



# STRATEGIC PLAN

*To Reduce Teen Births in Baltimore City*



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## FOREWARD

Baltimore's youth are in trouble. School failure, early sexual debut, sexually transmitted infections (STIs), and teen pregnancy characterize much of the experience of young people growing up in Baltimore today. Our youth are 1.5 times more likely to have had sexual intercourse as those in the rest of the nation. One fourth of our young people are out of school; and among them over 60% have had Four (4) or more sexual partners. STIs here are three times the state average; and HIV/AIDS is among the highest in the nation. Baltimore's infant mortality rate places us among the poorest nations of the world—and we are located in one of the wealthiest states of the country. For how long can we ignore this tragedy?

Some will say: "We don't know what to do about teen pregnancy." That simply isn't true; while we may not have all the answers, we know a lot. Some may say: "Teen pregnancy is a moral issue and we can't deal with it." We need to ask ourselves what morality would allow us to stand by and do nothing while our children fail. Some say "Our city coffers are empty. We can't afford to do what you propose." The cost of action pales against the cost of inaction. The reality is that we, as taxpayers, pay every day; we pay through the added costs to our clinics, our hospitals, our prisons and through the revenue this city will never see because businesses that could have come here have gone elsewhere because there is not an educated workforce. This city will never become what it could be until we help our children become who they can be.

This report lays out the scope of the teen pregnancy problem in Baltimore. Teen pregnancy is a marker for a lot of associated youth problems. Unless and until we have the political, social and moral will to act, we will be condemned in the future to write more strategic plans and continue to wonder why our youth are in trouble. We know why they are in trouble and we know what to do to change it. It is our choice whether or not we will do it.

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## EXECUTIVE SUMMARY

In February 2008, Healthy Teen Network (HTN) was asked, by then Baltimore City Commissioner of Health Dr. Joshua Sharfstein, to develop a strategic plan to reduce teen pregnancy in Baltimore City. The request came in response to recent upticks in the already persistently high rates of teen pregnancies and births in the City that are annually almost two times the rate for Maryland and one and a half times that of the United States (BCHD, 2008; Hamilton, Martin, & Ventura, 2009).

Teen pregnancy is a complex issue and for many youth will not be resolved by merely being exposed to an eight-week curriculum, even if it is evidence-based. Certainly, access to confidential contraceptive services is essential. However, for many of our more marginalized youth (those from dysfunctional homes, low socio-economic status, living in foster care, etc.) connection to community and a purpose in life make delaying childbearing a more reasonable and realistic decision for them.

During many of the youth focus groups conducted for this project, several participants (male and female) expressed mixed messages regarding teen pregnancy. While they say there are too many young girls having babies, they also believe that if you are financially and mentally able to parent, then it is acceptable to have your babies young. In fact, some expressed the belief that it is God's will that they do so. Their views of what it means to be a teen parent are ambivalent and unrealistic; very few expressed the notion that parenting too soon would interfere with life goals. A lack of feeling connected and having clear goals increases the possibility of engaging in a host of higher risk behaviors, including those that lead to teen pregnancy, sexually transmitted infections (STI) and HIV transmission.

We acknowledge these complicating factors and urge the City to consider them when designing any programs for youth. However, our project focuses on assessing more tangible efforts such as clinical services, health education, and teen pregnancy prevention programs. Our project's scope is to build on what we did and did not find. It incorporates the latest evidence-based knowledge about what works to reduce the higher risk behaviors associated with teen pregnancy, STI, and HIV among young people and recommends systems and policy changes that would make a difference on a larger scale.

Baltimore City currently has a host of public and private agencies that dedicate some or all of their efforts to this issue. However, most often these agencies function in isolation, which results in little

success in reducing rates. This strategic plan proposes a complex and comprehensive approach to reduce teen pregnancy, and more specifically, teen births among Baltimore youth. Implementation of this plan requires collaboration across agencies and communities, the use of evidence-based programs and curricula, improvement and expansion of clinical services, and a social media campaign. The good news is that there are currently federal dollars available to implement most of what is suggested here.

Healthy Teen Network employed the ten-step *Getting to Outcomes* (GTO) model to frame this effort (Appendix A). Steps 1-6 were addressed which includes: conducting a community needs assessment (Step 1); articulating a goal (Step 2); identifying evidence-based programs (Step 3) that fit the population (Step 4) and match community capacity (Step 5); and developing the final plan described in this document (Step 6). (It should be noted that a true GTO model includes an organization level of assessment for fit and capacity, as well as a detailed plan for implementation. Both of these were beyond the scope of this project. The recommendations offered here should be considered in more detail by an organization before implementation).

Specifically, Healthy Teen Network worked over an 18-month period with an advisory group of local professionals, post-doctoral and graduate interns, funders, and a larger working group representing several youth-serving agencies in the City. This advisory group worked to: 1) map teen birth rates and resources by neighborhood; 2) launch the initiative with then Mayor, Shelia Dixon; 3) connect with the faith community; 4) conduct key informant interviews to facilitate eventual implementation of the plan; 5) conduct youth focus groups to include their insights; and 6) identify evidence-based programs and approaches that fit the City's needs.

The timeliness of this effort is significant for several reasons. First, the Baltimore City Health Department (BCHD) has embarked on a city-wide effort to improve birth outcomes. Addressing teen births is a significant part of this strategic activity. Representatives from the *B'more for Healthy Babies* campaign joined the advisory group to ensure that efforts were complementary and inclusive.

Second, a federal level teen pregnancy prevention initiative has been funded and the call for proposals issued. These funds represent the first of their kind for supporting evidence-based models and several Baltimore City agencies have used this report to develop a competitive bid for these funds.

## KEY RECOMMENDATIONS

**Recommendation 1: The Baltimore City Public School System and the Baltimore City Health Department need to collaborate to increase access to evidence-based sexuality education and confidential contraceptive services for all young people in Baltimore City.**

- We recommend that the Baltimore City Public School System (BCPSS) adopt a set of health education standards that includes age and culturally appropriate evidence-based teen pregnancy, STI and HIV prevention programs throughout middle and high schools. Implementation of this alone would greatly increase exposure to the majority of Baltimore youth ages 15-19 years. If implemented with fidelity, these programs should reduce risky behaviors associated with teen pregnancy, and thus teen pregnancy and birth. Fewer teen births should improve graduation rates
- Clinical services need to be expanded through an increased presence in schools, so that all youth have access to confidential services. The very high utilization rates for contraceptive and STI/HIV services in these settings when compared to community based clinics makes this a priority for the Baltimore City Health Department (BCHD). Models include on-site health centers; on-site nurses with the ability to provide contraceptive methods (backed by physician protocol), and school-linked services. The *Self Center* is a proven effective school-linked model.
- There are many areas of the City where no viable youth services exist. The mapping data demonstrate this and youth corroborate it. There are many healthcare agencies in this City. Some of these are located near the gap areas. The Mayor and Commissioner of Health should bring the key provider groups together to develop a plan to fill the service gaps.
- While condoms, oral contraceptives and depo-provera appear to be the predominant contraceptive methods of choice for young people, there are more effective long acting reversible contraceptives (LARCs). The BCHD should join with the leading medical institutions in the city to undertake a social marketing campaign on effective LARCs (and emergency contraception) targeted at both providers and young people themselves with the goal of increasing their utilization. Any social marketing campaign must have youth input.

**Recommendation 2: Increase youth outreach and connection, especially among certain high risk sub-populations of Baltimore youth who face greater risk for teen births, STI and HIV, and who may not be reached by school-based approaches or social marketing campaigns.**

- Preventing repeat pregnancies among teen parents is an important strategy that does not appear to currently be addressed. Evidence suggests that those most likely to become pregnant are those who have previously experienced a pregnancy. *Nurse Family Partnership (NFP)* is one such evidence based strategy that was discontinued by the city of Baltimore due to financial constraints. However, the financial savings in the short term of discontinuing the program are dwarfed by long term social and economic costs of teen pregnancies. NFP should be reinstated and brought to scale.
- Integrating teen pregnancy, STI and HIV programming into out-of-school sites such as the YO! Program, group homes and homeless shelters for youth, juvenile services and other employment or youth support agencies is an essential step in promoting sexual and reproductive health for all youth.
- The Hispanic population in Baltimore is growing and has the highest teen birth rate in the City. There is a paucity of programs and services targeting this group of young people. Addressing the sexual and reproductive health needs of this segment of the population should be a priority of BCHD. We recommend that the BCHD form a working group with the Latino Provider Network and other groups to develop and implement a plan to meet the needs of this vulnerable group.

**Recommendation 3: Create a City-wide Coalition to manage this comprehensive plan, collect data, and advocate at the City and State levels.**

- Creating a politically and financially stable City-wide coalition under committed leadership is essential to the implementation of this plan. This coalition should not be at the mercy of political ideologies and budgets. We suggest a public-private partnership.
- Leveraging existing opportunities under the *B'more for Healthy Babies* initiative is one approach for integrating this effort into an existing system and structure. This approach can help to move action items along but is not a substitute for a coalition that targets teen pregnancy.



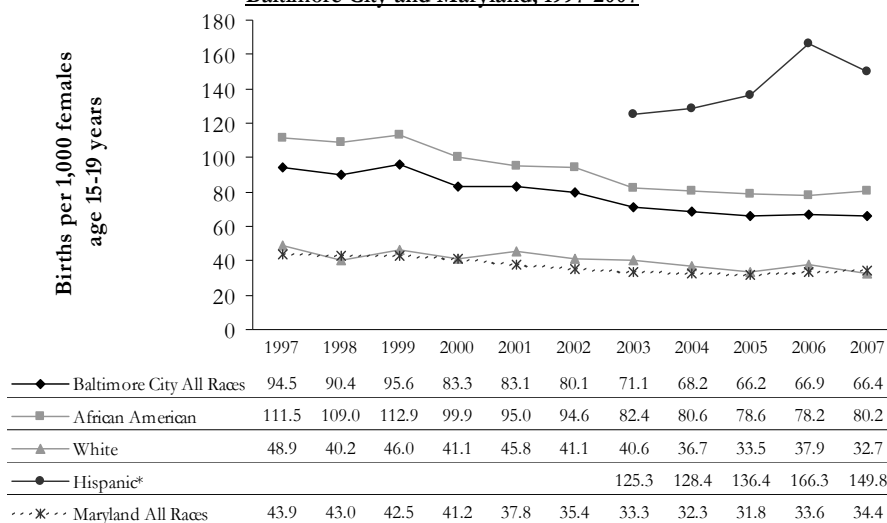
- Baltimore City needs accurate and current data. The challenges of obtaining data for this report underscore the need for a central data repository. We recommend that the Family League and Baltimore Data Collaborative be tasked with the establishment of such a data base that would include trends in pregnancy rates, contraceptive behaviors and the efficacy of the social marketing campaigns recommended above.

**Key advocacy efforts are critical to turn the tide of teen births in Baltimore.**

- Baltimore City must advocate at the State level to create and maintain funding for evidence-based approaches. Assessing existing COMAR regulations and providing examples of other state/municipalities that have incorporated evidence-based sexuality education standards is a start.
- The Maryland State Department of Health and Mental Hygiene should be strongly encouraged to seek funding for and support evidence-based prevention programs. Abstinence-only-until marriage programs are ineffective and not suitable for the majority of Baltimore City youth.
- Keeping a clinical presence in the schools and allowing them to provide confidential contraceptive services to their student bodies is effective and is preferred by those youth we met with. With current budget cuts, this is an uphill battle but an important one.

**Baltimore City Teen Birth Rates at a Glance**

**Teen Birth Rate, Baltimore City by Race and Ethnicity,  
Baltimore City and Maryland, 1997-2007**



Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Annual Report \*Includes all births to mothers of Hispanic origin of any race, data not available prior to 2003 (Data for other races not available due to a small number of events).

## BACKGROUND

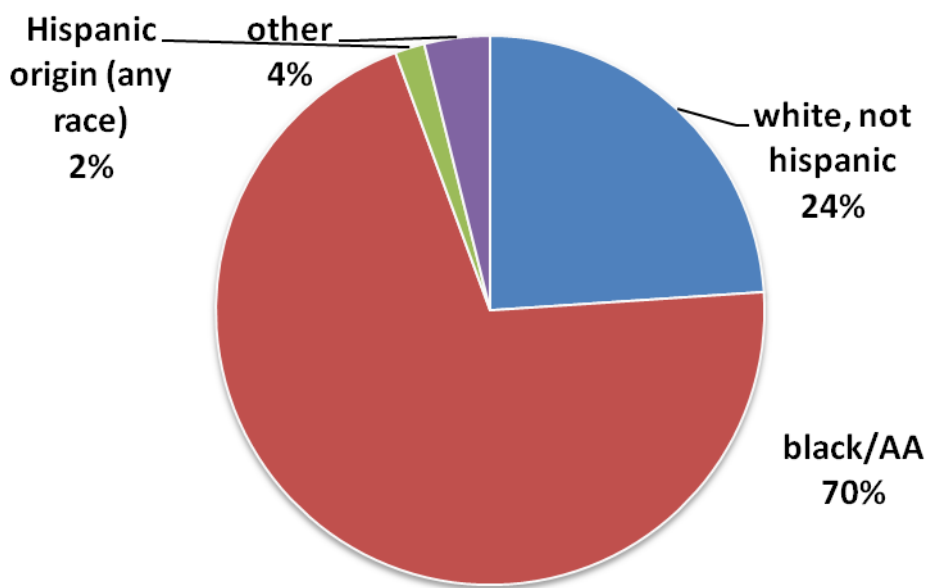
Anyone who lives in Baltimore, reads the paper, or watches the local news knows that there is a significant teen pregnancy issue in the City. Young girls with babies are ubiquitous, day care programs in high schools are fairly common, and the children of teen parents often end up in the news as either victims or perpetrators of crime. It has been this way for decades, and there have been numerous attempts to address the issue. A few attempts have included development of comprehensive city-wide assessments similar to this one.

But this is a different time and much has changed since the City's last attempt to address teen pregnancy prevention on a large scale. We know a great deal more about risk factors associated with teen pregnancy and, perhaps more importantly, we have more evidence-based approaches to address them. We have empathetic administrations at the federal, state, and local levels so funding and effective policy may follow. Finally, we have engaged a broad array of partners, including the faith community, to enhance implementation of the plan. It is with this optimism that Healthy Teen Network presents this description of our process and findings as well as a comprehensive city-wide strategic plan to reduce teen births in Baltimore City.

**The teen birth rate** in Baltimore has followed national trends with increases in 2005 and 2006. The Baltimore City 2007 teen birth rate was 66.4 births per 1,000 teens ages 15-19, which is almost double the Maryland rate of 34.4 births per 1,000 (Baltimore City Health Department, 2008) and substantially greater than the U.S. rate of 42.5 per 1000 females ages 15-19 (Hamilton, Martin, & Ventura, 2009). The total number of babies born to young women under 20 years of age in 2006 in Baltimore City was 1,739. Of these, 1,131 (65%) were born to young women ages 18-19; 569 (33%) were born to girls and young women ages 15-17, and 39 (2%) were born to girls under 15 years (Child Trends, 2009). Of the 1,739 births, 92% were to unmarried girls and 16% were repeat births. The births to girls younger than 20 years in Baltimore represent 9% of all births in the State of Maryland.

Also, similar to national rates, the birth rate varies by race/ethnicity. In the US, Hispanics have the highest rate of teen birth (81.7/1000 females ages 15-19), followed by Non-Hispanic Blacks (64.3/1000) and Non-Hispanic Whites (27.2/1000). In Baltimore City where Hispanics represent only 2% of the population (U.S. Census Bureau, 2000), they had the highest rate of teen birth in 2007 (149.8/1000 females ages 15-19) compared with Non-Hispanics Blacks who represent 70% of the teen population and had a 2007 birth rate of 80.2, and Non-Hispanics Whites at 24% of the population and a rate of 32.7. Both Non-Hispanic Blacks and Hispanics significantly exceed the overall City rate. The reasons for the disparity in rates across race/ethnicity are not completely understood, however socio-economic status plays an important role. Poverty increases the risk for a teen pregnancy/birth and minority populations are disproportionately represented in lower socio-economic strata (Poverty Rate by Race, 2006). Figure 1 shows Baltimore youth ages 15-19 years by ethnicity.

**Figure 1: Baltimore Teen Population, ages 15-19 years by Race/Ethnicity, 2007**

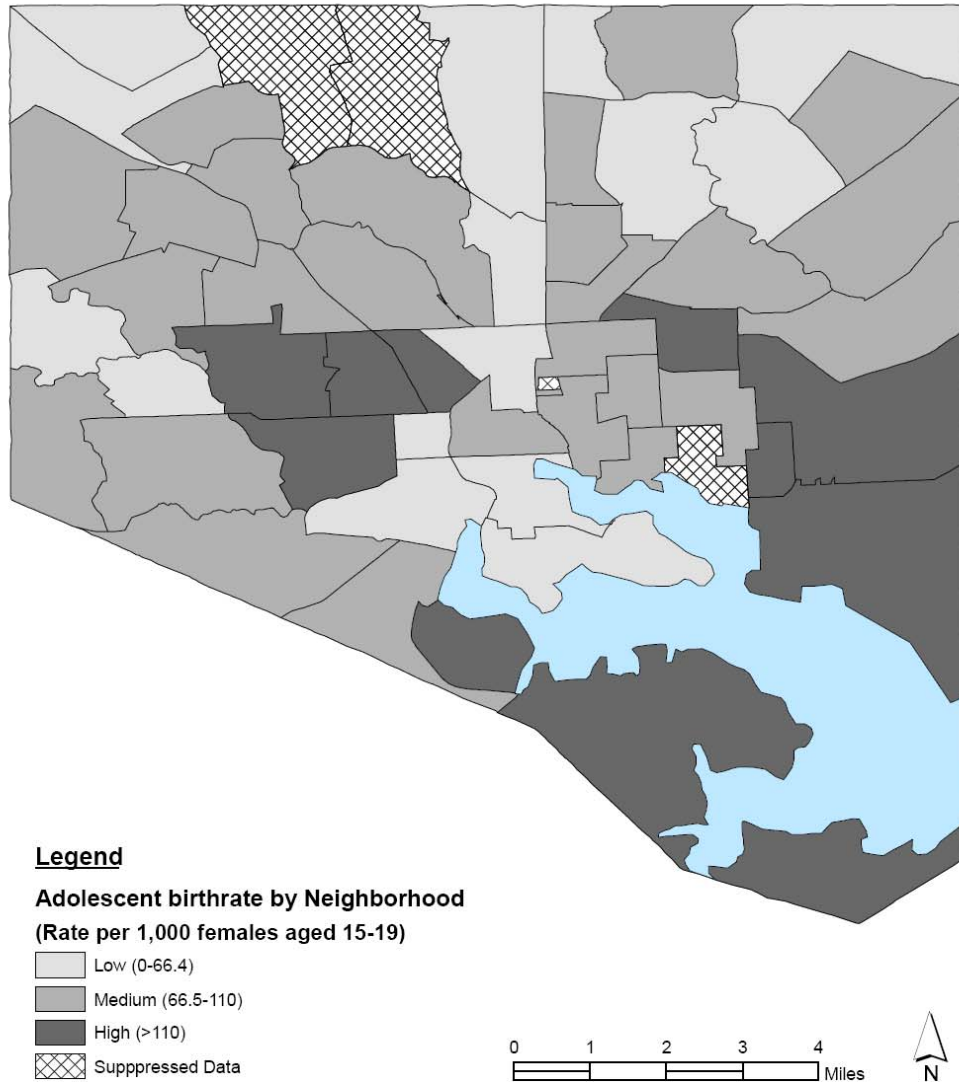


**BCHD 2008**

Rates of teen births also vary by neighborhood in Baltimore City. Using the Community Statistical Area (CSA) maps developed by the Baltimore City Data Collaborative, teen births were mapped accordingly. Map 1 represents teen births rates by CSA and illustrates that the customary 'butterfly' pattern often seen when mapping risk factors in Baltimore City exists for teen pregnancy rates as well, along with very high rates in southern and far northeast communities.

Map 1: Teen birth rates by Neighborhood using Community Statistical Areas, 2007

### Adolescent Birth Rate by Neighborhood (2007) Baltimore City, Maryland



**Risk and protective factors** are important to consider when developing a strategic plan to reduce teen pregnancy. These factors impact teens' decisions regarding sexual activity, use of contraception, and other related factors—such as drug and alcohol abuse, school success, or gang involvement—even when

comprehensive sexuality education and effective services are available. In a community such as Baltimore with high rates of poverty, drug use, and violence, many of the identified risk and protective factors should be considered in order to have an impact on some of the more marginalized youth.

Risk factors are those that may lead to behavior that could result in a pregnancy or STI or, conversely, that discourage behavior that could prevent them. Protective factors are those that discourage behavior that could lead to a pregnancy or STI or that encourage behavior that can help prevent them.

Relevant risk and protective factors may be grouped into four key themes:

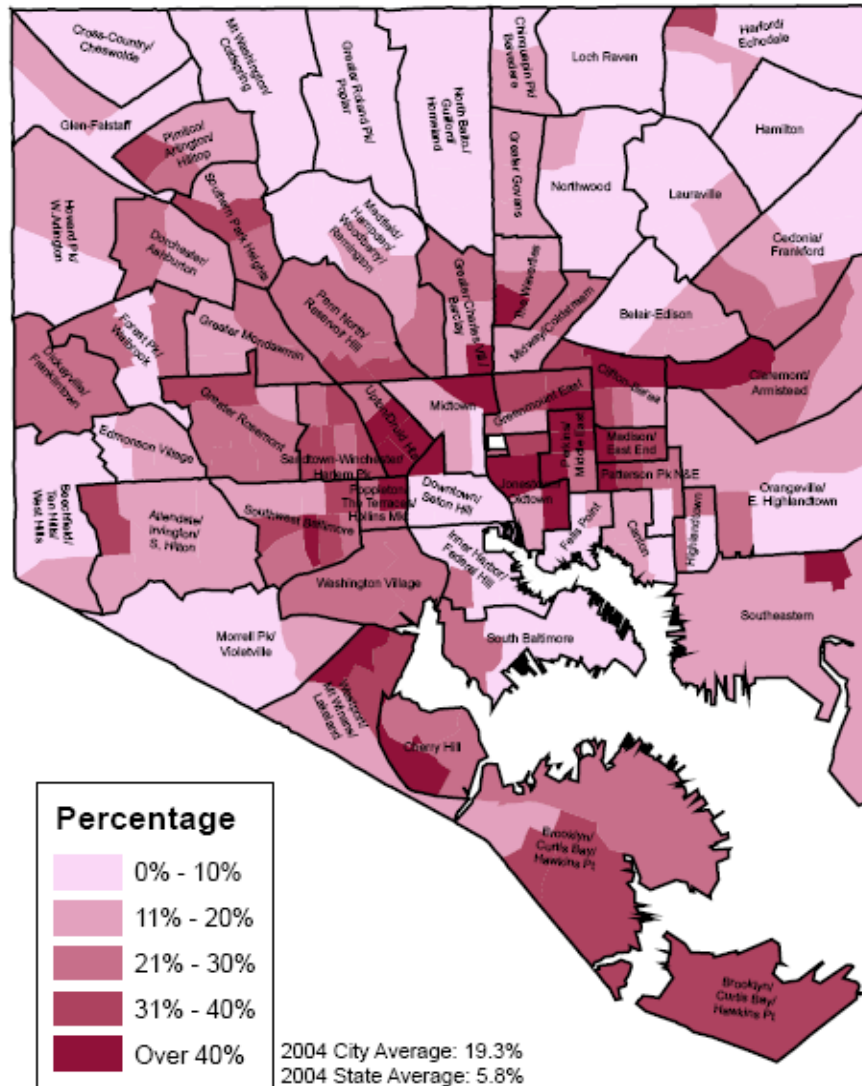
- 1) Individual biological factors (e.g., age, physical maturity, and gender)
- 2) Disadvantage, disorganization, and dysfunction in the lives of the teens themselves and their environments (e.g., rates of substance abuse, violence, and divorce; also levels of education)
- 3) Sexual values, attitudes, and modeled behavior (e.g., teens' own values and beliefs about sexual behavior as well as those expressed by parents, peers, and romantic partners)
- 4) Connection to adults and organizations that discourage sex, unprotected sex, or early childbearing (e.g., attachment to parents and other adults in their schools and places of worship) (Kirby, 2007).

Obviously some of these factors are more amenable to change than others. Those that are amenable to change generally require collaboration across agencies and communities to address a variety of needs such as reducing violence, stabilizing communities, increasing school attendance, etc.

**Poverty** is both a risk factor for and a consequence of teen births. In fact, two-thirds (2/3) of families begun by young mothers are poor (The National Campaign to Prevent Teen Pregnancy, 2002). The pattern of teen pregnancy rates for Baltimore City is similar to the City's poverty rate, though the relationship is far from exact. Of the ten (10) neighborhoods with the highest rates of teen childbearing, seven (7) also have greater than one quarter (>25%) of resident families living in poverty (The Family League of Baltimore City, 2010). However, there are a total of 16 neighborhoods that have over 25% of families in poverty, so nine (9) are not among those in the top ten for teen pregnancy rates. Also, of the ten (10) neighborhoods with the lowest percentage of families living in poverty, six (6) also have teen childbearing rates that are higher than the City average. Therefore, poverty is not a clear predictor of teen birth rates at the neighborhood level in Baltimore. Map 2 shows poverty rates for Baltimore City using CSA level boundaries.

Map 2: Poverty level using Community Statistical Areas, 2007

## Families Below the Poverty Level, Baltimore City, 2000



Source: U.S. Census Bureau

Baltimore City Data Collaborative, January 2007

**Individual behaviors** associated with teen pregnancy and STI include early initiation of sexual activity, frequency of sex, number of sexual partners, contraception, and condom use. Table 1 compares rates for some of these behaviors among Baltimore youth compared to rates for the U.S. Data are reported separately for in-school and out-of-school youth using Youth Risk Behavioral Survey (YRBS) and Youth

Opportunity (YO!) program data respectively. YRBS consists of rates of behaviors as reported by in-school youth grades nine (9) through twelve (12). In contrast to teenagers across the nation, all Baltimore youth report higher rates of ever having had sexual intercourse (67.1% versus 47.8%), being currently sexually active (49.7% versus 35%), and having had more lifetime partners (29.6% versus 14.9%). However, Baltimore youth report higher rates of condom use during last sexual intercourse.

**Table 1: Baltimore Youth Reports on Sexual Activity**

Item	In-School Youth (%)	Out-of-School Youth (%)	US Rate (%)
Ever had sexual intercourse	67.1*	89.0**	47.8*
Had sexual intercourse with 4 or more persons	29.6*	60.6**	14.9*
Used condom last intercourse	74.1*	NA**	38.5*
Used female contraception last intercourse	NA*	58.3**	NA*

\* YRBSS 2007

\*\*YO! Data, 2008

Clearly, **out-of-school youth** have elevated levels of participation in the higher risk behaviors associated with teen pregnancy. They also represent a group that can be more difficult to reach and often require different approaches to positively impact risky behaviors associated with teen pregnancy and STI. Teen pregnancy and parenting are the number one reason young women do not graduate high school (Martin, et al. 2006) and teen births are highest among high school drop outs (Perper, Peterson, Manlove, 2010); therefore, it is a safe assumption that youth participating in programs such as YO! are more likely to already be parents.

According to the Baltimore City Youth Workforce Profile there are 41,219 youth in Baltimore City ages 16-19. Of these, 8,467 (20.5%) are considered out-of-school youth, leaving presumably 32,752 in school. We can roughly estimate the number of youth at elevated risk for teen pregnancy based on the behavior rates represented by YRBS and YO! data and these numbers of in and out-of-school youth. This calculation yields an estimate of 21,977 in-school youth (32,752 in-school youth X .671 reporting sex)

and 7,536 out-of-school youth (8,467 out-of-school youth x .89 reporting sex) who report having sexual intercourse. Thus, an estimated 29,513 Baltimore City youth have at least some risk of being involved in a pregnancy or contracting an STI or HIV. Almost half this number (14,826) report having sex with four or more partners placing them in higher risk categories for teen pregnancy, STI, and HIV.

**Rates of STI** are particularly high among Baltimore youth. The rate of Chlamydia in 15-19 year olds in Baltimore is 6,749.9 per 100,000. This is triple the Maryland state rate of 2,268.5 and higher than any other age group (Maryland Department of Health, 2007). HIV rates among Baltimore youth ages 13-19 represent 3.3% of all cases for the City (32/999), and AIDS rates for this age group represent 1% of all AIDS cases for the City (6/621) (United States statistics by state and city, 2010). Baltimore City has the fifth highest overall rate of HIV among all major cities in the US, leaving our youth at tremendous risk as they age (United States statistics by state and city, 2010). Although this project's goal is to focus on teen pregnancy prevention, addressing the very high rates of STI and City-wide risk for HIV transmission among Baltimore youth is an important and complementary addition to this effort, as STI, including HIV, are associated with some similar risks and risk behaviors as teen pregnancy (Kirby, 2007).

**Repeat teen births** represent 16% of all births to Baltimore youth and present a unique set of issues. Effective ways to prevent subsequent births among teen parents are not as evidence-based as the primary prevention field. These young families face a myriad of issues related to their age and developmental capacities, as well as the poverty that is so often both a precursor to and consequence of teen parenting.

**Improving Birth Outcomes:** Infant mortality in Baltimore City is a public health crisis. Baltimore babies die at a rate that is among the worst in America. In 2008 alone, 120 infants under the age of one died, many of those deaths preventable. In 2009, the numbers were worse—123 infant deaths, including 27 deaths due to an unsafe sleep environment. In response to this public health crisis, leaders from the corporate, nonprofit, and government sectors in Baltimore have come together to launch an innovative and far-reaching initiative to prevent infant deaths and promote better family health.

In April 2009, BCHD, CareFirst BlueCross BlueShield, and The Family League of Baltimore City, Inc. launched Baltimore City's *B'more for Healthy Babies* campaign (formerly known as the Strategy to Improve Birth Outcomes/SIBO). This three-year citywide strategy will help eliminate the social and



economic disparities that hinder a family's access to quality health care and responds directly and comprehensively to ameliorate the three (3) leading causes of excess infant death: pre-term birth, low birth weight, and unsafe sleep.

The vision of Baltimore's *B'more for Healthy Babies* is to ensure that all Baltimore's babies are born healthy weight, full term, and ready to thrive in healthy families. This will be done by

- mobilizing communities, families, and individuals around reducing the disparities of infant mortality;
- improving access to and quality of medical and social services; and
- inspiring a collaborative spirit among policy advocates, health and social service organizations, and community members to actively reduce Baltimore's infant mortality rate.

A city-wide communication/public education campaign will launch in summer 2010, as will the evaluation of the entire campaign. *B'more for Healthy Babies* targets three areas for quality improvement: (1) health services for adolescents and young adults; (2) services specific to pregnant women, such as home visiting; and (3) services for mothers and infants after delivery. The Baltimore City Health Department is responsible for overseeing this part of the strategy. The Strategic Plan to Reduce Teenage Pregnancy in Baltimore addresses the first area of quality improvement.

## CURRENT APPROACHES TO TEEN PREGNANCY PREVENTION

### GTO Step 1: Identifying Needs and Resources

#### METHODOLOGY

Data collection for this project took place in two phases between April 2009 and April 2010, using an on-line survey, key informant interviews, youth focus groups, review of secondary data, and review of the literature on teen pregnancy and prevention. Data collection was conducted by the team at Healthy Teen Network. Direction of the data collection process was regularly reviewed by the team as well as by the project advisory group.

For our work, we considered childbearing, or number of live births by females between the ages of 15-19 in Baltimore (this is used, essentially, as a proxy for teen pregnancy rates). The actual rate of teen pregnancy is difficult to measure because miscarriages, abortions, and pregnancies that do not result in

live births are often not accurately recorded. Of note, these birth rates include second and higher order births to teenage mothers. Ages 15-19 were used because most pregnancy/birth data are calculated for this range.

***Phase One data collection** consisted of an on-line questionnaire; key informant interviews; review of existing data; secondary review of previous similar efforts in Baltimore City, and a literature review.*

An on-line questionnaire was distributed from Healthy Teen Network to 30 individuals and agencies identified as key informants by the team. The list consisted of leaders of organizations who interface with youth or focus on reproductive health or those who provide clinical or educational services for these programs. The purpose of the survey was to gain information about the agency, learn the perception of this pivotal person on teen pregnancy in Baltimore City, and obtain suggestions of other people or agencies to contact for the project. Questions focused on populations served by the agency, including demographics and geographic range, and on types of services provided. The survey was developed using the virtual application, SurveyMonkey and was distributed via email notification with a link connecting to the survey. Fourteen (47%) completed surveys were obtained and follow-up calls were made to most respondents to clarify and expand on the information provided.

Key informant interviews with leaders of programs, services, and other organizations made up the majority of the data collection to identify programs and resources currently available in Baltimore City. This expanded contact list was developed by pulling from the list of those who did not respond to the initial survey; using the Family League of Baltimore City's list of youth development and after school programs; through recommendations from other informants and the project advisors; and through brainstorming and searching for other contacts who could provide needed information.

Key informant interviews were conducted mostly via phone, but also included email communication and in-person meetings depending on what best suited the informant. When the goal was specific to gaining information about a teen pregnancy prevention program or resource, the discussion was structured by a specific questionnaire for the program or resource provider. Similar to the survey, questions focused mainly on the target population and types of services provided. Organizations were also asked if they planned to provide the service in the upcoming fiscal year. In addition, snowball sampling was used in which informants gave suggestions for other contacts to increase the scope of the data collection

process. In addition to learning about programs and resources specific to teen pregnancy, a goal of these conversations was to gain information about the community in the context of teen pregnancy and teen pregnancy prevention efforts.

The Baltimore City Data Collaborative (BCDC) proved a major source of neighborhood level data including teen birth rates. Data were extracted from BCDC resources published on their website (<http://www.flbcinc.org/rp/bcdc.aspx>), and additional data were requested from BCDC. The BCDC program manager at the time of data collection was contacted to provide additional information about the source and meaning of some of the information available through BCDC. Additional data on teen birth rates, census data, and graduation rates came from the Center for Disease Control and Prevention (CDC), US Census Bureau, and Baltimore City Public School System (BCPSS) web sites respectively.

Secondary data sources provided qualitative and quantitative data on teen pregnancy, teen pregnancy prevention, and community variables in Baltimore City and beyond. Reports from two previous efforts to catalogue teen pregnancy prevention efforts in Baltimore City (The Abell and PATH reports) provided information on the issue and available resources in the city at the time of each report (Abell Report, 2004 & The Family League of Baltimore City, 2005). Resources listed in these documents were assessed for relevance to the current project and for whether they continue to serve teens in Baltimore.

Finally, teen pregnancy prevention literature was reviewed for the latest research in risk and protective factors and evidence-based programs. The search was conducted using GoogleScholar, Google, and PubMed.

Preliminary findings were mapped (utilizing GIS software) and presented to a multidisciplinary working group in July 2009 during a Call to Action led by then Mayor, Sheila Dixon (Appendix B: Meeting Goal, Agenda, and Participants). Participants reviewed findings and submitted comments and suggestions for further follow-up. Three (3) smaller working committees were established to focus on 1) Programs, 2) Clinical services, and 3) Faith-Based Organizations and Programs. These working committees met in October 2009 to further review findings and provide more detailed feedback. This feedback guided Phase Two data collection.

*Phase Two data collection* consisted of attempts to collect more specific information regarding youth services; youth focus groups, and a second round of key informant interviews. A survey of the faith community was created and results are pending.

One goal of Phase Two data collection was to identify numbers of youth served by existing programs by program type and geographic reach. This would also delineate gaps in services. Attempts were made to collect data for all Title X and non-Title X supported teen clinical services, school based health centers (SBHC), health education activities, and after school and other community-based programs. Obtaining comprehensive data from all desired sources proved impossible. However, significant amounts of data were collected, and a fairly representative picture of gaps and opportunities presented itself. Data reported here include Title X visits within the City, health education activities of Planned Parenthood of Maryland and the Baltimore City Health Department, SBHC data, and descriptors of related programs.

Hearing from youth themselves was identified as significant to this project. Focus groups were used because they: (a) allow in depth discussion; (b) are useful in investigating complex behavior and motivation; (c) elicit a multiplicity of views and emotional process within a group context; and (d) allow for a larger amount of information to be obtained in a shorter period of time.

A total of six (6) focus groups containing six (6) to ten (10) participants, including male and female adolescents ages 13-19, were conducted. Groups were stratified by gender to avoid compromising the reliability of data due to the discussion of sensitive issues. A semi-structured questionnaire was utilized to guide focus group discussions. At the conclusion of each focus group, participants were asked to complete a brief self-administered survey in order to collect demographic information and participant level of sexual activity. Focus group discussions consisted of: a) an introduction to the project and purpose of the group discussion; b) open discussion about teen pregnancy in Baltimore City; c) discussion about access and use of family planning services, and d) recommendations for designing/improving existing pregnancy prevention programs. Each group lasted between one and a half and two hours.

As stated earlier, previous city-wide assessments have been conducted but were not followed with implementation of a city-wide strategic plan. In an effort to enhance implementation of this plan, 16 key informant interviews were conducted to ascertain perceived barriers which are addressed within

the recommendations of this plan. Key informants provided insight into: a) the identification of barriers to implementing and sustaining the strategic plan objectives (including learning from past challenges with previous strategic plans), and b) specific recommendations for overcoming these barriers to increase the quality and effectiveness of this strategic plan with a focus on engaging motivated individuals in a dialogue around sexual and reproductive health issues to make recommendations for action at a community level and inform targeted intervention programs

Historically, the faith community and pregnancy prevention communities have not always agreed on the most effective and ethical approaches for addressing this issue. There are many faith leaders in Baltimore City working with youth and a sub-set focus specifically on sexual and reproductive health issues. Reverend Debra Hickman, Executive Director of Sisters Together and Reaching (STAR), an HIV prevention program, has been involved in several conversations with Drs. Paluzzi and Blum. A survey of faith leaders in Baltimore City has been developed, has cleared IRB review and will be “fielded” in the summer of 2010. This survey, once completed, will help us understand how the faith community may partner in future efforts to address teen pregnancy prevention in the City. We hope to provide the results of this survey as a later addendum to this report.

## FINDINGS

The GTO Model begins with identifying existing needs and resources. These findings inform a final goal for the project/plan, identify gaps and opportunities and inform recommendations. As previously described, several attempts were made to ascertain numbers of youth served by location and type of service with the goal of identifying gaps in services and opportunities for leveraging existing services. This section, to the extent possible, presents findings for teen pregnancy prevention and related services. It includes service type, location and numbers of youth served, as well as additional youth services and supports in the City. Gaps and opportunities are discussed within the context of the strategic plan.

**Teen pregnancy prevention programs** included in this plan are identified by having an articulated goal/initiative to reduce teen pregnancy and generally fall into the following basic categories in Baltimore, with some overlap:

- Health Care Clinics
- School-Based Health Centers (SBHC)

- School-Based Programs
- After School Programs
- Residential Programs
- Community and Faith-Based Programs
- Other Programs

### **Health Care Clinics and School-Based Health Centers**

Five clinics (5) plus fifteen (15) school-based health centers (SBHC) provide adolescent-focused reproductive health care services to male and female youth including contraception, counseling about safer sex practices, and assessment for STI, HIV, and pregnancy. The five (5) clinics included in this report are Healthy Teens and Young Adults (HTYA)—a Baltimore City Health Department (BCHD) program, Planned Parenthood of Maryland (PPMD), University of Maryland Adolescent and Young Adult Clinic, Johns Hopkins Harriet Lane Clinic, and Chase Brexton Health Services. Each clinic follows the Maryland Minor Consent law, and all but Chase Brexton receive Title X funding.

**Title X data:** Between July 1, 2007 and June 30, 2008, 5,082 clients were seen at Title X funded clinics in Baltimore:

- 1,029 (20%) of those clients were ages 15-19 years, 33 (<1%) were younger than 15, and 1,865 (37%) were ages 20-24 years;
- The majority of clients (across all ages) were Black (64%), followed by White (31%), and Hispanic (5%); and
- All were  $\geq$ 100% of the federal poverty level, 1,314 (26%) had Medicaid and 1,713 (34%) were uninsured.

Healthy Teens and Young Adults (HTYA) is a BCHD clinic situated in Druid Hill (west side) which serves city-wide youth, however, most clients are from the west-side area. Clinic numbers are captured in Title X data. Additional teen pregnancy prevention activities conducted by HTYA/BCHD staff in 2009 include:

- Mi Espacio and HTYA-Carrera, which are Carrera-based after school initiatives. Mi Espacio is located in East Baltimore and serves Hispanic youth, including 13 female and 32 male participants ages 12-18 years. HTYA-Carrera resides in the HTYA clinic in Druid Hill area and serves 50 Black youth ages 14-19 years.

- The Male Involvement Program currently serves 40 males ages 16-24 who are involved in the General Equivalency Degree (GED) program East Side YO! Center. It is a pilot program associated with the Johns Hopkins Center for Adolescent Health that is conducted through a three-part curriculum that provides information about STI, condom use, and clinics. The goals of the program are increased knowledge about and increased likelihood of having a clinic visit (W. Tatum, HTYA Male Involvement, personal communication, June 2009).
- Yo! West Side clinical services are provided by staff from HTYA to about 50 youth ages 15-24 years annually from primarily the Sandtown Winchester area.
- Health education services offered through HTYA over a one-year period included 114 waiting room sessions to 1,050 participants; 104 sessions in community settings to 2,642 participants, and joint implementation of *Making Proud Choices!* (MPC) with the school health educator at Frederick Douglass High School, including nine (9) sessions completed with 145 student participants. MPC is the only evidence-based program offered by HTYA staff during this time.

Planned Parenthood of Maryland (PPMD) offers both clinical and health education and outreach services. PPMD operates one clinic site located in downtown Baltimore City which serves clients from throughout the city. Clinical visits are captured within Title X data. In addition, PPMD offered a variety of health education sessions to 230 middle school youth across four (4) schools, 1,059 high school youth across 10 schools, and 110 youth at their Baltimore City clinic site over a one-year period (June 2008-July 2009). PPMD health education activities do not include evidence-based curricula.

University of Maryland Adolescent and Young Adult Clinic offers a comprehensive set of clinical services in the Penn North/Reservoir Hill areas and their clients come primarily from the surrounding areas. Most of their clients are captured within Title X data. Their efforts also include providing continuous services at 12 satellite centers including: two (2) community centers; four (4) centers for Hispanic youth; and an alternative school for pregnant and parenting youth.

Johns Hopkins Harriet Lane Clinic offers a comprehensive set of adolescent services including pregnancy prevention. They are located in East Baltimore, and the majority of their clients come from the surrounding area. Most of their clients are captured within Title X data, but additional visits are provided through the resident clinic at Johns Hopkins Hospital (data not available).

Chase Brexton is not an adolescent-only clinic; however they see some adolescents in their STI clinic as well as for other visits. They provided 87 reproductive health visits to females ages 15-19 in a one-year period (2008-2009).

BCHD operates 13 School Based Health Centers within City schools, and Baltimore Medical System provides on-site services in six (6) additional schools including two (2) School Based Health Centers (SBHC). This means roughly 7% of schools in Baltimore City have a SBHC. BCHD's 13 sites provided 9,876 visits to young women in grades 9-12 and 4,982 visits to young men grades 9-12 in a one-year period. BCHD data for 2009 report a total student population of 11,791 across their 13 sites and unduplicated users totaling 5,572, or 47% of the total student population. Family planning related visits totaled 5,034 (51% of all visits), condoms were provided during 2,305 of those visits, and emergency contraception was provided during 650 of those visits.

Baltimore Medical System currently provides health care in six (6) Baltimore city schools including a SBHC in one elementary/middle school and one middle/high school. Across the six (6) sites, in school year 2008/2009, there were 1,187 clinician visits, including 791 (67%) student visits for family planning or contraceptive management/counseling ; 292 gonorrhea/Chlamydia screenings; 208 pregnancy tests, of which ten (10) pregnancies were identified; and 173 student visits for Depo Provera counseling or administration

In addition, the SBHCs have the *Baby Think It Over* program, which uses dolls and a curriculum around pregnancy prevention and parenting to teach girls about the downsides of early childbearing. Program materials are available for loan to interested schools (S. Hobson, SBHC Supervisor, personal communication, July 2009). *Baby Think It Over* is not an evidence-based program.

**School-Based Programs:** According to one BCPSS official, there are currently no evidence-based or proven effective sexuality education curricula or programs offered with the City's school system (Personal communication J. Bryce, 2010). There are some encouraging activities, however, that could change that:

- In 2008, 2009, and 2010, Healthy Teen Network worked with Alexia McCain of BCPSS and Tonya Johnson of the BCHD to identify an evidence-based program that fit many of the population in Baltimore City high schools and trained 50 educators on the selected program (*Making Proud*



*Choices!*). The program was recently implemented by BCHD staff in Frederick Douglas High School with 145 students. In the summer of 2009, *Making Proud Choices!* or the middle-school version *Making a Difference!* were implemented with about 125 youth by the end of the 2008/2009 school year. BCPSS educators plan to implement one of these programs with about 600 students during school year 2009/2010.

- Healthy Teen Network will also provide training to BCPSS staff on *iCuidate!*, an evidence-based HIV prevention program for Hispanics. No further information is available at this time.
- In May 2010, BCPSS and BCHD submitted a very large proposal to the newly developed Office of Adolescent Health to implement *Making Proud Choices* in all middle schools within BCPSS. If funded, this project will impact a very large number of youth with messages regarding primary prevention of pregnancy, STI and HIV. Because of the rigorous research design that is part of the project, this will provide a great deal of data regarding the effectiveness of this particular curriculum on Baltimore youth.

In addition to the SBHC, there are two school-based teen pregnancy prevention programs in Baltimore: the KIPP Ujima Village Academy (KIPP) Carrera program and the Paquin Middle/Secondary School for Expectant and Parenting Adolescents (Paquin School). The KIPP Carrera program will be discontinued as of the end of the 2009-2010 school year due to time and resource constraints.

The Paquin School has, until 2009, been an independent public school for pregnant and parenting teen girls and some expectant and parenting boys. The school serves over 400 students per year. In the 2009-10 academic year, Paquin was incorporated into a public alternative school; however it remains an independent program within that school serving the same population. Located in the Clifton-Berea area, the program serves middle and high school aged youth from all over Baltimore. The Paquin School teaches sexual health and healthy decision-making but does not use a specific teen pregnancy prevention curriculum. Their primary goal is to provide a supportive learning environment sensitive to the unique needs of these students (R. Stith, Paquin School, personal communication, June 2009). We have no data on prevention of subsequent births among this population.

**After School Programs:** There are two (2) after school programs that specifically target pregnancy prevention. Both of these are based on the Carrera model, but neither implements the program with

fidelity and thus cannot be considered evidence-based. Both are supported through BCHD and were previously described.

**Residential Programs:** Baltimore has one residential program for teen pregnancy prevention: Florence Crittenton Services is for pregnant and parenting girls as well as girls at high risk for an early pregnancy. It is open to girls 13-20 years old from anywhere in Maryland or the District of Columbia. Though they do not utilize a specific pregnancy prevention curriculum, the program itself is designed to help residents prevent primary or secondary pregnancies by providing support, services, and general education. Many girls in the program are mandated to be there and are under the jurisdiction of the Department of Social Services (A. Davis, Florence Crittenton, personal communication, June 2009). Located in the Medfield/Hampden/ Woodberry/Remington areas, Florence Crittenton serves about 113 city-wide youth. We have no outcome data on prevention of subsequent births among this population.

**Community-Based Programs:** Only one community-based program specifically related to teen pregnancy prevention surfaced during our assessment: The Butterfly Program at The Jewel House is an after school and community-based program (with a summer program). They provide services including crisis intervention counseling, mental health counseling, parenting skills training, application assistance for social services, educational counseling, and vocational training for expecting and parenting teens and young adults, including males and females. They serve 40-50 youth per year from all over Baltimore, and they are available to contract with schools to provide services (M. Johnson, Butterfly project, personal communication, July 2009). They do not use an evidence-based model nor do we have outcome data for this program.

**Faith-Based Programs:** Attempts were made to identify faith-based programs that target teen pregnancy and prevention; however no programs or resources were ultimately discovered. In addition, though websites for the Franciscan Youth Center and Baltimore Archdiocese display strong youth development programming, there are no teen pregnancy prevention efforts advertised or discussed (Archdiocese of Baltimore, 2009; Franciscan Youth Center, 2009). However, in recent efforts, we have made great headway into the faith community by working with Reverend Debra Hickman, President/CEO of Sisters Together and Reaching (STAR) program. A survey of faith-based youth-focused programs in Baltimore City is in process.

**Other Programs/Supports:** The presence of youth development and other support programs for youth was assessed for this project because of the promising role of youth development programs in preventing teen pregnancy. In this sense, they may provide an opportunity for expanding pregnancy prevention efforts through already existing structures within the City. Of note, this was a cursory survey of programs and is meant only to provide a general idea of availability and diversity.

Baltimore City has a network of 65 after-school programs primarily funded through the Family League of Baltimore, and often supported by The After-School Institute (TASI). These programs are located throughout the City (identified on Map 3 as other (youth development) programs) and serve primarily middle school youth. There are no teen pregnancy prevention specific activities currently active within the after-school system, nor are outcome data related to prevention of teen pregnancy available.

There are several additional valuable programs serving youth in Baltimore for which we do not have data. The YMCA/YWCA supports or runs many youth programs, including several that are specifically designed to build youth assets. The Chesapeake Center for Youth Development, the Northwest Baltimore Youth Services Bureau, and the East Baltimore Community Corporation support many important youth development programs. We recognize that there are other youth development programs in the City that were missed through this process.

*Campaign for Our Children* is a Baltimore-based advocacy program that provides public information, media relations, and advocacy statewide around teen pregnancy prevention, with an emphasis on abstinence. Information and resources available on their website are designed to provide information for a wide range of audiences, including parents, teachers, school administrators, and policy makers (H. Donofrio personal communication, June 2009).

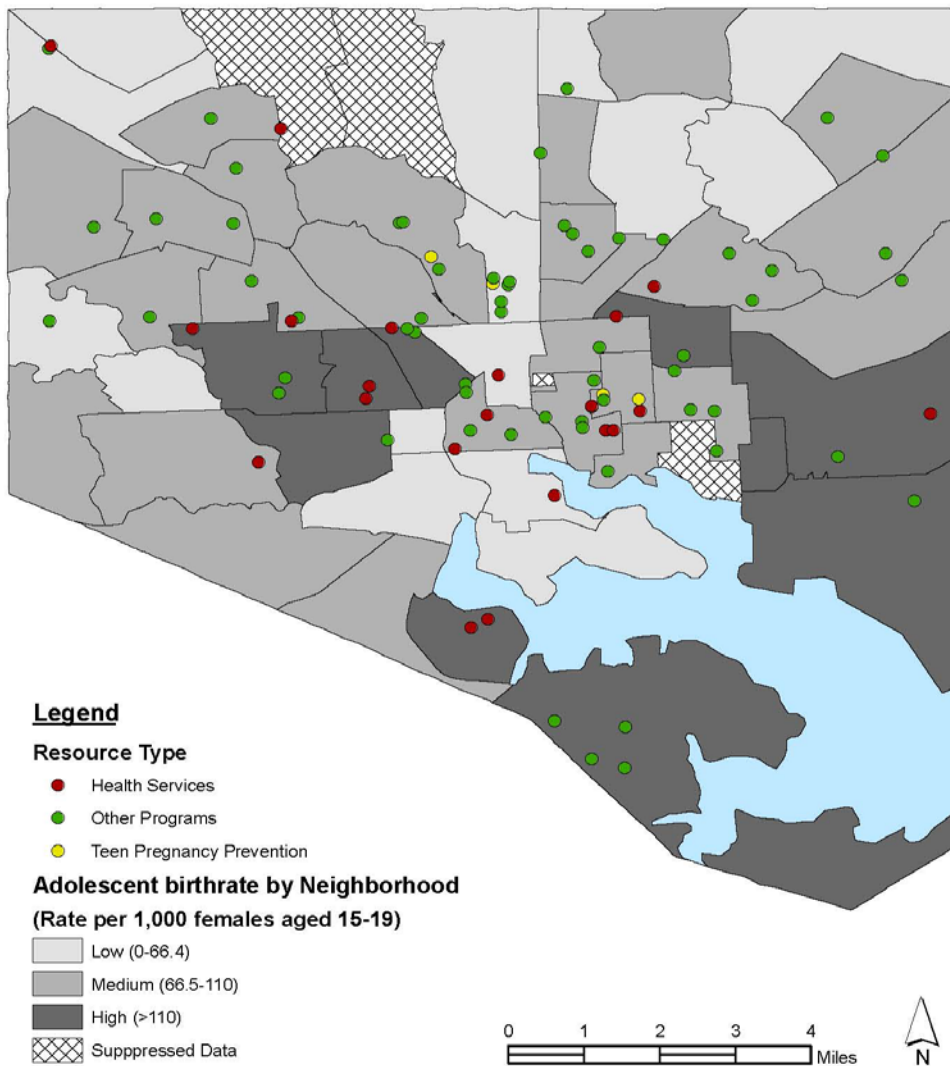
*The Safe and Sound Campaign* serves as a resource for increasing the capacity of youth to lead productive, healthy lives despite the many barriers in disadvantaged populations. One of their initiatives focuses on very early childhood, so teen parenting is an obvious concern. However, they do not target prevention of teen pregnancy specifically.

Map 3 shows distribution of programs throughout the City. Red dots represent clinics and SBHC; yellow dots represent teen pregnancy prevention programs as discussed above; and green dots represent other

programs (including youth development programs) in the City. Additional maps showing resources by low, middle and high teen birth rates are available in Appendix C.

**Map 3: Teen Birth Rate by Neighborhood with Pregnancy Prevention Resources (2007) Baltimore City**

**Adolescent Birth Rate by Neighborhood with  
Pregnancy Prevention Resources (2007)  
Baltimore City, Maryland**



**WHAT BALTIMORE YOUTH HAVE TO SAY: FOCUS GROUP RESULTS**

Hearing directly from youth was considered an integral part of this assessment so that any future ideas are grounded in the reality of what Baltimore youth think and say about teenage pregnancy and

parenting. A series of six (6) focus groups were conducted among both in and out-of-school youth ages 15-19 years, male and female. Sites included two schools: Baltimore Freedom Academy (East-side African American Males) and Patterson High School (East-side Hispanic Females); two (2) groups at the West-side YO! Site for out-of-school youth (Primarily African American, 1 White and 2 Native American Females and Males); Adolescent and Young Adult Clinic (West-side African American Females); and Greater Baltimore Women's Basketball Coalition (GBWBC) at New Era Academy (South-side African American Females).

There were between six (6) and 10 youth in each group. The age across groups ranged between 15-19 years. The majority reported that their parents either did not attend or did not complete high school. The range of reporting previous sexual intercourse by group was 44-100% with higher rates common among the male groups. The young women reported an average age of 13-14 years when they had their first sexual encounter; while the young men reported an average age between 10-12 years. All but one group reported condoms as the most frequent contraceptive used at last sex; one male group reported withdrawal. There were four (4) teen mothers; one (1) teen father and one (1) pregnant participant among the 40 total participants (15%).

Their views on teen pregnancy were mixed. During many groups, the first thoughts vocalized were to condemn the number of young women having babies, as illustrated by the following quotes:

*It is out of control and the thing is they are getting younger. More pregnant girls and they are getting younger.*

*To be honest, I think it's kind of disgraceful because these young pre-teens that are getting pregnant are being intimate with the wrong people.*

However, in all but one group, there were many voices to support teen pregnancy (e.g., more energy to parent when you're younger) as long as the young woman and man were 'ready' and had jobs to pay for the baby.

*I think it's better when you have kids when you're young, you have more energy, more time and can relate to them better. You all, I don't know who is waiting in here to have kids until they are 30 and married. You going to be raising kids at 30 and mine will be grown.*

Although several participants mentioned the inability to finish high school as a reason not to have a baby as a teenager, only one high school participant spoke about the impact on future opportunities:

*Pregnancy is a real problem because for example you have to find someone to take care of the kid and you can't find a job. It closes opportunities.*

One female group was especially prolific on why they think so many young girls are having babies at a young age. They cited peer pressure, having a mother who was a teenage parent, teens having too much down time, and the parents being too permissive about the situation and taking care of the grandchild as the major contributors. These factors are highlighted in the following quotes from the young women:

*...But on top of that they are probably taking after their parents. Their parents were probably young when they had them...*

*Like some girls be like ma can you watch my baby and the parent won't complain, won't say nothing, especially the grandmothers.*

Pregnancy impacts teens by increasing their likelihood of dropping out of school and being thrown out of their homes.

*There is a girl in my class who has a baby and has a baby on the way. She is about 16. She is not in school so she is losing her education taking care of her child. I do put her..give her props because she does take care of her child. But at the same time at the cost of losing her education.*

*My best friend got pregnant at 15 and her mother put her out. And after she had the baby she had to sleep under the steps in the apartment building where her mother live*

Pregnancy prevention was generally identified by the young people as abstinence, the pill or condoms. There was some limited knowledge about other types of contraception, such as 'the shot' and 'the patch'. A few respondents did report the need for protection against STI/HIV while having sex, including:

*But it's not just about getting pregnant. You also have to think about getting an STD or HIV. ....if you get HIV/AIDS then no one will want to be next to you. There is no cure.*

Family planning was generally defined as life planning--jobs, houses, bills and when to have children, for instance:

*Plan your future. Where you going to see yourself in 3-5 years from now.*

*Preparing for a family. How you want to carry it for real when the baby comes. Getting it right.*

*I'm saying like financially stable and physically.*

The term reproductive health has no meaning for any of them—period!

When asked what they would do to avoid a pregnancy or tell a friend to do, those youth who lived near a teen-focused clinical service could identify it, like HTYA on the west-side and AYAC at the University of Maryland. Some specific comments regarding clinical care included the importance of confidentiality and staff who 'care', including:

*It's a good clinic. They are confidential, clean, nice people; they don't look at any time off way. They pay attention to you and want to help you.*

*The main thing is you don't have to tell your parents. You might not be ready to tell your parents what you're going through.*

Many youth depended on, and even preferred, in-school services for their contraceptive and STI/HIV testing and services. They discussed the SBHC's as "real convenient" and appreciated having access to birth control and condoms, and the fact that "you can get tested for everything."

In addition, the youth provided other advice for their peers, including:

*Talk to someone who has already experienced it because they know about it.*

*I would tell them, him ...to make sure and use protection. Make sure it is the right size so it don't pop. And I would tell the girl to make sure you really want to have sex with him before you layback and open your legs. Make sure he has a condom on, feel, touch, put it on.*

What's missing for youth in their communities that would help them wait to have sex? A lot! Responses ranged from someone to talk to that you can trust, to support groups, to free condoms, to sex education in schools. These issues are highlighted in the following quotes:

*People that care. People that show concern.*

*Sex education classes in school.*

*Someone who can listen; someone we can trust; someone who speaks both English and Spanish.*

*Yeah, I think support groups could be led by teenagers. Maybe someone that has already had a child; someone who can relate to what is going on and can talk about it.*

*Giving the new Trojan (Ecstasy) condom out for free.*

*Advertisement about the programs that already exist.*

*If everyone was doing something constructive that would be better. ..You know where you and your friends get together and do something that is going to benefit the community? So it keeps you busy and so you don't think about sex.*

## HEARING FROM BALTIMORE PROFESSIONALS:

### KEY INFORMANT INTERVIEW RESULTS

Key informants (n=16) were interviewed and provided insight into: a) potential barriers to implementing and sustaining the strategic plan objectives (including learning from challenges with previous strategic plans), and b) specific recommendations for overcoming these barriers to increase the quality and effectiveness of this strategic plan with a focus on engaging motivated individuals in a dialogue around sexual and reproductive health issues to make recommendations for action at a community level and inform targeted intervention programs. This part of the assessment was intended to enhance implementation of this plan so that it does not 'sit on a shelf' as others have.

**Perceived Barriers:** Informants identified common barriers in developing, implementing, and sustaining a strategic plan aimed at addressing teenage pregnancy and birth in Baltimore City. The most frequently cited barrier was a general climate of insufficient resources (e.g., money, time, energy, personnel). A lack of funding opportunities and/or the financial resources to shoulder the extensive nature of a broad-based initiative was perceived by several participants to be a significant barrier. Additional funding concerns were related to a lack of funding for organizations to do their work, an unequal distribution of funds between organizations, and that funding for adolescent sexual and reproductive health initiatives was uncertain (e.g., contingent on political climate at the national and local level).

Informants also felt that the lack of leadership, inconsistent leadership, and/or no primary lead organization on adolescent reproductive and sexual health programs constituted a significant challenge to moving the strategic plan forward. There was a theme surrounding the lack of productive relationships between existing organizations in the city with the climate characterized as territorial, competitive, lacking cohesion and collaboration, and isolated or "silo-ed".



Additional barriers cited by informants were related to: sustainability (people not thinking about how to sustain the plan), getting community buy-in, having the right people at the table, as well as consideration of the environment for youth (e.g., home, school, gang).

**Suggested Strategies:** The strategies and ideas for overcoming these barriers were plentiful and diverse. As noted, a majority of informants cited consistent and strong leadership as a fundamental consideration as the plan moves into action, to overcome existing/perceived barriers, and to sustain the initiatives' recommendations. BCHD and Family League were identified as two possible lead organizations. Others suggested that there be a council or coalition that could ensure that organizations had access to information and funds. Additionally, it was clear that community ownership was perceived as a critical piece to ensure momentum and sustainability; in other words, involving community members from target populations and credible leaders within these neighborhoods throughout the process (and on any coalition) was vital.

The importance of utilizing the existing infrastructure within the city was highlighted. First, informants felt that the plan should be closely linked with and complementary to the *B'more for Healthy Babies* initiative out of Family League of Baltimore and BCHD. In addition, the public school systems and school-based health services were viewed as avenues to reach the maximum number of our target population and make the most difference in the lives of young people. Informants urged the provision of comprehensive health education in the schools that would include sexual and reproductive health education.

Informants also underscored the need for adults to relate with youth in radically and fundamentally different ways. This meant investing in young adults one on one for an extended period of time, believing in them, interacting with them in meaningful ways, demanding excellence and holding them accountable for their education and their futures.

The responses were directly linked to some of the identified barriers, including: having the right people at the planning table; community outreach to ensure community buy in; strong (and sustained) leadership (having consistent and lead person or organization heading up efforts); and education (whether for individual or family or community).

## GAPS AND OPPORTUNITIES

The good news is that while there are many gaps in Baltimore City's services to prevent teen pregnancy, there are also many opportunities.

- There is a vibrant caring community of professionals focused on youth.
- There is a small yet stable funding base of private foundations.
- BCHD is relatively stable and involved in providing direct service for this population.
- There are two prominent teaching hospitals in the area that serve youth.
- An extensive network of after school programs provides a wealth of opportunity to reach middle-school youth.
- The SBHC appear popular with youth in their schools and provide a substantial amount of reproductive related services.
- The recent proposal submission by BCHD in collaboration with BCPSS holds tremendous promise for increasing evidence based sexuality education within the City's schools.
- The current director of health education for BCPSS believes in evidence-based programs and is working with HTN and BCHD to train educators and integrate programs.
- Many youth development programs exist, and while these may not specifically address teen pregnancy prevention, they are asset-building programs that can reinforce the protective factors related to teen pregnancy prevention.
- There are encouraging signs within the faith community to get involved in this issue in a supportive manner.

There is, however cause for concern, including:

- The scarcity of self-identified teen pregnancy prevention programs (5).
- The almost complete lack of evidence-based programs (EBP) in effect (2).
- The significant geographic disparities in available services.
- The current lack of evidence-based sexuality education within BCPSS.
- Some youth do not believe that having a baby as a teenager has negative consequences.
- Some youth do not perceive that there are caring adults in their communities that will help them prevent teen pregnancies.
- Current Title X and SBHC services are utilized by only 16% of Baltimore's youth ages 15-19\*.

- The City (and State) lacks a coordinating agency that can oversee a strategic plan.

(\*Because of the way data are reported, and because youth may use multiple sites for services, it is impossible to say how many youth ages 15-19 received some type of reproductive-related care in one of the five (5) clinics or 15 SBHC in a one-year period. We have reported on approximately 6,601 (1029 receiving Title X-funded services and 5572 through SBHC), or 16% of the City's population of youth ages 15-19.)

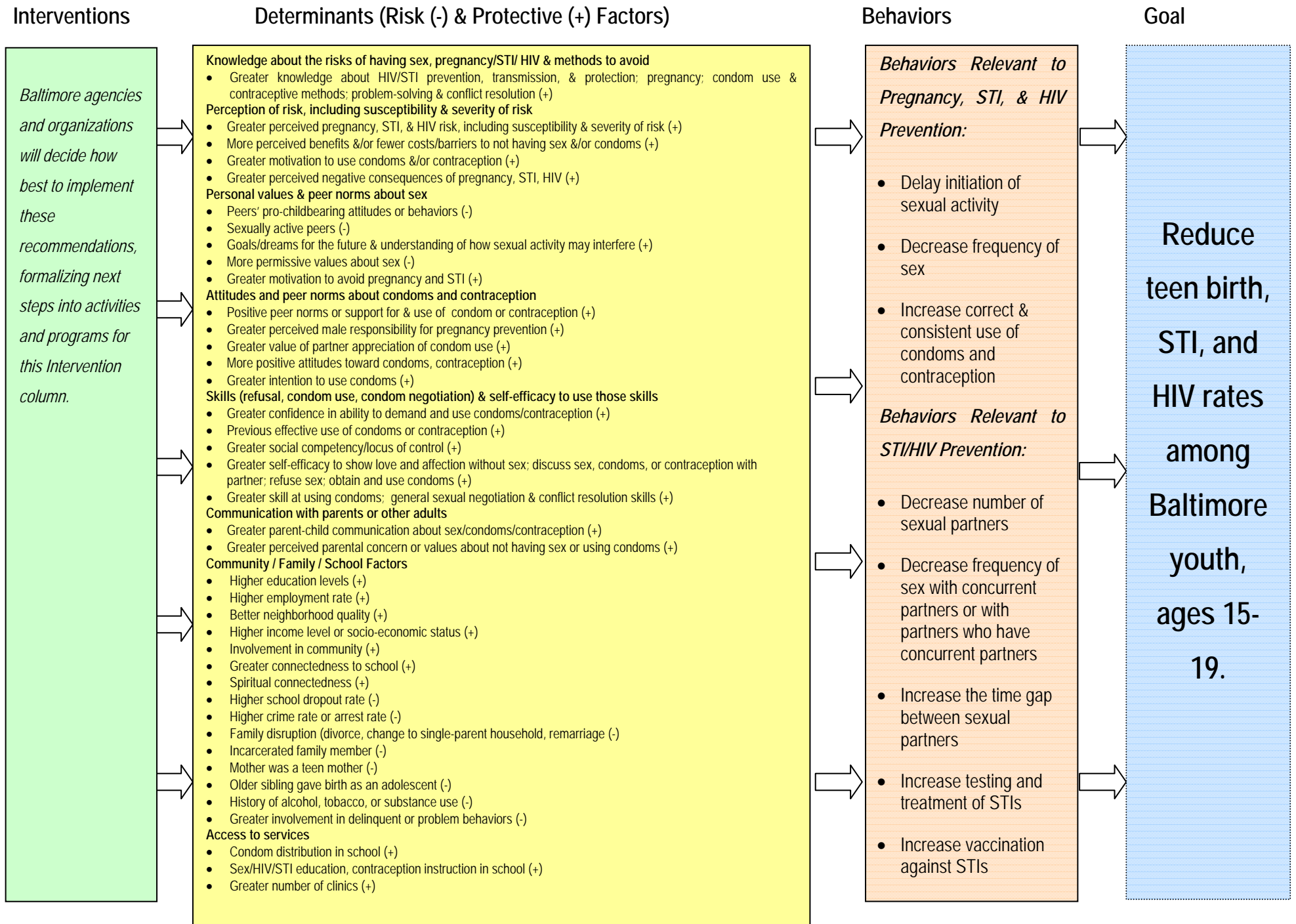
## GTO STEP 2: ESTABLISHING A GOAL

Our planning goal was to develop a strategic plan to reduce teen pregnancies in Baltimore City. Teen birth data are much more reliable than teen pregnancy data. Thus, reducing teen births is more the objective of this plan in that this was the data we used, and because we do not address abortion or adoption in this report. Because of the high rates of STI and HIV among youth in Baltimore, we include some attention to evidence-based programs that are proven to be effective in reducing risk factors associated with both teen pregnancy and HIV/STI. We confine ourselves to 15-19 year olds because of the availability of data.

**Thus, the revised goal for this project is to develop a city-wide strategic plan to reduce teen birth, STI and HIV rates among Baltimore youth, ages 15-19.**

This plan was led by a BDI Logic Model (Figure 2) developed at the beginning of the project once risk behaviors among Baltimore youth were understood. A BDI (Behavior, Determinant, Intervention) Logic Model is designed from right to left with the goal established first. The behaviors that impact goal attainment are then articulated and the determinants that can positively impact those behaviors come from the literature. Finally, interventions are developed that are proven effective to impact the determinants. As City organizations and agencies make decisions about next steps and how to actualize these recommendations, the Intervention column of this logic model will be formed.

Figure 2: Behavior-Determinant-Intervention (BDI) Logic Model for Baltimore City



## GTO Steps 3-5: Identifying Evidence-Based Programs that Fit the Population and Match Community Capacity

Baltimore City’s teen pregnancy issue is complex, due in part to the myriad of social issues and extreme poverty that impact so many of its young people. The almost complete lack of evidence-based curricula, under-utilization of services, and missed opportunities add to the problem. This section offers a composite of the types of evidence-based programs that fit Baltimore’s youth based on age, race/ethnicity and participation in risk behaviors associated with teen pregnancy, STI and HIV transmission, followed by the systems and policy changes that would need to be pursued to make this plan viable. Big strides can be made by implementing just some of these recommendations but a more comprehensive, collaborative effort is more likely to produce notable results in the teen birth rates.

Evidence-based programs offer one approach to reaching Baltimore’s goal. The recent opportunity for federal funding to support large scale implementations of evidence-based programs offers a critical opportunity to better serve Baltimore youth based on broad and deep implementation of EBP. A composite table of all EBP was created for and is attached to this plan as Appendix D. This table should be used to select programs that fit a population and site. This table can serve as a valuable reference for Baltimore professionals as they move to identify specific interventions to seek support for and implement. This next set of tables briefly outlines gaps and opportunities for in and out of school settings and among sub-populations of youth.

IN SCHOOL GAPS AND OPPORTUNITIES		
<i>Place-based</i>	<i>Gaps</i>	<i>Strategic Opportunities</i>
<p>☐ <b>Middle School</b></p>	<p>There is inadequate evidence-based sexuality education and access to clinical services.</p>	<p>Work with PPMD and BCHD to integrate an EBP into middle schools such a <i>Making Proud Choices, Making a Difference!</i> or <i>It’s Your Game</i>; expand school-based/linked pregnancy and STI/HIV prevention services perhaps starting in schools in the most disadvantaged communities or coordinate with <i>B’more Babies</i> target communities.</p>
<p>☐ <b>High School</b></p>	<p>There is inadequate evidence-based sexuality education and access to clinical services. Students desire safe spaces to talk</p>	<p>Work with PPMD and BCHD to integrate an EBP such as <i>Making Proud Choices, Reducing the Risk!</i> or <i>Teen Outreach Program</i></p>

	about sexuality issues and want more accurate information.	into high schools; expand school-based/linked pregnancy and STI/HIV prevention services perhaps starting in schools in the most disadvantaged communities or coordinate with <i>B'more Babies</i> target communities. Investigate near-peer mentoring programs used by other similar communities for their fit in Baltimore.
--	--	--

### OUT OF SCHOOL GAPS AND OPPORTUNITIES

<i>Place-based</i>	<i>Gaps</i>	<i>Strategic Opportunities</i>
<ul style="list-style-type: none"> <li>❑ <b>After school programs at schools</b></li> </ul>	After school programs do not currently offer an evidence-based teen pregnancy prevention program.	There are several EBP that could be used in an –after school settings. Check Appendix D for the program best suited for middle vs. high school. PPMD and BCHD staff could be instrumental in such an effort.
<ul style="list-style-type: none"> <li>❑ <b>After school programs at other community-based organizations</b></li> </ul>	After school programs do not currently offer an evidence-based teen pregnancy prevention program.	Integrating an EBP into this existing model would reach a tremendous number of middle school youth. Given Baltimore’s age of sexual initiation among many of its youth, this age group should be a priority target. <i>It’s Your Life</i> is especially well suited to this setting and population.
<ul style="list-style-type: none"> <li>❑ <b>Faith-based organizations</b></li> </ul>	No data exist on teen pregnancy prevention programs and approaches among faith-based organizations in Baltimore.	Await results of survey and continue to work with faith based organizations to integrate acceptable evidence-based sex education programs. <i>Our Whole Lives</i> , although not an EBP, is acceptable in many faith settings and has shown promise.
<ul style="list-style-type: none"> <li>❑ <b>School-Based Health Centers</b></li> </ul>	Those that exist serve many youth but there are only 15 in the entire school system	School-based confidential contraceptive services should be available in all middle and high schools. Recent reinvestment by BCPSS (after initial cuts) is to be commended. These services are

		used by almost half the student body, primarily for reproductive health. Comments from the focus groups tell us that these services are critical. The <i>Self Center</i> is a lower cost, clinic-linked evidence-based model.
<input type="checkbox"/> <b>Title X Clinics</b>	Title X clinics seem to be under-utilized; only about 16% of Baltimore youth use them. There are geographic gaps in available services	Collaborate across agencies to expand services geographically, conduct a social media campaign to improve utilization, and self assess clinics to improve youth access and use.

SUB-POPULATION GAPS AND OPPORTUNITIES		
<i>Population-based</i>	<i>Gaps</i>	<i>Strategic Opportunities</i>
<input type="checkbox"/> <b>Race and ethnicity</b>	Hispanic population is growing and has the highest teen birth rate in the City. Only one after school Hispanic-focused program ( <i>Mi Espacio</i> ) is available and limited clinical services; many minority youth would benefit from a youth development approach.	Expand current efforts to integrate <i>iCuidatej</i> among schools with high Hispanic populations; consider <i>Teen Outreach Program</i> as an in-school program with highest risk youth.
<input type="checkbox"/> <b>Gay, lesbian, bisexual, transgender, and questioning (GLBTQ)</b>	We did not assess for these youth, however, there are no evidence-based programs available for this population.	Be inclusive in language for all sexuality education approaches; consider working with experts to adapt an EBP to serve GLBTQ youth.
<input type="checkbox"/> <b>Pregnant and parenting teens</b>	Alternative schools do not integrate evidence-based teen pregnancy prevention programs.	<i>Be Proud! Be Responsible! Be Protective!</i> is an evidence-based program for delaying subsequent births. Expanding supportive services for teen parents will help improve graduation rates and may improve life circumstances.
<input type="checkbox"/> <b>Heterosexual males</b>	Some efforts exist in the City. Young men see their role as using condoms which they know they should do, but don't always!	Explore expansion of male clinical, education, and support systems to increase their level of engagement in preventing pregnancies, STI and HIV.

## KEY RECOMMENDATIONS: CHANGING THE WAY THE CITY SUPPORTS TEENS

**Recommendation 1: The Baltimore City Public School System and the Baltimore City Health Department need to collaborate to increase access to evidence-based sexuality education and confidential contraceptive services for all young people in Baltimore City.**

- We recommend that the Baltimore City Public School System (BCPSS) adopt a set of health education standards that includes age and culturally appropriate evidence-based teen pregnancy, STI and HIV prevention programs throughout middle and high schools. Implementation of this alone would greatly increase exposure to the majority of Baltimore youth ages 15-19 years. If implemented with fidelity, these programs should reduce risky behaviors associated with teen pregnancy, and thus teen pregnancy and birth. Fewer teen births should improve graduation rates
- Clinical services need to be expanded through an increased presence in schools, so that all youth have access to confidential services. The very high utilization rates for contraceptive and STI/HIV services in these settings when compared to community based clinics makes this a priority for the Baltimore City Health Department (BCHD). Models include on-site health centers; on-site nurses with the ability to provide contraceptive methods (backed by physician protocol), and school-linked services. The *Self Center* is a proven effective school-linked model.
- There are many areas of the City where no viable youth services exist. The mapping data demonstrate this and youth corroborate it. There are many healthcare agencies in this City. Some of these are located near the gap areas. The Mayor and Commissioner of Health should bring the key provider groups together to develop a plan to fill the service gaps.
- While condoms, oral contraceptives and depo-provera appear to be the predominant contraceptive methods of choice for young people, there are more effective long acting reversible contraceptives (LARCs). The BCHD should join with the leading medical institutions in the city to undertake a social marketing campaign on effective LARCs (and emergency contraception) targeted at both providers and young people themselves with the goal of increasing their utilization. Any social marketing campaign must have youth input.



**Recommendation 2: Increase youth outreach and connection, especially among certain high risk sub-populations of Baltimore youth who face greater risk for teen births, STI and HIV, and who may not be reached by school-based approaches or social marketing campaigns.**

- Preventing repeat pregnancies among teen parents is an important strategy that does not appear to currently be addressed. Evidence suggests that those most likely to become pregnant are those who have previously experienced a pregnancy. *Nurse Family Partnership (NFP)* is one such evidence based strategy that was discontinued by the city of Baltimore due to financial constraints. However, the financial savings in the short term of discontinuing the program are dwarfed by long term social and economic costs of teen pregnancies. NFP should be reinstated and brought to scale.
- Integrating teen pregnancy, STI and HIV programming into out-of-school sites such as the YO! Program, group homes and homeless shelters for youth, juvenile services and other employment or youth support agencies is an essential step in promoting sexual and reproductive health for all youth.
- The Hispanic population in Baltimore is growing and has the highest teen birth rate in the City. There is a paucity of programs and services targeting this group of young people. Addressing the sexual and reproductive health needs of this segment of the population should be a priority of BCHD. We recommend that the BCHD form a working group with the Latino Provider Network and other groups to develop and implement a plan to meet the needs of this vulnerable group.

**Recommendation 3: Create a City-wide Coalition to manage this comprehensive plan, collect data, and advocate at the City and State levels.**

- Creating a politically and financially stable City-wide coalition under committed leadership is essential to the implementation of this plan. This coalition should not be at the mercy of political ideologies and budgets. We suggest a public-private partnership.
- Leveraging existing opportunities under the B'more for Healthy Babies initiative is one approach for integrating this effort into an existing system and structure. This approach can help to move action items along but is not a substitute for a coalition that targets this issue.

- Baltimore City needs accurate and current data. The challenges of obtaining data for this report underscore the need for a central data repository. We recommend that the Family League and Baltimore Data Collaborative be tasked with the establishment of such a data base that would include trends in pregnancy rates, contraceptive behaviors and the efficacy of the social marketing campaigns recommended above.

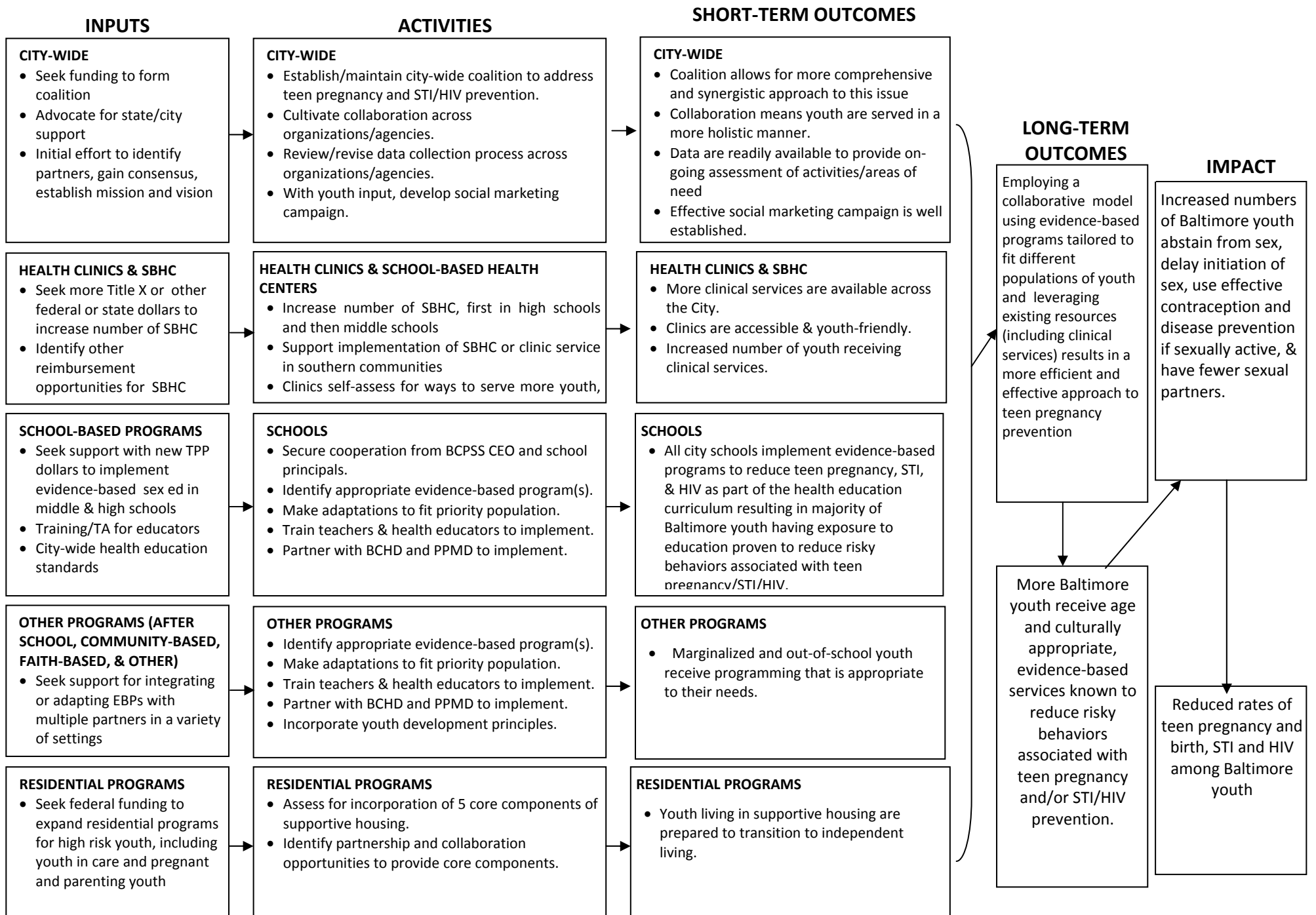
**Key advocacy efforts are critical to turn the tide of teen births in Baltimore.**

- Baltimore City must advocate at the State level to create and maintain funding for evidence-based approaches. Assessing existing COMAR regulations and providing examples of other state/municipalities that have incorporated evidence-based sexuality education standards is a start.
- The Maryland State Department of Health and Mental Hygiene should be strongly encouraged to seek funding for and support evidence-based prevention programs. Abstinence-only-until marriage programs are ineffective and not suitable for the majority of Baltimore City youth.
- Keeping a clinical presence in the schools and allowing them to provide confidential contraceptive services to their student bodies is effective and is preferred by those youth we met with. With current budget cuts, this is an uphill battle but an important one.

The final logic model (Figure 3) represents a pictorial presentation of what has been previously described.

**Figure 3: City-Wide Plan to Reduce Teen Births: Logic Model**

**Baltimore, Maryland**



## KEY NEXT STEPS

This plan was thoroughly vetted by the advisory and larger working groups for clarity, completeness and accuracy. An Executive Summary was created for broad dissemination and Healthy Teen Network will work with the advisory group to develop a dissemination plan. Healthy Teen Network will present these findings to the Baltimore City Commissioner of Health for review and discussion. A Policy Roundtable will occur in September 2010 wherein key stakeholders and legislators will be presented with the findings, recommendations and case examples of successful projects that address key recommendations. Key officials will be encouraged to develop a Coalition to implement the plan.

Please direct all questions or comments to: [Pat@HealthyTeenNetwork.org](mailto:Pat@HealthyTeenNetwork.org)

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## APPENDICES

- A. 10-Step Getting to Outcomes Model
- B. Call to Action Meeting Goals, Agenda and Participant List
- C. GIS Maps (3) of Pregnancy Prevention Resources by High, Medium and Low Teen Birth Rates
- D. Table of Evidence-Based Programs

# Promoting Science-Based Approached to Teen Pregnancy Prevention using Getting to Outcomes (PSBA-GTO)

## Part I Goal Setting



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What are the underlying needs and conditions that must be addressed?

What are the goals, target populations, and objectives (i.e. desired outcomes)?

## Part II Program Planning

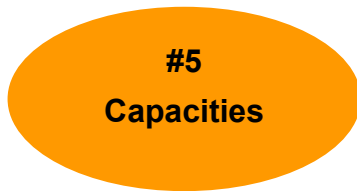


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What science (evidence) based models and best practice programs can be used in reaching goals?

What actions need to be taken so the selected program “fits” the community context?



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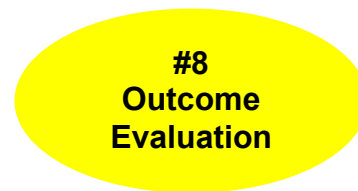
What organizational capacities are needed to implement the program?

What is the plan for the program?

## Part III Program Evaluation



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Is the program being implemented with quality and fidelity?

How well is the program working?

## Part IV Improving and Sustaining the Program



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How will continuous quality improvement strategies be included?

If the program is successful, how will it be sustained?

# = Results





SHEILA DIXON  
MAYOR

## A Call to Action: A City-Wide Planning Event to Reduce the Number of Teen Births Monday, July 27<sup>th</sup>, 2009

### Meeting Goal:

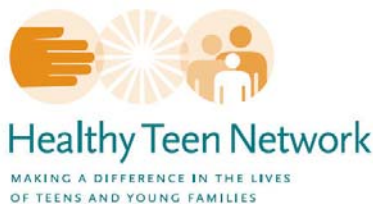
*To generate support to develop, implement,  
and fund a city-wide effort to reduce teen births in Baltimore.*

### Meeting Location:

Historic East Baltimore Community Action Coalition, Technology Resource Center  
901 N. Milton Avenue. Baltimore, MD 21205

### Agenda

8:45	—	9:00 AM	Check-in and Continental Breakfast
9:00	—	9:15 AM	Welcome <i>Dr. M. Houston, BCHD</i> <i>Dr. R. Blum, JHUHI</i>
9:15	—	9:30 AM	Mayor's Call to Action <i>Mayor S. Dixon</i>
9:30	—	9:50 AM	Baltimore City Needs Assessment <i>Dr. P. Paluzzi, HTN</i>
9:50	—	10:05 AM	Large Group Discussion: Identifying Other City Resources
10:05	—	10:30 AM	Small Group Discussion: Implementing a City-Wide Strategy
10:30	—	10:45 AM	Large Group Debrief Question and Answer
10:45	—	11:00 AM	Next Steps Closure





Healthy Teen Network



**A Call to Action:  
A City-Wide Planning Event to  
Reduce the Number of Teen Births  
Monday, July 27<sup>th</sup>, 2009  
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Healthy Teen Network



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**A Call to Action:  
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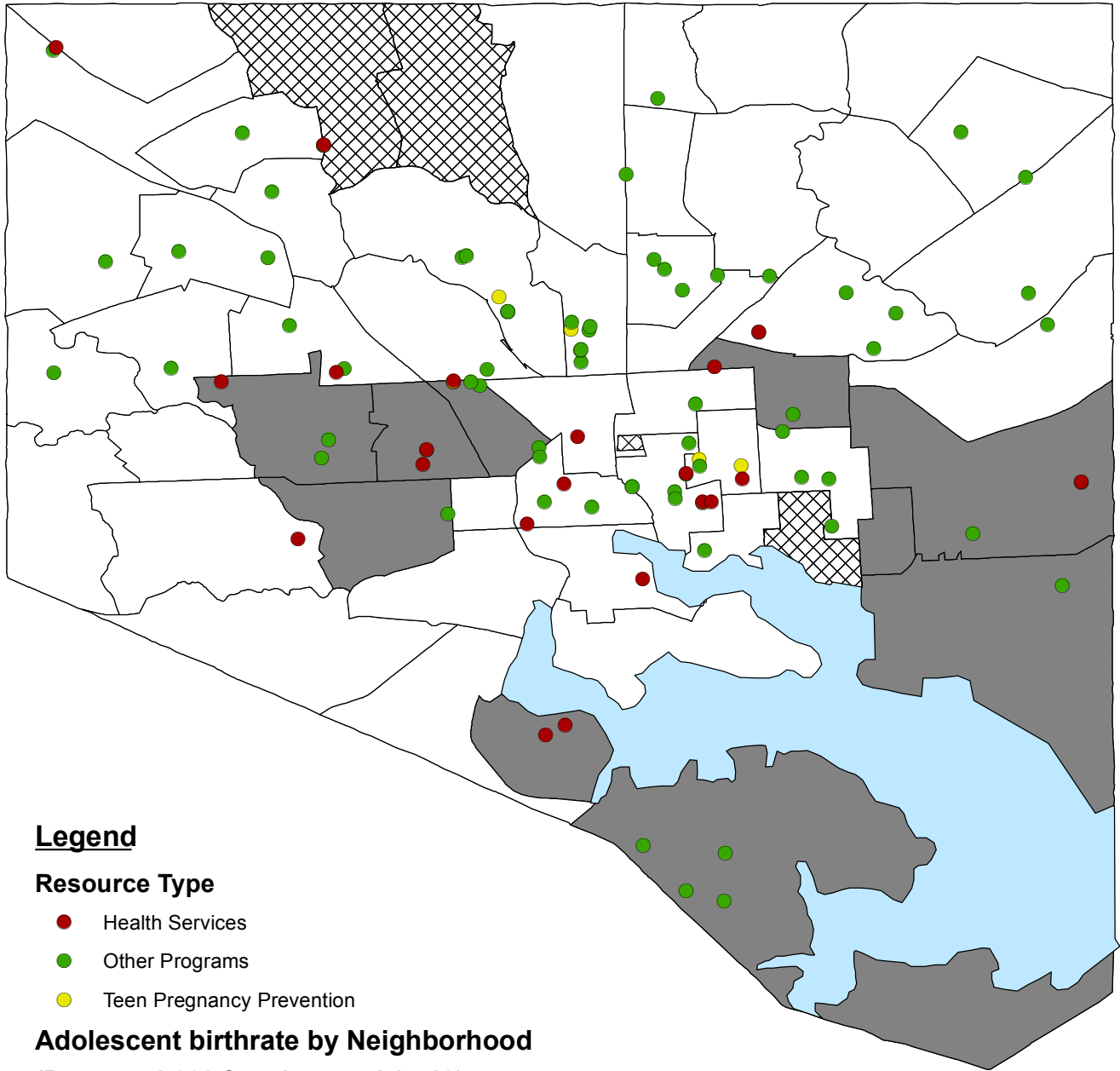
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## Neighborhoods with Adolescent Birth Rates of Greater than 110 per 1,000 Females aged 15-19 (2007) Baltimore City, Maryland



### Legend

#### Resource Type

- Health Services
- Other Programs
- Teen Pregnancy Prevention

#### Adolescent birthrate by Neighborhood

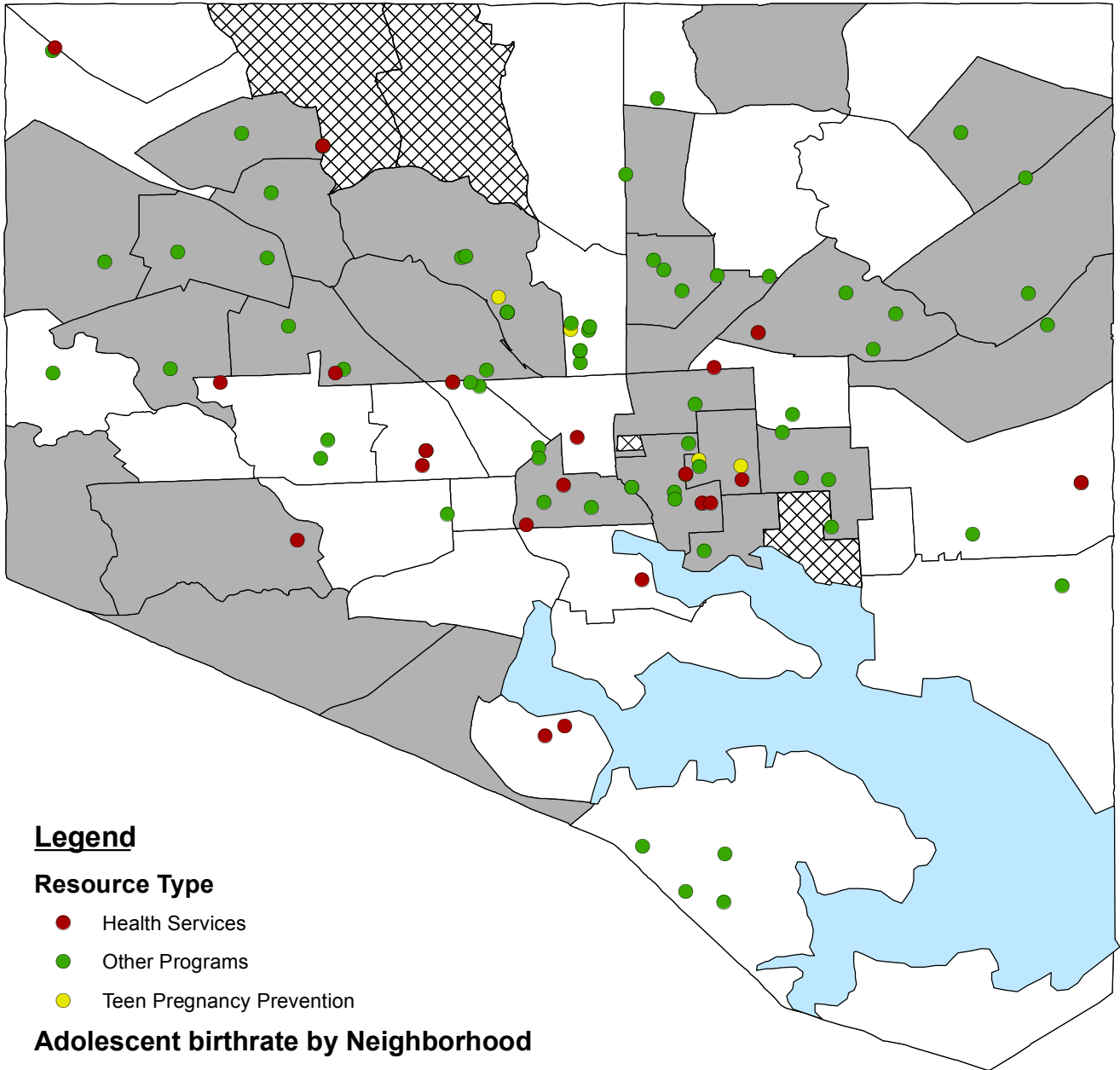
(Rate per 1,000 females aged 15-19)

- Low (0-66.4)
- Medium (66.5-110)
- High (>110)
- ▨ Suppressed Data

0 1 2 3 4 Miles



# Neighborhoods with Adolescent Birth Rates between 66.5 and 110 per 1,000 Females aged 15-19 (2007) Baltimore City, Maryland



## Legend

### Resource Type

- Health Services
- Other Programs
- Teen Pregnancy Prevention

### Adolescent birthrate by Neighborhood

(Rate per 1,000 females aged 15-19)

- Low (0-66.4)
- Medium (66.5-110)
- High (>110)
- ▨ Suppressed Data

0 1 2 3 4 Miles



Appendix D

Program	OAH Funding	Cost of Curriculum / Materials	Purchase Information	Length of Program	Settings & Populations Served (Proven to be effective w/ these settings/populations; some <i>may</i> be adapted to reach more settings/populations)															
					Urban	School-Based	Community-Based	Clinic-Based	Other	Elementary School Ages	Middle School Ages	High School Ages	Ages 18-24	White	Black	Hispanic/Latino	Asian	Other	Sex	
ABAN AYA Youth Project	X	Ranges from \$375 - \$660	<a href="http://www.sociology.com/passt24.php">http://www.sociology.com/passt24.php</a>	16-21 sessions for grades 5-8	X	X	X					X				X				MALES
Adult Identity Mentoring Project (Project AIM)	X	(not published online)	Leslie Clark, Ph.D., MPH, University of Southern California, Children's Hospital Los Angeles, <a href="mailto:lclark@chla.usc.edu">lclark@chla.usc.edu</a>	10 sessions, over 6 weeks		X						X				X				BOTH
All4You!	X	(not published online)	Karin Coyle, Ph.D., Senior Research Scientist, ETR Associates at <a href="mailto:karinc@etr.org">karinc@etr.org</a>	14 sessions (26 hours)	X				Alternative schools			X		X	X	X	X			BOTH
Assisting in Rehabilitating Kids (ARK)	X	(not published online)	No information is available online about curriculum materials.	12 90-minute sessions					Substance abuse residential treatment facilities			X		X	X	X			Substance-dependent adolescents	BOTH
Be Proud! Be Responsible! (Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)	X	\$358	<a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/">http://www.selectmedia.org/customer-service/evidence-based-curricula/be-proud-be-responsible/</a>	1 5-hour session, 6 1-hour sessions, or 2 3-hour sessions	X	X	X			X	X	X	X		X					MALES
Be Proud! Be Responsible! Be Protective! (Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)	X	(not published online)	No information is available online about the curriculum materials.	4 2-hour sessions	X	X	X				X	X			X	X			Pregnant / Parenting Teen Mothers	
Becoming a Responsible Teen (BART)	X	\$54.95	<a href="http://pub.etr.org/ProductDetails.aspx?id=390000&amp;itemno=R515">http://pub.etr.org/ProductDetails.aspx?id=390000&amp;itemno=R515</a>	8 1.5/2-hour sessions	X		X			X		X	X		X					BOTH

Program	OAH Funding	Cost of Curriculum / Materials	Purchase Information	Length of Program	Settings & Populations Served (Proven to be effective w/ these settings/populations; some <i>may</i> be adapted to reach more settings/populations)															
					Urban	School-Based	Community-Based	Clinic-Based	Other	Elementary School Ages	Middle School Ages	High School Ages	Ages 18-24	White	Black	Hispanic/Latino	Asian	Other	Sex	
California's Adolescent Sibling Pregnancy Prevention Project		(not currently available for purchase)	California Department of Health Services, Maternal & Child Health Branch: 714 P Street, Room 750, Sacramento, CA 95814; Phone: 1.866.241.0395	Varies	X		X				X	X	X				X			BOTH
Children's Aid Society--Carrera Program	X	(not published online)	<a href="http://www.stopteenpregnancy.com/contact/">http://www.stopteenpregnancy.com/contact/</a>	Multi-year, comprehensive, daily, with after school activities for 3.5 hours	X		X				X	X	X			X	X			FEMALES
iCuidate!	X	\$385, plus printing of posters/ activity cards	<a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/cuidate/">http://www.selectmedia.org/customer-service/evidence-based-curricula/cuidate/</a>	6 1-hour sessions	X	X*	X				X		X				X			BOTH
Draw the Line/Respect the Line	X	\$21	<a href="http://pub.etr.org/ProductDetails.aspx?id=10000&amp;itemno=A003">http://pub.etr.org/ProductDetails.aspx?id=10000&amp;itemno=A003</a>	5 sessions for 6th grade; 8 sessions for 7th grade; 7 sessions for 8th grade	X	X						X					X			MALES
FOCUS	X	Ranges from \$315-\$420	<a href="http://www.socio.com/passt22.php">http://www.socio.com/passt22.php</a>	4 2-hour sessions			X	X				X	X	X	X	X				FEMALES
HIV Risk Reduction Among Detained Adolescents		(not published online)	No information is available online about curriculum materials.	1 3-hour session	X				Youth detention facilities			X		X	X	X				MALES



Program	OAH Funding	Cost of Curriculum / Materials	Purchase Information	Length of Program	Settings & Populations Served (Proven to be effective w/ these settings/populations; some <i>may</i> be adapted to reach more settings/populations)															
	Approved for Tier 1 Funding				Urban	School-Based	Community-Based	Clinic-Based	Other	Elementary School Ages	Middle School Ages	High School Ages	Ages 18-24	White	Black	Hispanic/Latino	Asian	Other	Sex	
HORIZONS	X	(not published online)	Ralph DiClemente, Ph.D., Emory University Rollins School of Public Health at <a href="mailto:rdiclem@emory.edu">rdiclem@emory.edu</a>	2 4-hour sessions	X		X	X					X		X					FEMALES
It's Your Game: Keep It Real	X	(not published online)	University of Texas Prevention Research Center at <a href="http://www.sph.uth.tmc.edu/prc/default.aspx?id=2356">http://www.sph.uth.tmc.edu/prc/default.aspx?id=2356</a>	24 sessions	X	X			Computer-based		X			X	X					BOTH
Making a Difference!	X	\$340	<a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/making-a-difference/">http://www.selectmedia.org/customer-service/evidence-based-curricula/making-a-difference/</a>	8 1-hour sessions (can be modified, such as 2 four-hour sessions or 4 2-hour sessions)	X	X*	X			X	X			X						BOTH
Making Proud Choices!	X	\$535	<a href="http://www.selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices/">http://www.selectmedia.org/customer-service/evidence-based-curricula/making-proud-choices/</a>	8 1-hour sessions (can be modified, such as 2 four-hour sessions or 4 2-hour sessions)	X	X*	X			X	X			X						BOTH
Nurse Family Partnership		(not published online)	<a href="http://www.nursefamilypartnership.org/">http://www.nursefamilypartnership.org/</a>	Varies-- home visiting program					Home visiting			X	X	X	X	X	X			FEMALES

Program	OAH Funding	Cost of Curriculum / Materials	Purchase Information	Length of Program	Settings & Populations Served (Proven to be effective w/ these settings/populations; some <i>may</i> be adapted to reach more settings/populations)																
	Approved for Tier 1 Funding				Urban	School-Based	Community-Based	Clinic-Based	Other	Elementary School Ages	Middle School Ages	High School Ages	Ages 18-24	White	Black	Hispanic/Latino	Asian	Other	Sex		
Postponing Sexual Involvement		(not published online)	<i>For PSI</i> —Marian Apomah, Emory University ; Phone, 404.712.4710; <i>For Self Center</i> : Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475 ; E-mail, pasha@socio.com; Web, <a href="http://www.socio.com">http://www.socio.com</a>	8 45-minute sessions, 8 brown bag lunch sessions, 1 school assembly, over two years	X	X						X				X	X				BOTH
Project Safe - Sexual Awareness for Everyone		(not published online)	Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475 ; E-mail, <a href="mailto:pasha@socio.com">pasha@socio.com</a> ; Web, <a href="http://www.socio.com">http://www.socio.com</a>	3 3/4-hour sessions for consecutive weeks	X			X			X		X	X		X	X				FEMALES
Raising Helathy Children (Seattle Social Development Project)	X	(not available for purchase)	Social Development Research Group, University of Washington: 9725 Third Avenue NE, Suite 401, Seattle, Washington, 98115	Multi-year intervention, provided in grades 1-6. Components include sessions for parents, trainings for teachers, and education for children	X	X					X				X	X					BOTH

Program	OAH Funding	Cost of Curriculum / Materials	Purchase Information	Length of Program	Settings & Populations Served (Proven to be effective w/ these settings/populations; some <i>may</i> be adapted to reach more settings/populations)																
	Approved for Tier 1 Funding				Urban	School-Based	Community-Based	Clinic-Based	Other	Elementary School Ages	Middle School Ages	High School Ages	Ages 18-24	White	Black	Hispanic/Latino	Asian	Other	Sex		
Reach for Health Community Youth Service		Ranges from \$205 - \$360	Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475 ; E-mail, <a href="mailto:pasha@socio.com">pasha@socio.com</a> ; Web, <a href="http://www.socio.com">http://www.socio.com</a>	80 1-hour sessions, over 2 years and 3 hours/week of community service	X	X						X				X	X				BOTH
Reducing the Risk	X	\$42.95	<a href="http://pub.etr.org/productdetails.aspx?id=110000&amp;itemno=359">http://pub.etr.org/productdetails.aspx?id=110000&amp;itemno=359</a>	16 45-minute sessions	X	X							X	X	X	X					BOTH
Rikers Health Advocacy Program (RHAP)	X	Ranges from \$115-\$234	<a href="http://www.socio.com/passt10.php">http://www.socio.com/passt10.php</a>	4 1-hour sessions, delivered biweekly over 2 weeks	X		X		Youth detention facilities				X			X	X		High risk youth, drug users, youth in correctional facilities		MALES
Safer Choices		\$189.95	<a href="http://pub.etr.org/ProductDetails.aspx?id=400000&amp;itemno=H556">http://pub.etr.org/ProductDetails.aspx?id=400000&amp;itemno=H556</a>	20 1-hour sessions, over 2 years	X	X							X	X	X	X	X				BOTH
Safer Sex	X	(not published online)	Lydia Shrier, MD, MPH, Children's Hospital Boston at <a href="mailto:Lydia.Shrier@childrens.harvard.edu">Lydia.Shrier@childrens.harvard.edu</a>	1 45-minute session, followed by booster sessions at 1, 3, & 6 months later	X			X					X	X	X	X	X		High risk youth		FEMALES
Self Center (School-Linked Reproductive Health Care)		(not published online)	Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475 ; E-mail, <a href="mailto:pasha@socio.com">pasha@socio.com</a> ; Web, <a href="http://www.socio.com">http://www.socio.com</a>	Year-round contraceptive and reproductive health services, including homeroom presentations and daily clinic hours	X	X education component		X	clinic is school-linked		X	X				X		All students in school		MALES and FEMALES	

Program	OAH Funding	Cost of Curriculum / Materials	Purchase Information	Length of Program	Settings & Populations Served (Proven to be effective w/ these settings/populations; some <i>may</i> be adapted to reach more settings/populations)														
	Approved for Tier 1 Funding				Urban	School-Based	Community-Based	Clinic-Based	Other	Elementary School Ages	Middle School Ages	High School Ages	Ages 18-24	White	Black	Hispanic/Latino	Asian	Other	Sex
SIHLE	X	Ranges from \$160-\$294	<a href="http://www.socio.com/passt23.php">http://www.socio.com/passt23.php</a>	4 3-hour sessions	X			X			X		X		X				FEMALES
Sisters Saving Sisters	X	(not published online)	No information is available online about curriculum materials.	1 250-minute session	X			X			X		X		X	X			FEMALES
Tailoring Family Planning Services to the Special Needs of Adolescents		(not published online)	Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone, 1.800.846.3475 ; E-mail, <a href="mailto:pasha@socio.com">pasha@socio.com</a> ; Web, <a href="http://www.socio.com">http://www.socio.com</a>	Lasting six weeks, including two-part first appointment and later follow-up appointment	X			X			X		X	X					FEMALES
Teen Health Project	X	Ranges from \$220 - \$370	<a href="http://www.socio.com/passt25.php">http://www.socio.com/passt25.php</a>	2 3-hour workshops over 2 weeks	X		X				X	X			X		X		BOTH
Teen Outreach Program	X	(not published online)	<a href="http://wymancer.org/wyman_top.php">http://wymancer.org/wyman_top.php</a>	Classroom sessions, and at least 20 hours of community service, over a period of 9 months	X	X						X		X	X	X			BOTH
What Could You Do?	X	Ranges from \$198 - \$220	<a href="http://www.socio.com/passt19.php">http://www.socio.com/passt19.php</a>	1 45-minute interactive video session	X	X	X	X				X		X	X				FEMALES

Program	Focus		Impact on Adolescents' Risk for Pregnancy, HIV, & STIs (based on evaluation results)									Notes
	Pregnancy Prevention	STI/HIV Prevention	Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced # of Sex Partners	Reduced Incidence of Un-protected Sex	Increased Use of Condoms	Increased Use of Contraception	Increased Use of Sexual Health Care/ Treatment Compliance	Reduced Incidence of STIs	Decreased Number or Rate of Teen Pregnancy/ Birth	
ABAN AYA Youth Project	X	X	X	X								Also addresses avoidance of drugs/alcohol
Adult Identity Mentoring Project (Project AIM)	X	X	X	X								
All4You!	X	X		X		X	X					Adaptation of <i>Be Proud! Be Responsible!</i>
Assisting in Rehabilitating Kids (ARK)	X	X	X	X								Some sessions are included from <i>Becoming a Responsible Teen (BART)</i> .
Be Proud! Be Responsible! (Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)		X		X	X		X					
Be Proud! Be Responsible! Be Protective! (Strategies to Empower Youth to Reduce Their Risk for HIV/AIDS)	X	X			X							
Becoming a Responsible Teen (BART)	X	X	X	X		X	X					
California's Adolescent Sibling Pregnancy Prevention Project	X	X						X			X	
Children's Aid Society--Carrera Program	X		X				X	X	X		X	
iCuidate!	X	X		X	X	X	X					Adapted from <i>Be Proud! Be Responsible!</i>
Draw the Line/Respect the Line	X	X	X	X								
FOCUS		X			X							Developed for young female marine recruits
HIV Risk Reduction Among Detained Adolescents	X	X					X					
HORIZONS	X	X					X			X (Chla-mydia)		
It's Your Game: Keep It Real	X	X	X									
Making a Difference!	X	X	X	X								Abstinence-based; adapted from <i>Be Proud! Be Responsible</i>

Program	Focus		Impact on Adolescents' Risk for Pregnancy, HIV, & STIs (based on evaluation results)									Notes
	Pregnancy Prevention	STI/HIV Prevention	Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced # of Sex Partners	Reduced Incidence of Un-protected Sex	Increased Use of Condoms	Increased Use of Contraception	Increased Use of Sexual Health Care/ Treatment Compliance	Reduced Incidence of STIs	Decreased Number or Rate of Teen Pregnancy/ Birth	
Making Proud Choices!	X	X	X	X		X	X					Adapted from <i>Be Proud! Be Responsible</i>
Nurse Family Partnership	X										X	Improved prenatal health; Fewer childhood injuries; Increased intervals between births; Increased maternal employment; Improved school readiness
Postponing Sexual Involvement	X		X	X				X		X		
Project Safe - Sexual Awareness for Everyone		X			X	X			X	X		
Raising Healthy Children (Seattle Social Development Project)	X	X	X		X		X				X	
Reach for Health Community Youth Service	X	X	X	X			X	X				
Reducing the Risk	X	X	X			X		X				
Rikers Health Advocacy Program (RHAP)		X					X					
Safer Choices	X	X	X			X	X	X	X			
Safer Sex	X	X			X							
Self Center (School-Linked Reproductive Health Care)	X		X			X		X	X		X	Evaluated in Baltimore, MD- FamPlannPers (1986)18(3)119-126 and (1988)20(4)182-192
SIHLE		X			X	X	X			X	X	Adapted from SISTAS
Sisters Saving Sisters		X			X		X			X (Gonorrhea, Chlamydia, Trichomonas)		
Tailoring Family Planning Services to the Special Needs of Adolescents	X	X						X	X		X	
	Focus		Impact on Adolescents' Risk for Pregnancy, HIV, & STIs (based on evaluation results)									

Program	Pregnancy Prevention	STI/HIV Prevention	Delayed Initiation of Sex	Reduced Frequency of Sex	Reduced # of Sex Partners	Reduced Incidence of Un-protected Sex	Increased Use of Condoms	Increased Use of Contraception	Increased Use of Sexual Health Care/ Treatment Compliance	Reduced Incidence of STIs	Decreased Number or Rate of Teen Pregnancy/ Birth	Notes
Teen Health Project	X	X	X									Adapted from: (1) Be Proud! Be Responsible!; (2) Adolescents Living Safely: AIDS Awareness, Attitudes, and Actions; and (3) Becoming a Responsible Teen (BART)
Teen Outreach Program	X										X	
What Could You Do?		X	X	X						X		

\*Can be adapted

This table is adapted from Advocates for Youth's resource, *Science and Success (2nd ed.)* and the Office of Adolescent Health's Funding Opportunity Announcement.

More program information can be found online: [http://www.advocatesforyouth.org/index.php?option=com\\_content&task=view&id=367&Itemid=336](http://www.advocatesforyouth.org/index.php?option=com_content&task=view&id=367&Itemid=336) and [http://www.hhs.gov/ophsoah/prevention/grants/announcements/funding\\_announcement\\_04012010.pdf](http://www.hhs.gov/ophsoah/prevention/grants/announcements/funding_announcement_04012010.pdf)