

Promoting Science-Based Approaches—Getting To Outcomes Success Stories: Colorado Organization on Adolescent Pregnancy, Parenting and Prevention (COAPPP)

About The National Campaign to Prevent Teen and Unplanned Pregnancy:

The National Campaign to Prevent Teen and Unplanned Pregnancy is a nonprofit, nonpartisan organization supported largely by private donations. The National Campaign's mission is to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable, two-parent families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors.

Case Study Participant: Shannon Sainer, Manager of Evaluation and Community Programs for Colorado Organization on Adolescent Pregnancy, Parenting, and Prevention (COAPPP)

Site: Denver Health, Denver School-Based Health Center's (DSBHC), Health Education Program (HEP)

In 2006, Denver School-Based Health Centers (DSBHC) began to develop a Health Education Program (HEP). The idea was to utilize Health Education Specialists to expand and enhance existing prevention services through the DSBHC to students in Denver Public Schools. Teen pregnancy prevention education was identified as a priority for specific programming. HEP staff connected with COAPPP for help with selecting science-based programs to prevent teen pregnancy. This initial help resulted in long partnership of training, support and technical assistance (TA) to increase HEP staff's capacity to select, implement, evaluate and sustain science-based approaches and programming. Because DSBHC was starting a new program they were able to start at the beginning of the Promoting Science-Based Approaches—Getting to Outcomes (PSBA-GTO) process. Since the beginning of their partnership with COAPPP, they have moved through every PSBA-GTO step, and are currently working on steps 8, 9 and 10 (Outcome Evaluation, Continuous Quality Improvement and Sustainability).

One of the greatest benefits of using the PSBA-GTO process was that it provided a framework for most of the work that

COAPPP and DSBHC were already doing together. PSBA-GTO provided a roadmap that indicated how specific activities such as the needs assessment, the logic model development and revision, the program selection process, and program implementation and evaluation phase were connected. PSBA-GTO also allowed DSBHC staff to share this information in a very succinct and structured way with HEP staff. Moreover, the PSBA-GTO process allowed DSBHC staff to document each step for current and future funding purposes. It has been extremely helpful that the PSBA-GTO process was developed in a careful scientific way and is supported by research and the Centers for Disease Control and Prevention. These two aspects helped DSBHC create buy-in from key stakeholders who are not involved in daily HEP processes.

In general, moving through the PSBA-GTO process with HEP staff has worked very well and has gone smoothly. HEP staff fully understand the importance of using PSBA-GTO, and are very comfortable with and value the framework as evident in their plans to use it with future program development projects (The HEP also has plans to adapt and implement additional science-based programs, *Self*

Center¹ and Reproductive Health Counseling for Young Men², and will use PSBA-GTO to guide that process as well.) In addition, because DSBHC's HEP was implementing a new program, starting with step one of PSBA-GTO was a natural fit.

The PSBA-GTO framework provided a useful and efficient blueprint for the selection, implementation, and evaluation of a science-based program as well as for the TA provided by COAPPP. With support from COAPPP, HEP staff conducted and analyzed several needs assessments, reviewed potential science-based programs and assessed each for program fit. This process led to the selection of the science-based program *Tailoring Family Planning Services to the Special Needs of Adolescents (TFP³)*. The HEP continued with program adaptations, creating data collection tools, and developing an implementation and evaluation plan. In May 2008, the HEP completed the first school year using *TFP*. Some of the challenges during this time included program implementation logistics, data entry and analysis, and sustainability of the program.

Implementation & Logistics. DSBHC's HEP selected and adapted a science-based program, identified sites, received appropriate approvals, and made an implementation plan. However, changes in the location of confidential spaces offered to the HEP at some schools created unforeseen challenges and slowed implementation. Even though the HEP and the schools agreed during the planning step to have particular locations in the schools reserved for HEP staff use, these spaces were sometimes unavailable during the times HEP staff were scheduled to be present in the schools. By adapting to each circumstance and working hand-in-hand with the schools administrators, HEP staff were able to successfully overcome these challenges. Another challenge was limiting the sites for the HEP implementation. Given the limited resources and staff time, the program is not available in each of the 12 DSBHCs in Denver Public Schools despite demand. However, three Health Education Specialists were able to serve six of the 12 schools two days each week. DSBHC-HEP continues to work with the sites to overcome and prevent similar future challenges.

Evaluation data entry & analysis. Another challenge has been outcome evaluation. In eight months the HEP collected behavioral data and pre/post- test data for over 400 visits. The amount of data to enter and analyze is overwhelming without a proper database. With only one full-time health educator working through the summer (when behavioral and knowledge level evaluation is being done), HEP staff capacity to evaluate data is limited. Also, due to HIPPA

regulations and Denver Health policies, the best way to share the HEP data with internal Denver Health and external evaluators for additional support remains a work in progress. The HEP is continually working with COAPPP to ensure appropriate data is collected to meet program objectives outlined in the logic model.

Sustainability. One of the most critical challenges that the HEP has faced is the issue of financial sustainability. The HEP has focused on reaching out to partners and promoting the value of both the PSBA-GTO process and implementation of science-based programs at the DSBHCs. COAPPP has provided invaluable TA to the HEP around the issue of increasing support among key constituents, and increasing the visibility of the DSBHC health education program through local and national presentations at conferences and highlighting key successes of DSBHC-HEP whenever possible. One key lesson learned from the COAPPP-HEP partnership is that sustainability must be considered at each PSBA-GTO step.

In summary, the key lesson learned from the COAPPP-HEP PSBA-GTO partnership is that building relationships with community partners and stakeholders is critical for program success. Important factors to consider throughout each PSBA-GTO step is to develop program support, gain buy-in from key stakeholders, and obtain the essential infrastructure needed to support sustainability.

*please see update note below.

About the Putting What Works to Work Project

Putting What Works to Work (PWWTW) is a project of the National Campaign to Prevent Teen and Unplanned Pregnancy funded, in part, by the Centers for Disease Control and Prevention. Through PWWTW, the National Campaign is translating research on teen pregnancy prevention and related issues into user-friendly materials for practitioners, policymakers, and advocates. As part of this initiative, the Science Says series summarizes recent research in short, easy-to-understand briefs.

Author Information

This research brief was written by National Campaign staff member Corinna Sieber.

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*An update: since this case study was first developed, Denver Health has received an anonymous donation which will allow them to triple the DSBHC HEP staff and reach many more youth. Denver Health has partially attributed this donation to work around sustainability, an important PSBA-GTO step.

¹ *Self Center* (Zabin, et al., 1986) is a School-Based/School-Linked Intervention. For more information on this program please refer to *What Helps* at <http://www.thenationalcampaign.org/resources/works/PWWTWreports.aspx>.

² *Reproductive Health Counseling for Young Men* (Danielson, et al., 2003) is a Clinic Protocols and One-on-One Programs. For more information on this program please refer to *Emerging Answers 2007* at <http://www.thenationalcampaign.org/ea2007/>.

³ *Tailoring Family Planning Services to the Special Needs of Adolescents* (Winter & Breckenmaker, 1991) is a Clinic Base Intervention. For more information on this program please refer to *What Helps* at <http://www.thenationalcampaign.org/resources/works/PWWTWreports.aspx>.