



**DENVER TEEN PREGNANCY PREVENTION PARTNERSHIP (DTPPP):
A MULTI-LEVEL INTERVENTION TO DECREASE TEEN PREGNANCY**

EXECUTIVE SUMMARY: YEAR TWO EVALUATION

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Denver Teen Pregnancy Prevention Partnership

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Executive Summary

BACKGROUND

In January 2007, under the leadership of Denver Mayor John Hickenlooper, the Denver Office of Strategic Partnerships identified teen pregnancy as a priority issue and convened non-profit agencies working in this area to form a collaborative, which eventually became the Denver Teen Pregnancy Prevention Partnership (DTPPP). The initial goals of DTPPP were to streamline service delivery by reducing duplication, to focus additional resources on teen pregnancy concerns and ultimately to reduce teen pregnancy.

DTPPP began delivering reproductive health programming and services to youth enrolled in one middle school and two high schools within Denver Public Schools (DPS) during the 2007 – 2008 school year. As DTPPP programming was initiated, the reach of the program was limited by delays in negotiated contracts with schools, recruitment of staff and the need to establish administrative and reporting structures. As a result, the first full implementation of DTPPP programming within the three DPS schools occurred during the 2008 – 2009 school year.

EVALUATION FINDINGS

Three reports summarize findings for the 2008 - 2009 implementation year of DTPPP: 1) a self assessment of the collaborative process by DTPPP Partner agencies 2) a baseline assessment of sexual activity and risk taking among DTPPP youth participants and 3) self-reported changes in the knowledge, attitudes, skills, and intentions of youth who participate in individual DTPPP Partner programming. Major findings from each report are reviewed in this executive summary and described in detail within the associated reports.

THE NEED FOR DTPPP PROGRAMS IN THE DENVER PUBLIC SCHOOL (DPS) DISTRICT IS GREAT

Evaluation findings demonstrate the intense need for reproductive health programs and services within the participating DPS schools. With more than 60% of the participating youth already sexually active and 21% of youth not using any form of birth control at their last sexual encounter, it is clear that comprehensive reproductive health education and services are needed.

POSITIVE RESPONSE TO DTPPP PROGRAMS IN DPS SCHOOLS

DTPPP Partners continue to be enthusiastic about their work and are excited to see youth learning new information and skills that can be used to make decisions to avoid sexual risks. While logistical challenges abound, both the frontline DTPPP staff and their associated school partners express strong commitment to the work of the Partnership and see the value of the services DTPPP provides to youth. DTPPP Partners also report having a positive impact on youth and have provided numerous anecdotal stories to support this belief. Youth are seeking out opportunities to practice resistance skills learned during DTPPP programs, young women have brought their partners to the clinic to jointly discuss birth control options, and parents

describe how DTPPP programs have helped overcome cultural barriers limiting their ability to discuss reproduction and sexuality issues with their teens.

DTPPP YOUTH PARTICIPANTS SHOW POSITIVE GAINS IN KNOWLEDGE, ATTITUDES AND SKILLS.

Evaluation data demonstrate significant gains in student knowledge as well as changes in their attitudes, skills, and intentions, affirming the impact of the DTPPP Partner programs. Four of the five Partners that assessed knowledge demonstrated improvements in knowledge for sexual and reproductive health concepts discussed during programming. The majority of these programs were also able to demonstrate positive changes in attitudes, values and beliefs, which are substantially more difficult to change than knowledge.

THE STRENGTH OF THE DTPPP PARTNERSHIP CONTRIBUTES TO ITS SUCCESS.

Collaboration among the DTPPP Partners has served to enhance the reach of the Partners' programs as well as their success. The goal of DTPPP remains to enable multiple community agencies to reinforce each others' services within the same schools. In 2008-2009, DTPPP reached 1,129 youth. Alone, none of the individual DTPPP Partners has the capacity to reach such a large number of students. Their collective efforts also work to meet the needs of youth who have differing needs depending on age, gender, relationship status, cultural background, sexual orientation and sexual activity status, factors that necessitate different types of services and approaches. Combining in-class instruction, youth empowerment programming and the direct provision of reproductive health services means that youth have the opportunity to receive reproductive health information in a setting and format that fits their needs and reinforces messaging that promotes healthy behaviors and the avoidance of sexual risks. Over time, these messages will continue to be repeated, strengthening DTPPP's impact as a collaborative model of service delivery.

OVERALL DTPPP IMPACT

After only two years of operation, DTPPP has been able to show impressive results. Evaluation and data tracking enhancements have enabled the Partnership to affirm the critical need for their services as well as the short term improvements in youth knowledge, attitudes, skills, and intentions. Continued evaluation efforts will not only track these short term impacts, but also will begin to assess key long term outcomes including delays in when youth initiate sexual activity and increased use of contraceptives among sexually active youth.

SUMMARY OF REPORT FINDINGS: SELF ASSESSMENT OF THE COLLABORATIVE PROCESS

DTPPP Partners, as well as service providers and school personnel involved in the Partnership at the participating schools, provided their perspectives on the successes of the Partnership and their recommendations for its continuation.

After two years of program operations, the survey respondents highlighted the following rewards associated with implementing the DTPPP programming within participating Denver Public Schools:

- Participants' learning and change in their skills and behaviors
- Working with youth and parents
- The commitment and support from the school personnel and
- Providing information to program participants.

Partners provided their perspectives on lessons learned during the implementation of the DTPPP programs, what was well done, what needs to be changed, and why the DTPPP programs should continue. DTPPP providers and school personnel report that the following components of the DTPPP program should be maintained: 1) Activities as a Partnership 2) Programming including variety of services and current programs and 3) Funding with financial support for DTPPP agencies.

Areas for improvement include the following:

- Collaboration across Partners related to contact between front-line providers and schools, more open communication, and alignment of services
- Additional planning focusing on outreach, fundraising and sustainable financial support, and parent involvement and
- Different emphasis in the content including more programming for boys.

Overwhelmingly, DTPPP service providers and school personnel affirmed that supporting youth to make informed choices about their health is the primary reason to continue the DTPPP intervention. The strengths of the Partnership include its ability to offer a diversity of programs with demonstrated effectiveness, that are science-based and that are offered collaboratively, strategies which are more effective than providing services as individual entities.

SUMMARY OF REPORT FINDINGS: BASELINE ASSESSMENT OF SEXUAL ACTIVITY AND SEXUAL RISK TAKING FOR YOUTH PARTICIPATING IN DTPPP PROGRAMMING

The overall goals of DTPPP are to delay the onset of sexual activity and, among sexually active youth, to increase the use of contraception. This first report provides a baseline assessment of sexual activity, contraception use, and sexual risk taking behaviors within the three schools where DTPPP programming and services are provided.

The baseline assessment demonstrates the critical importance of DTPPP programming within the selected schools. As stated above, over 60% of youth participants were already sexually active when they began participating in DTPPP programming. While these rates of sexual activity are similar to those of students across Colorado (CO), the DTPPP participants reveal behaviors that increase their risk for negative outcomes. Specifically:

- On average, DTPPP youth initiated sexual activity when they were 14.15 years old, four months earlier than other CO youth.

- DTPPP youth appear to be more sexually active than other Colorado youth, with 25% reporting having zero new sexual partners in the past three months compared to 35% of other Colorado youth.
- Analyses examining reported method used to prevent pregnancy the last time youth had sexual intercourse revealed several important differences. Compared to Colorado youth:
 - Significantly more DTTTP participants reported not using any form of birth control (DTPPP: 21% vs. CO: 12%).
 - DTPPP participants were significantly more likely to use condoms to prevent pregnancy (DTPPP: 60% vs. CO: 53%).
 - DTPPP participants were significantly less likely to use hormonal birth control (DTPPP: 11% vs. CO: 23%).

High levels of sexual activity and sexual risk taking among DTPPP participants confirm the importance of the sexual health education offered by the DTPPP Partners. In particular, the early age of sexual initiation, higher rates of sexual intercourse with no form of birth control, and the higher rates of sexual intercourse without any birth control use provide strong justification for the DTPPP model through which Partners work with students in middle and high schools, providing support for both sexually active students as well as those who have not yet initiated sexual activity.

SUMMARY OF REPORT FINDINGS: CHANGES IN, KNOWLEDGE, ATTITUDES, SKILLS, AND INTENTIONS OF YOUTH PARTICIPATING IN INDIVIDUAL DTPPP PARTNER PROGRAMS

To assess the impacts of individual DTPPP Partner programs, this report analyzes changes in knowledge, attitudes, skills and intentions among youth participating in each of the DTPPP programs. A total of 1,129 youth and 71 parents participated in DTPPP programming during the 2008 – 2009 academic year. Of those, 801 youth and 65 parents provided data on both a pre and post test. The quality and magnitude of data available for analysis represents a substantial improvement over the prior year and reflects the effort invested by Partners in several data enhancements including the use of unique identifiers and the development and implementation of the web-enabled data tracking system.

Partner specific questions on the pre and post test focused on knowledge, attitude, skills and intentions changes that individual DTPPP partners expected would result from their programming. Overall findings were positive and include the following:

- A positive change in knowledge was observed for youth participating in four of the five programs that assessed knowledge.
- A positive change in attitudes, values or beliefs was observed for youth participating in four of the five youth programs that assessed these constructs. For the remaining two Partners, (one that serves youth and one that serves parents) there was near universal agreement with the attitude or value statements at the pre test such that no potential for program related improvement was possible.

- A positive change in skills was observed for youth participating in both programs that assessed skills.
- Three Partners assessed intentions, such as youths' intentions to use condoms when they have sex. A positive change in intention was observed for one of the three Partners measuring intentions. Additionally, one Partner found that while the intentions of youth who consistently participated did not change, the intentions of youth who were inconsistent participants became worse over time.

Overall these results demonstrate positive short term effects associated with program participation. Recommendations for continued improvements in Partner specific data collection, survey revisions and other data quality issues are provided to continue to strengthen the ability of DTPPP to demonstrate program impacts.

CONCLUSION

At the end of its second year of operation and first full implementation year, the Denver Teen Pregnancy Prevention Partnership has demonstrated their ability to successfully reach and impact youth. Over 1,100 youth benefitted from DTPPP services during the 2008 – 2009 school year; the majority of those youth were already sexually active and many were engaging in risky behaviors such as unprotected sexual intercourse. Findings demonstrated that short term objectives, such as increasing reproductive health and contraception knowledge, are already being achieved. Over the next several years as DTPPP continues to implement their collaborative program, they will monitor the impact of their programming on two critical long term outcomes: delaying the onset of sexual activity and, among sexually active youth, increasing the use of contraception.