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Iowa Cross-site Evaluation of Adolescent Pregnancy Prevention Programs

Mid Year Report - February, 1996

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INTRODUCTION

Teenage pregnancy continues to be a major public health concern both in Iowa and across the nation. Even though these young parents do not fall into any particular socioeconomic or racial group, they all are at risk, and put their child at risk, with their lack of skills and knowledge about child development and child care, lack of life skills and limited social supports (Alan Guttmacher Institute, 1994). Often teen mothers do not complete their high school education decreasing the possibilities of financial stability and increasing the possibility of being a "welfare" mother (Kirby, et al., 1994). The stresses of teen parenting, with the mixture of poor skills, little knowledge and immaturity, sometimes result in child abuse and neglect.

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

The 1994 Iowa Kids Count report, Family Matters, indicates that the proportion of all Iowa births to unmarried teens reached 8.5% in 1993, up from 8.0% in 1992. That is, one in twelve infants born in Iowa was born to an unmarried teen in 1993. This percentage has increased more than 77% since 1980. At the current rate of increase, Iowa will surpass the national average by the year 2000. The Kids Count report also points out that the birth rate among 16-17 year olds rose from 2.9% in 1992 to 3.3% in 1993; an increase of 14% in one year. That means that one in fifteen infants born in Iowa was born to a mother between the ages of 16 and 17.

In response to this increasing number of pregnancies to unmarried teens in Iowa, the Iowa Department of Human Services (DHS), Division of Adult, Children and Family Services awards grants to agencies and organizations throughout the state to develop or enhance programs that foster the prevention of initial or repeat pregnancies to Iowa adolescents. In July 1994, Adolescent Pregnancy Prevention grants were awarded to 17 Prevention programs, five programs that served pregnancy and parenting teens (Intervention), six programs to provide Community Education and Planning and one to conduct a Media Campaign. In November, 1994, a grant was awarded to conduct a statewide evaluation of the APP grantees. In July, 1995, eight additional Prevention grants were awarded bringing the total number of grantees to 35.

The Statewide Evaluation grant was awarded to the University of Iowa School of Social Work, Dr. Edward J. Saunders, Principal Evaluator. The goals of this grant are to develop a centralized method of data collection from the 35 pregnancy prevention demonstration projects across the state (the Statewide Media Campaign is not included in the evaluation) and to provide technical assistance, as needed, to each of the demonstration sites as they develop and/or implement their evaluation plan. This report will detail the development of the statewide evaluation during the first grant year and present program outcome data from the first half of the second year.

PREGNANCY PREVENTION PROGRAM EVALUATION

Cross site evaluation of a number of distinct pregnancy prevention programs, as designed and implemented under this grant, appears to be a unique idea in the professional literature. However, guidelines for developing an evaluation methodology for pregnancy prevention programs are offered by a number of authors. Jacobs (1988) states that any evaluation methodology should be developed within the context of the given project. She stresses that programs are changed too often to make it easier to design and conduct a preconceived evaluation methodology. It is better, she suggests, to be more creative in the design of the evaluation and develop it to meet the needs of the program.

Miller, Card, Paikoff and Peterson (1992) suggest that programs that strive to increase knowledge alone are not sufficient to deter teen pregnancy. Rather, programs need to reinforce values, strengthen decision making skills and offer motivation through the exploration of life skills as well as discuss available contraceptive services. These variables should also be examined as a part of the evaluation.

One difficulty in evaluating students, as most pregnancy prevention programs do, is that the population is always changing which precludes a constant group for measurement. Students change schools or classes, move away or drop out. It is also problematic to attempt to scientifically establish a control group and then withhold the prevention information from this group of students. Therefore, the best measure of effectiveness for these prevention programs may be those that are completed at the time of the program, class or presentation. (Miller, Card, Paikoff and Peterson, 1992; Zabin, Hirsch, Smith, Strett and Hardy, 1986)

The evaluation of prevention programs should center around changes in knowledge, attitudes and behavior (Rickel, 1989). Miller, Card, Paikoff and Peterson (1992) suggest that the focus of evaluating attitudes should be on consistent attitudes as these are the primary determinants of a teenager's behavior. They also suggest that the best way to measure teens' attitudes is to do so anonymously with appropriate and straightforward questions. In their experience, teens would readily answer questions honestly to provide credible and useful information if these two guidelines were followed.

Card (1993) offers a number of guidelines for use in self-administered questionnaires. She suggests that all items used in a self-administered questionnaire must be simple and self-explanatory. The items and instructions should use clear language to avoid any confusion. The format of the questionnaire should be straight forward and easy to follow so that respondents do not skip questions.

The validity and reliability of the instruments must also be established. The first step in this process is to make sure that that the questions used on the evaluation instrument are directly related to the program's goals and objectives. (Miller, Card, Paikoff, and Peterson, 1992; Stahler, DuCette and McBride, 1989; Walker and Mitchell, 1988; Zabin, Hirsch, Smith, Streett and Hardy, 1986) They also suggest that input be gathered from staff regarding the development of the instrument. Ideally, this is accomplished in part by the program staff and evaluator meeting to discuss the program and evaluation methodology.

As will be discussed below, all of these requirements were met for the Statewide Evaluation of the of the Pregnancy Prevention programs in Iowa.

METHOD

Grant Activities

PROGRAM RESOURCES

The evaluators formulated a list of current references about pregnancy prevention programs in both the professional and popular literature. While not comprehensive, the list provides references about pregnancy prevention programs and presentations that could be useful to the project sites. The articles, books and monographs, cover topics such as the description of prevention programs, successful tools and innovative ideas that have been used by other programs and working with special populations of teens. A copy of the Bibliographic references was given to each of the project coordinators. Copies of the articles are available to these program sites upon request to the evaluators. This resource will be updated annually and distributed to the grantees.

ASSESSMENT

During the first grant year, a careful assessment of the 28 prevention projects was conducted before the evaluation tools were developed. A copy of each projects proposal documents were carefully reviewed in detail with special note made of each program' proposed method of monitoring and evaluating their project. After this review of the program proposals was completed, a one-page synopsis of each proposal was developed for each demonstration site that identifies the program name, contact person and type of grant and briefly outlines the program goals, objectives and evaluation methods.

The Principal Evaluator met with each program coordinator to understand their program content and presentation format. Also at these sessions, the concept of a centralized data collection system was introduced and discussed.

During the second grant year, a meeting was held with the new grantees to discuss their programs and explain the cross-site evaluation methodology.

INSTRUMENT DEVELOPMENT

It became clear early on in the site visit process that a great deal of variation existed among the Adolescent Pregnancy Prevention (APP) programs in the presentation of the pregnancy prevention message to participants and the community. However, it was also clear that there were a

number of common themes in the prevention message itself across these programs. Using these common elements, a statewide evaluation was developed.

Given the different focus between the three types of programs, it was decided that one evaluation instrument format would be developed for each of the three different kinds of Adolescent Pregnancy Prevention programs: Prevention, Intervention (Services to Pregnant and Parenting Teens) and Community.

In all cases, the instrument would be used as a post test measure only. For the Prevention and Intervention programs it would be written to ask the program participant to evaluate the personal change that occurred as a result of experiencing the program. In the cases of the community grants, the questionnaire would be written to identify what new initiatives were started and/or how existing community efforts had changed as a result of receiving the APP grant.

A copy of each instrument developed is kept as part of a Statewide Evaluation portfolio that is available for review.

Prevention Programs

All seventeen prevention programs across the state were contacted during the first quarter in the first grant year. Of these, one (Washington Community School District) declined to participate in the statewide evaluation citing an extensive evaluation program already in place that required a number of questionnaires to be completed at program entry and exit. The remaining sixteen programs agreed to participate in the statewide evaluation. (Washington County did adopt the statewide evaluation format during the second grant year.)

During the site visits a number of factors were identified about the programs that were considered in developing the evaluation instruments. Some of those factors included: 1) the majority of the prevention programs are provided in a brief amount of time, for example, two or three hours on one day or one class period every day during a week; 2) these programs are presented to a wide range of students in grades 3 through 12; and 3) some programs are able to offer their presentation to a relatively small number of students (60 - 80), while other programs are able to reach a larger audience, estimated at 3,000 students per year. Across the state, it is estimated that a minimum of 6,000 young persons will participate in a pregnancy prevention program during the second grant year.

Given these factors, it was decided that a brief questionnaire, one page, would be the most effective means to collect a consistent body of responses from all program participants. It was decided that a post test only format would be used to accommodate the variety of programs and the short duration of the program. This instrument can be used in addition to, or in place of, instruments that the grantees had already developed for evaluation purposes.

Initially, the plan was to develop one questionnaire for each grantee. However, after reviewing each program, it became apparent that some programs had developed or were using a number of different curriculums. Girls, Inc., for example, uses three different presentation for girls in grades 3 through 12. In these cases, more than one questionnaire was developed with the grantee. To date, a total of 27 prevention questionnaires have been developed for the sixteen programs. As will be described below, these instruments were pretested and then reviewed for possible changes.

Questionnaire Format

The format of the prevention questionnaire is consistent across all programs statewide. However, questions for each program's questionnaire were individually selected to reflect the individual program content. A representative sample of the questionnaires can be found in Appendix A.

Each questionnaire is identified by the program name. This title was chosen by each grantee. The questionnaire format has four sections: a) demographics, b) prevention questions, c) program questions and d) open-ended feedback questions

Each participant in a prevention program will be asked to give some very basic demographic information: sex, age, grade, zip code, and race. The information is easily checked off, or in the case of the zip code, filled in. The format for this section is common to all of the prevention questionnaires and appears like this:

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

This basic information will allow a statewide compilation of the demographics of participants exposed to the pregnancy prevention message. It is also basic information that can be answered by all participants regardless of age.

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

It will be noted that each of the statements is an "I" statement that allows the participant to take ownership of the changes they have made. In each of the six theme categories, some statements may be behavior oriented, "I am more likely to postpone sex in the future"; others reflected an attitude,

"I am more clear about my attitudes toward unwanted teen pregnancy," and still others reflected a cognitive change or growth in understanding, "I know more consequences of having a baby as a teenager."

To each of the "I" statements, a program participant would respond "Not At All," "A Little More," or "A Lot More" by marking the appropriate box after the statement.

The format for this section appears as follows:

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

The last two sections of the instrument gather information more specific to each grantee's program. In the first of these sections, participants are again asked to respond to three "I" statements.. However, for these statements, participants are asked to indicate if they "agree", "disagree", or are "unsure" of their response to the statement.

An example of that format appears below:

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

To create this portion of the questionnaire, a small number of questions were developed for each program that reflected specific activities or individual themes from their curriculum. Again, each grantee was asked to pick three of the questions suggested or to create additional questions which they thought were more pertinent to their program. Across all programs, these statements fell into three different categories: Presentation, Family Values, and Program Activities.

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

Data analysis of Pretest Responses

After grantees completed the selection process, the questionnaire was formatted and then returned to the grantee, in most instances at the beginning of April, 1995. These instruments were then pretested, whenever

possible, with a group of program participants during the next few weeks. The completed questionnaires were returned to the evaluation team for analysis.

Computer analysis was completed for each set of pretest questionnaires. Each grantee received a printout of their pretest responses. (How to interpret these printouts was explained at the grantees meeting in Ames on May 5, 1995.) The analysis of questions helped each program to identify poor questions for their program and gave them the opportunity to replace those questions with ones more appropriate. This process was completed during the final quarter of the first grant year.

The possibility of having the prevention program questionnaires formatted on a computer scannable sheet was pursued during the summer of 1995. This process is a more efficient method of collecting and analyzing the more than 6,000 expected responses from participants during each of the second and third grant years. An example of the scannable form can be found in Appendix B.

At the end of June, 1995, a total of 27 prevention instruments had been created for the 16 grantees. A small number of programs with very unique projects needed to have created a specialized format for data collection. These will be described in the Results section.

A reliability-analysis was conducted on the pretest data. The reliability alpha of the eight program content items is quite high: .84.

Intervention Programs

After meeting with each of the Intervention programs, it was decided that two questionnaires would be formatted to be used by all five programs. One questionnaire was developed for program participants to complete at program exit, a second questionnaire would be completed by a staff member when the client exited the program.

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

Questionnaire Format

The Participant questionnaire asks for basic demographic information of the client using the same format as was used in the Prevention questionnaire plus participants are asked to indicate their marital status. This is followed by a series of questions (three to five) about Decision Making/Goal Setting, Health Care, Birth Control, Parenting, Life Skills, Relationships, Self Esteem and Program Activities. The program participant is asked to respond to each question by checking one of the following responses "Not at all", "A little more," "A lot more" or "Does not apply." An example of that format appears below

	Does Not Apply	Not At All	A Little More	A Lot More
<u>Decision Making/Goal Setting</u> I am more likely to complete my high school or college education than when I entered the program.....	0	1	2	3

Program staff are also asked to complete a questionnaire about the client, noting changes from program entry to exit. The questions for staff are in the following areas: demographics, health care, pregnancy and birth control, education, employment, housing status, family relationships, relationship with significant other, life skills, and program access and referral to needed services. Staff are asked to respond to each question by checking "Great extent," "Limited extent," or "Does Not Apply." A representative example of both the Participant Evaluation and the Program Exit Client Information questionnaires can be found in Appendix C.

Pretest Analysis of Instrument

Each Intervention grantee received a copy of a proposed questionnaires in mid March, 1995 and were asked to pretest it with a small number of clients during the next month. After pretesting it with their clients, they were asked to return the completed questionnaires (both client and staff) with their comments and suggested changes by late April.

Responses indicated that program participants were sometimes older than high school; some participants were married and at least one program also involved young fathers. Changes were made in the instruments to better reflect these factors. For example, marital status was added in the demographic section and questions were re-worded to be more appropriate for male or female respondents; and questions pertaining to education/goals were revised to include college education, long range and family goals. Also, on the client questionnaire, a column was added in the response set for "does not apply."

A section was added on the staff questionnaire regarding male participants' relationship with their child's mother. Responses from the pretest indicated that this section was originally confusing for staff. Again, questions were reworded to be more appropriate for both male and female participants. The revised copies were sent to the Intervention projects during the last quarter of the grant year.

One of the projects, Young Women's Resource Center (Des Moines) provides only a short intervention with pregnant and parenting teens. For these participants a brief questionnaire, two pages, was developed to elicit feedback about program content and attitude change as a result of

participating in the program. This instrument was also pretested with a small group of clients.

Community Programs

After meeting with all of the community grantees, a questionnaire was developed that would gather feedback about the possible outcomes of community intervention: Consortium Development/ Promotion, Needs Assessment, Public Education Campaigns, Grants Distribution/Development, and Community Outreach. The questions were designed to elicit information that will collectively provide an overall description of the community based efforts across the state.

These questionnaires were distributed to grantees in late April. Again, each grantee was asked to comment on the usefulness of the instrument and to propose changes that would better reflect their grant activities.

Feedback was gathered and changes were made to the instrument to make questions clearer and to encompass the array of activities that each of the community grantees were doing. A copy of the final form to be used by the Community Programs can be found in Appendix D.

Two of the community grantees (Lucas County Public Health Nursing and ETI of Planned Parenthood of Greater Iowa) have a portion of their program that is similar to prevention program activities. In these cases, in addition to the community form, the grantees will be collecting responses from the prevention questionnaire format as well.

Human Subjects Review

Application was made to the University of Iowa Human Subjects Review committee for approval in the use of human subjects, particularly minors, in the conduct of this evaluation study. Approval was granted in September, 1995.

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

RESULTS

The results of the data analysis at mid-year will be reported in this section by Grantee in alphabetical order. Prevention Programs will appear first, followed by Intervention programs. Community Education programs will not provide information about their efforts until the end of the grant year.

PREVENTION PROGRAMS

At the beginning of each section the Grantee's name and the Program Name appear in a box at the top of the page. [It should be noted that some grantees have more than one program and/or use more than one questionnaire.]

For each Prevention questionnaire a brief description of the program is given followed by a summary and analysis of the data. This includes the number of programs/sessions presented, demographic information of participants, and responses from the questionnaire.

Results from Intervention programs begins on page 70.

**Allen Women's Health Center
Buchanan County Volunteer Co-op**

Buchanan County Volunteer Co-op provides a monthly educational meeting for teens in the area in conjunction with a pregnant/parenting teen support group. The members of the support group invite teens from the community (who are not pregnant/parenting) to join them for the educational meetings on topics such as contraception, pregnancy prevention, communication and relationships.

Program Results

Ten students participated in a presentation by the Buchanan County Volunteer Co-op in the first half of the grant year. All of the students were female and white. The young women ranged in age from fifteen to eighteen; the average age was 16.9 years. These students attended the ninth, eleventh and twelfth grades. The average grade was 11.3.

After completing the demographic information the students answered a total of 14 questions. The first eight questions related to the content of the presentation. Students were asked to choose a response to each statement that most closely indicated how they may have changed as a result of participating in the program. The responses were 1 "Not at all," 2 "A little more," and 3 "A lot more." The table below summarizes the responses and gives the average (mean) response for each statement on the questionnaire.

Table 1: Allen Women's Buchanan County Volunteer Co-op: Summary of responses to content items

Item	Not at all	A Little More	A lot More	Mean
1) I better understand how difficult it is to be a teen parent	0%	33%	67%	2.66
2) I understand more about why I should wait to have sex with someone	0%	50%	50%	2.50
3) I better understand the responsibilities of raising a child	0%	50%	50%	2.50
4) I know how I can avoid an unwanted pregnancy	0%	20%	80%	2.80
5) I am more likely to think that both sex partners should share responsibility for decisions about birth control	0%	20%	80%	2.80
6) I understand how my decisions about sex can change my future	0%	20%	80%	2.80
7) I know more consequences of having a baby as a teenager	0%	30%	70%	2.70
8) I know the importance of talking to a partner about sex	0%	30%	70%	2.70

The average response to all of the content questions as a group was 2.67. This score means that, on average, participants felt that information they received during the program had increased their knowledge about teen pregnancies and sexuality.

The next section of the questionnaire asked the students to respond to three statements about the presentation itself. Respondents were asked to respond with 1 "Disagree," 2 "Unsure," or 3 "Agree."

The table below provides the three statements, the responses to each and the mean response.

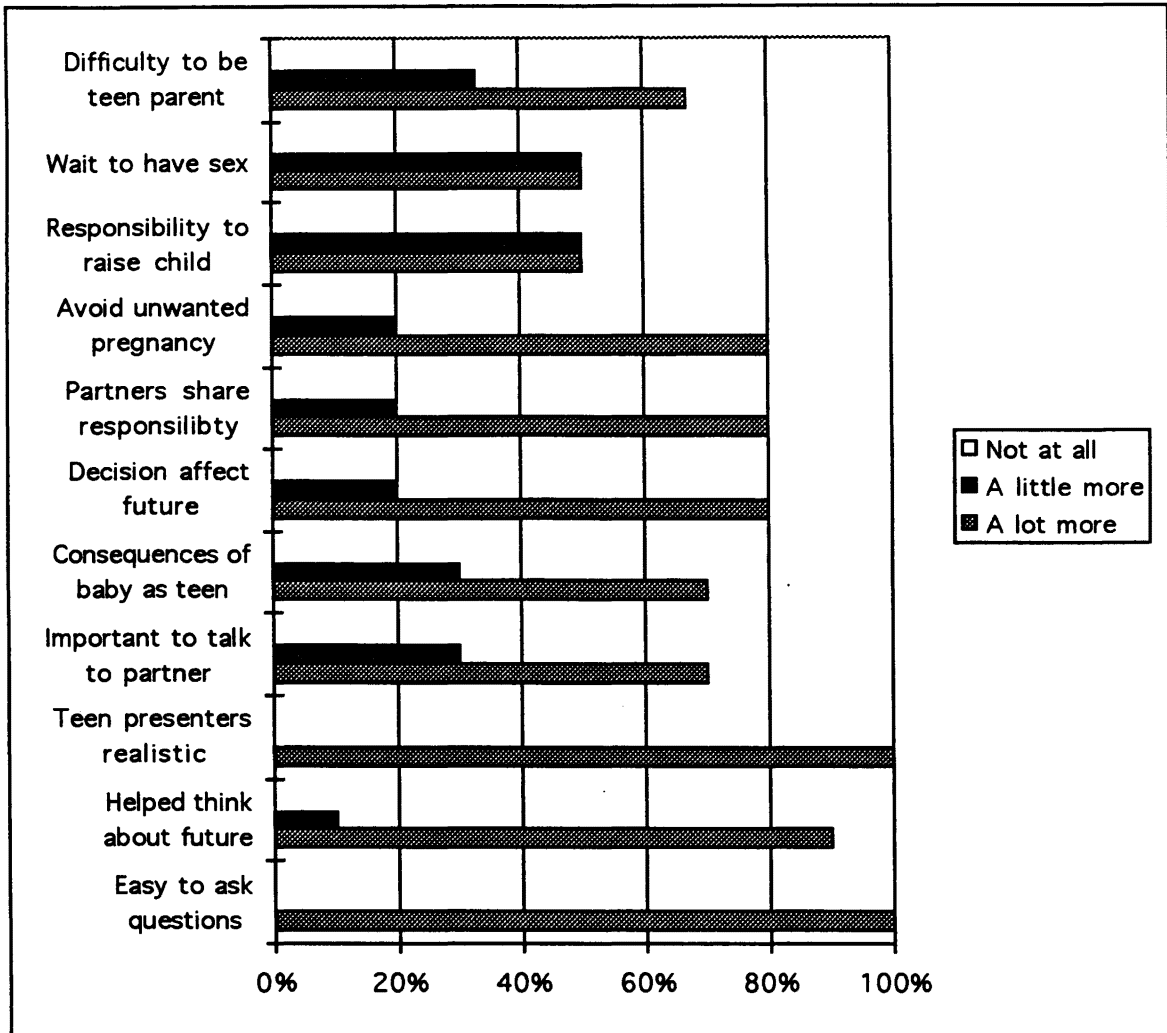
Table 2: Allen Women's Buchanan County Co-op: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) The teen presenters made the program more realistic	0%	0%	100%	3.00
2) The presentation helped me to think about my future goals	0%	10%	90%	2.90
3) The presenters made it easy for me to ask the questions I had	0%	0%	100%	3.00

The mean response to the three questions in the presentation section was 2.90. This score indicates that overall the students found the presentation to be very positive.

The figure on the following page illustrates the responses to each of the questions in the first two sections of the questionnaire.

Figure 1: Allen Women's Buchanan County Co-op: Illustration of responses



In the last section of the questionnaire, students were asked to complete three open-ended items. The first statement was "The best reason for me to postpone parenting is ..." The students responded: "so you can make a better life for yourself," "I have lots of goals and that would ruin them," and "I'm not ready for too many responsibilities yet."

When asked to identify what "The best part of this program was," some of the teens wrote: "I got to talk with the other moms," "the game," and "the teen group."

The final item asked participants "How could this program be changed so that it would be more helpful to teens?" One teen wrote "I think it is fine now!" and another "talk more about what it is like being a (teen) mother."

**Allen Women's Health Center
Education Program**

The Education program is conducted primarily in seventh grade classrooms; but is offered in classes through twelfth grade, as well. Topics presented include teen pregnancy, abstinence, birth control, STDs, and HIV/AIDS. One of the primary goals of the program is to make students aware of the many resources available to them in the community if they need help related to their relationships, sexuality or health.

Program Results

Two presentations were made by Education Program staff in the first half of the grant year. A total of 33 students, 14 females (42%) and 19 males (58%), participated in these presentations.

Seventy-seven percent (n=24) of these students were white. The remaining students identified themselves as American Indian (10%, n=3), Multiracial (6%, n=2), African American (3%, n=1), and Hispanic (3%, n=1).

The students ranged in age from 11 to 17 years. The average age was 14.2 years. They attended school in grades six through 12. The average grade was 8.4.

After completing the demographic information the students answered a total of 14 questions. The first eight questions related to the content of the presentation. Students were asked to choose a response to each statement that most closely indicated how they may have changed as result of participating in the program. The responses were 1 "Not at all," 2 "A little more," and 3 "A lot more." The table below summarizes the responses and gives the average (mean) response for each statement on the questionnaire.

Table 3: Allen Women's Education Program: Summary of content items responses

Item	Not at all	A Little More	A lot More	Mean
1) I feel confident about the decisions I make	6%	55%	39%	2.33
2) I feel more strongly that I want to postpone sex in the future	18%	30%	52%	2.33
3) I know more about STDs and AIDS	15%	27%	58%	2.42
4) I know how I can avoid an unwanted pregnancy	13%	9%	78%	2.65
5) I am more likely to think that both sex partners should share responsibility for decisions about birth control	9%	27%	64%	2.54
6) I understand how my decisions about sex can change my future	3%	25%	72%	2.60
7) I feel more comfortable saying no to sex until I am older	21%	27%	52%	2.30
8) I know the importance of talking to a partner about sex	0%	52%	48%	2.48

The mean response for all of the content questions as a group was 2.45. This score indicates that the students felt they had changed their knowledge and behavioral intentions in a positive way as a result of participating in the presentation.

Students were then asked to respond to three statements about the presentation of the program. Respondents were asked to respond with 1 "Disagree," 2 "Unsure," or 3 "Agree."

The table below summarizes the responses to each item and gives the mean response for each statement.

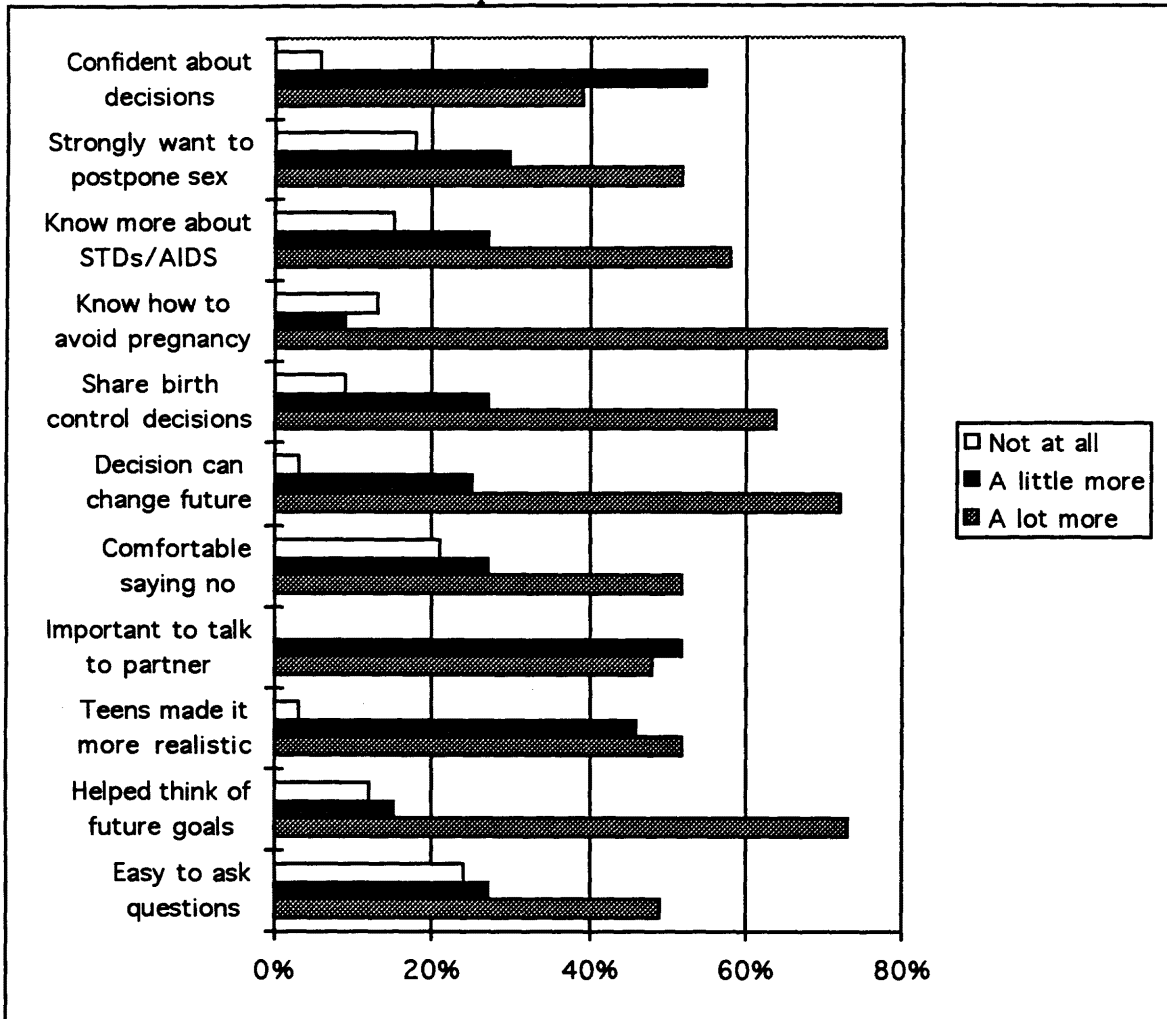
Table 4: Allen Women's Education Program: Summary of presentation items responses

Item	Disagree	Unsure	Agree	Mean
1) The teen presenters made the program more realistic	3%	46%	52%	2.48
2) The presentation helped me to think about my future goals	12%	15%	73%	2.60
3) The presenters made it easy for me to ask the questions I had	24%	27%	49%	2.24

The mean score for all of the presentation questions as a group was 2.44. This score indicates that the students responded positively to the presentation.

The figure on the next page illustrates the responses to the content and presentation items.

Figure 2: Allen Women's Education Program: Illustration of responses to content and presentation items



The last section of the questionnaire asked students to complete three open-ended items. The first question was "The best reason for me to postpone parenting is ..." Students most frequently identified their reason as "I want to achieve my goals first," or "I need to complete my education." Others stated that they wanted to be financial prepared, married, in a loving relationship and be more responsible before becoming a parent.

The second statement asked the participants to identify "The best part of this program." A number of students stated "the video." Others said "the girl was honest," "it teaches you about life," "learning about how the mother is doing by herself," "it made me think," and "it made me think more about my goals."

The last item the participants were asked to complete was "How could this program be changed so it would be more helpful to teens?" A number of the students responded "include the fathers so we can hear their story," "allow others to care for the baby so they can see what it is really like...especially at 3:00 a.m.," and "I feel it is fine just the way it is."

**Allen Women's Health Center
Peer Education in Sexuality and Health**

This program utilizes high school students as peer educators and positive role models in promoting abstinence as a healthy lifestyle. Through presentations these peer educators empower younger teens to make informed decisions about their sexual and social behavior there by reducing pregnancy.

Program Results

No data available

**Allen Women's Health Center
Teen Parent Panel**

Teen parents provide presentations to junior high school students. These young parents share parenting realities and sacrifices and encourage abstinence.

Program Results

No data available

**Ankeny High School
It Takes Two**

Ankeny High School is a 1995 grantee replicating the It Takes Two program of the Young Women's Resource Center.

Program Results

No data available.

**Big Brothers Big Sisters of Greater Des Moines
Life Choices Club**

Life Choices is a small group experience designed to prepare youth for future decisions by teaching them how to problem solve, acknowledge values and develop life skills. Discussion, role play, and activities are used to present topics such as puberty, pregnancy prevention, healthy relationships, substance abuse and career awareness in a safe and nurturing environment. The desired outcomes for participants include: enhanced self-esteem, positive interactions with peers, improved social skills, increased awareness of career opportunities, and the establishment of life goals.

Program Results

A total of 35 girls participated in one of the five Life Choices Club groups during the first half of the grant year. The number of participants in each group ranged from four to ten. The majority of the girls were white (n=17, 52%). Six participants were African American (18%), five were Multiracial (15%), three were Hispanic (9%), one was American Indian (3%) and one identified her race as Asian (3%).

The girls ranged in age from 11 to 14 years. The average age was 12.6 years. These students attended grades six through nine. The average grade was 7.1.

The first eight items the students were asked to respond to related to the content of the presentation. Participants were asked to choose a response to each statement that most closely indicated how they may have changed as a result of participating in the program. The responses were: 1 "Not at all," 2 "A little more," and 3 "A lot more." The table below summarizes the responses and gives the mean response to each of these eight items.

Table 5: Big Brothers/Big Sisters Life Choices Club: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I am more likely to postpone sex in the future	3%	26%	72%	2.68
2) I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	12%	12%	76%	2.64
3) I know the importance of talking to a partner about sex	3%	11%	86%	2.82
4) I have more skills to resist pressure to have sex	9%	6%	85%	2.75
5) I know more about how the body changes during puberty	3%	14%	83%	2.80
6) I know how I can avoid an unwanted pregnancy	3%	6%	91%	2.88
7) I feel better about myself	0%	17%	83%	2.82
8) I feel more comfortable saying no to sex until I am older	3%	6%	91%	2.88

The average response for all of the content questions as a group was 2.78. This indicates that the participants felt they had made a positive change in the areas they were asked about as a result of program participation.

Next, the students were asked to complete three items about the presentation of the program. They were asked to respond either 1 "Disagree," 2 "Unsure," or 3 "Agree." The table below summarizes the responses to each statement and lists the mean response for each item.

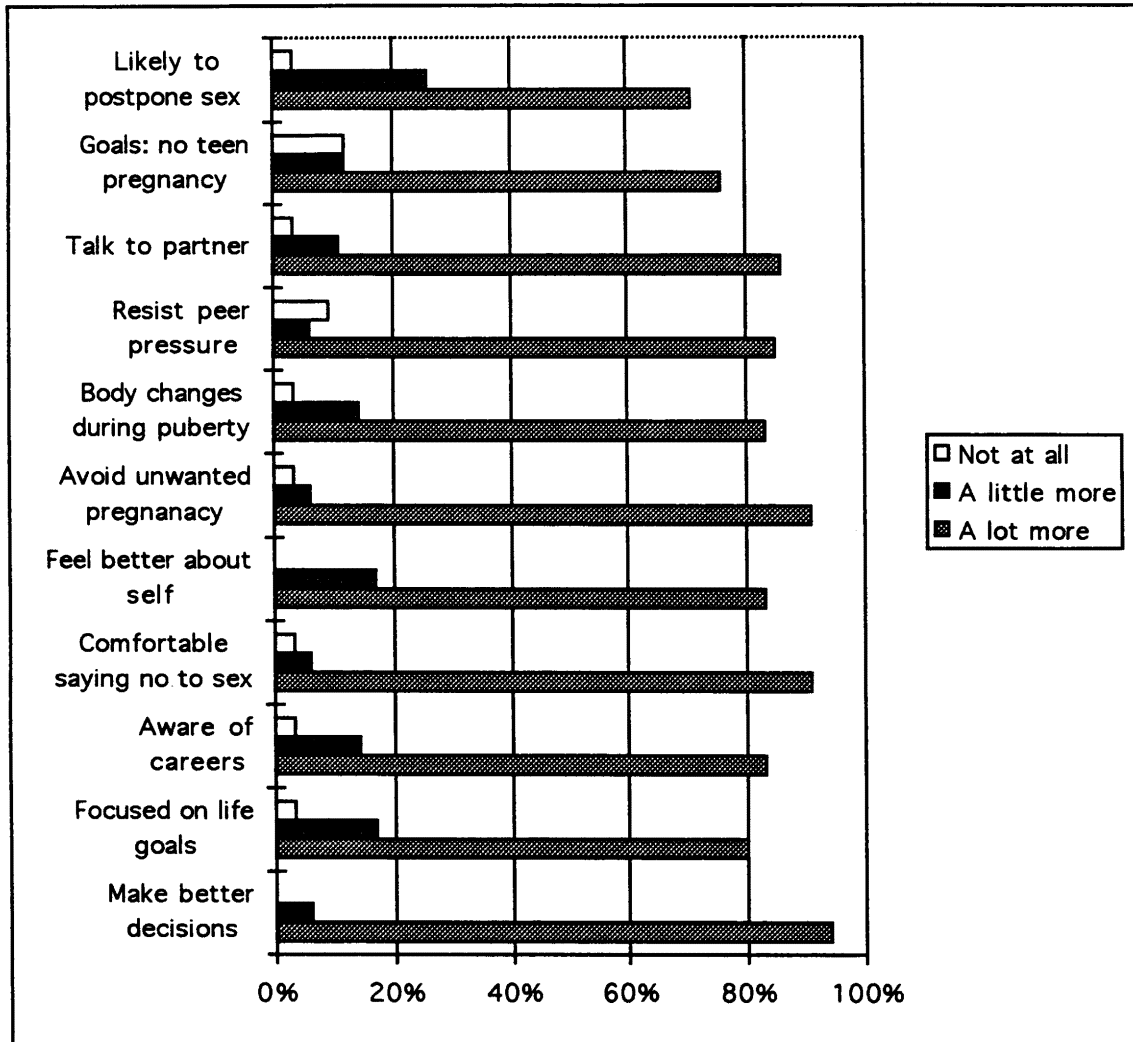
Table 6: Big Brothers/Big Sisters Life Choices Club: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) I am more aware of careers open to me	3%	14%	83%	2.80
2) It is easier to talk to my parents about the important issues in my life	3%	17%	80%	2.77
3) I know how to make better decisions about my life	6%	0%	94%	2.88

The mean score for all of the presentation questions as a group was 2.81. This score indicates that the participants, as group, were most likely to agree that the program had been a positive experience.

The figure on the next page illustrates the responses to the items in the content and presentation sections of the questionnaire.

Figure 3: Big Brothers/Big Sisters Life Choices Club: Illustration of responses to content and presentation items



In the last section of the questionnaire the students completed three open-ended items. The first statement was "The best reason for me to postpone parenting is..." The majority of responses focused on having future goals and not being ready for that much responsibility. Some of the students wrote: "I have dreams to chase. I don't want them to be affected by an unwanted pregnancy," "I need to finish college," "I wouldn't have enough money to support it," and "I'm too young, I want to have fun while I can."

A variety of responses were given for the second statement: "The best part of the program was..." Responses included "the fieldtrips," "learning more about myself," "learning stuff with my friends," "learning stuff about puberty I never know," and "being able to discuss things with other people and share thoughts."

The last item asked "What would make this program more helpful to teens?" Students answered: "if every school had a program like this," "nothing, everything was great!" "to have teens from other places come and talk to us," "if it would go year round," and "make it longer."

Bureau of Refugee Services
Cross-Cultural Strategies: Working with Culturally Diverse Clients

Bureau of Refugee Services is developing a manual of cross-cultural service strategies designed to help pregnancy prevention providers reach and work with clients and families from culturally diverse communities.

Program Results

No data available

**Eastern Iowa Community College
Pregnancy Prevention Program**

Eastern Iowa Community College (EICC) offers classes to adolescents who have dropped out of high school and to adults who wish to continue their education. As part of this curriculum workshops and informational programs are offered to improve communication skills in a relationship and with children, increase critical thinking skills, promote responsible sexual activity, provide information about STDs, AIDs and health care needs, risks of alcohol and drug use and the costs and responsibilities of parenting.

Program Results

During the first semester at EICC, two topics were offered for students under this grant. One session for parents was held on the topic "Talking About Sex to Your Teen." Three sessions were held on "Handling the Holidays." These sessions dealt with family relationships, how to handle stress in those relationships, and how to form goals, values and expectations in a family. A total of 70 participants attended these four sessions.

Because of the variability of the topics presented and the range of participants attending, it was decided that EICC would gather the most useful evaluation feedback from a Satisfaction Questionnaire that had been standardized at the college. These forms do not include demographic information.

The first seven items are answered by choosing "Strongly agree," "Agree," "Neutral," "Disagree," "Strongly disagree," or "Not Applicable." [Please note: The fifth and sixth item pertain to facilities and are not included in the summary.] A summary of the responses are provided in the table below. It can be noted that the majority of participants, 90% or more in most cases, Agreed or Strongly Agreed with each of the items.

Table 7: EICC: Summary of responses to Satisfaction Questionnaire

Item	Strongly Agree/ Agree	Neutral	Disagree/ Strongly Disagree
1) The presentation was clear and to the point	97%	3%	0%
2) The presentation was interesting and held my attention	94%	6%	0%
3) The instructor was knowledgeable about the subject	99%	1%	0%
4) I gained new skills and information	91%	9%	0%
7) This course met my goals	81%	19%	0%

The next portion of the questionnaire asks the participant four open-ended questions. [Only those items that pertain to this project will be discussed.] The first question asked, "Why did you take this course?" Some of the respondents answered, "it was suggested," "(I thought it would) help me talk to my daughter," "to learn more information," "I have a two year old and will want to talk to him about this one day," and "I have two daughters and a son."

The next question was "What did you like best about this program?" A variety of responses were given. They included: "The Speaker was excellent," "different ways to approach my teen," "The way you can work with your family," "sharing with others," "new ways of dealing with problems," "learning how to answer my child's questions," and "the family things."

The last question was "What suggestions do you have for improvement?" Those who responded to this question most frequently wrote: "none," or "nothing, keep up the good work."

**Emma Goldman Clinic
Toledo Project**

Emma Goldman Clinic provides Nurse Practitioners (NP) to meet with high risk youth at the Iowa Juvenile Home in Toledo. During each session the NP imparts reproductive knowledge aimed at dissuading teens from resuming unhealthy and irresponsible activities after they are released. The NP discusses with the teens choosing or returning to an abstinence lifestyle, preventive health care and provides extensive information about STDs and AIDS.

Program Results

In the first two quarters of the grant year, ten females participated in the Toledo Project program. Seven girls were white; one each were African American, American Indian and Multiracial. They ranged in age from 13 to 17. The average age was 14.9 years. The participants attended grades seven (n=1), eight (n=1), nine (n=3) and eleven (n=5).

After completing the demographic information the students answered a total of 14 questions. The first eight questions related to the content of the presentation. Students were asked to choose the response to each statement that most closely indicated how they may have changed as result of participating in the program. The responses were "Not at all," "A little more," and "A lot more." The table below summarizes the responses and gives the average (mean) response for each statement on the questionnaire.

Table 8: Emma Goldman Clinic: Toledo Project: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I have more skills to resist pressure to have sex	10%	70%	20%	2.10
2) I understand more about why I should wait to have sex	10%	10%	80%	2.70
3) I know more about the dangers of STDs and AIDS	0%	10%	90%	2.90
4) I know the importance of talking to a partner about sex	0%	50%	50%	2.50
5) I better understand how difficult it is to be a teen parent	10%	20%	70%	2.60
6) I understand how my decisions about sex can change my future	0%	10%	90%	2.90
7) I know how I can avoid an unwanted pregnancy	0%	10%	90%	2.90
8) I am less likely to think that I need a boyfriend/ girlfriend to feel good about myself	20%	30%	50%	2.30

The average response for all of the content items was 2.61. This indicates that the participants identified positive changes in themselves as a result of program participation.

Participants were next asked to respond to three statements about the presentation of the program. Their responses were 1 "Disagree," 2 "Unsure," or 3 "Agree." The table below gives the percentage of participants responding with each answer and the average answer for each item.

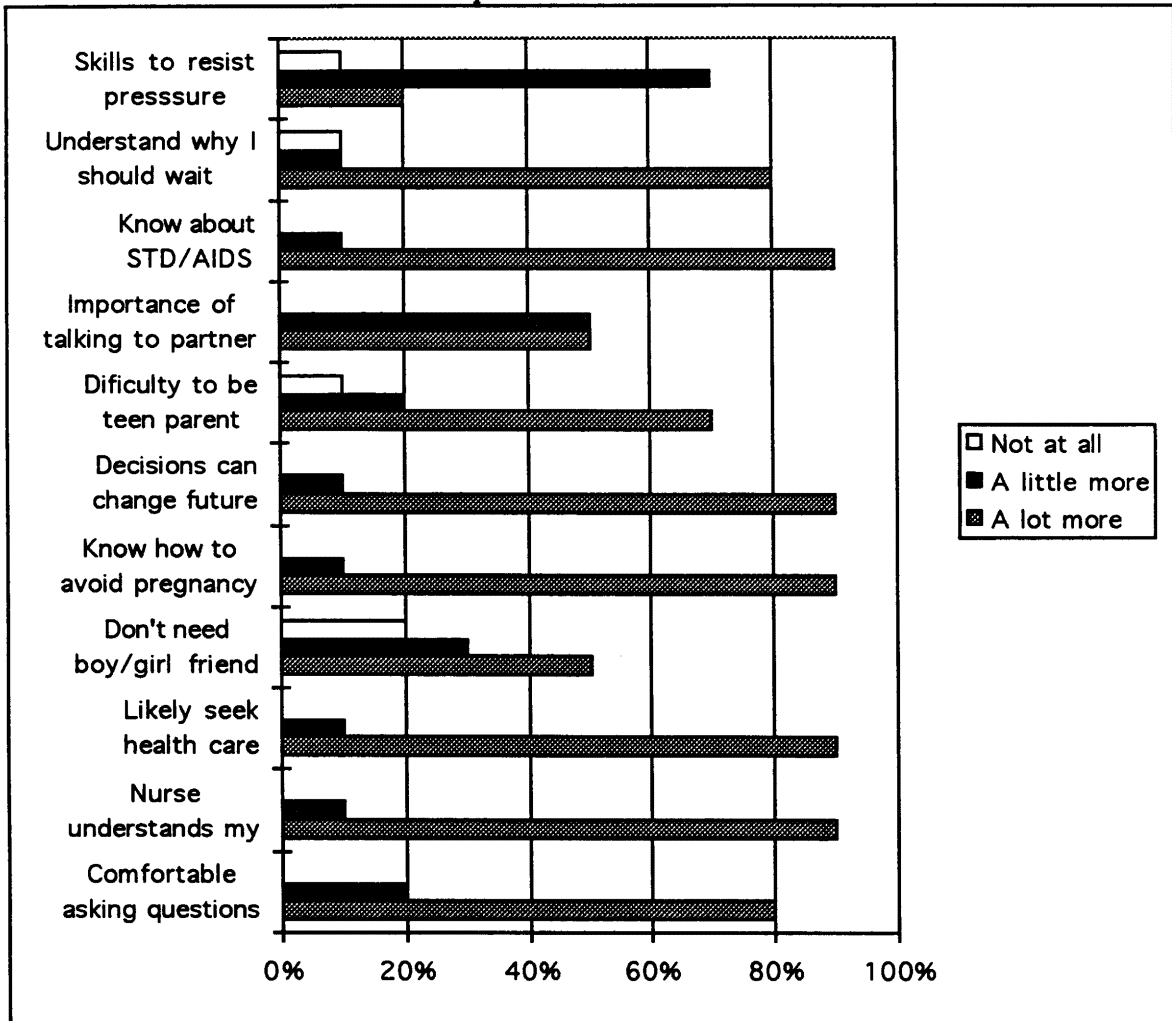
Table 9: Emma Goldman Clinic Toledo Project: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) I am more likely to seek regular health care	0%	10%	90%	2.90
2) The nurse understood my situation	0%	10%	90%	2.90
3) I felt comfortable asking the nurse questions I had	0%	20%	80%	2.80

The average response for the three items in the presentation group was 2.86. This score indicates that, overall, the participants agreed that the Nurse Practitioner was very effective in her presentation.

The figure on the following page illustrates the responses to the first eleven items on the questionnaire.

Figure 4: Emma Goldman Clinic Toledo Project: Illustration of responses to content and presentation items



In the last section of the questionnaire participants were asked to respond to three open-ended items. The first statement was "The best reason for me to postpone parenting at this time is..." The reasons given by these participants included: "my future/life," "I'm not capable of raising a child right now, financially or emotionally," "I'm too young and not ready," and "I want to be a marine biologist."

A number of responses were given to the statement "The most helpful part of this program was..." Students wrote: "one on one," "the understanding of the nurse," "being able to talk to someone about my situation," "I learned useful information," "it helped me change by mind to a positive direction," and "learning ways to get help."

The last statement to be completed was "This program could be more helpful to teens if..." The participants suggested: "if they really used the input and thought about it," "if they took it seriously," and "if it was available a lot more."

**Family Planning Council
Young Father's Brochure**

The Family Planning Council of Iowa is translating a brochure that they developed for young fathers, *Young Father's, What's It All About; Your Rights and Responsibilities*, into Spanish. They are responsible for overseeing the translation, production, printing and distribution of this brochure. The Young Father's brochure is expected to be distributed in schools, churches, social services agencies and community settings where Spanish speaking young men are likely to visit or attend.

Program Results

No data available

Fort Madison Community School District
It Takes Two

Fort Madison Community Schools is a 1995 grantee replicating the It Takes Two program of the Young Women's Resource Center.

Program Results

No data available

**Girls Inc.
Growing Together**

Girls Inc. provides a comprehensive, research-based approach to pregnancy prevention. The program is tailored to the needs and developmental stages of girls between the ages of six and eighteen.

Growing Together is a program for girls ages nine to eleven and their parents designed to increase positive communication between the adults and their daughters. Sexual information and values are stressed.

Program Results

No data available

**Girls Inc.
Will Power/Won't Power**

This is an assertiveness training program that is designed for girls ages 12 to 14 years old. It has the specific goal of encouraging early adolescent girls to delay engaging in sexual intercourse.

Program Results

No data Available

**Girls Inc.
Taking Care of Business**

This is a structured program that is designed to increase adolescent girls' (ages 14-18) educational and career planning skills as well as their motivation to avoid pregnancy. A paid work experience component is a part of this program.

Program Results

No data available

**Health Services of Lyon County
Sexual Identity in the Young Adult**

Students in grades 9 through 12 attend a three day class on human sexuality. Primary topics include birth control, STDs, and the influence of drugs and the media on sexual activity decisions. The material is presented through lecture, films, panel discussions, handouts and role plays.

Program Results

No data available

**Health Services of Lyon County
Sexuality Issues in Adolescence**

Students in grades four through six receive information on the biological and emotional changes which occur during puberty. Information appropriate for each grade level is presented through lecture, films, and question/answer time.

Program Results

No data available

**The Home Connection
It Takes Two**

The Home Connection is replicating the It Takes Two program of the Young Women's Resource Center. Home Connection is a 1995 grantee.

Program Results

No data available

**Humboldt County Public Health
Girl Talk**

Girl Talk is a program offered to fourth and fifth grade girls and their mothers or other significant female. The program is designed to enhance parent/child communication about sexual issues and health promoting behaviors. During the program, sexual attitudes, feelings and values within the context of the family is explored, self-esteem and acceptance of sexuality is promoted and the quality and quantity of communication between youth and their parents about sexuality issues is strengthened.

Two questionnaires are used for this program. One for the girls, "Girl Talk" is discussed below. A second questionnaire, for the Mothers (Mom Talk), is discussed separately in the following section.

Program Results

At mid-year, one session of Girl Talk had been conducted with seven girls and their mothers. All of the girls were white. Four of the girls (57%) were ten and three (43%) were eleven. All of the participants attended the fifth grade.

The first eight items the girls were asked to complete related to the content of the presentation. Participants were asked to choose a response to each statement that most closely indicated how they may have changed as result of participating in the program. The responses were 1 "Not at all," 2 "A little more," and 3 "A lot more." The table below summarizes the responses given by the girls and gives the average (mean) response for each statement on the questionnaire.

Table 10: Humboldt Co Public Health Girl Talk: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I am more likely to talk to a parent or trusted adult about sex	0%	57%	43%	2.42
2) I am less likely to think that I need a boyfriend/ girlfriend to feel good about myself	14%	29%	57%	2.42
3) I know more about the dangers of STDs and AIDS	0%	57%	43%	2.42
4) I feel confident about the decisions I make	0%	57%	43%	2.42
5) I understand more about why I should wait to have sex with someone	0%	14%	86%	2.85
6) I feel more comfortable saying no to sex until I am older	0%	0%	100%	3.00
7) I feel more comfortable asking questions of my parents or other trusted adult about sex	0%	57%	43%	2.42
8) I know more about how the body changes during puberty	0%	14%	86%	2.85

The average response to all of the questions in this group was 2.55. This score indicates that the girls felt they had made some positive changes in their knowledge and understanding of sexuality issues during the course of this program.

Participants were next asked to respond to three statements about the presentation of the program. Their responses were 1 "Disagree," 2 "Unsure," or 3 "Agree." The table below gives the percentage of participants responding with each answer and the average (Mean) answer for each item.

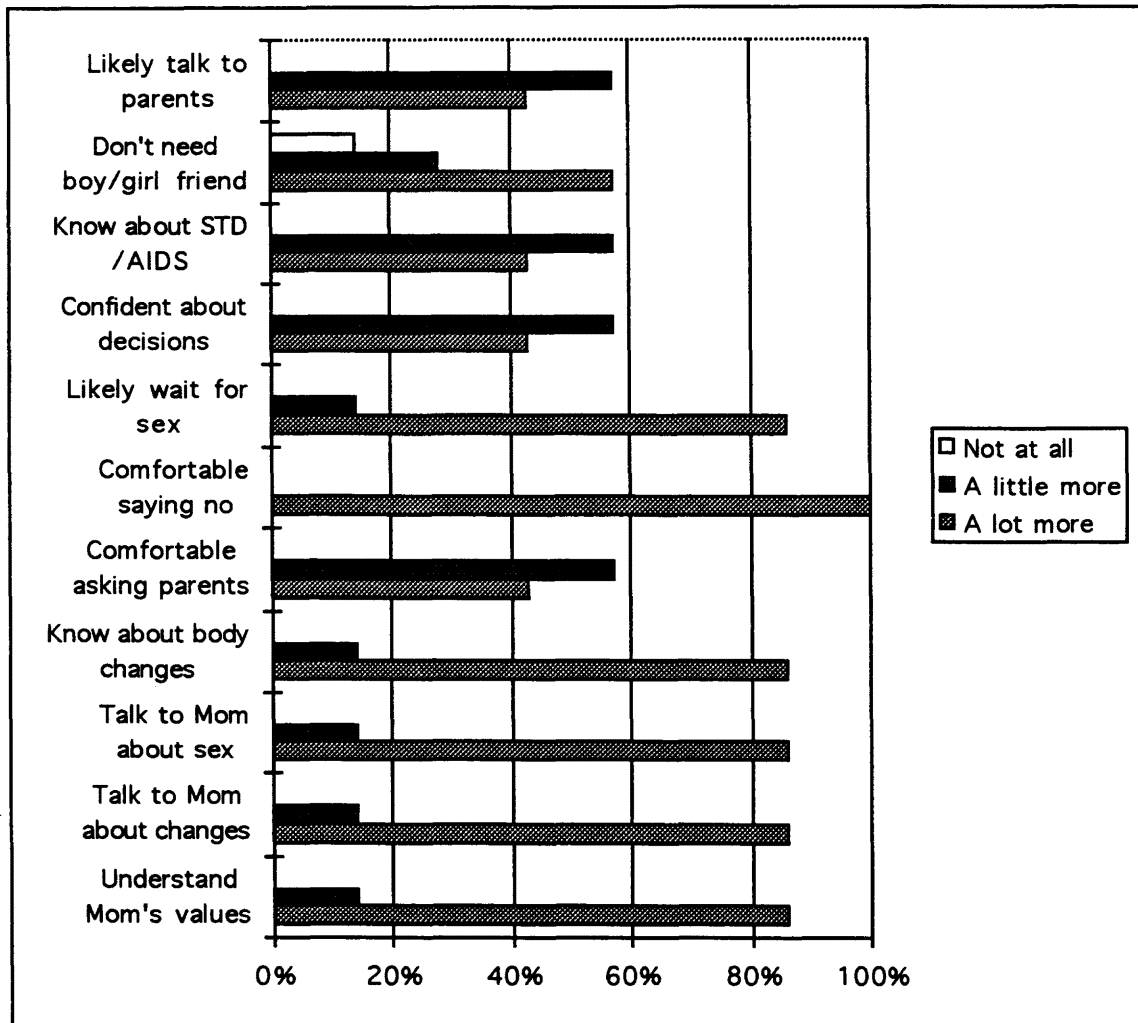
Table 11: Humboldt Co Public Health Girl Talk: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) It is easier to talk to my Mom about sex	0%	14%	86%	2.85
2) It is easier to talk to my Mom about the physical and emotional changes during puberty	0%	14%	86%	2.85
3) I am more clear about what my Mom believes about teen sex	0%	14%	86%	2.85

The average response to the items about presentation was 2.85. This score indicates that the girls felt, overall, that it was much easier to talk with their mother about sexuality issues as a result of program participation.

The figure on the following page illustrates the responses given by participants in the Girl Talk program to the eleven items discussed above.

Figure 5: Humboldt Co Public Health Girl Talk: Illustration of responses to content and presentation items



The last portion of the questionnaire asked program participants to complete three open-ended items. The first item was "The best part of this program was..." Some of the girls wrote: "Being with different girls my age," "I had fun and learned a lot," "We talked about the body parts of men and women," and "when the boys came."

The second statement the participants were asked to complete began "The presenters made these classes fun by..." A number of the girls finished the statement with "playing games and talking things through," "having a good attitude," and "doing things in a fun way."

Finally, the girls were asked to complete the statement "The best part about having my Mom come to these classes with me was.." Responses included: "I felt more comfortable about what I was learning," "we can talk more easily now," "we both learned something," and "I can ask questions after the meetings."

**Humboldt County Public Health
Mom Talk**

This Mother/Daughter program was described previously in the "Girl Talk" section. Mothers participating in the program completed a different questionnaire than their daughters. It contained four items related to the presentation of the program and four open-ended questions. Those results are discussed in this section.

Program Results

Seven mothers (or significant other females) attended the Girl Talk program with their daughter.

The mothers were asked to complete four items pertaining to the presentation of the program. For each item they were asked to pick one of the following responses" 1 "Disagree," 2 "Unsure," or 3 "Agree." A summary of the responses and the mean response for each item is given in the table below.

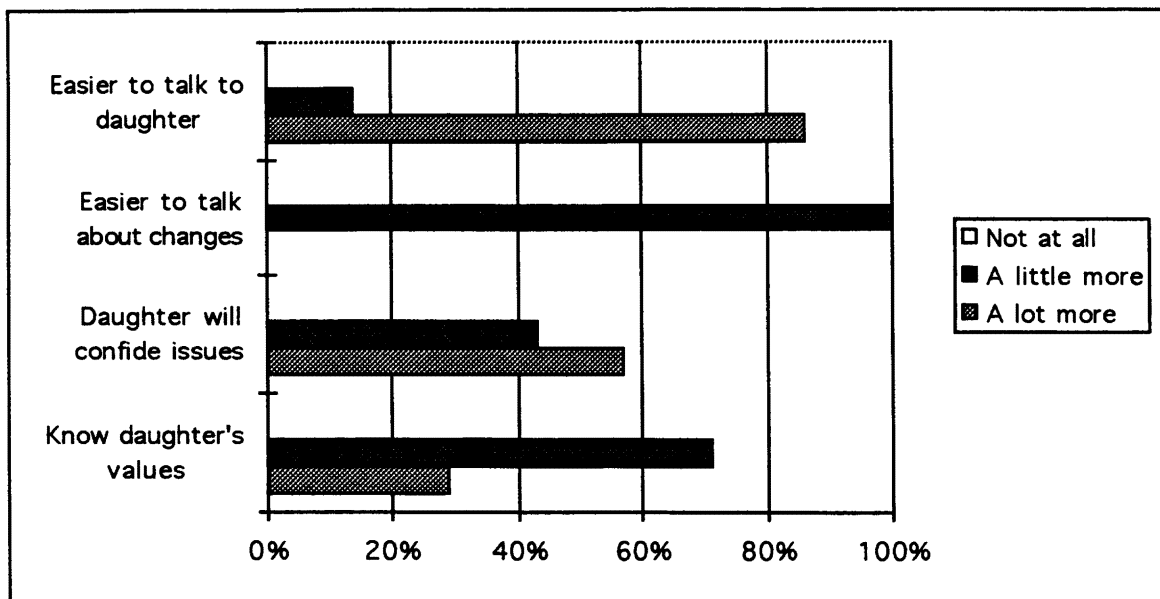
Table 12: Humboldt County Public Health Mom Talk: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) It is easier to talk to my daughter about sex	0%	14%	86%	2.85
2) It is easier to talk to my daughter about the physical and emotional changes during puberty	0%	0%	100%	3.00
3) I think my daughter is more likely to confide in me about personal issues since we attended this class	0%	43%	57%	2.57
4) I am more clear about what my daughter believes about teen sex	0%	72%	29%	2.28

The mean response for all four questions as group was 2.67. This score indicates that, overall, the Mothers agreed that the program helped to increase communication with their daughters about sexuality issues.

The figure on the following page illustrates the responses to each item the mothers completed.

Figure 6: Humboldt County Public Health Mom Talk: Illustration of responses to presentation items



The participants were also asked to complete four open-ended items. To the statement "The best part of this program was..." a variety of responses were given. They included: "being with my daughter," "learning communication approaches," "sharing with my daughter about growing up," "the male and female panels," "the sharing time," and the "childbirth video."

The second statement the Moms completed was "The presenters made these classes fun by..." Responses to this item included: "Keeping it light and fun, allowing time for discussion and putting up with the giggles," "their sense of humor, great knowledge and honesty," "good videos and materials," and "making you feel relaxed and comfortable."

The third statement, "To make this program more enjoyable for other mothers, the presenters could..." was completed in one of two ways. Either "keep up the good work," or "it was all great!"

Finally, the Moms were asked to complete the statement: "The best part about having my daughter come to these classes with me was..." Responses to this statement included: "seeing her start to consider the changes happening in her body," "the opportunity to talk about things that don't ordinarily come up in our conversations," "the time spent together and the opportunity to talk," and "we talk a lot more, she asks questions."

**North Iowa Community Action
It Takes Two**

North Iowa Community Action is replicating the **It Takes Two** program of the Young Women's Resource Center. North Iowa Community Action is a 1995 grantee.

Program Results

No data available

Panorama High School
It Takes Two

Panorama High School is a 1995 grantee replicating the It Takes Two program of the Young Women's Resource Center.

Program Results

No data available

**Planned Parenthood of East Central Iowa
Planned Parenthood/Cedar Rapids**

Planned Parenthood provides individual sexuality health services to clients, and community education. For this program, Peer Educators were recruited from the area high schools. They received extensive training before presenting their information to other teens. Rural teens, young teens and high-risk teens are specifically targeted.

The content of the presentations include information on teen pregnancy, contraceptives and their risks, HIV/ AIDS, STDs, effective communication skills and substance abuse as it relates to risky behavior.

Program Results

A total of 114 students participated in 10 presentations of this program. The students were primarily male (68%) and white (91%). Other students identified themselves as African American (3%, n=4), Asian (2%, n=3), Hispanic (2%, n=3) and Multiracial (.8%, n=1).

The students' age ranged from 13 to 18 years. The average age was 15.6 years. They attended grades six through 12. The average grade was ninth.

The first eight items the students were asked to answer related to the content of the presentation They were asked to choose a response to each statement that most closely indicated how they may have changed as a result of participating in the program. The responses were 1 "Not at all," 2 "A little more," and 3 "A lot more." The table on the following page summarizes the responses and gives the average (mean) response for each statement on the questionnaire

Table 13: Planned Parenthood of East Central Iowa/Cedar Rapids: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I feel more comfortable asking questions of my parent or other trusted adult about sex	37%	48%	15%	1.78
2) I know more about the dangers of STDs and AIDS	15%	41%	44%	2.29
3) I am more clear about my attitudes toward unwanted pregnancy	12%	33%	56%	2.44
4) I know how I can avoid an unwanted pregnancy	7%	24%	69%	2.62
5) I understand more about why I should wait to have sex with someone	14%	33%	53%	2.44
6) I know the importance of talking to a partner about sex	6%	38%	56%	2.50
7) I understand how my decisions about sex can change my future	7%	28%	65%	2.58
8) I am more likely to think that both sex partners should share responsibility for decision about birth control	7%	28%	65%	2.58

The average response for all of the content questions was 2.39. This score means that, overall, the participants felt the program had somewhat increased their knowledge and/or clarified their attitudes about teen sexuality.

The next section of the questionnaire asked the respondents to answer three items pertaining to the presentation of the program. To each item they were asked to respond 1 "Disagree," 2 "Unsure," or 3 "Agree." A summary of the responses and the mean response for each item is given in the table below.

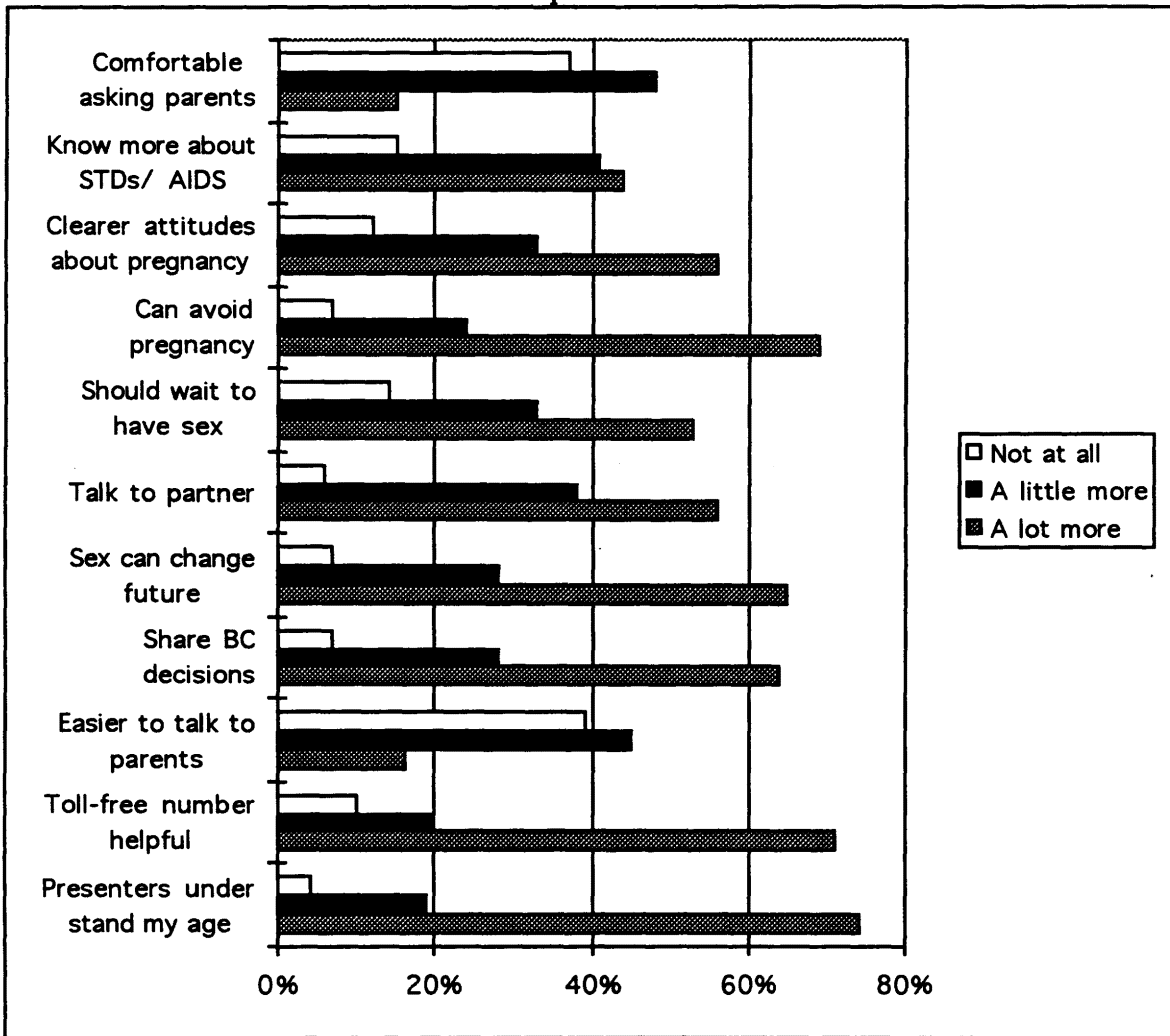
Table 14: Planned Parenthood of East Central Iowa/Cedar Rapids: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) It is easier to talk to my parent(s) about sex since we attended the family workshop sessions	39%	45%	16%	1.77
2) A toll-free number is a good way to help teens get their questions about sex/ birth control answered	10%	20%	70%	2.61
3) The presenters really seemed to understand people my age	4%	19%	74%	2.63

The average response to these three items as a group was 2.33. This score indicates that, overall, the participants were fairly positive about the activities and presentation of the program.

The figure below illustrates the responses that were given by participants in the first two sections of the questionnaire.

Figure 7: Planned Parenthood of East Central Iowa/Cedar Rapids: Illustration of responses to content and presentation items



The last section of the questionnaire asked participants to respond to three open-ended items. The first question was "What part of this program was most helpful to you." The majority of students responded: "Learning about all of the contraception methods," and "the video that had teens in my age." Others wrote "learning about STD's" and "being challenged with humor to think about all of the information."

The second question asked the students: "How could this program be changed to be more helpful to other teens?" Some of the responses included: "talk more about teens not having sex and why (to show some of us we aren't alone)," "program should be longer," "program should be available to

younger kids," "spend more time talking about STDs," and "the program was fine. Unfortunately most teens just don't listen."

Finally the students were asked to complete the statement: "The best reason for me to postpone parenting at this time is..." The most frequent response was: " I want to go to college and have a good job first." Other students wrote: "I'm too young and broke," "I have a good future waiting for me and I don't want anything to ruin it," "I don't need that responsibility," "I have STDs that are dangerous to childbirth," "it's against my religion," "I don't know how to take care of kids," and "my parents would kill me and I want to stay a kid myself a little longer."

**ETI of Planned Parenthood of Greater Iowa
Southwest Iowa Area**

Planned Parenthood offers a series of programs by a trained educator related to parent-child communication skills, teen sexuality, self-esteem, pregnancy prevention and disease detection. Participants receive an information packet for their use. Planned Parenthood is a 1995 grantee.

Program Results

No data available

**Planned Parenthood of Southeast Iowa
THEATRiX - Teen Theater Troupe**

Planned Parenthood of Southeast Iowa developed a teen theater troupe comprised of students from area schools. The troupe creates their own skits on such topics as: Abstinence, Teen Pregnancy, AIDS/HIV, Rape, Suicide, Drugs, Alcohol, Peer Pressure, Alcohol, STDs, Family Communication and Child Abuse. The short skits are performed for school, church and community groups. A time for questions and discussion follows the presentation.

Planned Parenthood chose to develop a brief Audience Evaluation form and a Host Evaluation form. Information from these evaluations are summarized below. Separate data collection instruments are being developed for the troupe members and their parents.

Program Results

During the first two quarters of the grant year, THEATRiX presented their program to 3,695 participants. Nearly one-half of these participants were 12 or younger (N=1707, 46%). Forty-one percent were teens (N= 1519) and thirteen percent were adults (N=469). The majority of participants were female (N=2,237, 61%).

Ninety-six percent of the participants were white (N=3,535). Other participants identified their race as African-American (N=88, 2%), Hispanic (N=49, 1%), Asian (N=17, 0.5%), or Native American (N=6, 0.2%).

The students completed a brief questionnaire which includes six items and three open-ended questions. The responses to the first six items are summarized below. [A summary of the open-ended items was not provided.]

Table 15: Planned Parenthood of Southeast Iowa THEATRiX: Summary of participant questionnaires responses

Item	No	Maybe	Yes
1) Would you recommend this show to others?	0%	17%	83%
2) The teen actors made the topics easy to relate to	4%	13%	83%
3) Do you think you will talk to your friends, family, or have a classroom discussion about the topics portrayed on stage?	8%	52%	40%
4) Would you like to see a show like this next year?	6%	26%	68%
5) The teens made it easy to ask any questions I had	8%	26%	66%
6) Overall I would rate this program	Fair 2%	Good 32%	Excellent 66%

The Host evaluation contains eight items and three open-ended questions. The table below provides the summary data for six of the items. [Data on the remaining two items and the open-ended questions was not provided.]

Table 16: Planned Parenthood of Southeast Iowa THEATRix: Summary of responses to host questionnaire

Item	No Opinion	Dis-agree	Unsure	Agree
1)The program was of significant educational value	0%	0%	0%	100%
2) The program was of significant entertainment value	0%	0%	15%	85%
3) The program led to follow-up discussions	0%	0%	25%	75%
4) Audience members exhibit greater knowledge and understanding of the subject matter	7%	14%	43%	36%
5) This program should be continued next year	0%	0%	8%	92%

6) Overall I would rate this program	Fair 0%	Good 17%	Excellent 83%
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**Pottawattamie County Extension
Parents and Kids Can Talk About Sexuality**

Parents and Kids Can Talk About Sexuality is a program offered by the Extension to preadolescent students (5th and 6th grade) and their parents. Emphasis is put on self-esteem, communication skills, decision making skills, goal setting, knowledge of physical changes at puberty and consequences of sexual activity. Students take part in the curriculum in a school setting and parents are involved with a number of homework assignments that encourage discussions about family values and expectations.

Program Results

No data available

**Red Oak Community School District
Parents and Kids Can Talk About Sexuality**

Red Oak Community School District is replicating the **Parents and Kids Can Talk About Sexuality** program of the Pottawattamie County Extension. Red Oak Community Schools is a 1995 grantee.

Program Results

No data available

**Washington Community School District
Project WAIT !**

Project WAIT! is a school-based program that provides information to students about pregnancy prevention, relationships skills, health and personal safety. Teen presenters share their experiences and knowledge with students in grades seven through twelve.

Program Results

One session of Project WAIT! was conducted in the first half of the grant year. Thirteen students, 10 females and 3 males participated. These students were white with the exception of one student who was American Indian. The participants ranged in age from 15 through 17. The average age was 15.9 years. They attended grades 10 through 12. The average grade was 10.7.

In addition to the demographic information, the students answered a total of 14 questions. The first eight questions related to the content of the presentation. Students were asked to choose a response to each statement that most closely indicated how they may have changed as a result of participating in the program. The responses were: 1 "Not at all," 2 "A little more," and 3 "A lot more." The table below summarizes the responses to each of these eight statements and gives the average (Mean) answer.

Table 17: Washington Community Schools WAIT!: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I understand more about why I should wait to have sex with someone	0%	62%	38%	2.38
2) I am less likely to think that I need a boyfriend/girlfriend to feel good about myself	8%	61%	31%	2.23
3) I am more clear about the meaning of No Means No	0%	62%	38%	2.38
4) I have more skills to resist pressure to have sex	0%	46%	54%	2.53
5) I am more likely to decide my life goals and plan for them	8%	38%	54%	2.46
6) I feel better about myself	0%	54%	46%	2.46
7) I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	0%	25%	75%	2.75
8) I feel more confident of the decision I make	0%	31%	69%	2.69

The mean response to all of the content items as a group was 2.48. This score indicates that the students felt they had changed as a result of program participation.

Participants were next asked to respond to three statements about the presentation of the program. Their responses were 1 "Disagree," 2 "Unsure," or 3 "Agree." The table below gives the percentage of participants responding with each answer and the average answer for each item.

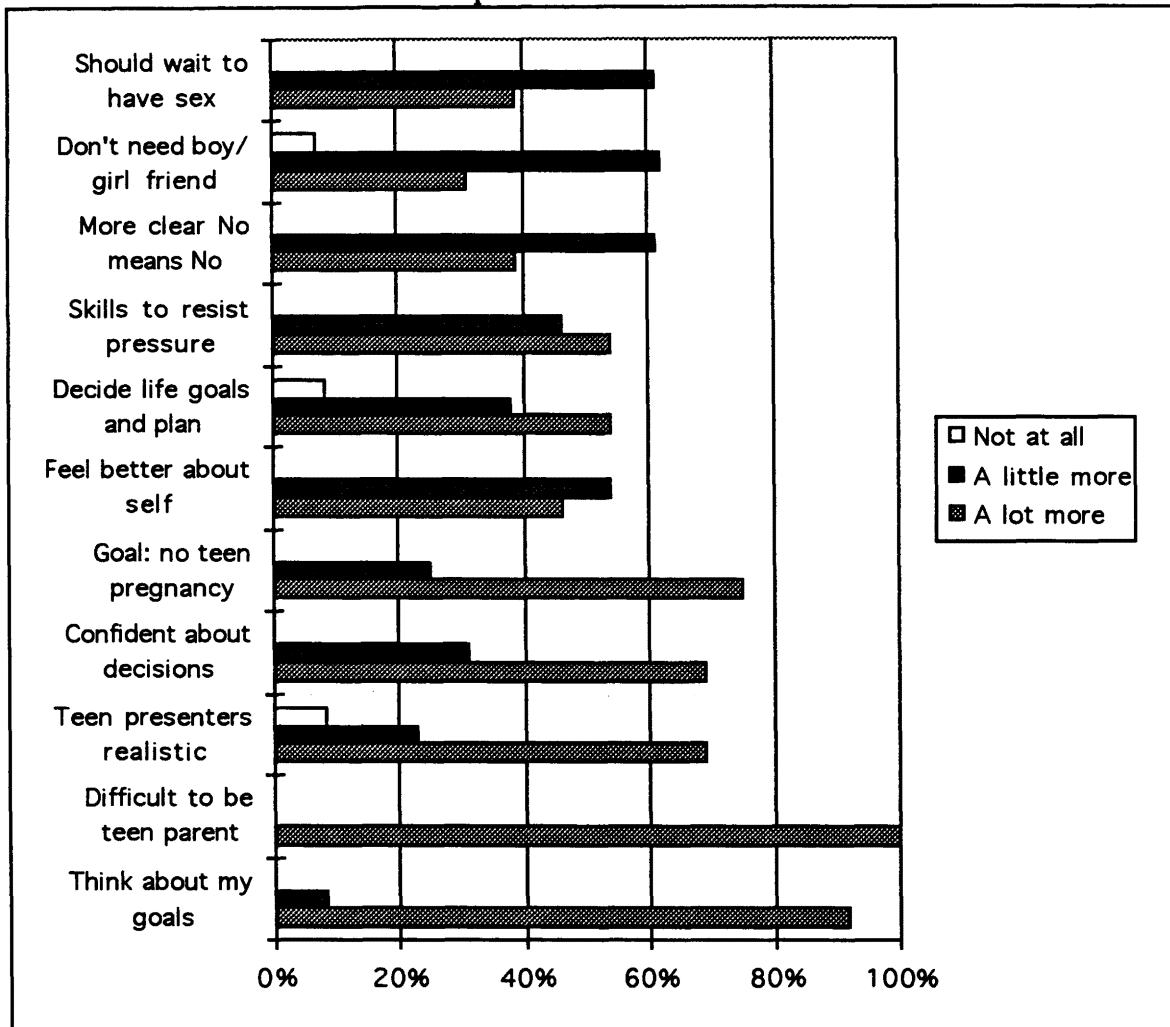
Table 18: Washington Community Schools WAIT!: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) Teen presenters made the program more realistic	8%	23%	69%	2.61
2) The program helped me to understand how hard it can be to be a teen parent	0%	0%	100%	3.00
3) The presentation helped me to think about my future goals	0%	8%	92%	2.92

The mean response for all of the items in the presentation group was 2.84. This score indicates that the students agreed, overall, with the presentation items.

The figure on the following page illustrates the responses to each of the items in these two sections of the questionnaire.

Figure 8: Washington Community Schools WAIT!: Illustration of responses to content and presentation items



The last section of the questionnaire asked the participants to complete three open-ended statements. The first was: "The best reason for me to postpone parenting is..." The students responded: "I'm not ready," "not enough money and not accepted in society," "I want to want my kids," "myself and the unborn child," and "I need to get my own life in order first."

The second statement to be completed was "The best part of the program was..." Most of the students stated: "the doctor and the games we got to play." Others wrote: "the speakers talked to us, not at us," and "being able to learn as a group."

The final question was "How could this program be changed so it would be more helpful to others your age? Some suggestions offered included: "program should be longer," "should be available at a younger age," and "be able to hear from teen parents."

Young Parents Network Postpone Parenting Campaign

Young Parents Network's (YPN) Postpone Parenting Campaign offers a series of presentations to teens about the realities of teen parenting in an effort to prevent teen births. The underlying roles of parents, the responsibilities and importance of defining personal values related to parenting are stressed by the teen parent presenters.

Program Results

Four series of presentations were given in the first six months. A total of 158 students participated in these programs. Seventy-three percent of the participants were female (n=115). The majority of the students were white (85%, n=134). Four percent of the students (n=7) identified themselves in each of the following groups: African American, Hispanic and American Indian. Two students were Asian and one was Multiracial.

The participants ranged in age from 13 to 19. The average age was 15.9 years. They attended grades eight through twelve. The average grade was 10.5.

In addition to the demographic information, the students answered a total of 14 questions. The first eight questions related to the content of the presentation. Students were asked to choose a response to each statement that most closely indicated how they may have changed as a result of participating in the program. The responses were: 1 "Not at all," 2 "A little more," and 3 "A lot more." The table below summarizes the mean responses to each of these eight questions.

Table 19: YPN Postpone Parenting Campaign: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I am more likely to talk to a parent or a trusted adult about sex	30%	54%	16%	1.85
2) I am more clear about my attitudes toward unwanted pregnancy	6%	42%	52%	2.45
3) I know more about the costs of unwanted pregnancy	6%	36%	58%	2.52
4) I am more likely to decide my life goals and plan for them	8%	47%	45%	2.37
5) I feel more strongly that I want to postpone sex in the future	22%	52%	26%	2.04
6) I know more consequences of having a baby as a teenager	3%	32%	65%	2.61
7) I understand how my decisions about sex can change my future	4%	44%	52%	2.48
8) I am more likely to think that both sex partners should share responsibility for decisions about birth control	2%	34%	64%	2.62

The mean response to all of the content items as a group was 2.36. This score indicates that, overall, participants felt their knowledge and/or attitudes changed as a result of program participation.

Participants were next asked to respond to three statements about the presentation of the program. Their responses were 1 "Disagree," 2 "Unsure," or 3 "Agree." The table below gives the percentage of participants responding with each answer and the average answer for each item.

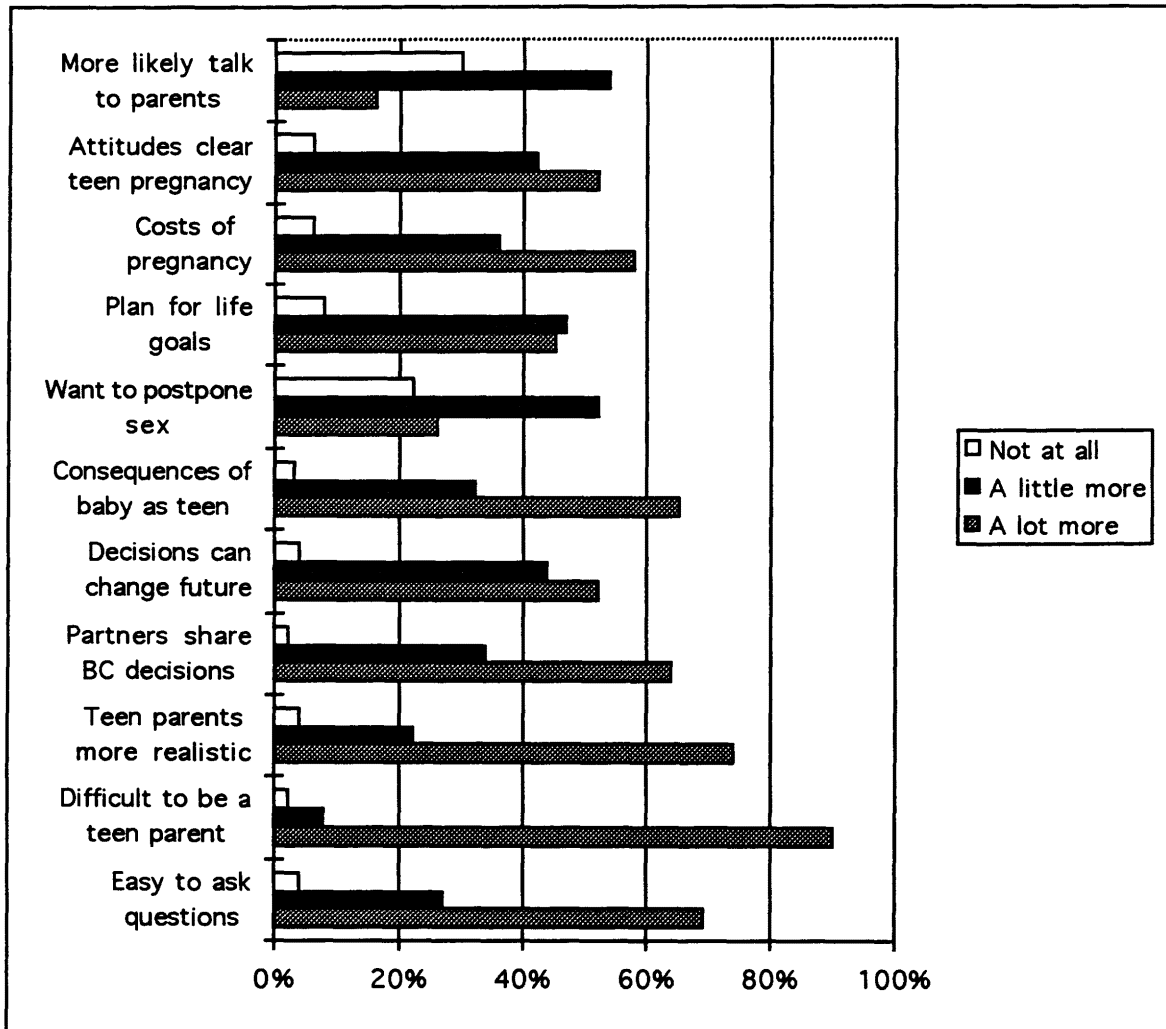
Table 20: YPN Postpone Parenting Campaign: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) Teen parents made the presentation more realistic for me	4%	22%	74%	2.70
2) The program helped me to understand how hard it can be to be a teen parent	2%	8%	90%	2.88
3) The presenters made it easy for me to ask any questions I had	4%	27%	69%	2.64

The mean response for all of the items in the presentation section was 2.74. This score indicates that, overall, the students found the presentation to be helpful.

The figure on the following page illustrates the responses to each of the items in these two sections.

Figure 9: YPN Postpone Parenting Campaign: Illustration of responses to content and presentation items



The last portion of the questionnaire asked participants to respond to three open-ended items. The first item was "The best part of this program was..." A large number of participants wrote: "Having teen parents be so open and honest and answer all of our questions." Others responded: "making people think twice about having sex," "showing us that it really does happen to teens," "learning about how much it costs to have a baby," and "learning how serious it is to have sex when you're a teen."

The second statement to be completed was: "This program could be helpful to other teens if..." Representative responses include: "if the program was longer," "more kids could hear the program and hear it at a younger age," "if it stressed abstinence more," and "if more panelists could present their stories."

Finally, students were asked to complete the statement: "The best reason for me to postpone parenting is..." Most of the responses were similar

to: "I'm not ready emotionally or financially and I want only the best for my child." Other students wrote: "I want the child to have two parents." "it's against by religious/personal beliefs to have sex before marriage," and "I want to accomplish my career and life goals first."

**YWCA - Marshalltown
Peer Approach Counseling by Teens (PACT)**

The PACT program, used nationally by the YWCA, encourages high school age teens to be peer educators. PACT is an abstinence based program that is designed to empower teens to make informed decisions regarding their own sexual behavior. Activities of the program are designed to increase decision making skills to postpone sexual intercourse, pregnancy and childbearing; open communication between males and females about dating expectations and sexual stereotypes; and to educate students about STDs and personal prevention.

Program Results

During the first six months of this grant year, PACT provided two presentations to school groups. A total of 59 students participated; 50 identified themselves as female and nine students did not answer the question.

The majority of students were white (92%, N=44). Two identified themselves as Multiracial (4%), one as Asian (2%) and one as African American (2%).

They ranged in age from 12 to 21 years. The average age was 13.2 years. The students attended grades six through eleven. The average grade was eighth.

In addition to the demographic information, the students answered a total of 14 questions after the presentation. The first eight questions related to the content of the presentation. Students were asked to choose a response to each statement that most closely indicated how they may have changed as a result of participating in the program. The responses were: 1 "Not at all," 2 "A little more," and 3 "A lot more." Table 21, on the following page, summarizes the mean responses to each of these eight questions.

Table 21: YWCA Peer Approach Counseling by Teens: summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I have more skills to resist pressure to have sex	9%	48%	43%	2.33
2) I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	20%	22%	58%	2.38
3) I understand more about why I should wait to have sex with someone	7%	30%	63%	2.55
4) I know the importance of talking to a partner about sex	12%	29%	60%	2.48
5) I feel more comfortable saying no to sex until I am older	20%	30%	50%	2.29
6) I know more about the dangers of STDs and AIDS	4%	33%	63%	2.59
7) I understand how my decision about sex can change my future	6%	23%	71%	2.65
8) I know more about how alcohol and drugs influence my decisions to have sex	11%	25%	64%	2.52

The mean response for all of the content questions as a group was 2.47. This score would suggest that the students felt they had changed as a result of program participation.

Next the students were asked to respond to three items about the presentation of the program. Their responses were 1 "Disagree," 2 "Unsure," or 3 "Agree." The table below summarizes the responses to each item and gives the mean response for each item.

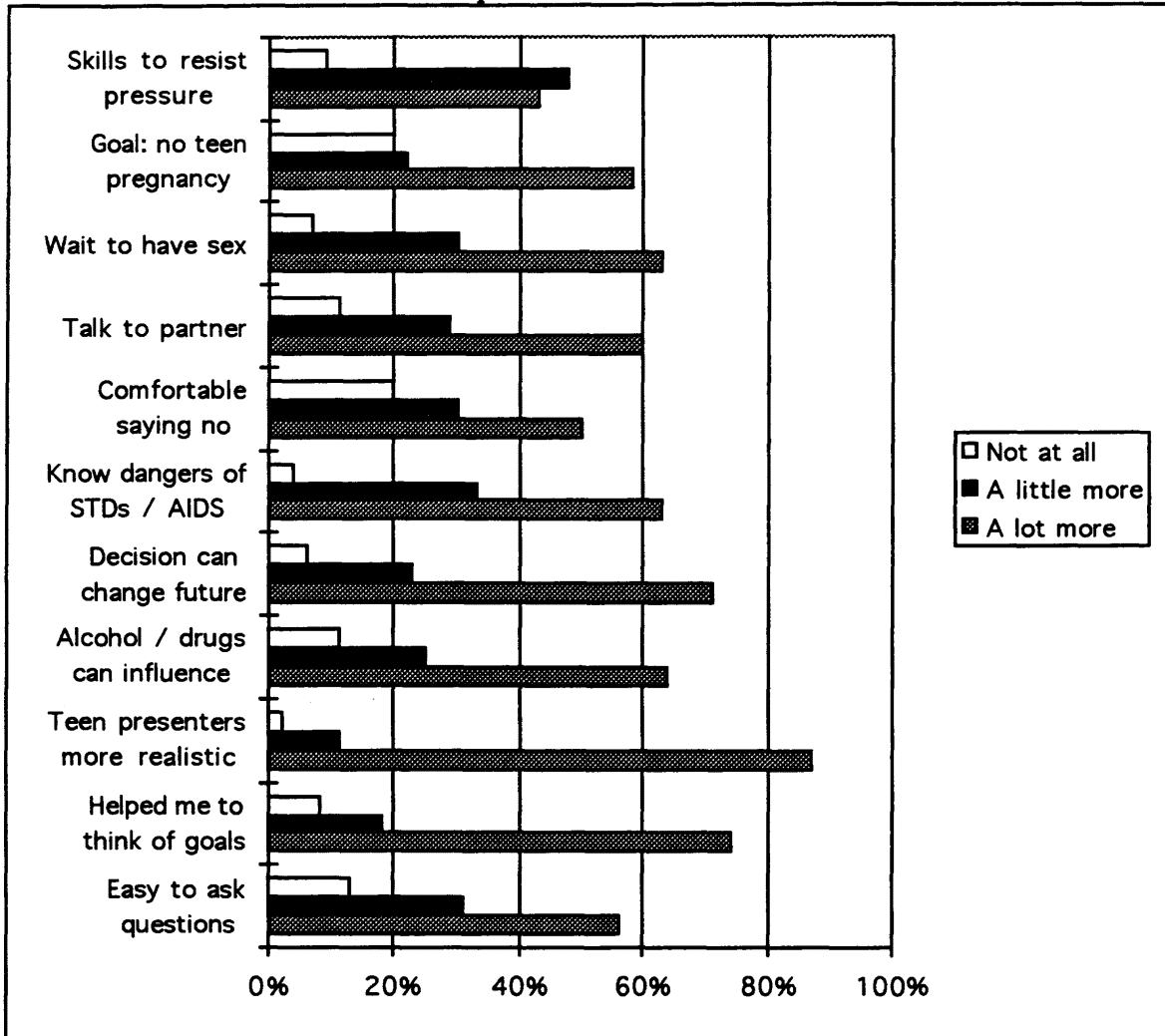
Table 22: YWCA Peer Approach Counseling by Teens: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) The teen presenters made the program more realistic	2%	11%	89%	2.84
2) The program helped me to think about my future goals	8%	18%	74%	2.65
3) The presenter made it easy to ask any questions I had	13%	31%	56%	2.43

The mean score for all of the presentation questions as a group was 2.64. This score indicates that the majority of students agreed that the presentation was realistic, helped them to think of their future goals and felt comfortable asking questions.

The figure on the following page illustrates the responses to the content and presentation questions.

Figure 10: YWCA Peer Approach Counseling by Teens: Illustration of responses to content and presentation items



The last portion of the questionnaire asked students to respond to three open ended statements. To the first one, "The best part of this program was..." the majority of students wrote: "the role plays." Other comments included: "being able to talk to others my own age," and "learning with a sense of humor."

The second item asked students to complete the statement: "The best reason for me to postpone parenting at this time is..." Most of the students thought they were "too young and not ready for that responsibility." Others elaborated their reasons: "I don't think I could give it the life it deserves now," "Life as a teenager is good, I don't want to be an adult too soon," and "you shouldn't have sex until you're married."

Finally the students were asked: "How could this program be changed to be more helpful to other teens?" Some of the suggestions included offering more information about STDs, AIDS and the role of drugs in teen relationships.

Young Women's Resource Center
It Takes Two

It Takes Two is an adult (male and female team) educator program of the Young Women's Resource Center (YWRC) which addresses the attitudes, behaviors and lack of sexuality knowledge which frequently contributes to teen pregnancies. The workshops emphasize postponing sexual activity through abstinence, male/female responsibility in relationships, refusal skills and assertiveness, and building self-esteem.

Program Results

Thirty-five It Takes Two workshops were presented to a total of 1,031 students in the first half of the grant year. Thirty-eight percent of the participants were male (n=367); sixty-two percent were female (n=596). Fifty-six participants (5%) were teen parents at the time of the presentation.

Seventy percent of the participants were white (n=673). The remaining students were African American (15%, n=147), Hispanic (6%, n=62), American Indian (4%, n=34), Multiracial (3%, n=31), and Asian (2%, n=14).

The students ranged in age from 11 to 19. The average age was 14.2 years. The majority of students (79%) were between the ages of 12 and 15.

The participants attended grades six through twelve. The average grade was 8.7.

Students completed eight items related to the content of the presentation. They were asked to choose a response to each statement that most closely indicated how they may have changed as a result program participation. The responses were: 1 "Not at all," 2 "A little more," and 3 "A lot more." Table 23, on the following page, summarizes the responses to each item and provides the mean response to each of these eight items.

Table 23: Young Women’s Resource Center It Takes Two: Summary of responses to content items

Item	Not at all	A little more	A lot more	Mean
1) I know the importance of talking to a partner about sex	5%	34%	61%	2.55
2) I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager	10%	22%	68%	2.58
3) I know more about STDs and AIDS	6%	35%	59%	2.52
4) I am more likely to think that both sex partners should share responsibility for decisions about birth control	6%	25%	69%	2.63
5) I am more clear about the meaning of No Means No	7%	23%	70%	2.62
6) I feel more strongly that I want to postpone sex in the future	18%	33%	49%	2.31
7) I know more about how alcohol and drugs influence my decision to have sex	10%	36%	54%	2.44
8) I am less likely to think I need a boyfriend/ girlfriend to feel good about myself	20%	37%	43%	2.23

The mean score for all responses on these content items was 2.48. This score indicates that the students felt that as a result of program participation they had greater knowledge and changed attitudes toward teen pregnancy.

Next, the participants were asked to respond to three items about the presentation of the program. They were asked to respond either 1 “Disagree,” 2 “Unsure,” or 3 “Agree.” The table below gives the responses to each question and the mean response for each question.

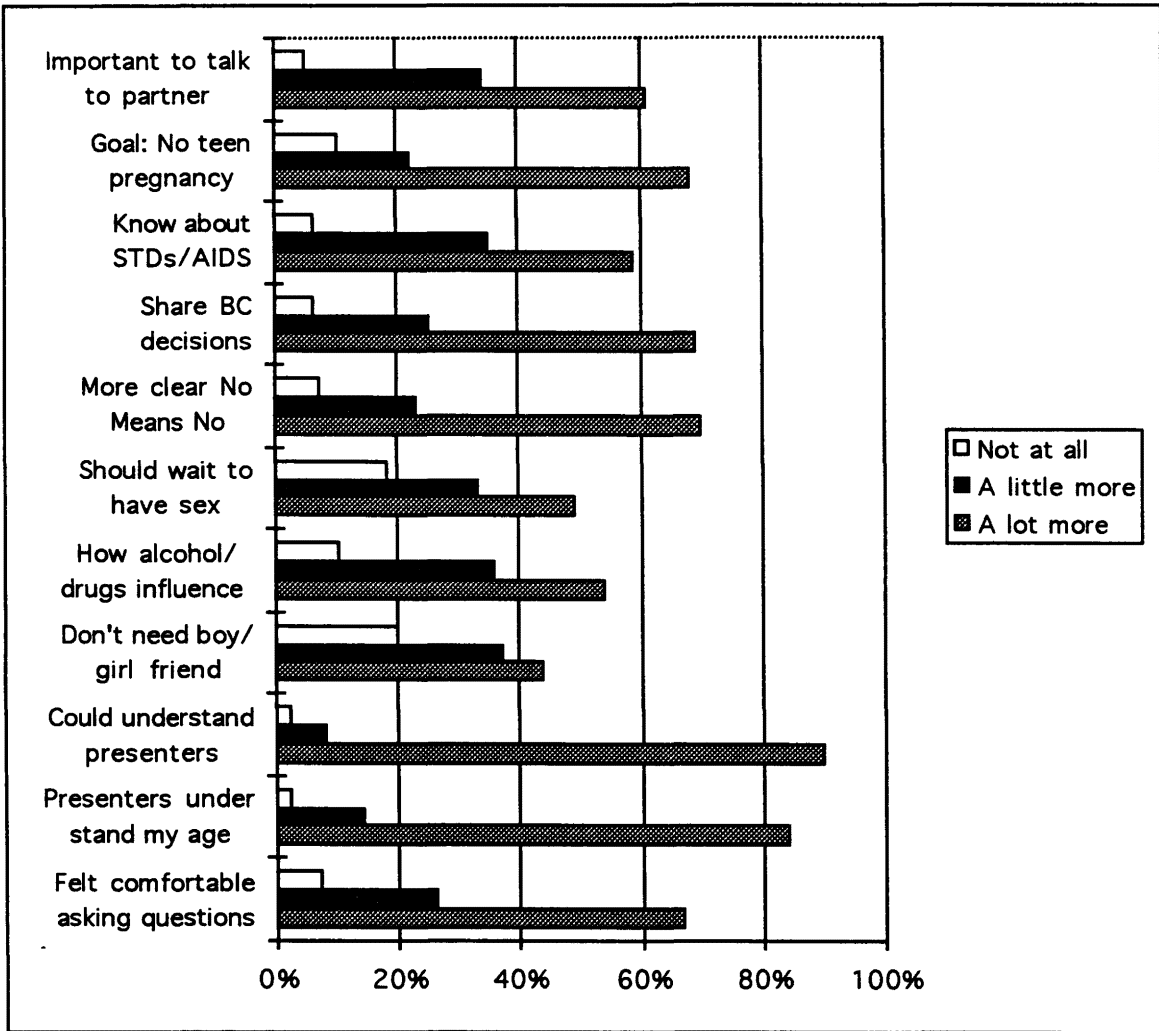
Table 24: Young Women’s Resource Center It Takes Two: Summary of responses to presentation items

Item	Disagree	Unsure	Agree	Mean
1) I felt the presenters talked at a level I could understand	2%	8%	90%	2.88
2) I felt the presenters had a good understanding of people my age	2%	14%	84%	2.82
3) I felt comfortable asking the presenters any questions I had	7%	26%	67%	2.60

The mean score for all responses on the presentation items was 2.76. The score indicates that student, overall, felt comfortable with the presenters during the program.

The figure on the following page illustrates the responses to each of the content and presentation items.

Figure 11: Young Women's Resource Center It Takes Two: Illustration of responses to content and presentation items



The last section of the questionnaire asked the students to respond to three open-ended items. The first one was "The best reason for me to postpone parenting is..." A number of responses were given by the participants: "the responsibility and costs, I already have to pay for college," "I don't want to get STDs or AIDS or pregnant," "until I know I really love someone," "I'm too young," "my religious feelings," and "I just don't want to." Others wrote: "it could ruin my life," "I'm not ready to take care of someone else," "I'm taking my time making my life decisions," "I don't mind being a virgin," and "I'm afraid I'd get kicked out."

Next, participants were asked: "What are some of the activities that you especially liked?" "Barbie and GI Joe" and "The Price is Right" were most frequently listed. Other students wrote: "Tom's sense of humor on the subject," "the condom demonstration," "the group discussions," "the movie" and "learning about different types of birth control."

The final question asked the participants: "How could this program be changed to be more helpful to people your age?" Some of the responses included: "let it be open to everyone in the school," "Nothing, it was great. I learned a lot of new things in the last three days," "give more details about the diseases," "let younger people participate," "include homosexuality," "don't go so fast," "talk more about relationships with parents," "tell more about how to use birth control methods so teens don't have to worry about asking," and "no need for any changes."

Youth and Shelter Services
Baby Think It Over

Baby Think It Over is a curriculum presented to seventh through twelfth graders that discusses parenting skills and knowledge, financial costs, effect on relationships, child development, and FAS/FAE. In addition, the adolescents "care" for a life like doll for two nights to experience the constant care an infant demands.

Program Results

No data available

SUMMARY

PREVENTION PROGRAMS

Ten Prevention programs offered between one and 35 presentations during the first half of this grant year. Collectively, 1,470 students between the ages of 10 and 18 participated in one of these programs. The average age was 14.4 years. Sixty percent of participants were female.

The majority of students were white (71%, n=1043). Other students identified their race as African American (11%, n=167), Hispanic (5%, n=76), American Indian (3%, n=46), Multiracial (3%, n=42) or Asian (1%, n=21).

Each of the participants completed a one page questionnaire at the completion of the program. Each questionnaire first asked students to complete brief demographic information. The next portion of the questionnaire asked participants to respond to eight items related to the content of the presentation they had just attended. The responses the students chose were 1 "Not At All," 2 "A Little More," or 3 "A Lot More." The mean response to each of the items is summarized in Tables 25 and 26. Table 25 lists programs that use adult presenters and Table 26 summarizes responses from programs utilizing teen presenters. Each table will be discussed separately below.

Table 25 on page 66 provides the means for those programs that use adult presenters. It should be noted that among these programs there is a wide range of the number of students (seven to 1,031) who participated in one of the programs. The reader should be cautioned that results from programs with relatively few participants may not be reflective of the program's effectiveness.

The first section of Table 25 identifies the possible items related to sexual abstinence that could appear on a questionnaire. Items that were actually used by a program are designated by the mean response to that item appearing in the corresponding square on the table. It is not surprising that the highest score among the Abstinence items was given by the Humboldt Co. participants, all fifth graders. The lowest score in this group was given by YWRC participants. These participants, on average, were 14 years of age. This difference in scores suggests that changing students' values regarding abstinence may be more difficult as they mature. It may be, also, that a number of older students were already committed to an abstinence lifestyle and further changes did not occur as a result of program participation.

In the area of communication the hardest area for participants to recognize change in themselves as a result of program participation was talking with adults about their questions relating to sexuality. The range of scores in this area may reflect a difference in age among students or the amount of time devoted to this topic during the program. It should be noted

	Big Bro/ Big Sis N=35	Humboldt Co. Girl Talk N=7	Emma Goldman N=10	Plan Parent Cedar Rapids N=114	YWRC N=1031	Allen Women Educ Prog N=33
Communication Abstinence	1. More likely to postpone sex	2.7				
	2. Feel more strongly want to postpone sex				2.3	2.3
	3. Understand why I should wait for sex		2.9	2.7	2.4	
Decision Making	4. More likely to talk to parent/adult about sex		2.4			
	5. More clear "No Means No"				2.6	
	6. More comfortable asking parent/adult questions		2.4		1.8	
Goal Setting	7. Importance of talking to sex partner	2.8		2.5	2.5	2.5
	8. More clear attitudes toward unwanted pregnancy				2.4	
	9. Partners share responsibly for birth control				2.6	2.5
Knowledge	10. More skills to resist pressure to have sex	2.8		2.1		
	11. Alcohol/drugs influence decisions to have sex				2.4	
	12. Decide life goals and plan for them					
Self-Esteem	13. Decisions about sex can change future			2.9	2.6	2.6
	14. Goals should not include teenage pregnancy	2.6			2.6	
	15. Know body changes during puberty	2.8	2.9			
Communication Abstinence	16. Know costs of unwanted pregnancy					
	17. Know dangers of STDs and AIDS		2.4	2.9	2.3	2.4
	18. Know how to avoid unwanted pregnancy	2.9		2.9	2.6	2.7
Decision Making	19. Know consequences of having baby as teen					
	20. Understand responsibilities of raising a child					
	21. Understand how difficult to be teen parent			2.6		
Goal Setting	22. Feel better about myself	2.8				
	23. Aware of unique qualities and talents					
	24. Confident about decision I make		2.4			2.3
Self-Esteem	25. Comfortable saying no to sex until older	2.9	3			2.3
	26. Less likely to think need boyfriend/girlfriend		2.4	2.3	2.2	

Table 25: Summary of mean responses to prevention items by programs with adult presenters

that participants in Humboldt County attend the program with their mother or other significant female adult.

The third section of the table summarizes the response to the four items related to Decision Making. The average response among the programs to these items ranged from 2.1, indicating very little change in this area to 2.8, suggesting much more change. This difference in scores might be accounted for by the amount of time devoted to this topic during the presentation.

Average responses in the Goal Setting section were fairly high. The programs using items from this section show mean responses between 2.6 and 2.9 suggesting that students were able to identify quite a lot of change in their thinking about personal goals as a result of program participation.

Each of the programs had at least one item from the section of items related to Knowledge. Three of the programs appear to have placed a strong emphasis on knowledge giving (Big Brothers/Big Sisters, Humboldt County, and Emma Goldman) as is reflected by the high mean scores in this area.

The last section of items are related to Self-Esteem. The two programs in which participants are involved for a number of weeks, Big Brothers/Big Sisters and Humboldt County, showed the greatest gains in this area. The other two programs which have shorter presentations (Emma Goldman and YWRC) showed comparatively lower scores in this area suggesting that length of participation impacts the degree of potential change in this area.

Table 26 on page 68 identifies the mean response to each questionnaire item for the four programs that utilize teen presenters. The number of participants in each of these programs ranged from 10 to 158. Again, the reader is cautioned that results from a relatively small number of participants may not be representative of the program's effectiveness.

The first section, items related to Abstinence, had relatively low scores. As was discussed above on the previous table, abstinence is likely to be a hard area for older teens to show positive growth. On the questionnaire they are asked to indicate the degree of change they perceive in themselves. It may be that this issue is one teens have a strong opinion about and attending a relatively short program is not likely to change that opinion. It is unknown how many participants believed in abstinence prior to the presentation.

The second section of items deals with communication. Again, the lowest scoring item in this section (YPN) had to do with teens being more likely to talk with their parent or other adult about sex. However, in contrast, another program (Washington County) with a similar item (feeling more comfortable asking parents questions) had a relatively higher response. This difference in scores may be a reflection of the presentation content or, perhaps, the age of the participants.

Decision Making is the focus of the third set of items. Each program used at least one item in this group. Scores ranged from 2.3 indicating little change in this area to 2.8 suggesting much greater change. The item that had the highest score, overall, was "Partners should share responsibility for birth control decisions.

		Allen Women's	YPN	YWCA	Washinton
TEEN PRESENTERS		Co-op			Co.
		N=10	N=158	N=59	N=13
Decision Making Goal Setting Knowledge Self-Esteem	Abstinence				
	1. More likely to postpone sex				
	2. Feel more strongly want to postpone sex		2		
	3. Understand why I should wait for sex	2.5		2.6	2.4
	4. More likely to talk to parent/adult about sex		1.9		
	5. More clear "No Means No"				
	6. More comfortable asking parent/adult questions				2.4
	7. Importance of talking to sex partner	2.7		2.5	
	8. More clear attitudes toward unwanted pregnancy		2.5		
	9. Partners share responsibly for birth control	2.8	2.6		
	10. More skills to resist pressure to have sex			2.3	2.5
	11. Alcohol/drugs influence decisions to have sex			2.5	
	12. Decide life goals and plan for them		2.4		2.5
	13. Decisions about sex can change future	2.8	2.5	2.7	
	14. Goals should not include teenage pregnancy			2.4	2.8
	15. Know body changes during puberty				
	16. Know costs of unwanted pregnancy		2.5		
	17. Know dangers of STDs and AIDS				
	18. Know how to avoid unwanted pregnancy	2.8		2.6	
	19. Know consequences of having baby as teen	2.7	2.6		
	20. Understand responsibilities of raising a child	2.5			
	21. Understand how difficult to be teen parent	2.7			
	22. Feel better about myself				2.5
	23. Aware of unique qualities and talents				
	24. Confident about decision I make				2.7
	25. Comfortable saying no to sex until older			2.3	
26. Less likely to think need boyfriend/girlfriend				2.3	

Table 26: Summary of mean responses to prevention items by programs with teen presenters

The next section of the table has three items about Goal Setting. All but one of the groups used the item "I better understand how my decisions about sex can change my future." The mean scores for these programs were fairly similar, ranging from 2.5 to 2.8.

Knowledge items are in the fifth section of the table. One program, Allen Women's Co-op used four of these items on their questionnaire. All except one mean score was above 2.5 in this area suggesting that the programs were able to convey factual information about birth control, consequences and responsibilities of teen age pregnancies and the dangers of STDs and AIDS.

The last section of the table identifies the five items related to Self-Esteem. Two of the five programs did not use any items from this category. The majority of means in this category were 2.3 suggesting that relatively brief presentations are not able to create major changes in this area.

The next section on each of the program questionnaires had three items related to the presentation of the program. Participants were asked to indicate if they 1 "Disagreed," were 2 "Unsure," or 3 "Agreed." Overall, each of programs were well received. The average mean response to items in this section across all ten programs was 2.71.

The last section of each of the questionnaires had three open-ended items for participants to complete. While each program chose the items they used in this section, the two most frequently used items were "How could this program be changed to be better or more useful to other students," and "The best reason for me to postpone parenting is..." The most frequently given suggestion for the first item was to make the program available to more students and to students at an earlier age. A number of participants also responded that the programs were great as they were presented.

Participants reasons given for postponing parenting most frequently included feelings of being too young, a lack of financial stability, and/or not feeling ready to accept the responsibilities that parenting would require of them.

INTERVENTION PROGRAMS

Data from Intervention programs will be presented in a format similar to the prevention programs. For each program the Participant Evaluation results will be presented first, followed by the Program Exit Client Information which is completed by a staff member.

For each client that completes or leaves an Intervention program, two forms should be completed. The first, completed by the client, is the "Participant Evaluation" questionnaire. The second form is completed by a staff member and is called the "Program Exit Client Information." In some cases both forms were not completed for each client during the first half of the program year. Therefore, the reader will note in the sections below that there is unequal numbers of the two forms reported for some programs.

Allen Women's Health Center Participant Evaluation

Allen Women's Health Center coordinates a number of community agencies to provide a comprehensive program for pregnant and parenting adolescents. The components of this program include encouraging early prenatal care and health education, promotes completing an education program by offering tutoring and providing child care if teen parents are in school, support and education groups for both male and female teen parents, extensive parenting and nurturing education, incentives for postponing a second pregnancy, and health, wellness and nutrition information for mother, father and baby. Young mothers participate in the program for variable lengths of time.

Program Results

A total of eight female participants completed or left the program in the first half of the grant year. These young women ranged in age from 15 to 19 years. The average age was 17.5 years. Four of these women were African American and four were white. Three of the young women reported that they were "single, never married." The remaining participants did not complete the item.

Three participants had completed high school or had received their GED, two had completed tenth grade and two had completed eighth grade when they left the program. The average grade completed was 10.3.

After completing the demographic information, participants were asked to complete a series of items in each of seven life domains that may have changed as a result of program participation. One final section asked the participants to respond to items particularly addressing the program presentation or effectiveness.

For each of the seven life domains, participants were asked to respond to each item by indicating if they had changed 1 "Not At All," 2 "A Little More," or 3 "A Lot More," in each area as a result of program participation. Participants were also able to indicate 0 "Does Not Apply" for each item.

Decision Making/Goal Setting The first set of items participants completed had to do with Decision Making/Goal Setting for themselves and their family. Overall, participants indicated that they had made many positive gains in their ability to complete educational plans and make goals for themselves and their family. Table 27, on the following page, identifies the Decision Making/ Goal Setting items, summarizes the responses and provides the mean response for each item.

Table 27: Allen Women's: Summary of participants responses to decision making/goal setting items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am more likely to complete my high school or college education than when I entered the program	17%			83%	2.50
2) I have a more definite plan to continue my education (college or technical school) when I complete high school	13%	13%	13%	63%	2.25
3) I have a more definite plan to find a job when I complete my high school or college education	13%	13%	25%	50%	2.12
4) I feel better about the decisions I am making for my future	13%		25%	63%	2.37
5) I am more clear about goals for myself	33%		33%	33%	1.66
6) I am more clear about my goals for my family			33%	66%	2.66

The average response to all items in this group by the participants was 2.4. This score indicates that, overall, the participants felt they had made positive changes in this area as a result of program participation.

Health Care The next set of items pertained to Health Care for the mother and her child. Prenatal care, wellness and well-baby care were included under this heading. A majority of the participants felt they were "a lot more" able to take better care of themselves and their baby physically, mentally and emotionally. Each of the items appear in the table below. A summary of the responses and the mean response for each item is also provided.

Table 28: Allen Women's: Summary of participants responses to health care items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I have a better understanding of the need for good prenatal care		25%	13%	63%	2.37
2) I have a greater appreciation for taking care of myself physically, mentally and emotionally		13%	25%	63%	2.50
3) This program helped me or my partner to find good prenatal care	13%	25%	13%	50%	2.00
4) I am better able to keep doctor's appointments for myself and my child	13%	13%	13%	63%	2.25
5) When my baby needs routine medical care, I am more likely to use a regular medical clinic than the emergency room	13%	13%	25%	50%	2.12

The average response to this group of items was 2.25. The score indicates that, overall, the participants felt that the program had helped them to improve their health care practices at least "a little more."

Birth Control The next five items asked participants about possible changes in their knowledge about and use of birth control as a result of program participation. The majority of respondents indicated that they had made at least some positive changes in their intentions to postpone another pregnancy and to use birth control. The items in this category are listed below in Table 27. A summary of the responses to each item and the mean response to each item is also provided.

Table 29: Allen Women's: Summary of participants responses to birth control items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am more likely to choose abstinence as my choice for birth control		37%	63%		1.62
2) I am more likely to postpone sex in future relationships		38%	25%	37%	2.00
3) I feel more strongly that I want to postpone another pregnancy		13%		87%	2.75
4) I feel more comfortable choosing a birth control method that is good for me and my partner		25%	25%	50%	2.25
5) I will use a birth control method more consistently to postpone another pregnancy		25%		75%	2.50

The average response to all of these items was 2.22. This score indicates that the participants were at least "A Little More" likely, on average, to want to postpone another pregnancy by choosing a birth control method or abstinence.

Parenting Skills The third set of items asked participants about how their parenting skills may have been strengthened during their participation in the program. At least three-fourths of the respondents recognized that their parenting knowledge and skills had increased "a lot more" as result of program participation. Responses to these items are summarized in the table below. The mean response to each item is also provided.

Table 30: Allen Women's: Summary of participants responses to parenting skills items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I have a better understanding of what a child needs as it grows			13%	87%	2.87
2) I have a better understanding of what skills I need to be a good parent				100%	3.00
3) I have a better understanding of the responsibilities of being a good parent			13%	87%	2.87
4) I feel more confident about caring for my child			13%	87%	2.87
5) I am better able to find appropriate child care for my child	13%		13%	75%	2.50

The mean response for all participants in the parenting skills category was 2.82. This score indicates that nearly all participants felt they had improved their parenting skills and knowledge "A Lot More" by participating in the program activities.

Life Skills The next three items asked participants about improvements in their financial planning skills, ability to secure housing and job seeking skills. As the summary table below indicates, most participants felt they had made substantial gains in these areas. However, a minority of participants did not recognize any change in these areas. The items in the Life Skills section appear below with a summary of the responses given. The mean response to each item is also given.

Table 31: Allen Women's: Summary of participant responses to life skills items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am better able to make good financial plans for myself and my family		25%	13%	63%	2.37
2) I am better able to make independent living arrangements for myself and my family		13%	25%	63%	2.50
3) I am more confident about my ability to seek a job			25%	75%	2.75

The mean response to the Life Skills items as a group was 2.54. This score indicates that, overall, the participants felt that they had made some gains in their ability to provide for their family and maintain their independence.

Relationships The sixth section asked the participants about the major relationships in their lives. The five items ask the participants about changes in their communication, ability to discuss issues and receive support from their spouse or current partner, the child's father (if different than spouse or current partner), their parents and friends. The items in this group appear in the table on the following page where responses are summarized and the mean response for the item is also given.

Table 32: Allen Women's: Summary of participants responses to relationship items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am better able to discuss issues with my spouse or current partner	13%	37%	13%	37%	1.75
2) I am better able to discuss issues with my child's other parent (if not your spouse or partner)	25%	13%	25%	37%	1.75
3) I have a better relationship with my parents			25%	75%	2.75
4) I know more about what a healthy relationship means		13%	13%	75%	2.62
5) I have a strong network of friends to rely on for social and emotional support			37%	63%	2.62

The mean response to the Relationship items was 2.30. This score indicates that, overall, the participants felt that their major relationships had improved "A Little More" as a result of program participation.

Self Esteem The last set of items in the life domains asked participants about improvements in their self esteem since beginning the program. The majority of participants recognized their self-esteem had improved at least "a little more" since program entry.

The items in the Self-Esteem category are listed in the table below. The responses to each item are summarized and the mean response for each item is also given.

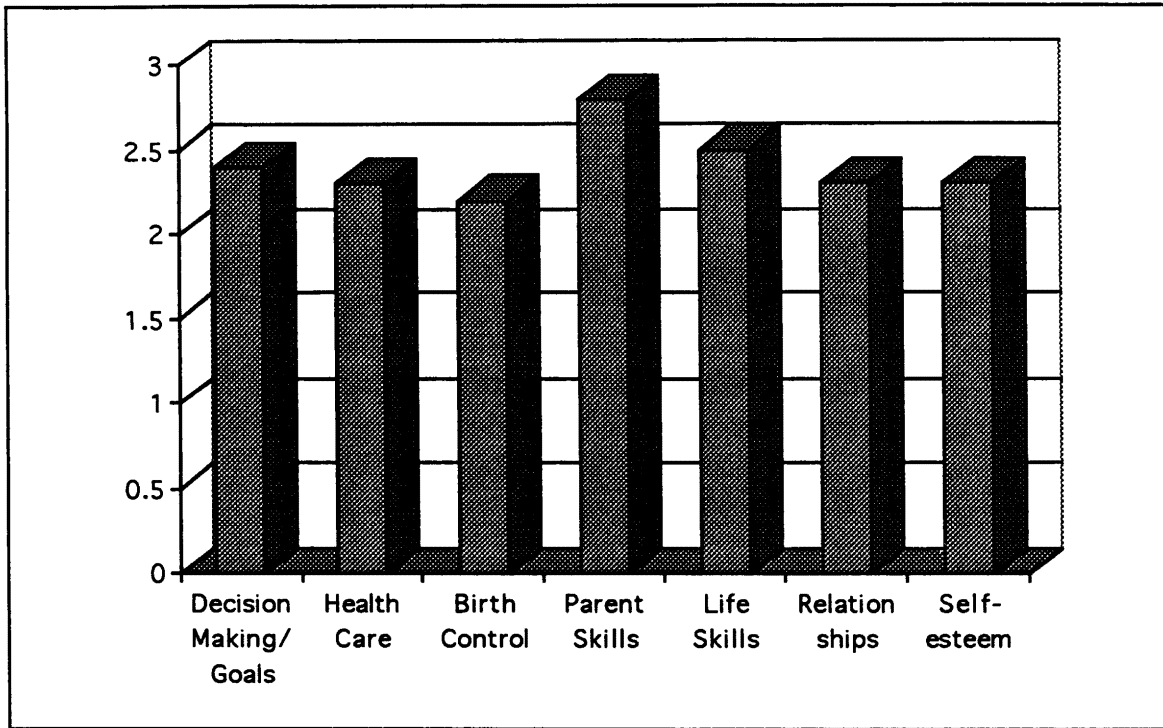
Table 33: Allen Women's: Summary of participants responses to self-esteem items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I feel better about myself			50%	50%	2.50
2) I am more aware of my unique qualities and talents			50%	50%	2.50
3) I am less likely to think that I need a partner to feel good about myself		50%	25%	25%	1.75

The mean response to items in the Self-Esteem group was 2.25. This score would indicate that, overall, the program participants felt better about themselves, could identify their strengths and felt less dependent on a close relationship for increased self-esteem as a result of program participation.

Figure 12, on the following page, illustrates the means for each of the seven life domains discussed above. Participants indicated that the program helped them make the most changes in the parenting skills. The least change occurred in the area of birth control - its intended use and postponing future pregnancies.

Figure 12: Allen Women's: Illustration of mean responses to life domain items



Program Items The last section of the questionnaire asked participants questions about specific activities of the program that may or may not have been helpful to them. To each item the participants were asked to respond -1 "Disagree," 0 "Unsure," or "1 "Agree." The majority of participants agreed with each item listed. The responses to the seven items are summarized in the table below. The mean response to each item is also provided.

Table 34: Allen Women's: Summary of participants response to program items

Item	Disagree	Unsure	Agree	Mean
1) The \$1.00 a day program was a strong incentive for me to avoid becoming pregnant again		29%	71%	.71
2) The weekly support groups helped me to choose to postpone another pregnancy	13%	13%	75%	.63
3) The weekly support groups helped me to solve a lot of the problems that I had		25%	75%	.75
4) My mentor helped me to make a number of difficult decisions concerning my future		38%	62%	.63
5) The Parent Education program provided me with a lot of ideas to better care for my baby		25%	75%	.75
6) The program staff helped me to talk to my parents about my decisions regarding the baby		50%	50%	.50
7) The program staff helped me to talk to my boyfriend and/or the baby's father about my decisions regarding the baby	13%	25%	62%	.50

Overall, the mean response to the program effectiveness items was .64. This score would indicate that the majority of participants agreed that the program activities were helpful in dealing with their situation.

The last portion of this section included three open-ended items for participants to complete. The first question was "What part of this program was most helpful to you?" Participants responded: "Being able to talk to someone when I had problems," "all of it," and "the toys."

The second item to complete, "The best reason for me to postpone another pregnancy is..." elicited a variety of responses. Participants wrote "I'm too young," "the birth process was painful," "Not enough money and I want a career" and "I'm not ready and education is more important."

The final item asked "How could this program be changed to be more helpful to other teens?" Participants who answered this question wrote "Nothing, everything is just fine."

**Allen Women's Health Center
Program Exit Client Information**

Three Client Information questionnaires were completed by staff at the time of clients' program exit during the first half of the program year. One was completed in July, 1995 and two others in October, 1995.

All three of the clients were female. Their ages were 17, 19 and 28 years. Two of the participants had completed high school or a GED program when they left the program. Information was not available for the third client. All of the clients were white.

One client exited after only one month in the program, the second after two months and the third after four months.

Health Care for Client Staff were asked to assess changes in several areas the clients had made during the time of program participation. Changes in the clients' use of health care services for self and their child was the first area of inquiry. The table below identifies the areas of health and wellness for the client that may have improved as a result of program participation. Staff were asked to identify if the change occurred to a "Great Extent," a "Limited Extent," or if it "Did Not Apply."

Table 35: Allen Women's: Summary of staff assessment of client health care

Item	Great Extent	Limited Extent	Does Not Apply
1) Used health care services provided through program		33%	67%
2) Used health care services provided through referral			100%
3) Secured primary health care provider, minimized use of ER for routine health needs		33%	67%
4) Developed wellness plan	33%		67%
5) Followed wellness plan	33%		67%
6) Stopped or reduced smoking			100%
7) Stopped or reduced alcohol and other drug use			100%

Only one of the clients had been pregnant when she entered the program. None of the participants began a pregnancy during the program or were pregnant at program exit.

One of the mothers had been pregnant three times before entering the program, another had had two pregnancies prior to program entry and one client had not previously been pregnant. Collectively, these women had a total of six children when they left the program.

All three women were using birth control when they left the program. They were reportedly using the Pill and condoms to postpone future pregnancies.

Health Care for Baby Staff completing the questionnaire were also asked to assess the changes in health care and wellness that the mother provided for her child. Staff observed a changes to a "great extent" in those clients for whom these items applied. The areas that were assessed are listed in the table below along with a summary of the responses that were made.

Table 36: Allen Women's: Summary of staff assessment of health care for baby

Item	Great Extent	Limited Extent	Does Not Apply
1) Used health care services provided through program	33%		67%
2) Used health care services provided through referral	33%		67%
3) Secured primary health care provider, minimized use of ER for routine health needs		33%	67%
4) Immunizations are up to date	33%		67%
5) Well baby check ups are up to date	33%		67%
6) More responsive to child's health needs	33%		67%

Education The next portion of the questionnaire asked about the educational status of clients and changes in their study skills and goal setting.

A summary of the staff responses about educational status are provided in the table below.

Table 37: Allen Women's: Educational status of clients

Education Status	%
Dropped out, did not return to school	
Returned to school after dropping out	
Remains in school	
Plans to finish High School/GED	33%
Graduated/completed GED	33%
Enrolled in post High School program	33%

Staff reported that some clients made limited to great improvements in their study skills and educational/career goals. A summary of their assessment of these changes is provided in the table below.

Table 38: Allen Women's: Summary of staff assessment of study skills and career goals

Item	Great Extent	Limited Extent	Does Not Apply
1) Developed better study skills	33%		67%
2) Grades improved		33%	67%
3) Attendance improved		33%	67%
4) Has a better sense of career goals		33%	67%
5) Able to make realistic decisions about future career		33%	67%

Employment Caring for a child and living independently requires financial stability. Staff were asked what gains the clients had made in the areas of employment, job seeking skills and job training which would enhance financial stability. Their responses are summarized in the table below.

Table 39: Allen Women's: Employment status/skills of clients

Employment Status/Skills	%
Secured FT employment	
Secured PT employment	
Has improved job skills	
Has improved job seeking skills	33%
Completed job training program	

Housing Status One of the clients lived with their spouse, another with her boyfriend, and the third lived on her own. Two of these clients had changed their housing status during the time of program participation. Staff characterized these changes as an "improvement" in both cases.

Relationships Another area of assessment was the clients' relationships with spouse or boyfriend, family and friends. In the area of family relationships, staff were asked to consider the quality of communication and support received from family members. The table below summarizes the responses to items in this area.

Table 40: Allen Women's: Staff assessment of family relationships

Item	Great Extent	Limited Extent	Does Not Apply
1) Better communication/ less conflict with parents	33%	33%	33%
2) Better communication / less conflict with other family members	33%	33%	33%
3) Family members supportive of decisions made		67%	33%

Relationships with Significant Others was also assessed. In some cases this relationship was with the child's father, in others it included a spouse or current boyfriend who was not the father.

The father of the children ranged in age from 20 to 35 years of age. One dad was 20, another 21 and the third 35 years old. The average age was 25.3 years.

Two of the women lived with their child's father but were not married to him. In two cases the father contributed to financial support for the child.

The table below summarizes the degree of communication and contact between the program participants and their child's father.

Table 41: Allen Women's: Staff assessment of relationship with child's father

Child's Father (female participants only)	Great Extent	Limited Extent	Does Not Apply
1) Contact with child' father	33%	67%	
2) Better communication / less conflict with child's father		66%	34%
3) Child's father involved in decisions about child	67%	33%	

In one case the client did not live with her child's father. Staff were asked to assess the degree of communication and support that the participant received from her current partner. The table below summarizes the responses to these items.

Table 42: Allen Women's: Staff assessment of relationship with current partner

Current partner (if not child's parent)	Great Extent	Limited Extent	Does Not Apply
1) Good communication with current partner		33%	66%
2) Partner accepting of child	33%		66%
3) Partner contributes to support of child		33%	66%

Life Skills The next portion of the questionnaire asked staff to assess the participants' life skills or ability to manage daily living skills and seek support when necessary. Overall, staff observed clients to have better coping strategies and a greater knowledge of community resources and when to use them. Fewer gains were made by participants in the areas of using income appropriately and actually using social services for themselves and their children. The following table summarizes the staff responses to these items.

Table 43: Allen Women's: Staff assessment of life skills

Item	Great Extent	Limited Extent	Does Not Apply
1) More appropriate use of income		66%	33%
2) More appropriate coping strategies	66%	33%	
3) More aware of when to seek support or services	100%		
4) Greater knowledge of resources available	100%		
5) More appropriate use of (social) services for self and child	33%	33%	33%

Program Effectiveness The last section of the questionnaire asked staff to identify what services the program provided for the clients and which services were provided by referring the client to other community agencies or organizations. The table below summarizes the services provided and referrals made. "Other" services to which referrals were made included the WIC program.

Table 44: Allen Women's: Program access/referrals made to needed services for clients

Program Access/Referrals	Program Provided	Referral	Does Not Apply
Health care for client			100%
Health care for child	33%		66%
Mental Health/Counseling			100%
Child Care	66%		33%
Education	66%	33%	
Financial Management skills	33%	33%	33%
Housing			100%
Other		33%	

**Lutheran Social Service
Participant Evaluation**

Lutheran Social Service offers a program for pregnant and parenting teens that promotes a healthy lifestyle for teens that enables them to give birth to a healthy baby, helps teens to make sound choices about abstinence and birth control to postpone future pregnancies, and offers extensive information about nurturing and parenting techniques and responsibilities. Teens participate in the program for variable lengths of time.

Program Results

No data available

**Lutheran Social Service
Program Exit Client Information**

Program Results

No data available

United Action for Youth Participant Evaluation

UAY offers health services to pregnant and parenting teens and coordinates other health services as needed for mothers and their child(ren). They also provide support groups, parenting and nurturing classes, and incentives for postponing other pregnancies. Child care and child care instructions are offered as well as support for completing educational and employment goals.

Program Results

Four clients completed or left the UAY program during the first half of the grant year. The four females were 16 (n=1), 20 (n=1) and 21 (n=2) years of age. The average age was 19.5 years.

Two of the participants were white, one was African American and one was Hispanic.

All four of the participants were single, never married.

All of the women had completed high school or their GED when they left the program.

After completing the demographic information, participants were asked to complete a series of items in each of seven life domains that may have changed as a result of program participation. One final section asked the participants to respond to items particularly addressing the program presentation or effectiveness.

For each of the seven life domains, participants were asked to respond to each item by indicating if they had changed 1 "Not At All," 2 "A Little More," or 3 "A Lot More," in each area as a result of program participation. Participants were also able to indicate 0 "Does Not Apply" for each item.

Decision Making / Goal Setting The first set of items had to do with Decision Making/Goal Setting for themselves and their family. All of the participants recognized some growth in their ability to set goals for themselves and their family and make plans to complete their educational goals.

The table on the following page identifies the items, summarizes the responses and provides the mean response for each of the six items in the Decision Making/Goal setting section.

Table 45: UAY: Summary of participants responses to decision making/goal setting items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am more likely to complete my high school or college education than when I entered the program			50%	50%	2.50
2) I have a more definite plan to continue my education (college or technical school) when I complete high school	25%		50%	25%	1.75
3) I have a more definite plan to find a job when I complete my high school or college education	25%		50%	25%	1.75
4) I feel better about the decisions I am making for my future			75%	25%	2.25
5) I am more clear about goals for myself			50%	50%	2.50
6) I am more clear about my goals for my family			25%	75%	2.75

The mean response to the Decision making/ Goal setting items as a group was 2.25. This score indicates that, overall, program participants felt that they had made "A Little More" positive changes for themselves and their family as a result of program participation.

Health Care The next set of items relate to Health Care for the mother and her child. This includes prenatal care, making and keeping doctor appointments for herself and the baby, and an appreciation of caring for oneself physically, mentally and emotionally. The majority of respondents saw themselves as making only "a little more" change in this area. Each of the items appear in the table below. A summary of the responses and the mean response for each item is also provided.

Table 46: UAY: Summary of participants responses to health care items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I have a better understanding of the need for good prenatal care	25%		25%	50%	2.00
2) I have a greater appreciation for taking care of myself physically, mentally and emotionally	25%		50%	25%	1.75
3) This program helped me or my partner to find good prenatal care	25%		50%	25%	1.75
4) I am better able to keep doctor's appointments for myself and my child	25%		50%	25%	1.75
5) When my baby needs routine medical care, I am more likely to use a regular medical clinic than the emergency room	25%		50%	25%	1.75

The mean response to all of the Health Care items by the participants was 1.80. This score indicates that participants, overall, felt they had made some small progress in taking better care of themselves and their child.

Birth Control The next section of the questionnaire asked participants about their plans for birth control and postponing future pregnancies. The majority of respondents indicated that they had made “a lot more” progress in choosing birth control methods and deciding to postpone other pregnancies. The responses to these items are summarized in the table below.

Table 47: UAY: Summary of participants responses to birth control items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am more likely to choose abstinence as my choice for birth control		25%	25%	50%	2.25
2) I am more likely to postpone sex in future relationships		25%	25%	50%	2.25
3) I feel more strongly that I want to postpone another pregnancy			25%	75%	2.75
4) I feel more comfortable choosing a birth control method that is good for me and my partner			25%	75%	2.75
5) I will use a birth control method more consistently to postpone another pregnancy			25%	75%	2.75

The overall mean response to the Birth Control items was 2.55. This score would suggest that the program participants were more likely to plan to use birth control and to postpone sex in future relationships to avoid another pregnancy.

Parenting The next five items asked participants what gains they had made in understanding the needs, responsibilities and skills for good parenting. The majority of young parents recognized greater knowledge and skills in this area. The parenting items are listed in the table below. A summary of the responses and the mean response is provided.

Table 48: UAY: Summary of participants responses to parenting items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I have a better understanding of what a child needs as it grows	25%		25%	50%	2.00
2) I have a better understanding of what skills I need to be a good parent			25%	75%	2.75
3) I have a better understanding of the responsibilities of being a good parent			50%	50%	2.50
4) I feel more confident about caring for my child			50%	50%	2.50
5) I am better able to find appropriate child care for my child			50%	50%	2.50

The mean response to all of the parenting items as a group was 2.45. This score indicates that the participants felt they had increased their knowledge and parenting skills at least "A Little More" by participating in the program.

Life Skills The Life Skills section asked participants to identify what growth they may have made in their ability to handle day to day living and their ability to seek community resources if they were needed. The majority of respondents saw themselves as making "a little more" progress in this area compared to when they entered the program. The items in this section appear in the table below along with a summary of the responses that were given. The mean response to each item is also provided.

Table 49: UAY: Summary of participants responses to Life Skills items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am better able to make good financial plans for myself and my family			75%	25%	2.25
2) I am better able to make independent living arrangements for myself and my family			75%	25%	2.25
3) I am more confident about my ability to seek a job	25%		50%	25%	1.75

The mean response to the three Life Skills items as a group was 2.08. This score would suggest that the participants felt they were able to make better decisions about securing independent living arrangements for themselves and their family.

Relationships The sixth section asked the participants about the major relationships in their lives. The five items ask the participants about changes in their relationships with their spouse or current partner, the child's father, their parents and friends. The items in this group appear in the table below where responses are summarized and the mean response for the group is also given.

Table 50: UAY: Summary of participants responses to relationship items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I am better able to discuss issues with my spouse or current partner			75%	25%	2.25
2) I am better able to discuss issues with my child's other parent (if not your spouse or partner)	25%		50%	25%	1.75
3) I have a better relationship with my parents	25%	25%	25%	25%	1.50
4) I know more about what a health relationship means			50%	50%	2.50
5) I have a strong network of friends to rely on for social and emotional support	25%		50%	25%	2.00

The mean response for items in the Relationship group was 2.00. This score means that, on average, the participants felt their relationships had improved "a little more" as a result of taking part in the program activities.

Self Esteem The last set of items in the life domains asked participants about improvements in their self esteem since beginning the program. The majority of participants recognized at least a "little" rise in their self-esteem. However, one fourth of the participants saw no change at all. The items in the Self-Esteem category are listed in the table below. The responses to each item are summarized and the mean response is given.

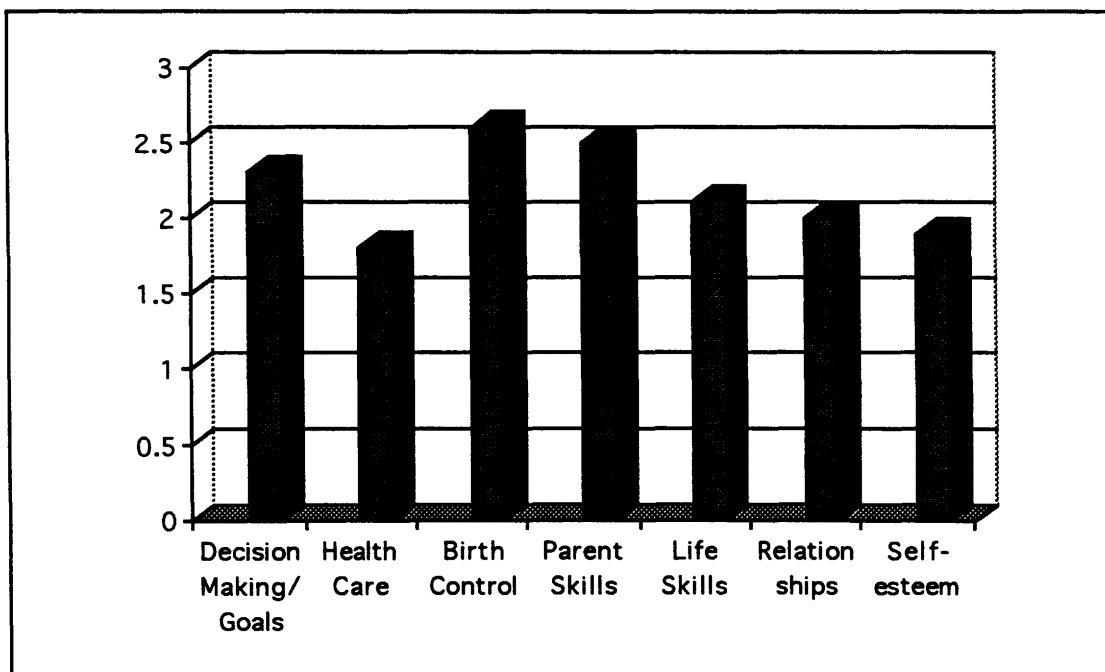
Table 51: UAY: Summary of participants responses to self-esteem items

Item	Does Not Apply	Not At All	A Little More	A Lot More	Mean
1) I feel better about myself		25%	50%	25%	2.00
2) I am more aware of my unique qualities and talents		25%	50%	25%	2.00
3) I am less likely to think that I need a partner to feel good about myself		25%	75%		1.75

The mean response to items in the Self-Esteem category was 1.92. This score would indicate that participants perceived little change in their self-esteem, overall, at the time of program exit.

The figure below illustrates the means for each of the seven life domains discussed above.

Figure 13: UAY: Illustration of mean responses for life domains



Program Items The last section of the Participant Evaluation related to specific program activities and program effectiveness. Participants were asked to choose one of the following responses for each item: -1 "Disagree," 0 "Unsure," or 1 "Agree". A summary of the responses is provided in the table below. The \$1.00 a day incentive for postponing future pregnancies appears to be the least effective component of the program among these participants. Other program components were well received.

Table 52: UAY: Summary of participants responses to program items

Item	Disagree	Unsure	Agree	Mean
1) The \$1.00 a day program was a strong incentive for me to avoid becoming pregnant again	25%	50%	25%	.00
2) The weekly support groups helped me to better understand how to take care of myself and my baby			100%	1.00
3) Having a teen mentor was a strong incentive for me to continue in this program		25%	75%	.75
4) Having fun activities at the center was a great way to get to know other young parents and give and receive support from them			100%	1.00
5) I learned a lot about responsibility and making good choices by attending meetings at UAY			100%	1.00
6) The support I got from the UAY staff made it possible for me to complete my high school or college education			100%	1.00

The mean response to items in this group was 0.79. This score would indicate that, overall, participants enjoyed the program activities and found them to be very helpful in improving their situation.

The last portion of the questionnaire included three open-ended items for participants to complete. The first question was: "What part of this program was most helpful to you?" The participants answered: "The respite care, it gave me time to be by myself and take care of business," "getting information, making new friends," "being able to talk to other moms my age," and "everything was helpful."

The second statement to be completed was "The best reason for me to postpone another pregnancy is..." Responses to this item included: "I don't want any more kids," "I need to get a career and some money first," and "I already have two kids and I feel that is enough."

The last item asked participants "How could this program be changed to be more helpful to other teens?" Suggestions for changes included: "They really don't have to, I feel all the programs are pretty good," "Have it more often and make it for people over 21," and "doesn't need any changes."

**United Action for Youth
Program Exit Client Information**

Four Client Information questionnaires were completed by staff at the time of clients' program exit during the first half of the program year. One was completed in September, two in October, and one in November, 1995.

All four of the clients were female. Their ages were 19, 20 and 21 years when they left the program. Three of the participants had completed high school or a GED program when they left the program. One participant had completed the first year of a post high school program.

Three of the clients (75%) were white and one (25%) was African American.

Program participation ranged between one year and nearly four years. Clients completed or left the program after 12 months, 27 months, 36 months and 46 months. The average length of program participation was 30.25 months.

Health Care for Client Staff were asked to assess changes in several areas the clients had made during the time of program participation. Changes in the clients' use of health care services for self and their child was the first area of inquiry. The table below identifies the areas of health and wellness for the client that may have improved as a result of program participation. Staff were asked to identify if the change occurred to a "Great Extent," a "Limited Extent," or if it "Did Not Apply." The responses suggest that clients made some positive changes in their health care habits, notably securing a primary health care provider.

Table 53: UAY: Staff assessment of client health care

Item	Great Extent	Limited Extent	Does Not Apply
1) Used health care services provided through program	25%	75%	
2) Used health care services provided through referral	50%	50%	
3) Secured primary health care provider, minimized use of ER for routine health needs	100%		
4) Developed wellness plan		75%	25%
5) Followed wellness plan		75%	25%
6) Stopped or reduced smoking		25%	75%
7) Stopped or reduced alcohol and other drug use		25%	75%

Three of the program participants were pregnant when they entered the program. One client became pregnant while in the program. None of the women were pregnant at the time of program exit.

One half of the women (n=2) had been pregnant once before entering the program. Collectively, the women had five children at the time of

program exit. One women had two children and the others each had one child.

At the time that they left the program fifty percent of the women were using birth control to postpone future pregnancies.

Health Care for Baby Staff completing the questionnaire were also asked to assess the changes in health care and wellness that the mother provided for her child. The areas that were assessed are listed in the table below along with a summary of the responses that were made. The responses indicate that the clients made use of health services available through the program and followed through with well baby care.

Table 54: UAY: Staff assessment of health care for baby

Item	Great Extent	Limited Extent	Does Not Apply
1) Used health care services provided through program	100%		
2) Used health care services provided through referral	75%	25%	
3) Secured primary health care provider, minimized use of ER for routine health needs	100%		
4) Immunizations are up to date	100%		
5) Well baby check ups are up to date	100%		
6) More responsive to child's health needs	100%		

Education The next portion of the questionnaire asked about the educational status of clients and changes in their study skills and goal setting.

A summary of the staff responses about educational status are provided in the table below. As the table indicates, all of the clients finished high school and one-half of them went on to begin a post high school program.

Table 55: UAY: Educational status of clients

Education Status	%
Dropped out, did not return to school	
Returned to school after dropping out	25%
Remains in school	
Plans to finish High School/GED	
Graduated/completed GED	100%
Enrolled in post High School program	50%

Staff also reported that some clients made limited to great improvements in the study skills and educational/career goals. The majority of participants showed improvement in these areas from program entry to exit. A summary of the staff assessment of these changes is provided in the table on the following page.

Table 56: UAY: Staff assessment of educational skills/career goals

Item	Great Extent	Limited Extent	Does Not Apply
1) Developed better study skills	50%		50%
2) Grades improved	25%		75%
3) Attendance improved	25%		75%
4) Has a better sense of career goals	75%	25%	
5) Able to make realistic decisions about future career	50%	50%	

Employment Caring for a child and living independently requires financial stability. Staff were asked what gains the clients had made in the areas of employment, job seeking skills and job training which would enhance financial stability. Staff responses, summarized in the table below, show that most participants secured employment, were better able to seek employment and had acquired better job skills.

Table 57: UAY: Employment status of clients

Employment Status	%
Secured FT employment	50%
Secured PT employment	25%
Has improved job skills	50%
Has improved job seeking skills	75%
Completed job training program	

Housing Status Three of the program participants (75%) were living with a boyfriend when they left the program. One participant was living independently.

Three clients had changed their housing arrangements during the time of program participation. Staff characterized these changes as an "improvement" (n=1), "worse," (n=1) and "no quality change" (n=1).

Relationships Another area of assessment was the clients' relationships with spouse or boyfriend, family and friends. In the area of family relationships, staff were asked to consider the quality of communication and support received from family members. The table on the following page summarizes the responses to items in this area. Overall, the participants made changes in their family relationships to "a limited extent" while in the program.

Table 58: UAY: Staff assessment of family relationships

Item	Great Extent	Limited Extent	Does Not Apply
1) Better communication/ less conflict with parents	25%	75%	
2) Better communication / less conflict with other family members	25%	75%	
3) Family members supportive of decisions made	50%	50%	

The participants' relationships with their child's father and/or significant other was also assessed. The children's fathers ranged in age from 16 to 25. The average age was 20.3 years.

Three of the women lived with their child's father but were not married to him. In two cases the father contributed to financial support for the child. The table below summarizes the degree of communication and contact between the program participants and their child's father.

Table 59: UAY: Staff assessment of relationship with child's father

Child's Father (female participants only)	Great Extent	Limited Extent	Does Not Apply
1) Contact with child' father	75%	25%	
2) Better communication / less conflict with child's father	25%	75%	
3) Child's father involved in decision about child	50%	50%	

The fourth participant was living independently at the time of program exit. Data was not provided in regards to communication with and/or support from a Significant Other.

Life Skills The next portion of the questionnaire asked staff to assess the participants' life skills or ability to manage daily living skills and seek support when necessary. The table on the following page summarizes the staff responses to these items. It is easy to see that clients made significant changes in their knowledge of resources and when and how to use them, and were making better financial decisions when they left the program. To a lesser extent, all of the participants had also learned better coping skills.

Table 60: UAY: Staff assessment of life skills

Item	Great Extent	Limited Extent	Does Not Apply
1) More appropriate use of income	75%	25%	
2) More appropriate coping strategies		100%	
3) More aware of when to seek support or services	100%		
4) Greater knowledge of resources available	100%		
5) More appropriate use of (social) services for self and child	100%		

Program Effectiveness The last section of the questionnaire asked staff to identify what services the program provided for the clients and which services were provided by referring the client to other community agencies or organizations. The table below summarizes the services provided and referrals made. "Other" services which were provided by the program included parent education, enhanced child developmental services, case management and infant massage.

Table 61: UAY: Program access/referrals made to needed services for clients

Program Access/Referrals	Program Provided	Referral	Does Not Apply
Health care for client	25%	75%	
Health care for child	25%	75%	
Mental Health/Counseling	75%		25%
Child Care	50%	50%	
Education		50%	50%
Financial Management skills	75%		25%
Housing		100%	
Other	100%		

Young Parents Network Participant Evaluation

YPN offers a program to pregnant and parenting teen mothers and fathers to increase their knowledge of parenting, encourage healthy lifestyles and postponing second pregnancies and provide social support. Participation is encouraged with an incentive program, free child care and transportation and a positive atmosphere of sharing and support for one another. Length of participation is variable.

Program Results

No data available

Young Parents Network Program Exit Client Information

Four Program Exit Client Information questionnaires were completed by staff during the first six months of the grant year. One was completed in August, 1995 and three were completed in January, 1996.

Three of these clients were female (75%) and one was male (25%). The participants ranged in age from 18 to 20 years of age. The average age was 19 years.

All of the participants were white and had completed high school or a GED program at the time of program exit.

One participant exited the program after six months, two after 12 months and another left the program after 15 months.

Health Care for Client Staff were asked to assess changes from program entry to exit in personal health care for each of the clients when they exited the program. The table below summarizes their assessment responses. (Data was not provided for all clients.) It is clear that clients made some positive changes in their health care practices while attending the program.

Table 62: YPN: Staff assessment of client health care

Item	Great Extent	Limited Extent	Does Not Apply
1) Used health care services provided through program			100%
2) Used health care services provided through referral		75%	25%
3) Secured primary health care provider, minimized use of ER for routine health needs	50%	25%	
4) Developed wellness plan		75%	
5) Followed wellness plan		75%	
6) Stopped or reduced smoking		50%	25%
7) Stopped or reduced alcohol and other drug use	50%	25%	

Two of the program participants (50%) were pregnant when they entered the program. One client became pregnant while in the program and was still pregnant at the time of program exit.

Two of the women had been pregnant once before entering the program and one woman had two pregnancies prior to program entry. Collectively, the women had four children at the time of program exit. One woman had two children and the others each had one child.

At the time that they left the program two of the four women were using birth control to postpone future pregnancies. Both were using birth control pills.

Health Care for Baby Staff completing the questionnaire were also asked to assess the changes in health care and wellness that the parents provided for their child. The areas that were assessed are listed in the table below along with a summary of the responses that were made. The responses indicate that the clients made use of the health services they were referred to and followed through with well baby care.

Table 63: YPN: Staff assessment of health care for baby

Item	Great Extent	Limited Extent	Does Not Apply
1) Used health care services provided through program			100%
2) Used health care services provided through referral	50%		50%
3) Secured primary health care provider, minimized use of ER for routine health needs	50%	25%	25%
4) Immunizations are up to date	75%		
5) Well baby check ups are up to date	75%		
6) More responsive to child's health needs	50%	50%	

Education The next portion of the questionnaire asked about the educational status of clients and changes in their study skills and goal setting.

A summary of the staff responses about educational status are provided in the table below. As the table indicates, all of the clients finished high school or completed a GED program.

Table 64: YPN: Educational status of clients

Education Status	%
Dropped out, did not return to school	
Returned to school after dropping out	
Remains in school	
Plans to finish High School/GED	100%
Graduated/completed GED	
Enrolled in post High School program	

Staff also reported that some clients made limited to great improvements in their study skills and educational/career goal planning. A summary of their assessment of these changes is provided in the table on the following page.

Table 65: YPN: Staff assessment of educational skills/career planning

Item	Great Extent	Limited Extent	Does Not Apply
1) Developed better study skills		25%	75%
2) Grades improved	25%		75%
3) Attendance improved		25%	75%
4) Has a better sense of career goals		75%	25%
5) Able to make realistic decisions about future career		75%	25%

Employment Caring for a child and living independently requires financial stability. Staff were asked what gains the clients had made in the areas of employment, job seeking skills and job training which would enhance financial stability. Staff responses, summarized in the table below, show that most participants secured full-time or part-time employment, and some clients had made positive change in their job seeking and job skills.

Table 66: YPN: Employment status of clients

Employment Status	%
Secured FT employment	50%
Secured PT employment	25%
Has improved job skills	25%
Has improved job seeking skills	25%
Completed job training program	

Housing Status Two of the participants were living with their spouse at the time of program exit. One client was living on their own and another was living with her/his parents.

One of the clients had changed their housing arrangements during the course of program participation. Staff characterized this change as being "worse," for the client than previous arrangements.

Relationships Another area of assessment was the clients' relationships with spouse or boyfriend, family and friends. In the area of family relationships, staff were asked to consider the quality of communication and support received from family members. The table on the following page summarizes the responses to items in this area. Overall, the participants made changes in their family relationships to "a limited extent" while in the program.

Table 67: YPN: Staff assessment of family relationships

Item	Great Extent	Limited Extent	Does Not Apply
1) Better communication/ less conflict with parents		100%	
2) Better communication / less conflict with other family members		100%	
3) Family members supportive of decisions made		100%	

The participants' relationships with their child's father/mother and/or significant other was also assessed. The first part of this section was completed by staff for female participants only. Information was gathered about the father's age, the amount and quality of contact she had with him and his involvement in decisions for their child.

For two of the women, the child's father was 20 years of age. (Data was not available on the age of the third father.)

Two of the women lived with their child's father; one was married to him. In two cases the father contributed to financial support for the child. The table below summarizes the degree of communication and contact between the program participants and their child's father.

Data was not provided about other participants' Significant Other or current partner and the extent of support they may have received from him.

Table 68: YPN: Summary of staff assessment of relationship with child's father

Child's Father (female participants only)	Great Extent	Limited Extent	Does Not Apply
1) Contact with child' father	66%	33%	
2) Better communication / less conflict with child's father	33%	33%	33%
3) Child's father involved in decisions about child	33%	66%	

For the one male participant in the program who had exited, information was gathered about the child's mother. Her age, the amount and quality of contact he had with her and her involvement in decisions for their child.

The mother of the male participant's child was 22 years old. Data was not provided concerning the participant's marital status, if he lived with the child's other of if she contributed to the child's support. The table on the following page indicates that the participant had greatly improved contact with their child's mother and she was very involved in decision-making for their child.

Table 69: YPN: Summary of staff assessment of relationship with child's mother

Child's Mother (male participants only)	Great Extent	Limited Extent	Does Not Apply
1) Contact with child' mother	100%		
2) Better communication / less conflict with child's mother	100%		
3) Child's mother involved in decisions about child	100%		

Life Skills The next portion of the questionnaire asked staff to assess the participants' life skills or ability to manage daily living skills and seek support when necessary. The following table summarizes the staff responses to these items. It is easy to see that most clients made significant changes in their knowledge of resources and when and how to use them by the time they left the program. The majority of participants were also demonstrating better use of their income and using better coping strategies at program exit.

Table 70: YPN: Staff assessment of life skills

Item	Great Extent	Limited Extent	Does Not Apply
1) More appropriate use of income		75%	
2) More appropriate coping strategies		75%	
3) More aware of when to seek support or services	50%	25%	
4) Greater knowledge of resources available	75%		
5) More appropriate use of (social) services for self and child	75%		

Program Effectiveness The last section of the questionnaire asked staff to identify what services the program provided for the clients and which services were provided by referring the client to other community agencies or organizations. The table below summarizes the services provided and referrals made. "Other" services to which clients were referred include: DVIP.

Table 71: YPN: Program access/referral to needed services for clients

Program Access/Referrals	Program Provided	Referral	Does Not Apply
Health care for client		50%	50%
Health care for child		50%	50%
Mental Health/Counseling	25%		75%
Child Care		50%	50%
Education		25%	75%
Financial Management skills	50%		50%
Housing	25%		75%
Other		25%	75%

**Young Women's Resource Center
Young Moms**

The Young Moms program utilizes adult presenters (male-female teams) to present information about goal setting, sexual role stereotypes, violence in relationships, abstinence and birth control, responsibility in relationships, AIDS and STDs and the role of substance use/abuse in sexual decision making to teen mothers. Presentations are made primarily to young moms at Young Moms groups and state residential facilities.

Program Results

No data available

SUMMARY

INTERVENTION PROGRAMS

During the first half of the grant year a total of 12 participants completed the Participant Evaluation when they left the Intervention program. Eight of these participants were from Allen Women's and four from United Action for Youth.

All of the participants were female. The average age of these young women was 18.5 years.

One half of the women were white, 42% were African American (n=5) and one woman was Hispanic (8%).

Fifty-eight percent of the respondents (n=7) were single, never married. Information was not available for the other five participants.

Seven of the participants had completed high school or a GED program when they left or completed the program. Two participants had completed the 10th grade and two others completed the 8th grade. The average grade completed was 11.2.

Because the number of program participants completing the questionnaire at mid-year is so small, the reader should be cautioned that the results may not be representative of the program effectiveness. Participants who left the program after a short amount of time may have different responses than those who participate in the program for 18 or 24 months.

Table 72, on the following page, summarizes the mean responses to each of the 8 sections of the Participant Evaluation questionnaire.

There was little difference between the two programs in the responses to items in the Decision Making/Goal Setting section. These items asked about the participants' ability to make and achieve educational goals and to make goals for their family. The means suggest that some progress was made in this area by the participants.

The second section of items were related to Health Care for the parent and her child. Participants in Allen Women's recognized greater change in their ability to care for themselves physically, mentally and emotionally and their child as a result of program participation.

A small difference in scores in the Birth Control section can be seen in Table 72. Participants in the UAY program indicated a slightly greater change in their ability to choose a birth control method suitable to themselves and their partner and a stronger intent to use birth control consistently to postpone another pregnancy. This is the lowest mean score for Allen Women's, overall.

Table 72: Summary of mean responses to items on Participant Evaluation

Participant Evaluation	Allen Women's N = 8	UAY N = 4	YPN	LSS
Decision Making/Goal Setting	2.4	2.3		
Health Care	2.3	1.8		
Birth Control	2.2	2.6		
Parenting	2.8	2.5		
Life Skills	2.5	2.1		
Relationships	2.3	2		
Self-Esteem	2.3	1.9		
Program	0.64	0.79		

Parenting skills were strengthened a great deal in the Allen Women's program over the course of program participation. Participants rated that change as 2.8, on average, compared to UAY participants who rated their change at 2.5, on average.

The Life Skills section asked participants how their abilities in financial management, independent living and job seeking may have changed as a result of program participation. Allen Women's participants saw positive changes in their abilities in this area compare to UAY participants who saw smaller change in this area.

Participants' relationships with parents, child's father, spouse and/or partner changed very little, overall. The items in this group asked the respondent to consider changes in communication, ability to discuss issues with child's father and spouse/partner, and access to social support.

The final life domain on the questionnaire asked participants to indicate changes in their self-esteem as a result of program participation. This was the lowest mean response for any group of items for UAY. Little, if any, change in self-esteem was noted by participants. Allen Women's score, though slightly higher, indicates little improvement as well.

The final portion of each questionnaire had between five and seven items related to the specific activities of the that program and three open-ended items. The activity items were answered with the responses -1 "Disagree," 0 "Unsure," and 1 "Agree." As shown in Table 72, both Allen

Women's and UAY received fairly high scores suggesting that the programs were effective in meeting the needs of their clients.

The open-ended items were chosen by the program. Participants had the opportunity to share what they liked or disliked about the program, suggestions for improvements and to indicate personal reasons for postponing another pregnancy. Overall, participants enjoyed the time to share with their peers and discuss problems or issues. Suggestions for improvement were limited to making the program(s) more available to young parents and to continue the program for parents beyond age 21.

Reasons to postpone another pregnancy included needing to pursue a career or further education, lack of time and money to devote to a larger family and not wanting any more children.

The Program Exit Client Information questionnaire was completed by staff for 10 female and one male participant. These participants ranged in age from 17 to 21 years of age. The average age was 19.7 years.

These clients had been in the program for an average of 16.7 months prior to program exit. The length of participation ranged from one month to 46 months.

Ten of the participants were white. The eleventh participant was African American.

All of the participants had completed high school or a GED program at the time of program exit. One of these participant had also completed one year of college courses.

Six of the women had been pregnant at the time of program entry. One woman was pregnant when she left the program. Collectively the participants had a total of 15 children at time of exit from the program.

Seven of the eleven reportedly were using birth control at the time of program exit.

Staff were asked to assess changes in the clients in a number of areas from the time of program entry to program exit. For each item they were asked to choose one of the following responses: "To a Great Extent," "To a Limited Extent," or "Not at All."

Participants showed greater improvement in providing for their child's health needs and care than in their own. Overall, staff were observed improvements to a "Great Extent" for the child's health care needs to be met by a regular clinic physician and for immunization and well-baby checks to be current. Changes in health care practices and wellness for the mothers was seen only to a "limited extent." This included use of a wellness plan, receiving regular health care and reducing smoking, and alcohol and drug use.

All of the participants finished high school and a few were pursuing or thinking of beginning college courses. Staff also noted positive changes in study habits, grades and school attendance for those who completed their high school program while in the program. The majority of participants had formed realistic career goals while in the program as well.

Overall, the majority of participants had found full or part-time employment during program participation. At least half of the participants also had improved their job seeking skills as well,

During program participation the clients' relationships with family members improved to a "limited extent." Staff assessed that communication with parents and family members was slightly better by program exit and that family members were more supportive of their daughter or son. Overall, greater improvement was noted in these areas in the participants' relationship with their child's other parent.

In all three programs , staff noted greater improvement in the clients' knowledge and use of community resources. Participants were more aware of what resources were available to them and the appropriate time to use them. Slightly less improvement was seen in the area of increased coping skills and the appropriate use of financial resources.

The majority of clients received health care services for themselves and their child(ren) from a provider referred by the program. Other services that clients were referred to included educational services, housing services, child care, WIC and DVIP. All three programs offered some financial management training to at least some of the participants. Other services offered by one or more of the programs included mental health counseling, child care, enhanced child development services, case management services and infant massage.

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Appendix A

Representative Samples of Prevention
Program Questionnaires

**Buchanan County Volunteer Co-op
Participant Evaluation**

Sex: ___ Female Age: _____ Grade: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Please answer the following questions by putting an "X" through the number that best describes how you may have changed because of this program.

As a result of attending this program	Not At All	A Little More	A Lot More
1. I better understand how difficult it is to be a teen parent.....	0	1	2
2. I understand more about why I should wait to have sex with someone.....	0	1	2
3. I know more about sexually transmitted diseases and AIDS.....	0	1	2
4. I know how I can avoid an unwanted pregnancy.....	0	1	2
5. I am more likely to think that both sex partners should share responsibility for decisions about birth control.....	0	1	2
6. I understand how my decisions about sex can change my future...	0	1	2
7. I know more consequences of having a baby as a teenager.....	0	1	2
8. I know the importance of talking to a partner about sex	0	1	2

Below are some statements about this program. Please put an "X" through the number that best describes how you feel about them.

	Disagree	Unsure	Agree
1. The teen presenters made the program more realistic.....	0	1	2
2. The presentation helped me to think about my future goals.....	0	1	2
3. The presenters made it easy for me to ask the questions I had.....	0	1	2

The best reason for me to postpone parenting is _____

The best part of this program was _____

How could this program be changed so it would be more helpful to teens? _____

**Growing Together
Participant Evaluation**

Sex: ___ Female Age: _____ Grade: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Please answer the following questions by putting an "X" through the number that best describes how you may have changed because of this program.

As a result of attending this program	Not At All	A Little More	A Lot More
1. I feel better about myself.....	0	1	2
2. I feel more comfortable asking questions of my parents or other trusted adult about sex.....	0	1	2
3. I know more about sexually transmitted diseases and AIDS.....	0	1	2
4. I feel confident about the decisions I make.....	0	1	2
5. I know more about how the body changes during puberty.....	0	1	2
6. I am more likely to talk to a parent or trusted adult about sex..	0	1	2
7. I am more aware of my unique qualities and talents.....	0	1	2
8. I am less likely to think that I <u>need</u> a boyfriend/girlfriend to feel good about myself.....	0	1	2

Below are some statements about this program. Please put an "X" through the number that best describes how you feel about them.

	Disagree	Unsure	Agree
1. It is easier to discuss sex with my parents.....	0	1	2
2. It is easier to talk to my parents about the changes I have experienced.....	0	1	2
3. I felt comfortable asking the presenter(s) any questions I had....	0	1	2

What are some of the activities of this program that you liked best? _____

The most helpful part of this program was _____

What changes could be made to make this program more helpful to others your age? _____

**Iowa State Juvenile Home
Participant Evaluation**

Sex: ___ Female Age: _____ Grade: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Please answer the following questions by putting an "X" through the number that best describes how you may have changed because of this program.

As a result of attending this program	Not At All	A Little More	A Lot More
1. I know the importance of talking to a partner about sex.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I know more about sexually transmitted diseases and AIDS.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I have more skills to resist pressure to have sex.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I know how I can avoid an unwanted pregnancy.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I understand how my decisions about sex can change my future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I understand more about why I should wait to have sex with someone.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I am less likely to think that I <u>need</u> a boyfriend/girlfriend to feel good about myself.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Below are some statements about this program. Please put an "X" through the number that best describes how you feel about them.

	Disagree	Unsure	Agree
1. I felt the teacher talked at a level I could understand.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I felt the teacher had a good understanding of people my age.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I felt comfortable asking the teacher any questions I had.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

The best reason for me to postpone parenting is _____

What are some of the activities of this program that you especially liked? _____

How could this program be changed to be more helpful to people your age? _____

**It Takes Two
Participant Evaluation**

Sex: ___ Female Age: _____ Grade: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Please answer the following questions by putting an "X" through the number that best describes how you may have changed because of this program.

As a result of attending this program	Not At All	A Little More	A Lot More
1. I know the importance of talking to a partner about sex.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I know more about sexually transmitted diseases and AIDS.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. I am more likely to think that both sex partners should share responsibility for decisions about birth control.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5. I am more clear about the meaning of "NO MEANS NO".....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
6. I understand more about why I should wait to have sex with someone.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
7. I know more about how alcohol and drugs influence my decision to have sex.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
8. I am less likely to think that I need a boyfriend/girlfriend to feel good about myself.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Below are some statements about this program. Please put an "X" through the number that best describes how you feel about them.

	Disagree	Unsure	Agree
1. I felt the presenter(s) talked at a level I could understand.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. I felt the presenter(s) had a good understanding of people my age..	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. I felt comfortable asking the presenter(s) any questions I had.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

The best reason for me to postpone parenting is _____

What are some of the activities that you especially liked? _____

How could this program be changed to be more helpful to people your age? _____

**Life Choices Club
Participant Evaluation**

Sex: ___ Female Age: _____ Grade: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Please answer the following questions by putting an "X" through the number that best describes how you may have changed because of this program.

As a result of attending this program	Not At All	A Little More	A Lot More
1. I am more likely to postpone sex in the future.....	0	1	2
2. I am more likely to think that my goals in life should not include an unwanted pregnancy as a teenager.....	0	1	2
3. I know the importance of talking to a partner about sex.....	0	1	2
4. I have more skills to resist pressure to have sex.....	0	1	2
5. I know more about how the body changes during puberty.....	0	1	2
6. I know how I can avoid an unwanted pregnancy.....	0	1	2
7. I feel better about myself.....	0	1	2
8. I feel comfortable saying no to sex until I am older.....	0	1	2

Below are some statements about this program. Please put an "X" through the number that best describes how you feel about them.

	Disagree	Unsure	Agree
1. I am more aware of careers open to me.....	0	1	2
2. It is easier to talk to my parents about the important issues in my life.....	0	1	2
3. I know how to make better decisions about my life.....	0	1	2

The best reason for me to postpone parenting is _____

The best part of this program was _____

What would make this program more helpful to teens? _____

**"Parents and Kids Can Talk About Sexuality"
Participant Evaluation**

Sex: ___ Female Age: _____ Grade: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Please answer the following questions by putting an "X" through the number that best describes how you may have changed because of this program.

As a result of attending this program	Not At All	A Little More	A Lot More
1. I have more skills to resist pressure to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I feel more comfortable asking questions of my parents or other trusted adult about sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I know more about the dangers of sexually transmitted diseases and AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I feel more confident about the decisions I make.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I know more consequences of having a baby as a teenager.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I understand how my decisions about sex can change my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I know more about how the body changes during puberty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand more about why I should wait to have sex with someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below are some statements about this program. Please put an "X" through the number that best describes how you feel about them.

	Disagree	Unsure	Agree
1. It is easier to talk with my parents about sex since we did the homework activities together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have a better understanding of what my parents' values are regarding sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The teacher made it easy for me to ask questions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The most helpful part of this program was _____

How could this program be changed to be more interesting to other persons your age? _____

The part of this program I liked best was _____

Appendix B

Computer Scorable Form

Young Parents Network/Postpone Parenting Campaign Participant Evaluation

Program

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Female
 Male

African American
 Hispanic Latino
 American Indian
 Multiracial
 Asian
 White

Age

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Grade

5	5
1	1
6	6
3	3
4	4
0	0
8	8
7	7
9	9

Zip Code

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Please answer the following questions by marking the bubble that best describes how you may have changed because of this program.

1. I am more likely to talk to a parent or trusted adult about sex.....
2. I am more clear about my attitudes toward unwanted pregnancy.....
3. I know more about the costs of unwanted pregnancy.....
4. I am more likely to decide my life goals and plan for them.....
5. I feel more strongly that I want to postpone sex in the future.....
6. I know more consequences of having a baby as a teenager.....
7. I understand how my decisions about sex can change my future.....
8. I am more likely to think that both sex partners should share responsibility for decisions about birth control.....

Not At All	A Little More	A Lot More
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Below are some statements about this program. Please mark the bubble that best describes how you feel about them.

1. Teen parents made the presentation more realistic for me.....
2. The program helped me to understand how hard it can be to be a teen parent.....
3. The presenters made it easy for me to ask any questions I had....

Disagree	Unsure	Agree
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

The best part about this program was

This program could be more helpful to other teens if

The best reason for me to postpone parenting is

Appendix C

Representative Samples of Participant
Evaluation and Program Exit Client
Information Questionnaires

**United Action for Youth
PARTICIPANT EVALUATION**

Sex: ___ Female Age: _____ Last Grade Completed: _____ Zip Code: _____
 ___ Male

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Marital Status: _____ Single, never married _____ Separated
 _____ Single, divorced or widowed _____ Married

* * * * *

Since completing this program, please respond how you have changed in the following areas:

Does Not Apply	Not At All	A Little More	A Lot More
----------------	------------	---------------	------------

Decision Making/Goal Setting

I am more likely to complete my high school or college education than when I entered the program.....	0	1	2	3
I have a more definite plan to <u>continue</u> my education (college or technical school) when I complete high school.....	0	1	2	3
I have a more definite plan to find a job when I complete my high school or college education.....	0	1	2	3
I feel better about the decisions I am making for my future	0	1	2	3
I am more clear about my goals for myself.....	0	1	2	3
I am more clear about my goals for my family.....	0	1	2	3

Health Care

I have a better understanding of the need for good prenatal care.....	0	1	2	3
I have a greater appreciation for taking care of myself physically, mentally and emotionally.....	0	1	2	3
This program helped me or my partner to find good prenatal care.....	0	1	2	3
I am better able to keep doctor's appointments for myself and my child.....	0	1	2	3
When my baby needs routine medical care, I am more likely to use a regular medical clinic than the emergency room.....	0	1	2	3

**United Action for Youth
PARTICIPANT EVALUATION**

	Does Not Apply	Not At All	A Little More	A Lot More
<u>Birth Control</u>				
I am more likely to choose abstinence as my choice for birth control.....	0	1	2	3
I am more likely to postpone sex in future relationships.....	0	1	2	3
I feel more strongly that I want to postpone another pregnancy.....	0	1	2	3
I feel more comfortable choosing a birth control method that is good for me and my partner.....	0	1	2	3
I will use a birth control method more consistently to postpone another pregnancy.....	0	1	2	3
<u>Parenting</u>				
I have a better understanding of what a child needs as it grows.....	0	1	2	3
I have a better understanding of what skills I need be a good parent.....	0	1	2	3
I have a better understanding of the responsibilities of being a good parent.....	0	1	2	3
I feel more confident about caring for my child.....	0	1	2	3
I am better able to find appropriate child care for my child.....	0	1	2	3
<u>Life Skills</u>				
I am better able to make good financial plans for myself and my family.....	0	1	2	3
I am better able to make independent living arrangements for myself and my family.....	0	1	2	3
I am more confident about my ability to seek a job.....	0	1	2	3
<u>Relationships</u>				
I am better able to discuss issues with my spouse or current partner.....	0	1	2	3
I am better able to discuss issues with my child's other parent (if not your spouse or partner).....	0	1	2	3

**United Action for Youth
PARTICIPANT EVALUATION**

	Does Not Apply	Not At All	A Little More	A Lot More
<u>Relationships</u> (continued)				
I have a better relationship with my parents.....	0	1	2	3
I know more about what a healthy relationship means.....	0	1	2	3
I have a strong network of friends to rely on for social and emotional support.....	0	1	2	3
<u>Self Esteem</u>				
I feel better about myself.....	0	1	2	3
I am more aware of my unique qualities and talents.....	0	1	2	3
I am less likely to think that I <u>need</u> a partner to feel good about myself.....	0	1	2	3

	Disagree	Unsure	Agree
The \$1.00 a day program was a strong incentive for me to avoid becoming pregnant again.....	0	1	2
The weekly support groups helped me to better understand how to take care of myself and my baby.....	0	1	2
Having a teen mentor was a strong incentive for me to continue in this program.....	0	1	2
Having fun activities at the center was a great way to get to know other young parents and give and receive support from them....	0	1	2
I learned a lot about responsibility and making good choices by attending meetings at UAY.....	0	1	2
The support I got from the UAY staff made it possible for me to complete my high school or college education.....	0	1	2

What part of this program was most helpful to you? _____

The best reason for me to postpone another pregnancy is _____

How could this program be changed to be more helpful to other teens? _____

Worker Name _____
Date _____

United Action for Youth
Program Exit Client Information

Sex: ___ Female Age: _____ Last Grade Zip Code: _____
 ___ Male Completed: _____

Race: ___ African American ___ American Indian ___ Asian
 ___ Hispanic (Latino) ___ Multiracial ___ White

Number of months in Program _____

* * * * *

As a result of this intervention program, what changes were experienced by this client in the following areas:

	Great Extent	Limited Extent	Does Not Apply
<u>Health Care:</u>			
<u>For Client</u>			
Used health care services provided through program.....	_____	_____	_____
Used health care services provided through referral.....	_____	_____	_____
Secured primary health care provider, minimized use of Emergency Room for routine health needs.....	_____	_____	_____
Developed wellness plan.....	_____	_____	_____
Followed wellness plan.....	_____	_____	_____
Stopped or reduced smoking.....	_____	_____	_____
Stopped or reduced alcohol and other drug use.....	_____	_____	_____

<u>For baby</u>			
Used health care services provided through program.....	_____	_____	_____
Used health care services provided through referral.....	_____	_____	_____
Secured primary health care provider, minimized use of Emergency Room for routine health needs....	_____	_____	_____
Immunizations are up to date.....	_____	_____	_____
Well-baby check-ups are up-to-date.....	_____	_____	_____
More responsive to child's health needs.....	_____	_____	_____

Pregnancy and Birth Control: (This section for female clients only, mark all that apply)
_____ Currently Pregnant
_____ Pregnant when entered program
_____ Became pregnant during program

Number of Pregnancies prior to program entry _____
Total number of children at program exit _____

Is client currently using birth control (circle one): yes no does not apply
If yes, what type of birth control is client currently using? _____

Education: (mark all that apply)

Client

- Dropped out, did not return to school
- Returned to school after dropping out
- Remains in school
- Plans to finish High School/GED
- Graduated or completed GED
- Enrolled in Post-High School program

	Great Extent	Limited Extent	Does Not Apply
Developed better study skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grades Improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a better sense of career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to make realistic decisions about future career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment: (Mark all that apply)

- Secured employment If yes, FT or PT
- Has improved job skills
- Has improved job seeking skills
- Completed job training program

Housing Status:

Client currently lives with:

- spouse
- on own
- boyfriend/girlfriend
- parents
- other relatives/friends
- other _____

Was there a change in housing status from intake to exit? yes no

If yes, how would you characterize this change? (mark one)

- Improvement
- Worse
- No quality change

	Great Extent	Limited Extent	Does Not Apply
Better communication/less conflict with parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better communication/less conflict with other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family members supportive of decisions made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Relationships:

Great Extent Limited Extent Does Not Apply

Relationship with Significant Other(s):

Child's Father His age _____

Contact with child's father _____
 Better communication/less conflict with child's father ... _____
 Child's father involved in decisions about child _____

Mark all that apply for this client:

- _____ Lives with child's father
- _____ Married child's father
- _____ Father contributes to support of child

FOR MALE PARTICIPANTS ONLY

Child's Mother Her age _____

Contact with child's mother _____
 Better communication/less conflict with child's mother ... _____
 Child's mother involved in decisions about child _____

Mark all that apply for this client:

- _____ Lives with child's mother
- _____ Married child's mother
- _____ Mother contributes to support of child

Current Partner (If not child's parent)

Good communication with current partner..... _____
 Partner accepting of child..... _____
 Partner contributes to support of child..... _____

Life Skills:

More appropriate use of income..... _____
 More appropriate coping strategies _____
 More aware of when to seek support or services..... _____
 Greater knowledge of resources available..... _____
 More appropriate use of (social) services for self and child..... _____

Program Access/Referral to Needed Services:

Program Provided Referral Does Not Apply

Health Care for Client _____
 Health Care for Child..... _____
 Mental Health/Counseling..... _____
 Child Care _____
 Education _____
 Financial Management skills _____
 Housing _____
 Other _____
 Other _____
 Other _____

Appendix D

Community Education Questionnaire

Adolescent Pregnancy Prevention
Community Programs

A. STAFFING PATTERNS AND ACTIVITIES

1. How many FTE staff member(s) are employed to administer/staff the Adolescent Pregnancy Prevention (APP) program(s) _____
- a) How many presentations were given by these staff members during the last grant year? _____
- b) On how many community boards or advisory councils do these staff represent your agency _____

B. CONSORTIUM MEMBERSHIP AND ACTIVITIES

1. Did a Consortium exist prior to this grant?
_____ yes _____ no (If no, please complete the "Since APP Grant" column only)

	Prior to APP Grant	Since APP Grant
a) How often did/does the Consortium meet.....	_____	_____
b) Number of meetings held during the last grant year.....	_____	_____
c) How many agencies/groups were/are represented?.....	_____	_____
d) Number of teen/teen parent members.....	_____	_____
e) How many committees, if any, were/are established?.....	_____	_____
f) How often did/do these committees meet?.....	_____	_____
g) Number of committee meetings held during the last grant year...	_____	_____

2. How would you characterize the working of your consortium this past year?
Please reflect both positive and negative aspects of this group.

C. NEEDS ASSESSMENT

1. Did you conduct a Needs Assessment as part of you grant activities this year?

_____ yes _____ no (if no, please go to Prevention Campaign)

2. How many community groups were contacted in your Needs Assessment? _____

3. Which of the following types of groups were contacted in your community?

- _____ schools
- _____ churches
- _____ community groups
- _____ recreation centers
- _____ physicians, clinics, hospitals
- _____ businesses
- _____ social service agencies
- _____ other: _____
- _____
- _____

4. What percentage of these organizations/groups responded to your assessment questions? _____

5. Was your assessment survey conducted primarily by

- _____ phone
- _____ mail
- _____ other (please describe) _____
- _____

6. What other strategies did you use to elicit feedback for your Needs Assessment?

D. PREVENTION CAMPAIGN

1. Did you conduct a Prevention Campaign as part of your grant activities?
_____ yes _____ no (if no, please go to Grant
Development)

a) What was the theme(s)? _____

2. Was your Prevention Campaign developed as scheduled?
_____ yes (Go to question 3)
_____ no

a) If no, what barriers did you encounter to developing your campaign
as scheduled?

b) What percentage of your campaign has been completed at this
time? _____

3. Please check the activities which have been completed in your campaign
and complete the information for each activity.

a) _____ Pamphlets
Number printed/distributed _____ / _____

b) _____ Ribbons
Number distributed _____

c) _____ Buttons
Number distributed _____

d) _____ T-shirts
Number distributed _____

e) _____ Other items distributed: _____
Number distributed _____

Number of each type of site where these materials (a - e, above) were distributed:

- _____ Schools
- _____ Medical clinics
- _____ Malls
- _____ Recreation Programs
- _____ Community events
- _____ Social Service/Youth serving agencies
- _____ Churches

- f) _____ Billboards
Number purchased _____ Approx. number of viewers _____
- g) _____ Radio PSAs
Number created _____ Approx. number of listeners _____
- h) _____ TV PSAs
Number created _____ Approx. number of viewers _____
- i) _____ Newspaper articles
Number of articles _____ Approx. number of readers _____
- j) _____ Newspaper ads
Number of ads _____ Approx. number of readers _____
- k) _____ Other (please describe)

5. What strategies did you use to elicit feedback about your Campaign activities?

E. GRANTS DISTRIBUTION AND DEVELOPMENT

1. Did the Consortium distribute monies to participating agencies?

- _____ yes, competitively
- _____ yes, non-competitively
- _____ no (Go to question 5)

2. If yes, how much money was distributed? _____

3. To how many agencies was this money given? _____

4. For what purposes will this money be used? _____

5. Did the Consortium apply for monies for Adolescent Pregnancy Prevention activities in addition to this DHS grant?

- _____ yes
- _____ no

6. If yes, please identify the source(s) and amount(s) requested, purpose of the request and current status of the request(s).

<u>Source</u>	<u>Amount Requested</u>	<u>Purpose</u>	<u>Status (pending, denied, awarded)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

F. COMMUNITY-BASED INITIATIVES/DEVELOPMENT ACTIVITIES

1) On the following page please identify the organizations/groups who received presentations from Consortium members, indicate if a follow-up contact was made and the result of that contact.

2) In the space below please describe other activities the Consortium members performed as part of this grant's activities. (This might include individual meetings with students or adults that are not covered in #1, above or other portions of this questionnaire.)

Appendix E

Human Subjects Statement

Instructions to be read to students/ program participants

We would like to receive your feedback about the program you have just seen or participated in. Please complete the questionnaire I will be distributing with your honest answers.

Do not put your name on the form: this is anonymous information.

If you do not want to complete the form, just leave it blank and turn it in with the others.

Your feedback will help us to give better presentations to other youth. Thank you.

REMEMBER: use a pencil to blacken the bubbles on the form

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