancy:
Growing Together, 9-11
Will Power/Won't Power, 12-14
Taking Care of Business, 15-18
Health Bridge
Girls Incorporated

Promotores - A Summary of the National Community Health Advisor Study
The Annie E. Casey Foundation

The Center for Applied Research and Technical Assistance, Inc. (CARTA)
1800 North Charles Street, Suite 902
Baltimore, MD 21202
410.625.6250
410.625.1965/fax

Website: www.cartainc.org