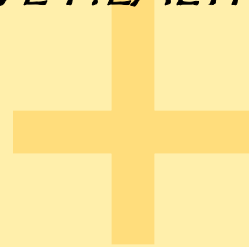





Engaging
Parents and Families as Partners in Adolescent
Reproductive Health and Sexuality

A GUIDE FOR REPRODUCTIVE HEALTH PROVIDERS





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Parents and Families as Partners in
Adolescent Reproductive Health and
Sexuality

A GUIDE FOR REPRODUCTIVE HEALTH PROVIDERS

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January 2003





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

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

1. **FACILITATE** program improvement through technical assistance and training;
2. **GENERATE** new knowledge and deepen current knowledge through applied research and evaluation;
3. **EDUCATE** providers, policy makers, youth, and the public in order to catalyze change.

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

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The practical examples upon which this guide is based are possible only because of the cooperation and participation of the four sites and program staff participating in site visits. Planned Parenthood of New York City, NY (ARMs program), Planned Parenthood of the Palm Beach and Treasure Coast Area, Inc. of West Palm Beach, FL (Teen Time and the After School Programs), Planned Parenthood of Mar Monte, Reno NV (Parents' Talk) and the New Hampshire Department of Health and Human Services (Planned Parenthood of Northern New England – Claremont, West Lebanon and Derry; White Mountain Community Health Center – Wolfeboro; Josiah Bartlett Elementary School -- Bartlett; RESPECT Teen Clinic – Laconia; Nashua Area Health Center) welcomed CARTA and willingly shared their programmatic and professional experiences so that the efforts of others could be informed and strengthened. We also appreciate feedback on our site visit findings provided by key staff at these sites – Leslie Kantor, Triste Brooks, Dana Roblin, and Robin Collen-Zellers; and by our initial group of project advisors -- Tamara Kreinin of SIECUS; Leslie Kantor, Michele Bayley, and Tracy Smith of Planned Parenthood, NYC; Michael McGee, Planned Parenthood Federation of America; Wilhelmina Leigh of The Joint Center for Political and Economic Studies; Laura Davis and Debra Hauser of Advocates for Youth; Abigail English of The Center for Adolescent Health and the Law; Karen Canova of NOAPPP; and John Schlitt, Laura Brey and Marian Knapp of The National Assembly of School Based Health Care.

Within CARTA, several individuals provided important insights and supported the development of this guide. Barbara Sugland helped to conceptualize the guide and pushed us to create a document that was accurate in its description of sites' experiences, concise and useful to practitioners. Geri Peak helped to shape the structure of the guide, and provided important feedback on various aspects of the guide, particularly the Planning Section and the Planning Wheel. Bernice Pelea helped with formatting and editing. Finally, Jackie León contributed the sweat equity, tenacity and insights required for "keeping it real" and bringing this document from an initial draft to its final form.

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PREFACE

Many youth today can point to strong and positive ties with parents and families -- healthy and positive communication, quality time spent doing things that are fun and meaningful, and ample supports and opportunities to grow and prepare for the future. Strong and supportive relationships between parents, adult family members and youth are critical for the emotional and social development of young people. Such relationships provide a foundation for the healthy development of young people, particularly around matters of sexuality and reproductive health.

Yet interspersed throughout these positive parent-child relationships are adults with limited knowledge about sexuality, relationships and adolescent development. They struggle to understand the challenges confronting contemporary youth that lead to unhealthy decisions and outcomes. Some say they understand and are comfortable with the subject matter, but they still miss critical opportunities to dialogue and illustrate important values about sexuality and relationships to their adolescent children. Even still there are adults struggling with their own personal and emotional challenges, job loss, limited family resources, the multiple responsibilities of child-rearing, or mental health issues or substance abuse. Addressing the developmental needs of their children may be viewed as valuable, but such matters pale in the face of other more immediate concerns of daily life. There is a need to bolster parents and families in their role as the primary sexuality educators of their [adolescent] children, to provide an opportunity to speak openly about sexual issues and to gain skills necessary to adequately and appropriately shape the sexual and reproductive health values and behaviors of young people.

As important as parents and families are to youth, engaging with parents and families around reproductive health issues continues to be difficult. Few reproductive health providers would argue that partnering with parents and families extends the network of supports around youth for healthy and thoughtful decision-making about sex and healthy relationships. Yet these same partnerships with parents, could, in some communities, potentially jeopardize access to confidential services for young people. Connecting with parents and families around reproductive and sexual health of teens is dicey at best when there are strong ideological views about the roles of parents, and when there is legislation that seeks to maximize parental rights in spite of public support for a more balanced programmatic and policy approach.

As is usually the case in such matters, the truth about what is potentially best for young people and their sexual development lies somewhere in the middle. But somewhere in the middle on this issue is not easy to describe. What does parental engagement really mean? Where are activities located and how can they be implemented such that confidentiality and

access to services for youth are maintained? Will parents/family members be supportive of ARH providers' efforts to connect with them on matters of adolescent sexuality? What strategies are appropriate and/or potentially effective with adults from different backgrounds? Can a balanced approach to partnering with parents be implemented in a political environment that tends to hinder such partnerships? Are there lessons from existing parental engagement programs that can inform future efforts? These are some of the questions addressed in this practice guide.

Based on findings from site visits to four parental engagement programs and grounded in a review of some 19 parental engagement programs across the country, this guide shares both the challenges and opportunities for partnering with parents and families in support of healthy sexual development of youth. It provides an opportunity to define parental engagement and illustrates different levels of parental engagement given varying political contexts and public support. This guide also outlines a process for thinking through whether your agency may be ready for parental engagement and what type of parental engagement program might be appropriate given the local context. While this document does not offer *detailed* instructions on "how to" develop, implement and evaluate a parental engagement program, it offers an important first step for the ARH field on this issue – an opportunity explore whether and how this approach can be useful for expanding the network of supports for healthy sexual development among teens and a process for planning for a parental engagement program should you find you are interested in moving forward.

We are grateful to the sites that opened their doors and their hearts and with candor, shared their programmatic and personal challenges and successes. Admittedly, there are few research-based examples of parental engagement strategies, and none of the programs we visited have been through a formal or rigorous evaluation. Nonetheless, provider agencies across the country are jumping into uncharted waters, moving forward on instinct and identifying resources and supports where available to lead the way. It is our hope this guide will be used by ARH providers to learn more about parental engagement and to examine their own programmatic contexts and identify opportunities for partnering with parents and families on ARH. We also hope this guide provides evidence that meaningful partnerships between parents, families and ARH provider agencies is possible. We also hope the planning process outlined will ensure future engagement efforts will be intentional, strategic and appropriately designed to meet the needs of parents, families and youth.

Barbara W. Sugland, MPH, ScD
Co-Founder and Executive Director
CARTA, Inc.

INTRODUCTION

Adolescent reproductive health providers have started to connect with parents/families in order to promote healthy sexuality and reproductive health behavior among youth. Currently, these efforts are based mostly on instinct and the belief that parents/families should be youth's primary sexuality educator. This belief is supported by research evidence that parents and families play an important role in the sexual development and sexual decision-making of adolescents. While instinct, belief and evidence are important ingredients for developing and implementing programs, tangible and effective strategies are critical for ensuring positive results that can be measured and replicated. It is important to help providers find ways to connect with adults in their community and to establish meaningful partnerships that will enhance the services provided to youth and improve their reproductive and sexual health.

This guide shares the instincts and experiences of reproductive health providers at four sites in different parts of the United States. It also describes the lessons learned from these programs and uses these lessons to help other providers think through, plan for, and assess their readiness for parent/family engagement.

The document has four main sections – **Learning**, **Exploring**, **Planning**, and **Assessing**.

- ❑ The **Learning** section describes the concept of positive parent/family engagement (PPE) as a vehicle to increase support and advocacy for youth's access to comprehensive reproductive health services and sexuality information. Also, this section looks at the policy context (national and state) to understand and frame the nature of activities possible for engaging parents and families around this work.
- ❑ The **Exploring** section highlights the strategies programs are using currently to improve their ability to connect with adults in support of youth's healthy sexual development. This section should help you explore ways in which PPE could be conducted in your community.
- ❑ The **Planning** section walks you through the process necessary to plan a program around PPE that takes into account the building blocks from the **Learning** and **Exploring** sections.
- ❑ The last section, **Assessing**, asks you to *assess* your readiness to engage parents and families around youth's reproductive health and sexuality issues by pulling together the building blocks from **Learning** and **Exploring** sections and connect that to what you have learned about planning an appropriate and effective program.

LEARNING

This section has two parts. The first part introduces the concept of positive parent/family engagement (PPE) and provides examples of what PPE looks like. It also makes the case for PPE and why it is important for youth providers and the broader reproductive health field to implement it. The second part provides insights into policies around reproductive and sexual health that can impact PPE program planning and development, and offers you a chance to learn about and reflect upon your state's policies around sexual health.

Review the objectives below, and as you read the text, think about whether you are accomplishing the objectives stated.

After completing this section, you should:

Be Able To –

- ❑ Describe PPE
- ❑ State Why PPE is Important for the Reproductive and Sexual Health Field
- ❑ Discuss Three Ways to Engage Parents and Families

Know How To –

- ❑ Describe How State and Local Policies May Impact PPE Programming
- ❑ Identify Your State's Level of Support for Adolescent Reproductive Health and Sexuality Issues and Potentially for PPE

Making The Case

What is Positive Parent/Family Engagement (PPE) in Adolescent Reproductive Health (ARH)?

There are many different ways parents and adult family members might be engaged to benefit adolescent reproductive health. In the context of CARTA's work and the project on which this guide is based, our working definition of PPE is:

"Any activity (formal or informal) that directly or indirectly engages parents and/or immediate family, extended family, or parent/family surrogates, in ways that support healthy sexuality and healthy behavior among teens and support the delivery of reproductive health services to teens without compromising adolescent confidentiality and/or adolescents' right to reproductive health care."

These activities can focus on promoting parents/family members knowledge and/or comfort about reproductive and sexual health issues; enhancing communication skills and ability to capitalize on teachable moments; helping adults to understand and address their own sexual and reproductive health concerns; encouraging and training adults as advocates in support of teens' access to reproductive health services.

Examples of PPE Activities:

- ✓ Parent-teen communication tips brochure
- ✓ Encouraging teens in the clinic setting to inform and/or involve parents and/or other significant adults in their decisions about sexuality and reproductive health care
- ✓ Health fairs for families about adolescent [sexual] development
- ✓ Educational workshops for parents (e.g., reproductive health & sexuality facts, relationships & values)
- ✓ Exercises to develop skills in communicating around ARH issues (e.g., Issues to discuss, How to start a conversation, When to talk)
- ✓ Involvement of parents as partners in local and national reproductive health issues

What is the Purpose of PPE? Why Is A Partnership Between Providers, Parents, & Youth Important?

The purpose of PPE is to improve the sexual health of youth through access to support and advocacy for comprehensive reproductive health services and sexuality information from parents and providers. The goal is to build partnerships between parents, families, providers and youth in support of adolescent reproductive and sexual health. A partnership between providers, parents, families and youth is important because it provides a broad network of supports for youth and for the larger reproductive health field attempting to support healthy sexual development of youth and access to confidential services for teens.

Why Engage Parents and Families?

There is strong evidence that families matter in the lives of children and youth.¹ Research indicates:

- Parental engagement around issues of sexuality influences the reproductive health outcomes of adolescents (e.g., delaying sex, increasing consistent contraceptive use).² [Note: This association generally holds across gender of the teen and across race/ethnicity].³
- Parents support adolescent access to reproductive and sexual health information, particularly from school-based education programs.⁴
- Youth want to talk to parents about these issues, but feel uncomfortable primarily because parents often seem uncomfortable and lack comprehensive and accurate information.⁵

Given the strong link between positive parent–child relationships and positive ARH outcomes, it is logical that positive parent/family engagement in ARH can enhance reproductive health outcomes among youth.

Does Place Matter?

Youth have a right to access confidential reproductive health services. This includes receiving services in a venue where their comfort in seeking services is not compromised by the presence of parents and family or other adults. For this reason, it is presumed that PPE activities will most likely take place outside of the clinic or service delivery environment.⁶ Similarly, parents and family members are more easily accessible and may feel more comfortable discussing issues of sexuality of youth in an environment outside of the clinic; connecting with adults in community-based settings may be most effective for reaching adults. In general, the location of services should be appropriate and comfortable for youth and for parents/family and appropriate to the activities being offered.

What Are Ways to Engage Parents/Families in ARH?

Many reproductive health provider agencies have identified ways to connect with parents and families in their local community. Our review of 19 parental engagement programs indicate that providers offer a variety of activities for both teens and parents, ranging from educational workshops and training in communication and group facilitation, to a multi-media campaign geared towards parents (See Appendix A for a brief description of programs).

PPE activities can be grouped into three categories, given the nature of engagement activities:⁷

- ✓ **Youth-Centered Parent Engagement;**
- ✓ **Joint Youth- & Parent-Centered Parental Engagement;**
- ✓ **Parent (Family)-Centered Parental Engagement.**

Each PPE type evolves into a higher level of parent/family engagement. For example youth-centered activities focus on youth, while recognizing the role of parents in ARH issues. Joint youth- & parent-centered activities preserve all of the characteristics of a youth-centered strategy, but increase its focus on providing relevant services to parents. Subsequently, parent (family)-centered activities continue to have a strong emphasis on teen access to confidential care, but make PPE activities more intentional for connecting directly with parents/families.

Figure 1 illustrates the three PPE activity types.

FIGURE 1: TYPES OF PARENTAL ENGAGEMENT ACTIVITIES

Youth-Centered Parental Engagement

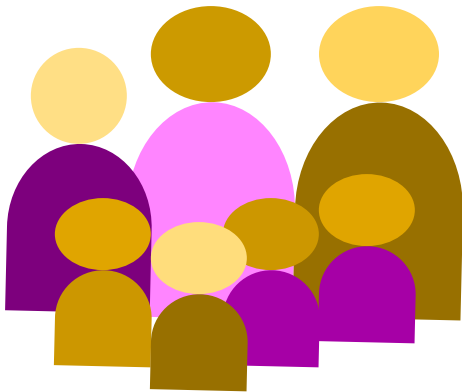
Recognize Importance of
Parents/Families

Strong Emphasis on Needs of Teens to
Access Confidential Care

Provide Full Range of Reproductive
Health Services

Encourage Teens to Inform & Involve
Parents/Families

Provide Supplemental Workshops for
Parents/Families



Joint Youth- & Parent-Centered Parental Engagement

Incorporate Parents/Families into
Specific Youth-Centered Activities

Offers Separate, Short-Term Activities
for Parents & Family Members

Creates Venues to Increase
Parent/Family Awareness About
Sexual and Reproductive Health Issues

Parent (Family)-Centered Parental Engagement

Intentional Outreach to
Parents/Families

Explicit Activities for Parents
(Adults) and Only Parents (Adults)

Empowerment of Parents as
Supporters and Advocates of ARH

As reproductive health providers seek to have a more explicit and deliberate engagement of parents and families, activities from the clinic environment to an environment (e.g., communities and school) that preserves the confidentiality of care for adolescents and facilitates direct access to parents and adult residents.

WHAT IS PPE IN ADOLESCENT REPRODUCTIVE HEALTH?⁸

PPE:

- Is any activity (formal or informal) that directly or indirectly engages parents, and/or immediate family, extended family, or family/parent surrogates
- Supports ARH issues
- Supports delivery of reproductive health services
- Protects teens' confidentiality and right to access care
- Creates partnerships between parents, families, providers, and youth
- Builds advocacy base with parents and adult caregivers for adolescent reproductive health

WHY IS A PARTNERSHIP BETWEEN PROVIDERS, PARENTS, & YOUTH IMPORTANT?

A Partnership is Important Because:

- Parents often lack the knowledge and comfort to discuss sensitive issues around reproductive and sexual health
- ARH providers are experts in these topics and are already working with youth
- It supports parents and adult caregivers in their role as primary sexuality educators of their children
- It creates a network of support for youth and families

WHY ENGAGE PARENTS & FAMILIES IN ARH?

Engage Parents and Families in ARH Because:

- Families matter to young people; positive parent-child relationships are important;
- Parents influence the reproductive health outcomes of their children
- Parents generally support youth access to reproductive and sexual health information
- Youth want to talk with parents and/or family members about these issues

DOES PLACE MATTER?

Place Matters Because:

- It is important to maintain youth's right and access to confidential services
- It is key to offer parents a comfortable and safe environment to come into their role as the primary sexuality educator of their children

WHAT ARE WAYS TO ENGAGE PARENTS/FAMILIES?

Three types of parent engagement programs include:

- Youth-Centered Parental Engagement
- Joint Youth- & Parent-Centered Parental Engagement
- Parent (Family)-Centered Parental Engagement

Families matter in the lives of children and youth. Still, for many youth and families, ARH providers are the most connected with youth around their reproductive health. The time is ripe to make the case for engaging parents and families around this issue. There is growing research indicating how parents/families can promote positive reproductive health outcomes for youth. There is a growing focus on increasing parents' roles in ARH matters, although many of those interested in this issue are not supportive of a partnership between parents/families and ARH providers. We need to promote a partnership between those who are skilled in ARH (providers) and those given/granted the responsibility of raising youth and shaping their sexual behavior and decision-making (parents and families). Together ARH providers, parents and families can create a more consistent web of information, support, and care leading to outcomes beneficial for youth.

Create A Political Base for Support and Advocacy

Why Engage Parents and Families Now?

- Increased Interest in the Role of Parents in Youth's Lives
- Evidence-Based Research Supports Initiative
- Innovative Programs Around This Work are Emerging

Importance of a Partnership

- Practitioners Bring Expertise on ARH and are Already Connected with Youth
- Parents and Families Need Support in Their Role as Primary Sexuality Educators

Shift the Debate to a Dialogue About Parent/Family Support and Partnership With Providers and Teens

Benefits to Youth

- Build Youth Resiliency to Sexual Health Risks
- Create Support Networks-Between Providers and Parents-for Youth
- Foster Parent-Youth Relationships Around ARH

MAKE THE CASE
Demonstrate the Value and Worth of PPE

Understanding How Policy Affects PPE

Adolescent reproductive health and sexuality can be a controversial subject. Different groups within society have strong and often conflicting beliefs on the subject. There are different opinions about the types of information and services that young people require in order to avoid negative consequences from sexual behavior, and who should be responsible for providing information and services. Opinions differ about the extent to which parents should be involved and whether their involvement protects adolescents' or hinders adolescents' rights to confidential services. As a result, focusing on how to bring parents into the equation can be particularly dicey for reproductive health providers. Some may interpret your participation in PPE as having reneged on your pledge to ensure confidential services to teens. Others may think your work is designed to promote or enhance parental control of the behaviors of their adolescent children. Diverse opinions regarding the appropriateness of the subject matter will present challenges; public policies in place in your state may influence what type of activities may be feasible or challenges you may face.

Understanding the policy context will help you frame this issue appropriately and allow you to advance your program development activities. The challenge will be finding ways to engage parents and families that are feasible given the policy context of your state and local community while maintaining youth's access to reproductive health services and accurate and comprehensive sexuality information. Laws and policies governing funding for ARH programs and services dictate what you can do and how you can respond to reproductive and sexual health needs of young people and will have an impact on what you choose to do with parents and families around ARH.

As you begin to think about and shape ideas around program activities, consider how the current policy environment might influence the work you are trying to do. Frame your strategies for PPE within the policy context of your state *and* community. Become aware and savvy about ways to ensure youth's access to services are preserved, while facilitating a process that enables support and advocacy from adult community members around this issue. Through this process you will be able to identify how to make the case for PPE that will resonate with key individuals and organizations in your community (e.g., adults, providers, funders, policy makers) and shift the debate from one of teen's rights versus parental control to a dialogue about how parents and providers can partner to support and advocate for healthy sexuality of youth.

Policy matters for PPE in several ways including:

- Funding allocation for relevant PPE activities
- State-wide and/or local support and advocacy for PPE
- Stipulations and/or program requirements related to program design and implementation.

How Policy Affects ARH Services

Learning where your state stands regarding adolescent reproductive health policies is helpful, as it will shape what strategies are practical and which efforts may be out of reach.

In the following pages, some examples of current policies are presented to help you learn about where your state stands on several sexuality and reproductive health issues.

Four sites were visited to gain a better understanding of how PPE programs are being shaped. While there were no specific conversations with sites about how and whether state policies impacted their program's activities, discussions illustrate the policy context is very much on the minds of providers as they move to develop PPE programs. Documenting the current policy context for your state might be useful as your PPE efforts become more strategic and deliberate. The sites visited are used as examples to help us illustrate the policy context in which PPE has been developed.

Below are a few questions to think about as you familiarize yourself with policies that might impact your work around PPE:

- What are the policies around ARH in your state and local community?
- What is the current social or political climate driving policy around ARH in your state and local community?
- Do parents/families support state and local laws and policies reflected in the current political environment?
- What are the implications for PPE (whether in a clinical or community-based environment), given the current political climate in your state and local community?
- What are the strengths and limitations of these policies given what you are trying to accomplish around PPE?

The availability of any sexual health information and its content depends on state and local policies. We reviewed some ARH policies in effect in the states in which the four sites we visited were located. Several things can be gleaned from a review of state policies in New York, Florida, Nevada, and New Hampshire (See Box #1):

- **Three out of the four sites are located in states where there are no state mandates for sexuality education**
This means three states are not required by law to include *any* sexuality education into educational instruction (e.g., no health education class).

- One of these states (Florida) is required to teach abstinence, including abstinence-until-marriage, if sexuality education is taught
 This means if a program in Florida decides to include sexuality education in any educational instruction, Florida law requires the program to teach abstinence-until-marriage as the *best* option to achieve optimal sexual health.
- New York, Nevada, and New Hampshire had no specific requirements around sexuality education content
 This means these three states could choose whether to inform youth about abstinence-only, abstinence-until-marriage, contraceptives options, or any combination.

BOX #1: WHERE DO STATES OBSERVED STAND ON SEXUALITY EDUCATION?

	Mandate Sex Ed?	Must Teach Abstinence	Must Teach Abstinence Until Marriage	Must Teach Contraceptive Options	No Specific Requirements
New York					X
Florida		X	X		
Nevada	X				X
New Hampshire					X

'X' Denotes the Presence of a Condition

** Note: The presence of a condition does not automatically facilitate or impede implementing PPE. However, being aware of the policies that might affect program design and development can help you determine what creative approaches should be utilized.*

Source: "Sex Education in the U.S.: Policy and Politics". The Henry J. Kaiser Foundation. September 2000.

For many youth, school-based sexuality education is the primary source of information about reproductive and sexual health. The type and amount of information they get in school depends on state mandates, school board guidelines and individual teacher capacity (e.g., knowledge, skill and comfort level). Knowing whether your state mandates sexuality education and whether there are any specific requirements around curriculum development can inform you as a provider about the possible knowledge base of youth you serve, whether additional information, activities and supports may be necessary to help youth make informed and responsible decisions around sexual health behaviors; and whether parents are viewed as partners with youth and providers, or viewed as the sole educators of their children around matters of sexuality .

At first glance, it may not be clear how state or local policies are related to PPE. However, as planning for a PPE program begins to progress, you will surely note how nuances within policies might impact your program efforts. For example, a state that mandates sex education *and* requires one to teach abstinence-only or abstinence-until-marriage is apt to be supportive of parents' rights and less supportive of youth access to confidential services. As such, implementing PPE, as we have defined it, may be difficult for reproductive health providers. Providers themselves may be reluctant to attempt to partner with parents and adult residents may have incorrect assumptions about the priorities and purpose of provider agencies attempting to serve youth. This does not preclude you from developing and implementing PPE in a conservative environment. One of the sites involved in our project -- Planned Parenthood of Palm Beach and Treasure Coast (PPPBTC), Inc., West Palm Beach, FL -- was able to develop a PPE project that served to connect with parents in a way that was comfortable for providers, parents and youth despite being in a state with more conservative policies about sexuality education. It does suggest, however, that you may have to work harder to establish partnerships with parents/families in order to promote PPE, and providers may be reluctant to connect with parents because of the political environment. The type of PPE activity you select may have to be youth-centered or joint youth-parent-centered, at least initially, to fit comfortably within the political environment, but some type of parental engagement is possible.

As you look to interpret your state's stance on ARH and sexuality issues, be sure to reflect on whether the policy also mirrors local public opinion. A policy might result from a political platform representing a select and powerful few rather than the views of the general public. Thus, even in a politically conservative environment, there may be pockets of community residents that support a comprehensive approach to reproductive and sexual health for teens. Such residents can be important for initiating a parent (family)-centered strategy and creating a broader base of support for a partnership with parents and families.

State policies for each of the four sites bring to mind several questions:

- How might state policies influence whether PPE activities will be received and supported in a positive way?
- How might state policies influence the level and or direction of funding for PPE activities?
- Does state policy on ARH reflect a political agenda of a small vocal few, or the broader view of the general public?
- If policies fail to reflect the views of the general public, how might this influence an agency's ability to develop and successfully implement a PPE program? What type of PPE program may be acceptable and appropriate given public opinion?

Assess Your Policy Climate

Now take a look at *your* state. Below are three maps illustrating where states stand on:

- Mandates for Sexuality Education
- Requirements for Sexuality Education
- Minor's Consent to Contraceptive Services

You can use this information to think about opportunities to ensure PPE efforts you develop are more viable for your state and community. For example, Figure 2 shows that the southern states are more likely than other regions to mandate sexuality education. Furthermore Figure 3 shows that *if* sexuality education *is* taught, more of these states are required to teach abstinence-only or abstinence-until-marriage as the option appropriate for sexual expression. If you are located in one of these southern states, you may need to reflect on whether local opinion tends to support the state policies in effect and what that might mean for a PPE effort you may be trying to develop.

Although this section briefly focuses on state policies, remember local policies can and do drive programs. At times, local policies may be more influential than state and federal policies. For example, local policy has been shown to be overwhelmingly supportive of abstinence-only initiatives in the context of sexuality education.⁹ As providers move deliberately and strategically reach out to parents and families, gaining community buy-in and advocacy for youth access to sexual health care is central to building an alliance and partnership with adults in the community and building support for PPE.

It is key to know how particular policies translate at different levels – federal, state, and local – and their role in developing an initiative such as PPE.

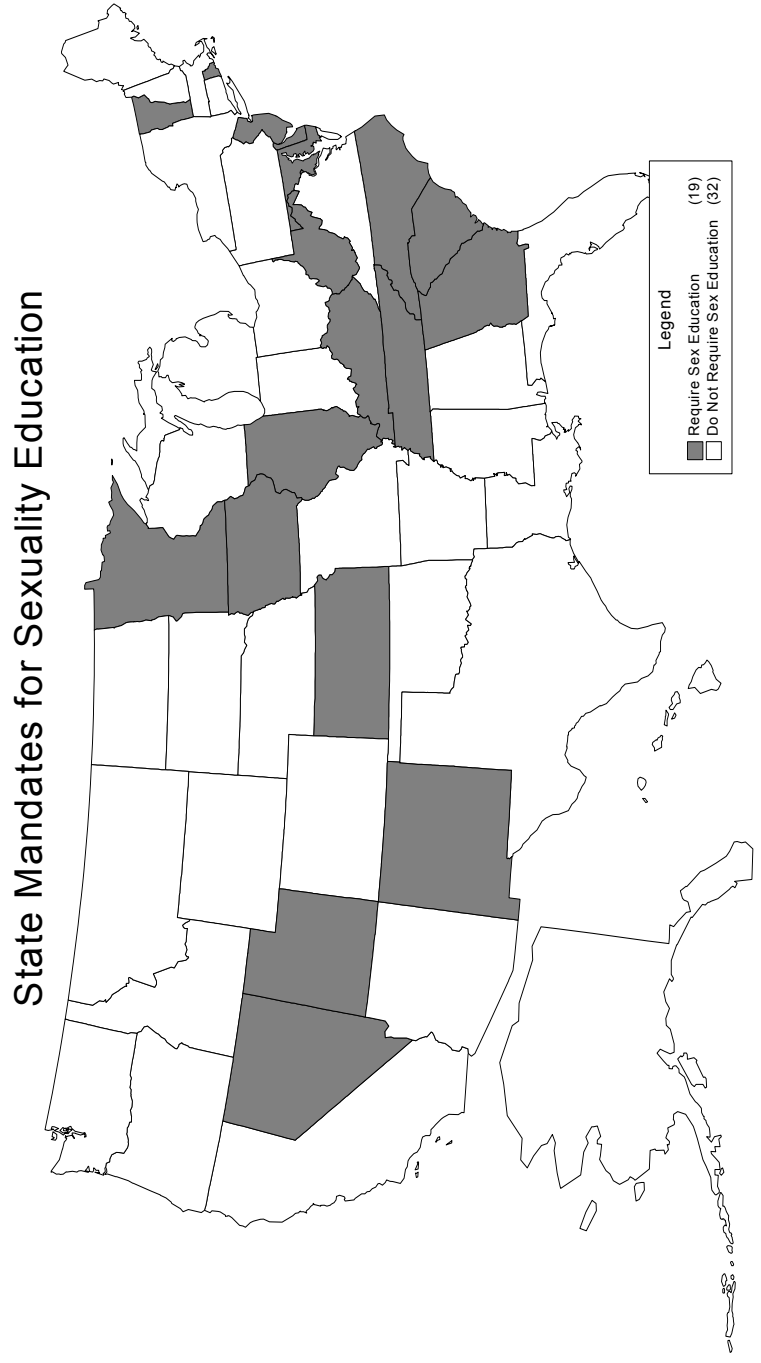
Does My State Have A Mandate For Sexuality Education?¹⁰

Yes

No

How Might The Presence/Absence of A Sexuality Education Mandate Affect Youth And Families' Access To Reproductive Health And Sexuality Information?

FIGURE 2

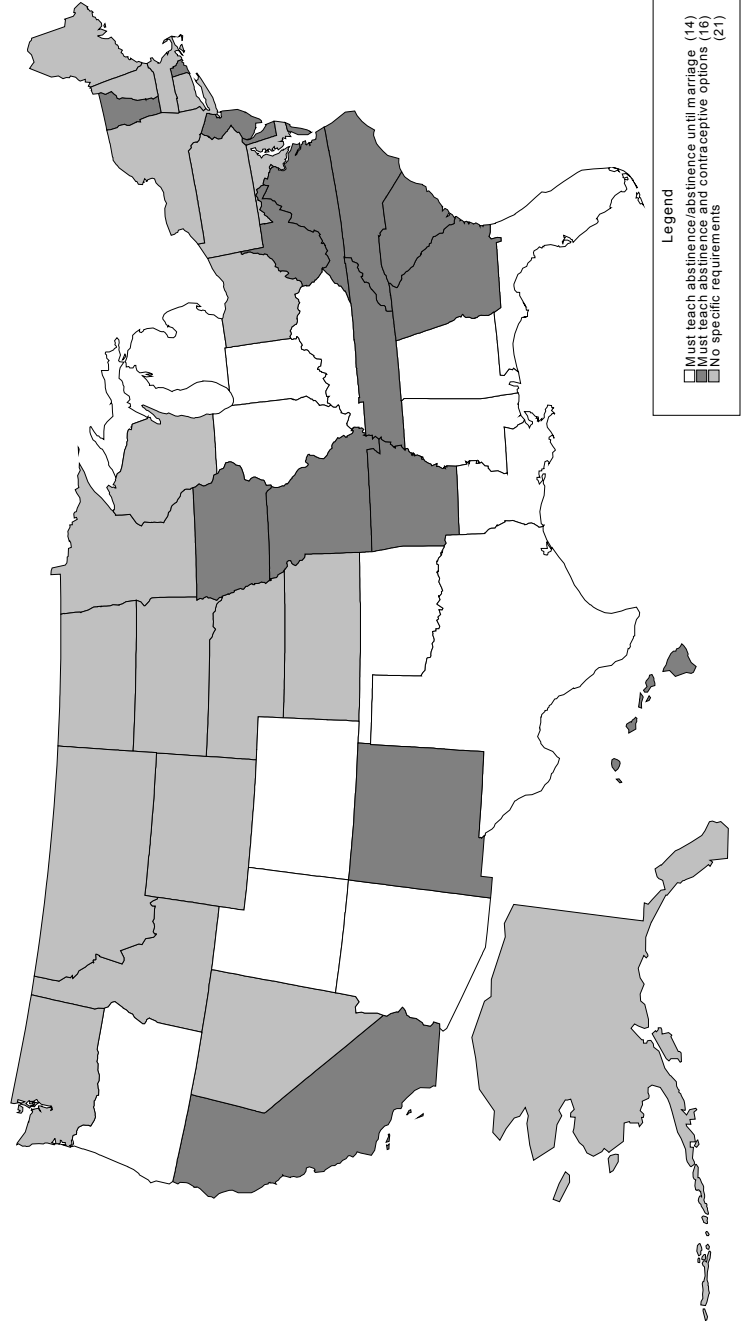


Does My State Have Specific Requirements Around Sexuality Education Content? ¹¹ Yes No

How Might The Presence/Absence of Specific Requirements For Sexuality Education Content Affect Youth's Ability To Make Informed and Responsible Decisions Around Sexual Health Behaviors?

FIGURE 3

State Requirements for Sexuality Education

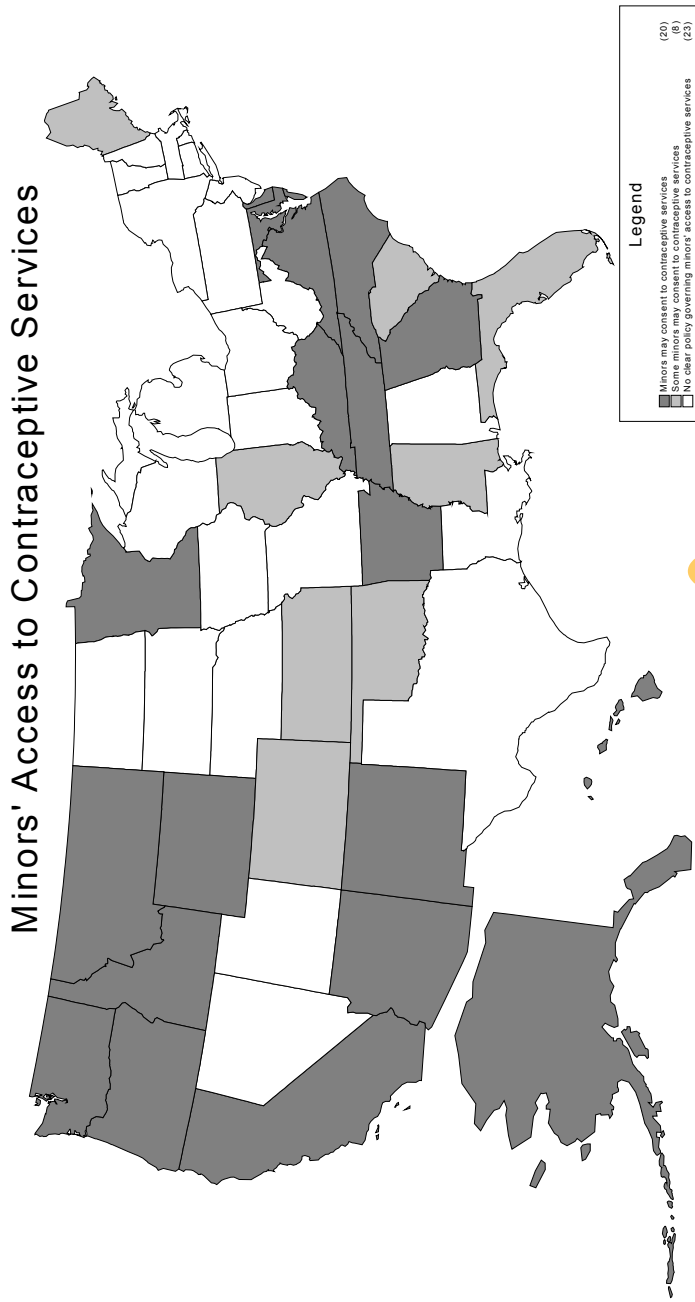


Does My State Support Minor's Access To Contraceptive Services?¹²

 Yes No

How Might The Presence/Absence Of A Specific Policy Around Minor's Access To Contraceptive Services Affect Improving Youth's Sexual Health?

FIGURE 4



Aside from sexuality education and minor’s access laws, other policy dimensions of sexual health should also be considered as you begin to build your PPE efforts. The Sexuality Information and Education Council of the United States (SIECUS) has a useful website that allows you to check out your state laws on seven (7) sexuality issues – “*Overview of State Sexuality Laws*” – at <http://siecus.org/policy/states>.

Below are the seven major areas highlighted on the website (See Box #2). Within each area there is a subset of topics that you can also assess for your state. Visit the website and use Box #2 to calculate the composite score for each major area for your state.

My State Is: _____

BOX #2: Sexuality Laws on	My State Score
1. Sexuality Education	_____
2. Contraceptive Services	_____
3. Abortion Services	_____
4. HIV/AIDS	_____
5. Sexual Orientation	_____
6. Sexual Behaviors	_____
7. Sexual Exploitation	_____
Composite Score	_____

Scoring Key (Points):

S = Supportive of Sexual Health & Sexual Rights (+1)
 U = Unsupportive of Sexual Health & Sexual Rights (-1)
 N = Neither Supportive or Unsupportive of Sexual Health & Sexual Rights (No Point)
 NL = Absence of a state law (No Point)

If Composite score:
Positive: State is termed supportive
Negative: State is termed unsupportive
Zero: State is termed neither supportive nor unsupportive

*Note: NLs do not affect score.

EXPLORING

Shaping model programs can be both a rewarding and challenging process given the context and circumstances under which PPE programs might be initiated and successfully implemented. Before you begin to design or adapt your own program, it is useful to understand how other programs have been implementing PPE activities, including the range and diversity of activities in current practice and the relative value of different approaches.

This section explores promising approaches implemented at the four sites we visited. These approaches provide useful examples of different implementation of PPE.

The objectives for this section are listed below.

At the end of this section, you should:

Be Able To –

- ❑ Examine Factors that Shape the Type of PPE Program Implemented
- ❑ Recognize the Importance of Choosing a Program Model
- ❑ Distinguish Between the Purposefulness of an Opportunistic Approach and the Value of a Systematic Approach to Program Model Building
- ❑ Know three (3) Comprehensive Program Models
- ❑ Be Familiar with Several PPE Programs Implemented at Diverse Sites

Four Program Examples

The sites observed provide an array of circumstances that can serve as frameworks for guiding individual program implementation around connecting with parents/families to support youth's healthy sexual development.

CARTA identified a set of 8 factors that seem to shape the type of PPE activities used and how programs materialized. Let's look at how these factors play out at these different sites:

FACTORS INFLUENCING PARENTAL ENGAGEMENT ACTIVITIES									
	PROGRAM TYPE	LOCALITY	POLITICAL LEVEL	BUDGET	POPULATION	MODELS/THEORIES	STAFF CAPACITY	COMMUNITY BUY-IN	RESOURCES
NH	Youth-Centered	Rural/Urban	High	---	White	No	Medium	Medium	High
NV	Parent-Centered	Urban	High	Fair	White/Black/ Native American	No	Low	Low	High
NY	Parent-Centered	Urban	Low	Good	Black/Latino	Yes	High	High	High
FL	Joint-Centered	Urban/Rural	Low	Fair	Black	Yes	High	Medium	High

Key:

NH: New Hampshire Parental Engagement Program;
 NV: Parents' Talk – Reno, NV;

NY: Adult Role Models – New York, NY;
 FL: Teen Time/After School – West Palm Beach, FL

- ❖ **LOCALITY:** Refers to type of geographic area; Rural Urban, Suburban
- ❖ **POLITICAL LEVEL:** Refers to the impact local/state/ federal policies have on program implementation; High, Low, Medium
- ❖ **BUDGET:** Refers to the stability of finances to support a parent component; Good, Fair, Poor
- ❖ **POPULATION:** Refers to the predominant racial/ethnic group served; Black, Latino, White, Asian, Native American
- ❖ **PROGRAM TYPE:** Refers to the type of focus program has: Youth-centered, Joint-centered, Parent-centered
- ❖ **MODELS/THEORIES:** Refers to whether the program development was guided by a model or theory; Yes, No
- ❖ **STAFF CAPACITY:** Refers to the staff's ability to outreach, recruit, and successfully implement parent program; High, Medium, Low
- ❖ **COMMUNITY BUY-IN:** Refers to the amount of support the community demonstrates for the program (note: this could be measured through collaboration and partnerships); High, Medium, Low
- ❖ **RESOURCES:** Refers to the level of technical assistance, materials, and resources that facilitate a parent- or joint-centered program; High, Medium, Low
- Information Not Available

By analyzing these eight (8) factors, we are able to identify what type of parental engagement approach seems right for each of the four programs. Each site's experience offers a different angle on ways to engage parents and families around the sexual health of their [adolescent] children. In the following pages, we explore the four programs in more detail and show how the eight factors relate to how programs materialize in each of the sites.

Let's see how each of these sites takes a role in improving the sexual health of the youth they serve.

Using A Youth-Centered Approach to Consider Adult Priorities and Circumstances While Promoting Parent-Youth Communication Around Sexual Health

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

PROGRAM PROFILE

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

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

Program staffs at PPMM are trained to work with youth and, given that most are young adults themselves, are more easily able to relate to young clients. Because of this, and the fact that staffs have voiced difficulty in connecting with adult community members, PPMM chooses to focus on their strengths and, therefore, uses a youth-centered approach for their PPE program. PPMM continues to build relationships with agencies already supporting parents in other areas to reach and engage adults around improving youth's sexual health.

Challenges:

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

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

As part of New Hampshire's Parental Engagement Initiative, agencies across the state use primarily a youth-centered approach to work with parents.¹³ Staffs believe this approach is most comfortable for them given the need to maintain their primary focus of delivering services to teens. Other activities to promote healthy sexuality and positive relationships with their parents and family, while important, are viewed as a supplement to their youth services.

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

Nashua Area Health Center

The Nashua Area Health Center implements parental engagement activities in an urban area. The agency would like to increase its knowledge about the needs of the community and has had some challenges establishing partnerships and collaborations within the community.

The agency serves primarily a white population, but has an increasing refugee community in need of services. Despite challenges that suggest parent/family engagement in adolescent reproductive health services may be difficult, this site has created a separate waiting room in response to parents/families¹⁴ of teen clients who attend the clinic with their adolescent children. This separate space allows parents/families to be with youth who want their parents/families involved in their sexual health decisions, while preserving the confidentiality of other youths awaiting service. Although the development of a separate waiting room was not an intentional strategy, and parent/family engagement is not explicitly promoted via the existence of this separate waiting room, it does afford youth the opportunity to actively engage their parents/families in their sexual development. In addition, it sets the agency in a position to build on this feature and begin to more strategically engage parents/families and the community, if so desired.

Several steps have been initiated by this agency to expand their efforts to reach out and engage the community. Currently, one staff member attends community meetings to try to connect with adult residents on issues other than reproductive health. As such, they are able to engage with the community by participating in activities *within* the community apart from activities sponsored by the clinic. This approach of participating in the community facilitates building trust and relationships that can promote and support other initiatives promoted either by the clinic or other agencies within the community.

PROGRAM PROFILE

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

Challenges:

- Establishing a relationship with communities

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

The Claremont and West Lebanon Offices of PPNNE are two of several Planned Parenthood affiliates that provide reproductive health services to thousands of women, men, and teens each year at different health centers throughout Maine, New Hampshire, and Vermont.¹⁵ PPNNE’s mission is to “provide, promote, and protect access to reproductive health care and sexuality education so that all people can make voluntary choices about their reproductive and sexual health.” In Claremont and West Lebanon, focused PPE programs emphasize improved communication between parents and youth around sexuality.

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

At the Claremont site, parent/family engagement activities began approximately five years ago. Community educators gained entry into the community by networking with parent groups at schools and other agencies to present parent programs on parent-teen communication around teen sexuality.

In the West-Lebanon site activities were initiated in schools at Parents’ Nights. Educators help parents to understand the range of experiences and developmental levels experienced by youth. The workshops focus on the importance of parents becoming “askable parents” and learning to utilize “teachable moments”¹⁶ to spark a dialogue with their children. Their efforts are intended to empower parents to realize they are the primary [sexuality] educators of their children. PPNNE West Lebanon also distributes a bi-annual newsletter called *GULP* designed to help parents talk with their children about sexuality.¹⁷

At both sites, the aim is to connect with parents/families and meet them where they are (figuratively and literally). PPNNE supports the notion of parents as primary educators. While educators have not been trained on specific curriculums for delivering (content & style) workshops to parents around this issue, educators use a client-focused design to prepare and present workshops. The goal is to facilitate a conversation, rather than impart information, because educators believe interactive learning leads to empowerment of parents/families. In addition, staffs aim to provide workshops at locations that are convenient for parents (e.g., child’s school, common space in public housing

communities, work place) to increase participation. This strategy facilitates outreach and engagement of parents/families because locations are familiar and convenient.

Challenges:

- No specific training on delivery of content to parents around this issue.¹⁸

Josiah Bartlett Elementary School

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

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

The Family Support Liaison has an office in the Josiah Bartlett Elementary School. The liaison provides counseling to students and parents, facilitates workshop (e.g., health education), as well as primary care as the school nurse. The Family Support Liaison also makes resource referrals to students and parents as needed. The liaison hosts several workshops, including “Raising Sexually Healthy Adolescents,” a parenting adolescents series.¹⁹

Parents in Bartlett are enthusiastic for information and thrilled to be in an environment where they can feel comfortable to ask questions. Activities for the workshop vary, but include lecture, discussion, small group work, values clarification exercises, and tips for parents such as “Ten Ways to Help Your Children Grow Up Sexually Healthy” (See Box #3). The great turnout is attributed to the Liaison’s name recognition within the community, having been a school nurse for ten years in addition to other community roles, and the level of community support for her created position. Bartlett’s biggest success comes from the effective integration of school--community-- health clinic. Unlike other sites in NH, the Family Support Liaison is able to secure sizeable levels of parent participation at her workshops. Staff members attribute the participation level to the liaison’s wide acceptance as a trusted community member--not just as a “health educator.” Because of the unique characteristics of this position and this individual, it may be extremely difficult to replicate this model in other communities.

Challenges:

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

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

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

The family planning agency is located in an urban area, but delivers outreach services in both urban and rural communities. The agency participates in a replication of the Carrera Model, a comprehensive, holistic approach to pregnancy prevention.²⁰ PPPBTC West Palm Beach provides clinical care through their Teen Time clinic, and an additional set of academic and social enrichment activities through its after school programs.²¹ The parent/family engagement component serves primarily African American families. The agency supports youths' academic and social development through structured activities such as tutoring, job readiness skills and social activities. Parents/families are engaged through activities that offer a direct, personal benefit (e.g., computer training), as well as through joint programming (e.g., Mother's Day Dinner, parents as volunteers at trips).

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

PPPBTC West Palm Beach is very interested in having a more explicit focus on PPE type programs. Several steps are being taken to develop two parent-centered programs. At the time of the site visit, PPPBTC West Palm Beach was looking to build on a concept called the Village House Program. The concept recognizes there is often one home in a neighborhood that serves as the "center" of that community, where community residents gather. The goal is to create a safe haven within this home and provide educational, social, recreational, and other positive activities for children, youth, and families around issues related to teen pregnancy prevention.

PROGRAM PROFILE

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

Also, PPPBTC West Palm Beach is working to establish a relationship with staff from PPNYC to receive guidance on developing and implementing parent-centered activities modeled after the ARMs program.

Challenges:

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

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

Planned Parenthood - New York City (PPNYC) developed a parent-centered approach, Adult Role Models (ARMs), to help parents increase communication skills and feel comfortable talking with their children about sexual health and responsibility. The objective is to prepare parents to become peer educators by training them in sexuality issues and group facilitation skills. Parents go on to present workshops to their peers in the community (e.g., Promotores Model²²) on how to communicate with their children about sexuality issues.

PPNYC is located in an urban community and reaches out, primarily, to two low-income, urban communities of color- African American and Latino.

PPNYC connects with adult parents through established agencies already working with adults and families (e.g., employment agencies, GED programs), as well through recognized community-based organizations. PPNYC use the following questions to frame an assessment of potential ARMs:

- What motivates the parent to become an ARM?
- How is the parent perceived in the community?
- How well connected is the parent in the community?
- Is the parent able to commit to the ARMs program for at least one year?
- What is the parent's position on adolescent reproductive health issues, including abortion?

[Note: While an individual parent does not have to be pro-choice, they must be comfortable with and able to make referrals for youth to abortion services].

For program participation, PPNYC relies heavily on word-of-mouth to reach out to parents in the community through already trained ARMs. The parent-to-parent peer education technique is

PROGRAM PROFILE

Program Name: **Adult Role Models**

PPE Type: **Parent-Centered**

Program Geography: **Urban**

Program Population: **African American and Latino Families in the South Bronx and Lower East Side (LES)**

Niche: **Use of a Community's Most Valuable Resource – Its Residents!**

appropriate for program participants because familiar parents from the community conduct workshops for other adults *in* the community (rather than staff). In this manner, presenters of workshops reflect the community they target. Partnerships are also formed with established organizations in the community that residents routinely use for other services.

PPNYC is well positioned to implement a more explicit parental engagement program. Staffs are committed to empowering community adults to help them deal with life circumstances, including the issues youths face related to sexuality. PPNYC has strong technical support; it has a strong educational department of 19 professional staff members (almost half are sexuality educators). Community enthusiasm for the program and recognition of the benefits it can offer increases participation and buy-in. The use of a structured model for its outreach (Promotores Model) and its content basis (Our Whole Lives Curriculum²³) provides a framework for program implementation. In addition, program-specific funding lessens the likelihood of scarce resources for implementation.

Challenges:

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

Considerations for Program Development

As you can see, agencies develop and deliver programs in the way that seems most fit for their particular context. Although the context will differ for each agency and what programs look like will vary, there are several recommendations that can be offered around program development and delivering program content to diverse target audiences.

As a starting point, there are a few questions you can ask as you begin to think about program development for PPE. These include:

- **What is my agency's belief around PPE?**

That is, how invested is your agency around PPE? It is important to gain a sense of your agency's level of commitment and support for PPE. Consider whether the level of commitment differs for staff members at different levels within your agency.

Can you describe the level of staff buy-in (current or potential) at your agency?

- **What do/would we intend to gain (accomplish) from developing a PPE program?**

These are the broad results you wish to achieve or think you might want to achieve. Remember the ultimate PPE goal is **improving youth's sexual health**. Other intermediate targets are necessary to achieve this ultimate goal, however.

For example, the Teen Time and After School Programs sought to establish a rapport with community and faith-based organizations to create a base of support for program activities around adolescent sexual health.

What is the purpose of engaging parents and families in the work you do with youth?

- **What are the opportunities and barriers?**

Opportunities can be described as the resources already established that can facilitate program development. For instance, are staff members trained to outreach and engage adults around PPE? Are there any best practice models that can serve as a reference for content development of PPE? Are in-house resources sufficient to develop and maintain a PPE effort? For example, ARH providers from PPNNE affiliate sites relied on technical assistance support from the regional office. The PPNNE regional office provided reading materials and brochures, as well as training around adolescent sexual health. ARH providers were able to obtain up-to-date information on ARH issues that could inform *what to share* (program content) with parents, families, and communities.

Can you identify opportunities within your agency that can facilitate the development and implementation of PPE activities?

Barriers are things that might prevent or delay program development. For instance, inadequate funding resources, limited staff buy-in, lack of community buy-in.

In most sites, program funding was unstable or specific (for other program initiatives). Funding earmarked for a specific activity does not provide flexibility important for developing PPE activities within existing funding streams. Maintaining a deliberate and strategic PPE program requires flexible and continuous funding for such activities, as well as human and technical resources (e.g., expertise around program development or program evaluation).

What are some barriers that may prevent or impede developing an effective PPE program within your agency?

-
-
-
- What do we want to do and how do we intend to accomplish the broader results?

These are your specific program activity goals and objectives. Be sure to clearly articulate the purpose of the PPE activity and what it is intended to achieve.

For example, in the ARMs program, one program goal is to help increase parents' comfort level and communication skills to talk with their children about sexual health and responsibility. An objective might be to equip parents with the knowledge and skills to become peer educators in sexuality issues through a workshop series. Clearly articulating your goals and objectives will clarify what activities will help achieve the ultimate goal of improving youth's sexual health.

What is one goal for your PPE program that seems appropriate for your agency given the level of agency, staff buy-in and community context?

What objectives will help you achieve that goal?

- What are the program components or activities that will lead you to desired outcomes (goals)?

To identify appropriate program components or activities, it is important to *create a logic model (See Box #4)* that maps a pathway from activity to outcomes desired.²⁴ This is a key component of your program because it drives what activities best fit your intentions and outcomes around PPE; it links how you will connect activities to tangible outcomes.

While all sites had programmatic objectives and goals, no site had clearly articulated a logic model that could help map their program activities to their goals.

BOX #4: LOGIC MODELS:

- ✓ Outline the underlying logic and assumptions between program activities and outcomes
- ✓ Outline the program's planned strategies, activities, or interventions
- ✓ Articulate the short-term effects expected from these activities
- ✓ Articulate the long-term outcomes expected as a result of both the program's activities and its short-term outcomes
- ✓ Allow agencies to clarify the relationships between activities and expected outcomes
- ✓ Facilitate the identification of critical/appropriate evaluation questions and activities
- ✓ Help measure program implementation and impact.

Source: Pelea, B.J. and Sugland, B.W. (2005). *Lessons Learned: Measuring the Benefits of Parental Engagement Programs*. CARTA, Inc. Baltimore, MD.

What program activities are most relevant for achieving your objective and goal given your target audience needs?

- **What are the components necessary to develop an effective program?**
The program model is made up of the components necessary to develop an effective program. While a logic model links intentions to outcomes, a program model (See Box #5) is useful to determine what needs to be done and how (What is the process for achieving the goals and objectives?).

BOX #5: BUILDING A PROGRAM MODEL

- ✓ Be intentional in your plan – know what you want to get out of your program to engage parents
- ✓ Be clear about the assumptions on which your program is based
- ✓ Articulate ways in which you think your program activities will influence participant outcomes
- ✓ Find ways to inform your selection of program materials & tools
- ✓ Identify curricula and activities that will help you achieve your goals.

Note: National agencies and clearing houses have resource materials and/or catalogues that can help you identify the course of information and activities you may want to share with parents.

Several components are important in designing and developing an effective program model (See Appendix C: Program Models & Materials and Evaluation). These include, but are not limited to:

- ✓ *Curriculum* – Is there already a particular curriculum or several curricula that encompass the information and/or skills you wish to bring to participants of your PPE program? Is there an existing program model that uses these curricula and fits the purpose of your PPE program?

For example, the ARMs program uses the Our Whole Lives Curriculum to develop their program content and the after school programs sponsored by PPPBTC West Palm Beach uses the Carrera Model to guide program delivery.

Identify possible curricula and/or program models that fit your agency and programmatic goals and objectives:

- ✓ *Staff skills and training* – Is in-house capacity appropriate and sufficient to outreach and engage adults in the community in a PPE initiative?
PPMM had limited staff capacity to implement a joint or parent-centered approach to PPE. Instead they capitalized on a youth-centered approach to connect with parents around improving youth’s reproductive health and sexuality.

What type of skill and training is necessary for staff to deliver the PPE program you are interested in?

- ✓ *Resources* – Aside from staff capacity, are other resources in place to facilitate a PPE initiative? Is there financial support to facilitate a PPE initiative? Are there materials available? Are collaborations established for referrals and other resources?

In New Hampshire, a statewide initiative supports the engagement of parents and families in ARH. Although some local areas are still experiencing challenges around engaging parents in this issue, statewide support suggests there is a level of agency commitment that can lead to or provide tangible resources (e.g., funding, TA, advocacy).

What are the resources needed to facilitate PPE program development, implementation and maintenance?

- ✓ *Funding* – As mentioned earlier under *barriers*, specific (restricted) funding can limit the intensity of program development. For ARH providers, their primary goal is clinical service delivery to improve the reproductive health of youth. Therefore, funding allocation for such services are a high priority. Finding sources of funding that are flexible and continuous are particularly important for developing and implementing a strong and effective PPE program.

- **Are we achieving our goals?**

To determine whether you are achieving the goals and objectives intended, it is key to set in place a process for monitoring and measuring results. Various approaches can be taken to

document the strengths and limitations of your program activity, as well as measure the desired outcomes listed, including process, outcome and impact evaluation.

While some sites collected data that would be useful to assess whether program activities were achieving their goals (e.g., quality of workshops, frequency of interactions with parents, training post-test), no site formally evaluated their program to determine if indeed program activities were connected with behavior change. Most sites shared anecdotal evidence of success.

For more information on evaluation, see Appendix C: Evaluation

What type of evaluation process is most appropriate for you given the level of program activity, the length of implementation, and what you want to accomplish with your program?

Characteristics of Program Approaches

It is often useful to distill observations of individual practices into categories or sets of characteristics that are consistent with the unique situations observed. Sorting out program approaches into relevant styles helps you compare your situation to that of our four examples.

From program strategies observed at the four sites, two specific ways to deliver PPE activities to target audiences emerged. These are:

- An Opportunistic Approach
- A Systematic Approach

As you read through these specific approaches, think about which approach is right for you given your agency's context [refer to the 8 factors that might impact PPE program development and implementation, page 17].

An Opportunistic Approach

The opportunistic approach reaches parents/families in an *opportunistic* manner – it uses venues where parents are already available and capitalizes on existing talents/skills, resources, and relationships. This approach is more task-specific; it uses ad-hoc workshops & curricula to deliver program materials. Information tends to be developed for a specific activity and/or one-time purpose. Although, the aim is generally to impact participants' knowledge, attitude and/or skills, this

type of approach is not systematically organized enough to promote behavior change. However, this approach may be particularly valuable for program initiatives that are just getting started and are trying to explore whether there is interest in such topics among parents/families.

Using an Opportunistic Approach to PPE	
<i>Benefits</i>	<i>Limitations</i>
Low Cost Use of Existing Resources Short Timeframe to Develop	Single Focus Limited Ability to Evaluate Behavior Change Rarely Elicited

Two sites in particular – PPMM and PPNNE –employ an opportunistic approach to developing parent/family engagement activities. Below is an example of how these two sites prepare for an activity and how the activity plan is carried out (See Box #6 and #7):

BOX #6: PREPARING FOR AN ADHOC PARENT/FAMILY ENGAGEMENT ACTIVITY

The process involves:

- Gathering resources from [available] organizations (e.g. SIECUS, Advocates for Youth, PPFA)
- Selecting relevant activities from one or more sources
- Customizing an activity plan using varying content, style, and technique depending on facilitator’s assessment of the group’s comfort level, information need, and interest.

BOX #7: EXAMPLE OF AN ACTIVITY PLAN

- ✓ Gain a sense from parents of the extent of past & current parent-teen communication around issues of sexuality
- ✓ Gain a sense from parents about the importance of talking with teens about issues of sexuality
- ✓ Educate parents on a range of topics related to sexuality and reproductive health, including contraception and anatomy & physiology
- ✓ Provide parents with basic strategies to talk with their kids about sex—*How to be an ASKABLE Parent*
- ✓ Discuss media influences on teens’ [and adults’] perception of sexuality and how this shapes communication
- ✓ Answer any questions parents might have. [Note: Questions may be on and off topic, and may even be personal. The purpose is to increase parent trust and comfort with facilitators and promote an aura of openness among the group]

A Systematic Approach

Like the opportunistic approach, a systematic approach is also customized to fit *your* particular needs. This approach is termed a *systematic approach* because, rather than task-specific activities, this type of approach employs a more comprehensive program model (See Box #8) that focuses on addressing several areas important for improving healthy sexuality (e.g., medical care, relationship-building, decision-making). This approach often integrates multiple activity components in an intentional way, and as such, has a greater likelihood of achieving meaningful behavior change.

BOX #8: COMPREHENSIVE PROGRAM MODELS

- Holistic approach
- Systematically impact behavior
- Multi-faceted strategies
- Customize Delivery of Information
- Address overarching objective

The comprehensive program model is designed so that each component addresses a specific objective (e.g., increase parent-child connectedness, increase parent's understanding of youth's sexual development), and works collectively to address an overarching goal (e.g., improve youth's reproductive health outcomes). For instance, a medical/health component might focus on assuring access to reproductive and primary care services, while an outreach component might focus on increasing parents and communities understanding of supports and

services youth need around becoming sexually responsible and healthy. Together, the need for access to services and improving supports creates a "wrap-around" effect that has a greater potential to lead to behavior change as multiple factors influencing teen sexual behavior are addressed simultaneously.

Comprehensive models aim to consider the whole person and develop activities and strategies of engagement that are appropriate and adequate for a person's physical, emotional, cultural, social, and economic circumstance.

Using a Systematic Approach to PPE	
<i>Benefits</i>	<i>Limitations</i>
Multi-Faceted Holistic Change Behaviors Ability to Evaluate	Higher Funding Levels Required Resource Heavy Longer Timeframe for Program Planning and Program Results

Two sites – PPNYC and PPPBTC–West Palm Beach – employed a systematic approach to deliver program content in a more comprehensive manner. Site visit programs we observed employed three models that illustrate different types of comprehensive approaches. Let's look at three examples of comprehensive program models and the components that offer participants a holistic set of services:

Teen Pregnancy Prevention Program (Carrera Model)

- ✓ Employment
- ✓ Education
- ✓ Family Life and Sex Education
- ✓ Medical/Health Services
- ✓ Self Expression through the Performing Arts
- ✓ Lifetime Individual Sports
- ✓ Mental Health

Our Whole Lives Curricula

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

Promotores Model

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

**For more information on these models and approaches see Appendix B: Program Models & Materials.*

PLANNING

Now that you have jotted down some things to consider, it is important to know and understand what it takes to plan an intentional and systematic PPE effort. In this section, we will guide you through a planning process that is tailored to the unique demands of PPE. In the end, you will be able to assess your agency's readiness to develop a PPE program taking into account the building blocks from the Learning and Exploring section and what you know about what it takes to plan a program. For now, let's look at what it takes to plan a program!

Below are *Planning* objectives to achieve from this section. Review the objectives, and as you read this through this section, think about whether you are accomplishing the objectives stated.

At the end of this section you should:

Be Able To:

- ❑ Use the information from the Learning and Exploring sections as context for building a planning model around PPE
- ❑ Recognize the sequence and purpose of the six (6) steps of planning
- ❑ Understand four factors important in program planning

Using a Planning Model

Now that you know what PPE is and reviewed several examples of PPE strategies, let's think through how that information can be used to plan a program.

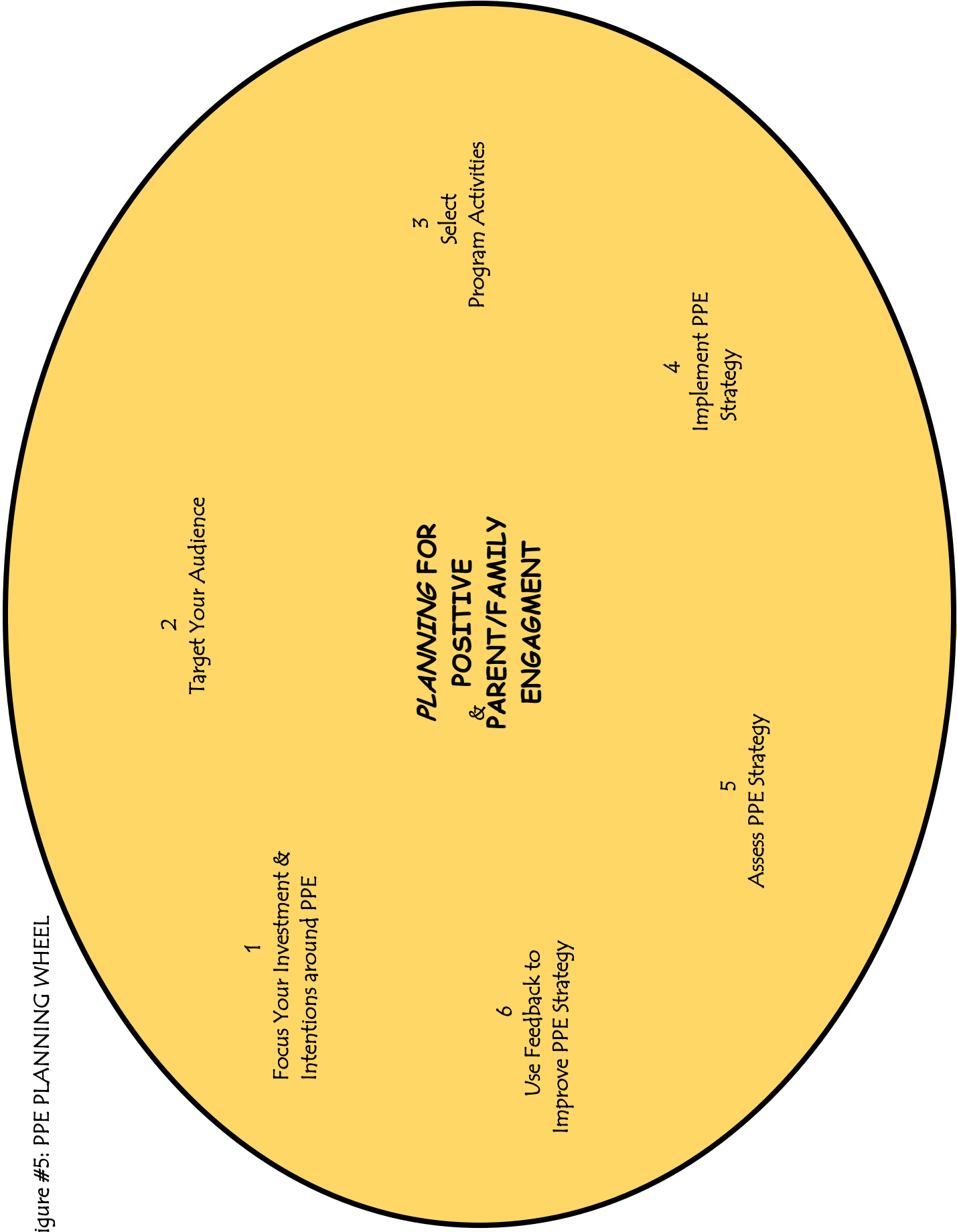
There are several different ways you can begin the planning process for your PPE program. We have adapted the Social Marketing Wheel²⁵ to focus on the unique circumstances of reproductive health care provider agencies useful for developing new or existing program planning around parent/family engagement in ARH. The PPE Wheel (See Figure #5) presents the essential steps required to initiate and sustain a PPE program. The concept of social marketing is appropriate to the task of engaging parents/families because of the need to target information and messages in customized and strategic ways to *meet the audience where they are*. The PPE Wheel retains the social marketing ethic – based on communication principles – that communication flows in two directions and that information must be appropriate for/acceptable to the target audience. This concept is key for helping ARH providers recognize, value, and integrate the experiences and viewpoint of parents and families. The PPE Wheel also affirms providers' role as partners and supporters of parents and families in their role as the primary sexuality educators of their children. Providers are, therefore, not imparting information, rather engaging in a dialogue with parents/families regarding ways to support the sexual health of youth.

The PPE Wheel illustrates the steps you need to take to systematically create, design, implement and maintain a customized set of PPE activities in support of ARH. The six-step process is very flexible; you can determine how in depth some of the steps should be based on what type of PPE strategy works best for you – youth-, joint-, or parent (family)-centered. Still it is important to follow all of these steps so that the process can work best for you.

You should approach the planning model with all of the points previously discussed in mind – policy context, agency support of PPE, type of parent/family engagement best suited for you, staff capacity, partnerships, resources, community buy-in, and other relevant factors.

** Note: The PPE Wheel is cyclical in nature – a cycle that once instituted can continue dynamically into the future. It is important you start at the beginning if PPE activities represent a new program initiative within your agency. For those agencies already working with parents, use the PPE Wheel to assess your planning steps or to move from an opportunistic approach to a more systematic approach. Think about how current program efforts remain similar or differ given the nature of PPE work.*

Figure #5: PPE PLANNING WHEEL



The six steps illustrated above help to become familiar with what is needed to plan a PPE program. Each step is designed to take you through a process of building an intentional and systematic program model that address your objectives and goals (Step #1) given your particular target population (Step #2). The purpose of the planning wheel is to design a program that links intentions to [measurable] outcomes (Step #3 – Step #5) and involves the target audience to inform the process of refinement and improvement (Step #6). These steps are complementary and often occur simultaneously. As the model depicts, the planning process is cyclical and suggests a continual process, whereby each step builds off the next while keeping mindful of the whole wheel.

The target population should be active participants throughout the planning process and inform each step of the PPE Wheel.

Let's look at each step a bit closer to understand the process of planning a PPE program around ARH.

STEP 1: Focus Your PPE Investment and Intentions

In this step, think globally about your planning process. Review the entire planning process – since this is a dynamic process, each step is not discrete in either time or priority. You have to anticipate all six steps and even initiate activities in some of them, like assessment, early on in the planning process. Don't wait until implementation to consider what messages best fit your audience or how you will measure your success. Talk about these items now and set those with responsibility for each area to task. In thinking globally, consider and clarify all steps, including:

- Identify what the agency believes about the value and role of PPE within the agency and clarify how PPE fits with their vision for the reproductive health of young people.
- Determine the type of PPE effort – youth, joint, or parent-centered– that feels right for your agency at this particular time.
- Be clear whom you will be working with (target audience), and how you can get parent/family/youth investment early on through participation in the program planning process. (Note: This will inform step #2 and step #3).
- What are the long-term, intermediate- and short-term goals of the effort? Do you want to attempt to influence rates of sexual and reproductive health outcomes among youth in your community, or are you interested in improving the health behavior of youth clients; or do you want to focus on improving parent-child relationships, or parent child-communication, or enhancing parents' communication and interpersonal skills?
- Think about the link between what you do (might do) for adults (program activities) to benefit young people and youth outcomes. Note: This is your theory of change/logic model. [Refer to page 27 or Appendix: Evaluation – Lessons Learned: *Measuring the Benefits of Parental Engagement Programs*].
 - A theory of change outlines the assumptions through which the program is presumed to work – e.g., using adult residents as peer educators empowers parents and increases the chances parents will be effective communicators around issues of sexuality.
 - Your logic model outlines the activities that reflect the theory of change – e.g., workshop series to train adult educators to work with community residents; role playing sessions to enable adults to practice communication strategies.

- Consider staff capacity and agency capacity issues at this stage as well. For example, fundraising or reallocation of resources, staff trainings, program space, etc.; these things should all begin to be considered here and should be considered in the context of the type of PPE effort you want to develop and the goals of that effort.

Remember you may be at different stages in your planning process when you pick up this guide. Take a minute to clarify whether you have thought about all the steps in a planning process, and begin at the place in the planning wheel that seems to reflect where you are with the development of your program.

STEP 2: Target Your Audience

The next step is thinking strategically about the parents and family adults who make up the target audience for PPE information and activities. Remember that whether you are using direct approaches (e.g., parent- or joint- centered) or an indirect approach (e.g., youth-centered), you ultimately need to figure out how to package information about youth reproductive health and sexuality in such a way that it is accessible and relevant to parents/families. Think about the parents' culture, language, beliefs, as well as their fears, hopes and wishes for their children. Know if parents practice what they preach or if there are discrepancies in adult behavior that youth will see and challenge. Note that in a couple of the example sites, parent populations were diverse; different parent populations may require different messages and approaches.

The link to the social marketing wheel is strongest here. This is where the examples of testing with the audience are essential. The point here is to acknowledge your target audience and then tailor not just messages (from our communication roots), but outreach strategies, informational approaches (e.g., styles of learning, etc.) to meet the needs and expectations of the parent/family audience. Remember the one thing parents and adult family members share is a lack of time. Parents are busy with work/survival, parenting, and any number of interests and obligations. Programs will have to compete with these in a way that is compelling or they will not have any participants to work with.

Several resources can help you identify which outreach and engagement approach might be appropriate for your target audience. [Note, the international literature offers many interesting examples for working with diverse populations that can be applied to the U.S. context.]. Consider:

- What are the communication needs of the audience I want to reach (e.g., Local Paper, Word of Mouth, and Flyers in the Community or Local Food Mart)?
- What are the pros and cons of outreach and engagement methods (e.g. Cultural Appropriateness, Age Appropriateness, #s Reached through X Method, Cost, Timeframe, Resources Necessary)?
- What is the appropriate setting for program delivery/ implementation? **Remember, it is important to maintain youth's access and privacy to reproductive health services. Engaging parents/families should compliment any current efforts in place to help youth make responsible and informed decisions around sexual health behaviors.

Keep or establish an open dialogue with your target audience. This type of dialogue is especially critical at this stage because it informs “what works” best within their own community! If you are new to connecting with adults, think about adult residents from within other community-based organizations with whom you partner or offer support services to that could be tapped. Even a few supportive adults can help you begin the process of understanding what might resonate with community members.

STEP3: Select Your Program Activities

This step is where you translate your ideas into actions. The vision serves as the center of the program. Your theory of change/Logic model is the framework on which the program is built and the benchmark against which it will be measured. Clarifying the target audience gives you the flavor of the program. Now you need the substance to get your program underway.

Look at your theory of change/logic model and ask this question: What can we do that is consistent with our vision that will achieve the desired outcome? Immediately you will note that there are various activities that might be appropriate. The information gleaned about staff capacity and interest, community needs, and target audience preferences, as well as your program model type, will help you to select the most appropriate activities.

For example, PPNYC recognized a need to bridge the gap between parent and youth communication around ARH issues. However, they knew that the message around the value of talking with your children about sexual health would not get across as effectively coming from providers – “outsiders”. A more appropriate strategy was to train parents from the community to do the work they would traditionally do. Therefore, program activities focus on building parents capacity to become facilitators and educators. They also used relationships with community organizations to gain initial access to the community.

Once the theoretical model has been outlined in step #1 and outreach and engagement approaches identified in step #2, identify program activities that suit your purpose and audience. [See Appendix B: Program Models & Materials].

- Be cognizant and respectful of families’ cultural boundaries. This will be key in your discussion around youth’s reproductive health and sexuality.
- Consider *where* to conduct the program activity. Rather than a classroom setting, you might choose to do an activity outdoors (if feasible), or in a community center, or in the home of a respected community resident.
- Most importantly, consider what you want them to get out of the program activity. And be sure participants are clear of the purpose of the PPE program. Be sure the process is engaging and empowering!
- Explore whether there is an existing program curriculum or program model that speaks to the theory of change (logic model) outlined in Step #1. The model or curriculum should align closely with the logic model, and should address the critical aspects of the logic model.

Once program activities that fit into your desired outcomes are identified, pilot your program activities and any outreach and engagement materials, with a small group from your target population. This step will ensure that your program activities and materials are consistent with the interest of your population, as well as clarify whether the program is appropriate (e.g., linguistic, cultural, age).

Finally, obtain feedback from the pilot group, review goals and objectives. Think realistically about available resources and required resources; the timeframe for the program; and organizational logistics; gain consensus on what the program activity should “look like” in the end given the context of fiscal and human resources.

Remember to select activities that can be fun and enjoyable to parents/families. Parents and families are often overwhelmed with familial obligations; be creative in *how* you engage parents and families. For instance rather than lecturing at parents to impart information, you might choose to play a game or have them do the “teaching”. Or you might want to take an approach of offering advice between “friends” rather than a teacher–student approach.

Finally, before getting started put in writing a brief description of your program goals and objectives, your theory of change/logic model, and a brief outline of the protocol for implementing the PPE effort. While your documentation does not have to be extensive, it should be clear and well thought out. This will provide guidance for program staff about expectations for the program, the program components (e.g., education, skill building, advocacy training), program activities (e.g., workshops, visits to the state legislature), and how you envision the program should be implemented and by whom (e.g., staff or adult–peer–educators). This documentation will also guide the development of an evaluation plan or provide an important standard to be used in your program evaluation.

STEP 4: Implement PPE Strategy

DO! DO! DO!

It’s finally time to put all that hard work to the test. Stay focused on having fun and connecting with adults around ARH. Involving people from your target population in the planning process should have helped you anticipate some of the glitches, but expect road bumps anyway. This is not a bad thing, you will learn as you go. As your agency takes on a more systematic approach to PPE, there will be new ideas you may want to try that were not in the “plan”. Remember that a systematic approach is a patient approach. Follow through with your plans before changing to the next best new idea on the block. Be confident that you will have time to try new innovations, but don’t be afraid to consider more immediate change if you find that what you do isn’t working the way you would like.

In addition, remember that your assessment plans were started early in the process as well. Try not to make too many changes and frequent changes, as this can create problems for your assessment. A solid assessment, particularly outcome assessment, requires stability in program implementation in order to determine whether program activities are achieving the desired results. If you are committed to a strong outcome evaluation, you are better served if you focus attention on working out the

“kinks” in your program model and implementation protocols. Build in systems for program evaluation first, process as well as outcome, before moving to a formal program evaluation.

Just as you planned for your PPE effort, be sure to plan for the start of your PPE! Outline your outreach and recruitment strategy, develop fliers and/or other materials to advertise or get the word out about your program; allow ample time to develop and test program materials, to train program staff and to secure appropriate resources to get the program underway. If your agency is small, be careful not to spread the news about your program too broadly or too quickly. The demand may quickly exceed your available staff and fiscal resources. Be realistic about the number of parents/family members you can support at any given time. Develop an implementation plan that fits the scope of the population you are able to serve.

Step 5: Assess PPE Program Effectiveness

There are several reasons why it is important to evaluate a program. You might want to know (See Box #9 for additional reasons):

- Is the program working and why?
- What changes, if any, are necessary to improve the effectiveness of the program?
- Is this the best logic model to achieve your stated goals?

It is key to think about evaluation from the beginning of your planning process. You want to make sure that you are collecting and/or documenting the right information so that when it is time to start gathering information, all your pieces are in place.

There are three primary types of evaluations:

Process Evaluation -- examines whether the program was implemented in the way it was originally designed and answers the question: How much of the intervention was provided, in what way, to whom, by whom and in what settings?²⁶ Process evaluations can answer questions regarding the quality and integrity of program implementation and provides a context for understanding the results of more extensive evaluation efforts (e.g., outcome, impact).

BOX 9: WHY EVALUATE?

TO MEASURE PROGRAM QUALITY & EFFECTIVENESS

- ❖ To determine whether PROGRAM GOALS and OBJECTIVES are being met
- ❖ To document the STRENGTHS & WEAKNESSES of the program or its components
- ❖ To guide program management, program planning/adjustments and future DECISION-MAKING

TO DEMONSTRATE VALUE

- ❖ To fulfill FUNDING requirements (accountability)
- ❖ To advocate for and justify increased and/or sustained funding

TO LEARN

- ❖ To contribute to the base of SCIENTIFIC KNOWLEDGE about effective program design and program models
- ❖ To determine GENERALIZABILITY of program to other populations and settings

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

Outcome Evaluation -- measures whether the program has produced any immediate (e.g., short-term effects) and intermediate results. It generally answers two questions: 1) Were there any changes among the population served by the program; and 2) Did the program cause or influence these changes?²⁷

Impact Evaluation -- measures the long-term effects of the program (e.g., 1-10 years) as measured by changes in long-term outcomes seen in the target population (e.g., increased contraceptive use among teens, reduction in teen pregnancy rates).

Conducting an evaluation can seem overwhelming if you have not been trained to think about or do evaluations. Think carefully about the scope of your program, intensity of the program and the size of the population served. A small, short-term program, with a modest amount of intensity has relatively little potential for long-term behavior change. Thus, an extensive impact or even outcome evaluation may be inappropriate for this type of effort. A process evaluation, however, is appropriate and probably more in line with available resources. A larger initiative, targeting a larger group of participants, with a greater intensity of participation, may warrant an outcome evaluation, so long as the program implementation is stable enough to capture program results. Deciding what type of evaluation and when an evaluation should get underway is important, as you want to make sure you are conducting the assessment most relevant for your program and doing so in an appropriate timeframe. The resource section references several materials and organizations that can help you decide what type of evaluation is right for your program, and help you put systems in place so that an evaluation can be conducted once your program is ready for a formal assessment.

STEP 6: Feedback to Improve PPE Program

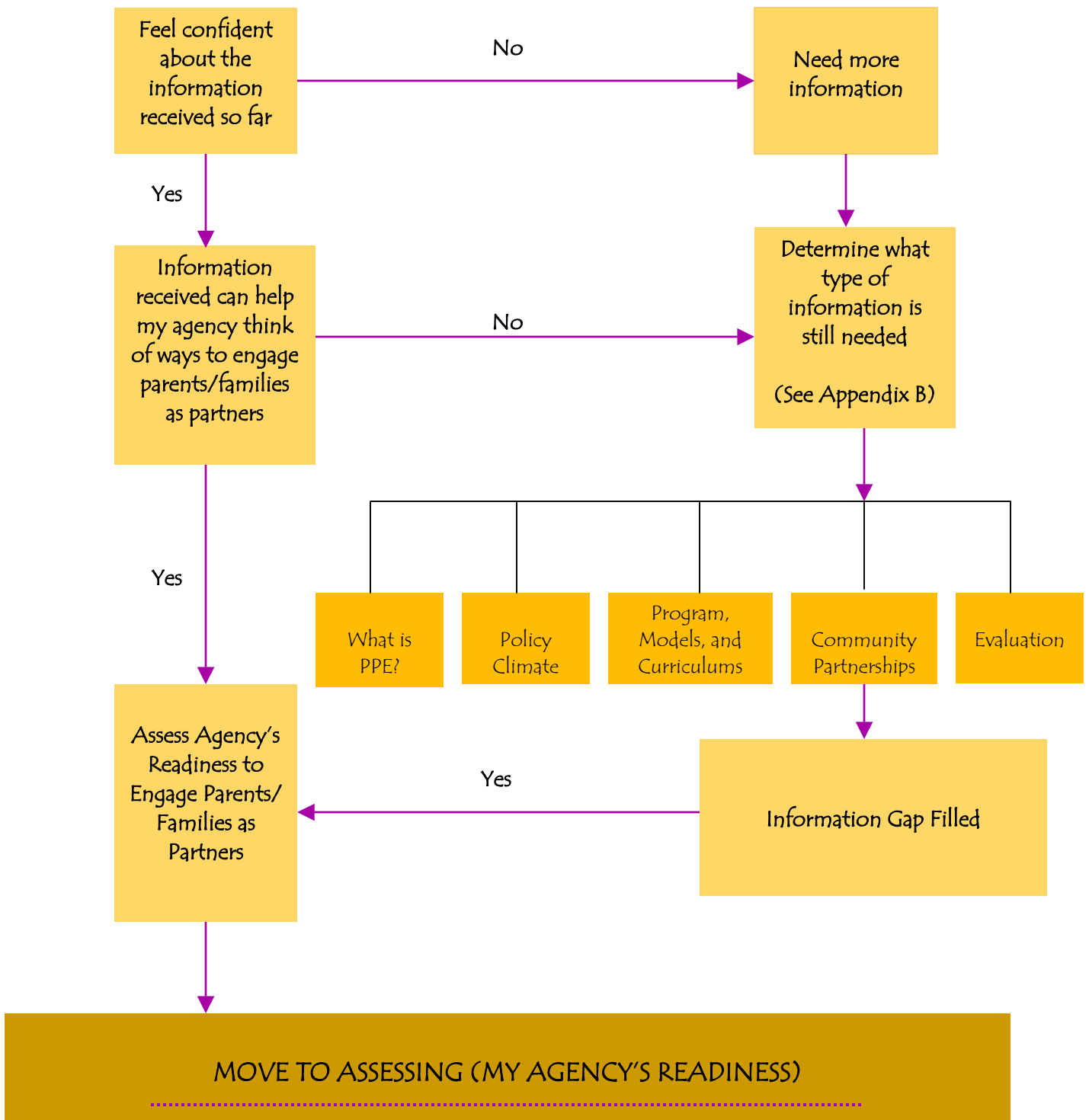
At the beginning of the planning process, we stated that the process is cyclical in nature. In addition we noted the importance of [informal] feedback at each step from program participants, as well as staff. Feedback is important because it assures that the program is consistent with the objectives, goals, and expected outcomes originally stated.

Using the feedback received during the various stages of the planning process, as well as the findings from the evaluation, take the time to revisit your objectives and goals and expected outcomes. Are any changes necessary?

- Are outreach materials appealing?
- Do parents/families participate in a consistent manner?
- Are program activities engaging and appropriate for the target population?
- Are additional activities necessary to increase the effectiveness of the program?

Six steps are discussed above to help you understand the planning process around PPE. These steps should be applied within the knowledge you have gained from the two sections of this Guide -- *Learning and Exploring* -- to develop an appropriate and potentially effective PPE program. What remains is to determine your agency's readiness to partner with parents and families to improve the sexual health of youth.

Before moving to the *Assessment* section, take a minute to see where you stand by reviewing the following flow chart:



ASSESSING

Now it's time to use what you have learned and apply it to your own situation. This section gets you to think about what your particular parent/family engagement program may "look like" given your particular circumstance and whether your agency is ready to connect with parents around ARH.

After completing this section, you should:

Be Able To –

- ❑ Determine whether your agency is "parent/family-ready"
- ❑ Identify what factors are important and relevant that impact PPE activities
- ❑ Assess where your agency falls on readiness – Low, Medium, and High
- ❑ Understand what your agency's rating means

Parent/Family Readiness

In the last three sections we learned about PPE, explored how some agencies approach engaging parents/families in support of ARH and reviewed the steps in putting together a PPE program plan. Now that you have learned something about what it takes to engage parents and families in promoting positive adolescent sexual health, let's step back and take a look at your agency's capacity to engage parents and families.

The following assessment tools will help you review diverse aspects of your agency to determine whether your agency is "parent/family friendly". First, let's look at agency readiness. Where does your agency stand on the following areas: **C** = community relationships, **O** = organizational capacity, **R** = resources, **A** = advocacy

Determining whether my agency is "parent/family" ready:

	YES	NO	NOT SURE	
Do we already work with/reach out to parents?	___	___	___	C
Do we have an established relationship with parents/families in the community?	___	___	___	C
Do we know how parents in the community feel about specific reproductive & sexual health issues (e.g. condom distribution, sexuality education) related to youth services?	___	___	___	C
Do we have a particular position (for or against) working with parents on adolescent reproductive health?	___	___	___	O
Is my staff comfortable with and able to work with adults on sexuality related matters and activities?	___	___	___	O
Does my staff have the capacity to work with ethnically and economically diverse parents (if this is the population you serve)?	___	___	___	O
Does my agency have strong ties with the local community, either with residents or with important community-based institutions and service agencies?	___	___	___	O
Do we receive support (political and advocacy) from the local community on reproductive health matters?	___	___	___	R
Does my agency have or can it secure the financial resources to initiate or sustain this program effort?	___	___	___	R
Do we confront challenges when reaching out to the local community regarding program activities and services? Do these challenges reflect differences in culture, geographic location (e.g., urban or rural), or a lack of understanding about the services my agency provides?	___	___	___	A
Does my agency confront specific political or legislative challenges with respect to the provision of sexuality education, or engaging parents?	___	___	___	A

Take a look at your answers to the above questions. Are all your 'yes', 'no', and 'not sure' answers concentrated in one category, C, O, R or A?

Look at your worksheet – do you see any patterns in how you were able to answer the above questions? How many questions did you answer "Yes", "No" or "Not sure"?

A yes answer shows clear readiness, while a no answer gives you a clear mandate about where you need to build. If you aren't sure about any of the questions, you need to be more in touch with what is going on within the agency, or may need to involve other staff members who can offer some additional insights about your agency's position and or capacity for working with parents/families.

Which category had the most? For each answer choice check the category that had the most number of 'yes', 'no', and 'not sure', respectively.

Yes?
.....

- Community Relationships
- Organizational
- Resources
- Advocacy

No?
.....

- Community Relationships
- Organizational
- Resources
- Advocacy

Not Sure?
.....

- Community Relationships
- Organizational
- Resources
- Advocacy

While there is no concrete sense about how many of these items you should have in place before moving forward, there are a few general rules that may be useful.

- **Secure buy-in from administrative and front-line staff before moving forward. Be sure that there is consensus about the type of PPE program that is most comfortable for your agency and there is consensus on what you want to accomplish and the range of PPE activities staff and administrators are willing to try.**

Getting your staff on board is critical to having a solid foundation at your agency. Test the waters by having small conversations with key administrators and staff to determine their level of comfort and willingness to engage parents. What program activities would they like to see to support the role of parents, as well as strengthen the work they do with youth? What is the staff capacity and needs to do the proposed programs?

- **It is generally easier to expand or modify an existing program or build on existing resources than to try to implement an entirely new and different program.**

Building on what you have, maximizes resources; use existing networks and supports. If you don't already work with parents, identify a few, simple ways in which you can begin the process and work from there. Examine your local contacts, professional, and personal networks. Work with your existing ties to identify new approaches or to expand your reach to local residents and provider agencies.

- Start small and gradually move to a larger more comprehensive PPE effort, where feasible.

If there is enthusiasm for working with parents, it may be hard to contain staff excitement about a new/different and potentially important effort. As a result, staff may be eager to do lots of things with parents/families without thinking clearly and methodically about what you want to accomplish. As such, you can easily and quickly put the “cart before the horse”. In going through the PPE Planning Wheel, and in finding ways to capitalize on existing efforts, it is important to start small and build upon your experiences. For some agencies, they will identify the need for a larger PPE effort over time. For others, a few but intentional activities may be all that is ever desired and implemented. The size of the effort is not as important as whether the activities are intentional, appropriate and consistent with program goals and objectives.

Rate Your Agency on Key Factors

Your decision to pick up this practice guide suggests there is a general interest in working with parents and families around ARH. Throughout this guide you’ve been thinking about, jotting down notes, and getting a general feel for what program approach is right for you given what you’ve learned about PPE thus far. Now it’s time put it down on paper and see it materialize into the PPE approach that is right for you!

In the chart below, mark your strengths and limitations within each category– these are factors that we have discussed throughout the guide as important for designing, shaping, and implementing PPE programs. The categories you see here are collapsed from the eight (8) factors identified in the section *Exploring: Four Program Examples* (p. 17).

EXAMPLE:

Column 1 Column 2 Column 3 Column 4-6 Column 7-9 Column 9

AGENCY RATING»	COMMUNITY	PROGRAM	AGENCY CAPACITY (INTERNAL SUPPORTS)			EXTERNAL SUPPORTS			OTHER
	Knowledge About Community	Program Curricula	Staff	Budget	Resources	Community Buy-In	Partnerships	Political Support	
LOW						X		X	
MEDIUM	X	X		X	X				
HIGH			X				X		

KEY: [*Note: It is up to your agency to collectively decide what constitutes leverage, support, conduits, facilitation, etc. These terms will have varying degrees of significance to different agencies depending on the agency and their context].

LOW = Little readiness to support implementation of PPE; Need to build on these factors to increase support for implementation.

MEDIUM = Some support can result from these factors; Conduits to capitalize on these factors are present but not fully materialized

HIGH = These factors facilitate implementation.

COMMUNITY: Are you aware of the community needs of the population that you are trying to target (e.g. economic needs, family stressors, adult literacy level, existing resources they seek).

PROGRAM: Have you identified program outreach, content, or delivery of your program activities? Consider important components of program development (e.g. program model)

AGENCY CAPACITY: Does your agency have what it takes to engage parents successfully? Is the staff appropriate (e.g. language, experience)? Are there any budget restrictions? Are there relevant materials/resources that can facilitate implementation?

EXTERNAL SUPPORTS:

- **COMMUNITY BUY-IN:** Are there parents engaged in the process? Are parents and families supportive of such initiatives?

- **PARNTERSHIPS:** Has your agency established relationships or other collaborative efforts to support this initiative and expand resources?

- **POLITICAL SUPPORT:** Is there political support around Adolescent Reproductive Health Access and Right?

OTHER: What other factors impact program development? Identify factors specific to your circumstance

Now complete the table for our own agency. What factors would you include? Be sure to define your factors once you have decided on them!

In the chart below, mark your strengths and limitations within each category— these are factors that we have discussed throughout the guide as important for designing, shaping, and implementing PPE programs. The categories you see here are collapsed from the eight (8) factors identified in the section *Exploring: Four Program Examples* (p. 17). Later take the time to think of other relevant factors that you might want to rate that is specific to your agency context. Use this chart format to insert other factors. Don't forget to define those factors, so everyone is clear about how specific factors identified are defined.

Column 1	Column 2	Column 3	Column 4-6			Column 7-9	Column 8	Row 1	
	COMMUNITY	PROGRAM	AGENCY CAPACITY (INTERNAL SUPPORTS)			EXTERNAL SUPPORTS			OTHER
AGENCY RATING	Knowledge About Community	Program Curricula	Staff	Budget	Resources	Community Buy-In	Partnerships	Political Support	Row 2
LOW									Row 3
MEDIUM									Row 4
HIGH									Row 5

My Agency is Low/Medium/High. What Does That Mean?

Across the factors you rated, where does your agency generally fall? Low? Medium? Or High?

Low —————▶ Youth-Centered

If your agency rates mostly low, then you might want to think about beginning with a youth-centered approach. Begin learning more about what other providers are doing and explore how to secure more support for parental engagement at your agency. Talk with the youth you serve and get ideas of small ways to begin including parents and families, in general. For example, one program site invited parents to attend field trips with youth. This way you might begin to build a relationship with parents, as well and demonstrate that you are interested in including the parents in the activities youth participate in at your agency. Building a relationship with adults around non-sexuality matters can ease talking about more sensitive topics later, such as the services you provide youth and the decisions youth make around reproductive health and sexuality.

Helpful Hints:

- ✓ Start Fun!
- ✓ Talk with youth about how they want to engage parents and families
- ✓ Address a parent need or priority

Medium —————▶ Joint Youth- and Parent-Centered

If you find that staff are at least interested in connecting with parents and you have other factors in place that suggest “medium” support, you can move to a discussion about how to modify existing efforts, if any, and determine what you are qualified to do, what you are most comfortable doing and what you can afford to do, given existing or potentially new resources. Be sure to determine your ability to reach parents and to connect them in your activities. Create more structured and deliberate activities with the ideas from staff and youth. Identify community leaders who might be key in leveraging support within the community and with staff. Note: It is important to acknowledge that not all communities will have leaders that will support PPE, so your agency should be strategic with how community leaders are identified and engaged in a PPE effort.

Helpful Hints:

- ✓ Build on any current activities!
- ✓ Get key community leaders involved!
- ✓ Strengthen your outreach to and connection with parents (e.g. address a parent need or priority)

High —————▶ Parent & Family-Centered

If you find that your agency is committed or at least willing to reach out to parents, or that you already work with parents in some way, you can think more aggressively about program strategies and enhancing staff capacity to work with parents/families.

Helpful Hints:

- ✓ Provide staff with resources and training
- ✓ Use a model to frame program activities
- ✓ Address a parent need or priority

Now that you have a sense of your agency's "parent-readiness", we invite you to use the planning process discussed in section III, as well as the resources listed at the end of this guide, and begin to plan your own program.

Be sure to keep us updated on what your plans are or any existing programs around PPE!!

Share The News

We are interested in keeping the ARH field informed of what agencies are doing around PPE. Please send us your thoughts, plans, and updates on existing programs around PPE initiatives or any news to facilitate a national dialogue between youth, parents, families, communities, providers, and policy makers around the value of PPE.

Organization Name: _____

Mailing Address: _____

Telephone (_____) _____ - _____ *Fax* (_____) _____ - _____

Website/Email: _____

Contact Name (and Title): _____

Email: _____

Tell us what you've been doing around PPE in ARH:

Send To: CARTA • 1800 North Charles Street • Suite 902 • Baltimore, MD 21201
or email www.cartainc.org

SUMMARY OVERVIEW

This guide provides an overview of everything you need to consider in order to develop a PPE program at your agency. In it you have received:

- 1) Information to help you understand and implement your own PPE activities.
- 2) Examples of diverse strategies that agencies are using to engage parents and families in ARH.
- 3) A customized planning process that takes into account unique considerations for working with parents/families.
- 4) Strategic tools to help you track what you have learned, clarify how PPE fits with your working context, customize program features to match how you work at your agency and assess your readiness to initiate PPE activities.

Now it is up to you, your colleagues and the youth and families in your community. When you decide to bring PPE activities to the families in your community, your agency expands your existing commitment to promote ARH. Further, supporting PPE proactively honors parental and familial roles by facilitating and nurturing strong, open parent-child relationships. PPE empowers providers and family adults by bringing them together into a mutually supportive relationship. PPE can also increase parental support of your agency because it demystifies the ARH services you offer while protecting the rights of young people to have ready access to confidential information and services.

We hope that this guide is a useful informational tool, but we hope even more strongly that it stimulates action among ARH practitioners. We know that agencies are at various levels. Some of you are currently working with parents – we hope this guide provides you with encouragement and some useful ideas for your ongoing efforts. Some of you are interested in working with parents, but have not yet gotten started – we intend for you to gain ideas and a framework to set a PPE program in motion. Still, some of you have not considered implementing a PPE program before – we hope this guide serves to encourage you to meet the needs of family adults directly. We look forward to hearing from you – whatever your experience! Let us know how your work is going by completing the form on the previous page. And...*Good Luck!*

ENDNOTES

¹ Blum, R.W., Beuhring, T., and Rinehart, P.M. 2000. *Protecting Teens: Beyond Race, Income and Family Structure*. Minneapolis, MN., Center for Adolescent Health, University of Minnesota.

² Miller, B.C. 1998. *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy*. Washington, DC. The National Campaign to Prevent Teen Pregnancy. Kirby, D. 1999. *Looking for Reasons Why: The Antecedents of Adolescent Sexual Risk-Taking, Pregnancy, and Childbearing*. Washington, DC. The National Campaign to Prevent Teen Pregnancy.

³ Note: Research shows that the association between parental engagement and the influence on reproductive health outcomes of youth generally holds across gender of the teen and across race/ethnicity. Dutra, R., Miller, K.S., and Forehand, R. 1999. "The Process and Content of Sexual Communication with Adolescents in Two-Parent Families: Associations with Sexual Risk-Taking Behavior," *AIDS and Behavior* Vol. 3, No. 1, pp.59-66; Hutchinson, K.M. and Cooney, T. M. 1998. "Patterns of Parent-Teen Sexual Risk Communication: Implications for Intervention," *Family Relations* Vol. 47, No. 2, pp.185-194. Whitaker, Daniel J., Miller, Kim S., May, David C. and Levin, Martin L. 1999. "Teenage Partners" Communication About Sexual Risk and Condom Use: The Importance of Parent-Teenager Discussions." *Family Planning Perspectives*. Vol. 31, No. 3, pp.117-121.

⁴ The Kaiser Family Foundation. 2000. *Sex Education in America: A Series of National Surveys of Students, Parents, Teachers and Principals*. Menlo Park, CA. The Kaiser Family Foundation.

⁵ Sugland, BW, Wilder, KJ, and Chandra, A. 1997. *Sex, Pregnancy and Contraception: A Report of Focus Group Discussions with Adolescents*. Washington, DC Child Trends. Chandra, A., Sugland, BW., and Wilder, KJ. 1997. *Understanding Adolescents' Motivation to Prevent Pregnancy Using Concept Mapping*. Roundtable Presentation. 1997 Annual Meeting of the American Public Health Association. Indianapolis, IN. Washington, DC Child Trends.

⁶ From programs reviewed, as RH providers seek to have a more explicit and deliberate engagement of parents/families, activities appear to move from the clinic environment to an environment (communities and schools) that both preserves confidentiality of care for adolescents and facilitates direct access to parents and adult residents.

⁷ Note: This grouping was established based on a review of nineteen (19) parental engagement programs. Source: Sugland, B.W., Leon, J. 2000. Op. Cit. See Reference #1.

⁸ Sugland, B.W. & Leon, J. 2000. Op Cit. See Reference #1.

⁹ Dailard, C. 2001. *Sex Education: Politicians, Parents, Teachers, and Teens*. The Guttmacher Report on Public Policy. Alan Guttmacher Institute.

¹⁰ National Abortion and Reproductive Right Action League. *A state-by-state review of abortion and reproductive rights*. Washington, D.C., January 2000, and the Health Policy Tracking Service of the National Conference of State Legislators (data from January to July 2000).

¹¹ Ibid.

¹² Ibid.

¹³ CARTA visited four family planning sites -- Claremont, Wolfeboro, Laconia and Nashua. Staff from several other locations throughout the state came to one of these four locations to share information about their parental engagement activities. [Note: The Laconia site had no specific parental engagement programs]. Providers from the following organizations were interviewed: Planned Parenthood of Northern New England (PPNNE) Claremont Office (Outreach Educator); PPNNE West Lebanon Office (Outreach/Community Educator); White Mountain Community Health Center (Community Health Educator/Coordinator of Teen Clinic) [Satellite to the Wolfeboro Site]; Josiah Bartlett Elementary School (Family Support Liaison); RESPECT Teen Clinic at Family Planning Laconia (Community Health/Teen Clinic Coordinator); Nashua Area Health Center (Clinic Coordinator & Temporary Assistance for Needy Families (TANF) Outreach Worker); PPNNE Derry Office (Educator); State of NH DHHS Office of Community and Public Health (Family Planning Special Projects Coordinator).

¹⁴ Staffs comment that older sisters often accompanied younger siblings to the clinic.

¹⁵ www.plannedparenthood.org/ppnne/main.asp.

¹⁶ "Teachable moments" are characterized by the use of everyday experiences and occurrences (e.g. watching a sitcom together) to teach kids about life skills (e.g. decision-making) and issues related to sexuality.

¹⁷ Different PPNNE West Lebanon staffs contribute to the newsletter, which addresses children's sexuality at different developmental stages, providing age appropriate messages, as well as tries to cover issues such as sexuality issues of children with developmental disabilities.

¹⁸ PPNNE offers professional trainers to assist in general delivery/education of sexuality-related information.

²⁰ This series was sponsored by the state health department and fielded by school nurses.

²¹ Carrera, M.A. 1995. The Carrera Model Replication Manual.

²² The After School Program is the focus of the majority of the joint parent-youth-centered programming. Currently there are three after school programs: No Limit Club (in Riviera Beach), Above the Muck (in Belle Glade), and Delray Teen Society (in Delray). Note: The latter program is run by a sister affiliate of PPPBTC West Palm Beach and is not included in any descriptions presented throughout this document.

²³ The Promotores Model is based on the philosophy of Brazilian educator, Paulo Freire. The model aims to empower community member to become active participants in the transformation of their experiences. <http://www.infed.org/thinkers/et-freir.htm>.

²⁴ For a detailed discussion on logic models and how to begin to prepare your program for evaluation, see Pelea, B.J. & Sugland, B.W. (2003). *Lessons Learned: Measuring the benefits of parental engagement programs*. Baltimore, MD: CARTA, Inc.

²⁵ Casparian, E., Goldfarb, E., Kimball, R., Sprung, B., & Wilson, P. [No Date]. *Our whole lives curricula: Lifespan sexuality education curricula*. Boston, MA: Unitarian Universalist Association. Retrieved October 2002, from <http://www.uua.org/owl/main.html>.

²⁶ Lefebvre, R.C. and Rochlin, L. 1997. "Social Marketing". In *Health Behavior and Health Education: Theory, Research, and Practice*. Glanz, K., Lewis, F.M., and Rimer, B.K. (eds). Jossey-Bass, Inc.: San Francisco, CA. 2nd Edition.

APPENDIX A: Description of 19 Parental Engagement Programs

Note: Shaded cells indicate programs currently operating (2000)

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

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

PROGRAM		CONTACT	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
Clinic? / Community? / School? - Based									
Human Sexuality- Values & Children: A Values-Based Curriculum for 7th and 8th Graders (PASHA) (1983)	Search Institute 615 First Avenue N.E. Suite 125 Minneapolis, MN 55415 1-800-888-7828 www.search-institute.org	Community	*White (62%), African American (19%), Hispanic (10%), Asian or Native American (3%), Other (4%) *Male (48%) *Two-Parent (70%), More than 1/2 of dads and 40% of moms had completed college *Ages: 12 (56%), 13, (33%), 14 (7%)	Research in social psychology demonstrates a link between an individual's social values and behavior	*Reduce teen pregnancy by teaching "the facts" *Reduce community opposition to sexuality education *Enable adults to reach informed decisions about their children's participation in sex ed	*Student Lessons (Role Play, Group Discussions, Behavioral Skills Exercises) Emotional Change, Understanding Choices & Consequences *Student's Tough Book	*Adult-only sessions: program videotape & discussion guide to assist parents in talking with children	*Positive and short term effects on sexual attitudes and values *Parental participation had no effect on student attitudes toward sexual intercourse *Researchers note the data fit the typical pattern of attitudinal change research, with significant short term gains that weaken over time	Media Messages Included: 1) If You Are Sexually Active, You Can Get Pregnant 2) Birth Control Should be Discussed with Your Partner, Friends, and Parents 3) Men Should be Responsible and Informed
"Don't Kid Yourself" (1986)	Lynda Ion Planned Parenthood 654 South 900 East Salt Lake City, Utah 84102 (801) 532-1586	Community	*Young Women Ages 18-24 *Particularly those at 200% or less poverty level	Reduce unintended pregnancies	*Increase use of contraceptives *Increase knowledge and contraceptive options *Increase communications with partners *Increase male use of condoms *Increase mother-daughter Communication	*Radio (preferred medium by audience) *Posters *Newspaper Ads *Brochures *Paper Drink Coaster (Bars & Clubs)			
School/Community Program for Sexual Risk Reduction Among Teens (PASHA) (1982)	Murray L. Vincent Norman J. Arnold School of Public Health University of South Carolina Columbia, SC 29208 803-777-4639	Community & School	Bamberg County: *African Americans *Rural *Low Income	Bamberg County has a rate of teen pregnancy that exceeds state average	*Reduce unintended pregnancies among unmarried adolescents *Highlight benefits associated with delayed sexual intercourse, instead of taking a judgmental stance	*Public Awareness: PSAs, TV, notes from school to parents *Workshops: Addresses parenting skills and social relationships between adult & children *Teacher Education: Age appropriate Curriculum *Peer Counselors	*Parents are informed of ARH through: -Notes sent from the school -Parental consent for youth participation in peer counselor training	*Significant drop recorded during full implementation *Impact decreases after important elements of the program were discontinued	
Poder Latino: A Community AIDS Prevention Program for Inner-City Latino Youth (PASHA) (1986)	Heriberto Crespo Hispanic Office of Planning & Evaluation (HOPE) 55 Dimock Street Rozbury, MA	Community	*Latino (100%), mostly Puerto Rican *Inner-City *Ages 14 to 20	Elevated rates of HIV infection among Latino communities in the U.S.	*Increase awareness of risks of HIV/AIDS *Increase use of condoms	*Workshops: in Schools, Community & Health Centers *Group Discussions: Local Residents' Home *Door-to-Door Canvassing *Peer Educators	*Parent Training: Parents are recruited in the community to conduct char/ias (chats) with adults & teens in their homes	*Intervention delayed the onset of males' sexual activity and reduce the number of sex partners among females *Importance in Latino culture to make parents feel comfortable and in control of the situation, best to increase awareness in their setting *Condoms are distribute in at every activity	

PROGRAM	CONTACT	POPULATION	PREMISE	AIM	COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION	NOTES/COMMENTS
COMMUNITY? Community?/ School? - Based								
Programs for Youth	<p>Emily Hendrick Planned Parenthood Mar Monte 455 West Fifth Street Reno, NV 89503 (775) 688-5555</p> <p>Clinic</p>	<p>*Teens Talk: Ages 9-13 *Youth Alert: H.S. age *Parents Talk: parents teens & young adults *Male Investment: Ages 13-24</p>	<p>Young people get messages from their peers that can lead to risk taking behaviors. Educate youth so that they can inform peers about correct, positive messages</p>	<p>Provide youth with educators they can relate to on issues of ARH</p>	<p>*Teen Talk: Delay sexual involvement *Youth Alert: Responsible sexuality *Parents Talk: Importance of talking with youth about sexuality *Baby, Think it Over: infant simulator *Male Involvement: Program: Responsibility and prevention of unintended pregnancies</p>	<p>*Parent Talk provides parents with: 1) Tips for communication 2) Help recognizing pressures teen face 3) Sensitive issues 4) Introduction to pressure, assertiveness, and relationship exercises for teens 5) Role play opportunities</p>		
Real Men Male Involvement Program (St. Luke's Community Center)	<p>Trina Evans Family Planning Section Office of Public Health 325 Loyola Avenue, Rm 610 New Orleans, LA 70112 (504) 568-5330</p> <p>Community</p>	<p>Males</p>	<p>Recognize the need for adolescent male involvement in reproductive health</p>	<p>*Involve males in reproductive health issues *Provide family life education *Prevent unplanned pregnancies among teenagers</p>	<p>*Monthly sessions on various topics (e.g. "manhood", realm of responsibility, Kwanzaa celebration) *Open House introduced parents to the program, activities, and gained their support</p>			<p>Program models <i>Hombres Jovenes con Palabra</i> (Young Men with Word) - focuses on male responsibility</p>
Family Adolescent Risk Behavior and Communication Study (1993-1994)	<p>Centers for Disease Control and Prevention National Center for HIV, STD, & TB Prevention Divisions of HIV/AIDS Prevention Surveillance & Epidemiology Alan Greenberg 1108 Corporate Square Atlanta, GA 30329 404-639-8040</p> <p>Other</p>	<p>Adolescents ages 14-16 (in Montgomery, AL, NYC, and San Juan, PR)</p>	<p>African Americans and Puerto Ricans are disproportionately at risk for HIV</p> <p>Examine external (e.g., family, environment) factors which influence HIV risk and risk-reduction behaviors</p>	<p>Examined how teens' communication w/ partner & condom use was affected by 1) Parent-teen discussion about sexuality 2) Parent-teen discussion about sexual risk 3) Parent openness & responsiveness to communication</p>	<p>Positive correlations with less sexual risk behaviors included: 1) Comprehensive broad sex-related messages 2) Open and Responsive Communication 3) Timing of Discussions</p>			
Girls, Inc.	<p>National Office 120 Wall Street New York, NY 10005 *YWCA Girls 128 W. Franklin Street Baltimore, MD 21201 (410) 685-1480</p> <p>Community</p>	<p>Ages 9-11; 12-14; 15-18; 12-18</p>	<p>Building Strong, Smart, Bold girls will assist girls in planning and making healthy decisions in their lives</p> <p>Prevent adolescent pregnancy and enhance personal development</p>	<p>*Eight Sessions: e.g., Communicating with parents & friends, STDs, contraception, positive relationship building *Focus on personal, educational, and career planning *Promote abstinence from sexual intercourse to avoid unintended pregnancy</p>				<p>This description is specific to the Baltimore affiliate of Girls Incorporated</p>

PROGRAM	CONTACT	POPULATION	PREMISE	AIM	PROGRAM COMPONENTS	PARENTAL INVOLVEMENT	EVALUATION NOTES/COMMENTS
Plain Talk	Annie E. Casey Foundation 701 St. Paul St Baltimore, MD 21202 410-547-6600 www.aecf.org	*Percent of youth demographics varied by community *Ages: 12-18 *African American and Latino	W. Europe's tolerance of sexual activity, but not pregnancy, facilitates discussion of sexual activity, access to resources, increase of service usage.	*Create a community consensus around the needs of youth by focusing on adults as recipients and disseminators of accurate information	*Community education workshops: 1) Increasing adult knowledge 2) Increasing parent-youth communication	*Have adults recognize the need for early and consistent use of contraceptives among youth *Provide adults with information and skills for positive communication w/ youth *Improve adolescent access to healthcare, including contraceptives	*Improvements and increases in RH occurred in all sites *Increase in hours of clinic *Increase awareness of practices that encourage adolescent use of services *Data suggests having community organizations lead efforts to generate broad, institutional reform may be an unrealistic goal
NH Family Planning Program	Jill Underhill (603) 271-4540 Junderhill@dhhs.state.nh.us	White (68%) Teens (30%) Low-income women		Improve and enhance parental involvement in reproductive health choices of their children	1) Community education 2) Teen clinic program -Comprehensive services -Peer educators	Parent-Child Communication Workshops	Several clinics have high percentage (85%) of parental involvement in the teen's decision to come to the clinic. Separate waiting room for parents maintains confidentiality of other teens. While waiting, parents contribute suggestions on how to involve other parents and express areas of concerns
Parents as Advocates for their Adolescent's Health	Project Staff American Medical Association Partners in Program Planning for Adolescent Health (312) 464-4538	Parents	Adolescents want support and guidance from their parents and want to maintain a close relationship with them	Build healthy parent-child relationships, and improve communication	*Understanding & appreciating adol. growth & dev (charts growth process) *Tips for being a positive health role model (exercise & nutrition) *Tips for building healthy relationships-effective communication *Adolescent questions for the physician *Resources to healthcare and other helpful parent-child links	Information packet to help parents work with adolescents to improve health	

APPENDIX B: Site Visit and National Organizations

Organizations Contact Information

This appendix provides contact information about organizations. This section will list some of the agencies and programs highlighted throughout this practice guide, as well as other organizations that may be doing similar work or support this work. This section offers contact information for you to begin reaching out to others interested and invested in doing similar work as you. This section is meant to facilitate sharing of ideas by providing you contact information for colleagues in the field.

For more information about this PPE Initiative contact:

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

OR

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

Site Visit Organizations

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

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

Planned Parenthood Mar Monte

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

NH DHHS – Bureau of Maternal Child Health

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

Planned Parenthood of Northern New England – Claremont

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

Planned Parenthood of Northern New England – West Lebanon

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

Planned Parenthood of Northern New England – Derry

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

Josiah Bartlett Elementary School

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

Laconia Family Planning Clinic

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

Nashua Area Health Center

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

White Mountain Community Health Center

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

National Organizations

Advocates for Youth

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

Alan Guttmacher Institute

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

Center for Advancement of Community Based Public Health

5102 Chapel Hill Blvd.
Durham, NC 27707
Tel: (919) 403-2124
Fax: (919) 401-9268
Email: center@cbph.org
Website: www.cbph.org

The Children's Aid Society

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

Center for Law and Social Policy (CLASP)

1015 15th Street, NW
Suite 400
Washington, DC 20005
Tel: (202) 906-8000
Fax: (202) 842-2885
Website: www.clasp.org

ETR Associates

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Website: www.etrassociates.org

Family Health Council

Center for Adolescent Pregnancy Prevention
(CAPP) – Family Connections

Linda Snyder

Director for CAPP

960 Penn Avenue

Suite 600

Pittsburgh, PA 15222

Tel: (412) 288-2130/ (412) 288-0518 (to
order)

Fax: (412) 288-9036

Email: CAPP@fhcinc.org

Website:

www.fhcinc.org/education/cappparent.html

Family Health International (FHI)

YouthNet (FOCUS on Young Adults)

PO Box 13950

Research Triangle Park, NC 27709

Tel: (919) 544-7040

Fax: (919) 544-7261

Website:

www.fhi.org/en/youth/youthnet/ynetindex.html

Girls Incorporated

Bernice Humphrey

Director Healthy Girls Initiative

120 Wall Street

New York, NY 10005

Tel: (317) 634-7546

Fax: (317) 634-3024

Email: nrc@girls-inc.org

Website: www.girlsinc.org

Kaiser Family Foundation

2400 Sand Hill Road

Menlo Park, CA 94205

Tel: (650) 854-9400

Fax: (650) 954-4800

Email: talk@talkingwithkids.org

Website: www.talkingwithkids.org

Latino Health Access

America Bracho

Chief Executive Officer

1717 North Broadway

Santa Ana, CA

Tel: (714) 542-7792

Fax: (714) 542-4853

Email: prevention@latinohealthaccess.org

Website: www.latinohealthaccess.org

Mother's Voices

Giokatza Molina

Director of Community Programs

165 West 46th Street

Suite 701

New York, NY 10036

Tel: (212) 730-2777/ (800) MVOICES

Fax: (212) 730-4378

Email: gm@voices.org

Website: www.mvoices.org

The National Campaign to Prevent Teen Pregnancy

Alexandra Gonzalez

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1776 Massachusetts Ave., NW

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Washington, DC 20036

Tel: (202) 478-8500

Fax: (202) 478-8588

Email: campaign@teenpregnancy.org

Website: www.teenpregnancy.org/parent

National Education Association

Health Information Network (NEA-HIN)

Can We Talk?

Kandra Strauss

Project Associate

1201 16th Street, NW, Suite 521

Washington, DC 20036

Tel: (202) 822-7570

Fax: (202) 822-7775

Email: info@canwetalk.org

Website: www.canwetalk.org • www.nea.org

**National Organization on Adolescent
Pregnancy Parenting, and Prevention
(NOAPPP)**

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2401 Pennsylvania Avenue
Suite 350
Washington, DC 20037
Tel: (202) 293-8370
Fax: (202) 293-8805
Email: cleach@noapppp.org
Website: www.noapppp.org/docs.asp

Planned Parenthood Federation of America

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

Public/Private Ventures

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

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

See ETR Associates

Search Institute

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

**Sexuality Information and Education
Council Of the United States (SIECUS)**

130 West 42nd Street
Suite 350
New York, NY 10036-7082
Tel: (212) 819-9770
Fax: (212) 819-9776
Email: siecus@siecus.org
Website: www.familiesaretalking.org
www.lafamiliahabla.org

Unitarian Universalist Association

Our Whole Lives Curriculum (OWL)
Rev. Marjorie Bowens-Wheatley
25 Beacon Street
Boston, MA 02108
Tel: (617) 948-6519
Fax: (617) 367-4798
Email: mbowensw@uuu.org
Website: www.uuu.org/owl

Village House

Henrieta J. Tice
Manager
5051 North Lane
Orlando, FL 32808
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Email: htice@cdfll.com
Website: www.cdfll.com

APPENDIX C: Program Materials and Resources

Program Materials and Resources

This appendix has five (5) sections. Each section provides program materials and resources for its respective topic area. The four sections are:

- **PPE Resources** – *This section references documents that describe an initiative to engage parents and families in the reproductive health and sexuality of youth to improve adolescent health outcomes. This section offers books, websites, and other references about policy in the United States as it relates to adolescent reproductive health and sexuality. References in this section are meant to provide you with a policy context for working and developing program ideas around PPE.*
- **Program Models and Materials** – *This section highlights program models that are doing work around PPE and other materials useful in developing PPE-related activities.*
- **Community Partnerships** – *This section provides books, materials, websites, and other references about creating partnerships and collaborations with community members and local agencies. References in this section will include resources on gaining community buy-in, involving communities in the process, assessing your community needs, developing and maximizing relationships with local agencies, and other related topics that can help you understand what it takes to engage communities as partners and advocates of the work you do.*
- **Evaluation** – *This section offers resources and reading materials on the value of evaluation and what it takes to evaluate a program.*

PPE Resources

León, J. and Sugland, B.W. 2003. *Lessons Learned: Tailoring Parental Engagement Programs for Diverse Populations*. CARTA, Inc. Baltimore, MD.

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

Sugland, B.W. and León, J. 2000. *Engaging Parents and Families in Adolescent Reproductive Health: A White Paper*. Final Report to the Annie E. Casey Foundation. CARTA, Inc. Baltimore, MD.

Where to Get a Copy

CARTA. See Appendix A.

Facing Facts: Sexual Health For America's Adolescents. The Report Of The National Commission On Sexual Health. 1995. Debra W. Haffner (Ed.). Sexuality Information Council On The United States. Facing Facts is a guide for policy makers, health professionals, and parents to use when developing sound policies on adolescent sexual health.

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

Sex Education: Politicians, Parents, Teachers, and Teens. Issues in the Brief. The Alan Guttmacher Institute. (2001 Series, No. 2)

This issue summarizes the state of policy around sex education at the state and local level and presents viewpoints from parents, teachers, and teens regarding support for abstinence-only education versus a more comprehensive approach.

Where to Get a Copy AGI. See Appendix A – National Organizations.

Sex Education In The U.S.: Policy And Politics

This issue brief examines the federal, state, and local policies that guide approaches to sex education today. It also examines recent research into community-level experiences and practices, as well as emerging evidence about the effectiveness of different types of sex education curricula.

Where to Get a Copy Kaiser Family Foundation. See Appendix A – National Organizations.

Summary Of Family Formation In The "Personal Responsibility, Work, And Family Promotion Act Of 2000" (H.R. 4090 Substitute Amendment). (2002)

This brief summary describes provisions on family formation, marriage, out-of-wedlock births, and fathers included in the TANF reauthorization bill introduced by Rep. Herger. This bill would authorize \$1.6 billion for marriage and fatherhood promotion activities and make changes to TANF purposes, state plan requirements, and state maintenance of efforts requirements.

Where to Get A Copy CLASP. See Appendix A – National Organizations.

Toward A Sexually Healthy America: Roadblocks Imposed By The Federal Government's Abstinence-Only-Until-Marriage Education Programs.

This booklet provides information about the history of abstinence-only-until-marriage education programs; definitions and comparisons in sexuality education; the problems with abstinence-only-until-marriage programs; research supporting comprehensive sexuality education; the support for comprehensive sexuality education by the public, professionals, and others; and what advocates can do to support comprehensive sexuality education.

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

Program Models & Materials

Can We Talk?

Can We Talk? Is a community program designed to help parents talk with their children about healthy relationships and sexuality, including the prevention of pregnancy, HIV/STDs, drug abuse, and violence. *Also available in Spanish – Conversamos?

Where to Get Information NEA-HIN. See Appendix A – National Organizations.

The Facts Of Life – A Guide For Teens And Their Families (1999)

This popular booklet offers parents of pre-teens and teens all the information they'll need to discuss sex and sexuality in a comfortable and accurate way. In addition to basic information, this booklet provides explanations of boys' and girls' sexual feelings and anatomical growth, reproductive systems, masturbation, menstruation, sexual orientation, pregnancy, birth control, and STIs. Also includes information about relationships -- when they're good for you, when they're not, and how to handle a break up.

Where to Get a Copy PFFA. See Appendix A – National Organizations

Families Are Talking

Families are talking are newsletters with information to help parents and caregivers talk to their children about sexuality and related issues.

- Families Are Talking – Volume, 1, Number 1-4

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

Innovative Approaches To Increase Parent-Child Communication About Sexuality: Their Impact And Examples From The Field. (2002)

Is intended to guide parents and caregivers, policymakers, public agencies, and educators in their quest for high-quality parent-child communication programs.

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

Our Whole Lives – Lifespan Sexuality Education Curricula

Our Whole Lives Curricula is a series of sexuality education program materials for five ages groups, including grades K-1, 4-6, 7-9, 10-12, and adults. The curriculum provides participants with up-to-date, accurate, age-appropriate information to help them make informed and healthy decisions about their sexuality and reproductive health behaviors. Our Whole Lives curricula teach on an array of topics, including, body image, families, homosexuality and bisexuality, relationships, parents, HIV/AIDS, masturbation, and love and commitment.

Where to Get Information Unitarian Universalist Association. See Appendix A – National Organizations.

Parent-Child Communication

This guide is a resource for resource to provide parents with the information and resources they need to communicate effectively with their children.

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

Plain Talk

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

Where to Get Information AECF. See Appendix A - National Organizations.

Resources for Educators and Trainers (2002)

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

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

Sexuality Education Across Cultures (1995)

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

Where to Get a Copy

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

Sharing Values About Sexuality

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

Where to Get Information ReCAP. See Appendix A - National Organizations.

Talking About Sex: A Guide For Families (Video Kit)

A Video Kit to Help Parents - And Kids - Get Through Puberty! This is the ideal springboard for discussions about puberty, sexuality, and relationships! Talking about Sex will reduce the confusion and anxiety kids may feel, teach them how to protect themselves, and foster positive self-images. You'll see different families discussing sex and sexuality and focusing on some of the feelings,

questions, and concerns families face when they tackle these subjects, particularly for the first time. Whether kids watch it in the classroom or at home, Talking about Sex gets this important conversation off to a healthy start.

Where to Get a Copy PFFA. See Appendix A – National Organizations.

Talking With Kids About Tough Issues

Is a national initiative to support parent-child communication. The Web site can help by offering practical, concrete tips and techniques for talking easily and openly with young children ages 8 to 12 about some very tough issues: sex, HIV/AIDS, violence, drugs and alcohol.

Where To Get Information Kaiser Family Foundation. See Appendix A – National Organizations. Section. And Children Now. www.childrennow.org. Or http://www.nick.com/all_nick/everything_nick/kaiser/index.html

Teen Pregnancy Prevention Model (Carrera Model)

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

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

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

Toward A Sexually Healthy America: Abstinence-Only-Until-Marriage Programs That Try To Keep Our Youth Sacred Chaste

A booklet is geared toward advocates, school boards, parents, and educators to help them choose sexuality education curricula wisely.

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

Village Houses

The Village House Program builds on community resources and builds a program where neighborhood residents volunteer their homes as safe havens and positive activity centers for neighborhood youth. Rather than building a center, Village Houses maximizes the resources in the community by "creating a center" around a familiar home. The program provides educational, social, recreational, and other positive activities for children, youth, and their families after school, on

weekends, and during vacation times. The intent is to model this program in the Palm Beach area to address issues of teen pregnancy.

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

Winning The Battle: Developing Support For Sexuality And HIV/AIDS Education (1991)

This booklet offers help in developing community support for HIV prevention and sexuality education. It emphasizes the importance of strong community and parental involvement. It includes strategies for building community support; suggested responses to attacks; and the 20 most-often-

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

Community Partnerships

Building Effective Community Partnerships (1999)

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

Where to Get a Copy

Available online at: <http://www.ojjdp.ncjrs.org/resources/files/toolkit1final.pdf>

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

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

Where to Get a Copy

Available online at: <http://aspe.hhs.gov/hsp/teenp/teenpreg/teenpreg.htm>

Community Action Kit To Support Comprehensive Sexuality Education (1997)

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

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

Getting Organized: A Guide to Preventing Teen Pregnancy (1999)

Get Organized is a practical manual for people who are interested in taking action to prevent teen pregnancy in their communities. The three-volume, 17-chapter publication covers a lot of ground — from strategies for involving boys and men and for reaching out to religious leaders and other community members to practical advice about how to raise money and to conduct program evaluation. Yet it remains easy to read and simple to use, with many checklists and examples from promising programs around the country. **Getting Organized** is divided into three complementary volumes:

- Volume 1: Focusing on the Kids
- Volume 2: Involving the Key Players
- Volume 3: Making It Happen

Where to Get a Copy

The National Campaign to Prevent Teen Pregnancy. See Appendix A – National Organizations.

Lessons Learned: Tailoring Programs For Diverse Populations (2003)

This document builds on insights from a case study review of four programs that engage parents and families around issues of sexuality and reproductive health and highlight the lessons learned from the strategies the programs used. These lessons learned aims to stimulate individuals who work with youth to think of ways that are most appropriate to more deliberately and strategically engage diverse parents and families as partners to support the broader **youth development effort around sexuality and reproductive health**

Where to Get a Copy

CARTA. See Appendix A – National Organizations.

Partners in Prevention: How National Organizations Assist State and Local Teen Pregnancy Prevention Efforts (1997)

Based on a survey of 80 national organizations, this guide describes the kinds of assistance and resources each national group offers state and local teen pregnancy prevention efforts. It lists programs, conferences, and other training opportunities, publications, and curricula covering such topics as male involvement, clinical services, peer education, coalition building, mentoring, advocacy, and more.

Where to Get a Copy

National Campaign To Prevent Teen Pregnancy. See Appendix A – National Organizations.

Promotores Model

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

Where to Get Information

Latino Health Access. See Appendix A – National Organizations.

Ready Resources II: Promising Partnerships Between Teen Pregnancy Prevention and the Workforce Investment Act (no date)

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

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

A Time To Speak: Faith Communities And Sexuality Education (1998)

This booklet calls on all churches and synagogues to become involved with sexuality education, and provides suggestions on how faith communities can deliver sexuality education within their own congregations as well as how they can support sexuality education programs in the community. It also includes a new bibliography of religious sexuality curricula, denomination statements on sexuality education, and resources.

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

While the Adults Are Arguing: The Teens Are Getting Pregnant—Overcoming Conflict in Teen Pregnancy Prevention (1998)

This publication on the Campaign's Task Force on Religion and Public Values, a diverse group of religious and secular leaders, looks at competing moral and religious beliefs and the interaction between these beliefs and empirical evidence in the debate over teen pregnancy. The publication also describes the Campaign's program to reduce tensions relating to teen pregnancy issues in local communities and to encourage collaborative efforts.

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

Evaluation

A Guide To Monitoring And Evaluation Of ARH Programs (2000)

This in-depth evaluation tool for program managers is based on experiences in family planning, HIV/AIDS prevention and other disciplines and includes information on developing an ARH monitoring and evaluation plan, indicators, evaluation designs, and data collection methods. The entire guide is available online in PDF format at:
<http://www.pathfind.org/pf/pubs/focus/guidesandtools/PDF/Part%20II.pdf>

Where to Get a Copy Family Health International. See Appendix A - National Organizations.

An Evaluation Framework For Community Health Programs (2000)

Produced by the Center for the Advancement of Community Based Public Health, this document presents a framework that emphasizes program evaluation as a practical and ongoing process that involves program staff, community members, as well as evaluation experts. The overall goal of the framework is to help guide and inform the evaluation process. The document is NOT a comprehensive manual on how to conduct program evaluation, but instead provides a roadmap that can be adapted to a variety of settings and within many different groups and communities.

Where to Get a Copy

Center for the Advancement of Community Based Public Health. See Appendix A – National Organizations.

BDI Logic Models: A Useful Tool For Designing, Strengthening, And Evaluating Programs To Reduce Adolescent Sexual Risk-Taking, Pregnancy, HIV, And Other STDs (2002)

A cutting edge paper on BDI (behavior-determinant-intervention) logic models by Douglas Kirby, Ph.D. of ETR Associates, this document explains what BDI logic models are and how they are useful tools for designing, strengthening and evaluating programs to reduce adolescent sexual risk-taking, pregnancy, HIV and other sexually transmitted diseases. The paper takes you step by step through the process of creating a logic model that specifically addresses the needs of your target population. Included are several examples of models related to reducing teen pregnancy or STD rates. Available online at <http://www.etr.org/recapp/BDILogicModel062002.pdf>.

Where to Get a Copy

ETR Associates. See Appendix A – National Organizations.

But Does It Work? Improving Evaluations Of Sexuality Education (1997)

This article is based on the findings of a SIECUS-convened symposium of 15 of the nation's most prominent researchers in sexuality education and teenage pregnancy prevention. The article challenges program designers to broaden the scope of their evaluations to address more of the goals of comprehensive sexuality education and also provides the guidance and tools needed to conduct such evaluations.

Where to Get a Copy

SIECUS. See Appendix A – National Organizations.

Communities Responding To The Challenge Of Adolescent Pregnancy Prevention (1998)

This series of five volumes was developed as a resource for program planners, service providers, health and sexuality educators, community leaders and youth advocates. The series provides resources and information to address the multifaceted nature of teenage pregnancy, using lessons learned from research and promising programs across the United States. All 5 volumes are available in PDF format at <http://www.advocatesforyouth.org/teenpregnancy.htm> and include the following titles:

- Volume I: Mobilizing for Action
- Volume II: Building Strong Foundations, Ensuring the Future
- Volume III: Designing Effective Family Life Education Programs
- Volume IV: Improving Contraceptive Access for Teens
- Volume V: Linking Pregnancy Prevention to Youth Development

Where to Get a Copy

Advocates for Youth. See Appendix A – National Organizations.

Emerging Answers: Research Findings On Programs To Reduce Teen Pregnancy (2001)

This comprehensive review of evaluation research offers practitioners and policymakers the latest information on “what works” to prevent teen pregnancy. Douglas Kirby, Ph.D., reviews research on a wide range of programs, including curriculum-based sexuality and abstinence education for teens and pre-teens, sex education for parents, contraceptive and family planning clinics and programs, early childhood programs, youth development and service learning programs, and community-based, multiple-component initiatives.

Where to Get a Copy

ETR Associates. See Appendix A - National Organizations.

Getting Organized: A Guide To Preventing Teen Pregnancy (1999)

This three-volume publication was developed as a practical manual for people at the state and local levels who are interested in taking action to prevent teen pregnancy in their communities. Topics range from strategies for collecting data and for reaching out to community organizations to practical advice about how to raise money and conduct program evaluation. **Getting Organized** is divided into three complementary volumes:

- Volume 1: Focusing on the Kids
- Volume 2: Involving the Key Players
- Volume 3: Making It Happen

No Easy Answers: Research Findings On Programs To Reduce Teen Pregnancy (1997)

The National Campaign’s March 1997 comprehensive research review by Douglas Kirby, Ph.D., finds “there are no magic bullets” for preventing teen pregnancy. Prevention programs that address the complex reasons that teens become pregnant show the most promise for significantly reducing teen pregnancy and birth rates.

Where to Get a Copy

The National Campaign to Prevent Teen Pregnancy. See Appendix A - National Organizations.

Evaluation: A Systematic Approach

A benchmark in evaluation and relied on by over 90,000 readers as the text on how to design, implement, and appraise the utility of social programs through the use of evaluation methods, *Evaluation*, 6th Edition has been completely revised to include the latest techniques and approaches to evaluation as well as guidelines for how evaluations should be tailored to fit programs and social contexts. Plus, throughout this new edition, there is more focus on evaluation diagnostic procedures

Where to Get a Copy

Sage Publications, Inc. • 2455 Teller Road • Thousand Oaks, CA 91320 • Tel: 1-805-499-0721 • Fax: 1-805-499-0871 • Email: info@sagepub.com • <http://www.sagepub.com/> • ISBN: 0-7619-0893-5 • Authors: Rossi, Freeman, & Lipsey

Evaluation Of Health Promotion, Health Education, And Disease Prevention Programs (1994)

This comprehensive introduction to evaluation of health promotion, health education, and disease prevention programs features non-setting specific discussion for health education, health promotion,

and allied health fields. In the second edition, case studies and research examples have been updated, and a new chapter addresses cost-benefit analysis. Other new and updated topics include meta-analysis, meta-evaluation, and professional competency.

Where to Get a Copy

McGraw-Hill • PO Box 182605 • Columbus, OH 43218-2605 • Tel: 1-800-2MC-GRAW (*for orders*) • Fax: 1-614-759-3644 • E-mail: customer.service@mcgraw-hill.com • <http://www.mhhe.com/catalogs/> • ISBN: 0-07-255227-1 • Authors: Windsor, Baranowski, Clark, & Cutter

Lessons Learned: Measuring The Benefits Of Parental Engagement Programs (2003)

This document builds on insights from a case study review of four programs that engage parents and families around issues of sexuality and reproductive health. It reviews and examines the current level of program evaluation, outlines what is currently known about evaluating ARH programs, and suggests ways in which agencies can begin to think about measuring the benefits of their own parental engagement activities.

Where to Get a Copy

CARTA. See Appendix A - National Organizations.

Plain Talk: Addressing Adolescent Sexuality Through A Community Initiative. A Final Evaluation Report Prepared For The Annie E. Casey Foundation (1999)

This report covers Plain Talk's three-year implementation period in five neighborhoods and refers to the prior one-year planning period. The report examines the challenges and opportunities facing sites in undertaking each of their major tasks – resident recruitment, consensus building, mobilization and outreach; institutional collaboration and outreach; and community education.

Where to Get a Copy

The Annie E. Casey Foundation. See Appendix A - National Organizations.

ENDNOTES

¹ Blum, R.W., Beuhring, T., and Rinehart, P.M. 2000. *Protecting Teens: Beyond Race, Income and Family Structure*. Minneapolis, MN., Center for Adolescent Health, University of Minnesota.

² Miller, B.C. 1998. *Families Matter: A Research Synthesis of Family Influences on Adolescent Pregnancy*. Washington, DC. The National Campaign to Prevent Teen Pregnancy. Kirby, D. 1999. *Looking for Reasons Why: The Antecedents of Adolescent Sexual Risk-Taking, Pregnancy, and Childbearing*. Washington, DC. The National Campaign to Prevent Teen Pregnancy.

³ Note: Research shows that the association between parental engagement and the influence on reproductive health outcomes of youth generally holds across gender of the teen and across race/ethnicity. Dutra, R., Miller, K.S., and Forehand, R. 1999. "The Process and Content of Sexual Communication with Adolescents in Two-Parent Families: Associations with Sexual Risk-Taking Behavior," *AIDS and Behavior* Vol. 3, No. 1, pp.59-66; Hutchinson, K.M. and Cooney, T. M. 1998. "Patterns of Parent-Teen Sexual Risk Communication: Implications for Intervention," *Family Relations* Vol. 47, No. 2, pp.185-194. Whitaker, Daniel J., Miller, Kim S., May, David C. and Levin, Martin L. 1999. "Teenage Partners" Communication About Sexual Risk and Condom Use: The Importance of Parent-Teenager Discussions." *Family Planning Perspectives*. Vol. 31, No. 3, pp.117-121.

⁴ The Kaiser Family Foundation. 2000. *Sex Education in America: A Series of National Surveys of Students, Parents, Teachers and Principals*. Menlo Park, CA. The Kaiser Family Foundation.

⁵ Sugland, BW, Wilder, KJ, and Chandra, A. 1997. *Sex, Pregnancy and Contraception: A Report of Focus Group Discussions with Adolescents*. Washington, DC Child Trends. Chandra, A., Sugland, BW., and Wilder, KJ. 1997. *Understanding Adolescents' Motivation to Prevent Pregnancy Using Concept Mapping*. Roundtable Presentation. 1997 Annual Meeting of the American Public Health Association. Indianapolis, IN. Washington, DC Child Trends.

⁶ From the programs reviewed, as RH providers seek to have a more explicit and deliberate engagement of parents/families, activities appear to move from the clinic environment to an environment (communities and schools) that both preserves confidentiality of care for adolescents and facilitates direct access to parents and adult residents.

⁷ Note: This grouping was established based on a review of nineteen (19) parental engagement programs. Source: Sugland, B.W., Leon, J. 2000. Op. Cit. See Reference #1.

⁸ Sugland, B.W. & Leon, J. 2000. Op Cit. See Reference #1.

⁹ Dailard, C. 2001. *Sex Education: Politicians, Parents, Teachers, and Teens*. The Guttmacher Report on Public Policy. Alan Guttmacher Institute.

¹⁰ National Abortion and Reproductive Right Action League. *A state-by-state review of abortion and reproductive rights*. Washington, D.C., January 2000, and the Health Policy Tracking Service of the National Conference of State Legislators (data from January to July 2000).

¹¹ *Ibid.*

¹² *Ibid.*

¹³ CARTA visited four family planning sites -- Claremont, Wolfeboro, Laconia and Nashua. Staff from several other locations throughout the state came to one of these four locations to share information about their parental engagement activities. [*Note: The Laconia site had no specific parental engagement programs]. Providers from the following organizations were interviewed: Planned Parenthood of Northern New England (PPNNE) Claremont Office (Outreach Educator); PPNNE West Lebanon Office (Outreach/Community Educator); White Mountain Community Health Center (Community Health Educator/Coordinator of Teen Clinic) [Satellite to the Wolfeboro Site]; Josiah Bartlett Elementary School (Family Support Liaison); RESPECT¹³ Teen Clinic at Family Planning Laconia (Community Health/Teen Clinic Coordinator); Nashua Area Health Center (Clinic Coordinator & Temporary Assistance for Needy Families (TANF) Outreach Worker); PPNNE Derry Office (Educator); State of NH DHHS Office of Community and Public Health (Family Planning Special Projects Coordinator).

¹⁴ Staffs comment that older sisters often accompanied younger siblings to the clinic.

¹⁵ www.plannedparenthood.org/ppnne/main.asp.

¹⁶ "Teachable moments" are characterized by the use of everyday experiences and occurrences (e.g. watching a sitcom together) to teach kids about life skills (e.g. decision-making) and issues related to sexuality.

¹⁷ Different PPNNE West Lebanon staffs contribute to the newsletter, which addresses children's sexuality at different developmental stages, providing age appropriate messages, as well as tries to cover issues such as sexuality issues of children with developmental disabilities.

¹⁸ PPNNE offers professional trainers to assist in general delivery/education of sexuality-related information.

¹⁹ This series was sponsored by the state health department and fielded by school nurses.

²⁰ Carrera, M.A. 1995. *The Carrera Model Replication Manual*.

²¹ The After School Program is the focus of the majority of the joint parent-youth-centered programming. Currently there are three after school programs: No Limit Club (in Riviera Beach), Above the Muck (in Belle Glade), and Delray Teen Society (in Delray). Note: The latter program is run by a sister affiliate of PPPBTC West Palm Beach and is not included in any descriptions presented throughout this document.

²² The Promotores Model is based on the philosophy of Brazilian educator, Paulo Freire. The model aims to empower community member to become active participants in the transformation of their experiences. <http://www.infed.org/thinkers/et-freir.htm>.

²³ Casparian, E., Goldfarb, E., Kimball, R., Sprung, B., & Wilson, P. [No Date]. *Our whole lives curricula: Lifespan sexuality education curricula*. Boston, MA: Unitarian Universalist Association. Retrieved October 2002, from <http://www.uua.org/owl/main.html>.

²⁴ For a detailed discussion on logic models and how to begin to prepare your program for evaluation, see Pelea, B.J. & Sugland, B.W. (2003). *Lessons Learned: Measuring the benefits of parental engagement programs*. Baltimore, MD: CARTA, Inc.

²⁵ Lefebvre, R.C. and Rochlin, L. 1997. "Social Marketing". In *Health Behavior and Health Education: Theory, Research, and Practice*. Glanz, K., Lewis, F.M., and Rimer, B.K. (eds). Josey-Bass, Inc.: San Francisco, CA. 2nd Edition.

²⁶ Ibid.

²⁷ Philliber, S. (1999). Building evaluation into your work. In T. Kreinin, S. Kuhn, A.B. Rodgers, & J. Hutchins (Eds.). *Getting organized: A guide to preventing teen pregnancy*. Washington, D.C.: The National Campaign to Prevent Teen Pregnancy.