



LESSONS LEARNED

Tailoring Parental
Engagement Programs
for Diverse Populations



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INTRODUCTION

There is a growing consensus across many professions that parents and families play an important role in the health and social development of children and youth. In response to this realization, various segments of the child and youth services field have begun to work directly with parents and families in order to promote healthy outcomes for children and youth. This is also true in the reproductive health field. Heightened interest in parents and families offers many opportunities. It can encourage innovation in programs and can create an exciting and rewarding collaboration between reproductive health provider agencies and community residents.

Greater emphasis on parents and families, however, also brings with it many challenges. In particular, it means agencies may have to increase their capacity to understand the diverse family and community contexts of their clients and augment skills and services offered to work effectively and appropriately with a variety of adult family members. For example, reproductive health providers will have to understand the cultural and social customs and way of life of families from distinct cultural, economic, and social contexts. They will have to address systemic barriers that may inhibit or challenge program efforts and parent/family participation (e.g., geographical isolation, staff linguistic competency). In addition, reproductive health providers will have to be conscious and sensitive to the history of the reproductive health field working with diverse ethnic communities and work to mend and create relationships with community residents who may be distrustful of health care providers because of past experiences. Nonetheless, if done well, engaging parents and families has the potential to positively influence the reproductive and sexual lives of many youth.

It is because of this potential that many reproductive health providers have decided to find ways to work with parents and families to promote healthy and responsible sexual behavior among teens. Much of this work is ad hoc, in the early stages of development, and has yet to be shared publicly with the broader reproductive health provider community. Not surprisingly, reproductive health providers want and need more information about how to improve their ability to work with parents/families in a way that is respectful of the generational, cultural, social, and economic contexts of adult participants. Despite the newness of program efforts, there are many insights to be gleaned about how to connect with parents and families and how to lay the groundwork for a strong partnership in support of adolescents. This document is a first step to sharing insights and lessons about reaching out to parents/families from diverse backgrounds.

BACKGROUND

In 2000, with support from the Annie E. Casey Foundation (AECF), the Center for Applied Research and Technical Assistance (CARTA) began to explore and document current program efforts designed to engage parents and families in adolescent reproductive health (ARH). This work emerged from the Foundation's initiative to foster stronger relationships between parents/families and their children, and to support program efforts that attempt to facilitate those relationships. Beginning with a review of literature on the role of parents in shaping ARH behaviors, CARTA moved to identify and review a group of clinic-based or clinic-linked programs to determine the nature of parental engagement activities.¹

From this review, CARTA conducted site visits to a select number of ARH programs (See BOX 1) to learn about the strategies and techniques aimed to reach parents/families and engage them around issues of reproductive and sexual health of youth.² The goal of the site visits was to document approaches used to promote healthy and responsible sexual behavior among youth through parent/family partnerships. Case studies were developed from information gathered from site visits and compiled into a larger Case Study Review³ that provides an overview of each program, including strategies used, staff make-up and capacity, evaluation activities, challenges/successes, and relevant funding information.

BOX 1: ARH PROGRAM SITES

Adult Role Models (ARMS) Program
Planned Parenthood of New York City
New York, NY

Teen Time Program & the After School Programs
Planned Parenthood of Palm Beach & Treasure Coast Area
West Palm Beach, FL

Parents' Talk Program
Planned Parenthood of Mar Monte
Reno, NV

Engaging Parents – Various Programs
New Hampshire Department of Health & Human Services
Various locations in New Hampshire

In an effort to share and disseminate salient findings from site visits, CARTA developed two companion documents that highlight two important challenges observed during site visits and that may be of particular interest to agencies seeking to engage parents and families within the context of adolescent reproductive health and sexuality:

- **LESSONS LEARNED: Tailoring Parental Engagement Programs for Diverse Populations;** and
- **LESSONS LEARNED: Measuring the Benefits of Parental Engagement Programs⁴**

There is also a practice guide available for agencies interested in developing a parental engagement program or in strengthening an existing parental engagement effort:

- **Engaging Parents and Families as Partners in Adolescent Reproductive Health and Sexuality: A Guide for Reproductive Health Providers⁵**

This document, **LESSONS LEARNED: Tailoring Parental Engagement Programs for Diverse Populations**, aims to highlight the specific lessons learned – challenges and successes – from strategies used by provider agencies to reach out to diverse parents and families in a variety of settings. This document provides an opportunity to reflect on what others are doing and to make note of the gaps that remain to be addressed in order to stimulate innovation for working deliberately and strategically to engage diverse parents and families as partners to support the reproductive and sexual health of youth.

The document is divided into four sections:

- *Understanding Diversity* -- offers a brief overview of what is meant by diversity for the purposes of this report and the issues that may influence strategies and approaches for engaging parents and families. This section provides only a few examples and is meant to provide a foundation for thinking about diversity in its broadest sense.
- *Leap of Faith* -- briefly describes each program site and the program strategies used and illustrate ways in which ARH providers have attempted to work with parents/families from diverse backgrounds and perspectives to improve the reproductive and sexual health of youth.
- *Sharing What We Learned* -- takes a look at the successes and challenges of provider agencies as they reach out to parents/families in different communities. This section highlights the importance of how even subtle changes in outreach and engagement activities can be important for connecting with diverse parents/families around this issue.
- *Building On What We Know: Tailoring Parental Engagement Programs for Diverse Populations* -- offers suggestion for cultivating a relationship between the reproductive health provider community and adult community residents – to ultimately create partnerships that support and advocate for adolescent reproductive and sexual health.

UNDERSTANDING DIVERSITY

The sites visited used a variety of approaches to engage parents and families. This variation was, in part, in response to the diversity across parents/families providers are trying to reach and, in part, to the unique context in which each program is embedded. A closer inspection of the populations served suggests several characteristics and circumstances, including personal, social, economic, and cultural, should be considered in order to reach parents and families. Some of those characteristics and circumstances include (but are not limited to):

- **Age/Generational Disparities** – Programs often confront an age or generation gap between parents and their adolescent children. This gap can vary from family to family, with some parents being a bit more contemporary in both their perspectives and openness about sexuality, while other parents more traditional in their perspectives about reproductive and sexual health issues. Furthermore, at times, age/generational differences between ARH providers and adult participants are readily apparent. This can make it difficult to find appropriate ways connect with parents and families in light of the age/generational differences that may exist.
- **Family Structure** – Families are changing; youth now live in same-sex families, with extended family members, with family friends, and in various other circumstances. As we look to gain the support of and partner with adults around improving youth’s sexual health, it is essential we find ways to engage all relevant adult caregivers, not just [biological] parents, and understand fully the spectrum of roles and responsibilities different family members have for addressing sexuality and sexual development of younger family members.
- **Family Roles** – In addition to changes in family composition, roles and responsibilities within the family differ across families and across cultures. Thus, who is responsible for teaching youth about the “birds and the bees” and modeling values about sexuality is not always clear within families, and cannot be presumed to fall to the male head of household figure for male youths and to the female figure for female youths. Other caregivers in the family may play important roles, such as aunts, uncles, and older siblings. It is important to reflect upon the family composition and the roles not only of adult caregivers, but other adult members who may be instrumental in supporting and nurturing adolescents in the family. It is key to arm all or at least the most critical adult caregivers with the sense of ability to dialogue with youth around issues of sexuality.
- **Race/Ethnicity** – A youth’s racial/ethnic culture contributes to and influences his or her decision-making and behavior. It is important to understand cultural traditions or norms that may shape attitudes, knowledge and experiences for youth and their families, as well as protocol for how such matters are discussed and with whom they are discussed. In doing so, providers can tailor programs in a way that complements and is culturally consistent with the

youth's family values. In this way, providers can gain the trust of both the youth and their family members, who are more likely to be a part of a program when it is culturally based and informed.

- **Economic Circumstance** – Parents and families come from varying economic backgrounds, which may influence the types of resources and opportunities youth have access to, as well as the availability of adult support at any given time. Undoubtedly, these factors affect what is considered a priority for a particular family, or whether participating in a program is possible even when the interest and/or desire to participate are high (e.g., evening program hours conflict with parents working the night shift). Being aware of a family's economic situation can inform program design and implementation in many ways (e.g., the need for transportation to the program) and can generate creative approaches that acknowledge a family's financial situation while stressing the importance and value of engaging parents to help build youths' capacity to make informed and responsible decisions around sexuality.
- **Geographic Location** – Youth and families come from diverse locations; some live in urban settings while others are located in more rural and often isolated areas. The challenges with engaging parents across these settings also differ, with rural communities struggling to find ways to bring program activities to parents who are geographically isolated, and exploring how to help parents get past their reluctance to ask for help. While in urban settings, issues around identifying the *most* appropriate place (or person) through which to conduct outreach and engagement efforts may be challenging, if places where youth and families frequent are dispersed. Providers will have to recognize that approaches to engage these distinct populations may differ given the circumstances of their particular geographical setting.
- **Individual Circumstance** – Parents undergo many stresses on a daily basis. Aside from their role as parents/caregivers, adults deal with their own developmental, personal, and social issues. Adults struggling to address their own personal challenges are less able to focus on and support their adolescent children around matters of sexuality. Some programs highlighted in this document worked with adult populations that were confronting personal issues, such as substance abuse, and found a way to partner with other social service agencies to bring knowledge and skills about ARH to these adults. Exploring supports adults may need for themselves can ultimately facilitate their role as parents and build their capacity to promote healthy sexual and responsible behavior among their children.

As agencies begin to think of ways to engage parents and families as supporters and advocates of youth becoming sexually healthy, it is important to keep in mind that families come in all shapes and sizes and come from a variety of contexts -- all of which should be taken into consideration if agencies want to design and implement *effective and appropriate* positive parent/family engagement programs.

A LEAP OF FAITH

Although tools and supports for connecting with parents remain limited, many reproductive health providers are making the decision to reach out to parents/families as a means to improving the reproductive and sexual health of adolescents. Familiar with their service population and how best to work with them, providers are finding several creative ways to connect with the parents of the youth they serve.

Within the four sites visited⁶ – Reno, Nevada, New York City, New York, West Palm Beach, Florida, and several cities/towns throughout New Hampshire – each site targets diverse populations to promote parent/family engagement around ARH and sexuality issues. In particular, lessons learned come from programs working with rural communities, African-American and Latino urban populations, mothers in a substance abuse residential treatment program, a Native American tribal community, as well as Caribbean communities in Florida.

BOX 2: TYPES OF POSITIVE PARENTAL ENGAGEMENT PROGRAMS

Youth-Centered. Recognizes the importance of parents, but maintains focus and emphasis on the specific needs of teens. Staffs encourage teens to inform parents about their sexual and reproductive health decisions and to 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 or offers a separate, short-term activity to augment broader youth-centered efforts.

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.

Each of the sites has taken a leap of faith and begun to explore ways to better serve the youth they work with by partnering with caring adults, generally using either a youth-centered, joint youth- & parent-centered, or a parent (family)-centered approach to their program effort (See BOX 2).⁷ Program approaches vary according to the communities they are trying to engage. Program providers have developed activities that “felt right” given the population they were working with and available resources. As each program is described, the strengths and limitations of their approach provide insights about ways to frame program models given community and agency contexts. To get a better understanding of how sites have tailored their program approaches according to their programmatic objectives, community needs, and agency capacity, a profile of each program is provided.

A Leap Of Faith ... Adult Role Models (ARMs)

Using a Parent-Centered Approach to Support Parents' Role as the Primary Sexuality Educator of Their Children

Planned Parenthood – New York City (PPNYC) developed a parent-centered approach, Adult Role Models (ARMs), to help parents increase communication skills and feel comfortable talking with their children about sexual health and responsibility. The objective of the program is to prepare parents to become peer educators by training them in sexuality issues and group facilitation skills. ARMs present workshops to their peers in the community (using the Promotores Model)⁸ on how to communicate with their children about sexuality issues.

PROGRAM PROFILE

<i>Program Name</i>	Adult Role Models
<i>PPE Type:</i>	Parent-Centered
<i>Program Geography</i>	Urban
<i>Program Population</i>	African American and Latino Families in the South Bronx and Lower East Side
<i>Niche</i>	Use of a Community's Most Valuable Resource – Its Residents!

PPNYC is located in an **urban community** and reaches out primarily to two **low-income**, urban communities of color – **African American and Latino**. PPNYC relies heavily on **word-of-mouth** to reach out to parents in the community through already trained ARMs. The parent-to-parent peer education technique is appropriate for program participants because familiar parents from the community conduct workshops for other adults *in* the community (rather than program staff). In this manner, **presenters of workshops reflect the community** they target. Partnerships have also been formed with established organizations in the community that residents routinely use for other services.

PPNYC is well positioned to implement a more explicit parental engagement program. **Staffs are committed to empowering community adults** to help them deal with life circumstances, including the issues youth face related to sexuality. Community enthusiasm for the program and recognition of the benefits it can offer increases participation and buy-in. Also, the use of a structured model for its outreach (the Promotores Model) and its peer educator curriculum (Our Whole Lives Curriculum)⁹ provides a framework for program implementation. In addition, program-specific funding lessens the likelihood of scarce resources for implementation.

Challenges:

- Engagement of males as ARMs and adult participants at workshops
- Continuity and participation of community parents at workshops
- Lack of evaluation; lack of evidence-based framework for success

A Leap Of Faith ... The Teen Time/After School Programs

Implementing a Joint Youth- & Parent-Centered Approach to Build Community Support and Advocacy Around Improving Youth's Sexual Health

In West Palm Beach, the Teen Time/After School Programs sponsored by Planned Parenthood of Palm Beach and Treasure Coast, Inc. (PPPBTC West Palm Beach) employs a joint youth- & parent-centered approach in an effort to establish a positive relationship in the community to ensure community support and advocacy for adolescent reproductive health services.

The family planning agency is located in an urban area, but delivers outreach services in both urban and rural communities. The parent/family

engagement component serves primarily African American families. The agency participates in a replication of the Carrera Model a **comprehensive, holistic approach to teen pregnancy prevention**.¹⁰ PPPBTC West Palm Beach provides clinical care through their "Teen Time" clinic, and an additional set of academic and social enrichment activities through its after school programs.¹¹ The agency supports youths' academic and social development through structured activities such as tutoring, job readiness skills, and social activities. Parents are engaged through activities that offer them a direct, personal benefit (e.g., computer training), as well as through joint programming (e.g., Mother's Day Dinner, parents as volunteers at trips).

Staff capacity to outreach, recruit, and gain community participation is adequate. For the most part, **staffs reflect the community it targets**. Partnerships with community agencies, as well as faith-based institutions, have facilitated community outreach. In one particular instance, this **agency promoted community development by supporting renovations** and maintenance of a community building. In exchange, the agency was able to host activities for youth and their families in the space.

Challenges:

- Community resistance because of misinformation and myths about the nature of services offered by Planned Parenthood
- Lack of funding to fully implement comprehensive program approaches

PROGRAM PROFILE

<i>Program Name</i>	Teen Time/After School Programs
<i>PPE Type:</i>	Joint Youth- & Parent-Centered
<i>Program Geography</i>	Urban and Rural
<i>Program Population</i>	- African American & Caribbean Families in an Urban Community; - African American and Latino Families in a Rural Housing Authority Community
<i>Niche</i>	Create Mutually Beneficial Partnership with Community and Faith-Based Organizations

A Leap Of Faith ... Parents' Talk

Using a Youth-Centered Approach to Consider Adults Priorities and Circumstances, While Promoting Parent-Youth Communication Around Sexual Health

In Reno, Nevada, Planned Parenthood Mar Monte (PPMM) recognizes the importance of helping parents feel comfortable talking with their children about sexual responsibility and decision-making. **PPMM believes that parents want teens to know about and understand concepts of healthy sexuality**, but parents often lack skills to educate their teens about issues of reproductive health and sexuality. The Parents' Talk program was developed as a step towards integrating parents into the work PPMM does with youth that promotes responsible sexual behavior.

PROGRAM PROFILE

<i>Program Name</i>	Parents' Talk
<i>PPE Type:</i>	Youth-Centered
<i>Program Geography</i>	Urban
<i>Program Population</i>	- White Mothers in a Residential Substance Abuse Program; - African American Families in the Head Start Program; - Native American Reservation Families
<i>Niche:</i>	Capitalize on a "Captive Audience"

Staffs at PPMM maintain their primary [service delivery] focus on youth but recognize the importance of working with parents of the youth they serve to equip them with the skills necessary to communicate with their children. For this reason, PPMM has **capitalized on the availability of adults in other programs delivering services specifically to adults – utilizing a "Captive Audience" – to gain parent participation in the Parents' Talk program.** Parents' Talk is **implemented in three sites with ethnically, culturally, and economically diverse families**; each site is unique in the population they target and serve, but the aim is the same for each site – to help parents become aware of the issues youth face as they become sexually mature and help parents communicate with their children around this developmental stage.

Given PPMM's staff, agency capacity and focus, a youth-centered approach made the most sense. PPMM continues to **build relationships with agencies already supporting parents** in other areas to reach and engage adults around improving youth's sexual health.

Challenges:

- Staff capacity to fully understand and address cultural issues is limited
- Staff age and limited life experience minimizes their ability to connect with some of the parents, particularly from certain cultural backgrounds

A Leap Of Faith ... New Hampshire's Parental Engagement Initiative

Applying a Youth-Centered Approach to Maximize a State Initiative to Promote Supportive Parental Engagement

As part of New Hampshire's Parental Engagement Initiative, agencies across the state use primarily a youth-centered approach to work with parents.¹² Staffs believe this approach is most comfortable for them given the need to maintain their primary focus of delivering services to teens. Other activities to promote healthy sexuality and positive relationships with their parents and family, while important, are viewed as a supplement to their youth services.

Four sites are highlighted below: Nashua Area Health Center; Planned Parenthood of Northern New England (PPNNE) Claremont Office; PPNNE West Lebanon Office; and Josiah Bartlett Elementary School.

Nashua Area Health Center

The **Nashua Area Health Center** is one agency in New Hampshire implementing parent/family engagement activities. This particular agency is located in an urban area. Staff at the Nashua Area Health Center would like to increase its knowledge about the needs of the community and has had some challenges establishing partnerships and collaborations within the community.

The health center **serves primarily a white population, but has an increasing refugee community in need of services.** Despite challenges that suggest parent/family engagement in adolescent reproductive health services may be difficult, this site has **created a separate waiting room in response to parents of teen clients who attend the clinic with their adolescent children.** This separate space allows youth who want their parents involved in their sexual health [decisions] to be accompanied by their families, while still preserving the confidentiality of other youths awaiting service. Although the development of a separate waiting room was not an intentional strategy, and parental engagement is not explicitly promoted via the existence of this separate waiting room, it does **afford youth the opportunity to actively engage their parents in their sexual development.** In addition, it sets the agency in a position to build on this program feature and begin to more strategically engage parents and the community, if so desired.

The Nashua Area Health Center staff has initiated steps to expand their efforts to reach out and engage the community. Currently, a program staff member attends community meetings to try to

PROGRAM PROFILE

<i>Program Name</i>	Nashua Area Health Center
<i>PPE Type:</i>	Youth-Centered
<i>Program Geography</i>	Urban
<i>Program Population</i>	White Population; Large Influx of Refugees (Changing Population)
<i>Niche:</i>	Recognize needs of youth and parents in the clinic

engage the community by participating *within* the community. This approach of participating in the community facilitates building trust and relationships that can promote and support other initiatives.

Challenges:

- Establishing a relationship and rapport with communities

Planned Parenthood of Northern New England (PPNNE) – Claremont & West Lebanon Office

The Claremont and West Lebanon Office of PPNNE are two of several Planned Parenthood affiliates that provide reproductive health services to thousands of women, men, and teens each year at different health centers throughout Maine, New Hampshire, and Vermont.¹³ 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.” Specifically, in Claremont and West Lebanon, focused parent/family engagement programs emphasize improved communication between parents/family and youth around sexuality.

PROGRAM PROFILE	
<i>Program Name</i>	PPNNE Claremont & West Lebanon
<i>PPE Type:</i>	Youth-Centered
<i>Program Geography</i>	Urban and Rural
<i>Program Population</i>	<u>Claremont</u> – White, Low Population: Income (Increasing Latinos) <u>West Lebanon</u> – White Middle/Upper Class Educated & Working Class/Disadvantaged
<i>Niche:</i>	Bring program activities <i>to</i> the parents!

At the Claremont site, 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 to present parent programs on parent-teen communication around teen sexuality.

In the West-Lebanon site, activities were initiated in schools at Parents’ Nights. Educators **help parents understand the range of experiences and developmental levels experienced by youth**. The workshops focus on the importance of parents becoming “**Askable Parents**” and to utilize “**teachable moments**”¹⁴ to spark a dialogue with their children. Their efforts focus on empowering parents to realize they are the primary [sexuality] educators of their children. PPNNE West Lebanon also distributes a bi-annual newsletter called *GULP*, which is designed to help parents talk with their children about sexuality.¹⁵

At both sites, the aim is to **connect with parents and meet them where they are** (figuratively and literally). PPNNE supports the notion of parents as primary educators. 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. In addition staffs aim to **provide workshops at locations that are convenient** for parents (e.g., child’s school, common space in public housing communities, work place).

Challenges:

- No specific training on delivery of content to parents around this issue¹⁶

Josiah Bartlett Elementary School

PROGRAM PROFILE

<i>Program Name</i>	Josiah Bartlett Elementary School
<i>PPE Type:</i>	Youth-Centered
<i>Program Geography</i>	Rural
<i>Program Population</i>	White, Low Income (Seasonal Employment)
<i>Niche</i>	Building Partnerships with Community and School

In 2000, the town of Bartlett voted overwhelmingly to create a new position, a **Family Support Liaison**. The position was created out of a **strategic planning vision** developed together by constituents from several sectors in the community (e.g., school, parents, businesses, law enforcement, etc.). The goal was to establish a partnership between the school and the community; the idea was to “bring the school into the community and the community into the school.”

The Family Support Liaison has an office in the Josiah Bartlett elementary school. The liaison provides counseling to students and parents, facilitates workshops (e.g., health education), as well as primary care as the school nurse. The Family Support Liaison also makes resource referrals to students and parents as needed. The liaison hosts several workshops, including “**Raising Sexually Healthy Adolescents**,” a parenting adolescents series.¹⁷

According to program staff, 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 lecture, discussion, small group work, **values clarification** exercises, and tips for parents such as “Ten Ways to Help Your Children Grow Up Sexually Healthy” (See **BOX 3**). The great turnout is attributed to the Liaison’s name recognition within the community, having been a school nurse for ten years in addition to other community roles, and the level of community support for her created position.

Bartlett’s biggest success comes from the **effective integration of school--community--health clinic**. Unlike other sites in NH, the Family Support Liaison has been able to secure sizeable levels of parent participation at her workshops. Staffs

BOX 3. 10 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

attribute the participation level to the liaison's 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, but the value of building a strong rapport with adult community residents should not be underestimated. It is through this rapport and mutual respect that adults feel welcomed enough to participate in program activities and to open up to learn and share their personal experiences and challenges.

Challenges:

- Reaching and engaging rural populations
- Creating political support from within the community

SHARING WHAT WE LEARNED

Although providers interviewed believe stepping out into the “unknown” is needed given their belief in engaging parents and families, they also realize *how* they reach out and engage parents is critical to the work they are trying to do and will continue doing. The “*how*” of outreach and engagement is dependent on the types of families reproductive health providers are attempting to reach. Although some agencies may have experience working with adult populations, engaging parents/families around their children’s reproductive health and sexuality brings on a whole new level of working together. Providers are cognizant of the diversity of families in terms of socio-economics, culture/ethnicity, personal circumstance (e.g., substance abuser), gender and age, and geographic locality (e.g., accessibility of services), and recognize the worth of tailoring outreach and engagement strategies to appropriately develop program activities around this sensitive topic to the variety of individuals they are trying to reach.

Sites are distinct in how they customize programs to engage diverse populations; some strategies have been deliberate, others naturally have fallen into place, and others seem to be a bit more ad hoc and eclectic. Some strategies appear to work well, while other strategies have required youth workers to reflect on how to better engage the parents they are trying to reach. No matter the strategy or the site, it is clear there is no magic formula to any of the programmatic approaches. Rather, there are certain factors that influence the decisions made and strategies used to reach diverse parents and families. By addressing these factors and developing creative ways to address them, agencies have learned:

- **Engaging communities as partners** is key to getting adult residents to gain a sense of ownership of the program and become involved in program activities, as well as increase their ability to problem solve from within the community;
- **Creating partnerships that “Make Sense”** is valuable to enhancing the efforts and resources of agencies reaching diverse families in a variety of contexts;
- **Empowering parents** beyond the programmatic objective offered adult residents a sense of value and worth and increased their interest in program initiatives; and
- **Broadening staff capacity to support parents as primary sexuality educators** is essential to getting parents to support and advocate for the services ARH providers offer youth.

To demonstrate some of the more salient successes and challenges of getting this work underway, a closer look at tailored program approaches is necessary. Sharing these lessons learned will provide insight for future work around engaging diverse parents/families in helping youth become sexually healthy.

Engaging Communities as Partners

For many sites, engaging parents around issues of reproductive health and sexuality is a considerable task. The concern about the debate between parental control versus youth's rights requires providers to think about how they would proactively approach parents and families of the youth they serve, while still maintaining the privacy of their patients. Agencies also have to be aware of issues of trust and misunderstanding about the nature of services offered at the clinic, and providers' values about sexuality and sexual behaviors.

Across all sites, providers understand the value of **engaging the community as active partners** and supporters of healthy sexuality for children and youth. Involving communities in the process helps to establish buy-in for the program and agency at large. This was easier for some sites than for others. For instance, Planned Parenthood New York City (PPNYC) uses the Promotores Model¹⁸ (See BOX 4) to outreach and engage African American and Latino parents. This approach **capitalizes on a community's most valuable resource – its residents**. It works under the premise that parents will more readily trust other parents that "look like them," come from the same community, and can relate to similar experiences. In this manner, community residents are trained as facilitators and peer educators.

Tapping into the community has proven to be beneficial for several reasons, but most importantly it has built community capacity to resolve issues from within -- in this case, a cadre of parents has been developed that are well informed, well respected in the community, and feel comfortable talking to

Build community capacity to resolve issues from within

other community residents about issues of reproductive health and sexuality is created. No longer is the "expertise" limited to staff and restricted to working hours (e.g., 9:00 am – 5:00 pm); instead, parents are equipped to answer on-going questions from friends and neighbors at any time. The **information resonates more as advice from someone familiar** rather than information imparted from an "outsider."

However, engaging the community is not always easy. PPNYC's **entrée into the community** is facilitated by a partnership with the East Side House Settlement, an established community-based organization in the South Bronx.

BOX 4. 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.

In PPPBTC West Palm Beach, developing community ties, particularly with faith-based communities is more challenging. Despite being located in the community for over two decades, PPPBTC West Palm Beach still has to overcome the stigma often associated with Planned Parenthood's name and services before demonstrating the value of programs such as Teen Time and the after school programs. In fact, youth at one of the after-school programs developed a motto in response to the challenge PPPBTC West Palm Beach was facing in this community: "Planned Parenthood – More Than You Think." Indeed, PPPBTC West Palm Beach had to prove to community residents that PPPBTC West Palm Beach programmatic efforts are truly in the community's [youths'] best interest. One way PPPBTC West Palm Beach has overcome this stigma is to invest in the restoration of a community church building. In doing so, PPPBTC West Palm Beach has confirmed that their interest is not only to serve youth around reproductive health issues, but also to **help parents and families build a safer community for their youth to live in.**

In rural New Hampshire, engaging the community is particularly difficult for several reasons, including rural isolation (e.g., issues of transportation), local politics, and integrating programs within tight-knit communities that are not open to "outsiders." Still, one town in particular found a way to make it happen. The town of Bartlett brought together key people from the community (e.g., school personnel, parents, business persons, law enforcement) in a **planning meeting to create a vision for their community.** The goal was to create a formal partnership between key members of the community to support healthy communities – children and families. Because **the process for bringing people together was strategic, structured, and inclusive,** members of the community overwhelmingly supported the development of a position that could address issues discussed at the planning meeting.

Out of this meeting, a new position was created -- the Family Support Liaison. The liaison fills a variety of functions, including counselor to students and parents, workshop facilitator, health educator, and school nurse. The liaison hosts several workshops around issues of sexuality and reproductive health, including a parenting adolescent series called "Raising Sexually Healthy Adolescents." Despite conservative local politics, this position receives great support; parents are enthusiastic for information and thrilled to be in an **environment where they can feel comfortable to ask questions.** Youth workers attribute the high turnout rates at workshops to the liaison's **name recognition within the community** (the liaison had been a school nurse for ten years in addition to other community roles).

Successes – Engaging the Community as Partners

- Use a Culturally Appropriate Outreach and Engagement Model
- Collaborate with an Established Community-Based Organization
- Provide Services Beyond the Immediate Program Objective; Create Benefits for the Whole Community, not *just the youth*
- Create a Vision for the Whole Community (from the Whole Community)
- Develop a Process That is Strategic, Structured, and Inclusive
- Using a "Familiar Face" in the Community to Carry Out Activities

Challenges

- Overcome Stigmas Associated with Agency's Services [and Intentions]
- Demonstrating Community Interest and Investment

- Rural Isolation
- Local Politics
- Integrating into Tight-Knit Communities

Creating Partnerships that “Make Sense”

The idea of creating collaborations with other organizations sounds good; however coordinating with another agency can be a formidable task. Still, **creating relationships across agencies can be extremely valuable**, particularly if the partnership is one that “makes sense” and offers something useful to all those involved.

Far too often agencies collaborate with each other because of funding stipulations or because individuals from each organization are “old” colleagues and want to work together, or simply because

Finding ways to make partnerships “make sense” can increase the benefits – for the agency and the community served

it sounds like a good idea. Although these reasons might work for some, they do not work for all, and do not necessarily ensure the partnership will be mutually beneficial. Finding ways to develop partnerships that “make sense” can increase the benefits to the agency and the communities served, as well as provide agencies an impetus for **working together toward achieving a larger common goal**. When both agencies mutually benefit from a partnership it is more likely that agencies will invest time and commitment on making the partnership work.

Getting parents and family members to participate in workshops can be difficult. Parents/family have many obligations that may limit their ability to take part in additional activities; often parents may see program participation as competing with other priorities (e.g., work, household responsibilities). Still, helping parents understand the importance and relevance of supports offered around healthy adolescent development is important. More important, however, is **helping providers understand the priorities that parents and families face** on a day-to-day basis. By partnering with organizations that support and serve adults and address adults’ priorities, providers working to improve the sexual health of youth can **better frame and organize ARH-related programs in a way that becomes relevant and feasible within parents’ priorities**.

Creating partnerships that “make sense” can serve several purposes and can act to strengthen the work agencies do with community residents around helping youth become sexually responsible and healthy. Developing relationships with other agencies in the community can facilitate this effort by:

- Tapping into a Captive Audience
- Becoming *More a Part of* the Community
- Building Advocacy and Alliances

Tapping Into A Captive Audience

In Nevada, Planned Parenthood Mar Monte (PPMM) tapped into parents by **collaborating with other organizations that were already reaching and providing services to parents**. Currently, PPMM has limited staff capacity to reach out to diverse parents. Furthermore, because of their youth focus, most of their staff members are young and have a challenging time connecting with older adults. Therefore, it was important for PPMM to find other ways to expand their staffs' capacity to connect with parents.

PPMM works with other agencies to reach parents from three groups – parents with children in the Head Start Program, parents and youth in a Native American tribal community, and mothers in a residential drug treatment rehabilitation center. In particular, PPMM capitalizes on the relationship built between the rehabilitation center and Planned Parenthood. The rehabilitation center requires mothers enrolled in the program receive a life skills component as a requirement for completing the residential program. Planned Parenthood is able to provide this service in the form of the Parents' Talk workshop on parent-teen communication around reproductive health and sexuality issues. In this way, PPMM capitalizes on a "captive audience." In other words, PPMM **provides a service to parents that are relevant and important, while remaining mindful of parents' priorities** (in this case graduating from the rehabilitation center).

Similarly, Planned Parenthood – New York City (PPNYC) formed a relationship with an employment-training agency to offer adult participants two workshops around helping parents communicate with their children about sexual health and responsibility. Like the mothers at the rehabilitation center, adults at the employment-training agency also have to complete a life skills workshop as part of their educational or training activities. The workshop facilitated by the ARMs fulfills this requirement.

In both instances, participation at the ARMs and Parents' Talk workshops is greater than usual because the workshops **provide a service beneficial to parents and consistent with family priorities**: "getting better" and becoming employed, respectively.

Becoming a Part of the Community

Many agencies have been located within neighborhoods for many years, but have not found **ways to integrate into the fabric of the community**. It is important to identify ways that the organization has interacted with different segments of the community. It may be helpful to think about: What issues are community members most likely to rally around? What engagement approaches do adults respond to? How can agencies resonate with community priorities?

In New Hampshire, many communities are close-knit and have not responded well to "outsiders." Still, reproductive health providers have acknowledged the value of getting adults and parents on their side and working on **improving relationships to create a strong advocacy** base for youth reproductive health services. In Nashua, the nature of the community is very protective and adults tend to shield their issues and problems. Staff realize that in order to get community members on board with issues they believe important, program staff need to understand what issues community residents feel are

most important. Currently, a staff member attends community meetings to try to engage the community by **participating *within the community***. This approach is important and strategic because it demonstrates that program staffs are concerned about the issues *community members consider priorities* and are interested in finding ways to integrate the value of engaging parents and families around their children's sexual health in a manner that is consistent **and not competing** with community priorities.

Similarly, the town of Bartlett, New Hampshire has created a process that includes the community, the school, and the clinic. A strategic vision process has been developed to create a plan around working together to help raise healthy children. The process integrates key players in a way that makes it possible for resolutions to come from within the community. In this manner, everyone has become a part of the community, working together to achieve a common goal – to improve the lives of children in Bartlett.

Building Advocacy and Alliances

As noted above, community educators in Bartlett focus the issue of ARH and sexuality around *Helping Raise Healthy Children*. This angle lessens the focus on "sex" as many parents view it, and emphasizes the role of parents as primary [sexuality] educators to raise healthy children. In this manner, educators increase advocacy for program initiatives because the **issue – *Raising Healthy Children* – resonates with community residents**.

PPPBTC West Palm Beach also worked with another agency to increase parent engagement and participation, as well as general support for program initiatives sponsored by Planned Parenthood. PPPBTC West Palm Beach sought the support of a local church congregation to establish an after school program in one of the church buildings. The partnership was developed to gain support and advocacy for programs by community members and to **promote community development**. Staff members agree that this relationship helps PPPBTC West Palm Beach **gain credibility among this community**. That is, in addition to offering important programs to youth and their families, PPPBTC West Palm Beach also has taken a vested interest in developing their community by renovating a community building (in which the program was to be housed).

Successes – Creating Partnerships that Make Sense

- Capitalize on a "Captive Audience" to Increase Adult Participation
- Identify a Common Goal to Work Towards Together with Community Residents
- Frame Program Services in a Way that Understands Family/Community Priorities
- Frame the Issues in a Manner that is Important and Relevant to Community Members
- Promote Community Development

Challenges – Creating Partnerships that Make Sense

- Building Organizational Relationships
- Integrating into Close Knit Communities
- Getting Parents to Understand It's More than Just Talking About Sex

Empowering Adults in Their Role as Parents

Addressing parents', families' and community priorities is integral to gaining parents as partners and supporters of the services reproductive health providers give to their children. **An adult's role as a parent is very dynamic.** It is multi-faceted and can often tax one's energy. Tremendous resiliency is needed to deal with everyday matters. Adults deal with many issues such as employment, managing with limited resources, mental health, personal struggles (e.g., substance abuse), housing matters, and basic family matters, such as juggling the responsibilities of work, parenting, household chores and responsibilities. Finding ways to alleviate and support adults in their roles as parents is critical to gaining parental/familial support and advocacy for any program initiative.

It is, therefore, important to **integrate ways to facilitate community empowerment into program objectives** by providing members of the community with the skills and capacity to address daily issues and priorities. Assuring adults are equipped to deal with their familial obligations and priorities (such as having gainful employment, receiving drug rehabilitation services) is one step towards empowering parents to be able to support and advocate for the health of their children, including their reproductive and sexual health. In this way, parents can then focus their energy on other important issues, such as helping their children become sexually responsible and healthy.

The Adult Role Models (ARMs) program was developed to equip parents with the knowledge, skills, and capacity to communicate with their children around healthy sexuality. To do so, staff tapped into the community's most valuable resources – its residents – and trained a cadre of parents who can answer ongoing questions from friends and neighbors about raising kids sexually healthy and

BOX 5. BENEFIT OF ARMs PROGRAM TO ADULT PARTICIPANTS (as reported by parents/ARMs)

- ❖ 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

responsible. However, PPNYC recognizes that community members face multiple hardships on a daily basis, including financial hardships. PPNYC therefore offers a financial incentive to adult participants to demonstrate **the value of adults' participation and contribution to the program.** While the incentive facilitates recruitment and participation, it also acts to supplement day-to-day needs and affirm the wealth of information parents bring to the program. The **stipend is a tangible asset** the program offers in return for parents helping providers strengthen their services to youth.

The financial component and commitment requirement to the program also gives participants the sense they are employed. ARMs report that they have gained many skills in the program that made them more employable (e.g., public speaking, facilitation, tolerance) (See BOX 5).

For some, the program is their first step into an environment that provides (although unintentionally) professional growth. In fact, many ARMs have sought out professional employment after participating in the program.

Staffs estimate that between 15 and 20 percent of parents who become ARMs go on to seek professional employment, many for the first time.

Staffs estimate 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.

Finding opportunities to empower parents beyond the scope of the program is a tremendous endeavor.

Nonetheless, it is important to ensure that the relevance and importance of engaging parents is beneficial not only to providers, but the youth and adult participants!

Successes – Empowering Adults

- Identify Adult Priorities Regarding Personal And Family Obligations
- Integrate Program Objectives with Parental/Familial Needs
- Offer Adult Participants Opportunities to Use Skills Acquired

Challenges – Empowering Adults

- Limited Resources To Enhance Services Beyond Core Objectives
- Addressing The Varying Priorities Of Families Within A Group

Broadening Staffs' Capacity to Support Parents as Primary Sexuality Educators

Programs that work with youth often hire persons that have an affinity to youth (e.g., age, experience, empathy). Therefore when agencies agree that engaging parents and families to strengthen the work they do with youth is appropriate, important, and necessary, **broadening the program staffs' capacity to work with a different population** may be necessary to successfully connect with parents and families.

Working with parents may require a totally different skill set than youth workers may be accustomed to. Parents, just like youth, come from a wide range of backgrounds and experiences. But unlike most youth, adults **have complex and challenging legal and social roles** for which they are accountable. Parents are concerned with their legal obligations to children, as well as the morals and values they would like to instill in their children. They are concerned with raising kids in a healthy manner and protecting them from harm. They are concerned with making ends meet and still "being there" for their children.

Staffs from the sites visited shared some insights regarding **broadening staff capacity to connect with adults and support them in their role as parents and as the primary sexuality educators** of their children. Program staffs interviewed feel it is important to:

- ***Speak From Experience***

In certain cultures it may be disrespectful for young adults to offer advice to older adults, even more so on matters of sexuality regarding their children. At the Nevada site, young staffs have a difficult time connecting with parents because of their limited life experiences, as well as belonging to a different ethnic background. Adults perceive staffs as being unable to offer guidance around raising children because they are not parents themselves. In addition, community adults feel program staffs cannot relate to the norms of their culture because staffs belong to a different culture than the parents. Thus staff capacity limits program efforts. Finding ways to assure adults in the community that staff members have expertise around adolescent sexuality and have an awareness of and consideration for community adults' cultural norms and traditions is important in order to connect and work with parents/families.

In PPPBTC West Palm Beach staffs come from the community. The staffing structure of the after school programs is shaped by guidelines and protocols offered within the Carrera Teen Pregnancy Prevention Program Model. The **model ensures that staffs that 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.

- ***Share/Understand a Culture***

Previously, PPPBTC West Palm Beach staffs notice an increase in participation from the Latino community when the agency staffs became more diverse. Immediately, the importance of having staff members that could relate – culturally – to the adults they were trying to engage was recognized. Part of empowering adults in their role as parents is to make sure that *their* experiences are not lost and are respected as valuable lessons that can be shared with their children. Having staff members that can relate to and have similar life experiences as the target population is important, because it offers a sense of **"I know Where You Come From."** Community adults may be more willing to trust and open up to staff that "look" like them and reflect their worldview and experiences.

Again, the Nevada site is unable to fully connect with parents of the youth they serve. In particular, staff members have a difficult time connecting with the Native American population, the Paiute and Washoe tribes. Despite offering program activities on the reservation, staffs note that establishing a relationship and communicating [even with the youth in this community] is hard because there is a sentiment of unfamiliarity – "you don't look like me." Staffs also note that they not only have to overcome an ethnic barrier, but also have to find ways to present and discuss a topic considered taboo among Native Americans – issues of sexuality.

In the long-term, staff acknowledge the need to expand their staff capacity if they are to connect with the parents of the youth they serve, in particular and with the community, in

general. In the meantime, staffs attend conferences and other training opportunities that offer them snapshot insights for dealing with this limitation.

- ***Build a Relationship***

It is important for youth providers to recognize their role in the grand scheme of things. It is key to advocate and encourage parents to become the primary sexuality educators of their children. One way to do this is to build relationships with the parents and families of the youth served by the agency. PPNYC trains community residents to connect and build relationships with parents they are trying to reach. Program staff members comment: Who better to talk to community residents about their children's sexual health than other community residents – friends and neighbors? **Community residents that exhibit a central role in their community can advocate on behalf of the agency** and promote services beneficial to the community.

- ***Speak Openly***

Sparking up a conversation with adults regarding their children's sexual health can seem awkward and inopportune at times. Once a good rapport is established, however, it is important to speak openly and frankly about issues related to the reproductive and sexual health development of youth. Parents may have many questions and concerns about their children's sexual health development, but might be hesitant to ask out of discretion and fear of seeming disrespectful or inappropriate. It is critical for staff to feel as comfortable as possible in their role as educators of reproductive health and sexuality issues so that they can help parents to also feel at ease to ask relevant questions and, in turn, become skilled at conversing with their children.

BOX 6. BUILD STAFF CAPACITY TO...

- ✓ Understand Adults Role as Parents
- ✓ Value Parents as the Primary Sexuality Educators of Their Children
- ✓ Empower Adults
- ✓ Meet Parents Where They Are
- ✓ Build Skills Set
- ✓ Encourage Parents to Build Off Their Own Experiences

Youth workers need to understand the pressures adults face in their role as parents and work to empower adults in this role (See BOX 6). Building relationships with parents may be more a matter of **empowering them with a skill set rather than providing a knowledge base**. It is important to **meet parents where they are** and support them in the many ways they interact with their children. In this manner, parents' and families' experiences and values complement program goals and objectives to help parents become the primary sexuality educators of their children.

Successes – Broadening Staffs' Capacity

- Using a Staffing Model that Places People from the Community as Front-line Workers
- Acknowledge Adults' Multi-faceted Role as Parents
- Meet Parents Where They Are

Challenges – Broadening Staffs' Capacity

- Adjusting Staffs' Skills and Capacity to Enhance Outreach and Engagement of a Different Population
- Encouraging Parents to Share Their Values Rather Than Imposing Program Staff/agency Values

BUILDING ON WHAT WE KNOW: Tailoring Parental Engagement Programs For Diverse Populations

We know providers are having a difficult time engaging parents around issues of adolescent reproductive health and sexuality, particularly adults of colors and from low-income communities. We also know that parents support youth access to sexuality information and that parents and adult caregivers should be the primary educators around this issue.¹⁹ Still, parents are hesitant to participate in workshops and other programs aimed at helping them improve their communication with their children around sexuality topics.²⁰

The sites CARTA visited have found creative ways to connect with adults around adolescent reproductive health and sexuality issues. From what they have shared, engaging diverse families around improving youths' sexual health is both challenging and rewarding. In particular, it requires providers to:

- **Recognize adults as the primary sexuality educators of their children.**
This means providers must engage adult caregivers as *partners* in developing the appropriate approaches, and *not just as participants* in a program. It is important to identify the many ways programs can integrate the importance of a comprehensive sexuality curricula, while encouraging adults to share *their* life experiences with their children to help shape and support youths' decisions around responsible sexual health. Adults come from varying life experiences based on their racial/ethnic background, age, economic circumstance, personal situation; each life facet has something valuable to contribute that can help their children be resilient in the face of risky situations. Mining lessons from adults' life experiences to frame comprehensive sexuality education is a practical and proactive approach to ensuring that parents are able to articulate their values and are more comfortable talking with their adolescent children. If successful, such actions are more likely to be sustained in the home once the program activity has ended. In the ARMs program, adult participants are encouraged to consider their values when role-playing and conducting workshops with community residents.

As other programs begin to shape activities for parents and families, it is key to be consistent with the cultural, social, and communication needs of the community. It is necessary to understand predictors of risk behaviors and identify ways to address them in a way that is appropriate and relevant for the families' particular context. Similar to the ARMs program, one way to ensure the development of culturally and socially relevant approaches is to capitalize on a community's most valuable resource – *it's residents!*

Ways to Engage the Community Residents as Partners

- ✓ *Use the Power of Word-of-Mouth*
- ✓ *Seek Support from Leaders in the Community*
- ✓ *Partner with Community-Based Organizations Already Working With Parents*

- **Build the agency as a visible part of the community**

Far too often reproductive health providers are located within neighborhoods and effectively serve youth in the community, but are seldom connected with the adults of the youth they serve. Connecting with the adult population may not be typical for some ARH health providers for several reasons (already noted in this document), still programs have learned that partnering and interacting with community members builds relationships and opens up lines of communication which, in turn, facilitates service provision to youth around reproductive health and sexuality.

In Nashua, New Hampshire, reproductive health providers made a concerted effort to take interest in other community priorities, not specific to health issues. Staff attended town meetings and, in this manner, familiarized themselves with the on-going activities, functions, and salient issues relevant to the local community, as well as became acquainted with community members themselves.

Ways to Become a Visible Part of the

- ✓ *Attend Town/community Meetings; Become Aware and Invested in Issues that are Priority to the Community*
- ✓ *Collaborate with Established Community-Based and Faith-Based Organizations that are Integral to Adults in the Community*
- ✓ *Provide Supports and Resources to the Community that Facilitate Community Revitalization*

- **Empower Adults to Support Them in Their Role as Parents**

Parents face many challenges on a day-to-day basis. Often they lack the resources and supports necessary to supplement basic needs. Inevitably, life's challenges, at times, compromise an adult's ability to support and guide youth around issues related to sexuality. By the same token, pressing necessities reduce parents' ability to participate in organized programs activities. Providers must recognize the many obligations adults have in their role as parents and think "out of the box" to develop strategies that are appropriate and consistent with the target population.

For example, both the Parents' Talk and ARMs program aim to meet parents where they are. These programs are aware of adults' other obligations that could limit the time and support available to their children around decision-making and sexual health. Adults in these programs are faced serious personal circumstances (e.g., drug rehabilitation and lack of employment, respectively). These programs recognize that some adults might need to work on their own personal matters first before they are ready or able to address the needs of their children. A stronger and better-prepared parent/caregiver is a critical part of the supports necessary for a sexually healthy teen.

Ways to Empower Adults in Their Role As Caregivers

- ✓ *Offer Employability Skills and/or Opportunities to Contribute – Give Back*
- ✓ *Provide Parent-Teen Communication and Relationship-Building Tips*
- ✓ *Make Available Peer Support Systems*

- **Strengthen Staffs' Ability to Connect with Community Adults**

Youth programs are often staffed with personnel that are adept at dealing with young populations; training, certifications, and educational background compliment the work they conduct with youth. Enhancing staffs' ability to engage adults in the community can be very challenging for those accustomed to working with youth. Adults need to be supported in a very different way than youth. Adults come to the table with a lot of experience under their belt that shape their attitudes and beliefs around the work ARH providers are trying to do. It is key to integrate parent's perspectives and values as providers begin to shape programs for youth around improving their sexual health.

For example, the Family Support Liaison at Josiah Bartlett Elementary School is a familiar and trusted member of the community; the liaison has interacted with adults in the community through various positions held over the years. In addition, the community also recognizes that the liaison shares similar experiences, as a parent of a teen. Because of the connection – familiarity, shared experiences, and trust – parents feel more at ease relying on the liaison's opinion and advice.

Ways to Enhance Staff Capacity

- ✓ *Use Community Members to Disseminate Information*
- ✓ *Offer Current Staffs Training Opportunities Around Adult Outreach and Engagement*
- ✓ *Hire Staffs Specific to Achieve Program Objective – Engage Parents and Families Around Improving Youth's Sexual Health*

Several sites also noted their desire to reach other diverse populations such as **Parents of Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth, Parents with Children with Mental Health Disabilities, and Parents with Children with Physical Disabilities**. Staffs note there is limited information around how to engage parents of youth with additional needs and supports. Some national agencies have begun to disseminate information around this issue (See Appendix C), but examples of how best to engage parents/families around sexuality issues for children with different physical emotional needs, or who are questioning their sexuality are limited. Providers should therefore actively explore information available to them and be creative about integrating this information into their practice to better meet the needs of youth and parents of these populations.



CONCLUSION

Increasingly, different segments of the health provider, research, and policy communities understand the importance of connecting with adult caregivers to support the healthy development and transition of youth from adolescence to adulthood. Within the realm of reproductive health, a more deliberate and strategic focus of this effort calls for *parents and families to become partners with reproductive health providers*. As such, it is necessary to recognize and focus on the diversity of “families” and the different roles family members play in the rearing and nurturing of its youngest members. In turn, programs will need to be flexible so they can address the needs of adults given their cultural, economic and social background, and be designed to optimally engage and empower adult participants.

The lessons learned from the sites highlighted here offer many insights about how to gain access to community residents and to begin the process of engaging parents and families on matters of adolescent sexual health.

While efforts are underway in many communities across the country, there is still much work to be done to enhance and sustain program efforts. Providers interested in connecting with parents need information on how to get started, on developing appropriate program strategies and measuring the benefits of their efforts. A critical mass of best practice programs will help “build the case” for engaging parents and families around ARH and encourage a dialogue between providers, youth, and parents to support informed and responsible decision-making around sexual health.

For specific informational resources around developing a parental engagement effort, highlighting examples from the sites visited, see:

- Engaging parents and Families Around Adolescent Reproductive Health: A Guide for Providers;
- Lessons Learned: Measuring the Benefits of Parental Engagement;
- Engaging Parents and Families in Adolescent Reproductive Health: A Case Study Review; and
- Engaging Parents and Families in Adolescent Reproductive Health: An approach supported by the Annie E. Casey foundation.

For other resources and supports, including organizational and programmatic, see Appendix C.



APPENDIX A: National Organizations

Below is contact information for various organizations referenced throughout the lessons learned. Note, this is not an endorsement of these organizations or any particular parental engagement program or materials.

Advocates for Youth

Laura Davis
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1025 Vermont Avenue, NW
Washington, DC 20005
Tel: (202) 347-5700
Fax: (202) 347-2263
Email: laura@advocatesforyouth.org
Website: 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

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

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

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

The National Campaign to Prevent Teen Pregnancy

Alexandra González
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

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

**Resource Center for Adolescent Pregnancy
Prevention (ReCAPP)**

ETR Associates
Douglas Kirby
Senior Research Scientist
P.O. Box 1830
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Fax: (831) 461-9534/ 408-3618
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**Sexuality Information and Education
Council Of the United States (SIECUS)**

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

Village House

Henrieta J. Tice
Manager
5051 North Lane
Orlando, FL 32808
Tel: (407) 245-0010
Email: htice@cfdfll.com
Website: www.cfdfll.com

APPENDIX B: Site Visit Organizations

Below is contact information for site visit organizations referenced throughout the lessons learned. Note, this is not an endorsement of these organizations or any particular parental engagement program or materials.

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 the Palm Beach and Treasure Coast Area, Inc.

Teen Time/After School Programs
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

Planned Parenthood Mar Monte *Parents Talk*

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

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 of Northern New England (PPNNE)– 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

PPNNE – 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

PPNNE – 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

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

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

White Mountain Community Health Center

Suzy Kjelberg

APPENDIX C: Program Resources

Below are references for program materials around programs for diverse audiences, and tools around outreach and engagement for diverse populations. Note, this is not an endorsement of any particular parental engagement program or materials.

Site-Visit Specific Materials

- León, J. & Sugland, B.W. (2003). Engaging Parents and Families in Adolescent Reproductive Health: A Guide for Adolescent Reproductive Health Providers. Baltimore, MD: CARTA, Inc.

Where to Get a Copy CARTA. See Appendix A: National Organizations.

- Pelea, B.J. & Sugland, B.W. (2003). Lessons Learned: Measuring the Benefits of Parental Engagement Programs. Baltimore, MD: CARTA, Inc.

Where to Get a Copy CARTA. See Appendix A: National Organizations.

- Sugland, B.W., León, J., & Hudson, R. (2003). Engaging Parents and Families in Adolescent Reproductive Health: A Case Study Review. Baltimore, MD: CARTA, Inc.

Where to Get a Copy CARTA. See Appendix A: National Organizations.

- Sugland, B.W. & León, J. (2000). Engaging Parents and Families in Adolescent Reproductive Health: An Approach Supported by the Annie E. Casey Foundation. Final Report to the Annie E. Casey Foundation. Baltimore, MD: CARTA, Inc.

Where to Get a Copy CARTA. See Appendix A: National Organizations.

General Resources and Materials

- **Building Effective Community Partnerships (1999)**
The Office of Juvenile Justice and Delinquency Prevention provide an extensive tool kit on the issue of establishing community partnerships and collaborations. It includes discussions and illustrations related to defining and establishing partnerships and collaborations. In addition, it provides discussions on numerous other topics, including selection of potential partners or collaborators, preparations for meetings, monitoring progress, and anticipating potential problems.

Where to Get a Copy Available online at: <http://www.ojjdp.ncjrs.org/resources/files/toolkit1final.pdf>



- **Building And Sustaining Community Partnerships For Teen Pregnancy Prevention: A Working Paper (1998)**

A report by researchers at the Cornerstone Consulting Group discusses the issue of defining partnerships and collaboration in the context of prevention of teen pregnancy. The partnership and collaboration information is very generalized and can be easily applied to a variety of issues.

Where to Get a Copy Available online at: <http://aspe.hhs.gov/hsp/teenp/teenpreg/teenpreg.htm>

- **Community Action Kit To Support Comprehensive Sexuality Education (1997)**

This kit is designed to help advocates for comprehensive sexuality education in communities across the nation. It includes strategies for organizing support, information for handouts, overheads, or posters, reviews curricula, and related information.

Where to Get a Copy SIECUS. *See Appendix A: National Organizations.*

- **Getting Organized: A Guide to Preventing Teen Pregnancy (1999)** *Get Organized* is a practical manual for people who are interested in taking action to prevent teen pregnancy in their communities. The three-volume, 17-chapter publication covers a lot of ground — from strategies for involving boys and men and for reaching out to religious leaders and other community members to practical advice about how to raise money and to conduct program evaluation. Yet it remains easy to read and simple to use, with many checklists and examples from promising programs around the country. **Getting Organized** is divided into three complementary volumes. [Volume 1, No. 1–4]

Where to Get a Copy The National Campaign to Prevent Teen Pregnancy. *See Appendix A: National Organizations.*

- **Plain Talk**

Plain Talk is a community-based approach to reduce teen pregnancy in disadvantaged and vulnerable communities. The initiative, supported by the Annie E. Casey Foundation, was launched in 1993 in 5 urban communities and has now grown to 22 communities in the United States. Plain Talk aims to equip communities with the necessary skills and tools necessary to effectively deal with the issues related to adolescent sexual risk-taking.

Where to Get Information AECF. *See Appendix A: National Organizations.*

- **Promotores Model**

The Promotores Model is based on the work of Brazilian educator and philosopher Paulo Freire. The model aims to use culturally consistent methods to engage community members in an empowering process of learning.

Where to Get Information Latino Health Access. *See Appendix A: National Organizations.*

- **Ready Resources II: Promising Partnerships Between Teen Pregnancy Prevention and the Workforce Investment Act (No Date)**

This document is the second in a series of publications the Campaign has developed on programs and funding sources outside the traditional realm of teen pregnancy prevention. This report provides an overview of why WIA is an important potential partner in teen pregnancy prevention, spotlights examples of collaborative efforts, and offers tips for those interested in undertaking similar initiatives.

Where to Get a Copy National Campaign To Prevent Teen Pregnancy. See *Appendix A: National Organizations*.

- **Resources for Educators and Trainers (2002)**

A bibliography of materials on parent-child communication about sexuality issues for Asian/Pacific Islander, Latino, and Native American families. The bibliography includes curricula, pamphlets, booklets, research, and music.

Where to Get a Copy Advocates for Youth. See *Appendix A: National Organizations*.

- **Sexuality Education Across Cultures (1995)**

For professionals who teach about sexuality issues or counsel parents about sexuality issues, this book explores the ways in which cultural differences shape beliefs about gender and sexual thoughts, feelings, and behaviors. It also shows how a better understanding of cultural diversity will improve communication and create more effective sexuality education programs.

Where to Get a Copy

Jossey-Bass Inc. ♦ 350 Sansome Street ♦ 5th Floor ♦ San Francisco, CA 94104 ♦ Tel: (800) 956-7739 ♦ Fax: (800) 605-2665 ♦ Web site: <http://www.josseybass.com> ♦ ISBN 0-7879-0154-7

- ***Sharing Values About Sexuality***

Shows educators how to conduct a values clarification workshop for parents, which can easily be adapted for training of staff or educators. This workshop not only helps parents identify and clarify their values but also gives them an opportunity to practice communicating ethos's values to their children.

Where to Get Information ReCAP. See *Appendix A: National Organizations*.

- **Teen Pregnancy Prevention Model (Carrera Model)**

The Carrera Model applies a comprehensive approach in delivering services to youth and families in communities. The model aims to address the multiplicity of issues that increase the likelihood of parenthood among youth in vulnerable communities. The model has seven key components that address the multiple facets of young people's lives, including family support, comprehensive sexuality education, access to care, academic support and enrichment, recreational and creative opportunities, mentoring and community service engagement, and continued education opportunities. The programs in the model run concurrently to address

the whole person. The goal is to generate genuine life changes in youth by reducing hopelessness and increasing motivation.

Where to Get Information Children's Aid Society. See *Appendix A: National Organizations*.

Other Sources: Carrera, M.A. 1995. The Carrera Model Replication
http://www.doctorcarrera.com/tools/Dr.Carrera/body_dr.carrera/html
http://www.childrensaidsociety.org/cas/teen_preg/description.html

- **Time To Speak: Faith Communities And Sexuality Education (1998)**
This booklet calls on all churches and synagogues to become involved with sexuality education, and provides suggestions on how faith communities can deliver sexuality education within their own congregations as well as how they can support sexuality education programs in the community. It also includes a new bibliography of religious sexuality curricula, denomination statements on sexuality education, and resources.

Where to Get a Copy SIECUS. See *Appendix A: National Organizations*.

- **Village Houses**
The Village House Program builds on community resources and builds a program where neighborhood residents volunteer their homes as safe havens and positive activity centers for neighborhood youth. Rather than building a center, Village Houses 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 times. The intent is to model this program in the Palm Beach area to address issues of teen pregnancy.

Where to Get Information Village House. See *Appendix A: National Organizations*.

- **Winning The Battle: Developing Support For Sexuality And HIV/AIDS Education (1991)**
This booklet offers help in developing community support for HIV prevention and sexuality education. It emphasizes the importance of strong community and parental involvement. It includes strategies for building community support; suggested responses to attacks; and the 20 most-often-

Where to Get a Copy SIECUS. See *Appendix A: National Organizations*.

ENDNOTES

¹ For the purpose of this project, parental engagement is defined as: “Any activity (formal or informal) that directly or indirectly engages parents, and/or immediate family, extended family, or family/parent surrogates, in ways that support adolescent reproductive health issues and support the delivery or reproductive health services to teens without compromising adolescent confidentiality and or adolescents’ rights to reproductive health care.”

Sugland, B.W., & León, J. (2000). Engaging parents and families in adolescent reproductive health: An approach supported by the Annie E. Casey Foundation. Baltimore, MD: CARTA, Inc.

² Literature demonstrates strong links between comprehensive programs that address youth issues and engage families within the community context and positive youth and family outcomes. Berglund, L., & Evans, D.J. (1999). More than a youth program: Family centered youth development. A Report on emerging trends in applied research, practice, and policy. Report to the Annie E. Casey Foundation.

³ Sugland, B.W., León, J., & Hudson, R. (2003). Engaging parents and families in adolescent reproductive health: A case study review. Baltimore, MD: CARTA, Inc.

⁴ Pelea, B.J., & Sugland, B.W. (2003). Measuring the benefits of parental engagement programs. Baltimore, MD: CARTA, Inc.

⁵ León, J. & Sugland, B.W. (2003). Engaging parents and families as partners in adolescent reproductive health and sexuality: A guide for reproductive health providers. Baltimore, MD: CARTA, Inc.

⁶ The four programs were selected from a review of 19 programs identified during Year I of this project.

⁷ Parental engagement types emerged given the nature of engagement activities.

⁸ The Promotores Model is based on the philosophy of Brazilian educator, Paulo Freire. The model aims to empower community member to become active participants in the transformation of their experiences. For more information on the Freirian philosophy check out the website <http://www.infed.org/thinkers/et-freir.htm>.

⁹ Casparian, E., Goldfarb, E., Kimball, R., Sprung, B., & Wilson, P. [No Date]. Our whole lives curricula: Lifespan sexuality education curricula. Boston, MA: Unitarian Universalist Association. Retrieved October 2002, from <http://www.uua.org/owl/main.html>.

¹⁰ Carrera, M.A. (1995). The Carrera Model replication manual.

¹¹ The after school programs are the focus of the majority of the joint youth- & parent-centered programming. Currently there are three after school programs: No Limit Club (in Riviera Beach), Above the Muck (in Belle Glade), and Delray Teen Society (in Delray). Note: The latter program is run by a sister affiliate of PPPBTC West Palm Beach and is not included in any descriptions presented throughout this document.

¹² 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. [*Note: The Laconia site had no specific parental engagement programs]. 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 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).

¹³ Retrieved July 22, 2002 from www.plannedparenthood.org/ppnne/main.asp.

¹⁴ “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.

¹⁵ Different PPNNE West Lebanon staffs contribute to the newsletter, which addresses children’s sexuality at different developmental stages, providing age appropriate messages, as well as tries to cover issues such as sexuality issues of children with developmental disabilities.

¹⁶ PPNNE offers professional trainers to assist in general delivery/education of sexuality-related information.

¹⁷ This series was sponsored by the state health department and fielded by school nurses.

¹⁸ Op Cit. (See reference #8)

¹⁹ Dailard, C. (2001). Sex education: Politicians, parents, teachers, and teens. The Guttmacher Report on Public Policy. The Alan Guttmacher Institute. Washington, DC.

²⁰ Note: The survey was conducted August 3-20, 2002, with 803 lower-income parents and guardians of school-age children. Parents and guardians surveyed had household incomes under 250 percent of the federal level as defined by the US Census Bureau document, “Money Income in the U.S. 2000”. Lake Snell Perry & Associates. (2002). Lower-income parents on teaching and talking with children about sexual issues: Results from a national survey. A nationwide poll by the Sexuality Information Council of the United States. Washington, DC: SIECUS



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