

# A Cross-site Evaluation of Iowa's Adolescent Pregnancy Prevention, Intervention, and Community Programs

*Grant Year Findings for  
July 1, 2006 - June 30, 2007*

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## INTRODUCTION

The Committee on Adolescence of the American Academy of Pediatrics recently called for pediatricians to “participate in community efforts to delay onset of sexual activity and to prevent first and subsequent adolescent pregnancies and *advocate for implementation and investments in evidence-based programs that provide comprehensive information and services to youth [italics added for emphasis]*” (Klein and the Committee on Adolescence, 2005, p. 284). This call for involvement by members of the American Academy of Pediatrics recognizes, it says, that “encouraging abstinence *and* urging better use of contraception are compatible goals” (p. 284). Before calling for such action, the Committee on Adolescence reviews the trends in adolescent pregnancy over the past decade, noting that the most successful prevention programs involve multiple and varied approaches to the problem and that “parents, schools, religious institutions, physicians, social and government agencies, and adolescents all have roles in successful prevention programs” (p. 284). This community-wide approach, in fact, mirrors the strategies of the Adolescent Pregnancy Prevention program of the Iowa Department of Human Services. This report documents the activities of grantees in their efforts to prevent first (and subsequent) pregnancies and to serve adolescents who have already become parents. It also affirms the efforts of many programs to “reach and engage youth fathers in the lives of their children” (Klein and the Committee on Adolescence, 2005, p. 282).

Teenage pregnancy continues to be a major public health concern both in Iowa and across the nation. Alarming statistics include these: more than 800,000 women younger than 20 become pregnant each year in the United States; 80% of these pregnancies are unintended; nine million teenagers and young adults acquire an STD each year; and two young people every hour become infected with HIV (Allan Guttmacher Institute, 2005).

While trends show a decline in the rate of teen births, percentages of teen births to unmarried teens are higher than in the previous decade (Ventura, Matthews, and Hamilton, 2001). The birth rate to unmarried female adolescents has been increasing steadily for most of the last 30 years. In 2001, 78.9% of all births to adolescents occurred outside of marriage (Klein, 2005). Teen births have been shown to be more prevalent in some segments of the population (Trent and Crowder, 1997), but teen births do occur in every socioeconomic and ethnic group. In each case, the teen parents and their children are at risk.

A number of problems continue to be associated with teenage pregnancy, both for the parent and the child. The pregnancy itself carries higher risk. Teen mothers are less likely to receive early prenatal care and more likely to smoke during pregnancy. Babies born to teenage mothers are more likely to be born early, have a low birth weight, and die within the first year (especially among the youngest mothers). Teen parents demonstrate a lack of skills and knowledge about child development and childcare, poor life skills, and limited social supports. Adolescent mothers

are less likely to complete their education, giving them a poorer background with which to enter the labor force and increasing the chance that they and their children will fall into poverty. Financial instability also increases the potential for receiving public assistance. The stresses of teen parenting, with the mixture of poor life skills, little parenting knowledge and immaturity, sometimes result in child abuse and neglect. (Alan Guttmacher Institute, 1994; Kirby, Short, Collins, Rugg, Kolbe, Howard, Miller, Sonenstein, and Zabin, 1994; Maynard, 1997; Kids Count, 1998; National Campaign to Prevent Teen Pregnancy, 1997, 2002; Ventura, Matthews, and Hamilton, 2001; Sawhill, 2001.) The Committee on Adolescence of the American Academy of Pediatrics (Klein, 2005) also notes that children of adolescent mothers have increased risks of developmental delays, academic difficulties, behavioral disorders, substance abuse, early sexual activity, depression, and becoming adolescent parents themselves.

Recent national statistics show that the rate of births to teens 15 to 19 years old has fallen from a recent high of 62.1/1000 in 1991 to 43.0/1000 in 2002. Iowa trends show a similar decrease from 42.6/1000 in 1991 to 32.5/1000 in 2002. (Martin, Hamilton, Sutton, et al, 2003). Iowa, like the United States, also has shown gains in reduction of births among the younger teens as well. In 1998, the rate of births to teens (aged 15 to 17) was 18 per 1,000; by 2002, it was 16 per 1,000. In the U.S., the rate for the youngest teens (15 to 17) was 23 per 1,000 (Kids Count, 2005). Iowa has made lesser gains in the percentage of subsequent births among teens. In 1998, 18% of second or higher order (subsequent) births were to women under the age of 20 in Iowa; in 2002—the most recent national data available—, it was 17%. By comparison, the U.S. rate for subsequent births to teen mothers was 21% (Kids Count, 2005). As recently as 2003, 47 percent of high school students nationwide reported having had sexual intercourse and one-third reported current sexual activity (Centers for Disease Control and Prevention [CDCP], 2004). In addition, 37% of sexually active youth reported not having used a condom the last time they had sexual intercourse. Also alarming is 14% of high school youth who reported having had four or more sexual partners, thus increasing their risk for STDs and HIV (CDCP, 2004). Each year, there are 19 million new STD cases reported in the United States, and an estimated one-quarter of infected individuals are teenagers (Weinstock et al. 2004). For Iowa, CDCP reports that, in 1997—the most recent statistics available—, 42.8% of Iowa high school students report having had sexual intercourse; 52.4% had not used a condom during last intercourse; and 12.7 had four or more sexual partners (CDCP, 2004).

While the overall decline in births to teens in the past decade represents a welcome reversal of the increase in teen births during the late 1980's, it is countered by a continuing rise in the percentage of unmarried births to 15 to 19 year olds, which rose nationally from 67% in 1990 to 80.0% in 2002 (Martin, Hamilton, Sutton, et al, 2003). Similarly, the percentage of unmarried births to all Iowa teens (aged 12 to 19) rose from 80.1% in 1996 to 86.7% in 2003 (derived from data from the Iowa Department of Public Health Center for Health Statistics, 2004).

Births to teens as a percentage of total births in Iowa have declined from 11.0% in 1995 to 8.7% in 2003 (IDPH, Center for Health Statistics, 2004). While the total number of births to teens in Iowa has declined from 4096 in 1996 to 3,326 in 2003, this still represents over 3300 children in the state who are at risk. In addition, the percentage of teens in Iowa who are sexually active remains high, with 42.9% of high school students surveyed reporting that they have had intercourse and 33.7% reporting that they are currently sexually active. (Greenbaum, Kann, Kinchen, Williams, Ross, Lowry, and Kolbe, 2002). Census data (U.S. Census Bureau, 2001) indicate that there are 226,420 youth in Iowa between 14 and 19 years of age, which would mean that there are currently over 75,000 teens in Iowa who are sexually active. These numbers underscore the continuing need for teen pregnancy prevention programs in the nation and in Iowa.

Teen pregnancy rates, abortion rates among teens, and subsequent pregnancy rates for teen mothers tell more of the story. Declines are evident over the past decade but problems still exist. Nationally, pregnancy rates for 15-to-19-year-olds fell from 116.3/1000 in 1990 to 84.5 in 2000 while the abortion rate among teens aged 15 to 19 has declined from 40.3/1000 in 1990 to 24.0 in 2000, with the largest decline for 15-to-17-year-olds (Venture, Abma, Mosher, and Henshaw, 2004). The Iowa Department of Public Health State Center for Health Statistics reported 1,174 induced abortions among young women aged 15 to 19 for 2002, a 4.6% increase over 2001. Nationally, in 2002, one in five teen births (21%) occurred to teen mothers who already had one child as a teen. (Child Trends, 2003; Klerman, 2003). In 2001, females aged 15 to 19 who had never had a child, had a birth rate of 35.7/1000 as compared to 175.1 births per 1,000 to females aged 15 to 19 who already had one child as a teen. (Martin, Hamilton, Ventura, et al, 2002).

Differences by race and ethnicity provide another picture of the demographics of teen pregnancy. Nationally and in Iowa, the birth rates of both Hispanics and African Americans continue to be higher than for other groups, and Hispanics have the highest teen birth rates. In 2002, among female Hispanic teens aged 15 to 19, birth rates were 83.4/1000 and among blacks 66.6/1000, while American Indian teens had a rate of 53.8/1000, non-Hispanic white teens 28.5/1000, and Asian teens 18.3/1000. (Martin, Hamilton, Sutton, et al, 2003). In Iowa for 2002, teen birth rates for Hispanics (111/1000), non-Hispanic African Americans (84/1000) and Asian/Pacific Islanders (27/1000) were all higher than the national rates. (National Campaign to Prevent Teen Pregnancy, 2004)

More recent data from the 2005 Youth Risk Behavior Survey [YRBS]—recently reported in the *Washington Post* (July 22, 2007) and the new federal publication *America's Children: Key National Indicators of Well-being, 2007* (see <http://childstats.gov>)—shows that:

- In 2005, 47 percent of high school students reported ever having had sexual intercourse. This was statistically the same as in 2003.

- The proportion of student who reported ever having had sexual intercourse declined significantly from 1991 (54%) to 2001 (46%) and has remained stable from 2001 to 2005.
- The percentage of students who reported having intercourse differs by grade. In 2005, 34% of 9<sup>th</sup> graders reported intercourse, compared with 63% of 12<sup>th</sup> grade students.
- Trends differed by race and ethnicity. The rate among White, non-Hispanic students declined from 50% in 1991 to 42% in 2003 (the 2005 rate of 43% is not statistically different from 2003 rate). The proportion of students who reported intercourse has declined among Black, non-Hispanic youth, from 82% in 1991 to 68% in 2005. There was no statistically significant change among Hispanic students between 1991 and 2005. 51% of Hispanic youth reportedly had intercourse in 2005
- In 2005, 18% of students who had sexual intercourse in the past 3 months had used birth control pills and 63% used a condom during their last sexual intercourse. Of note, condom use increased since 1991 (from 46%) among high school students, while there was no statistically significant change in the use of birth control pills.

The lack of change from 2001 to 2005 in rates of intercourse has alarmed some researchers. In the *Washington Post* article “Teen Sex Rates Stop Falling, Data Show” (July 22, 2007), Susan Philliber, a researcher on adolescent sexuality, is quoted as saying “It is alarming. We’ve had such a wonderful decade’s run of getting the rate down. For it to level out causes everyone to go ‘Uh-Oh.’” Another researcher (John Santelli, Columbia University) is quoted: “At a certain point, it becomes really hard to change basic human behaviors. I think what we’re seeing is the limits of the emphasis on abstinence as the primary message.” Michael Resnick, a teen health expert at the University of Minnesota, is quoted: “My concern is that this plateau is the canary in the coal mine—a harbinger of a reversal of these positive trends.”

The following table show the data from the 2005 YRBS: it compares national data with Iowa data and, further, shows data from states surrounding Iowa (Wisconsin, Nebraska and Missouri).

Note: There is no comparison with Minnesota because it does not participate in YRBS.

**Percentage of H.S. students responding to each question about sex in most recent Youth Risk Behavior Survey [YRBS] (2005)**

**Ever had sexual intercourse...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
35.7-55.1	44.8	46.8	43.5	40.3	40.8	46.7

Iowa is below the US average for h.s. students reporting ever had sexual intercourse, but higher than two neighboring states (WI and NE).

**Had sex before 13 years...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
2.8-10.8	5.8	6.2	4.2	3.9	4.4	5.9

Iowa is below the US average for h.s. students reporting having had sex before age 13, and only higher than one neighboring state (WI).

**Had sex with 4 or more partners...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
9.0-19.1	13.6	14.3	12.7	10.4	11.9	14.0

Iowa is below the US average for h.s. students reporting having had sex with 4 or more partners, but higher than two neighboring states (WI and NE).

**Currently sexually active...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
24.1-40.6	33.3	33.9	32.8	29.5	29.9	33.2

Iowa is below the US average for h.s. students reportedly currently sexually active, but higher than two neighboring states (WI and NE).

**Used a condom at last sexual intercourse (self or partner)...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
47.6-71.2	62.6	62.8	61.8	65.3	61.6	67.2

Iowa is below the US average for h.s. students reported use of a condom at last sexual intercourse—a negative finding—and below condom usage among students in WI and MO.

**Birth control pill use (self or partner)...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
12.7-34.6	18.4	17.6	29.8	23.0	21.6	18.0

Iowa is far above the US average for h.s. students' reported use of birth control and higher than each of three neighboring states (WI, NE and MO).

**Used alcohol or drugs before last sexual intercourse...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
18.6-30.9	22.9	23.3	22.9	22.9	24.0	23.0

Iowa is below the US average for h.s. students reporting use of alcohol or drugs before their last sexual intercourse, tied with WI and lower use rates than either NE or MO.

**Ever had been taught in school about HIV/AIDS...**

U.S. range	U.S. Median	U.S. Mean	Iowa Mean	Wisconsin Mean	Nebraska Mean	Missouri Mean
79.8-92.7	88.4	87.9	85.6	No data	85.4	90.4

Iowa is below the US average for h.s. students reporting ever had been taught in school about HIV/AIDS—a negative finding—almost tied with NE and lower than MO.

The following data show the trend in Iowa data (between 1997 and 2005) for each of the sexuality questions of the YRBS. Because data was weighted for each of these years, the conclusions can be generalized to all youth in Iowa.

**Percentage of Iowa H.S. students responding to each question about sex in Youth Risk Behavior Survey [YRBS]: 1997 and 2005.**

**Ever had sexual intercourse...**

Iowa 1997	Iowa 2005	Trend
42.8 (+/- 4.7)	43.5 (+/- 5.5)	+ 0.70

Conclusion: Negligible increase in sexual intercourse among h.s. students between 1997 and 2005.

**Had sex before 13 years...**

Iowa 1997	Iowa 2005	Trend
3.8 (+/- 1.2)	4.2 (+/- 1.4)	+ 0.40

Conclusion: Negligible increase in sexual initiation before age 13 among h.s. students between 1997 and 2005.

**Had sex with 4 or more partners...**

Iowa 1997	Iowa 2005	Trend
12.7 (+/- 3.0)	12.7 (+/- 3.2)	No change

Conclusion: No change in sex with 4 or more partners among h.s. students between 1997 and 2005.

**Currently sexually active (within 3 months)...**

Iowa 1997	Iowa 2005	Trend
33.0 (+/- 4.9)	32.8 (+/- 5.4)	- 0.20

Conclusion: Negligible decrease in current sexual activity among h.s. students between 1997 and 2005.

**Used a condom at last sexual intercourse (self or partner)...**

Iowa 1997	Iowa 2005	Trend
47.6 (+/- 4.8)	61.8 (+/- 4.9)	+ 14.2

Conclusion: Significant increase in condom use among h.s. students between 1997 and 2005.

**Birth control pill use (self or partner)...**

Iowa 1997	Iowa 2005	Trend
28.2 (+/- 3.5)	29.8 (+/- 8.0)	+ 1.6

Conclusion: Slight increase in birth control use among h.s. students between 1997 and 2005.

**Used alcohol or drugs before last sexual intercourse...**

Iowa 1997	Iowa 2005	Trend
24.3 (+/- 4.9)	22.9 (+/- 6.4)	- 1.4

Conclusion: Slight decrease in use of alcohol or drugs before last sexual intercourse among h.s. students between 1997 and 2005.

**Ever had been taught in school about HIV/AIDS...**

Iowa 1997	Iowa 2005	Trend
92.4 (+/- 2.3)	85.6 (+/- 3.4)	- 6.8

Conclusion: Significant decrease in reported information about HIV/AIDS in school among h.s. students between 1997 and 2005.

Collectively, the above data show that Iowa youth have experienced similar trends in their sexual behavior from 1997 to 2005 with the exception that they are much more likely to use a condom during sex and are slightly more likely to be using the birth control pill. Of some concern is the last finding that shows a decrease in youth exposure to HIV/AIDS information in their schools.

The continued problem of “children having children” has encouraged health and human services providers to create an array of prevention programs to combat this problem. These programs usually focus on one of the following goals: 1) Education: to educate young people, starting as early as third grade, on healthy relationships, expected physical and emotional changes during puberty and the teen years, and assertiveness skills; 2) Intervention: focus on delaying a second pregnancy until the young woman has completed her education and has developed adequate life skills to care and provide for a family - young fathers are sometimes included in these programs, as well; or 3) Community Education: the education of the community at large about the need to support and encourage teen pregnancy prevention efforts.

Meta-analysis of a number of pregnancy prevention programs has found that such programs can help to reduce teen pregnancy rates (Franklin et. al., 1997; Kirby et al., 1994, Kirby et. al., 1997; Kirby et. al. 2001). The importance of using a comprehensive community approach to pregnancy prevention has been asserted in the health promotion literature (Paine-Andrews, Vincent, Fawcett, Campuzano, Harris, Lewis, Williams, and Fisher, 1996; Paine-Andrews et. al., 1999; Lewis et al, 1999; Nitz, 1999) and focuses on the need to create an environment that is supportive of adolescent pregnancy prevention.

In response to concerns about teen births in Iowa, the Iowa Department of Human Services (DHS), Division of Adult, Children and Family Services awards grants to agencies and organizations throughout the state to develop or enhance programs that foster the prevention of initial or repeat pregnancies to Iowa adolescents. This report represents the eighth year of the most recent round of APP funding for “community” grantees, and the twelfth year of the evaluation of these programs. The data presented in this report are drawn from 2006-2007 statewide data collection activities.

In the initial round of APP funding, grantees chose to implement prevention, intervention or community education components or a combination of these. Concern about the limited impact of this approach led to increased emphasis on a collaborative community approach in the more recent rounds of DHS funding. For the funding cycles 2000 through 2006, sixteen grants were awarded for community-wide comprehensive programming. An additional seven sites were awarded funding in 2006-2007, bringing the total of sites included in this report to 23.

A Statewide Evaluation grant was awarded for both rounds to the University of Iowa School of Social Work: Dr. Edward J. Saunders, and Miriam J. Landsman, Co-Investigators. Nancy Graf (National Resource Center on Family Centered Practice) serves as the data manager of the grant. The goals of this evaluation grant are to implement a centralized method of data collection from the pregnancy prevention demonstration projects across the state and to provide technical assistance, as needed, to each of the demonstration sites as they develop and/or implement their evaluation plan.

## EVALUATION OF PROGRAMS

Adolescent pregnancy prevention programs are widespread and diverse, and in recent years, a number of evaluations of these programs have been undertaken (Franklin et al., 1997; Manlove et al., 2002 and 2004). Frequently, descriptions of large national programs and their evaluation methodology and results can be found (Kirby et al., 1994; Kirby et. al., 1997; Franklin and Corcoran, 2000; Kirby et. al., 2001). In other cases, single site projects are evaluated (see examples in Franklin et al., 1997; Frost and Forrest, 1995; Kirby et al., 1994). Cross-site evaluation of a number of distinct pregnancy prevention programs across a state, as designed and implemented under this grant, are becoming more common as efforts to monitor programs improve (United States General Accounting Office, 1998). This cross-site approach allows a similar evaluation methodology over a number of varying programs, thus making it easier to compare results from diverse sites and avoid problems of differing evaluation methodology and data collection often found in secondary analyses of multiple programs. A portion of the evaluation literature deals with community collaboration or comprehensive community approaches to pregnancy prevention. More often, studies are focused on more circumscribed primary prevention in an educational or clinic setting or on intervention and secondary prevention with parenting teens.

Research has shown that some primary pregnancy prevention programs are more effective than others in changing sexual activity, contraceptive use, and, ultimately, teen pregnancy. Miller, Card, Paikoff and Peterson (1992) suggest that programs that strive to increase knowledge of physical growth and development alone are not sufficient to deter teen pregnancy. Kirby et al. (1994) conclude that the most effective programs focus on reducing sexual risk-taking behaviors, rather than covering all aspects of sexuality. They also found that programs that provided an accurate knowledge base of risks and protection, addressed social and media influences, and reinforced values were more effective. In a more recent study, Kirby et al. (2001) found that some programs delayed or reduced sexual activity as well as increasing contraceptive use, while other programs were able to reduce teen pregnancy rates while youth were participating. One of the studies in particular, that included random assignment, multiple sites and a large sample size, demonstrated a positive effect on contraceptive use and sexual activity, pregnancy, and births among teen girls for as long as three years. This comprehensive program is the Carerra-model of prevention (Philliber, Kaye & Herrling, 2001); it is also the most costly of prevention programs making it impractical for most agencies to offer it.

Frost and Forrest (1995) found that the programs they studied showed lower rates of sexual activity in teens who participated than did the control groups. Franklin et al. (1997) concluded that, while the programs they reviewed did not have a significant influence on sexual activity, they did increase contraceptive use and decreased pregnancy. They also noted that programs with information on contraceptives or distributed contraceptives were more effective in preventing

pregnancy than abstinence-only programs. Frost and Forrest (1995) noted the more substantial effect was on younger teens who were less likely to be sexually active before being exposed to the programs. Focus on the postponement of sexual involvement in favor of school and career goals is a particularly important approach with these younger teens (Franklin et al., 1997). Moore et al. (1995) and Kirby et al. (1997) found that curriculum-based programs that also provide access to family planning services are more effective than those that are strictly curriculum-based. In another report evaluating programs for middle school youth (Manlove, Franzetta, McKinney et al., 2004), two abstinence and sex education programs showed a positive effect on delaying sexual initiation and on contraceptive use among sexually experienced teens. In addition, these authors found that three HIV/AIDS and other STD education programs were effective for some populations in demonstrating a positive impact on condom use and lower levels of recent sexual activity among sexually active teens. Manlove et al. (2004) also looked at an effective service learning program in which program participants were more likely to remain abstinent than teens in a control group at a two-year follow-up.

Studies have noted that many pregnancy prevention programs have targeted impoverished urban youth, and that different groups and settings as well as the effect of specific program elements on adolescent behavior also need to be evaluated (Frost & Forrest, 1995; Manlove et al., 2004). All authors noted that the content of the programs, such as whether they were abstinence-based, provided contraception information, or included school-based clinics was an important factor in determining the effect of the programs. Analysis of the content of curriculum and effect of programs on differing age groups are important foci of program evaluation. Guidelines for developing an evaluation methodology for pregnancy prevention programs are offered by a number of authors. Jacobs (1988) states that any evaluation methodology should be developed within the context of the given project. She stresses that programs are changed too often to make it feasible to design and conduct a preconceived evaluation methodology. It is better, she suggests, to be more creative in the design of the evaluation, and develop it to meet the needs of the program.

In light of large national funding initiatives in the past five years to promote abstinence until marriage, the “First-Year Impacts” Report of “abstinence-until-marriage” programs—conducted by Mathematica Policy Research, Inc. (Maynard, Trenholm, Devaney, et al., 2005)—reveal some interesting findings about four programs studied to date. Based on first year participation findings, youth in these four abstinence-only programs report views more supportive of abstinence and less supportive of teen sex than would have been the case had they not had access to these programs. In addition, the programs increased perceptions of potential adverse consequences of teen and non-marital sex. There is also some evidence that the programs increased expectations to abstain from sex and reduced dating. However, program and control group youth reported similarly on the remaining measures examined, including their views on marriage, self-concept, refusal skills, communication with parents, perceptions of peer pressure

to have sex, and the extent to which their friends hold views supportive of abstinence. It should be noted that Mathematica has only released findings on attitudinal measures; behavior measures indicative of pro-abstinence behavior are not yet available. Research suggests that both increased abstinence and changes in contraceptive practice are responsible for the decline in teenage pregnancy, but in different proportions. An analysis by researchers at the Alan Guttmacher Institute found that approximately one-quarter of the decline in teenage pregnancy between 1988 and 1995 was due to more teenagers remaining abstinent. Approximately three-quarters of the drop resulted from a decrease in pregnancy rates among sexually active teenagers. This decline was caused by more effective contraceptive use, resulting in large part from greater reliance on highly effective, long-lasting hormonal methods such as Depo Provera (Darroch and Singh, 1999). Dailard (2003) writes that: "to date, no education program in this country focusing exclusively on abstinence has shown success in delaying sexual activity.... No program of any kind as ever shown success in convincing young people to postpone sex from age 17, when they typically first have intercourse, *until marriage*, which typically occurs at age 25 for women and 27 for men" (p. 6).

Rickel (1989) states that the evaluation of all adolescent pregnancy prevention programs should center around changes in knowledge, attitudes and behavior. Miller, Card, Paikoff and Peterson (1992) suggest that the focus of evaluating attitudes should be on consistent attitudes, as these are the primary determinants of a teenager's behavior. They also suggest that the best way to measure teens' attitudes is to do so anonymously with appropriate and straightforward questions. In their experience, teens would readily answer questions honestly to provide credible and useful information if these two guidelines were followed. Frost and Forrest (1995) present data showing that self-report data on knowledge gained by students were remarkably accurate when checked against specific questions gathered in phone interviews with respondents. Several authors offer a number of guidelines for use in self-administered questionnaires. They suggest that all items used in a self-administered questionnaire must be simple and self-explanatory. Items and instructions should use clear language to avoid any confusion. The format of the questionnaire should be straightforward and easy to follow so that respondents do not skip questions. (Card, 1993; Bourque and Fielder, 1995; Fink and Kosecoff, 1998; Leung, 2001)

Evaluation of programs for parenting teens generally focuses on the provision of a number of services for these adolescents and includes an analysis of the prevention of secondary pregnancy. A meta-analysis by Brinds and Philliber (1998) found that, overall, the more comprehensive programs were more successful in achieving their goals. However, they found that only one of the programs was effective in increasing contraceptive use, and only six of sixteen programs reported any positive result in decreasing repeat pregnancy. Two factors that were related to a positive outcome were the provision of home visiting and intensive case management services. Another report (Klerman, 2002) finds that successful programs for pregnant or parenting teens: develop close and sustained relations with the teens; begin early in

the first pregnancy and continue for at least two to three years or until the mother is 18 years old; employ personnel who have training and authority to provide counseling in sensitive areas; provide intense, individualized attention; discuss consequences of closely spaced births; provide information and develop a plan for contraceptive use; encourage completion of education; provide childcare services and encourage living with parents or other adults for economic/social support.

Program evaluation of community projects requires a different approach from that used with prevention and intervention programs. The development of collaborative efforts and broad range of activities requires attention to several aspects, including the process of initiating the collaboration, development of program, policies, and practices, and the impact on adolescent pregnancy in the community (Paine-Andrews et al., 1996). Several studies replicated this model resulting in a decrease in the birth rate for the program area in one study, and a trend toward reduction of the estimated pregnancy rate for a project in the other study. (Paine-Andrews et. al, 1999; Lewis et al, 1999). Another study focused on mobilization and capacity building activities over the course of four years, identifying factors important for maintenance and cultivation of coalitions (Quijada, Sandy and Montgomery, 2001). Fischer (2002) headed a five-year study of the effects of a mass media campaign coupled with community-based education efforts: findings showed that the target population had been reached, with suggested impact on teen birth rates in the area and limited evidence of increased adult-youth communication. A recent report from the National Campaign to Prevent Teen Pregnancy (2003) summarizes lessons learned from the Center for Disease Control and Prevention's (CDC) Community Coalition Partnership Programs for the Prevention of Teen Pregnancy. Evaluation of multi-faceted community-wide programs is complex and provides many challenges.

The Statewide Evaluation of the Adolescent Pregnancy Prevention programs in Iowa incorporates many of the elements of previous evaluations at each of the three levels: Prevention, Intervention, and Community-based activities. The instruments developed to evaluate the community-wide prevention and intervention programs in Iowa are described on the following pages.

## **METHOD**

### **Assessment**

During the 2006-2007 grant year, the authors contacted each of the twenty-three comprehensive programs that had been funded. Grantees use a standardized prevention program instrument so that results can more easily be compared among programs. They communicated with all programs in their catchment areas the importance of using only approved forms for the prevention and intervention programs. As new grant coordinating staff come on board, they receive information on data collection and reporting.

### **Instrument Development**

A great deal of variation exists among the Adolescent Pregnancy Prevention programs in the presentation of the pregnancy prevention message to participants and the community, though a number of common themes are present across these programs. The statewide evaluation materials were based on these common themes.

Given the different focus among the three aspects of the Adolescent Pregnancy Prevention programs, it was decided that one evaluation instrument format would be developed for each of the three aspects: Prevention, Intervention (services to pregnant and parenting teens) and Community.

The instruments were designed as a post-test measure. For the Prevention and Intervention programs, the instrument was written to ask the program participant to evaluate the personal change that occurred as a result of experiencing the program and tailored to the program presented at that site. The Community Activity Form allows grantees to report and describe their community-wide efforts during the past year. An example of each instrument can be found in Appendices A, B, and C.

### **Prevention Programs**

During previous years, a number of factors were identified about the programs that were considered in developing the evaluation instruments. Some of those factors included: 1) the majority of the prevention programs are provided in a brief amount of time, for example, two or three hours on one day or one class period every day during a week; 2) these programs are presented to a wide range of students in grades five through 12; and 3) some programs are able to offer their presentation to a relatively small number of students (30 - 80), while other programs are able to reach a larger audience, estimated at 3,000 students per year.

Given these factors, it was decided that a brief questionnaire, one page, would be the most effective means to collect a consistent body of responses from all program participants. It was

decided that a post-test only format would be used to accommodate the variety of programs and the short duration of the programs.

#### Prevention Questionnaire Format

The format of the prevention questionnaire that is reported here is consistent across all programs statewide. Grantees used forms developed in previous years, revised their forms to reflect revised curricula, or developed new questionnaires for each of their new programs. Questions for each program's questionnaire were individually selected from a list of 26 items to reflect the individual program content. A representative sample of the questionnaires can be found in Appendix A.

Each questionnaire was identified by the program name as chosen by the grantee. The questionnaire format has four sections: a) demographics, b) eight prevention items c) three program questions and d) open-ended feedback items.

Each participant in a prevention program was asked to provide basic demographic information about themselves: sex, age, grade, zip code, and race. The information was easily checked off, or in the case of the zip code, filled in. The format for this section was common to all of the prevention questionnaires and appears like this:

Sex:	<input type="checkbox"/> Female	Age: _____	Grade: _____	Zip Code: _____
	<input type="checkbox"/> Male			
Race:	<input type="checkbox"/> African American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multiracial	<input type="checkbox"/> White	

This was basic information that could be answered by all participants regardless of age. It allowed for a statewide compilation of the demographics of participants exposed to the pregnancy prevention message.

In the second section of the questionnaire, each program participant was asked to respond to eight statements. These statements were selected by each grantee from a list of 26 possible statements. Their selections were to reflect the content of their program presentation. These 26 statements were developed around six themes common to all of the prevention programs that emerged as all of the programs were reviewed. These themes are: Abstinence, Communication, Decision Making, Goal Setting, Knowledge and Self Esteem. Programs often emphasized one or two themes more than others in their curriculum content.

It will be noted that each of the statements on the questionnaire was an “I” statement that allowed the participant to take ownership of the changes they have made. In each of the six theme categories, some statements may be behavior oriented, (e.g. “I am more likely to postpone sex in the future”); others may reflect an attitude, (e.g. “I am more clear about my attitudes toward unwanted teen pregnancy”), and still others reflect a cognitive change or growth in understanding (e.g. “I know more consequences of having a baby as a teenager”).

To each of the “I” statements, a program participant would respond “Not At All,” “A Little More,” or “A Lot More” by marking the appropriate box after the statement. The responses were scored as 0, 1, or 2 with higher scores representing more favorable outcomes.

The format for this section appears as follows:

	Not At All	A Little More	A Lot More
As a result of attending this program			
1) I know the importance of talking to a partner about sex	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

The last two sections of the instrument gathered information more specific to each grantee’s program. In the first of these sections, participants were again asked to respond to three “I” statements. However, for these items, participants were asked to indicate if they “Agree”, “Disagree”, or are “Unsure” of their response to the statement. An example of this format appears below:

	Disagree	Unsure	Agree
1) It is easier to talk to my parents about sex since we attended the family workshop sessions .....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

To create this portion of the questionnaire, a smaller number of questions were developed for each program that reflected specific activities or individual themes from their curriculum. Each grantee was asked to pick three items from a list of 21 statements. Across all programs, these statements fell into three general categories: Presentation, Family Values, and Program Activities.

The final section of the prevention instrument was a series of three open-ended questions that allowed the participants to offer suggestions on ways to improve the presentation, comment on what they liked best about the program, and/or to indicate their reasons for postponing pregnancy at this time. These items were also chosen by each grantee using the same method as described above for the program specific questions.

Since the instruments had been pre-tested previously and used for several years of the evaluation, they were not pre-tested during the current grant year.

**Intervention Programs**

The Intervention questionnaire was designed to gather demographic information from several areas on the participants and to elicit their feedback on the effectiveness of the intervention. The questionnaire was administered at the end of the program year or when the participant left the program, whichever came first.

Participants in these programs were often involved in the program for longer periods of times (months or years) and were older (18.0 years, on average) than many of the prevention participants (13.4 years, on average). Therefore, a longer format (3 pages) was chosen that would allow changes in more areas of the young parents' life to be explored. Again, common themes among the programs were used to develop these questionnaires.

Intervention Questionnaire Format

The questionnaire first asked clients to provide demographics including personal characteristics, employment, housing and education information. The program evaluation section included three or four questions about Decision Making/Goal Setting, Health Care, Birth Control, Parenting, Life Skills, Relationships, and Self Esteem. These sections are common to the majority of grantees offering Intervention programs. The program participant was asked to respond to each item in each of these sections by checking one of the following responses "Not at all", "A little more," "A lot more" or "Does not apply." An example of that format appears below. Responses were scored as 0, 1, and 2. ["Does not apply" was scored as 3, assigned to missing information and excluded from the data analysis.] Higher scores on each item/section of the questionnaire indicate more favorable outcomes.

	Not At All	A Little More	A Lot More	Does Not Apply
<u>Decision Making/Goal Setting</u>				
I have a definite plan to find a job when I complete my high school education .....	0	1	2	3

In the last part of the Intervention Survey, program participants were asked to respond to several questions about the program. Two were open-ended questions about what aspect of the program was most helpful and how the program could be improved. A third question asked participants to identify "the best reason for me to wait to get pregnant again" since all programs are committed to helping the teens avoid a repeat pregnancy.

### **Community Efforts**

A questionnaire was developed for grantees that would gather feedback about the possible outcomes of community intervention: Consortium Membership and Activities, Prevention Campaign, Grants Distribution and Development. Information was also gathered on staffing, program activities and involvement, and community outreach presentations. The questions were designed to elicit information that will collectively provide an overall description of the community based efforts across the state. Each grantee was asked to identify ways in which their community-wide program had worked with community agencies and organizations to prevent adolescent pregnancy. These organizations included schools, recreation programs, social service agencies, churches, businesses, civic groups, health clinics and other organizations that serve families and youth. Grantees were also asked about their participation in community-wide events, like health fairs, etc. Rates of adolescent pregnancy were acquired from the Iowa Department of Public Health Center for Health Statistics to monitor trends in these statistics over time. To provide context, recent census data was provided on youth and total population in each grantee's service area.

The Prevention and Intervention questionnaires and the Community Activities Form were distributed to grantees in January 2007 in a reminder memo with attachments, and then collected during July 2007.

## **HUMAN SUBJECTS REVIEW**

Application was made to the University of Iowa Human Subjects Review committee for approval in the use of human subjects, particularly minors, in the conduct of this evaluation study. This approval was originally granted at the beginning of the project and is renewed annually.

The Human Subjects approval requires that a statement be read to all program participants completing one of the evaluation instruments which states the purpose of the data collection and the participant's right to refuse to complete the instrument. A copy of the statement was sent to all program directors whose presentations involve data collection from participants, with instructions to read it prior to distributing the evaluation questionnaire. A copy of the statement can be found in Appendix D.

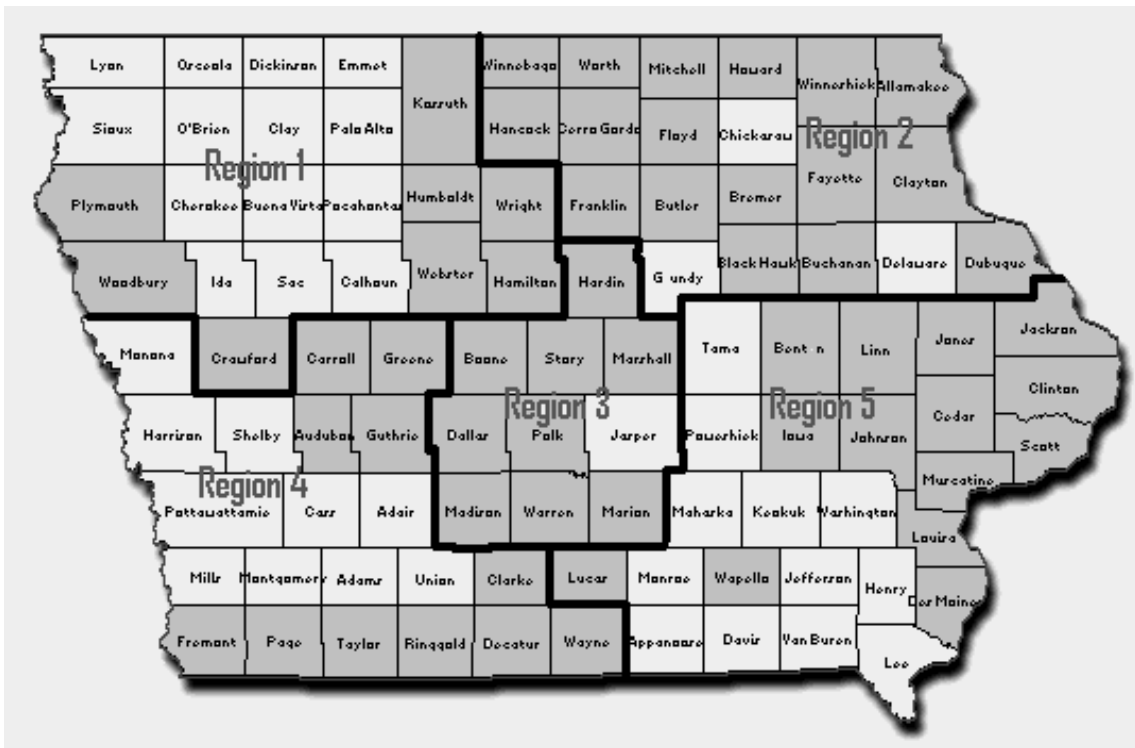
## RESULTS

The results of the data analysis at the completion of the 2006-2007 grant year will be reported in this section by Grantee in alphabetical order. Each section presents an overview of the community aspects of the program followed by outcome information about the effectiveness of Prevention and Intervention programs that have been offered by the grantee.

The prevention portions of the Adolescent Pregnancy Prevention programs have grown considerably over the course of the years. While this was a positive development in that prevention programs were reaching more youth, it has resulted in a substantial amount of evaluation data. In order to reduce the amount of data gathered and processed, each grantee was instructed to choose no more than three representative programs to be evaluated. Data from larger programs was sampled to reduce data entry efforts and costs. A target of 300 to 400 documents for each program was set, and a sampling percentage was applied according to the number of documents received.

Of the 23 grantees funded for comprehensive programming in 2006-2007, all submitted data for analysis, descriptions and details of prevention and/or intervention programming offered, and information on their community-wide prevention activities.

The map on the following page illustrates the counties that are included in grant-funded Adolescent Pregnancy Prevention Programs. Shaded counties are part of at least one of the grantee sites.



**59 Iowa Counties served by CAPP grantees during 2006-2007**

**(shown within Iowa Department of Human Services Regions)**

**Adolescent Pregnancy Prevention Council of  
Muscatine and Louisa County**

The Muscatine and Louisa County Boards of Health formed The Adolescent Pregnancy Prevention Council of Muscatine and Louisa County to address teen pregnancy in their area. The 2000 census population and 2005 population estimates for the two counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 1A: County youth and total population**

County	Year	Age 10-14	Age 15-19	Total All Ages
Louisa	2000	996	874	12,183
	2005 est.	843	869	11,842
Muscatine	2000	3,127	3,102	41,722
	2005 est.	3,003	2,813	42,756

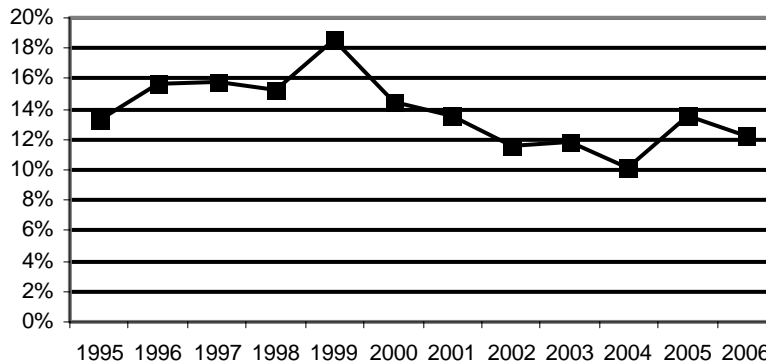
These two counties have historically had rates of teen pregnancy that were in the top 20% of counties within the state of Iowa. The following table presents the proportion of total live births to teen mothers, derived from data provided by the Iowa Department of Public Health Center for Health Statistics.

**Table 1B: Births to adolescents as a percentage of all births**

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Louisa	10.9%	13.7%	13.7%	14.5%	15.9%	8.5%	8.2%	13.5%	7.1%	5.5%	21.7%	10.2%
Muscatine	14.0%	16.2%	16.5%	15.5%	19.2%	16.0%	14.9%	10.9%	12.9%	11.4%	11.8%	12.6%
<b>Over the 2 counties</b>	13.3%	15.7%	15.8%	15.2%	18.5%	14.5%	13.5%	11.6%	11.8%	10.1%	13.5%	12.2%

Figure 1 on the following page presents the trend for teen births in the two-county area over the last twelve years. In each year, teen births as a percentage of live births were greater than the state averages. (The state average for 2006 is 8.7%.) Teen births across the two counties rose in 1996 and 1999, fell in 2000, 2001, and 2002, remaining fairly steady in 2003, decreasing in 2004, rising again in 2005 to 13.5% with a decrease in 2006 to 12.2%.

**Figure 1: Muscatine and Louisa Counties  
Total area births to adolescents, 1995-2006**



Iowa Department of Human Services APP grant funding for the program began in 1999 with 24 agencies participating in the grant application. The amount of funding received for 2006-2007 was \$51,897. In addition, the program received \$44,616 of in-kind funding from agencies including Louisa County Extension, Lutheran Services of Iowa, Muscatine Community Schools, Unity HealthCare/Unity Public Health/ New Horizons, Muscatine Community Y, United Way, Muscatine Juvenile Court Services, Muscatine County Department of Human Services, School districts of Louisa-Muscatine, Columbus Community, West Liberty, Wilton, Durant, Wapello, and Morning Sun Crusade School. Actual in-kind dollars were contributed by West Liberty United Methodist Church, West Liberty First Church United, and Louisa-Muscatine School District. Wapello State Bank and Louisa Publishing contributed money for the sponsorship of a newspaper ad for Teen Pregnancy Prevention Month.

The original goals of the Adolescent Pregnancy Prevention Council include the following:

- By 2004, reduce the teen pregnancy rate in Muscatine and Louisa Counties from 16.5% in Muscatine County and 13.7% in Louisa County to no more than the current state average of 10.7%.
- Reduce the incidence of subsequent pregnancies during adolescence by providing counseling and support services to adolescents who are pregnant and parenting.

The following sections contain a description of the community, prevention and intervention aspects designed to address these goals.

## **Community Efforts**

### **Staffing Patterns and Activities**

A total of 1.12 FTE's were employed in four agencies using grant funds during 2004-2005. The breakdown by agency and staff time is as follows: Lutheran Services in Iowa employs staff for

16.5 hrs. weekly or .41 FTE. Muscatine Y pays three staff for 4.28 hrs. weekly, .11 FTE. Louisa County Extension has one staff person working in the grant 12.46 hrs. weekly or .31 FTE, and Unity Public Health has a Social Worker working for 7.02 hrs. weekly (.175 FTE), a Nurse for 2.68 hrs weekly(.067 FTE), and clerical staff 1.79 hrs. weekly (.045 FTE). These nine staff persons work 44.73 hrs. weekly on APP projects.

Presentations made during the past year included two that were given by Louisa County Extension for local Lions and Kiwanis Clubs. LSI Choices Coordinator met with Board and church members at Wesley United Methodist Church. Another APP Council member from the Y talked with members of the Island Methodist Church. These community presentations were given in addition to 417 prevention sessions for students, and 454 parenting sessions. These APP staff served on 26 community boards including: Muscatine County Board of Health, Louisa County Board of Health, Muscatine Empowerment, Des Moines/ Louisa County Empowerment Board, Prevent Child Abuse Iowa /Louisa County, Grandview Community Club, Louisa County Interagency, West Liberty Youth Network, Foster Care Review Board, Muscatine Legal Services Board of Directors, Muscatine Charities Inc. Board, American Cancer Society, Muscatine Schools At-Risk Advisory Committee, Louisa County Stork’s NEST, Midwest NEST Coalition, Unity HealthCare Auxiliary Board, Prevent Violence Coalition, Tobacco-Free Muscatine, Prosper/Strengthening Families, Wesley United Methodist Church Administrative Council, Youth Council Board, and Celebration Service Board. New additions this year included the Child Protection Center, Employees Council, Louisa County Conservator, Burlington Community YWCA/YMCA, Home Caring Services, Louisa Clear Air Now, Louisa Development Group, and Morning Sun Parent Teacher Association.

**Consortium Membership and Activities**

Activities of the consortium are found in the table below.

**Table 1C: Adolescent Pregnancy Prevention Council of Muscatine and Louisa Counties:  
Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	monthly
Number of meetings in last grant year	10
Agencies/groups represented	7
Teen/teen parent members	0
Committees active this year	12

A community consortium, the Adolescent Pregnancy Prevention Council of Muscatine and Louisa Counties maintained a healthy level of activity with 10 meetings in the past year where 7 agencies were represented. Although there were no teen members this year, 12 subcommittees

helped to coordinate activities including: Membership, Brochure, Family Planning Information/Education, Teen pregnancy Prevention Month, Muscatine Schools, Columbus Schools, West Liberty Schools, Wapello Schools, Curriculum, Media, and Nominating.

Positive experiences were expressed by APP Council Members, such as one who stated "We finally reached the market where we should be." Participants in Council meetings in the past expressed frustration with too much talk and too little action. Members felt they had reached a higher level of activities in promoting pregnancy prevention, and were happy to be part of the efforts. One new project created by the Council this year was a middle school dance to kick off Adolescent Pregnancy Prevention month. The APP Council sponsored the dance at the local Y for 400 middle school students. There were pregnancy prevention related posters, quizzes, and prizes such as t-shirts, pens, and markers with the Teen Pregnancy/It's for Real logo, as well as movies. Window-painting projects and distribution of prom bags were again included in the activities.

Members noted they had a great working relationship in the Council this year, with enthusiasm and cooperation, rather than competitiveness. The downside is that they do not have many active members, only 12, and need more people to energize their programs

### **Community-Wide Prevention Campaign**

***In the schools.....(13)*** APP funded agencies worked directly with 13 schools at the middle school and high school levels, reaching 1500 youth with prevention programming and 36 pregnant or parenting teens through intervention programming. No APP programs are currently active in elementary schools in this area.

At the middle school level, a Nurse from Unity Public Health (UPH) provided health education on abstinence, birth control, and sexually-transmitted infections (STI's) for 7<sup>th</sup> grade science classes in the two Muscatine middle schools, and 8<sup>th</sup> grade science classes in Columbus Junction. She presented to 466 students in 41 sessions. The Teen Panel participated in some sessions at Columbus.

Louisa County Extension initiated programming in two middle schools this year with whole grade programming for 8<sup>th</sup> grade science classes. Each student was offered 9 sessions based on Wise Guys and supplementary programs. At Columbus Schools, 75 students participated, while in Wapello, 54 students were part of the nine session curriculum.

For the first time, Lutheran Services in Iowa (LSI) Choices program coordinator was invited to present six lessons from the Wise Guys curriculum for 7<sup>th</sup> graders at West Middle School in

Muscatine. There were 177 students who participated. LSI Choices Coordinator also presented two sessions for 85 eighth graders in West Liberty this Spring. This was significant progress to be invited into schools with new programming.

The Coordinator for the Y STAR program spoke with guidance counselors in the middle schools about recruitment of young female teens for their mentoring programs. As part of the Big Brothers/Big Sisters program, the STAR coordinator was active in school-based mentoring. New Horizons also presents programming about peer pressure and avoidance of substance abuse in several area middle schools.

Our APP Council applied for and was selected to pilot Science-Based Curriculum, Reducing the Risk, for FY08. This will be provided for 7<sup>th</sup> graders at Louisa-Muscatine Schools. We feel positive about the large increase in numbers of middle school students served this year, and hope to continue with this trend next year. Since our area usually has three or more middle school girls pregnant each year, we feel it is a good investment of time.

**High School:** Four APP programs work directly in eight area high schools. The Nurse from UPH provided educational sessions on abstinence, birth control and STI's for Biology classes, Parenting and Family Living classes, and for Special Education students. A total of 398 students participated in 42 sessions given in five high schools. Unity Public Health facilitated the Baby Think It Over program with 150 students in five schools. Louisa County Extension provided on-site prevention classes weekly in the alternative high school in Morning Sun, serving 13 students in 28 sessions. Weekly classes (36 total) were given for 82 students in the Louisa-Muscatine High School Social Problems class. Each 10<sup>th</sup>-grader there had nine sessions.

Louisa County Extension also provided classes for expectant and parenting teens in four schools. Twenty-one students attended some of the 108 sessions given in these schools. Another nine non-parenting students at Crusade attended the parenting classes as an elective to get a better understanding of the demands of parenting. UPH Social Worker provided on-site counseling and referral services for pregnant and parenting teens in four high schools. There were 29 students in school-based programs. The Social Worker served 32 other teen parents not in the school system: six who already graduated, 11 attending GED, and 15 who did not attend school, but received services because of their potential to return to high school. One of the goals of programming is to prevent second pregnancies among the parenting group; therefore, content is included on birth control and help in accessing family planning services.

**Recreation programs.....(1)** The Muscatine Community Y is one of the subcontracting agencies for APP. Through its Big-Brothers/Big Sisters program, staff is provided to facilitate STAR, a young teen mentoring group for girls. The group of 11 girls met every other week (16 sessions total) with their Big Sisters, in a combination of recreational and educational activities

focusing on self-esteem and the prevention of risky behaviors. The STAR group participated in community volunteer projects and helped with the window-painting downtown for Adolescent Pregnancy Prevention Month.

In November, the APP Council distributed a movie guide for parents to Y families who participated in a Family Meal night. This included movies with family-friendly content dealing with teen pregnancy and related topics.

The last week of April, APP Council members sponsored a middle school dance at the Y to kick-off Teen Pregnancy Prevention Month. About 400 youth attended and several volunteers from APP Council. There were pregnancy prevention posters throughout the Y as well as quizzes to take, games and prizes such as t-shirts, pens and markers with the Teen Pregnancy/It's For Real logo. Some students also won baskets with movies, candy, and other gifts.

***Social Service/Youth serving agencies.....(7)*** One subcontracting social service agency, Lutheran Services in Iowa, works directly with Juvenile Court Services and Department of Human Services (DHS) in Muscatine to provide CHOICES, a pregnancy prevention program for teens on probation, or otherwise at risk. Thirty participants had a total of 44 group sessions targeting pregnancy prevention, STIs, birth control, and dating relationships. They also participated in 176 individual sessions with the health educator from CHOICES.

Louisa County Extension also has linkage with Juvenile Probation in Louisa/Des Moines/Henry County to serve the 13 at-risk students in Crusade Morning Sun High School. Twenty-eight prevention classes and 28 parenting classes were held there. Both Louisa County Extension and UPH work directly with DHS, WIC, NEST, and LSI/HOPES programs in services for teen parents. Juvenile Court Services and DHS have staff active on APP Council, who also work with youth and are distributing pamphlets and referral information to their clients.

***Faith-Based Collaboration.....(5)*** APP Council members have attended monthly meetings of the Youth Task Force in West Liberty and have partnered with local churches as a result. One APP Council person served as a facilitator for the Strengthening Families program this spring at the local Methodist Church. Two local churches, West Liberty United Methodist and West Liberty First Church United donated \$800 each to help us maintain the teen parent classes at West Liberty High School. Louisa County Extension was going to pull the coordinator out of this school in Muscatine County due to the costs and the problems of providing services in another county.

LSI CHOICES coordinator met with the Wesley Youth Group to discuss programming. Referrals of individuals needing assistance have increased as a result, although no formal classes have been arranged for the youth groups yet. The United Methodist Church in Columbus Junction

offers a space for parenting classes for NEST participants. An APP member of the Y staff also spoke with persons from the Island Methodist Church.

APP Council did encounter a problem this year when a youth minister from a Muscatine Baptist church sent a mass e-mail to church members with middle-school aged children. This was to complain about programs in the schools “teaching children how to use condoms.” This was in response to a report from a student who appeared to exaggerate the content of one of the sessions as presented through one of our APP programs. Although the school and school board supported the programs in general, one middle school did request that the nurse not provide the birth control session this Spring. Instead, they invited the LSI coordinator to present six sessions from the Wise Guys curriculum, focusing more on self-esteem, decision-making, and dating.

**Businesses.....(18)** APP Council Members made contact with 15 local businesses in Muscatine regarding plans to promote Adolescent Pregnancy Prevention Month in May. Permission was secured to allow posters and window-painting with pregnancy prevention slogans. These window displays were painted by local teens and the Y STAR group, assisted by APP Council members. The CHOICES group helped in cleaning the windows. In addition, one Louisa County hair salon agreed to participate in Teen Pregnancy Prevention Month by handing out pregnancy prevention prom packets. These were created last year and distributed in Muscatine. They included three brochures on teen pregnancy prevention, as well as a pen with the “Teen Pregnancy/It’s For Real” logo. The remaining twenty bags were circulated in May.

The Wapello State Bank and Louisa Publishing contributed \$50 each for Louisa County Extension to publish an ad in the newspaper for Teen Pregnancy Prevention Month, using the Families are Talking Ten Tips.

The Y STAR group and their parent organization Big-Brothers/Big Sisters have ongoing partnerships with Hon/Allsteel/HNI Corporation, Bandag, Heinz, and Musco Lighting to provide volunteers as mentors and for fundraising.

**Civic Groups.....(3)** A representative from the Y-Star group spoke with the Muscatine Chamber of Commerce participants about APP programming. Louisa County Extension Facilitator spoke with Kiwanis and Lions groups about APP, and gave statistics about teen pregnancy.

**Community Events.....(6)** UPH staff had booths at the Muscatine and Louisa County Fairs last summer, and distributed brochures and health promotion items such as pens, and “Worth the Wait” markers. Louisa County Public Health Nursing and Extension Services also had booths at the Louisa County Fair and other local events including the Morning Sun Fair and Columbus

Junction Health Fair. The Y STAR group participated in the downtown Great River Days Kids Club and helped with Halloween at the Y.

**Health Centers/Clinics.....(3)** UPH is part of Unity HealthCare which includes the only hospital in the two counties, the Physicians' Clinic, and New Horizons substance abuse program. UPH serves as Grant Administrator and Fiscal Agent for the APP grant and provides staff to facilitate two prevention projects and one program for teen parents. A nurse educator presents classes on abstinence, birth control, and STIs in schools and for community groups, including each of the other grantee programs. UPH also maintains a lending library of curriculum, videos, displays, and games to be used throughout the area in pregnancy prevention efforts. The Real Care Babies and Empathy Bellies are also part of the lending library, and are used continuously throughout the school year. UPH Social Worker provides services to pregnant and parenting teens by helping them get into medical care and prenatal education.

The New Horizons staff has presented programs for the STAR and CHOICES group and provided related prevention programs in the schools related tobacco and substance use. Two counselors from New Horizons have been active in our APP Council projects this year. Louisa County Public Health Nursing also presents information at local events and fairs and has been a good source of referral for teen parents with the new baby program.

**Other organizations.....** Two APP Council representatives attended the "Day on the Hill" at the State Legislature in Des Moines this year. We talked with our Senators and Representatives about our programs and promoted the science-based curriculum.

**Media.....**

**Newspapers:** APP Council purchased an ad in the Muscatine Journal for Teen Pregnancy Prevention Month in May to print the 10 Tips from Families are Talking. Louisa County Extension also purchased the same ad which was published in the Wapello Republican in May. The Wapello State Bank and Louisa Publishing each contributed \$50 for this ad.

**Radio:** None this year.

**TV:** They have no television stations based in our two counties.

**Other:** (Billboards, leaflets, etc.): The APP Council developed brochures three years ago to promote Council activities, recruit members, and distribute information about teen pregnancy rates in our area. Distribution of these brochures, in both English and Spanish, continued through this year. In addition, we have purchased other pamphlets, such as Talking to Your Teens About Sex, 101 Ways to Make Love Without Doing It, and How At Risk Am I and have stamped those with our name and contact number. Promotional products from FutureNet, such as the pens,

stress sticks, and magnets, have also been distributed at events to inform the public of our programs. APP Council also purchased and distributed magnetic chip clips with our logo, name and phone number.

**Feedback.....** We had little response from the dance, window painting, or other May pregnancy prevention activities. Volunteers working at the dance stated they had favorable comments from the students and from parents who picked them up, and had no negative incidents. Next year, we may try to provide something such as comment cards included in the packets. Although our name and contact number are distributed with brochures and school presentations, we have had little to no response, such as calls from parents or the public. This was the first year in eight years where a community group complained about any of the programming, as was the case in the Youth Pastor complaining to the school (described above.)

**Effectiveness Score.....(8.5).** This topic was discussed in our June 2007 APP Council meeting, and a vote was taken among the seven members who completed information on this form. Scores ranged from 6-9, with the average of 8.5. This was higher than the “6.5” we gave ourselves last year. Most members felt this was our best year ever in terms of expanding programming, reaching more teens, and creating new projects, such as the dance. We felt there was less bickering this year and a sense of fun and commitment to action in the meetings.

Members are frustrated by dwindling attendance at meetings, which means there are fewer people to work on community projects. A few active members are responsible for a lot of work. We are missing representation from Hispanics and from teens.

Positive progress was identified in our taking subcommittee meetings into West Liberty and Columbus Junction. Those meetings allowed us to hear what each community identified as problems and acceptable programming. As a result we were asked to provide programming in the middle schools in Columbus Junction, West Liberty, and Wapello.

**Number of Youth Reached**

Indirectly: 20 prom bags + 400 Dance at Y = 420

(plus an unknown number that saw 6 windows painted downtown)

Directly: 1541 prevention + 75 parenting=1616

### **Grants Distribution and Development**

The APP Council distributed \$51,897 to four agencies on a competitive basis. (In addition \$225 was allocated to the APP Council itself for community prevention activities.) The Council applied for additional funding this past year and was awarded:

- \$800 from the West Liberty Methodist Church for continuation of the parenting program through Louisa County Extension, for fiscal year 07
- \$800 from the West Liberty First Church United for continuation of the parenting program through Louisa County Extension, for fiscal year 07
- \$1000 from the Louisa-Muscatine Schools as in-kind funding to supplement prevention programs through the Louisa County Extension, for fiscal years 06 and 07.

### **Prevention Programs**

The Adolescent Pregnancy Prevention Council of Muscatine and Louisa County implemented four pregnancy prevention programs during this grant year. Evaluation forms were submitted for three of these programs: Unity Nurse Educator on Pregnancy Prevention, Baby Think It Over, and Wise Guys. Program descriptions follow in the order of number of students served, starting with the program that served the largest number of youth.

#### **Unity Nurse Education on Pregnancy Prevention**

A Unity Public Health Nurse presented information on pregnancy prevention, abstinence, birth control, and sexually-transmitted infections (STIs) in school classrooms and to community groups for young people aged 12 through 19 reaching a total of 886 youth. Each classroom had two presentations on different days, one focusing on birth control, the other on abstinence and STIs. That way a school could choose an abstinence-only versus comprehensive presentation. The presentations included slides of infections, visual displays, pamphlets, and birth control supplies. The Empathy Bellies, and Baby Think It Over dolls were also included in some presentations. The Nurse spoke with 7<sup>th</sup> grade science classes and 10<sup>th</sup> grade Biology classes in Muscatine Schools. She also presented for Family Living classes, Parenting, Special Education, and science classes in five rural school districts. A panel of parenting teens accompanied the nurse for 14 presentations this year. Evaluation forms were completed by all 886 students (100%) this year from which a 35% sample was taken, with 314 student forms used in the analysis.

The first section of the evaluation included questions about the respondents themselves. The analysis of the sample indicates that over half of the respondents (52.2%) were female. Many students identified themselves as White (63.9%) while other students described themselves as Hispanic/Latino (29.4%), Multiracial (3.5%), Asian (1.6%), American Indian (2.0%), African American (1.3%), or American Indian (0.3%),. Ages of the respondents ranged from 12 to 18 with an average age of 14.5, and the median grade was 8.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 1D: Muscatine and Louisa County Pregnancy Prevention Education:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I am more likely to postpone sex in the future	9.6%	38.8%	51.6%	1.42
I know more about the dangers of sexually transmitted diseases and AIDS	2.2%	21.8%	76.0%	1.74
I understand how my decisions about sex can change my future	1.0%	18.5%	80.5%	1.80
I am more likely to think that both sex partners should share responsibility for decisions about birth control	3.6%	24.0%	72.4%	1.69
I know how I can avoid an unwanted pregnancy	5.2%	27.3%	67.5%	1.62
I understand more about why I should wait to have sex with someone	5.5%	24.6%	69.9%	1.64
I know more about how alcohol and drugs influence my decision to have sex	10.1%	32.7%	57.2%	1.47
I have more skills to resist pressure to have sex	6.2%	37.5%	56.4%	1.50

The average responses to these content items ranged from 1.42 to 1.80. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On all of the questions, over half of students indicated they had gained “A lot more.” The item that had the highest average response was “I understand how my decisions about sex can change my future.”

The third section dealt with feelings about the presenters and presentations. Responses and means for the 3 presentation items are found in the table below.

**Table 1E: Muscatine and Louisa County Pregnancy Prevention Education:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
I felt comfortable asking the presenter questions I had	11.2%	39.6%	49.2%	1.38
The information I got helped answer questions I had	3.3%	22.4%	74.3%	1.71
It will be easier to say no to sex after learning the skills in this class	6.0%	24.2%	69.9%	1.64

The mean responses to the three presentation items ranged from 1.38 to 1.71. This indicates that, on average, the students were positive about the presentations. The highest rating was for the item “The information I got helped answer questions I had.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked "How could this program be changed to be more interesting to other persons your age?" Some students did not respond to this question while others felt the program was interesting enough or had no other suggestions. Some other students suggested: "Less pictures, more facts and how you could help yourself," "Talk more about consequences," "Maybe, somehow, bring in the fathers and see how they feel," "They can show movies about it," "More interaction with students," "Use less graphic photos, and I think teens should talk about their experiences." The second item was "The best part of this program was..." Some students responded: "How she talked about different diseases," "The pictures helped me understand what would happen," "The way the presenter answered questions," "The STIs and the symptoms educated me so I will avoid sex in the future," "Learning everything," "When she was showing the different birth controls," and "The presenter made it comfortable." The third item asked, "How could this program be changed to be more helpful to other teens?" For those students who responded, many said the program was fine the way it was, and a few others responded with suggestions such as "This program should be at every school," "Explain some of the terms a little bit better," "Taught more than once a year," "Talk more about the pressure to have sex," and "She needs to slow down or we need more time."

### **Wise Guys**

Each county has a program dealing with at-risk youth because they are in different judicial districts and have different Juvenile Court Services. CHOICES in Muscatine County was developed by Lutheran Services in Iowa as an expansion of their START program, working with adjudicated teens. Through CHOICES, a health educator works one-on-one and in small groups with juvenile offenders or those identified at risk, to understand health issues of sexuality, pregnancy, healthy dating relationships, and making choices. The group has weekly meetings, supplemented by individual counseling.

In Louisa County, Louisa County Extension works with at-risk students in Crusade Alternative School by using a variety of curriculum, including "Wise Guys", to teach life skills, as well as pregnancy prevention and sexuality. The Extension Educator meets twice weekly with students at Crusade and also brings in speakers, such as the Unity Nurse to discuss STIs, birth control, and abstinence. This group includes both males and females who are at risk, but not necessarily involved in the court system. Louisa County also presents weekly sessions in Louisa-Muscatine High School Social Problems Class for all juniors.

Both Louisa County Extension and LSI/CHOICES use the "Wise Guys" evaluation forms. This year both "Wise Guys" programs were expanded to include presentations for entire classrooms in regular schools. In Louisa County, 9-week sessions were presented for all eighth graders in Wapello and Columbus Junction. Now every school district in Louisa County has comprehensive sex education through APP programs.

In Muscatine County, LSI CHOICES initiated programming in Muscatine West Middle School for six sessions and two sessions in West Liberty Middle School. Both programs started in May, and we anticipate this will be expanded to other schools in Muscatine County next year.

Together these programs served 516 youth from age 12 to 19. In the sessions, the focus was on pregnancy prevention, sexuality, life skills, STI's, birth control and teen relationships. Of those youth who participated in the Wise Guys curriculum, 441 (85.5%) completed the evaluation form. A 70% sample was taken with 309 forms included in this analysis.

The first section of the questionnaire contained questions about the respondents themselves. In this group, more females responded (52.1%) than males (47.9%). Many students identified themselves as White (68.0%) while the remaining students described themselves as Hispanic (23.0%), Multi-racial (6.1%), African American (1.3%), American Indian (1.0%) and Asian (0.6%). Ages ranged from 12 to 17, and the average age of respondents in the sample was 13.7 years. The median grade was 8.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 1F: Muscatine and Louisa County Wise Guys:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I know more about the consequences of having a baby as a teenager	1.0%	23.0%	76.1%	1.75
I understand more about why I should wait to have sex with someone	3.2%	19.8%	76.9%	1.74
I know how I can avoid an unwanted pregnancy	1.6%	23.7%	74.7%	1.73
I am more likely to think that both sex partners should share responsibility for decisions about birth control	1.6%	22.8%	75.6%	1.74
I am more clear about the meaning of "No Means No"	2.0%	19.3%	78.8%	1.77
I know more about the dangers of sexually transmitted diseases and AIDS	.3%	13.7%	86.0%	1.86
I know more about how alcohol and drugs influence my decision to have sex	3.3%	26.1%	70.6%	1.67
I have more skills to resist pressure to have sex	4.2%	27.0%	68.7%	1.64

The average responses to content items ranged from 1.64 to 1.86. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On all of the eight questions, the majority (70% or greater) of students indicated they had learned "A lot more." The item that had the highest average response was "I know more about the dangers of sexually transmitted diseases and AIDS."

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 1G: Muscatine and Louisa County Wise Guys:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
The information I got helped answer questions I had	.3%	22.6%	77.0%	1.77
I have learned a number of ways to discuss abstinence with my boyfriend/girlfriend	5.1%	23.3%	71.6%	1.67
I understand how my decisions about sex can change my future	.3%	8.5%	91.2%	1.91

The mean responses for the three presentation items ranged from 1.67 to 1.91. This indicates that, on average, the students were very positive about the presentations. The highest rating was for the item “I understand how my decisions about sex can change my future.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was “The best reason for me to postpone parenting is...” Responses included “I’m too young and don’t know much about parenting,” “So I can achieve my goals,” “College and social life,” “Education is first,” “To make sure I am financially stable,” “It would ruin my life,” “I have other things to do in my life,” “That I wouldn’t have time for myself,” “So I can get a good job,” “Waiting for the right time to have a child with someone,” and “I want a good life before I have a family.” The second open-ended item was “The part of this program I liked the best was...” Student comments included: “The discussion,” “Having the freedom just to talk about anything,” “The teacher being so open,” “The handouts,” “The consequences of what sex can do to you,” The Teen Parent Panel because they explained how their life was before and after being pregnant,” “Watching videos,” and “The learning about how to say NO.” The third item asked “How could this program be changed to be more helpful to others your age?” Many of the respondents thought that the program is good as it is. Other suggestions included: “Spread the news about it,” “More activities, not just movies,” “Bring in teen dads,” “Make it more up-to-date,” “More speakers that had to deal with the subjects we are talking about,” “Make it longer,” and “Have it more times.”

**Baby Think It Over**

Unity Public Health facilitates the Baby Think It Over Program by purchasing and maintaining the equipment and curriculum used by local schools and community groups. The APP Council now owns 15 of the computer baby dolls, and in addition owns one drug-affected and one fetal-alcohol model. In addition, we have purchased two Empathy Bellies. These are used in school classrooms to encourage teens to postpone parenting by having the opportunity to experience simulated infant care and pregnancy. During the school year, the babies are checked out continuously by schools, according to teacher requests and a schedule maintained by UPH. The

classroom teacher is actually responsible for teaching the students how to use the babies, and to present supplementary curriculum and videos from the materials provided. The teacher also evaluates how the students handled the babies from the computer data. This year 150 students aged 14 to 18 in five classrooms used the Baby Think It Over Program. Each school usually keeps the babies from 3-4 weeks so that all students can have an opportunity to take the babies home for 1-3 days. All of the students who participated (100%) completed an evaluation form, and all 150 forms were used in the analysis.

The first section of the evaluation questionnaire asked questions about the respondents themselves. The majority of respondents (85.4%) were female. Many of the teens identified themselves as White (60.8%), while other students described themselves as Hispanic/Latino (29.4%), Multiracial (6.9%), Asian (2.0%), or American Indian (1.0%). The average age of the respondents was 15.1 years, and the mean grade was 9.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 1H: Muscatine and Louisa County Baby Think It Over:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I am more likely to talk to a parent or trusted adult about sex	32.2%	51.0%	16.8%	.85
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	4.0%	15.4%	80.5%	1.77
I know more about how alcohol and drugs influence my decision to have sex	13.3%	34.0%	52.7%	1.39
I am more likely to postpone sex in the future	20.7%	36.0%	43.3%	1.23
I better understand the responsibilities of raising a child	2.7%	18.0%	79.3%	1.77
I understand how my decisions about sex can change my future	4.0%	20.0%	76.0%	1.72
I feel more comfortable saying no to sex until I am older	17.3%	34.7%	48.0%	1.31
I better understand how difficult it is to be a teen parent	2.0%	19.3%	78.7%	1.77

The average responses to content items ranged from 0.85 to 1.77. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On five of the eight questions, half or more of the students indicated they had gained “A lot more.” The items that had the highest average response were “I better understand how difficult it is to be a teen parent,” and “I better understand the responsibilities of raising a child,” and “I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager.”

Two items showed a less positive response: 32% of respondents were not more likely to talk to a parent or trusted adult about sex, and 21% of respondents were not more likely to postpone sex in the future.

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 11: Muscatine and Louisa County Baby Think It Over:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
The teacher (presenter) made it easy for me to ask questions	4.7%	28.7%	66.7%	1.62
I have a better understanding of what my parents values are regarding sex	12.7%	30.0%	57.3%	1.45
It is easier to talk with my parents about important issues in my life	20.1%	41.6%	38.3%	1.18

The mean responses for the three presentation items ranged from 1.18 to 1.62. This indicates that, on average, the students were somewhat positive about the presentations. The exception to the otherwise positive responses was for the item: “It is easier to talk with my parents about important issues in my life,” where 20% disagreed. The highest rating was for the item “The teacher (presenter) made it easy for me to ask questions.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked, “The best reason for me to postpone parenting is...” Representative responses included “That I am still a kid myself,” “Because I am trying to wait until marriage,” “Because of the lack of money and a home,” “I have goals,” “Because I am not ready to take care of anyone other than myself,” “I want to go to college and pursue my career,” “It would change my life forever,” and “To figure out my life and get settled down.” The second item was “This program could be more helpful to teens if...” Student responses included: “The baby were more life like, realistic,” “They all took it,” “They had the baby longer,” “If it were required,” “We had some real-life stories,” “They started the program earlier like in middle school,” and “If they had teen moms come in and talk about how it changed their lives.” The third item was “The part of this program that I liked best was...” Responses included: “Taking the baby home,” “Being able to give it back,” “Caring for the infant,” “That it allows students many of the same demands that parents often face daily,” and “The reality.”

**S.T.A.R. (Start Today Acting Responsibly)**

This program is a girls mentoring group at the Muscatine Community Y. A small group of young teen girls met with Big Sisters twice monthly focusing on self-esteem, body changes, abstinence,

dating, and relationships. During the past year, 11 girls aged 10 to 14 were served in 16 sessions.

## **Intervention Programs**

The Adolescent Pregnancy Prevention Council of Muscatine and Louisa County implemented four programs during the grant year that served pregnant or parenting teens.

### **Adolescent Parent Services: Social Work Services in Schools**

Provided by MSW, licensed Social Worker from UPH, this service focused on early identification and intervention with young pregnant and parenting teens by offering on-site counseling in schools. The Social Worker served as a point of entry because of her position in a clinic where many pregnancies are confirmed. The Social Worker also provided outreach at WIC sites in three towns, where many new pregnancies are identified. APP funds are directed for teens in the seven rural school districts in the two counties. (Through separate funding, the Unity Social Worker facilitates TAPS, a teen parenting program for Muscatine High School, but those services and statistics are not included in this report.) Young teens not in school or those in GED programs are also offered services at other sites, such as WIC or UPH. The Social Worker sees the teens periodically throughout pregnancy and after the baby is born to complete referrals needed for medical care, WIC, Medicaid, prenatal and parenting classes, day care, or other problems that may develop. Most of this program involves individual, confidential sessions; however, the Social Worker may on occasion meet with small groups or with families. The Social Worker usually refers the students for Louisa County Extension group parenting classes. UPH and Louisa County Extension work closely together to coordinate services with the schools. Both agencies are usually involved with the same teen parents. During the past year, this program served 61 youth aged 14 through 20, and the number of contacts per teen ranged from 5 to 10 (in a total of 14 group sessions and 243 individual sessions).

### **Adolescent Parent Services: Parenting Classes in the Schools**

Louisa County Extension uses Iowa State University curriculum such as “Have a Healthy Baby” and “Build a Healthy Family” to provide group parenting sessions in the schools in West Liberty, Louisa-Muscatine, Wapello, Columbus, and Crusade Alternative School. Weekly sessions are held during the school year on-site at each school during a free period or homeroom time. The schools have been very cooperative in allowing the students a little extra time out of class as needed. Groups may vary from one person to six or seven during the year, as new pregnancies occur and other students graduate. In a school like Columbus, with a larger number of pregnancies, there are separate groups for those pregnant and those who have already had babies. During the past year, this program served 21 youth aged 14 through 19; the number of contacts per teen ranged from 10 to 20, with a total of 108 group sessions offered..

**Adolescent Parent Services for Teens Not in School in Louisa County  
(Includes 2 programs: In-Home Classes and Group Sessions)**

Louisa County Extension also provides classes for teens not in school at the STORKS' NEST sites in Columbus Junction and Wapello, or through an in-home program. Using the same curriculum as in the school programs, this helps reach those who have dropped out or those teens who may need additional help through the summer. This program is available only in Louisa County, as Muscatine County has several existing in-home parenting programs, such as HOPES, Nurturing, PEL, and the Y Moms program. Because of this, funding was directed toward Louisa County, which has no other parenting programs. The support services and referrals offered through this program are especially important for young teens who may experience a sense of isolation. The Extension program offers assistance with basic infant care, knowledge of child development, nutrition, and need for immunizations and exams. The Family Program Assistant also offers support and assistance in getting teens back into a school program whenever possible. During the past year, 17 youth aged 14 to 20 were served by this program with an average of 5 to 10 contacts in a total of 47 in-home sessions and 42 group sessions at NEST.

Evaluations from the Adolescent Pregnancy Prevention Council of Muscatine and Louisa County for intervention programs were not separated by program. Some students were enrolled in more than one program, meeting with both the social worker and the parenting facilitator. Of the 75 youth (unduplicated count) who participated in the four programs, 10 (13.3%) completed evaluations. Some of the questions on the evaluation form did not apply to all respondents. The responses reported on the following pages include only those for which the questions were applicable.

**Demographics**

All of the ten respondents (100.0%) were female. Many identified themselves as Hispanic/Latino (6, 60%) while the others described themselves as White (4, 40%). Ages of respondents ranged from 15 to 19, with an average of 17.0 years. Six of the respondents (60%) were enrolled in school, and the last grade completed ranged from 9 to 12, with a median grade of 10.5. All of the respondents (100.0%) were single and never married.

When asked about employment, three of the teens did not reply. Of those who did, five (71.4%) were not employed and two (28.6%) were employed part-time. Three of these teens (30%) lived with their parents while others lived with a boyfriend or girlfriend (3, 30%), on their own (2, 20%), or with other relatives (2, 20%). Six (60%) of these teens had one child, three had no children at the time of completing the questionnaire, and one did not respond. Seven of the respondents were pregnant when they started the program, four were using birth control at the time they completed the evaluation, while three had become pregnant while in the program.

Length of participation in an intervention program ranged from five to 36 months, with an average of 11.9 months. Many of these participants noted that they became involved with the program to learn more about parenting and get support. Other comments included: “Because it gives me advice on how to raise my child,” “For extra support as a teen mom and to learn new parenting skills,” and “To help me learn more about children and help other teen girls use protection.”

### Decision Making/Goal Setting

The first set of Life Domain items that were analyzed had to do with making decisions and setting goals. Responses to these three items where the questions were applicable are found in the table below.

**Table 1J: Muscatine and Louisa County Intervention Programs:  
Summary of responses to decision making/goal setting items**

Item	Not at all	A little more	A lot more	Mean
I have a definite plan to continue my education (college or technical school) after high school	.0%	20.0%	80.0%	1.80
I have a definite plan to find a job after high school	.0%	10.0%	90.0%	1.90
I feel good about the decisions I have made about my future	.0%	20.0%	80.0%	1.80

Average responses to these three questions ranged from 1.80 to 1.90. This indicates that respondents felt that they had gained a great deal in their ability to make educational plans and decisions for themselves and their child. They were particularly positive about having a definite plan to find a job after high school with 90% indicating “A lot more” positive about their plans.

### Health Care

The next set of items dealt with the health care needs of the parent and her or his child. Responses to the three items on health care for which the questions were applicable are found in the table below.

**Table 1K: Muscatine and Louisa County Intervention Programs:  
Summary of responses to health care items**

Item	Not at all	A little more	A lot more	Mean
I know more about taking care of myself physically, mentally and emotionally	.0%	0.0%	100.0%	2.00
I have a better understanding of the need for good prenatal care	.0%	11.1%	88.9%	1.89
When my baby needs routine medical care, I am more likely to use a regular medical clinic than the emergency room	.0%	30.0%	70.0%	1.70

Average responses to the questions ranged from 1.70 to 2.00. This indicates that respondents felt that they had gained a great deal in their ability to care for their own and their child’s health. They were particularly positive in knowing more about taking care of themselves with 100% indicating that they now knew “A lot more.”

**Birth Control**

The next set of items dealt with birth control knowledge and intentions. Responses to these three items where the questions did apply are found in the table on the following page.

**Table 1L: Muscatine and Louisa County Intervention Programs:  
Summary of responses to birth control items**

Item	Not at all	A little more	A lot more	Mean
I feel more comfortable choosing a birth control method that is best for me	.0%	20.0%	80.0%	1.80
I will use a birth control method more consistently to avoid another pregnancy	.0%	10.0%	90.0%	1.90
I feel more strongly that I want to wait to have another baby	.0%	11.1%	88.9%	1.89

Average responses to the questions ranged from 1.80 to 1.90. This indicates that respondents felt that they had gained a great deal in understanding and planning to use birth control. They were similarly positive about all three items; on all three items, over 80% of the respondents indicated they had gained “A lot more” understanding and in making plans to use birth control.

**Parenting**

The next set of items dealt with knowledge and confidence in parenting. Responses to these four items on parenting for which the questions were applicable are found in the table below.

**Table 1M: Muscatine and Louisa County Intervention Programs:  
Summary of responses to parenting items**

Item	Not at all	A little more	A lot more	Mean
I have a better understanding of what a child needs as it grows	.0%	0.0%	100.0%	2.00
I have a better understanding of what skills I need to be a good parent	.0%	0.0%	100.0%	2.00
I have a better understanding of the responsibilities of being a good parent	.0%	0.0%	100.0%	2.00
I feel more confident about caring for my child	.0%	10.0%	90.0%	1.90

Average responses to the questions were 1.90 and 2.00. This indicates that respondents felt that they had gained a great deal in understanding parenting. On all of the parenting items, 90% and more of the respondents indicated they had gained “A lot more” knowledge and confidence.

**Life Skills**

The next set of items dealt with financial management and independent living. Responses to these three items on life skills where the questions were applicable are found in the table below.

**Table 1N: Muscatine and Louisa County Intervention Programs:  
Summary of responses to life skills items**

Item	Not at all	A little more	A lot more	Mean
I am better able to make good financial plans for myself and my child	.0%	0.0%	100.0%	2.00
I know more about how to live on my own with my child	.0%	0.0%	100.0%	2.00
I am more confident about my ability to seek a job	.0%	10.0%	90.0%	1.90

Average responses to the questions ranged from 1.90 to 2.00. This indicates that respondents felt that they had gained a great deal in their ability to manage their own lives and finances. On all of the life skill items, 90% and more of the respondents indicated they had gained “A lot more” in their life management skills.

**Relationships**

The next set of items dealt with relationships and support networks. Responses to these three items on relationships where the questions did apply are found in the table below.

**Table 1O: Muscatine and Louisa County Intervention Programs:  
Summary of responses to relationship items**

Item	Not at all	A little more	A lot more	Mean
I know more about what a healthy relationship means	0.0%	00.0%	100.0%	2.00
I have a strong network of friends to rely on for social and emotional support	0.0%	22.2%	77.8%	1.78
I am better able to discuss issues with my child's other parent	12.5%	25.0%	62.5%	1.50

Average responses to the questions ranged from 1.50 to 2.00. This indicates that respondents felt that they had gained a good deal in understanding and creating healthy relationships. They were most positive in having a knowing more about what a healthy relationship means with 100% indicating they now know more “A lot more.”

### Self Esteem

The next set of items dealt with participants' feeling about themselves. Responses to these three items on self esteem are found in the following table. They include responses only where the questions were applicable

**Table 1P: Muscatine and Louisa County Intervention Programs:  
Summary of responses to self esteem items**

Item	Not at all	A little more	A lot more	Mean
I feel better about myself	.0%	11.1%	88.9%	1.89
I am more aware of my special qualities and talents	.0%	25.0%	75.0%	1.75
I am less likely to think that I need a partner to feel good about myself	.0%	25.0%	75.0%	1.75

Average responses to the questions on self-esteem ranged from 1.75 to 1.89. This indicates that respondents felt that they had gained a good deal in their feelings of confidence about themselves. The item with the highest average response was "I feel better about myself," with 89% indicating they felt "A lot" better.

### Program Assessment

The final section of the questionnaire asked teen parents to evaluate their experience in the program. Responses to the three items on group meetings for which the questions did apply are found in the table below.

**Table 1Q: Muscatine and Louisa County Intervention Programs:  
Summary of responses to group meeting items**

Item	Disagree	Unsure	Agree	Mean
The group meetings helped me to better understand how to take care of myself and my baby	.0%	.0%	100.0%	2.00
I learned a lot about responsibility and making good choices by attending meetings in this program	.0%	.0%	100.0%	2.00
The leaders of the group were supportive of me	.0%	.0%	100.0%	2.00

Average responses to these questions were all high at 2.00. This indicates that respondents felt that they had gained a great deal from the group meetings. They were similarly positive about all the items, with 100% agreeing that the group meetings helped them better understand how to take care of themselves and their baby, that they had learned a lot about responsibility and making good choices, and that the group leaders were supportive of them.

Teen parents were also asked to respond to questions about their one-on-one activities within the program. Responses to the three items on these activities are found in the table below.

**Table 1R: Muscatine and Louisa County Intervention Programs:  
Summary of responses to one-on-one activity items**

Item	Disagree	Unsure	Agree	Mean
The staff person (people) I worked with helped me to better understand how to take care of my self and my baby	.0%	.0%	100.0%	2.00
I learned a lot about responsibility and making good choices by talking with staff in the program	.0%	.0%	100.0%	2.00
The program staff were supportive of me	.0%	.0%	100.0%	2.00

Average responses to these questions were unanimously in agreement at 2.00. This indicates that respondents felt that they had gained a great deal from the one-on-one activities. They were unanimously positive that the program staff worked with them to better understand how to take care of themselves and their baby, that they had learned a lot about responsibility and making good choices by talking with program staff, and that program staff were supportive, with 100% of respondents selecting “Agree.”

Participants were also asked to respond to three open-ended questions about the program and what they had learned. When asked, “What part of the program was most helpful to you?”, typical responses included: “Being able to freely share my problems and get feedback and support,” “Nutrition,” and “The videos we watched on how to discipline your baby, because I was unsure.” In response to the question “The best reason for me to wait to get pregnant again is...” teen parents answered: “I’m not financially ready, and I want to give my baby all that I can,” “So I can finish high school,” and “Wait until the baby is older and knowing I can raise another child.” When asked, “How could this program be changed to be more helpful to other teens?” all of the respondents felt it was helpful enough as it is. One respondent offered the following suggestion: “I think it needs to be advertised more so more teens can learn about it.”

## Bethany for Children and Families

Bethany for Children and Families (serving Scott County, Iowa), in applying for CAPP Expansion funding in 2006, chose to focus on programming for adults to make them more knowledgeable and comfortable in talking with youth about topics related to pregnancy prevention.

To show more recent information and the estimated change in population in Scott County, the 2000 census population and 2005 population estimates as well as the number of younger youth and older teens, are presented in the table below. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 2A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Scott	2000	12,147	11,698	158,668
	2005 est.	10,854	11,212	160,998

The following table presents the proportion of total live births as compared to live births to teen mothers in Scott County for 2006, derived from data provided by the Iowa Department of Public Health Center for Health Statistics. For this first year grantee, this percentage will be considered a baseline point of reference. Future evaluations will plot the progress this grantee makes in its efforts to decrease the current rate. (The statewide percentage for Iowa for 2006 is 8.7%)

**Table 2B: Births to adolescents as a percentage of all births**

County	2006
Scott	11.6%

Iowa Department of Human Services APP grant funding for this site began in 2006. In this first year of funding (06-07), DHS provided funds in the amount of \$26,985. In addition, the program received in-kind funds totaling \$3,015 that were provided by Bethany for Children and Families.

As stated in the original grant proposal, the goal of this project is to provide parents and school staff members with informational workshops/training designed to help adolescent children/ students postpone early sexual activity and avoid teen pregnancy and its ramifications.

Objectives include:

- Parents will gain knowledge on how to communicate with their child regarding sex and its consequences.
- Staff members will gain knowledge on how to communicate with their students about sex and its consequences.

The following sections contain descriptions of the community and prevention aspects designed to address these goals.

## **Community Efforts**

### **Staffing Patterns and Activities**

Four consultants facilitated presentations and a .25 FTE administered the activities sponsored by Bethany, making 14 presentations to community agencies and organizations during the past year. These staff also represented their agency on three community boards that included: 21<sup>st</sup> Century Lights on for Learning Advisory Committee, the *Know What to Say* Advisory Board, and the Anti-Bullying Task Force.

### **Consortium Membership and Activities**

Although there is not an adolescent pregnancy prevention consortium for this site, there is another group that includes adolescent pregnancy prevention as part of its larger mission: Teen Pregnancy Primary Prevention Program. The quarterly meetings offered by the Illinois Department of Human Services via the *Teen Pregnancy Primary Prevention Program* have focused on the following topics: Current Trends in Sexually Transmitted Infections and AIDS, Relationship between Sex and Alcohol, Techniques on Implementing Pregnancy Prevention Programs in the School, Peer Education and Its Benefits, and Service-Based Learning and Pregnancy Prevention Programs.

### **Community-Wide Prevention Campaign**

All responses in this section relate to the work that Bethany for Children and Families has done in Iowa. In addition to their Iowa programming, much has been done in Illinois over the past 22 years on teen pregnancy prevention. The target audience for this project is adults which is a new focus compared to all of the other Iowa CAPP grantees who primarily serve adolescents.

**Schools:** Although only 9 schools were worked with directly, correspondence was sent to 24 schools in Scott County offering trainings for both parents and staff. Follow-up telephone conversations with school administrators, as well as additional correspondence, was utilized to engage as many parents and staff members as possible.

Elementary: Although staff training was not specific to personnel working with elementary aged children, Pleasant Valley School District included nurses and elementary school counselors in their staff training, as well as representatives from the junior high, high school, and district level.

Junior High School and High School: All other school districts targeted personnel working with 6<sup>th</sup> through 12<sup>th</sup> graders. Staff trainings were three hours in length and facilitated by the grant

coordinator for Bethany along with a consultant from Scott County Health Department. .  
Trainings were divided into the following five areas: Finding your comfort zone;  
Puberty/Sexuality---*What You Want to Know and Need to Know*; Self-esteem/decision-making as it relates to early sexual activity and its consequences; Being in the know about STD's, contraceptives, current trends; Becoming a resource for students. Pre and post surveys were administered at all trainings to ascertain the effectiveness of the workshop as it related to staff and their ability to communicate with students about sex. Resource packets, incentives, and door prizes pertinent to the topics discussed were distributed at each training.

The parent workshops, which were 90 minutes in length, were facilitated by the grant coordinator from Bethany for Children & Families and a consultant from Edgerton Women's Health Services. Workshops were provided at times that were beneficial to the schools/parents within each school that was served. Each workshop was divided into four areas that addressed: Opening the doors to communication; Learning what to say and how to say it; Gathering and using current and accurate information on puberty and sexuality; Learning how to discuss abstinence, contraception, and other related issues in relationship to family values. Similar to the staff training, pre and post surveys were administered at all trainings to ascertain the effectiveness of the workshop as it related to parents ability to communicate with their children about sex. Resource packets, incentives, and door prizes pertinent to the topics were distributed at each workshop.

**Social Service Youth Serving Agencies** Bethany worked with the following agencies during the past year:

- Edgerton's Women Health Services—One of their staff served as a consultant in the *Know What to Say* program, as well as a member of the Advisory Committee
- Scott County Health Department—one of their staff served as a consultant in the *Know What to Say* program, as well as a member of the Advisory Committee
- Scott County Nurses Organization—members participated in a staff training

**Health Centers and Clinics** Scott County Health Department and Edgerton Women's Health Services served as active resources for the participants in both the parent and staff workshops. Additionally, consultants from each agency met with the Director of Community Services at Bethany for Children & Families to develop and implement all trainings. Meetings were held throughout the year to fine-tune programming and to explore additional ways to engage more participants in the program.

**Media** Prior to each parenting workshop, a press release was sent to each school so that it would have an opportunity to advertise the workshops in their local newspapers, as well as school newsletters. Workshops were announced in the local newspapers in Bettendorf, Davenport, and Eldridge, Iowa. Additionally, flyers were distributed to each school so that they

could be disseminated to parents prior to the workshops. A public service announcement was sent to the local information channel to advertise the parent workshop for Bettendorf Schools, and flyers were distributed to each school or organization scheduling a parent or staff workshop so that they could be disseminated to potential participants prior to the workshops/training.

**Feedback on Effectiveness** A pre-survey and post survey was given to participants in workshops/trainings to ascertain what the knowledge base was prior to the session and what the knowledge base was at the completion of the session. Questions on the post-survey (developed by the University of Iowa) also gleaned what techniques were most helpful and what techniques could be employed that would make the sessions more meaningful.

**Effectiveness Score** Bethany ranked their community-wide efforts this past year at **7**. While the program information presented in workshops/trainings was well accepted by all participants, the number reached fell short of the projected number to be served. North Scott School District and Pleasant Valley School District were very pro-active in advertising the workshops/trainings, while Davenport Community Schools and Bettendorf Community Schools were very slow on follow-through. Since this was the first year of programming, some schools were reticent to schedule meetings because they felt that parents would not attend. As the second year of programming approaches, comments from this year's evaluations will be shared with school administrators. Of parents attending the workshops, one of overriding themes stated was "why weren't more parents in attendance".

To serve a greater number of participants in 2007-2008, outreach will be extended to social service agencies, faith-based organizations working with youth, and after-school recreation programs. The same materials and presentation format will be implemented, but increased effort to work with the media will be pursued.

#### **Number of Adults Reached**

Indirectly: 1,200

Directly: 144

#### **Grants Distribution and Development**

No grant funds were distributed to other area agencies during this grant year, nor did they apply for additional funding.

#### **Prevention Programs**

Bethany for Children and Families in Davenport, Iowa offered workshops for school staff and parents to help improve their communication with youth about sex. For staff, topics focused on: comfort level on discussing sexuality; self-esteem; decision making; communication; knowledge

of STD's, contraceptives and current trends. For parents, topics focused on self-esteem communication, and accurate information.

### **Know What to Say for Staff**

During the past year, five presentations were made to 72 school staff members. All of those who participated (100%) completed an evaluation questionnaire; all of these forms were included in the analysis.

The first part of the questionnaire asked respondents to complete demographic information. As the results indicate, a majority of the respondents (73.2%) were female. Most of the staff participants identified themselves as White (98.6%) while one (1.4%) indicated they were multiracial. The ages of respondents ranged from 22 years to 69 years, with an average age of 44.7.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 2C: Bethany Know What to Say for Staff:  
Summary of responses to content items**

<b>Item</b>	<b>Not At All</b>	<b>A Little More</b>	<b>A Lot More</b>	<b>Mean</b>
I am more likely to talk with my students about sex when they bring it up	5.6%	38.9%	55.6%	1.50
I know the importance of listening to my students when they talk about sex.	1.4%	15.3%	83.3%	1.82
I feel more comfortable talking to my students about sex.	8.3%	38.9%	52.8%	1.44
I have more skills to help my students resist pressure to have sex.	6.9%	34.7%	58.3%	1.51
I have more knowledge about the changes my students will experience when reaching puberty.	16.7%	36.1%	47.2%	1.31
I know more about the consequences of early sexual activity.	9.7%	26.4%	63.9%	1.54
I think my students will feel more comfortable in talking to me about personal issues.	6.9%	50.0%	43.1%	1.36
I am more clear about my attitudes toward early sexual activity.	9.7%	29.2%	61.1%	1.51

The average response to content items ranged from 1.31 to 1.82. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward communicating with students about sex. On six of the items, half of the school staff or greater reported they had learned or changed “A lot more.” The item that had the highest average response was “I know the importance of listening to my students when they talk about sex.”

The third section of the questionnaire dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 2D: Bethany Know What to Say for Staff :  
Summary of responses to presentation items**

Item	Disagree	Unsure	Agree	Mean
I feel the presenters had a good understanding of the issues youth deal with	.0%	.0%	100.0%	2.00
I felt comfortable asking the presenters any questions I had.	1.4%	6.9%	91.7%	1.90
The information I received will help me talk to my students about sex.	5.6%	8.3%	86.1%	1.81

The mean responses to the three presentation items ranged from 1.81 to 2.00. This indicates that, on average, these adults were very positive about the presentations. The highest rating was for the item “I feel the presenters had a good understanding of the issues youth deal with,” although the other two items were also rated very high.

In the last section of the questionnaire, participants were asked to complete three open-ended items. The items and representative responses are listed below.

The presenters made this session interesting by:

- Having a great mix of activities and information, knowing their “stuff.”
- Being factual about their information.
- Giving resources and activities to use with students
- Getting the audience involved.
- Creating real life situations.
- Making it practical.
- Being open and realistic
- Interacting with us.
- Their honesty, visual aids.

What part of the program was most helpful to you?

- A truthful presentation of facts and variety of choices to present to kids.
- Statistics.
- Getting us to think about situations and how to help kids talk more openly.
- List of questions kids most often have about sex.
- Knowledge about things we thought we knew.
- STD Facts and pictures.
- How to talk to teens.
- Discussing the boundaries we as educators have in approaching the topic of sex.

How could this program be changed to be more helpful to other staff?

- Don't change it!
- Terrific. Right on!
- Make it longer.
- It should be shown to everyone.
- Be more specific about laws and responsibility to the law.
- Developing a school policy or referral strategy.

### Know What to Say for Parents

A total of 74 parents participated in these workshops this past year, and 66 of them (89.1%) completed an evaluation questionnaire; all of these responses were included in the analysis.

Demographic information requested in the first section of the questionnaire showed that most of the respondents were female (84.8%) and White (89.4%) with others indicating they were Asian (7.6%) or Hispanic (3.0%). Ages of participants ranged from 31 to 59 with an average age of 42.8. Parents had as few as one child and as many as seven, with an average of 2.7 children.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 2E: Bethany Know What to Say for Parents:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I am more likely to talk with my child/ren about sex when they bring it up	3.1%	12.3%	84.6%	1.82
I know the importance of listening to my child/ren when they talk about sex.	1.5%	6.2%	92.3%	1.91
I feel more comfortable talking to my child/ren about sex.	1.5%	36.9%	61.5%	1.60
I have more skills to help my child/ren resist pressure to have sex.	.0%	32.3%	67.7%	1.68
I have more knowledge about the changes my child/ren will experience when reaching puberty.	3.1%	45.3%	51.6%	1.48
I know more about the consequences of early sexual activity.	.0%	23.4%	76.6%	1.77
I think my child/ren will feel more comfortable in talking to me about personal issues.	4.7%	50.0%	45.3%	1.41
I am more clear about my attitudes toward early sexual activity.	.0%	23.1%	76.9%	1.77

The average response to content items ranged from 1.41 to 1.91. This indicates that, on average, these parents felt that information they received during the program had increased their knowledge and changed their attitudes toward communicating with their children about sex. On

all but one of the content items, half or more of the parents reported they had learned or changed “A lot more.” The items that had the highest average responses were

- I know the importance of listening to my child/ren when they talk about sex. (1.91)
- I am more likely to talk with my child/ren about sex when they bring it up. (1.82)
- I know more about the consequences of early sexual activity. (1.77) and
- I am more clear about my attitudes toward early sexual activity. (1.77)

The third section of the questionnaire dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 2F: Bethany Know What to Say for Parents:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
I feel the presenters had a good understanding of the issues youth deal with	.0%	.0%	100.0%	2.00
I felt comfortable asking the presenters any questions I had.	.0%	3.0%	97.0%	1.97
The information I received will help me talk to my child/ren about sex.	.0%	3.0%	97.0%	1.97

The mean responses to the three presentation items ranged from 1.97 to 2.00. This indicates that, on average, parents were very positive about the presentations. For all items, nearly all parents agreed that

- The presenters had a good understanding of the issues youth deal with (2.00).
- They felt comfortable asking the presenters any questions they had (1.97), and
- The information they received will help them talk to their children about sex (1.97).

In the last section of the questionnaire, parents were asked to complete three open-ended items. The items and representative responses are listed below.

The presenters made this session interesting by:

- Being very open and comfortable about the subject.
- Very informative, informal.
- Giving a lot of ideas on how to communicate.
- Own personal experiences
- Good handouts.
- Using examples and readiness to listen to the thoughts presented.
- Being comfortable with the subject/knowledgeable.
- They showed that this subject was important to them.
- Energetic presentation.

What part of the program was most helpful to you?

- Input from other parents.
- Self-esteem information
- Defining “sexual behavior” for my child.
- Resources, suggested books and articles.
- What motivates teens to have or not have sex.
- Ways of keeping an open line of communication.
- Information, statistics
- The “make them think” questions.
- STD’s, consequences.

How could this program be changed to be more helpful to other parents?

- [Make it ] Longer.
- What do our kids already know?
- More handouts.
- Get more parents here!
- Maybe offer it at other times. Better publicity.
- Foster more discussion of actual circumstances known to be present in the school.
- Very good program as is.

## Building Families Empowerment Area

The Building Families team is comprised of the Public Health Nursing Agencies from Humboldt, Hamilton, and Wright Counties, a coalition which evolved from the Empowerment Area. The 2000 census population and 2005 population estimates for the counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 3A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Hamilton	2000	1,245	1,128	16,438
	2005 est.	1,060	1,082	16,209
Humboldt	2000	826	832	10,381
	2005 est.	595	727	9,973
Wright	2000	1,025	1,002	14,334
	2005 est.	911	861	13,647

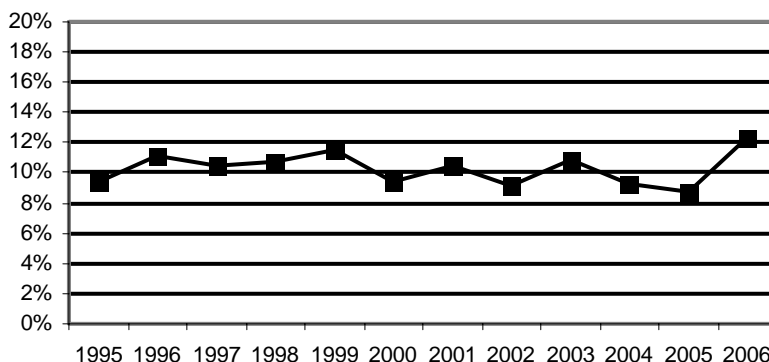
Along with the progress that has been made in the reduction of teen pregnancy across the state of Iowa, data demonstrates that, over time, the percent of teen births has declined in this three-county area. The following table presents the proportion of total live births in relation to births to teen mothers, derived from data provided by the Iowa Department of Public Health Center for Health Statistics.

**Table 3B: Births to adolescents as a percentage of all births**

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Hamilton	10.9%	11.5%	12.9%	12.8%	12.1%	9.9%	12.8%	10.1%	9.4%	8.4%	9.2%	13.0%
Humboldt	7.5%	9.0%	9.4%	7.5%	9.2%	7.1%	10.3%	6.5%	14.0%	6.0%	8.3%	12.0%
Wright	8.6%	12.2%	7.9%	10.1%	12.7%	10.1%	7.7%	9.9%	10.6%	13.4%	8.5%	11.9%
<b>Over the 3 counties</b>	9.3%	11.2%	10.4%	10.8%	11.6%	9.4%	10.4%	9.1%	10.9%	9.2%	8.7%	12.4%

Figure 3 on the following page presents the trend for teen births in the three-county area over the last twelve years. Teen births as a percentage of live births have been at or below the state averages in each year except in 1999, 2001, and 2003. (The state average for 2005 is 8.7%.) Teen births in this area rose slightly in 1996, dropped slightly in 2000, rose again slightly in 2001, dropping in 2002, rising again in 2003, down to 9.2% in 2004, to 8.7% in 2005, with an increase to 12.4% in 2006.

**Figure 3: Building Families Empowerment Area  
Total area births to adolescents, 1995-2006**



Iowa Department of Human Services APP grant funding for this site began in 1999 with three agencies participating in the grant application. In 2006-2007, DHS provided grant funds of \$25,278; in-kind funding totaled \$13,611. Sources of in-kind funding included: Public Health Department, community hospital, community schools, ISU Extension, guest speakers and community businesses.

The original grant goals of the Building Families-Empowerment Area Board are:

- Prevent an increase in the incidence of teen pregnancies and sexually transmitted diseases in the project service area.
- Increase adult awareness and ownership of the teen pregnancy problem and other at-risk behaviors of the adolescents in the project service area.

The following sections contain descriptions of the community and prevention aspects designed to address these goals.

## **Community Efforts**

### **Staffing Patterns and Activities**

A total of 2.0 FTE's were responsible for prevention and intervention programs sponsored by the APP grant agencies. These staff served on 32 community boards/councils including Wright Connection, Community Action, Child Abuse Empowerment, Smoking Prevention, Prevention Team Early Access Council, Cultural Diversity Coalition, Board of Health, Church Youth board, DSAOC, Breastfeeding Coalition, Lamaze International, Lead Coalition, FutureNet, Women's Health and Wellness, Hopes State Advisory Board, ISAC Board of Directors, Human Service Providers, State Rural Advisory Board, Regions 1, 2, and 4 Bioterrorism Team, MCH Advisory Board, Financial and Programming Committees of Building Families Empowerment Board, Mental Health Coalition, Early Head Start Council, Industry BT Task Force, Professional

Development Board, Occupational Health Nurse Assoc., Agrisafe Network and Marketing Committee, and the Behavioral Task Force.

**Consortium Membership and Activities**

Activities of the consortium are found in the table below.

**Table 3C: Building Families-Empowerment Board: Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	6
Number of meetings in last grant year	6
Agencies/groups represented	15
Teen/teen parent members	1
Committees active during this year	4

The consortium met six times during 2006-2007 with 15 agencies participating. There was one teen/teen parent members on the consortium, and the active subcommittees this year included a Financial, Program, Professional Development and a Government Committee.

Community collaboration including schools, churches, DHS, and public health continues to improve. More parents and churches have called this year in Wright County and volunteered to help with this initiative. Hamilton and Humboldt counties have also had good response to new coalitions that have formed, and have experienced improved outreach and collaboration.

**Community-Wide Prevention Campaign**

***In the Schools.....(18)..***APP funded agencies worked directly with 18 schools at the elementary, junior high, and high school levels during the past year. Activities at the **elementary schools** included Environmental Agriculture Days with ISU Extension, after school presentations for Girl/Guy Talk, faculty involvement, and pre-school programs. At the **junior high schools**, students participated in Girl/Guy talk and Baby Think It Over programs, with presentations in health classes and after school programs. At the **high school** level, programming included Baby Think It Over, Empathy Belly, Teen Panels, Peer Helpers, and presentations on Health and Body Image. The Consortium purchased teaching tools (audio-video and curricular) for all the area high schools. A Senior Scholarship group promoted abstinence and respect at after prom booths with the support of activity sponsors.

***Recreation Programs.....(7)..***The Consortium worked with seven recreation programs in promoting the messages of teen pregnancy prevention. They included: ISU Extension, Bike Trail, 4-H, County Fair, Boy Scouts, Girl Scouts, and the Body Image group.

**Social service/youth serving agencies...(7)..**Seven social service/youth serving agencies were involved with programming to provide factual information and support positive life choices. These included hospital-based childbirth education, WIC/MCH, Fun with Families, Early Head Start, D/SAOC, Hopes, health fairs, and 4-H.

**Faith-based Collaboration...(6)..**The consortium worked with six different faith based groups serving on church youth boards and making presentations to the Christian Women's Club, the Ministerial Association, Parents and Tots, MOPS, and Church youth groups.

**Businesses...(22)....**The consortium worked with a total of 22 area businesses by way of receiving program promotions, or serving as sponsors and guest speakers. These businesses included hospitals, tanning salons, hair salons, an exercise club, pharmacies, physicians, radio stations and newspapers.

**Civic Groups...(10)..**The consortium also made presentations to ten civic groups including Rotary Club, Kiwanis, Lions, Chamber of Commerce, and BPW, AAUW, Women's Club, Hospital Auxiliary, RSVP Club and Sororities. These civic groups in turn provide volunteer help and donations.

**Community Events...(32)..**The consortium participated in 32 community events during the past year including the Spring Family Fun Fest, three County Fairs, Career Day Presentations, parades, Character Counts Kick Off, D/SAOC Carnival, Relay for Life, D/SAOC Activities, Women's Night Out, poster contests, health fairs, and served as a speaker for the Mental Health Coalition Community event.

**Health centers/clinics...(18)...**Eighteen health centers/clinics and agencies were involved in consortium activities. These included WIC/MCH, Planned Parenthood, Public Health, Community health Clinic, Tri-mark Physicians Group, Mercy Affiliate at Belmond and Dows Clinic, McFarland Clinic, Webster City Clinic, HCMH, Belmond Hospital, Wright Medical Center and Family Practice, Hamilton Hospital, Mary Greeley Hospital in Ames, North Iowa Medical Center in Mason City, and Ellsworth Hospital. Collaboration involved promotional activities, referrals, close working relationships on shared clients and speakers for events.

**Other organizations....**The coalition also collaborated with law enforcement agencies on committee work and DARE activities, with the Department of Human Services, school boards, Community Family Resources, and with school nurses and counselors in setting up programs and referrals.

**Media.....**The consortium was active with most types of media during the grant year. Newspapers presented advertisements for events and reported on several of the programs and

events. The radio station provided public service announcements, and ads appeared on the local cable station. Posters and billboards provided highly visible promotion community wide. At the same time, brochures, newsletters for schools and industries, and information in church bulletins were distributed throughout the community. Web site information was available as well as ads that appeared on grocery sacks, along with direct mailing and email messages.

Evaluations, community needs assessments, surveys, focus groups, and county-wide networking meetings with the schools provided feedback on the effectiveness of community prevention activities.

**Effectiveness score..8.**The general public is starting to buy into this effort. They seem to recognize there is a problem and it needs attention

**Number of Youth Reached**

Indirectly: estimated at 2,500                      Directly: 2,997

**Grants Distribution and Development**

The Building Families Empowerment Area Board distributed their funds totaling \$25,278 on a non-competitive basis to three agencies during this grant year. They did not apply for additional adolescent pregnancy prevention program funding.

**Prevention Programs**

The Building Families Empowerment Area Board reported on four pregnancy prevention programs that were offered during the grant year. Parental involvement was part of two of the programs. Evaluation forms were submitted for one of the programs, Girl/Guy Talk. Descriptions of programs are listed in order of the number of youth served, starting with the program that served the most youth.

**Body Image**

The focus of this program is to provide health screening and education on topics such as body composition, healthy skin care, and good nutrition for youth aged 10 to 14. Ten sessions were offered, and a total of 690 youth were served this year. Parents were not involved in the activities of this program.

**Baby Think It Over**

This ongoing program educates teens on the reality of newborn care. During the past year, a total of 190 youth aged 12 to 19 were served by this curriculum. Parents were included in the activities of this program.

### **Girl Talk/Guy Talk**

Providing factual information on sensitive issues and healthy choices, this program is administered in two groups: preadolescent girls and their mothers and preadolescent boys and their mother and/or father. The target age for girls is 10 to 12 (5<sup>th</sup> Grade), while the target age for boys is 11-13 (6<sup>th</sup> Grade). In addition, this program promotes and enhances good communication between parent and child. This year, the program served a total of 101 youth (73 girls and 28 boys). A total of 24 sessions were offered (14 for the girls and 10 for the boys). Of these participants, 55 (54.5%) completed an evaluation. All of the completed evaluations were included in the analysis.

The first section of the evaluation questionnaire asked for some demographic information. The majority of respondents (66.7%) were female. Nearly all of the students (96.2%) identified themselves as White, while others identified themselves as Hispanic/Latino (1.9%) or Multiracial (1.9%). The average age of respondents was 10.9, and the median grade was 5.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 3D: Building Families Empowerment Area Girl Talk/Guy Talk:  
Summary of responses to content items**

<b>Item</b>	<b>Not At All</b>	<b>A Little More</b>	<b>A Lot More</b>	<b>Mean</b>
I am more likely to talk to a parent or trusted adult about sex	7.4%	53.7%	38.9%	1.31
I am less likely to think that I need a boyfriend/girlfriend to feel good about myself	16.4%	43.6%	40.0%	1.24
I know more about the dangers of sexually transmitted diseases and AIDS	1.8%	47.3%	50.9%	1.49
I feel confident about the decisions I make	3.6%	12.7%	83.6%	1.80
I understand more about why I should wait to have sex with someone	1.8%	16.4%	81.8%	1.80
I feel more comfortable saying no to sex until I am older	1.8%	9.1%	89.1%	1.87
I feel more comfortable asking questions of my parents or other trusted adults about sex	9.1%	47.3%	43.6%	1.35
I know more about how the body changes during puberty	1.9%	9.3%	88.9%	1.87

The average responses to content items ranged from 1.24 to 1.87. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. An exception to the generally positive responses was for the item "I am less likely to think that I need a boyfriend/girlfriend to feel good about myself." On this question, 16.4% responded "Not at all." The items

with the highest average response were “I feel more comfortable saying no to sex until I am older,” and “I know more about how the body changes during puberty.”

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 3E: Building Families Empowerment Area Girl Talk/Guy Talk:  
Summary of responses to presentation items**

Item	Disagree	Unsure	Agree	Mean
It is easier to talk with my parents about sex since we did the homework activities together	9.3%	33.3%	57.4%	1.48
It is easier to talk to my parents about the changes I have experienced	1.9%	27.8%	70.4%	1.69
I have a better understanding of what my parents values are regarding sex	7.7%	32.7%	59.6%	1.52

The mean responses to the presentation items ranged from 1.48 to 1.69. This indicates that, on average, the students were positive about the presentations. The highest rating was for the item “It is easier to talk to my parents about the changes I have experienced.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked: “The best part of this program is...” For this item, students’ responses included: “The laughs while you learn,” “You get free pizza and tell about your future,” “Movies and questions, “ and “We get to learn more about changes and be with friends.” The second item was: “The presenters made these classes fun by ...” Student responses included: “Making everyone feel comfortable asking questions,” “Playing games,” and “Getting us all involved.” The third item posed the question: “The best part about having my parent/trusted adult come to these classes with me was...” Representative responses included: “I wasn’t alone,” “She learned a lot too!” “I could ask questions and he would know the answer,” and “They helped me understand better.”

### **Teen Talk**

This program provided factual information to youth aged 12 to 19 on sexual issues and healthy choices. Teen Talk activities included providing Baby Think It Over, Empathy Belly as well as child-birth and pregnancy education. Three presentations were offered at schools with a total of 56 youth served this year. Parents were not involved in the activities of this program.

## Crawford Co. Community for Choices and Values

This consortium of youth serving and health care agencies came together to collectively address an issue of utmost importance to their community: teen pregnancy and related high risk behaviors. The 2000 census population and 2005 population estimates for Crawford County as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 4A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Crawford	2000	1,303	1,421	16,942
	2005 est.	1,109	1,329	16,889

The following table presents the proportion of total live births as compared to live births to teen mothers in Crawford County for 2006, derived from data provided by the Iowa Department of Public Health Center for Health Statistics. For this first year grantee, this percentage will be considered a baseline point of reference. Future evaluations will plot the progress this grantee makes in its efforts to decrease the current rate. (The statewide percentage for Iowa for 2006 is 8.7%)

**Table 4B: Births to adolescents as a percentage of all births**

<b>County</b>	<b>2006</b>
Crawford	8.8%

Iowa Department of Human Services APP grant funding for this site began in 2006. In 2006-2007, DHS provided grant funds of \$50,000; in-kind funding totaled \$2,645. Sources of in-kind funding included: ISU Extension, Lutheran Social Services, Department of Public Health, and community volunteers.

The original grant goals of the Crawford County Community for Choices and Values are:

- Increase teen awareness of real life consequences of pregnancy and parenting by 70%.
- Decrease incidences of second pregnancies to parenting teens.
- Promote communication between parents and their daughters/sons.
- Increase factual knowledge of sensitive issues.

The following sections contain descriptions of the community and prevention aspects designed to address these goals.

## **Community Efforts**

### **Staffing Patterns and Activities**

A total of .9 FTE's were responsible for prevention and intervention programs sponsored by the APP grant agencies. These staff served on 7 community boards/councils including Crawford Co. Empowerment Advisory Board, Crawford Co. Coalition for Adolescent Pregnancy Prevention, Crawford Co. Child Abuse Council, Crawford Co. Board of Health, FutureNet Board, Crawford Co. Health Coalition, and Crawford Co. Drug, Alcohol and Tobacco Coalition.

### **Consortium Membership and Activities**

Activities of the consortium are found in the table below.

**Table 4C: Crawford Co. Coalition: Consortium Activities**

<b>Activity</b>	
Frequency of consortium meetings	quarterly
Number of meetings in last grant year	8
Agencies/groups represented	8
Teen/teen parent members	0
Committees active during this year	0

The consortium met eight times during 2006-2007, with 8 agencies participating. With activities just beginning for this new grantee, there were no teen/teen parent members on the consortium, nor were there any subcommittees active.

Consortium members worked very well together to organize and staff events. When there is not an event to focus on, the members do not coordinate as well as hoped. Many of the members are extremely busy with their primary employment. Their participation is voluntary and often other duties take precedence on their time. The staff members are able to devote their time to events and activities much more easily.

### **Community-Wide Prevention Campaign**

***In the Schools.....(8)***..APP funded agencies worked directly with 8 schools at the elementary, junior high, and high school levels during the past year. At four elementary schools, the Girl Talk program was offered to 5<sup>th</sup> and 6<sup>th</sup> graders. At the junior high schools, a presentation on goal setting and achievements was offered, and all coalition members helped to co-sponsor a dance during Pregnancy Prevention Month. At one high school, 9<sup>th</sup>-12<sup>th</sup> grade students participated in

presentations on Healthy Relationships and general sexuality. Coalition members co-presented a picnic for Crawford Co. high school students during Pregnancy Prevention Month.

**Recreation Programs.....**Lutheran Services of Iowa, one of the grantee agencies, worked with the Donna Reed Foundation to recruit theater students for a new theater troupe in Crawford County. A pregnancy prevention specialist worked with the students to write scripts for skits appropriate for middle school students regarding positive choices.

**Businesses...** Two area businesses donated supplies for pregnancy prevention activities.

**Community Events...(4)..** The coalition participated in two new events they hope to replicate annually. One was a picnic with a pregnancy prevention theme for high school students and the other a Hawaiian Luau for Jr. High students focusing on abstinence. The third was the annual Donna Reed Festival in which we assisted in providing activities to theater students. The Coalition also had a booth at the annual Health Fair.

**Health centers/clinics....**Crawford County Public Health is a co-collaboration in the coalition

**Other organizations....**Lutheran Services in Iowa promoted discussions on ways to partner on promoting teen pregnancy prevention in the community.

**Media.....**The consortium was active with most types of media during the grant year. News articles were sent to county newspapers to promote the Girl Talk programming. A full page ad was placed in the Denison newspaper promoting the two pregnancy prevention events at the junior and senior high schools. Announcements were also provided on the local radio station about registration for programs.

**Effectiveness score....**The community program reported an effectiveness score of 5 out of 10, with 10 being excellent. Although the agencies worked very well together to plan and staff events, they don't feel they coordinate services throughout the rest of the year very well. There seems to be a need to be more involved in each other's programming.

#### **Number of Youth Reached**

Indirectly: 1,000

Directly: 420

#### **Grants Distribution and Development**

The Crawford Co. coalition distributed their funds on a non-competitive basis to three agencies during this grant year. They did not apply for additional adolescent pregnancy prevention program funding.

## **Prevention Programs**

The Crawford Co. Community for Choices and Values reported on two pregnancy prevention programs that were offered during the grant year. Parental involvement was part of one of the programs. Evaluation forms were submitted for one of the programs, Choices and Values. Descriptions of programs are listed in order of the number of youth served, starting with the program that served the most youth.

### **Choices and Values**

This program presents topics related to comprehensive sexuality education and healthy choices. In addition to basic sexuality education, the program stresses how our values influence the choices we make. Recognizing healthy relationships and self-esteem is a core component of the program. Goal setting, risky behavior the six pillars of character are just a few of the areas covered in the program. This year, the program served a total of 540 youth aged 11 through 19 in 21 presentations. Of those who participated, 51 (9.4%) completed an evaluation form. All of these forms were included in the analysis.

The first section of the evaluation questionnaire asked for some demographic information. Results show that there were more female respondents (56.0%) than male (44%). Many of the students identified themselves as White (66.0%), while others identified themselves as Hispanic (32.0%). The average age of respondents was 15.3 years; the median grade was 9.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 4D: Crawford Co. Coalition: Choices and Values**  
**Summary of responses to content items**

<b>Item</b>	<b>Not At All</b>	<b>A Little More</b>	<b>A Lot More</b>	<b>Mean</b>
I am more likely to wait to have sexual intercourse in the future	3.9%	41.2%	54.9%	1.51
I have more skills to resist pressure to have sex	2.0%	43.1%	54.9%	1.53
I know more about how alcohol and drugs influence my decision to have sex	7.8%	39.2%	52.9%	1.45
I am more likely to decide my life goals and plan for them	.0%	19.6%	80.4%	1.80
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	.0%	17.6%	82.4%	1.82
I understand how my decisions about sex can change my future	.0%	21.6%	78.4%	1.78
I know more about the dangers of sexually transmitted diseases and AIDS	.0%	41.2%	58.8%	1.59
I feel confident about the decisions I make	.0%	25.5%	74.5%	1.75

The average responses to content items ranged from 1.45 to 1.82. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On all of the eight items, over half of the students responded “A lot more.” The items with the highest average response were “I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager,” and “I am more likely to decide my life goals and plan for them.”

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 4E: Crawford County Coalition: Choices and Values  
Summary of responses to presentation items**

Item	Disagree	Unsure	Agree	Mean
The presentation helped me to think about my future goals	2.0%	38.0%	60.0%	1.58
I know how to make better decisions about my life	2.0%	36.7%	61.2%	1.59
I felt comfortable asking the presenter questions I had	12.2%	46.9%	40.8%	1.29

The mean responses to the presentation items ranged from 1.29 to 1.59. This indicates that, on average, the students were positive about the presentations. The highest rating was for the item “I know how to make better decisions about my life,” followed closely by “The presentation helped me to think about my future goals.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked: “The part of this program I liked the best was...” Responses included: “The relationship chart,” “Talking about it,” “How open they were about everything,” “Pregnancy information,” “The myths about sex.” The second item was: “This program could be more helpful to teens if...” Student responses included: “Someone came that actually had been pregnant and passed through all the hardships,” “If there was more information on birth control and on alcohol’s effect on your decisions,” “They explained things more,” and “They go to schools and talk to all teenagers.” The third item posed the question: “The part of this program that was most helpful to me was..” Students wrote: “Talking about future goals,” “The other opinions,” “Knowing that it’s best to wait,” and “How we learned about the facts about sex.”

### **Girl/Guy Talk**

Girl Talk is a communication program for mothers and daughters in 5<sup>th</sup> and 6<sup>th</sup> grades. Topics include puberty, menstruation and pregnancy prevention. The goal is to make girls feel comfortable talking with their mothers about these changes so they will keep communication open with their mother in the future. This year, the program served a total of 20 girls. Guy Talk, a program for boys aged 10 to 12, focuses on puberty and abstinence. Four boys participated this past year.

## Eastern Iowa Pregnancy Prevention Initiative

Health providers in six Eastern Iowa counties formed the Eastern Iowa Pregnancy Prevention Initiative (EIPPI) to address teen pregnancy in their area. The lead agencies are Planned Parenthood of East Central Iowa and Young Parents Network. The 2000 census population and 2005 population estimates for the counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 5A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Benton	2000	2,079	1,801	25,308
	2005 est.	1,931	1,858	27,000
Cedar	2000	1,320	1,366	18,187
	2005 est.	1,208	1,190	18,254
Dubuque	2000	6,460	7,075	89,143
	2005 est.	6,011	6,855	91,631
Iowa	2000	1,238	1,070	15,671
	2005 est.	1,160	1,106	16,055
Jones	2000	1,440	1,378	20,221
	2005 est.	1,307	1,294	20,509
Linn	2000	13,160	13,891	191,701
	2005 est.	13,360	13,076	198,903

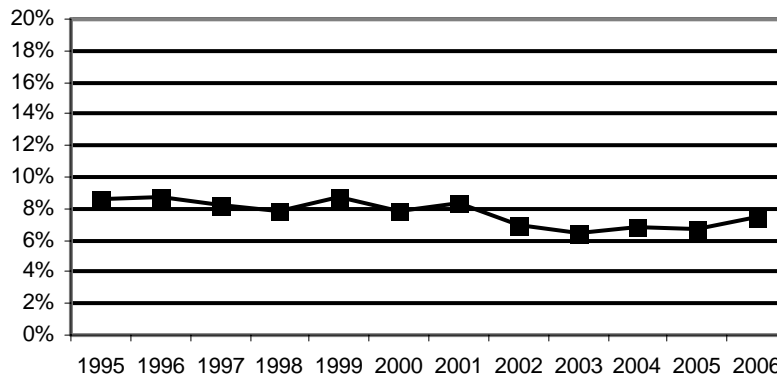
The following table presents the proportion of total live births as compared to live births to teens derived from data provided by the Iowa Department of Public Health Center for Health Statistics.

**Table 5B: Births to adolescents as a percentage of all births**

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Benton	9.7%	9.8%	5.7%	6.8%	4.9%	8.9%	8.2%	6.3%	3.0%	5.1%	4.1%	7.1%
Cedar	7.4%	5.1%	5.1%	5.9%	6.6%	7.3%	5.9%	5.4%	3.4%	6.8%	5.2%	6.4%
Dubuque	8.5%	7.8%	8.0%	9.7%	9.4%	7.5%	9.5%	6.2%	7.6%	7.7%	7.5%	8.0%
Iowa	6.8%	5.7%	4.5%	5.7%	9.6%	9.8%	4.4%	6.1%	5.6%	3.7%	2.5%	6.3%
Jones	10.2%	11.6%	12.7%	8.7%	12.2%	7.9%	12.1%	12.6%	7.2%	10.0%	8.8%	9.4%
Linn	8.7%	9.4%	8.6%	7.3%	8.6%	7.7%	7.9%	7.2%	6.8%	6.6%	7.0%	7.4%
<b>Over the 6 counties</b>	8.6%	8.8%	8.2%	7.8%	8.7%	7.8%	8.3%	7.0%	6.5%	6.8%	6.7%	7.5%

Figure 5 below presents the trend for teen births in the six-county area over the last twelve years. In each year, teen births as a percentage of live births were below the state average. (The state percentage for 2006 is 8.7%.) They remained relatively stable through 2001, with a decrease in 2002 and 2003, remaining stable through 2004 and 2005 at 6.7%, with an increase to 7.5% in 2006.

**Figure 5: Eastern Iowa Prevention Initiative  
6 County Area- Total births to teens, 1995-2006**



Iowa Department of Human Services APP grant funding for Linn County began in 1995. No programs were funded in the service area in 1999. Funding for the six-county area began in late 2000 with 26 agencies participating in the grant application. The amount received for 2006-2007 was \$61,389. Additional funding including in-kind dollars provided this year totaling \$38,061. Young Parents Network and Planned Parenthood of East Central Iowa provided the in-kind funds through contributions to operating expenses, educational materials, supplies, a volunteer stipend, reference materials, staff travel and staff fringe benefits.

The original goals of the Eastern Iowa Pregnancy Prevention Initiative include the following:

- Empower teens to postpone sexual activity and to assume responsibility through access to comprehensive sexuality information and participation in interactive programs, giving special attention to rural youth.
- Enhance parents' ability to communicate with their teenagers about sexuality by providing training, support and information, giving special attention to rural parents.
- Improve life outcomes for high-risk teens.

The following sections contain a description of the community, prevention and intervention activities designed to address these goals.

**Community Efforts**

**Staffing Patterns and Activities**

A total of 1.315 FTE's are funded through this grant representing a portion of each of the staff salaries that provide direct services to meet the goals and objective of this grant. These staff members were responsible for prevention programs, providing 30 non-curricular presentations. In addition, they served on 32 community boards. These included the Adolescent Health and Wellness Task Force, Breast Feeding Task Force, Committ, Benton County Human Resources Coalition, Benton County Family Nurturing Council, Benton County Empowerment Board, Benton/Iowa Community Partnership for Protecting Children, Cedar County Coalition, Family Planning Council of Iowa, Future Net, HACAP Headstart Fatherhood Task Force, Healthy Linn Care Network, HLCN HIV/AIDS Alliance, Iowa County Resource Council, Iowa County Empowerment Board, Iowa County Family Focus Council, Jones County Coalition, Jones County Family Council, Jones County Case Management Committee, Linn Council for the Prevention of Child Abuse, Linn County Empowerment, Family Violence Mentoring Project, Healthy Youth Promotion Effort, Parent Education Consortium, Children At-Risk Task Force, Jane Boyd / Inn Circle / Taylor Patch Teams, HOPE Team for Homelessness, Partnership for Safe Families, Heartland Educators Network, Red Cross Lives Worth Living, Gay and Lesbian youth Task Force Waypoint Domestic; Violence & Sexual Assault Task Force.

**Consortium Membership and Activities**

Although this area does not have an adolescent pregnancy prevention coalition, another group, the STI/HIV/AIDS Alliance includes adolescent pregnancy prevention as part of their larger mission. The activities of this group are described below.

**Table 5C: Eastern Iowa Pregnancy Prevention Initiative:  
Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	monthly
Number of meetings in last grant year	10
Agencies/groups represented	12
Teen/teen parent members	8*
Committees established	0

\*These are 8 members of a separate Youth Advisory Committee who represent local schools and provide advice on outreach and peer education.

The STI/HIV/AIDS Alliance continued to act as a planning committee that reviewed the initiative's progress towards goals and objectives to assure their completion/maintenance. The grantees reported on program progress highlighting successes and areas that the initiative could further develop. Community members offered feedback and guidance on the areas addressed in

addition to the needs in rural communities. All of this served as a networking tool that provided a defined direction for the committee and the initiative.

### **Community-Wide Prevention Campaign**

***In the schools.....***YPN and Planned Parenthood of East Central Iowa (PPECI) implemented prevention programs in schools at the middle school and high school levels. No programming was provided at the elementary level though the consortium has contact with parents through parent/child communication programs, parent workshops and through information tables at parent/child events. They were also part of the PATCH team from Taylor Elementary School. At the middle school level, the Stair Steps program was provided to 39 groups of youth at seven school and at five residential or at-risk sites. Middle school students also participated in after school programs where EIPPI provided activities. At the high school level, nine groups of youth at five schools participated in the Stair Steps program. Planned Parenthood and the Young Parents Network also services to high school students covering topics including development of communication, decision making, goal setting and personal accountability skills; birth control, pregnancy risks, and STD's/HIV, postponing sex, healthy relationships and Planned Parenthood Services. High school students were also served at six residential or at-risk sites.

***Recreation Programs.....(1)....*** The grantee agencies provided prevention programming services to Time Check, a program for disabled youth offered at the Cedar Rapids Recreation Center..

***Social Service/Youth Serving Agencies.....(15)..*** Grantee agencies also provided prevention programming and speaking presentations to 15 social service agencies including Area Substance Abuse Council, Foundation 2 (various programs within), Olivet Neighborhood Mission, Linn County Juvenile Detention Center, Linn County Youth Shelter, Young Parents Network (various programs within), Four Oaks (various programs within), St. Luke's LIFE and Adolescent Psychiatric Program, Grant Wood Life Skills, Tanager Place, Department of Human Services Income Maintenance, DHS Child Protection, Waypoint and Four Oaks Teen Plus.

***Businesses.....(1)..***Working with St. Luke's Women's Care, grantee agencies held the Growing up Girls and Boys Workshops for children entering sixth grade and their parents.

***Civic Groups.....(2)..*** YPN worked with the Linn County 15 in 5 group on their Early Childhood Education Initiative, a group that has similar philosophies and provides information that they use in their Intervention/Subsequent pregnancy prevention programming. YPN also is a member of a committee with the Linn County Chamber of Commerce that is looking to expand programming and services to different sectors of the population.

**Community Events.....(21)...** YPN and PPECI participated in 11 community events sharing information on available services and providing formal presentations where requested. These events included Benton County Empowerment Child Development Fair, Benton County Family Council Night at the Races, Benton County Fair, Iowa County Fair, Coe College Health Fair, Health fair sponsored by Marengo Memorial Hospital, Iowa County Family Council Pancake Breakfast, Kirkwood Community College Health Fair, HIV/AIDS Walk, “What’s Going on Girl” (First Light), Beyond Rubies, Kirkwood Community College – Love Safely Fair, Prevent Child Abuse Iowa Community Event, Rockwell-Collins Employee Health Fair, US Cellular Health Fair (both agencies), Future Net Conference, Yellow Book Employee Health Fair, Grant School Kindergarten Registration, Monroe Kindergarten Registration, Grant Early Childhood Center Event. the Director of Education at PPECI presented a workshop at the Future Net Conference addressing sexual health and foster children.

**Health Centers/Clinics.....(11)...**Working with 11 local health center/clinics, PPECI provided referrals, distributed packets, collaborated in home visits, and served on speaker panels. These center/clinics included Marengo Memorial Hospital; Mercy Services-Williamsburg Belle Plain Family Practice; WIC Clinics in Benton, Jones, Linn and Iowa counties; Jones County Regional Health Clinics; St. Luke's Family Planning Clinic; Linn County Free Clinic, and Mercy Medical Center.

**Other organizations.....**The EIPI also worked with Promise Jobs in providing help to pregnant or parenting teens.

**Media.....**Newspapers: The lead agencies used various types of media during the grant year to publicize their message. Newspaper coverage included letters to the editors of rural newspapers highlighting October “Let’s Talk” month and May’s “Teen Pregnancy Prevention” month. Two articles appeared in the *Cedar Rapids Gazette* regarding PPECI’s healthcare services, including pregnancy prevention through education and contraceptives. In addition, two editorials appeared in the *Cedar Rapids Gazette* regarding preventive services, including contraceptives and emergency contraception.

Radio: Z102.9 matched dollar for dollar radio spots for clinic services. Advertisements ran on the Top 40 station in Cedar Rapids, Iowa called KZIA 102.9 announcing healthcare services and education resources for pregnancy prevention and healthcare.

Television: TV Interviews covered Emergency Contraception and Pharmacy Refusals. Advertisements ran on cable stations throughout Linn County promoting healthcare services and education resources for pregnancy prevention and healthcare.

Other: Additionally, materials provided to CAPP grantees via the Media Box were distributed to students in classrooms during May’s Adolescent Pregnancy Prevention Month. Flyers, brochures, etc. were made available to teachers and parents.

**Feedback.....**Feedback on effectiveness was elicited through Board involvement, youth and adult advisory councils, and the community advisory committee.

**Effectiveness Score.....10** The effectiveness score for this community program was reported as 10 out of 10. There continues to be an overwhelmingly positive response to the STAIR STEPS program.

**Number of Youth Served**

Indirectly: estimated at 35,000

Directly: 3,068

**Grants Distribution and Development**

The Eastern Iowa Prevention Initiative did not distribute funds to area agencies nor did they apply for any additional funds during the past year.

**Prevention Programs**

The YPN and PPECI offered three pregnancy prevention programs during the past year. One included parent involvement.

**Young Parents Network Pregnancy Prevention Programming**

YPN's Pregnancy Prevention Program focuses on the development of life skills including communication, decision making, goal setting and personal accountability. Interactive activities are utilized to help youth look at decisions teens make about sex, the financial realities of parenting, ways to assertively refuse pressure and what it takes to be a parent. Educators challenge youth to think about when parenting would best fit into their lives. Lessons focus on building and/ or enhancing skills to help support youth in attaining life goals.

The program is also focused on bridging communication between youth and their parents or a trusted adult. Activities that promote healthy dialogue between youth and adults are provided as well as Parent Resource Binders. These binders incorporated tools that guide parents with options of how to handle difficult questions as well as guide parents with what may or may not be appropriate for a child to know based upon their age/development. During the past year, 1180 youth between the ages of 12 and 19 were served.

**Planned Parenthood Pregnancy Prevention Program**

Planned Parenthood provides programs that cover information on birth control and effectiveness rates, emergency contraception, STI's and HIV/AIDS. Teens learned where they can go for confidential, low-cost birth control or what to do if they have had unprotected intercourse. During the past year, 553 youth between the ages of 12 and 19 were served.

### Stair Steps Program

Stair Steps is a unique ten lesson series that addresses four primary focus areas: 1) information, 2) attitudes, values, and insights, 3) relationships and interpersonal skills, and 4) responsibility. The program is delivered by prevention educators of Planned Parenthood and Young Parents Network. This program is incorporated into existing programs and adapted for either middle school or high school youth. Of 1888 youth who participated this past year, 950 (50.3%) completed an evaluation questionnaire. A 30% sample yielded 288 student evaluations that were included in the analysis.

Respondents were evenly split between males (50.7%) and females (49.3%). Most students identified themselves as White (81.8%) while other students identified themselves as Multiracial (7.3%), African American (5.6%), Hispanic/Latino (2.4%), Asian (2.1%), or American Indian (0.7%). The ages of respondents ranged from 12 to 17 with an average of 13.8 years, while the median grade was 8.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 5D: Eastern Iowa Pregnancy Prevention Initiative YPN Pregnancy Prevention:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I feel more strongly that I want to postpone sex in the future	7.3%	38.5%	54.2%	1.47
I know the importance of talking to a partner about sex	2.1%	28.1%	69.8%	1.68
I am more likely to think that both sex partners should share responsibility for decisions about birth control	1.7%	25.3%	72.9%	1.71
I am more likely to decide my life goals and plan for them	4.9%	37.4%	57.7%	1.53
I understand how my decisions about sex can change my future	2.1%	17.4%	80.5%	1.78
I know more about the dangers of sexually transmitted diseases and AIDS	1.7%	27.8%	70.5%	1.69
I know how I can avoid an unwanted pregnancy	2.8%	25.8%	71.4%	1.69
I better understand the responsibilities of raising a child	6.3%	25.7%	68.1%	1.62

The average responses to content items ranged from 1.47 to 1.78. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On all of the questions, half or more of the students indicated they had learned “A lot more.” The item with the highest average response was “I understand how my decisions about sex can change my future.”

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the following table.

**Table 5E. Eastern Iowa Pregnancy Prevention Initiative YPN Pregnancy Prevention:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
The information I got helped answer questions I had	4.5%	22.2%	73.3%	1.69
The presentation helped me to think about my future goals	5.9%	18.8%	75.3%	1.69
I feel more focused on the goals of my life	5.6%	28.2%	66.2%	1.61

The mean responses for the three presentation items were all very similar ranging from 1.61 to 1.69. This indicates that, on average, the students were positive about the presentations. A majority of the students agreed that the information they got helped answer the questions they had; the presentation helped them to think about their future goals; and they felt more focused on the goals of their lives.

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was “What were some of the activities of this program that you liked the best?” Most of the respondents indicated they most liked the games (Jeopardy, Price is Right, etc.) Other comments included: “Working in groups,” “Stair Steps to dating and friendship,” “Doing the posters and learning about the diseases,” “I liked all of them because they were all hands-on activities,” “Talking about future goals,” “The parent panel and protection presentation,” “Learning about birth control,” and “The class discussion helped a lot on questions.” The second item was “How could this program be changed to be more helpful to others your age?” Many students felt the program was fine the way it is. Others suggested: “Explain big words,” “More videos or visual aids with information on STDs,” and “Less lecture and different people some of the time.” The third item was “What part of this program was most helpful to you?” Student responses included, “All of it. I learned new things and reviewed some things,” “The facts and realistic stories,” “Going through the situations and seeing what you could and should do,” “All of the stuff on STIs, contraception and the cost of babies,” “Talking about how it can change your life,” “Prevention of pregnancy and Stair Steps to the future,” and “The discussions.”

## **Intervention Programs**

The YPN provided three intervention programs during this grant year. These programs together served 160 pregnant or parenting teens aged 19 and under who were recruited through local physicians offices, WIC clinics, word of mouth, and DHS referrals.

### **Prenatal Information and Support Programming**

Young Parents Networks Prenatal program is designed to provide pregnant teens and their support person prenatal information, understanding and support. Participants may attend whether they plan to parent or make an adoption plan for the goal is to promote healthy pregnancies and the birth of health babies. The program is divided into separate groups according to the stage of pregnancy. An early, mid, and late stage pregnancy group is established so that participants can obtain information appropriate to the stage of pregnancy as well as the support of others similar in age experiencing some of the same changes and challenges. Items discussed include but are not limited to nutrition and weight gain, fetal growth and development, emotional support and communication, relationships, and childbirth education.

### **Moms Information and Support Programming**

Young Parents Networks young moms program provides parenting information and support for young mothers with the primary purpose of assisting them in developing parenting skills and a healthy parent/child relationship. The program also encourages responsible attitudes and behaviors toward the parenting role and supports the young mothers during the development of her self-identity. The moms program is divided into separate groups according to the age of their child. A newborn, infant, toddler, and preschool group is established so that participants can obtain information appropriate to the development and age of their child, as well as to obtain support of others similar in age experiencing some of the same changes and challenges that parenting involves. Items discussed include but are not limited to age appropriate expectations, child development, child nutrition, health care for your child, healthy relationships, financial planning/budgeting, decision making and goal setting, pregnancy prevention, decision making and goal setting.

### **Dads Information and Support Programming**

Young Parents Networks young dads program provides parenting information and support for young fathers with the primary purpose of assisting them in developing parenting skills and a healthy parent/child relationship. This program also encourages responsible attitudes and behaviors toward the parenting role and supports the father during the development of his self-identity.

The dads program enables young fathers to meet other young fathers to share in the joys and frustrations of parenting, and learn decision making, goal setting and communication skills. Items

discussed include but are not limited to child development, health, nutrition, family planning, stress, employment, and continuing education.

Evaluations from the EIPPI intervention programs were not separated by program. Of those teens who participated, 12 completed evaluation questionnaires. All of these evaluations were included in the analysis. (These programs also served an additional 632 moms and dads over the age of 19, but no evaluations were received from this age group.)

### **Demographics**

Questionnaire results indicate that almost all of the 12 respondents were female (11, 91.76%), although 1 male did respond (8.3%). The majority identified themselves as White (11, 91.7%) while one was African American (8.3%). Ages of respondents ranged from 15 to 19, with an average age of 17.4. Nine of the respondents (75.0%) were enrolled in school, and the last grade completed ranged from 7<sup>th</sup> grade to 12<sup>th</sup> grade, with a median completed grade of 11. Regarding marital status, 11 (91.7%) of these teens were single, and one was divorced/separated.

When asked about employment, seven (63.87%) indicated they were unemployed, one worked part-time (9.1%), and three (27.3%) were employed full-time. The largest portion of teens lived with their parents (7, 58.3%). Others lived with a boyfriend or girlfriend (2, 16.7%), one (8.3%) lived on their own, and two (16.7%) lived with other relatives. Many (10, 83.3%) had one child, while the remaining (2, 16.7%) had two children at the time they completed the questionnaire. Ten of the respondents (83.3%) entered the program while they were pregnant, and one had become pregnant while in the program. Seven responding teens (63.6%) were using birth control at the time they completed the questionnaire.

Length of participation in the program ranged from one to 36 months, with an average of 10.9 months. Reasons given for joining the program often mentioned that the teen wanted to learn more about parenting. Other reasons included "Because of DHS," "I had to because I was on FIP; I stayed because I enjoyed it," and "Friends told me about it."

### **Decision Making/Goal Setting**

The first set of Life Domain items dealt with making decisions and setting goals. Responses to these three items are found in the following table.

**Table 5F: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to decision making/goal setting items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I have a definite plan to continue my education (college or technical school) after high school	.0%	27.3%	72.7%	1.73
I have a definite plan to find a job after high school	.0%	12.5%	87.5%	1.88
I feel good about the decisions I have made about my future	.0%	9.1%	90.9%	1.91

Average responses to the questions ranged from 1.73 to 1.91. This indicates that respondents felt that they had gained a great deal in their ability to make educational plans and decisions for themselves and their children. They were particularly positive about the decisions they have made about their future with 91% indicating they felt a lot better about these decisions.

**Health Care**

The next set of items dealt with health care needs of the parent and her or his child. Responses to the three items are found in the table below.

**Table 5G: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to health care items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I know more about taking care of myself physically, mentally and emotionally	8.3 %	33.3%	58.3%	1.50
I have a better understanding of the need for good prenatal care	.0%	20.0%	80.0%	1.80
When my baby needs routine medical care, I am more likely to use a regular medical clinic than the emergency room	.0%	36.4%	63.6%	1.64

Average responses to the questions ranged from 1.50 to 1.80. This indicates that respondents felt that they had gained a good deal in their ability to care for their own and their child's health. They were most positive about their increased understanding of the need for good prenatal care, with 80% responding that they understand "A lot more."

**Birth Control**

The next set of items dealt with birth control knowledge and intentions. Responses to the three items are found in the following table.

**Table 5H: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to birth control items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I feel more comfortable choosing a birth control method that is best for me	10.0%	40.0%	50.0%	1.40
I will use a birth control method more consistently to prevent a pregnancy	11.1%	11.1%	77.8%	1.67
I feel more strongly that I want to wait to have another baby	.0%	11.1%	88.9%	1.89

Average responses to the questions ranged from 1.40 to 1.89. This indicates that respondents felt that they had gained a good deal in understanding and planning to use birth control. They were particularly positive about feeling more strongly that they want to wait to have another baby, with 89% indicating “A lot more.”

### **Parenting**

The next set of items dealt with knowledge and confidence in parenting. Responses to the four items are found in the table below.

**Table 5I: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to parenting items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I have a better understanding of what a child needs as it grows	.0%	16.7%	83.3%	1.83
I have a better understanding of what skills I need to be a good parent	.0%	33.3%	66.7%	1.67
I have a better understanding of the responsibilities of being a good parent	.0%	16.7%	83.3%	1.83
I feel more confident about caring for my child	.0%	.0%	100.0%	2.00

Average responses to the questions ranged from 1.67 to 2.00. This indicates that respondents felt that they had gained a great deal in understanding parenting. They were most positive about feeling confident in caring for their child with 100% indicating “A lot more” confident.

### **Life Skills**

The next set of items dealt with financial management and independent living. Responses to the three items are found in the table below.

**Table 5J: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to life skills items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I am better able to make good financial plans for myself and my child	.0%	18.2%	81.8%	1.82
I know more about how to live on my own with my child	.0%	55.6%	44.4%	1.44
I am more confident about my ability to seek a job	.0%	37.5%	62.5%	1.63

Average responses to the questions were 1.44 and 1.82. This indicates that respondents felt that they had gained a good deal in their ability to manage their own lives and finances. Respondents were most positive about their ability to make good financial plans for themselves and their child with 82% indicating “A lot more.”

**Relationships**

The next set of items dealt with relationships and support networks. Responses to the two items are found in the table below.

**Table 5K: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to relationship items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I know more about what a healthy relationship means	.0%	27.3%	72.7%	1.73
I have a strong network of friends to rely on for social and emotional support	.0%	27.3%	72.7%	1.73
I am better able to discuss issues with my child’s other parent.	20.0%	40.0%	40.0%	1.20

Average responses to the questions ranged from 1.20 to 1.73. This indicates that respondents felt that they had gained a good deal in their understanding of and creating healthy relationships. They were similarly positive about having a strong network of friends on whom to rely for social and emotional support, and knowing more about what a healthy relationship means with 73% indicating “A lot more.” Still, 20% of respondents were not better able to discuss issues with their child’s other parent.

**Self Esteem**

The next set of items dealt with participants’ feeling about themselves. Responses to the two items are found in the following table.

**Table 5L. Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to self esteem items**

<b>Item</b>	<b>Not at all</b>	<b>A little more</b>	<b>A lot more</b>	<b>Mean</b>
I feel better about myself	.0%	54.5%	45.5%	1.45
I am more aware of my special qualities & talents	9.1%	54.5%	36.4%	1.27
I am less likely to think that I need a partner to feel good about myself.	11.1%	22.2%	66.7%	1.56

Average responses to these questions on self-esteem ranged from 1.27 to 1.56. This indicates that respondents felt that they had gained some in their feelings of confidence about themselves. Two thirds of respondents were a lot less likely to think that they needed a partner to feel good about themselves.

**Program Assessment**

The final section of the questionnaire asked teen parents to evaluate their experience in the program. Responses to the three items on group meetings are found in the table below.

**Table 5M. Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to group meeting items**

<b>Item</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
The group meetings helped me to better understand how to take care of myself and my baby	.0%	25.0%	75.0%	1.75
I learned a lot about responsibility and making good choices by attending meetings in this program	.0%	16.7%	83.3%	1.83
The leader of the group were supportive of me	.0%	8.3%	91.7%	1.92

Average responses to these questions on group meetings were 1.75 and 1.92. Respondents felt that they had gained a great deal from the group meetings. They were most positive about the group leader, with nearly all of the respondents (92%) agreeing that the group leader was supportive of them.

Teen parents were also asked to respond to questions about their one-on-one activities within the program. Responses to the three items on these activities are found in the table below.

**Table 5N: Eastern Iowa Pregnancy Prevention Initiative Intervention Programs:  
Summary of responses to one-on-one activity items**

Item	Disagree	Unsure	Agree	Mean
The staff person (people) I worked with helped me to better understand how to take care of my self and my baby	.0%	16.7%	83.3%	1.83
I learned a lot about responsibility and making good choices by talking with staff in the program	.0%	25.0%	75.0%	1.75
The program staff were supportive of me	.0%	8.3%	91.7%	1.92

On average, respondents felt that they had gained a great deal from the one-on-one activities. Average responses ranged from 1.75 to 1.92. Respondents were most positive about program staff, with the majority (91.7%) indicating agreement that the program staff were supportive of them.

Participants were also asked to respond to three open-ended questions about the program and what they had learned. When asked “What part of this program was most helpful to you?” representative responses included “Being around other young parents that I can relate to,” “Having supportive people around me,” “ Learning how to take better care of my son,” and “Talking about stress and ways to prevent it.” When asked “The best reason for me to wait to get pregnant again is...”responses included: “Because one is enough at the moment,” “I’m happy with my family right now and I want to finish college,” and “Finance issues.” When asked, “How could this program be changed to be better for other teens?” Some suggested: “I think more people should be able to hear about it,” “I think we could talk in group more about what’s going on in our lives,” and “More age related stuff about our kids.”

**East Central Iowa APP Council  
Hope for Tomorrow**

Planned Parenthood of East Central Iowa brought together human service, education and community interest groups to form this initiative, addressing needs related to teen pregnancy prevention and parenting. The 2000 census population and 2005 population estimates for the counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 6A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Clinton	2000	3,827	3,714	50,149
	2005 est.	3,246	3,415	49,717
Delaware	2000	1,605	1,536	18,404
	2005 est.	1,362	1,352	18,025
Jackson	2000	1,583	1,498	20,296
	2005 est.	1,388	1,374	20,335

The following table presents the proportion of total live births as compared to live births to teen mothers in this three county area for 2006, derived from data provided by the Iowa Department of Public Health Center for Health Statistics. For this first year grantee, this percentage will be considered a baseline point of reference. Future evaluations will plot the progress this grantee makes in its efforts to decrease the current rate. (The statewide percentage for Iowa for 2006 is 8.7%)

**Table 6B: Births to adolescents as a percentage of all births**

County	2006
Clinton	13.5%
Delaware	5.6%
Jackson	11.8%
<b>Over the 3 counties</b>	11.6%

Iowa Department of Human Services APP grant funding for this site began in 2006. In 2006-2007, DHS provided grant funds of \$93,007; in-kind funding totaled \$2,500. Sources of in-kind funding included Gateway United Way and Planned Parenthood of East Central Iowa through contributions to salaries, fringe benefits, and postage.

The original grant goals and objectives of the East Central Iowa Adolescent Pregnancy Prevention Council - Hope for Tomorrow are:

#### GOALS

- Build and maintain effective pregnancy prevention activities coordinating and collaborating with substance abuse and domestic violence partners for enhanced impact.
- Empower teens, especially those in rural areas to postpone sexual activity and to assume responsibility through access to comprehensive sexuality information in interactive programs.
- Enhance the ability of parents to communicate with their teens about sexuality by providing training, support and information, giving special attention to parents in rural areas.
- Encourage youth at higher risk in healthy life choices to improve life outcomes.

#### OBJECTIVES

- Participant evaluations, administered after every presentation, will demonstrate that 98% of students have learned “a little more” to “a lot more” about decision making and responsibility regarding STIs, pregnancy and teen parenthood.
- Comprehensive sexuality education will be provided for Clinton, Jackson and Delaware County teens, including higher risk teens.
- At least 5 parent/child communication classes will be held to assist parents in dealing with sexuality issues with their daughters.
- A Teen Success group for pregnant and parenting teens will be implemented in one new county to prevent subsequent pregnancies.
- Teen Success participants will show lower than national average rates of subsequent pregnancy.
- An advisory board will demonstrate involvement of parents and other community leaders with regard to the sexuality health education needs of area teens.
- Programming will be available in both un-served and underserved areas

The following sections contain descriptions of the community and prevention aspects designed to address these goals.

### **Community Efforts**

#### **Staffing Patterns and Activities**

A total of 1.75 FTE's were responsible for administrative functions along with prevention and intervention programming sponsored by the CAPP grant agencies, in addition to a part-time hourly child care provider. These staff served on two community boards/councils including the Council of Social Agencies and the Clinton Co. Board of Health High Risk Pregnancy Task Force.

### Consortium Membership and Activities

Activities of the consortium are found in the table below.

**Table 6C: Hope for Tomorrow ECIPPC: Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	quarterly
Number of meetings in last grant year	2
Agencies/groups represented	7
Teen/teen parent members	1
Committees active during this year	0

Although this grantee does not have an adolescent pregnancy prevention coalition in their area, the Clinton County Board of Health has a High Risk Pregnancy Task Force whose purpose is to prevent teen pregnancy and work to reduce risk factors. This group met two times during the past grant year with seven agencies/groups represented including one teen member.

This group was difficult to convene, and attendance was poor, making it hard to engage the group. Personalities were divergent, and some members appeared to have a strong abstinence agenda. These diverse opinions tended to interfere with a good flow of sharing and discussion. New members will be sought during the upcoming year with a goal of meeting more frequently. Blending of this group with the High Risk Pregnancy Task Force will be considered.

### Community-Wide Prevention Campaign

**Schools.....(15)** Staff at Women’s Health Services in Clinton worked diligently to provide information on programming available and schedule presentations in the schools at all levels, elementary, junior high and high school. Schools were given the opportunity to choose the desired focus, primarily behavior and decision making, teen pregnancy information and STIs. School contacts were encouraged to have a question box in which students could submit questions anonymously that would be addressed with the entire group. The “10 Steps” program was utilized at all three levels, with age appropriate and interactive presentations.

**Recreation Programs.....** No involvement with these groups as yet, but plans were explored and the YWCA has shown interest in parent presentations to be held in late summer.

**Social Service/Youth serving agencies.....(1)** The health educator worked with persons with disabilities at Community Care providing repetition and low-key terms appropriate for this population. A great deal of time was spent on pregnancy and prevention, risky behavior, STIs and prevention, sexual decision making, birth control, and what to think about before having sex.

Many activities were included in an effort to make a memorable experience. Many pictures and graphics were used to assist them in understanding complex concepts, such as types of touch (fair, sometimes fair, & never fair touch), and different ways that STI's are exhibited.

**Community Events.....(2)** Staff participated in two health fairs for women during the past year which offered displays of services available through Women's Health Services. Facilitators and participants attended the Women's Health and Lifestyle Fair while PPECI sponsored a Teen Success team for Walk America and volunteered time to the March of Dimes.

**Health Centers/Clinics.....** Women's Health Services, a non-profit family planning provider, was the sub-grantee, so there was close contact and interchange of information, training of health educator, some supervision of health educator. PPECI was a close collaborator in the training of educators and facilitators. Some training of personnel occurred at PPECI and some at WHS under the Program Manager, PPECI Director of Education.

**Media.....**During the past year, an article on May-National Teen Pregnancy Prevention Month was submitted to the newspaper. In addition, pamphlets were developed describing the 10-Step program, and a variety of teen pregnancy prevention related pamphlets were sent to the schools for distribution.

**Feedback.....**Posttests were administered in several schools and pretests in one. Questionnaires were also given to classroom teachers for their input and comments.

**Effectiveness Score.....7 out of 10** For this new program, it was a building year. The number of classes taught was less than anticipated. Though the program struggled to find the best venue for the Teen Success program, they found a winning combination in the collaboration with Lincoln School in Clinton was established. Participants attended school in the building and had their children in daycare in the building, making for easy transitions into the after school programming. The Health Educator felt she learned a lot this past year and hopes to get into more schools, more classrooms, and groups in the community. With her open and creative personality, she relates well with the students who often seek her out for quiet discussions and advice. Students have been very positive about her teaching style.

**Number of Youth Reached**

Indirectly: unable to estimate                      Directly: WHS: 1,716    PPECI: 48    Total: 1,764

**Grants Distribution and Development**

The Hope for Tomorrow program did not distribute monies to area agencies this past year, nor did they apply for funding in addition to their DHS grant.

## **Prevention Programs**

The ECI APPC Hope for Tomorrow group reported on one pregnancy prevention program that was offered during the grant year, serving youth aged 9 to 19 years in 59 presentations of the full curriculum. Parental involvement was part the program.

### **The Ten Steps Program**

This program targets not only sexuality issues but also focuses on the underlying causes of teen pregnancy and STIs while building the life skills of personal accountability, goal setting, decision making, communications, and self esteem. It is important for youth to receive positive messages about sex from many different sources. The “10 Steps” program consists of 10 lessons with topics such as: self-expression, decision making, healthy/unhealthy relationships, abstinence, STIs, pregnancy prevention, reproductive health care, communication skills, birth control, and parenting. This program is incorporated into existing programs and adapted for either middle school or high school youth. Of the 1,666 youth who participated this past year, 68 (4.0%) completed an evaluation questionnaire, all of which were included in the analysis.

The first section of the evaluation questionnaire asked for some demographic information. Half of the respondents (50%) were male, half female. Ninety-six percent of the students identified themselves as White, while others described themselves as Multiracial (2.9%) or African American (1.5%). Ages of respondents in the sample ranged from 13 years to 17 years with an average of 14.5 years; the median grade was 8.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 6D: East Central Iowa APP Council Hope for Tomorrow: 10 Steps  
Summary of responses to content items**

<b>Item</b>	<b>Not At All</b>	<b>A Little More</b>	<b>A Lot More</b>	<b>Mean</b>
I feel more strongly that I want to wait to have sexual intercourse in the future	8.8%	52.9%	38.2%	1.29
I know the importance of talking to a partner about sex	1.5%	23.5%	75.0%	1.74
I am more likely to think that both sex partners should share responsibility for decisions about birth control	4.4%	23.5%	72.1%	1.68
I am more likely to decide my life goals and plan for them	4.4%	33.8%	61.8%	1.57
I understand how my decisions about sex can change my future	.0%	17.6%	82.4%	1.82
I know more about the dangers of sexually transmitted diseases and AIDS	.0%	19.1%	80.9%	1.81
I know how I can avoid an unwanted pregnancy	.0%	22.4%	77.6%	1.78
I better understand the responsibilities of raising a child	5.9%	38.2%	55.9%	1.50

The average responses to content items ranged from 1.29 to 1.82. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. The item with the highest average response was "I understand how my decisions about sex can change my future," closely followed by "I know more about the dangers of sexually transmitted diseases and AIDS."

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 6E: East Central Iowa APP Council Hope for Tomorrow: 10 Steps  
Summary of responses to presentation items**

Item	Disagree	Unsure	Agree	Mean
The information I got helped answer questions I had	.0%	19.1%	80.9%	1.81
The presentation helped me to think about my future goals	2.9%	22.1%	75.0%	1.72
I feel more focused on the goals of my life	5.9%	25.0%	69.1%	1.63

The mean responses to the presentation items ranged from 1.63 to 1.81. This indicates that, on average, the students were very positive about the presentations. The highest rating was for the item "The information I got helped answer questions I had."

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked: "What are some of the activities that you liked best? Many students mentioned they liked the skits and games the best. Other comments included: "Getting involved in the activities," "Talking as a group and the breast exam," "Talking about diseases," and "She let us ask any question without feeling stupid." The second item was: "How could this program be changed to be more helpful to others your age? Some students felt the program was fine as it is. Other suggested: "Show what's going on in my age group around here," "More time," "Explain more," and "More about teen pregnancy." The third item was: "What part of this program was most helpful to you? Representative responses included: "The movies and pictures," "How to say NO," "The diseases and how they spread," and "The openness of the speaker."

### **Intervention Programs**

This past year, Hope for Tomorrow offered the Teen Success Program providing group sessions where pregnant and parenting teens worked towards finishing high school/GED, investigated or gained tertiary education and learned the advantages of and how to maintain family size. Young people were taught and encouraged to find ways to identify and access scholarships for further studies, and were offered opportunities to develop new skills and behaviors as well as instruction on goal setting. During this past year, 48 pregnant or parenting teens living in this area were served .

## Greene and Carroll Counties for APP

Six agencies that work with teens and preteens in this area came together to discuss collaborating to reduce the number of adolescent pregnancies occurring in these two counties. The 2000 census population and 2005 population estimates for the counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 7A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Carroll	2000	1,775	1,723	21,421
	2005 est.	1,432	1,522	21,034
Greene	2000	798	779	10,366
	2005 est.	678	667	9,963

The following table presents the proportion of total live births as compared to live births to teen mothers in Scott County for 2006, derived from data provided by the Iowa Department of Public Health Center for Health Statistics. For this first year grantee, this percentage will be considered a baseline point of reference. Future evaluations will plot the progress this grantee makes in its efforts to decrease the current rate. (The statewide percentage for Iowa for 2006 is 8.7%.)

**Table 7B: Births to adolescents as a percentage of all births**

County	2006
Carroll	7.3%
Greene	7.0%
<b>Over the 2 counties</b>	7.2%

Iowa Department of Human Services APP grant funding for this site began in 2006 with six agencies participating in the grant application. In 2006-2007, DHS provided grant funds in the amount of \$95,000; however, the Coalition released \$45,000, bringing their total to \$50,000 for this year. In addition, the program received in-kind funds totaling \$2,500 that were provided by schools and collaborating agency staff.

As stated in the original grant proposal, the project goals and objectives of Greene and Carroll Counties for Adolescent Pregnancy Prevention are: to develop a comprehensive community adolescent pregnancy prevention program serving the communities and schools in Carroll and Greene Counties by...

- Expanding on the established school-based youth services program in the Jefferson Scranton Schools by providing education to the 9<sup>th</sup>-12<sup>th</sup> grades
- Establishing a pregnancy prevention program in the East Greene and Paton-Churdan Schools Districts in Greene County
- Establishing a pregnancy prevention program in the Glidden-Ralston School District
- Provide community education regarding teen risks and behaviors
- Doing future planning regarding expanding school based education to all school districts in Carroll County.
- Exploring the need for expanding services in future years for pregnant or parenting teens.

The following sections contain descriptions of the community, prevention and intervention aspects designed to address these goals.

### **Community Efforts**

#### **Staffing Patterns and Activities**

Two staff members administered and staffed the activities sponsored by the APP grant agencies for a total of 0.8 FTE. These activities primarily included programming at area schools.

#### **Consortium Membership and Activities**

Activities of the Adolescent Pregnancy Prevention Program Advisory Committee, the CAPP consortium in this area, are found in the table below.

**Table 7C: Greene and Carroll Co. for APP: Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	quarterly
Number of meetings in last grant year	1
Agencies/groups represented	15
Teen/teen parent members	0
Committees active this year	0

Dealing with the hiring of a program coordinator, this community consortium met just once during the past grant year with 15 agencies represented. No teens or subcommittees were involved or active this year.

The Advisory Committee was active through the planning process, but during this fiscal year they struggled with the hiring of a program coordinator. Once the Coordinator was in place, they held one Advisory Committee meeting. Meetings will be held quarterly during FY 2008.

### **Community-Wide Prevention Campaign**

The Coalition worked directly with eight schools at the elementary, junior high, and high school levels, reaching 474 youth through prevention programming. In the community, they sponsored the annual youth dance at the Green County Fair and were able to display promotional and educational materials providing handouts to youth who participated. Approximately 180 youth attended this dance.

The Coalition reported a community-wide effectiveness score of 0 out of a possible high of 10 since, other than the dance, they did not hold any community-wide prevention activities this past year. With a program coordinator now on-board, discussion and planning should increase.

### **Number of Youth Reached**

Indirectly: not applicable

Directly: 654

### **Grants Distribution and Development**

No grant funds were distributed to area agencies during this grant year, nor did the Coalition apply for additional funding.

## **Prevention Programs**

The Greene and Carroll Counties for APP reported on six pregnancy prevention programs that were offered this grant year. Abstinence was the primary focus of two of the programs, and one of them included parent involvement. Evaluation questionnaires were returned for two of the programs: It Takes Two and Parents and Kids Together. Descriptions of programs are listed in order of the number of youth served, starting with the program that served the most youth.

### **STD's and Contraceptive Education**

Focusing on sexually transmitted diseases, contraceptives, and abstinence, this program served 265 youth aged 13 to 18 this past year with eight presentations.

### **It Takes Two**

It Takes Two is a science-based teen pregnancy prevention curriculum emphasizing abstinence and focusing on dating/relationships, parenting, and decision-making. The information presented is factual and not intended to pass moral judgment, stressing the importance of communication and really getting to know someone before a romantic relationship develops. During the past year, three presentations of the 4-session program were made to 87 youth aged 13 to 16. All of those who participated (100%) completed an evaluation questionnaire, and all of these forms were included in the analysis.

The first part of the questionnaire asked respondents to complete demographic information. As the results indicate, half of the respondents (50.0%) were female. Most students identified themselves as White (89.7%) while other students described themselves as Multiracial (5.7%), American Indian (3.4%) or Hispanic (1.1%). The ages of respondents ranged from 13 years to 16 years, with an average age of 13.9. Eighth grade was the median grade.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 7D: Greene and Carroll Co. for APP It Takes Two:  
Summary of responses to content items**

<b>Item</b>	<b>Not At All</b>	<b>A Little More</b>	<b>A Lot More</b>	<b>Mean</b>
I understand more about why I should wait to have sex with someone	7.0%	33.7%	59.3%	1.52
I know the importance of talking to a partner about sex	4.3%	17.0%	78.7%	1.74
I am more likely to think that both sex partners should share responsibility for decisions about birth control	.0%	19.1%	80.9%	1.81
I am more likely to decide my life goals and plan for them	2.1%	29.8%	68.1%	1.66
I understand how my decisions about sex can change my future	.0%	29.1%	70.9%	1.71
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	6.4%	25.5%	68.1%	1.62
I know more about the costs of unwanted pregnancy	2.1%	38.3%	59.6%	1.57
I am more aware of my unique qualities and talents	2.1%	29.8%	68.1%	1.66

The average response to content items ranged from 1.52 to 1.81. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On all of the items, 60% or more of the students reported they had learned “A lot more.” The item with the highest average response was: “I am more likely to think that both sex partners should share responsibility for decisions about birth control.”

The third section of the questionnaire dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 7E: Greene and Carroll Co. for APP It Takes Two:  
Summary of responses to presentation items**

<b>Item</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
The presentation helped me to think about my future goals	.0%	.0%	100.0%	2.00
The information I got helped answer questions I had	.0%	4.3%	95.7%	1.96
I felt comfortable asking the presenter questions I had	.0%	23.4%	76.6%	1.77

The mean responses to the three presentation items ranged from 1.77 to 2.00. This indicates that, on average, the students were very positive about the presentations. The highest ratings were for the items: “The presentation helped me to think about my future goals,” and “The information I got helped answer questions I had.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked: “The part of this program I liked best was...” The general consensus of the respondents was “The games, especially Price is Right and Wild Fire.” The second question was: “This program could be more helpful to teens if..” Some students felt the program was fine as it is. Other responses included: “If the movie was better,” and “They would do this sooner because a lot of people have already had sex.” The third item asked: “What part of this program was most helpful to you?” Many students indicated that all of the program was helpful. A few students offered the following comments: “Learning about how much babies cost,” “Five stages of a healthy relationship,” and “Finding out more about STDs.”

### **Puberty Education**

This program focused on puberty and body changes. One presentation was made this past year to 38 ten- to thirteen-year olds.

### **Peer Leadership**

Two presentations focusing on choices and decisions were made this past year to 35 thirteen- and fourteen-year-olds.

### **Parents and Kids Together**

This program assists parents in giving a “wait” message with regard to their child’s sexuality. Factual information is given in the classroom and values are left to the parent/child discussions. Since sexuality education has been shown to be most effective when parents are involved, there is a home activity following each classroom lesson. The home activities are designed to offer parents the opportunity to reaffirm their values, beliefs and expectations regarding sexuality. During the past year, 25 student participated in this program. Of these participants, 16 (64.0%)

completed an evaluation form, all of which were used in the analysis. Results of this analysis should be used with an understanding of the limitations of the small number of respondents.

Demographic information requested in the first section of the questionnaire showed that more males (10, 62.5%) than females (6, 37.5%) completed the evaluation forms. Many of the students (12, 75.0%) described themselves as White, while others indicated they were American Indian (2, 12.5%), Hispanic (1, 6.3%), or Multiracial (1, 6.3%). Ages of participants ranged from 11 to 13 with an average age of 11.9. All respondents were in the 6<sup>th</sup> grade.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 7F: Green and Carroll Co. for APP Parents and Kids Together:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I have more skills to resist pressure to have sex	6.3%	43.8%	50.0%	1.44
I feel more comfortable asking questions of my parents or other trusted adults about sex	62.5%	37.5%	.0%	.38
I know more about the dangers of sexually transmitted diseases and AIDS	.0%	25.0%	75.0%	1.75
I feel confident about the decisions I make	.0%	37.5%	62.5%	1.63
I know more about the consequences of having a baby as a teenager	.0%	6.3%	93.8%	1.94
I understand how my decisions about sex can change my future	.0%	43.8%	56.3%	1.56
I know more about how the body changes during puberty	.0%	43.8%	56.3%	1.56
I understand more about why I should wait to have sex with someone	.0%	37.5%	62.5%	1.63

The average response to content items ranged from 0.38 to 1.94. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On seven of the eight content items, half or more of the students reported they had learned “A lot more.” However, one item had a much less positive response: over 60% of those responding did NOT feel more comfortable asking questions of their parents or other trusted adults about sex. The item that had the highest average response was “I know more about the consequences of having a baby as a teenager.”

The third section of the questionnaire dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 7G: Green and Carroll Co. for APP Parents and Kids Together:  
Summary of responses to presentation items**

<b>Items</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
It is easier to talk with my parents about sex since we did the homework activities together	31.3%	50.0%	18.8%	.88
I have a better understanding of what my parents values are regarding sex	.0%	62.5%	37.5%	1.38
The teacher (presenter) made it easy for me to ask questions	18.8%	25.0%	56.3%	1.38

The mean responses to the three presentation items ranged from 0.88 to 1.38. This indicates that, on average, the students only somewhat positive about the presentations. The highest rating was for the item “I have a better understanding of what my parents values are regarding sex.”

The other two presentation items showed a less positive response. Over 30% of those responding disagreed that it is easier to talk with their parents about sex since they did the homework activities together, and nearly 20% of respondents disagreed that the presenter made it easy for them to ask questions.

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked: “The most helpful part of this program was...” Student responses included: “Talking about puberty and sex,” “Everything,” and “Learning about STIs.” The second question was: “How could this program be changed to be more interesting to other persons your age?” Some responses included: “More time to do the activities,” “Have longer sessions,” and “It doesn’t need any changes.” The third item asked: “The part of this program I liked the best was..” A few students responded with the following comments: “Learning about the diseases,” “Learning about everything we learned,” “The movie,” and “To communicate with my Mom.”

**Choices**

As the title indicates, this program helps educate youth on making healthy choices. During the past year, one presentation was made to 24 youth aged 13 and 14 years.

## Guthrie County Community Partnership

Panorama Community Schools formed the Guthrie County Community Partnership to address teen pregnancy in their area. Panorama Community Schools has been an APP grantee since 1995. The 2000 census population and 2005 population estimates for the four counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatecenter.org/>.

**Table 8A: County youth and total population**

County	Year	Age 10-14	Age 15-19	Total All Ages
Audubon	2000	547	459	6,830
	2005 est.	455	464	6,457
Dallas	2000	3,032	2,816	40,750
	2005 est.	3,511	3,159	51,762
Greene	2000	798	779	10,366
	2005 est.	678	667	9,963
Guthrie	2000	774	761	11,353
	2005 est.	712	660	11,547

The following table presents the proportion of total live births as compared to live births to teens, derived from data provided by the Iowa Department of Public Health Center for Health Statistics.

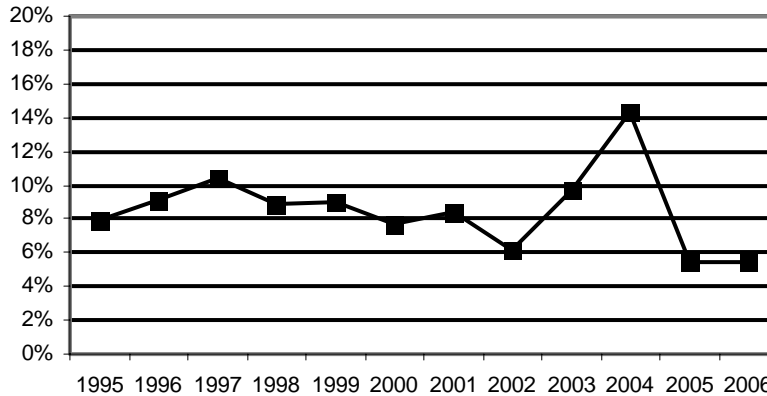
**Table 8B: Births to adolescents as a percentage of all births**

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Audubon	8.0%	9.5%	11.0%	6.9%	4.4%	17.0%	11.5%	12.5%	10.0%	30.4%	6.8%	7.0%
Dallas	6.9%	8.6%	9.5%	9.3%	9.5%	5.7%	7.4%	4.3%	5.4%	7.2%	4.5%	5.4%
Greene	8.9%	6.7%	12.7%	11.8%	13.6%	15.2%	8.9%	11.7%	10.0%	13.0%	11.8%	7.0%
Guthrie	10.7%	13.1%	11.0%	5.7%	5.0%	8.2%	10.4%	8.1%	9.3%	8.5%	5.5%	4.1%
<b>Over the 4 counties</b>	7.9%	9.1%	10.4%	8.9%	9.0%	7.7%	8.4%	6.2%	9.7%	14.3%	5.4%	5.5%

Figure 8 on the following page presents the trend for teen births in the area over the last twelve years. In each year except 2003 and 2004, teen births as a percentage of live births were at or below the state average. (The state average for 2006 is 8.7%.) Teen births across the four counties rose in 1996 and 1997, dropped in 1998, remaining fairly constant overall through 2001, with a drop in 2002, increasing in 2003 and 2004, showing a sizeable decrease to 5.4% in 2005 and maintaining that level, at 5.5%, for 2006. (Audubon County experienced a surge in teen

births in 2004 which greatly affected the percentage of teen births in this four-county area that year.)

**Figure 8: Guthrie County Community Partnership  
4-county area births to adolescents 1995-2006**



The second round of Iowa Department of Human Services APP grant funding for this program began in 1999 with eight agencies and six school districts participating in the grant application. The amount received for 2006-2007 was \$49,469. In addition, \$12,000 of in-kind funding were obtained from New Opportunities, Guthrie County Nursing Services, Greene County Medical Center, Audubon Community Hospital, Family Resource Center, Panora Lions Club, Guthrie County Master Gardeners, Women’s Service Organization, Knights of Columbus, Panorama Community Schools, Women For Panora’s Future, Exira Lutheran Women, Redfield Methodist Church, Guthrie Center UMC, Audubon UMC, Panora Commercial Club, YJB TTT and PJ,s Eats and Treats.

The original goal of the Guthrie County Community Partnership was:

- To develop a comprehensive, multi-pronged community adolescent pregnancy prevention program serving Guthrie County.

The following sections contain a description of the community and prevention aspects designed to address this goal.

## **Community Efforts**

### **Staffing Patterns and Activities**

All program staff members are part-time employees. One individual administered the grant, attended meetings and wrote reports. Two individuals were responsible for all prevention program presentations. These staff members gave 63 presentations to community agencies/organizations during the past year. In addition, they served on two community boards, Guthrie County Local Planning Group and PRIDE – Panora Area Development Group.

**Consortium Membership and Activities**

In addition to the Guthrie County Community Partnership, Communities 4 Children Decategorization Project and FutureNet provided forums for networking and information sharing. Activities of these collaborative groups during the past year are found in the table below.

**Table 8C: Guthrie County Community Partnership:  
Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	Bi-monthly
Number of meetings in last grant year	6
Agencies/groups represented	10-12
Teen/teen parent members	0
Committees active this year	0

The consortium met six times during the part year with ten to twelve agencies represented. No teens participated in consortium meetings nor were any committees active this past year.

Through attendance at FutureNet meetings and conferences as well as attendance at meetings of the Decat Project and the Guthrie County Local Planning Group, the program coordinator keeps abreast of new curricula, networks with members on what programs are available in the schools, and thus avoids duplication of services. The coordinator also keeps aware of community happenings through attendance at PRIDE meetings, a local development group representing business, education and services.

**Community-Wide Prevention Campaign**

***In the schools.....(6)*** The staff of the Guthrie County Community Partnership worked directly this past year with six school districts in Guthrie County at the middle school and high school levels, presenting five different curricular programs and reaching 4817 youth in the county. At the middle school level, staff presented Baby Think It Over to 7<sup>th</sup> graders, It Takes Two to 8<sup>th</sup> graders in five schools, and Peer Leadership training to all 8<sup>th</sup> graders in all six schools. At the high school level, students participated in He Says/She Says programming and heard a speaker for Red Ribbon Week.

***Faith-based collaboration.....(10 churches)*** St. Cecilia’s Knight of Columbus again worked with youth to restore and maintain Resurrection Cemetery. The Exira Christian Church, the Redfield Methodist Church, the Guthrie Center Methodist Church, and the Audubon Methodist Church provided meeting space and meals for the Peer Leadership Program. Church of the Brethren and St. Thomas Lutheran Church in Panora provided meeting space.

**Businesses.....(1)** PJ's East and Treats in Panora provided an ice cream treat to each 6<sup>th</sup> grader who completed all six lessons of Parents and Kids Can Talk About Sexuality.

**Civic Groups.....(6)** Guthrie County Master Gardeners worked with youth on Heritage Park and the Guthrie County Historical Village in Panora and the Guthrie County Fairgrounds. Women's Service Organization organized a tea for senior girls and their mothers. A motivational speaker talked about goals. Panora Lion's Club worked with youth/Christmas decorations, Cub Scouts and the Little League Program. Women For Panora's Future hosted a Halloween Haunted Village and Red Ribbon Week. Panora Commercial Club, again, had youth assist with Camp Candy Cane. YJB TTT provided Rock N Prevention and Red Ribbon Week Speaker.

**Other organizations.....** FCCLA is a family, school, and community based organization open to students through grade 12 who have taken a course in family and consumer sciences. This grant has supported leadership activities at the FCCLA State Leadership Conference held March 26-28, 2007 and at the FCCLA State Leadership Workshop held June 14-15, 2006. Partial funding was provided to the FCCLA (Family Career and Community Leaders of America) for speakers on motivation, self-esteem, volunteerism, team building, problem solving and decision making. High school students who completed a course in family and consumer science were eligible to attend leadership conferences and workshops offered by FCCLA. FCCLA District 8 was assisted with its District Leadership Meeting. The meeting was held on the DMACC campus. District 8 schools include 5 of the 6 schools in the grant area plus 2 others.

**Media.....**The Partnership was able to make use of the media primarily through newspaper articles whenever they had activities involving youth and community groups. Several articles were published in school newspapers, and community groups supported by this grant also had news articles in the local papers. FutureNet also had a media campaign in their area.

**Feedback.....** Informal and positive comments provided feedback on the effectiveness of the community-wide activities. Several community leaders were impressed and pleasantly surprised with the attitude, hard work and positive behavior of the youth involved in their sponsored activities. The Guthrie County Master Gardeners, again, were impressed that kids continue to take an interest in Heritage Park, in the Guthrie County Historical Village and in the Guthrie County Fairgrounds. The Knights of Columbus were pleasantly surprised that so many youth would show up for a workday to help restore and maintain Resurrection Cemetery and roadside clean up. Church workers who served the Peer Leadership Training lunches remarked about the value of the program presented and the positive behavior of the students involved.

**Effectiveness score.....**The effectiveness score for the community program was reported as 10 out of a possible 10. The population of Guthrie County is approximately 11,000 people, and their program directly served 2243 youth in the county and 4817 statewide. Community organizations want to include youth in their activities. School administrators have been very cooperative about scheduling programs in their schools. When a community has a program like this one that has an activity for each grade, beginning at 6<sup>th</sup>, pregnancy prevention is reinforced. Most of the activities wouldn't be thought of as pregnancy prevention by most people. However, we are hitting the issue on many fronts.

Panorama High School has had a CAPP grant for 12 years, the others only 7. It is extremely unusual to have a pregnant teen at Panorama. The teen pregnancy rate has dropped in Guthrie County also. It is hoped that by providing the programs county wide, the same result will become apparent in the other five schools covered by our grant.

**Number of youth served**

Indirectly: 48175

Directly: 2,243

**Grants Distribution and Development**

The Guthrie County Community Partnership did not distribute grant monies to any area agencies during the past year but did apply for any additional funds totaling \$25, 000 also from IDHS. With this money, the partnership purchased new Reality Care Infant simulators and Reality Card Infant simulators, making the Baby Think It Over Project more teacher/student friendly. Training was opened up to other schools, and 11 teachers were trained using these funds.

**Prevention Programs**

The Guthrie County Community Partnership continued to conduct three curricular, school-based pregnancy prevention programs during this grant year, in addition to four other youth development programs. Four of the programs included parent involvement. Evaluation forms were returned for the three curricular programs: It Takes Two, Baby Think It Over, and Parents and Kids Can Talk About Sexuality. Program descriptions follow in order of number of youth served, starting with the program that served the greatest number.

**Family Career and Community Leaders of America**

This program served 800 seventh through twelfth graders with leadership activities, teamwork activities, and discussion of self esteem, volunteerism.

### Peer Leadership Training

All eighth graders in six schools in Guthrie County participated in this program that focuses on self-esteem. Parents were involved in activities, and 288 students were served this past year.

### It Takes Two

The focus of the It Takes Two program was on decision-making around sexuality. The program reached 250 youth in eighth grade with a total of 12 sessions presented in five school district including Audubon, Exira, Guthrie Center, Panorama and West Central Valley of Stuart. Evaluation forms were completed by 217 (86.8%) students, and all of the student responses were used in the analysis.

The first section of the questionnaire asked questions about the respondents themselves. About half of the respondents were male (51.6%). Most students identified themselves as White (91.7%). The other students described themselves as Multiracial (5.13%), American Indian (1.8%), Hispanic/Latino (0.9%), or African American (0.5%). The average age of respondents was 13.3 and all participants were in 8<sup>th</sup> grade.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 8D: Guthrie County Community Partnership It Takes Two:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I know the importance of talking to a partner about sex	2.3%	29.2%	68.5%	1.66
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	3.2%	19.0%	77.8%	1.75
I know more about the dangers of sexually transmitted diseases and AIDS	1.8%	28.6%	69.6%	1.68
I am more likely to think that both sex partners should share responsibility for decisions about birth control	1.4%	19.9%	78.7%	1.77
I am more clear about the meaning of "No Means No"	2.8%	19.5%	77.7%	1.75
I feel more strongly that I want to postpone sex in the future	7.9%	25.9%	66.2%	1.58
I know more about how alcohol and drugs influence my decision to have sex	6.0%	28.1%	65.9%	1.60
I am less likely to think that I need a boyfriend/girlfriend to feel good about myself	11.6%	37.5%	50.9%	1.39

The average responses to content items ranged from 1.39 to 1.77. This indicates that, on average, participants felt that information they received during the program had increased their

knowledge and changed their attitudes toward teen pregnancy and sexuality. On all of the questions, 50% or more of the students indicated they had learned “A lot more.” The item with the highest average response was “I am more likely to think that both sex partners should share responsibility for decisions about birth control,” closely followed by “I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager,” and “I am more clear about the meaning of ‘No Means No’ .”

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 8E: Guthrie County Community Partnership It Takes Two:  
Summary of responses to presentation items**

<b>Items</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
The presenter talked at a level I could understand	.5%	5.6%	94.0%	1.94
I felt the presenter had a good understanding of people my age	2.3%	10.1%	87.6%	1.85
I felt comfortable asking the presenter questions I had	8.3%	34.1%	57.6%	1.49

The mean response to the three presentation items ranged from 1.49 to 1.94. This indicates that, on average, the students were very positive about the presentations. The highest rating was for the item “The presenter talked at a level I could understand.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was “The best reason for me to postpone parenting is...” Among the representative comments were: “So I can get through high school and accomplish my goals,” “Because I want to live my own life first,” “It’s a lot of work,” “I’m too active in sports and other activities,” “So I know the person and have a job,” “It’s a lot of money and I’m not ready,” “Because I don’t want to be a parent at this age,” and “The STDs.” The second was “What are some activities you especially liked?” Most students responded that they liked the games (in particular Wildfire and Price is Right) while a others mentioned, “The question and answer time,” “Healthy relationships,” and “Videos.” The third item was “How can this program be changed to be more helpful to people your age?” Many students did not have any suggestions or thought that the program was fine the way it was. Some others responded with suggestions such as “Bring in a student that has made mistakes and tell us about them,” “More information,” “Have younger presenters that are closer to our age,” “Have more days,” “Maybe explain things better.”

### He Says/She Says

With a focus on communication, this program served 250 tenth through twelfth graders this past year.

### Baby Think It Over

The Baby Think It Over program focused on a hands-on experience with an infant simulator. The object was to show youth the amount of time and responsibility that a baby requires. While students and teachers alike were “getting a little tired of doing BTIO,” with the purchase of new, high tech Reality Babies and additional training for teachers, the outlook for next year is bright. This year the program reached 132 youth in the seventh grade. Of those youth who participated, 85 (64.3%) completed the evaluation. All of these student evaluations were used in the analysis.

The first section of the questionnaire asked questions about the respondents themselves. More than half of the respondents (53.6%) were male and 46.4% were female. All of the students who responded to the item on race identified themselves as White (100.0%). The average age of respondents was 12.4 years, and all of these students were in the seventh grade.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 8F: Guthrie County Community Partnership Baby Think It Over:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I know more about the consequences of having a baby as a teenager	.0%	17.9%	82.1%	1.82
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	.0%	10.7%	89.3%	1.89
I am more clear about my attitudes toward unwanted pregnancy	1.2%	16.7%	82.1%	1.81
I understand more about why I should wait to have sex with someone	.0%	15.7%	84.3%	1.84
I know the importance of talking to a partner about sex	2.4%	15.7%	81.9%	1.80
I better understand how difficult it is to be a teen parent	.0%	13.1%	86.9%	1.87
I feel more comfortable saying no to sex until I am older	1.2%	13.1%	85.7%	1.85
I am more likely to think that both sex partners should share responsibility for decisions about birth control	2.4%	15.5%	82.1%	1.80

The average responses to content items ranged from 1.80 to 1.89. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. For all of the eight

questions on content, 81% or more of the students indicated they had gained “A lot more” knowledge. The items that had the highest average response were “I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager,” and “I better understand how difficult it is to be a teen parent.”

The third section of items dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 8G: Guthrie County Community Partnership Baby Think It Over:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
The information I got helped answer questions I had	2.4%	21.7%	75.9%	1.73
It will be easier to say no to sex after learning the skills in this class	.0%	13.3%	86.7%	1.87
I understand how my decisions about sex can change my future	.0%	6.0%	94.0%	1.94

The mean response to the three presentation items ranged from 1.73 to 1.94. This indicates that, on average, the students were very positive about the presentations. The highest rating was for the item “I understand how my decisions about sex can change my future.”

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was “The part of this program I like best was...” The main responses represented a wide range and included: “Taking care of the baby,” “Bringing the baby back to school,” “All of it,” “I really didn’t care too much for any of it,” “The discussions,” and “The information.” The second was “The best reason for me to postpone parenting is...” Students answered, “I’m too young,” “It’s hard work to raise kids,” “I’m not married,” “I don’t have a job,” and “I’m not ready.” The third was “What changes could be made to make this program more helpful to others your age?” Many students did not respond to the question. For those that did, some thought the program was already helpful and didn’t need to be changed. Other suggestions included: “Bring in guest speakers that had a young pregnancy,” “Take the baby home for a longer period,” “Have two people do it for the longer time together,” and “Spend more time in class practicing with it and explain it a little more.”

### **Parents and Kids Can Talk About Sexuality**

This program was presented to 65 sixth graders at Panorama schools focusing on parent-child interaction privately at home on sensitive topics introduced at school. Children who communicate with their parents are less likely to become teen parents. Of those youth who participated, 51 (78.5%) completed the evaluation form. All of these student evaluations were used in the analysis.

In the first part of the questionnaire, respondents filled in demographic information. Over half of the respondents (56.9%) were male. Most students identified themselves as White (88.0%) while the remaining students described themselves as American Indian (6.0%), Multiracial (2.0%), Hispanic (2.0%) and African American (2.0%) with one student declining to report race. Ages of the respondents ranged from 11 to 13, with an average age of 11.7. All respondents were in the sixth grade.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 8H: Guthrie County Community Partnership Parent and Kids:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I have more skills to resist pressure to have sex	10.0%	24.0%	66.0%	1.56
I feel more comfortable asking questions of my parents or other trusted adults about sex	19.6%	54.9%	25.5%	1.06
I know more about the dangers of sexually transmitted diseases and AIDS	2.0%	15.7%	82.4%	1.80
I feel confident about the decisions I make	5.9%	29.4%	64.7%	1.59
I know more about the consequences of having a baby as a teenager	3.9%	29.4%	66.7%	1.63
I understand how my decisions about sex can change my future	2.0%	17.6%	80.4%	1.78
I know more about how the body changes during puberty	3.9%	52.9%	43.1%	1.39
I understand more about why I should wait to have sex with someone	5.9%	15.7%	78.4%	1.73

The average responses to content items ranged from 1.06 to 1.78. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. For six of the eight questions on content, 65% or more of the students indicated they had gained “A lot more” knowledge. The items that had the highest average response were “I know more about the dangers of sexually transmitted diseases and AIDS,” and “I understand how my decisions about sex can change my future.” However, 20% of the respondents did not feel more comfortable asking questions of their parents or other trusted adults about sex.

The third section of items dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 8I: Guthrie County Community Partnership Parents and Kids:  
Summary of responses to presentation items**

<b>Items</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
It is easier to talk with my parents about sex since we did the homework activities together	15.7%	41.2%	43.1%	1.27
I have a better understanding of what my parents values are regarding sex	5.9%	41.2%	52.9%	1.47
The teacher (presenter) made it easy for me to ask questions	13.7%	29.4%	56.9%	1.43

The mean response to the three presentation items ranged from 1.27 to 1.47. This indicates that, on average, students were positive about the presentations. The highest rating was for the item "I have a better understanding of what my parents values are regarding sex."

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was "The most helpful part of this program was..." Responses included: "Goal setting," "The homework," "The I and You messages," "Talking all together," "The video," "Them explaining what I didn't understand," and "When I have sex, I'll know more about what will happen." The second item was "How could this program be changed to be more interesting to other persons your age?" Some students did not respond and some others thought the program was interesting as it is. Others suggested: "More active things," "Make it easier to talk about it," "Show how to have safe sex," "More information," "The movie should be better," and "More about babies." The third item asked: "The part of this program I liked best was...." Representative responses included: "The STDs," "The cookie thing," "The warm fuzzies," "All of it," "Skits," "The discussions," "The teachers," "The prizes," "The video on puberty," and "Goal setting."

## Hawkeye Adolescent Pregnancy, Prevention, and Teen Parenting Project

Prevention Concepts, in conjunction with several community organizations, formed the Hawkeye Adolescent Pregnancy, Prevention, and Teen Parenting Project (HAPPTPP) to address teen pregnancy in their area. HAPPTPP has been an APP grantee serving a four county area since 1995.

The 2000 census population and 2005 population estimates for the counties served by this grantee, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 9A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Dallas	2000	3,032	2,816	40,750
	2005 est.	3,511	3,159	51,762
Madison	2000	1,102	1,031	14,019
	2005 est.	1,022	1,028	15,158
Marion	2000	2,371	2,591	32,052
	2005 est.	2,134	2,598	32,984
Warren	2000	3,243	3,317	40,671
	2005 est.	2,884	3,246	42,981

The following table presents the proportion of total live births as compared to live births to teens in the area derived from data provided by the Iowa Department of Public Health Center for Health Statistics.

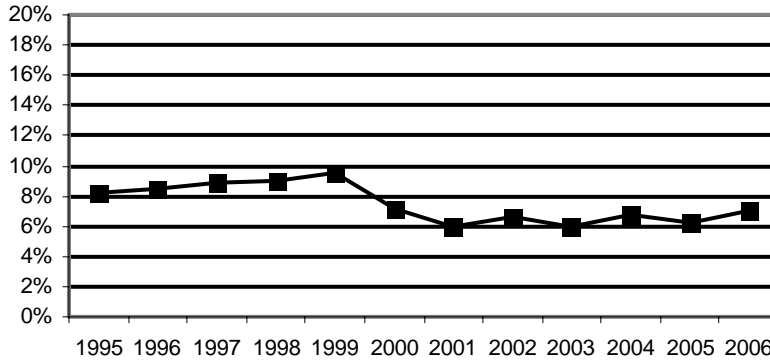
**Table 9B: Births to adolescents as a percentage of all births**

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Dallas	6.9%	8.6%	9.5%	9.3%	9.5%	5.7%	7.4%	4.3%	5.4%	7.2%	4.5%	5.4%
Madison	9.4%	6.6%	7.1%	7.3%	6.4%	7.1%	5.2%	7.7%	6.7%	7.7%	6.9%	8.8%
Marion	10.5%	10.3%	9.3%	9.7%	10.6%	7.6%	5.0%	7.8%	5.4%	6.8%	7.5%	8.8%
Warren	7.3%	7.5%	8.6%	8.5%	9.9%	8.4%	5.5%	7.8%	7.1%	5.9%	7.3%	7.6%
<b>Over the 4 counties</b>	8.2%	8.4%	8.9%	8.9%	9.6%	7.1%	6.0%	6.6%	6.0%	6.8%	6.2%	7.0%

Figure 9 on the following page presents the trend for teen births in the area over the last eleven years. In each year, teen births as a percentage of live births were below the state average. (The state average for 2005 is 8.5%, the same as for 2004.) Teen births in this four-county area rose

slightly from 1995 to 1999, fell in 2000 and 2001 with a slight increase in 2002, decreasing again in 2003, increasing slightly in 2004, down slightly again in 2005 to 6.2% with a slight increase to 7.0% in 2006.

**Figure 9: HAPPTPP Four-County Area  
Total area births to adolescents, 1995-2006**



The second round of Iowa Department of Human Services APP grant funding for this program began in 1999 with 21 agencies participating in the grant application. The amount of funds received for 2006-2007 was \$60,000. In addition, the program received \$35,000 of in-kind funding from groups including the Iowa Department of Public Health, United Way, and the Advisory Board.

The original goals of Hawkeye Adolescent Pregnancy, Prevention, and Teen Parenting Project were:

- To raise community awareness of teen pregnancy through information dissemination and public education and to encourage the communities in each of the four counties to assume responsibility of promoting positive youth development in all community sectors, educating our youth about the consequences of teen pregnancy and to promote abstinence as a key prevention strategy.
- To prevent teen pregnancy through a continuum of comprehensive services including prevention, intervention, treatment and aftercare for all adolescents, pregnant, and parenting teens residing in Dallas, Madison, Marion, and Warren counties.

The following sections contain a description of the community, prevention and intervention aspects designed to address these goals.

## **Community Efforts**

### **Staffing Patterns and Activities**

The program employed .53 FTE staff who were responsible for prevention and intervention programming, including 12 presentations to community agencies/organizations this past year. In addition, staff served on 20 community boards including Decategorization boards in all four counties; Empowerment Boards in Madison, Warren and Dallas counties; Warren County Action Council; Future Net Region 3; Warren County Child Abuse Prevention Council; Madison County Early Childhood Advisory Group; Human Service Coalitions in Madison, Marion, and Dallas counties; Dallas County Child Advocacy Council; Dallas Co. Public Health CHNA-HP; Dallas Co/Perry Teen Pregnancy Group; Warren Co. Project LIFT Task Force; Warren County Family Care Team; and the Dallas County Party Task Force.

### **Consortium Membership and Activities**

The Hawkeye APP Advisory Board is the coalition that serves this catchment area. Their activities are found in the table below.

**Table 9C: HAPPTPP: Consortium activities**

<b>Activity</b>	<b>HAPPTPP</b>
Frequency of consortium meetings	quarterly
Number of meetings in last grant year	4
Agencies/groups represented	6
Teen/teen parent members	0
Committees active this year	1

During the past year, the Hawkeye APP Advisory Board met four times with six agencies/groups represented. Although there were no teen members, one subcommittee—Mentor Parent--was active this past year.

The Hawkeye group was instrumental in ensuring that Hawkeye programming was serving as many youth, parents and partners in prevention in the four county area as possible. The group is very diverse in that it has representation from all counties. There are quite a few school representatives which has been beneficial in gaining a school perspective. The subcommittee has created a mentor parenting program that was implemented in the 2003-2004 year. The problems they hope to work on is to have representation from teen parents and teen members in the group and reorganize the core group with fresh input. They hope to encourage the group to take more of a leadership position in regards to initiatives such as teen pregnancy prevention month and Let's Talk Month. Since this agency has been under an interim co-directorship and transition to one executive director, work to include youth on this subcommittee has been slow.

## **Community-Wide Prevention Campaign**

***In the Schools.....*** HAPPTPP worked directly with 78 schools reaching 4,928 youth at the elementary, middle school and high school levels.

At the elementary school level, counselors received packets of information for “Let’s Talk Month” (October) and updated information for Adolescent Pregnancy Prevention Month (May). Through the prevention work and coalitions, teachers are kept informed of youth and parent educational materials. The Hawkeye staff has made themselves available for any specific programs requested by the schools.

At the middle school level, It Takes Two program was offered to 7<sup>th</sup> and 8<sup>th</sup> grade classes in one schools district and will be adding to another school district next year. Counselors in every school district in the four counties received packets of information and periodic updates. Girl’s Circle groups were held at eight different schools, and Wise Guy facilitators in one school district received training.

At all of the high schools’ Registration and Fall Open Houses, Let’s Talk materials were made available with other teen sexuality information. The Baby Think it Over program was presented at one school district. Staff met with two school districts to add Safe Dates program for next school year and provide brochures for staff, parents, and students to use. All high school guidance counselors in the four counties received an information and resources packet for “Let’s Talk Month”. School staff and students were encouraged to take the online Teen Pregnancy Prevention Quiz sponsored by National Campaign to Prevent Teen Pregnancy in May. In addition, ideas to involve students and the community for the whole Month of May prevention awareness was shared in all school districts and public libraries.

***Social Service/Youth Serving Agencies.....(25)*** Through each of the DCAT coalitions, representatives from most youth agencies are present. Information and programming for the Adolescent pregnancy prevention focus are provided to these organizations. Prevention Concepts and the Hawkeye Project have relationships with Parents as Teachers for Madison, Marion and Warren Counties, the HOST Program in Dallas County, Caring Connections in Warren County, the NEST Program in Marion County and the Young Parents Program in Warren County all of whom are already serving teen parents, as well as other families. The Hawkeye Project plan is to partner with these established community programs in implementing the Mentor Mom/Mentor Dad project. SADD chapters were given mini-grants for prom and after prom activities encouraging healthy choices in Dallas, Marion and Warren counties.

**Faith-based Collaboration.....(7)** Perry's St. Patrick Church Confirmation Classes were provided workshops on healthy choices, risk behaviors and leadership. The Hawkeye staff has made themselves available for any specific programs requested by the churches.

**Businesses.....(122)** Partnership with the local chamber of commerce has contributed to the visibility of programs in Dallas, Warren, Madison and Marion counties. Through coalition building, the business entities are seeing the value of prevention programs and addressing youth issues. Many of the employees of local businesses such as Fareway, HyVee, Dairy Queen, and WalMart are youth. Information is provided and educational programs made available upon request to these merchants. The Young Parents Group received support in the form of food donations from local restaurants for their weekly meetings. The meal is provided for the participants and their children.

**Community Events.....(6)** An Information booth at Madison County's Winterset Lawn Chair Night and Family Night events provided brochures on teen pregnancy, while information booths held at Dallas Co. Hospital Health Fair and Child Abuse Health Fair providing teen pregnancy prevention brochures and handouts in English and Spanish. Staff participated at the Dallas Center – Grimes Coalition Health & Safety Fair by hosting a booth with APP information and facilitating a presentation on FAS. They hosted a booth with APP information at the Winterset Family Night Out event at the high school, and provided brochures, activities, novelties and information on a career in teen pregnancy prevention at the Simpson College Student Health Fair.

**Health Centers/Clinics.....(3)** Dallas and Warren County Public Health Services displayed brochures on STD's and healthy sexual choices. The brochures were funded through the Hawkeye grant.

**Other organizations.....** Working with an Indianola high school counselor, they provided advising services to "Marching Auxiliaries," a national company that offers high school summer dance camps. The advising services included training for staff, programming and brochures for you and staff on youth sexual behavior, self-esteem and teen pregnancy prevention. A member on the advisory board is from the Madison/Warren County Family Nutrition Program which has been a great way to match teen parents with resources.

**Media.....**

Newspapers. A newspaper ad was created targeting youth and summer love without sex listing 10 positive activities to express love running for the summer months for all four counties.

Radio: A newspaper ad was created targeting youth and summer love without sex listing 10 positive activities to express love running for the summer months for all four counties.

TV: Public TV stations in the four counties were sent information in poster format to be aired during October, Spring Break, and May.

Other: (Billboards, leaflets, etc.): Prevention Concepts' newsletters provided statistics on teen pregnancy, sexual activity and who influences teen behavior with suggestions for parents and professionals how to talk with teens. Brochures and leaflets and posters have been distributed in community libraries, school counseling offices, churches and school announcements. 19 Public Libraries in the four counties received a mailing including information on the May's National Day to Prevent Teen Pregnancy Internet Quiz, activities for youth and communities to do to promote the Month, and brochures for youth on how to say "NO" to sex, why wait, and consequences of having sex.

**Feedback**..... Feedback from efforts was received informally through the advisory board. Feedback also came from parents, students and teachers that were involved in the programs. The radio station provided information on listeners calling in with feedback. Through participation in the Iowa Collaboration for Youth Development's Youth Program Quality Assessment snapshot project which focused on Girls' Circle at St. Mary's-Martensdale we received the following results in comparison to national norms:

	Prevention Concepts	National Norms
I. Safe Environment	4.53	4.35
II. Supportive Environment	4.59	3.70
III. Peer Interaction	3.92	2.95
IV. Youth Engagement	2.33	2.57

**Effectiveness Score**..... **7** (out of a possible 10). During the fiscal year of the grant, goals were set to expand the visibility of our project to schools and community entities that had not been previously reached. Programs that were initiated like the Baby Think It Over, are ones that can be self sustained and can reach numerous students in our four county area. Having the program in the schools helps for the emphasis to not only school, but also from a prevention agency and parents. Numerous faith-based groups have requested our expertise as well as the schools. In the regional network, with our peers, we are looked at as a valuable resource of knowledge on the topic. Another strength was the advisory board. They come to us with a wide range on knowledge and wonderful ideas and input. Two members of the board are high school teachers who have an impact on service learning and student involvement. They also facilitate the Young Dads group and have been instrumental in reaching youth. Other advisory board members brought an awareness of the needs of the Hispanic community.

**Number of Youth Served**

Indirectly: estimated at 50,000

Directly: 4,928

## **Grants Distribution and Development**

HAPPTPP distributed \$5,000 to two area agencies on a non-competitive basis. HAPPTPP did not apply for other funds in addition to the APP grant during the past grant year.

## **Prevention Programs**

Hawkeye Adolescent Pregnancy, Prevention, and Teen Parenting Project implemented three pregnancy prevention programs during the grant year. One involved parents. Evaluation forms were completed and returned for one of the programs: It Takes Two. Program descriptions follow in order of the number of students served, starting with the program that served the largest number.

### **It Takes Two (Birth Control, STD, and Dating Violence)**

The main purpose of the “It Takes Two” program is to encourage adolescent men and women to share responsibility for building healthy relationships. The program helps them learn how to make choices about their relationships that prevent premature pregnancy and reduce their risks of getting a sexually transmitted infection (STI), including HIV/AIDS. “It Takes Two” has an abstinence-based message, meaning that not having sex is the best way to completely avoid unwanted pregnancies and STIs. However, the program also takes a “reality-based” approach by giving information about protected sex for when abstinence is not practiced. “It Takes Two” is a high-energy, fun, and educational program that youth will enjoy participating in! Shared responsibility is the idea that **both** females and males have a role in preventing pregnancy and avoiding sexually transmitted infections, including HIV/AIDS. The program talks about building healthy relationships through trust, respect, and honesty. The idea is that males and females must become partners in building healthy relationships in order to make progress in the battle against teen pregnancy. “It Take Two” equips both males and females with the knowledge, skills, and motivation they need to start building healthy relationships. Research has shown that when any couple builds a relationship on trust, respect, and honesty, it becomes easier for each to be sexually responsible in their behavior. During the past year, this program reached 144 youth ages 11 through 14. Of youth who participated, 88 (61.1%) completed the evaluation. All of these student evaluations were used in the analysis.

The first section of the questionnaire asked questions about the respondents themselves. Half of the respondents were female (50.0%), half male (50.0%). Many students identified themselves as White (84.5%) while the other students described themselves as Multiracial (8.3%), American Indian (3.6%), Hispanic/Latino (2.4%), or African American (1.2%). The average age of respondents was 13.1, and the median grade was 8.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 9D: HAPPTP It Takes Two:  
Summary of responses to content items**

<b>Items</b>	<b>Not At All</b>	<b>A Little More</b>	<b>A Lot More</b>	<b>Mean</b>
I know the importance of talking to a partner about sex	6.8%	29.5%	63.6%	1.57
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	5.7%	21.6%	72.7%	1.67
I know more about the dangers of sexually transmitted diseases and AIDS	8.0%	46.6%	45.5%	1.38
I am more likely to think that both sex partners should share responsibility for decisions about birth control	5.7%	29.5%	64.8%	1.59
I am more clear about the meaning of "No Means No"	7.0%	24.4%	68.6%	1.62
I feel more strongly that I want to postpone sex in the future	8.0%	26.1%	65.9%	1.58
I know more about how alcohol and drugs influence my decision to have sex	8.0%	32.2%	59.8%	1.52
I am less likely to think that I need a boyfriend/girlfriend to feel good about myself	21.6%	40.9%	37.5%	1.16

The average responses to content items ranged from 1.16 to 1.67. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On six of the eight questions, 60% or more of the students indicated "A lot more" knowledge or change in attitude. The item that had the highest average response was "I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager." One item showed a less positive response with 22% of these teens indicating they were still likely to think they needed a boy/girlfriend to feel good about themselves.

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 9E: HAPPTP It Takes Two:  
Summary of responses to presentation items**

<b>Items</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
The presenter talked at a level I could understand	3.4%	16.1%	80.5%	1.77
I felt the presenter had a good understanding of people my age	6.9%	28.7%	64.4%	1.57
I felt comfortable asking the presenter questions I had	19.5%	35.6%	44.8%	1.25

The mean response to the three presentation items ranged from 1.25 to 1.77. This indicates that, on average, the students were generally positive about the presentations. The highest rating was for the item "The presenter talked at a level I could understand." However, 20% of respondents did not feel comfortable asking the presenter the questions they had.

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was "The best reason for me to postpone parenting is..." Among the comments were: "I want to have a career and be with someone I love," "Until I'm married and ready," "Too much responsibility," "It costs a lot and you can get diseases," "It can be hard," "I need to be more free; I'm just a kid," "It would be too much work and I would feel bad," "It could ruin my future," "I want to finish high school and go to college," "To accomplish my goals," and "We are too young." The second was "What are some activities you especially liked?" Most of the students responded, "Jeopardy" and "Price is Right." The third item was "How can this program be changed to be more helpful to people your age?" Some students did not have any suggestions or thought that the program was fine the way it was. Others responded with suggestions such as "Explain more," "It could be made less awkward," "Talk more about drugs and the effects," "Get a younger, better teacher," "Tell other people," "Get real teen parents to talk about the struggles and have some STD victims to tell about the treatments," "Be more visual," "Make it longer," and "It could be more realistic and understand more of the pressure we get."

### **Girls' Circle**

The Girls' Circle goal is to prevent or reduce high-risk behaviors (substance abuse, early sexual activity, and violence) among early adolescent girls by impacting individual risk and protective factors. The five objectives are: 1) strengthening positive identity, 2) strengthening pro-social values, 3) increasing social competence, 4) influencing normative beliefs, and 5) strengthening commitments to avoid substance use, early sexual activity, and violence. Girls' Circle is held as an after-school activity for twelve sessions. During the past year, 102 girls aged 11 to 13, and their parents, were served by this program which was offered 6 times.

### **Baby Think It Over**

The Baby Think it Over doll was used in Family and Consumer Science classes. They were introduced into the classroom during the family and sex education courses. The doll was used as a simulation for the students to experience life with a baby. Each of the students got to take a doll home for a period of time. During this time, they were responsible for the "baby". They had to feed it when it cried, take it with them on errands or find a babysitter when they went out. The doll was very beneficial in showing the student how difficult it would be to have a baby at such a young age. They realized there were a lot of components to having a baby besides the cuteness and attention of it all. The program also worked on a goal setting component in which the students set goals and had to decide if having a baby at a young age would hinder their goals. During the past year, 30 youth aged 14 to 18 were served by this program.

## **Intervention Programs**

Hawkeye Adolescent Pregnancy, Prevention, and Teen Parenting Project provided one intervention program for pregnant or parenting teens during the grant year.

### **Young Parents Group**

Focusing on healthy parenting skills and preventing unplanned second pregnancies, this group met weekly and was sponsored by the Warren County Child Abuse Council with HAPPTPP providing financial support. Participants were recruited through referrals, brochures, as well as by word of mouth. Male and female groups met individually and together with some serious activities as well as entertaining ones. Speakers from the community presented on special topic areas. Attendance continued to increase with the activities of the male component. This group provided an environment of comfort and understanding for 48 older teens and young adults during the past year. Of those teens and young adults who participated this year, 20 completed an evaluation questionnaire. Nine of the respondents were 20 years of age and older, while 11 were aged 19 and younger. Analysis of each of these age groups were conducted separately and the results presented below.

### **Demographics**

***Aged 19 and younger*** Eight (72.7%) of the 11 respondents aged 19 and under were female. Many identified themselves as White (8, 72.7%), while of the three remaining teens, 1 was Hispanic/Latino (9.1%), one (9.1%) was Multiracial, and one (9.1%) was American Indian. Ages of respondents ranged from 16 to 19, with an average of 17.4 years. Nine of the respondents (81.8%) were enrolled in school, and the last grade completed ranged from 9 to 12, with a median grade of 11th. Ten of the respondents (90.9%) were single and never married while one was married.

When asked about employment, two of the teens did not reply. Of those who did, six (66.7%) were not employed. two (22.2%) were employed part-time and one (11.1%) was employed full-time. Seven of these teens (63.6%) lived with their parents while others lived with a boyfriend or girlfriend (2, 18.2%), on their own (1, 9.1%), or with their spouse (1, 9.1%). Three (30%) of these teens had two children, one (9.1%) had one child, six had no children at the time of completing the questionnaire, and one did not respond. Seven of the respondents were pregnant when they started the program, three were using birth control at the time they completed the evaluation, while two had become pregnant while in the program.

Length of participation in an intervention program ranged from one to 13 months, with an average of 4.5 months. Many of these participants noted that they had been referred to the program by friends, counselors, home visitors, or Promise Jobs, or were there in support of their spouse.

**Aged 20 and older** Eight (88.9%) of the nine respondents aged 20 and older were female. Races identified by the respondents in this group included White (7, 77.8%), Hispanic/Latino (1, 11.1%), and Asian (1, 11.1%). Ages ranged from 20 to 28, with an average of 23 years. Two of the respondents (22.2%) were enrolled in school, and the last grade completed ranged from 10th grade to the first year in college, with a median grade of 12th. Four (44.4%) were married, and five (55.5%) were single and never married.

When asked about employment, four of these adults did not reply. Of those who did, three were not employed, one worked part-time, and one worked full-time. Two (22.2%) of the respondents lived with their parents while two lived with a boyfriend or girlfriend, two lived on their own, two with their spouses, and one in an “other” living arrangement. Four (44.4%) of these adults had two children, four had one child, and one had no children at the time of completing the questionnaire. Four of the respondents were pregnant when they started the program, three were using birth control at the time they completed the evaluation, and two became pregnant/made someone pregnant while in the program.

Length of participation in an intervention program ranged from one to 60 months, with an average of 26.5 months. Many of these participants noted that they had been referred to the program by a therapist, a relative, or friends. Other comments included: “To better understand kids,” and “For support and people my own age.”

**Decision Making/Goal Setting**

The first set of Life Domain items that were analyzed had to do with making decisions and setting goals. Responses to these three items for each age group are found in the table below.

**Table 9F: HAPPTPP Intervention Programs:  
Summary of responses to decision making/goal setting items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I have a definite plan to continue my education (college or technical school) after high school	19 and under	0.0%	40.0%	60.0%	1.60
	20 and over	12.5%	37.5%	50.0%	1.38
I have a definite plan to find a job after high school	19 and under	10.0%	50.0%	40.0%	1.30
	20 and over	0.0%	0.0%	100.0%	2.00
I feel good about the decisions I have made about my future	19 and under	0.0%	9.1%	90.9%	1.91
	20 and over	0.0%	25.0%	75.0%	1.75

Average responses for those 19 and younger to these three questions ranged from 1.30 to 1.91 while those for the 20 and older group ranged from 1.38 to 2.00. This indicates that respondents in both groups felt that they had gained a good deal in their ability to make educational plans and

decisions for themselves and their child. The 19 and younger group were particularly positive about the decisions they have made about their future while the 20 and older group were most positive about having a definite plan to find a job after high school. The mean scores of the two age groups were somewhat different on each of the decision making items.

### Health Care

The next set of items dealt with the health care needs of the parent and her or his child. Responses to the three items on health care for each age group are found in the table below.

**Table 9G: HAPPTPP Intervention Programs:  
Summary of responses to health care items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I know more about taking care of myself physically, mentally and emotionally	19 and under	0.0%	9.1%	90.0%	1.91
	20 and over	0.0%	22.2%	77.8%	1.78
I have a better understanding of the need for good prenatal care	19 and under	0.0%	27.3%	72.7%	1.73
	20 and over	0.0%	14.3%	85.7%	1.86
When my baby needs routine medical care, I am more likely to use a regular medical clinic than the emergency room	19 and under	0.0%	10.0%	90.0%	1.90
	20 and over	0.0%	11.1%	88.9%	1.89

Average responses for those 19 and younger to these three questions ranged from 1.73 to 1.91 while those for the 20 and older group ranged from 1.78 to 1.89. This indicates that respondents in both groups felt that they had gained a great deal in their ability to care for their own and their child's health. The 19 and younger group were particularly positive about their knowing more about taking care of themselves as well as being more likely to use a medical clinic rather than an emergency room for their child's routine medical care. The 20 and older group were most positive about being more likely to use a medical clinic for their child's routine medical care and also better understanding the need for good prenatal care. The mean scores of both age groups were most similar on health care item 3.

## Birth Control

The next set of items dealt with birth control knowledge and intentions. Responses to these three items for the two age groups are found in the table below.

**Table 9H: HAPPTPP Intervention Programs:  
Summary of responses to birth control items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I feel more comfortable choosing a birth control method that is best for me	19 and under	22.2%	22.2%	55.6%	1.33
	20 and over	0.0%	12.5%	87.5%	1.88
I will use a birth control method more consistently to avoid another pregnancy	19 and under	0.0%	22.2%	77.8%	1.78
	20 and over	0.0%	16.7%	83.3%	1.83
I feel more strongly that I want to wait to have another baby	19 and under	10.0%	20.0%	70.0%	1.60
	20 and over	0.0%	41.3%	85.7%	1.86

Average responses for the 19 and under group to the birth control questions ranged from 1.33 to 1.78 while, for the 20 and over group, the average responses demonstrated a higher range, from 1.60 to 1.88. This indicates that respondents in both groups felt that they had gained a good deal in understanding and planning to use birth control. The 19 and under group were most positive about using birth control more consistently to avoid another pregnancy while the 20 and over group were most positive about feeling more comfortable choosing a birth control method best for them. The two age groups were most similar in their responses on item #2 of the birth control items.

## Parenting

The next set of items dealt with knowledge and confidence in parenting. Responses for each of the two age groups to these four items on parenting are found in the table below.

**Table 9I: HAPPTPP Intervention Programs:  
Summary of responses to parenting items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I have a better understanding of what a child needs as it grows	19 and under	0.0%	18.2%	81.8%	1.82
	20 and over	0.0%	22.2%	77.8%	1.78
I have a better understanding of what skills I need to be a good parent	19 and under	0.0%	18.2%	81.8%	1.82
	20 and over	0.0%	0.0%	100.0%	2.00
I have a better understanding of the responsibilities of being a good parent	19 and under	0.0%	9.1%	90.9%	1.91
	20 and over	0.0%	11.1%	88.9%	1.89
I feel more confident about caring for my child	19 and under	0.0%	18.2%	81.8%	1.82
	20 and over	0.0%	0.0%	100.0%	2.00

Average responses to these questions for the 19 and under group were 1.82 and 1.91. For the 20 and over group, average responses ranged from 1.78 to 2.00. This indicates that respondents felt that they had gained a great deal in understanding parenting. On all of the parenting items, 80% and more of the respondents in both age groups indicated they had gained “A lot more” knowledge and confidence. The average responses of the two age groups were most similar for parenting item #3 closely followed by similar responses for item #1

### Life Skills

The next set of items dealt with financial management and independent living. Responses to these three items for the two age groups on life skills are found in the table below.

**Table 9J: HAPPTPP Intervention Programs:  
Summary of responses to life skills items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I am better able to make good financial plans for myself and my child	19 and under	0.0%	36.4%	63.6%	1.64
	20 and over	0.0%	11.1%	88.9%	1.89
I know more about how to live on my own with my child	19 and under	9.1%	36.4%	54.5%	1.45
	20 and over	0.0%	11.1%	88.9%	1.89
I am more confident about my ability to seek a job	19 and under	9.1%	36.4%	54.5%	1.45
	20 and over	11.1%	0.0%	88.9%	1.78

For the 19 and under group, average responses to the questions ranged from 1.45 to 1.64, indicating they had gained somewhat in their ability to manage their own lives and finances. The

average response for the 20 and over group were higher, ranging from 1.78 to 1.89, indicating they gained a great deal in their ability to manage their own lives and finances. The 20 and over group were most positive about an increased ability to make good financial plans as well as increased knowledge about how to live on their own with their child. The 19 and under group was most positive about being better able to make good financial plans for themselves and their child.

### Relationships

The next set of items dealt with relationships and support networks. Responses to these three items on relationships for each of the age groups are found in the table below.

**Table 9K: HAPPTPP Intervention Programs:  
Summary of responses to relationship items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I know more about what a healthy relationship means	19 and under	0.0%	27.3%	72.7%	1.73
	20 and over	11.1%	0.0%	88.9%	1.78
I have a strong network of friends to rely on for social and emotional support	19 and under	0.0%	9.1%	90.9%	1.91
	20 and over	0.0%	22.2%	77.8%	1.78
I am better able to discuss issues with my child's other parent	19 and under	9.1%	9.1%	81.8%	1.73
	20 and over	0.0%	14.3%	85.7%	1.86

Average responses to these questions were similar for the two age groups. For the 19 and under group, the mean responses ranged from 1.73 to 1.91 while those for the 20 and over group ranged from 1.78 to 1.86. This indicates that respondents felt that they had gained a great deal in understanding and creating healthy relationships. The 19 and under age group were most positive about having a strong network of friends to rely on for support while the 20 and over group felt better able to discuss issues with their child's other parent.

### Self Esteem

The next set of items dealt with participants' feeling about themselves. Responses to these three items on self esteem reported by the two age groups are found in the following table.

**Table 9L: HAPPTPP Intervention Programs:  
Summary of responses to self esteem items**

Item	Age Group	Not at all	A little more	A lot more	Mean
I feel better about myself	19 and under	0.0%	36.4%	63.6%	1.64
	20 and over	0.0%	11.1%	88.9%	1.89
I am more aware of my special qualities and talents	19 and under	0.0%	30.0%	70.0%	1.70
	20 and over	0.0%	33.3%	66.7%	1.67
I am less likely to think that I need a partner to feel good about myself	19 and under	10.0%	30.0%	60.0%	1.50
	20 and over	0.0%	11.1%	88.9%	1.89

Average responses to the questions on self-esteem for the 19 and under age group ranged from 1.50 to 1.70 while those for the 20 and over group were higher, ranging from 1.67 to 1.89. This indicates that respondents felt that they had gained a good deal in their feelings of confidence about themselves. For the 19 and under group, the item with the highest average response was “I am more aware of my special qualities and talents,” with 70% indicating they felt “A lot” better. For the 20 and over group, the items with the highest average response were “I feel better about myself,” and “I am less likely to think that I need a partner to feel good about myself.”

**Program Assessment**

The final section of the questionnaire asked participants to evaluate their experience in the program. Responses to the three items on group meetings for each of the two age groups are found in the table below.

**Table 9M: HAPPTPP Intervention Programs:  
Summary of responses to group meeting items**

Item	Age Group	Not at all	A little more	A lot more	Mean
The group meetings helped me to better understand how to take care of myself and my baby	19 and under	0.0%	0.0%	100.0%	2.00
	20 and over	0.0%	0.0%	100.0%	2.00
I learned a lot about responsibility and making good choices by attending meetings in this program	19 and under	0.0%	0.0%	100.0%	2.00
	20 and over	0.0%	0.0%	100.0%	2.00
The leaders of the group were supportive of me	19 and under	0.0%	0.0%	100.0%	2.00
	20 and over	0.0%	0.0%	100.0%	2.00

Average responses to these questions were all high at 2.00. This indicates that respondents felt that they had gained a great deal from the group meetings. Both age groups were similarly positive about all the items, with 100% agreeing that the group meetings helped them better

understand how to take care of themselves and their baby, that they had learned a lot about responsibility and making good choices, and that the group leaders were supportive of them.

Participants were also asked to respond to questions about their one-on-one activities within the program. Responses to the three items on these activities are found in the table below.

**Table 9N: HAPPTPP Intervention Programs:  
Summary of responses to one-on-one activity items**

Item	Age Group	Not at all	A little more	A lot more	Mean
The staff person (people) I worked with helped me to better understand how to take care of my self and my baby	19 and under	0.0%	9.1%	90.9%	1.91
	20 and over	0.0%	0.0%	100.0%	2.00
I learned a lot about responsibility and making good choices by talking with staff in the program	19 and under	0.0%	18.2%	81.8%	1.82
	20 and over	0.0%	0.0%	100.0%	2.00
The program staff were supportive of me	19 and under	0.0%	0.0%	100.0%	2.00
	20 and over	0.0%	0.0%	100.0%	2.00

For the 20 and over age group, average responses to all these questions were unanimously in agreement at 2.00. Although the 19 and under group did not show unanimous response, their average responses were high, ranging from 1.82 to 2.00. This indicates that respondents in both age groups felt that they had gained a great deal from the one-on-one activities. Both age groups were unanimously positive that the program staff were supportive of them. They also similarly agreed that the staff they worked with helped them better understand how to take care of themselves and their baby and that they had learned a lot about responsibility and making good choices by talking with program staff.

Participants were also asked to respond to three open-ended questions about the program and what they had learned. Responses to these items are found below.

**What part of the program was most helpful to you?**, typical responses included:

19 and under: “All of it!” “How to deal with uncomfortable situations,” “The people to talk to when I need them,” and “To learn more about my baby’s safety.”

20 and over: “All the helpful advice,” “CPR and caring connections,” and “Interacting with people and adults from other walks of life. Hearing professional opinions.”

**The best reason for me to wait to get pregnant again is...**

19 and under: “I already have two children,” “I’m not ready; it’s a huge responsibility,” “ So I can finish high school,” and I have no money to afford a second child and I will to complete college.”

20 and over: “Financial stability, emotional stability, marriage,” “Stress and money,” and “We don’t want any more kids.”

**How could this program be changed to be more helpful to others?**

19 and under: “I think it is a good program already,” Make it more publicly known,” and More information about child transitions: bottle to cup, eating with silverware, etc.”

20 and over: “Have more speakers,” I think it is fine the way it is,” and “More information about the importance of parents’ good mental health.”

## Healthy Women and Children Coalition of Dubuque County

A group of twelve community based agencies comprise the membership of the Healthy Women and Children Coalition of Dubuque County. They continue the efforts begun many years ago to reduce teen pregnancies in this area of Iowa. The 2000 census population and 2005 population estimates for the counties served by this coalition, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>.

**Table 10A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Dubuque	2000	6,460	7,075	89,143
	2005 est.	6,011	6,855	91,631

The following table presents the proportion of total live births as compared to live births to teen mothers in Dubuque County for 2006, derived from data provided by the Iowa Department of Public Health Center for Health Statistics. For this first year grantee, this percentage will be considered a baseline point of reference. Future evaluations will plot the progress this grantee makes in its efforts to decrease the current rate. (The statewide percentage for Iowa for 2006 is 8.7%)

**Table 10B: Births to adolescents as a percentage of all births**

County	2006
Dubuque	8.0%

Iowa Department of Human Services APP grant funding for this site began in FY 200-2007 when DHS provided grant funds in the amount of \$93,832; in-kind funding totaled \$14,101. Sources of in-kind funding included: Hillcrest Family Services, Dubuque County Health Department, and the Dubuque Community Y.

The project goal and objectives of the Healthy Women and Children Coalition are listed below.

Goal: The Health Women and Children Coalition will provide 40 youth aged 12-18 the skills and capacity to delay sexual activity, pregnancy and parenthood, resulting in a better chance for a rewarding future.

Objectives:

- Maintain a pregnancy rate of less than 5% among adolescents served.
- 100% of parents, significant adults and families will have direct contact with this project via attendance at Parent Night including a family meal and educational session; home visits and/or phone calls from staff.
- 85% of participants will attend presentations on sexually transmitted infections, visit the local health clinic, and participate in intensive small group discussions regarding the consequences of an unplanned pregnancy, resisting sexual pressure and all birth control options.
- 85% of youth will see presentations on alcohol and other drug use prevention.
- 85% of youth will participate in presentations and/or screenings on developing a health lifestyle.

The following sections contain descriptions of the community and prevention aspects designed to address these goals.

**Community Efforts**

**Staffing Patterns and Activities**

A total of 2.5 FTE's were responsible for administration and staffing the prevention and intervention programs sponsored by the APP grant agencies. These staff served on 12 community boards/councils including Dubuque County Health Department, FutureNet, City Health Department, County Anti-Tobacco Partnership, Family Planning Council of Iowa, Early Childhood and School Ready Empowerment Board, Dubuque Area Substance Abuse Council, and the Dubuque Regional AIDs Coalition.

**Consortium Membership and Activities**

Activities of the consortium are found in the table below.

**Table 10C: Healthy Women & Children Coalition of Dubuque Co.: Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	quarterly
Number of meetings in last grant year	1
Agencies/groups represented	9
Teen/teen parent members	0
Committees active during this year	0

The consortium met once during 2006-2007, with nine agencies participating. No teen members contributed to this year's activities nor were there any active committees.

Many changes affected this coalition during the past year. Moving from an "abstinence only" focus to comprehensive sex education programming meant losing some continuity in membership. Also, original members experienced job changes that took them away from the community. Next year quarterly meetings will occur in August, November, February and May.

### **Community-Wide Prevention Campaign**

***In the Schools.....(3)***..APP funded agencies worked directly with 3 schools at the junior high and high school levels during the past year. Presentations were made to students in sixth through eighth grades on topics including puberty, STDs, alcohol, tobacco, substance abuse, risky behaviors and decision making. High school students participated in health programming and presentations on STDs HIV/AIDs, alcohol, tobacco and substance abuse. Since school board policy prohibits discussion of birth control, the scope of presentations was limited to STDs and healthy behaviors. At both levels, participants were recruited for the TOP-APP program, and staff worked closely with school guidance counselors and administrators to promote the importance of pregnancy prevention programming.

***Recreation Programs.....(1)***..The Dubuque Community Y provided in-kind access to facilities, staff, materials, kitchen, support staff and administrative oversight.

***Social service/youth serving agencies...(7)***..The Wise Guys curriculum was presented at the Hillcrest Family Services residential treatment houses. Members of the Coalition represent seven social service agencies that share information during presentations.

***Businesses...(2)***....The consortium worked with two area businesses, Sunset Park Place and Steve's Ace Hardware, through donation of program supplies and meeting location

***Civic Groups.....***The Director of Health Services at Hillcrest Family Services made presentations during the past year to civic groups that, in turn, donated funds for project activities.

***Community Events...(7)***..The consortium participated in seven community events during the past year including the Audubon North End Neighborhood Association Health Fair, Manchester Community Health Fair, the University of Dubuque Health Fair, Loras College Health Fair, Clarke College Health Fair, Kids Expo City health Fair and Northeast Iowa Community College Health Fair.

**Health centers/clinics...(2)...** Hillcrest Family Services provided staff presentations and clinic visits while the new community clinic, Crescent Community Health Center, is building a new inter-agency referral system.

**Other organizations....**The coalition also collaborated with Visiting Nurses Association, Anti-Tobacco Group, Helping Services, and the Dubuque Area SAC to begin to change the community's understanding of issues related to adolescent pregnancy and costs to the community.

**Media.....**The consortium collaborated with local newspapers and abstinence project staff to distribute throughout the county water bottles filled with educational information on pregnancy prevention and the related cost to schools.

**Effectiveness score....**On a scale of 1 to 10 with 10 being the highest, the coalition ranked itself at 3. The majority of their efforts were focused on recruitment of participants and staff hiring and training in evidence-based curriculum. The plan for the future is to include more work with the community and media to inform on issues and data surrounding adolescent pregnancy and continuous quality improvement.

**Number of Youth Reached**

Indirectly: 3,845

Directly: 50

**Grants Distribution and Development**

The Healthy Women and Children Coalition of Dubuque County did not distribute monies to area agencies nor did they apply for additional adolescent pregnancy prevention program funding.

**Prevention Programs**

The Healthy Women and Children Coalition of Dubuque County reported on one pregnancy prevention program that was offered during the grant year. Parental involvement included Family nights, home visits and phone calls.

**Hillcrest Y Club**

Participants in this program met twice per week for five hours each evening for a nine month period. The program utilized an evidenced based curriculum that focused on the development of the whole youth. Topics included service learning, STD's, birth control, substance abuse, risky behaviors and decision making. This year, the program served 50 youth. Of these participants, 15 (30%) completed an evaluation form, all of which included in the analysis.

The first section of the evaluation questionnaire asked for some demographic information. Nine (60%) of the respondents were female. Slightly over half (8, 53.3%) identified themselves as White, while others identified themselves as Multiracial (4, 26.7%), African American (2, 13.3%) or American Indian (1, 6.7%). The average age of respondents was 12.7, and the median grade was 7.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table10D: Healthy Women & Children Coalition of Dubuque Y Club:  
Summary of responses to content items**

Item	Not At All	A Little More	A Lot More	Mean
I understand more about why I should wait to have sex with someone	6.7%	26.7%	66.7%	1.60
I am more likely to talk to a parent or trusted adult about sex	20.0%	26.7%	53.3%	1.33
I have more skills to resist pressure to have sex	26.7%	20.0%	53.3%	1.27
I understand how my decisions about sex can change my future	13.3%	6.7%	80.0%	1.67
I know how I can avoid an unwanted pregnancy	14.3%	21.4%	64.3%	1.50
I know more about the dangers of sexually transmitted diseases and AIDS	6.7%	13.3%	80.0%	1.73
I feel better about myself	33.3%	20.0%	46.7%	1.13
I am more aware of my unique qualities and talents	13.3%	26.7%	60.0%	1.47

The average responses to content items ranged from 1.13 to 1.73. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. The item with the highest average response was “I know more about the dangers of sexually transmitted diseases and AIDS,” followed closely by “I understand how my decisions about sex can change my future.”

However, several items showed a less positive response. One third of these students did NOT feel better about themselves, over one-fourth of them disagreed that they have more skills to resist pressure to have sex, and 20 percent were NOT more likely to talk to a parent or trusted adult about sex.

The third section dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 10E: Healthy Women & Children Coalition of Dubuque Y Club:  
Summary of responses to presentation items**

<b>Item</b>	<b>Disagree</b>	<b>Unsure</b>	<b>Agree</b>	<b>Mean</b>
It is easier to talk with my parents about important issues in my life	13.3%	20.0%	66.7%	1.53
Learning about careers and jobs helped me to be more clear about my life goals	13.3%	13.3%	73.3%	1.60
I know how to make better decisions about my life	.0%	26.7%	73.3%	1.73

The mean responses to the presentation items ranged from 1.53 to 1.73. This indicates that, on average, the students were very positive about the presentations. The highest rating was for the item "I know how to make better decisions about my life."

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item asked: "The best part of this program is..." For this item, students' responses included: "Talking about sex and lots of stuff," "Everything," "Games and field trips," and "Meeting new people." The second item was: "How could this program be changed to be more interesting to other persons your age?" Respondents did not have many suggestions for this item. One participant felt they could use more technology in their activities. The third item asked: "The most helpful part of this program was..." Several students responded: "The homework help."

## Helping Services for Northeast Iowa

Helping Services for Northeast Iowa represents the collaborative efforts of the Howard-Allamakee-Winneshiek-Clayton (HAWC) Adolescent Pregnancy Prevention Advisory Council. The 2000 census population and 2005 population estimates for the counties served by this site, as well as the number of younger youth and older teens, are presented in the table below to show more recent information and estimated change in population. Data was derived from the State Library of Iowa, State Data Center Program online at <http://www.iowadatacenter.org/>. Recently, this group has begun to serve a portion of Fayette County as well.

**Table 11A: County youth and total population**

County	Years	Age 10-14	Age 15-19	Total All Ages
Allamakee	2000	1,163	1,043	14,675
	2005 est.	944	1,023	14,709
Clayton	2000	1,474	1,399	18,678
	2005 est.	1,175	1,232	18,337
Howard	2000	789	741	9,932
	2005 est.	680	684	9,700
Winneshiek	2000	1,511	2,259	21,310
	2005 est.	1,201	2,069	21,234

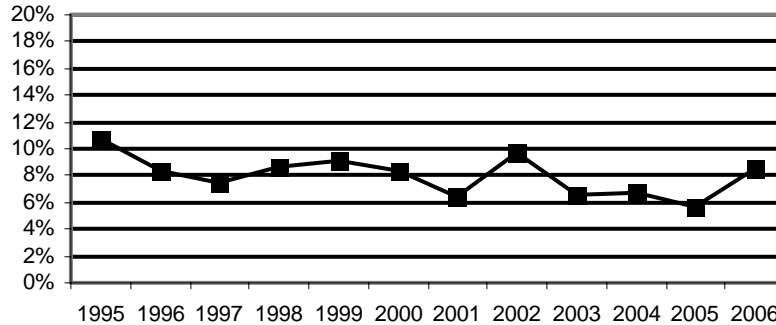
In 1998, an advisory committee looked at the urgent problem of teen pregnancy in these four counties and devised a plan for reducing teen pregnancy in the region. The following table presents the proportion of total live births as compared to live births to teen mothers, derived from data provided by the Iowa Department of Public Health Center for Health Statistics.

**Table 11B: Births to adolescents as a percentage of all births**

County	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Allamakee	12.7%	12.1%	7.9%	11.0%	12.4%	10.1%	7.8%	11.8%	7.0%	7.8%	8.3%	7.2%
Clayton	11.7%	7.4%	7.7%	7.7%	5.7%	9.3%	5.4%	5.6%	3.9%	6.3%	6.3%	8.0%
Howard	12.7%	5.4%	8.9%	8.9%	13.7%	5.5%	7.1%	11.7%	10.0%	4.2%	6.1%	11.8%
Winneshiek	7.9%	7.5%	6.0%	7.2%	6.5%	7.9%	4.5%	10.8%	5.0%	7.5%	2.4%	6.3%
<b>Over the 4 counties</b>	10.8%	8.4%	7.5%	8.6%	9.1%	8.4%	6.4%	9.7%	6.6%	6.7%	5.7%	8.5%

Figure 11 on the following page illustrates the trend for teen births in this four-county area over the last twelve years. (The state average for 2006 is 8.7%.) Teen births dropped from 1995 to 1997, rose slightly from 1997 to 1999, and dropped again in 2000 and 2001 to a new low for the period, rising again in 2002, with a decrease in 2003, remaining steady in 2004, decreasing to 5.7% in 2005, but showing an increase to 8.5% for 2006.

**Figure 11: Helping Services for NE Iowa  
Multi-County Area  
Total area births to adolescents, 1995-2006**



Iowa Department of Human Services APP grant funding for this program began in 1999 with five agencies participating in the grant application. The amount received for 2006-2007 was \$49,632. In addition, the program received in-kind funds totaling approximately \$28,421 through community partners, volunteer time, the advisory board, complementary grants, teacher time, classroom space, and crisis line services.

The original goals of HAWC Adolescent Pregnancy Prevention group include the following:

- To prevent or delay pregnancy among middle and high school students in Howard, Allamakee, Winneshiek and Clayton counties.
- To increase the intention to prevent or delay additional pregnancies among pregnant and parenting teens in Howard, Allamakee, Winneshiek, and Clayton counties.
- To mobilize communities in these four counties to respond to teen pregnancy.

The following sections contain descriptions of the community, prevention and intervention aspects designed to address these goals.

## **Community Efforts**

### **Staffing Patterns and Activities**

A total of 0.5 FTE was responsible for prevention and intervention programming sponsored by the CAPP funds this past year. In addition, this staff member served on nine community boards/councils that included HAWC Decat/Empowerment, Family Planning Advisory Board, NEIA Coalition against Domestic Violence, FutureNet (Region 2), four County Inter-agencies, and Stork's Nest.

### **Consortium Membership and Activities**

Activities of the consortium are found in the table below.

**Table 11C: HAWC Adolescent Pregnancy Prevention Advisory Board  
Consortium activities**

<b>Activity</b>	
Frequency of consortium meetings	quarterly
Number of meetings in last grant year	3
Agencies/groups represented	11
Teen/teen parent members	0
Committees active this year	0

During the past year, the consortium met four times with 11 agencies/groups represented, although there were no teen members nor were any committees active.

The purpose of this group is to mobilize communities in Howard, Allamakee, Winneshiek, Clayton and Fayette counties to respond to teen pregnancy. The group continually works on increasing the volume and coordination of teen pregnancy prevention efforts and services for pregnancy and parenting teens in this five county region. Successes have been seen in utilizing various participating agencies for referral sources as well as information outlets. The group is able to brainstorm ideas and strategies for programmatic difficulties. Challenges still remain in recruiting and maintaining member activity. This also includes the challenge of broadening membership to include parents and teens.

**Community-Wide Prevention Campaign**

**Schools.....(27)** Helping Services worked directly with 25 schools at the elementary, middle and high school levels reaching 1,700 youth. At the elementary schools in four of the counties, staff marketed and presented the Girl Talk program. Girls in eighth grade were invited to participate in the annual “Girls on the Move” conference at NE Iowa Community College; this is an enrichment day for girls to learn more about issues related to health and wellness, relationships and non-traditional careers for women. The committee for this event consisted of eight members of local service agencies such as Helping Services, Juvenile Court Services, NICC staff, local clergy, Parent Share and Support and the Valley Community Coalition. The It Takes Two/Worth the Wait and Baby Think It Over curricular program were offered at both the junior high and high schools in the area.

**Social Service/Youth serving programs (2).....** The coalition partnered with Family Planning to provide additional/supplemental presentations on STDs and contraceptive options. They also worked with the Family Support Network to provide a Teen Lamaze class open to all teens in Winneshiek Count and surrounding areas.

**Businesses .....(1).....** Jenkins Industries, a media agency, helped create a Teen Pregnancy Prevention Month ad campaign for movie theaters in Decorah and Oelwein.

**Civic Groups.....(5)..** The coalition collaborated with the United Way during the past year. In addition, Helping Services staff provide presentations to Kiwanis and other service organizations promoting APP programming.

**Community Events.....(5)..**The APP programs in this area were presented at various county fairs, at North Iowa Community College and Luther College volunteer/career fairs and at the Girls on the Move conference.

**Health Centers/Clinics (5).....** Physicians serve on the HAWC Adolescent Pregnancy Prevention Advisory Board. Winneshiek Medical Center provided information, recruitment, and space for the Teen Lamaze group. Both Winneshiek Medical Center and Gunderson Lutheran Clinic provided referrals to services, and served as active participants in promoting programming. Family Planning also provides referrals, information on service options and enhanced school presentations. The coalition has also subcontracted with local medical institutions such as Central Community Hospital and Guttenberg Hospital.

**Other Organizations.....** Referrals, services and/or scholarships come from WIC, Stork's Nest, Iowa Workforce Development, and the Toy Lending Libraries. The coalition has also worked in conjunction with the Family Resource Center, the Domestic and Sexual Abuse Resource Center and Substance Abuse Services for Clayton County.

**Media.....**Newspapers were used frequently to dispense news releases, provide press coverage of events and activities, increase public awareness, run advertisements and assist with program recruitment. Local radio stations ran several PSAs for Helping Services and pregnancy prevention programming.

**Feedback.....**Quarterly Advisory Council meetings were held to elicit feedback from members regarding programming and areas needing improvement. These meetings allowed group members to dialogue on the issues related to teen pregnancy and the gaps in services in our communities.

**Effectiveness Score.....**The consortium reported an effectiveness score of 5 out of a possible 10. This year a change was made in the employment time of the APP Coordinator. With this limited time, the Coordinator's activities were more heavily focused on school programming. Community wide efforts were improved through utilization of new or existing resources in a more effective manner; however room for growth is apparent. It would be beneficial to include a wider range of involvement from a variety of community members.

### **Number of Youth Reached**

Indirectly: estimated at 5,000

Directly: 1,700

### **Grants Distribution and Development**

The consortium distributed monies to three area agencies non-competitively this past year, but they did not apply for any additional funding opportunities.

### **Prevention Programs**

HAWC Adolescent Pregnancy Prevention group reported on three pregnancy prevention programs offered this year. Evaluation forms were returned for all three of the programs, and parent involvement was a part of all three programs.

### **It Takes Two/Worth the Wait**

This educational program encourages young men and women to accept shared responsibility for pregnancy prevention by illustrating the consequences of early sexual activity, motivating responsible decision making, and modeling healthy relationships. In 100 presentations, the program reported serving 1,600 youth from age 12 through 18. Of those who participated, 1,434 (89.6%) completed an evaluation form. From these forms, a 20% sample was taken with 289 student forms in the sample that was analyzed.

The first part of the questionnaire asked respondents to complete demographic information. As the sample results indicate, a little more than half of the respondents (52.1%) were female. A majority of students identified themselves as White (91.6%) while other students described themselves as Multiracial (3.8%), Hispanic-Latino (2.1%), American Indian (1.0%), Asian (1.0%), or African American (0.3%). The ages of respondents ranged from 12 to 18 years with an average age of 13.7. The median grade was eight.

The second section of the questionnaire dealt with knowledge gained from the content of the program. Responses and means for the eight content items are found in the table below.

**Table 11D: Helping Service for Northeast Iowa It Takes Two/Worth the Wait:  
Summary of responses to content items**

Items	Not At All	A Little More	A Lot More	Mean
I know the importance of talking to a partner about sex	4.5%	34.4%	61.1%	1.57
I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	4.9%	20.6%	74.6%	1.70
I know more about the dangers of sexually transmitted diseases and AIDS	8.4%	45.8%	45.8%	1.37
I am more likely to think that both sex partners should share responsibility for decisions about birth control	3.5%	32.1%	64.5%	1.61
I am more clear about the meaning of "No Means No"	6.6%	28.2%	65.2%	1.59
I feel more strongly that I want to postpone sex in the future	10.1%	23.4%	66.4%	1.56
I know more about how alcohol and drugs influence my decision to have sex	7.4%	33.5%	59.2%	1.52
I am less likely to think that I need a boyfriend/girlfriend to feel good about myself	13.6%	43.0%	43.4%	1.30

The average responses to content items ranged from 1.30 to 1.70. This indicates that, on average, participants felt that information they received during the program had increased their knowledge and changed their attitudes toward teen pregnancy and sexuality. On six of the questions, 60 percent or more of students indicated they had gained "A lot more" knowledge. The item that had the highest average response was "I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager."

The third section of the questionnaire dealt with feelings about the presenters and presentations. Responses and means for the three presentation items are found in the table below.

**Table 11E: Helping Services for Northeast Iowa It Takes Two/Worth the Wait:  
Summary of responses to presentation items**

Items	Disagree	Unsure	Agree	Mean
The presenter talked at a level I could understand	1.1%	13.5%	85.5%	1.84
I felt the presenter had a good understanding of people my age	4.2%	19.8%	76.0%	1.72
I felt comfortable asking the presenter questions I had	11.0%	37.6%	51.4%	1.40

The mean responses to the three presentation items ranged from 1.40 to 1.84. This indicates that, on average, the students were very positive about the presentations. The highest rating was for the item "The presenter talked at a level I could understand."

In the last section of the questionnaire, students were asked to complete three open-ended items. The first item was "The best reason for me to postpone parenting is..." Student responses included: "School, sports, and future," "I am too young," "I can't afford it and don't have time," "So I don't get a disease," "Get the education I need," "I have better things to do in my life," "I want to enjoy being a teenager," "The responsibility I'd have to take," and "The cost." The second item asked: "What are some of the activities that you especially liked?" Many students liked the games (Price is Right and Jeopardy), the skit, the "baby budget," and breaking up into small discussion groups (boys separately from girls). The third item asked the question: "How could this program be changed to be more helpful to people your age?" Many felt that the program was fine the way it was. Others responded with suggestions such as "Make it last longer so you can talk about more stuff," "More information," "Talk to a teen parent," and "Someone younger that has experienced the stuff we talked about."

### **Baby Think It Over**

This program allowed teenagers to begin to understand the realities of becoming a parent. Infant simulators engage students in understanding that babies demands are unpredictable and must be met promptly; babies require a great deal of time and attention and; babies change a parent's life profoundly in physical, emotional, social and financial ways. Since students take the infant simulator home with them overnight, the program has a strong emphasis in engaging parents in the dialogue about the consequences of teen pregnancy and the implications for family life. During the past year, this program was presented eight times, serving 75 students aged 12 years to 18 years. Of those who participated, only 7 (0.9%) completed an evaluation questionnaire. With such a small number of returned evaluations, no item analysis was performed. Demographic analysis showed that the majority of respondents (5, 71.4%) were male. Most of these students identified themselves as White (6, 85.7%) while the other student was African American (1, 14.3%). Most of the respondents (6, 85.7%) were 14 years old, and all of them were in the seventh grade.

### **Girl Talk**

The purpose of Girl Talk is to facilitate communication between sixth grade girls and their mothers. The program promotes self esteem and encourages mothers to help their daughters deal with peer pressure. During the past year, 25 girls and their mothers participated in a total of five sessions that were offered. Of those who participated, 8 (32.0%) completed an evaluation questionnaire. With such a small number of returned evaluations, no item analysis was performed. Demographic analysis showed that all respondents were White, female and in the sixth grade, (six 11-yr-olds, and two 12-yr-olds).

## **Intervention Programs**

The Teen Lamaze class is a partnership between Winneshiek County Memorial Hospital and the Family Support Network (an APP community partner). The teen Lamaze class was implemented after determining that young parents rarely completed the general Lamaze classes that were being offered. Two six week sessions of Lamaze are offered for young parents during the year. Since this is unique in northeast Iowa, the program draws participants from not only Winneshiek County, but also from surrounding counties. Teens indicate that a specific class for young parents met their needs and was a more comfortable environment to learn about childbirth. Facilitators indicate that participation in the Lamaze class seems to be increasing the likelihood of participation in other support services (home visits and young parents support groups) after delivery. Therefore this class, designed to meet the unique needs of young parents, offers parents education and support both during and following childbirth. During the past year this program served 6 teens aged 19 and under who were recruited through schools, home visitor programs, physicians, WIC and the Stork's Nest.