

## Implementation Plan for ABCD PREP for Teen Pregnancy Prevention Project

ABCD is a non-profit organization serving a rural part of the state. We have been developing programs and projects that build upon the cultural and linguistic strengths of the Native American and rural Hispanic communities we serve.

### Needs Assessment Process and Results

ABCD led the PREP project approach to

Engage community partners in project planning and a comprehensive needs assessment;

Engage youth to provide input through focus groups regarding culturally responsive interventions in the selection of evidence-based models for the prevention of teen pregnancy, STI's and in education for adult preparation; and

Engage youth and adults with expertise to select the evidence-based models and adaptations to be implemented.

ABCD secured the services of an evaluation team to document our process and provide technical assistance with needs assessment.

### Description of the communities targeted during our needs assessment:

Community	Population (2010 Census All Races)	AI/AN Population (2010 Census)	AI/AN Youth Age 0-17 Population (2010 Census)
A	2,000	500	200
B	6,000	1,400	400
C	3,000	400	200
D	2,000	400	200
E	11,000	1,400	400
F	1,000	300	100

We are targeting 6 Tribal communities. Although sharing a common language, each tribe is unique. Our communities are rural, which makes it more difficult for our youth to access services and for our program to recruit and keep them engaged as participants. Distance makes it more difficult to access affordable healthy foods, medical care, social services, adequate educational systems, employment opportunities and other supports often found in larger communities. A recently released comprehensive analysis of factors challenging Native youth and adults in our state provides a wealth of information on factors impacting success of our project. Another source of information was youth risk and resiliency survey (YRRS) data from a Tribal Epidemiology Center. This information is from Native youth included in the YRRS conducted in 10 high schools and 13 middle schools with a large percentage of American Indian enrollment about the risk behaviors of the students who participated in the survey..

Brief description of our needs assessment methods and targeted groups: The Needs Assessment Committee acquired secondary data from numerous community sources as well as from tribal, regional, state, and national sources. Primary data were obtained via surveys, face-to-face

interviews, and a Community Readiness Assessment. Initial analysis identified gaps in the information collected from youth, providers and program staff. We addressed those gaps via focus groups and telephone interviews.

All focus groups, interviews, and surveys have been conducted to respect the reciprocal nature of the experience, engaging participants not just as information providers but also affording the opportunity to become involved in the project as stakeholders, beneficiaries, and contributors. We've made strong efforts to honor the community members who have been so generous with their time, thoughts, and experiences.

Brief description of how many youth were involved in the needs assessment process and their roles: Youth were involved in our needs assessment process in a number of ways:

1) First, a survey was developed to look at key issues around sexuality and resources in the community for youth. To date, we have 137 youth questionnaires that have been completed. The survey was administered in schools and at various youth events in the community. We also have an electronic version that individuals are able to access.

2) We held four youth focus groups in the community in which 33 youth were able to talk about sexuality, resources and ideas for preventing teen pregnancy and sexually transmitted infections. Participants in these focus groups demonstrated the diversity of our communities and included teens from the 6 communities and other native teens living in the area, gay lesbian bisexual transgendered questioning (GLBTQ) youth, and teen parents.

3) Youth attended planning and curriculum committee meetings to inform decision making.

Any major issues or concerns that arose and how we resolved them: We have been challenged in engaging tribal programs with interest in our project. This was mostly seen in the absence of tribal leadership at our meetings. Some leadership did send program representatives, but most only attended the first meeting. We also had difficulty getting individuals and program directors from schools to attend our meetings and participate in the development of the project. The one school that was responsive had representation at most planning meetings and allowed us to hold focus groups on their campus. The other two high schools who serve targeted youth did not respond to inquiries.

In both tribal governments and public school systems, we found that it is important to find an internal advocate for the cause and also for our organization. Trust needs to be established to ensure that the project holds the best interest of the community at heart. More education on the project and our efforts need to be presented to tribal leadership as well as school personnel. In addition, we have asked partners who attended planning meetings and been involved in the development of the project to continue to talk with individuals in their community about the benefits of the project we are looking to implement.

### Short summary of needs assessment data analysis – key results and interpretation:

Issues around accessibility, program funding, youth reluctance to seek help, community resistance to talking about sex, requirements (in some cases) for parental consent, and other challenges create formidable barriers to the most basic and immediate pregnancy prevention services. Our needs assessment has identified a number of other factors directly or indirectly related to the capacity to provide teen pregnancy prevention and adulthood preparation services.

The six communities are geographically dispersed and heterogeneous with respect to resources, tribal leadership, schools the young people attend, and other factors.

The high prevalence of sexual trauma and relationship violence must be considered when addressing sex and sexuality. Any program working in these communities must be strongly trauma-informed.

Many people in the targeted communities are uncomfortable discussing sex and sexuality in group settings. There are few adequate places (safe, private) or trusted providers (confidential, non-judgmental) to foster discussions about these issues, for youth or for families.

Tribal traditions around the onset of adolescence have been muted and sometimes lost. In the targeted communities, change happens incrementally, especially with respect to tribal leadership.

Teens receive intensive and often contradictory messages about sexuality from popular culture and other sources outside family and community.

Parents want to talk with their children about these issues, but they're afraid of being judged for their own behavior in their youth. They're concerned about loss of credibility in their children's eyes.

There is limited inter-agency communication. Almost every provider felt ill-informed about other programs/organizations, especially resources physically located in the targeted communities. Several programs make referrals to other organizations but have no follow-up protocol to assure that the referral went through to completion, so there's no clear way to tell if programs are supporting each other's work.

H. Name(s) of, and rationale for, our selection of evidence-based Teen Pregnancy Prevention (TPP) model(s) proposed for replication: We have chosen to implement "Discovery Dating" (DD), a curriculum written by Alice Skenadore, a Native American woman, and implemented in Oneida community through Wise Women Gathering Place (Wise Women). We felt that many of the disparities faced in Oneida Nation are similar, if not the same, as to what we are faced with in our communities. Discovery Dating was first implemented as a Community Based Abstinence Culture (C-BAC) curriculum, but evaluation results show a marked decrease in teen pregnancy and increase in condom use among sexually active participants. It is currently progressing through the SAMHSA process en route to evidence-based status.

During our meetings with community members for the Planning Committee and the Curriculum Committee, we discussed what we would like to see in our curriculum to serve our youth. Using input from the Needs Assessment we compiled a list of desired elements. Needs Assessment results showed the importance of addressing healthy relationships, dating violence, goals and dreams, and parent youth relationships. Our community wanted a curriculum that could incorporate aspects of traditional culture and spirituality, and that addressed our young people

with a fundamental respect for their sovereignty and wisdom. All agreed that it was important to come from a trauma-informed perspective and to build a web of support for our young people.

DD works to assist youth in making healthier decisions about harm and risk behaviors. Although DD is an abstinence-based curriculum, we feel confident in adapting the additional components we will need to be able to provide a curriculum that suits our community.

The Discovery Dating curriculum, because it was created by Native Americans for use in Native American communities, is already aligned with our beliefs, values, and community practices. The amount of adaptation is minimal, and fidelity to the model can be easily maintained.

Plans for dealing with rural communities and distance: The six communities we serve are geographically spread out. Distance is a significant barrier for youth participation in our project. It is important for us to ensure that adequate transportation is available to the young people. Strategies we are working on include mileage reimbursement for individuals transporting two or more participants, working with the Regional Transit District (RTD) for public transportation options, and finding locations within the communities to hold our trainings in the coming years. In addition, strategies include multiple methods for reaching young people at each of the Pueblos and working with schools to identify and recruit youth. Our relationships with community and Tribal entities will be instrumental to our recruitment efforts.

### **Project Development: Information about the project planning process**

The staff of ABCD and the coordinators, having worked in the community and having long relationships with service providers and community members, began to compile a list of individuals and programs we felt would be helpful in selecting and implementing a curriculum to reduce teen pregnancy in the six communities. Community Health Research groups, healthcare providers, school personnel, youth group coordinators, community representatives and tribal leadership among others were invited to our first planning meeting.

The first public Planning Committee meeting was held in January. More than 25 representatives from regional organizations attended, revealing a high degree of community commitment to this project and lending credence as well to the unique bridge position ABCD holds in the community. Social service agencies, tribal programs from the various communities, health care professionals, high schools, colleges, and other organizations sent representatives to the three-hour meeting. The agenda included a thorough introduction to the aims of the project, related team-building exercises, and the opportunity for all to express their thoughts, concerns, and commitment to the success of the project.

We were very encouraged by the attendance at our first meeting, where we were above capacity for the meeting room. Individuals in attendance were excited and enthusiastic to share their ideas and expertise in assisting us with the project. Upon departure from the meeting individuals were asked to complete exit slips and answer three very important questions:

- 1. Based on your expertise would you be more interested or equipped to participate in the needs analysis or curriculum committees?*

2. *Can you please give us names and contact information of at least three other individuals or programs that would be beneficial in participating in our efforts?*
3. *Are you available to be interviewed for a community readiness assessment?*

We involved the Peace Domestic Violence Program.

Narrative description about our proposed TPP project: Our project will provide comprehensive youth education by incorporating evidence-based components into DD, which is a Community-Based Abstinence Program designed to demonstrate effectiveness of abstinence education and healthy relationship development in reducing teen pregnancy in Native Communities. There are five core curriculum components and two of the primary objectives are 1) to learn how to make healthy decisions and 2) to learn how to implement those decisions. DD includes teachings in Healthy Relationships and Parent-Child relationships. Our project will provide guidance to youth participants and safe opportunities to process many of their challenges and make healthy decisions. We will also address the needs of sexually active youth by incorporating anatomy, STI and contraceptive lessons from Planned Parenthood. We will also include an HIV lesson from “Native Women Speaking”, a curriculum that ABCD has already used in other community education efforts. We are still in the process of choosing a Financial Literacy curriculum to incorporate. Our project will address youth with education and skills and engage family members through our existing grandmothers circle and monthly Family Night. Our project will engage people of all ages and open the door for our community to start talking about sexuality and sex.

The Peace Domestic Violence Program will provide consultation about addressing sexual trauma and relationship violence when addressing sex and sexuality. We will provide training to our project staff in trauma-informed care.

D. Project goals and objectives for implementation:

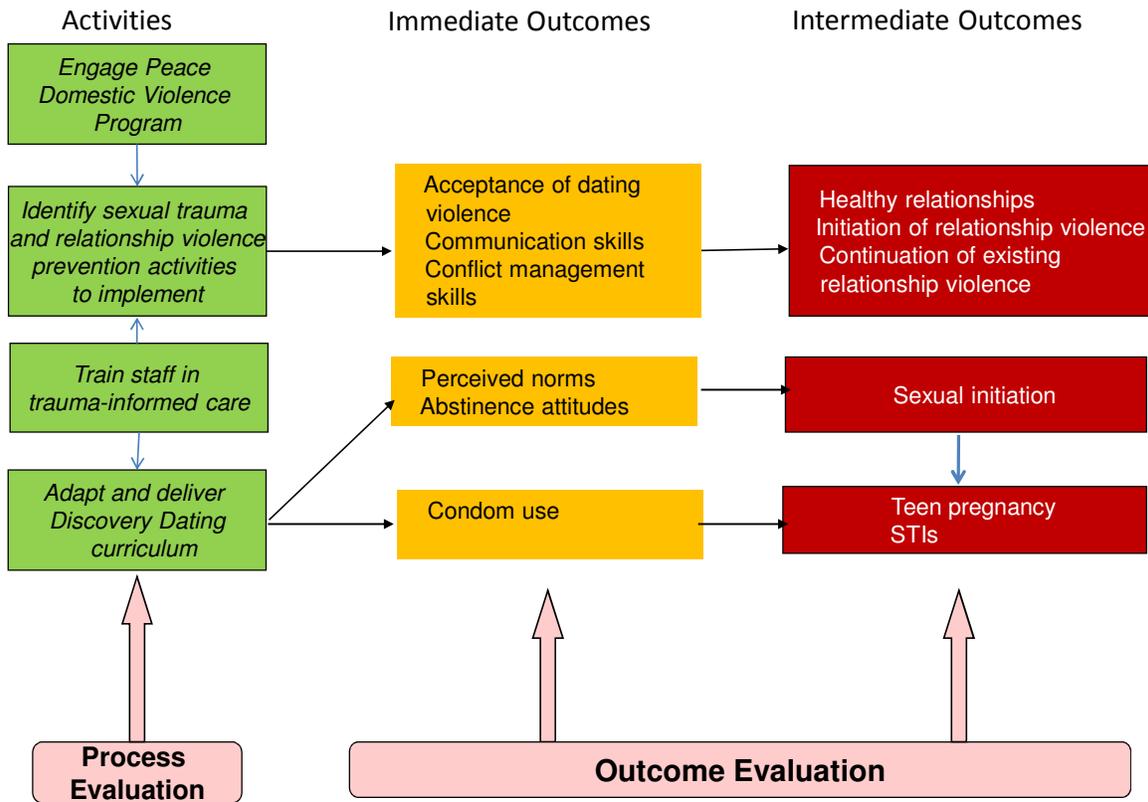
**Goal** Implement the approved plan to respond to the needs identified, while working closely with ACF to ensure a high-quality PREP project

*Objective 1:* By February 2013, identified program delivery staff will be prepared to present the selected curricula in accordance with the model(s), incorporating information about sexual trauma, relationship violence, and a trauma-informed approach.

*Objective 2:* Implementation of the selected model(s) will begin in three sites by March 2013

*Objective 3:* Begin to develop a database and mechanism to track progress and report on benchmarks

Logic model that illustrates the inputs, activities, and outcomes for the project:



Description of the program model(s) to be implemented.

*Program type-* Community based

*Structure-* Structure of the program model is based on results of our community needs assessment. We will begin implementation in the second half of year 2 with 30 youth, ages 11-14, who will be enrolled members of 4 local communities. We plan to have 2 groups of 15, one each in the third and fourth quarters (spring and summer) of the project period. Each group will participate in 17 lessons, which will include the adulthood preparation topics. In coming years, we plan to hold four sessions each year and reach 60 or more youth each year, recruiting from all six communities.

*How the model(s) will meet any unique cultural and environmental needs of the identified target population(s)-* We will honor the differences in each community and in each person. In the first year, we will conduct the trainings at our own offices, while building community support to transition to school facilities in the coming years. Implementing the curriculum off Tribal land in the first year responds to a cultural factor, identified in the needs assessment, that sex and sexuality are not easily spoken about among the communities. Being off Tribal land will allow our youth to bring to the lessons what resonates with each of them, and begin to cause a shift while demonstrating respect for each community.

G. Three Adulthood Preparation Subjects (APS) we plan to address:

1. Healthy relationships based on positive self-esteem and relationship dynamics with shared power and control; healthy relationships in friendship, dating, romantic involvement, marriage, and family interactions;
2. Healthy attitudes and values regarding adolescent growth and development, body image, racial and ethnic diversity, and other challenges facing adolescents and young adults in contemporary society; and
3. Parent-child communication.

Brief discussion of the process for integrating them into our project: One of the strongest components of DD is its teachings on healthy relationships, and we will consult with Peace Domestic Violence Program about additional activities we can implement. It also embraces parent and child relationships as well as community and youth relationships, healthy life skills and decision making. The components that we will be adapting from other curriculum are HIV and STI's, contraceptive use, basic anatomy and Financial Literacy. We will include these in the group sessions.

List of the entities and providers with which we plan to have formal arrangements and brief discussion of the types of services to be provided:

We will continue working closely with Wise Women to insure the fidelity of the cultural pieces to our curriculum as well as the additional lessons we will be including for the adulthood preparation and comprehensive educational components. Planned Parenthood will be working with us on the portions of their curriculum we will be using as well as Native Women Speaking for HIV education. The Native American Resource Center will be assisting us to create agreements contracts for our partners, four of the targeted communities. These communities were identified through the Needs Assessment as being willing to partner with us and assist with incentives, transportation, and other logistics. We will develop a formal arrangement with Peace Domestic Violence program for consultation, project planning, selection of additional activities to address sexual trauma and relationship violence, and discussions about staff training on trauma-informed care.

Description of how the curriculum developers were involved in the design of our project:

DD developers Alice Skenadore, Beverly Scow and Jen Schanen have been in close phone contact with us. They are generously assisting us in adaptations, of both cultural components and the elements we are adding. They have talked with our evaluators and have put us in touch with their evaluators for tools in the evaluation process.

How we will ensure that facilitators/educators who will deliver the program(s) have been or will be trained or offered in-service on the program model(s) or elements of program model(s):

The DD developers have offered to come to our state for training in the model, which will allow us to train the maximum number of staff. Once ABCD staff is trained, we will be able to train other facilitators. We will be in close contact with Wise Women throughout the project and should questions arise, they have agreed to make themselves available.

## **Evaluation Plan**

Description of our capacity to report on performance measures, and how we will evaluate the implementation (process evaluation) and outcomes (outcome evaluation) of our project, including how our local evaluator will be involved.

### **Evaluation Purpose:**

The purpose of the evaluation is to gather and analyze information to evaluate the implementation and results of the culturally adapted Discovery Dating curriculum. The evaluation will provide process data to describe, monitor and improve curriculum implementation, and outcome data to assess the effects of the curriculum on individual participants. The evaluation will also, to the extent possible, describe community and systems-level changes resulting from the curriculum implementation. Existing data sources will be used when they are available. The State Department of Health prepares an annual Sexually Transmitted Diseases Surveillance Report that will provide community level data on rates of sexually transmitted diseases by county, age and ethnicity.

The use of the Discovery Dating curriculum by ABCD provides an opportunity to comprehensively evaluate the effects of the curriculum in a new context, with a new population of youth. The Discovery Dating curriculum has shown promise among Native youth in another state in preventing teen pregnancy and increasing personal agency and positive relationship norms. A well-designed, comprehensive evaluation of the curriculum among our youth would contribute to the knowledge base of Evidence Based teen pregnancy prevention programs.

ABCD would like to take advantage of this opportunity to contribute to the evidence base by conducting a comprehensive evaluation of the Discovery Dating curriculum. ABCD is currently exploring avenues for additional funding to support a more comprehensive evaluation effort than is possible within the existing budget. One possibility would be a collaborative evaluation effort between ABCD, another organization, and the developers of the Discovery Dating curriculum at Wise Women Gathering Place. ABCD is committed to conducting the most rigorous evaluation possible of the Discovery Dating curriculum, and we will ensure the findings from our work are disseminated so that other communities may benefit from our experiences.

The evaluation design will provide basic process and outcome data, including: 1) A description of the curriculum implementation, barriers and successes, 2) A summary of outcomes from matched pre-post survey results from participants and similar comparison group evaluation participants in another community, and 3) A summary of staff interviews describing curriculum challenges and successes and documenting changes in Program and staff capacity.

### **Evaluation Questions:**

- Is the curriculum being implemented with fidelity?
- What are the barriers and facilitators to implementation?
- How could the implementation of the curriculum be improved for this community?
- How do participants' self-reported levels of personal agency, self-efficacy, resiliency, future aspirations, perceptions of dating and partner violence, and self-reported behaviors associated with sexual health and pregnancy change from the beginning to the end of the curriculum, in comparison with similar evaluation participants not receiving the curriculum?

- In what ways have Program and staff capacity changed over time?

**Data Collection Methods and Performance Measures:**

*Participant Sign-in/Attendance Sheets* will be used to track curriculum implementation.

*Discovery Dating Lesson Check-List* will be adapted and used to document and assess curriculum fidelity and adaptation. This check-list details the use of specific core approaches, interactive learning activities, repetitious skill sets, parent contact, and outcomes intended to be impacted by the session lessons. This tool will also allow for an estimation of program dosage for participants.

*Capacity Building Logs* will be completed each month to document capacity building activities, including all communications and interactions with community partners and staff development activities. These logs will be completed by program staff and provided to evaluation staff in advance of regularly scheduled monthly evaluation calls.

*Monthly Evaluation Calls with Program Staff* will be used to further document and assess capacity building activities and progress. During these calls evaluation staff will confirm previously documented interactions and engagement with community partners, staff development activities, and staff competence recruiting for the program and implementing the curriculum.

*Pre-Post Surveys with Discovery Dating Program Participants and Comparison Evaluation Participants* will be conducted to assess participant outcomes.

- The survey content and items will be finalized with program staff upon completion of all cultural adaptations to the program. All proposed survey items have been previously tested and validated. The items measuring personal agency have been used to evaluate the Discovery Dating Program. All additional measures come from the CDC Compendium of Assessment Tools, Second Edition, for measuring violence-related attitudes, behaviors and influences among youths.
- The survey will include the following validated measures and items:
  - Personal agency
  - Self-efficacy
  - Resiliency
  - Future aspirations
  - Self-report measures of recent sexual activity, contraceptive and condom use, sexually transmitted infections, pregnancy and partner violence
- Written informed consent will be obtained from a parent/guardian prior to youth participating in the pre and post-surveys.
- Youth will be informed that participation in both the pre and post survey is optional and that regardless of their participation in the survey, treatment group participants they may participate in the Discovery Dating program. We will ask treatment and comparison group evaluation participants with parent consent to provide written assent to participate in the surveys.
- Each participant will be assigned a confidential code upon being enrolled in the evaluation. These confidential codes will be used to link pre and post-surveys, so that changes in individuals participating in the evaluation can be measured over time.
- Pre-and post surveys will be administered by program staff during the first and last curriculum sessions and at similar time points among comparison group evaluation participants.

#### *Data Analysis:*

- Data entry for the evaluation participant pre and post surveys and descriptive data analyses will be conducted by evaluation staff. Multivariate analyses will assess changes in treatment group participants from baseline to follow-up in relation to changes among comparison group evaluation participants, controlling for baseline differences between groups and variables associated with attrition. Multiple imputation will be used to account for missing data.
- Descriptive thematic analyses of key informant data will be conducted by evaluation staff.

#### *Reporting & Dissemination:*

- Data analysis findings will be summarized and provided to program staff to support their reporting requirements and include in their reports to stakeholders.

### **Project Management**

#### How we will ensure compliance with grant requirements:

1. Our acceptance of Federal funds for our PREP project signified our agreement to comply with all requirements. We understand that we are responsible to ensure that our activities comply with all applicable Federal regulations such as:

- Prohibition Against Profit (45 C.F.R. Part 74.81);
- Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104 Section 106 (g) )
- HHS Grants Policy Statement

(<http://www.hhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>)

2. We will continue to work closely with ACF to ensure a high-quality PREP project in our community.

3. Our budget is in compliance with the requirement that prohibits payment for any health services that we may help youth find or to which we might refer, and we have committed a reasonable and adequate amount of Federal funds to comply with the requirement for research and evaluation.

4. Upon notification of any regional meetings held annually, we will send the required two key staff, i.e., one lead program staff person and at least one staff person integrally involved in the collection of data for local PREP evaluation. We will also send staff to any other conferences and presentations that provide specific training for Personal Responsibility Education Program Coordinators and important program requirement updates.

5. We will submit Semi-Annual Performance Progress Reports, Federal Financial Reports, and a Final Program Performance Report, including all performance indicator data, program products, and program and financial reports, in the recommended format according to required time frames indicated in our grant award document.