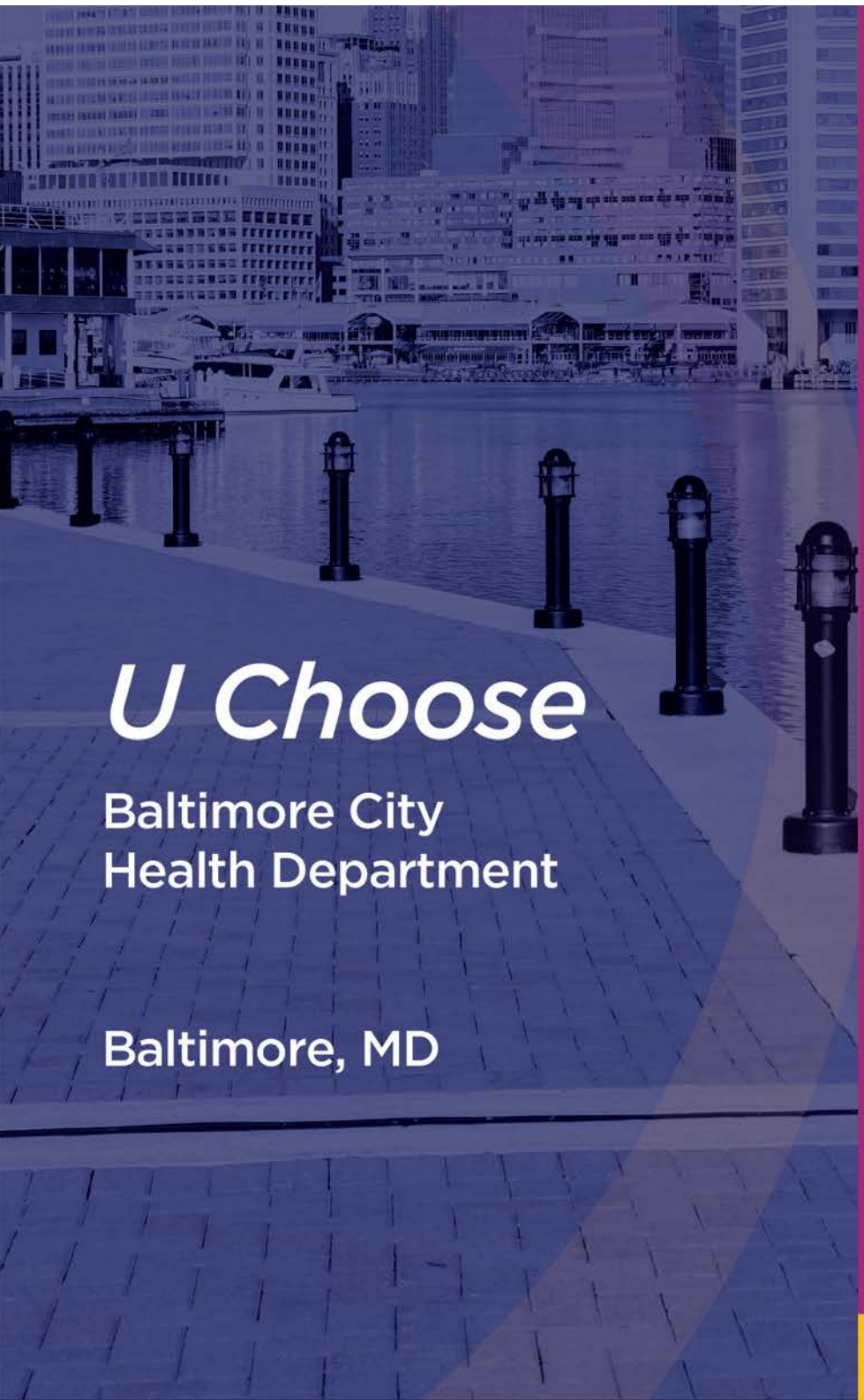

U Choose

Baltimore City Health Department

Baltimore, MD

Replicating Evidence-Based Teen Pregnancy Prevention Programs to Scale in Communities with Greatest Need

Case Study No. 2

December 2018

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EXECUTIVE SUMMARY

Background

In 2015, the Office of Population Affairs (OPA) awarded 50 Teen Pregnancy Prevention (TPP) grants to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. OPA designed the 2015 TPP grant program to have a significant impact on reducing teen pregnancy rates and disparities by using a multi-component, community-wide strategy. The strategy integrated EBPs into multiple safe and supportive settings, mobilized stakeholders around a shared vision, and increased access to youth-friendly services. While implementation approaches varied, all grantees were required to include four key elements:[1]

Deliver EBPs with fidelity in at least three types of settings.

Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy.

Recruit a network of youth-friendly service providers, develop a referral system, and connect youth to needed services.

Ensure programs are provided in safe and supportive environments.

U Choose: Baltimore's Citywide Initiative to Reduce Teen Pregnancy and Improve Adolescent Health

The Baltimore City Health Department (BCHD) implements *U Choose* in partnership with Baltimore City Public Schools (BCPS), Healthy Teen Network (HTN), Planned Parenthood of Maryland (PPMD), and other members of the city-wide Teen Pregnancy Prevention Initiative (TPPI) Coalition. BCHD mobilized more than 20 partners to work toward the shared goal of reducing teen pregnancy as a way of reaching the city-wide vision of improving the health outcomes of infants, children, and adolescents. The project reaches youth in public schools and in clinics with EBPs, mobilizes youth and adult community members, and connects youth to a range of services including behavioral health and reproductive health care. ***U Choose* illustrates how a community-wide strategy can amplify the contributions of individual partners when the backbone organization has a clear vision and the capacity to mobilize stakeholders and maintain momentum over years of shared work.** BCHD began implementing *U Choose* in summer 2015; the case study is based on phone interviews and a site visit conducted in the second grant year.

[1] See the Funding Opportunity Announcement for details: https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf.

Lessons in Scaling Up Evidence-Based Teen Pregnancy Prevention

***U Choose* built on the capacity and momentum that began prior to the grant award.** The grantee engaged in five years of coalition-building leading up to the 2015 grant, which provided a solid foundation of working relationships between partners, and produced early measureable results to share and celebrate. With the 2015 award, all previous partners remained committed and BCHD was able to scale up quickly in BCPS.

Project leaders used data to inform decision making and as content for coalition discussions. Project leaders brought a data-driven public health perspective, as well as a focus on leveraging public and school-based health centers to improve population-level outcomes. These methods facilitated transparency and communication among stakeholders, and kept project efforts focused and strategic.

A unified coalition provided organizational structure and a collective identity for the effort. The constituent agencies, initiatives, task forces, and coalitions maintained their autonomy, but the central TPPI Coalition was known as the "home" of the initiative. The TPPI Coalition was nested within a larger initiative (*B'more for Healthy Babies*) and had overlapping supporting initiatives such as B'more Fit, Preventing Substance Exposed Pregnancies, and Home Visiting.

Supportive schools made saturation of all middle and high schools with EBPs possible. *U Choose* was fortunate to have a series of BCPS chief executives who were highly supportive of bringing high-quality sexual health education into the schools during the school day. EBPs were implemented in all 120 middle schools and all 25 high schools in 7^{th}-9^{th} grades.

Flexible, multi-level support for EBP implementation helped teachers fit EBPs into their classrooms. Assistance included training and one-on-one mentoring, learning communities, and translating the EBP lessons into BCPS lesson templates. The BCPS lead ensured that the selected curricula met the state standards, negotiated with the teachers' union, ensured that principals were on board, and arranged professional development time.

Youth-adult partnerships engaged youth in meaningful ways. While BCHD began developing its Youth Advisory Council (YAC) prior to 2015, it leveraged grant resources to build in expectations and structure grounded in positive youth development. The *U Choose* YAC subsequently worked with Johns Hopkins University to create a youth-driven, dynamic, primarily web-based social marketing campaign aimed at engaging youth and informing their decisions about healthy relationships and sexual activity.

Customized training and technical assistance provided support and consistency for high quality implementation in schools and clinic settings. Locally-based technical assistance providers worked with project staff to create customized supports for full scale implementation. Capacity building within clinics also helped transform BCHD's relationship with clinics from one of oversight to a partnership.

I. INTRODUCTION TO THE CASE STUDY

U Choose is an initiative led by the Baltimore City Health Department (BCHD), which is both the funded grantee and the backbone organization coordinating partners to reduce teen pregnancy and improve adolescent sexual health across all of Baltimore, Maryland. The overarching goal of the *U Choose* initiative is to improve health outcomes for infants, children, and adolescents.

The case study is based on analysis of interviews and on-site observations, and review of program materials. Data collection included: telephone and in-person interviews with five BCHD staff members, ten staff members from partner organizations, and members of the *U Choose* Youth Advisory Council; observation of two partner meetings, a Youth Advisory Council meeting, and a classroom session of an EBP; and review of the grant application, annual progress report, community needs assessment, and dissemination materials.

***U Choose* At A Glance**

Grantee	Baltimore City Health Department
Targeted Community	Baltimore, MD
Local Teen Birth Rate (2013)* US Teen Birth Rate (2013)	43.4 per 1,000 among 15- to 19-year-old females 26.5 per 1,000 among 15- to 19-year-old females
Annual Reach	10,000
Annual Funding	$1,749,000
Urbanicity	Large central metro
US Census Region	South Atlantic
Vulnerable Populations	LGBTQ youth
Number of Implementation Partners	12
EBPs	• *It's Your Game: Keep it Real* • *Making Proud Choices: Out-of-Home Care Edition* • *Seventeen Days*
Settings	In-school middle school, in-school high school, clinics

*Teen birth rates reflect data available at the time the project began in 2015.

OPA's Strategy for Scaling Interventions to the Community Level

The grant program's goal was to have a significant impact on reducing rates of teen pregnancy and disparities by using a community-wide strategy to integrate EBPs into multiple types of settings, ensure youth receive EBPs multiple times over the course of their adolescence, mobilize stakeholders around a shared vision, and increase access to youth-friendly services.

While implementation varied, all grantees were required to use a multi-component approach that included four key elements:[2]

Evidence-based programs. Deliver EBPs with fidelity in at least three types of settings.

Community mobilization. Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy and improve adolescent health. Community Advisory Groups (CAG) and Youth Leadership Councils (YLC) inform the effort.

Linkages and referrals. Recruit a network of youth-friendly, accessible service providers, develop a referral system, and connect youth to needed services.

Safe and supportive environments. Ensure programs are implemented in safe and supportive environments: integrate a trauma-informed approach, assess LGBTQ inclusivity, and put positive youth development characteristics into action.

A logic model for the Tier 1B grant program is shown in Appendix Figure A-1.

Focus of the Case Study

This case study describes how BCHD mobilized more than 20 partners, including other coalitions and agencies in Baltimore, to work toward the goal of reducing teen pregnancy. Specific goals of *U Choose* included: increasing youth uptake of family planning services by 10 percent and reducing the teen birth rate by 30 percent. The overarching shared goal of improving health outcomes for infants and children addressed the overlapping interests of all stakeholders. ***U Choose* illustrates how a community-wide approach can amplify the contributions of individual partners when the backbone organization has a clearly articulated vision, is able to mobilize stakeholders to come together, and has the capacity to maintain momentum over years of shared work.**

[2] See the Funding Opportunity Announcement for details: https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf.

U Choose collaborated with agencies and organizations across the city to implement four key strategies:

- **Saturate the school district and area clinics with EBPs.** Implement *It's Your Game: Keep It Real* in grades 7 and 8 in BCPS middle schools and *Making Proud Choices: Out-of-Home Edition* once in grades 9-12 in BCPS high schools as part of the health curriculum. Provide training and ongoing technical assistance to teachers to enable them to deliver the curricula without a co-facilitator. In addition, provide training and ongoing technical assistance to clinic staff to deliver the EBP *Seventeen Days* in more than 22 Title X clinics across Baltimore City, including 10 school-based health centers.
- **Community mobilization and communication.** Use and continue to develop the highly functioning community mobilization infrastructure built over the previous five years, with an emphasis on increasing the diversity of representation of the group members and continuing to draw on the strengths of constituents and partners. Engage in strategic dissemination and communication activities to raise awareness of the program with youth, families, and stakeholders.
- **Establish and maintain linkages and referrals to youth-friendly health care services.** Develop and disseminate a list of youth-friendly health care resources; develop linkages between providers of services for youth, particularly behavioral health and reproductive health, and also including employment and youth development. Provide technical assistance to enhance the youth-friendliness of clinics.
- **Ensuring safe and supportive environments for youth.** Assess settings and provide professional development aimed at creating supportive settings; select an EBP that includes a trauma-informed approach; use inclusive and relevant curriculum materials; provide linguistic access to EBP content for language minority youth.

Each of these objectives included a sustainability component, a technical assistance (TA) and support component, and an evaluation component.

The case study begins with a description of the community and organizational context within which *U Choose* operates, then describes the project structure and strategies in more detail. The remainder focuses on how the grantee laid the groundwork for and implemented each of the key elements of the Tier 1B strategy.

II. COMMUNITY AND ORGANIZATIONAL CONTEXT

The *U Choose* initiative united agencies, institutions, and leaders across Baltimore City to help promote health and wellness through a focus on teen pregnancy prevention. Three contextual factors contributed to readiness for bringing EBPs to scale: (1) the characteristics of the community, (2) background of the TPPI Coalition, and (3) capacity of the *U Choose* partners.

Community Characteristics

U Choose served youth 11-19 years old across all of Baltimore City (see Figure II-1). As of the 2010 census, the majority (73.5%) of children and youth residing in Baltimore City were African American. Less than one-fifth (16.3%) were white.[3] Teen birth rates for Baltimore City youth in 2013 were more than 160% of the U.S. rate and more than double the rate for Maryland overall (Figure II-2). Rates for the city's African American and Hispanic youth were, respectively, nearly 20 percent and over 50 percent higher than for the city overall. The city also has high rates of sexually transmitted infections and racial/ethnic disparities in health outcomes and household poverty rates.[4]

Figure II-1: Baltimore City HD Service Area for *U Choose*

Background of the TPPI Coalition

U Choose built on a pre-existing initiative that grew organically from the BCHD's Teen Pregnancy Prevention Initiative (TPPI), which itself was a component of the broader *B'more for Healthy Babies* (BHB) initiative (see Figure II-3), funded by BCHD.[5] Within BHB, coalitions and task forces worked together on specific health topics related to improving birth outcomes, with a shared goal: reducing child, infant, and fetal deaths. Based on patterns in fetal and infant deaths, in 2009 BCHD

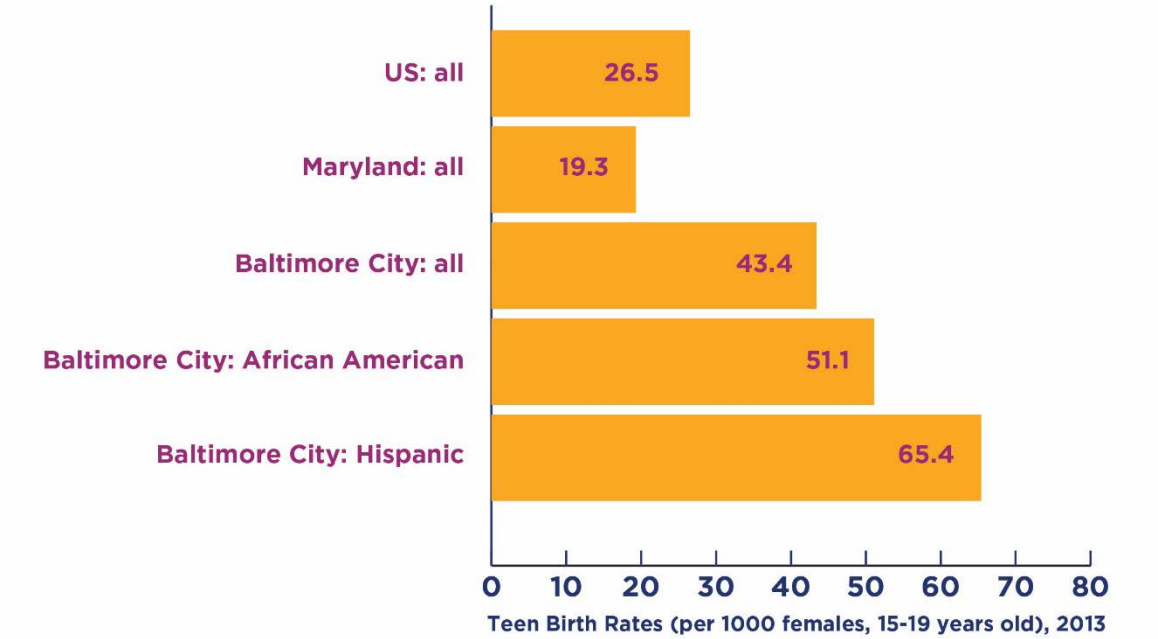
[3] *Source:* Kids Count Data Center, www.datacenter.kidscount.org.

[4] *Sources:* Teen birth rates for 2010 from Kids Count Data Center, www.datacenter.kidscount.org. HIV and STI rates for 2010 from BCHD Bureau of HIV/STD Services; current data and profiles can be found at https://health.baltimorecity.gov/hivstd-data-resources.

[5] http://www.healthybabiesbaltimore.com/about-bhb/task-forces

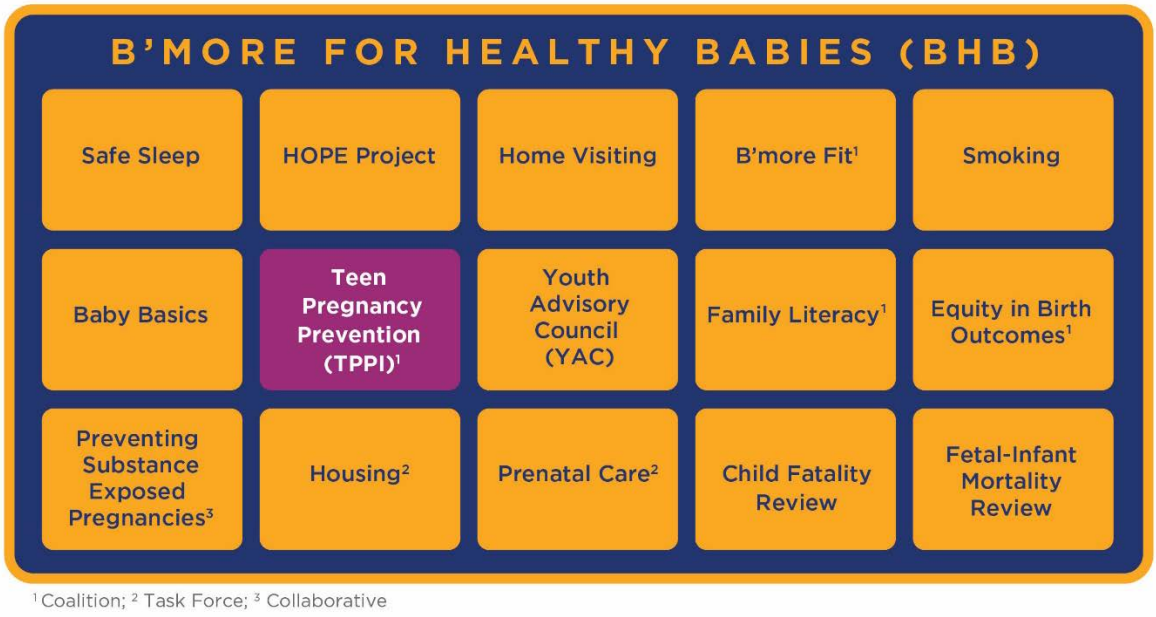
developed a strategic plan that included specific strategies to reduce teen births. In 2010 BCHD formed the TPPI Coalition, which developed and implemented a citywide collaborative teen pregnancy prevention strategy involving academic institutions, community agencies and providers of health, behavioral health, foster care, and other services, funders, BCPS, Healthy Teen Network, and a variety of other key players.

Figure II-2: Teen birth rates in locales of interest (2013)



Source: Kids Count Data Center, www.kidscount.org.

Figure II-3: TPPI within B'more for Healthy Babies (BHB)



At its inception in 2010, the TPPI Coalition obtained local funding to: (1) ensure broad access to long-acting reversible contraception (LARC) through the citywide network of Title X clinics, and (2) engage a Youth Advisory Council (YAC). BCHD and the TPPI Coalition continued to meet and built momentum for five years, placing themselves in a stronger position for the 2015 OPA funding opportunity which enabled them to expand the initiative.

These early efforts were associated with several successes. First, the city attained near universal access to birth control and established a robust network of youth-friendly federally qualified health centers and Title X clinics (which are under the purview of BCHD). Second, BCHD launched the YAC; YAC members named the initiative (*U Choose*) and the social marketing campaign (*Know What U Want*), and established themselves as equal partners within the initiative. During this time period, Baltimore's teen birth rate dropped by nearly one-third (from 64.4 in 2009 to 43.4 in 2013).[6] The larger umbrella of the BHB initiative provided a model for *U Choose* by being data-driven, having strong leadership and consistent communication among members, and uniting around a common goal.

Readiness of *U Choose* Grant Partners

The past working relationships and expertise of the partners contributed to the readiness of the community to expand reach and implement the full Tier 1B grant strategy. For example, BCPS had already developed a robust plan for high school health, and its chief executives in office between 2010 and 2015 were highly supportive and enthusiastic about *U Choose.* The BCPS lead for *U Choose* was also the Coordinator of Health Education for PK-12, and had prior experience with teen pregnancy prevention EBPs.

Having the Title X clinics under the purview of BCHD reduced bureaucratic obstacles and facilitated buy-in. PPMD brought leadership to the clinical side of the project, a strong grasp of how technical assistance and quality control processes should work in the clinic context, and how to manage staff and projects across multiple clinics.

Healthy Teen Network's (HTN) expertise in training and technical assistance, using Getting to Outcomes (GTO),[7] and assessing the youth-friendliness of clinics was invaluable for this effort. Though HTN is a national non-profit, having its headquarters in Baltimore helped its staff understand the project's context and better customize training.

The project partners were passionate about their own particular project component, home department, or initiative, but were very clear about how their contribution supported the broader initiatives of *U Choose* and BHB. This reflected the strong communication over the seven years during which the various groups had been meeting to develop and implement strategies, and to

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[6] *Source:* Kids Count Data Center, www.datacenter.kidscount.org.

[7] Getting to Outcomes is a 10-step systematic framework to facilitate planning, implementation, and evaluation of a program; see http://www.rand.org/content/dam/rand/pubs/technical_reports/2007/RAND_TR101.2.pdf.

revisit and refresh strategies based on data. The next section examines the *U Choose* project's structure and implementation strategies.

III. PROJECT STRUCTURE

BCHD coordinated the *U Choose* **Core Implementation Team** (CIT), which comprised four committees: the School Component, Clinical Component, Behavioral Health Component, and Parent Engagement Component. Each committee had its own leaders, as shown in Figure III-1. HTN provided training and technical assistance support across all, and the evaluation component and communications strategy also spanned all components. Implementation sites for EBPs as of April 2017 included 120 middle schools, 25 high schools, and 22 Title X clinics across six organizations. The CIT met as a group once a month to share updates and strategies.

The **School Component** was co-led by the *U Choose* Project Manager and the BCPS lead. The BCPS lead ensured district allocated professional development time, that the teachers' contractual obligations were in line with the project's expectations, that the training and technical assistance were provided as intended, and that the curricula were actually implemented at the school sites.

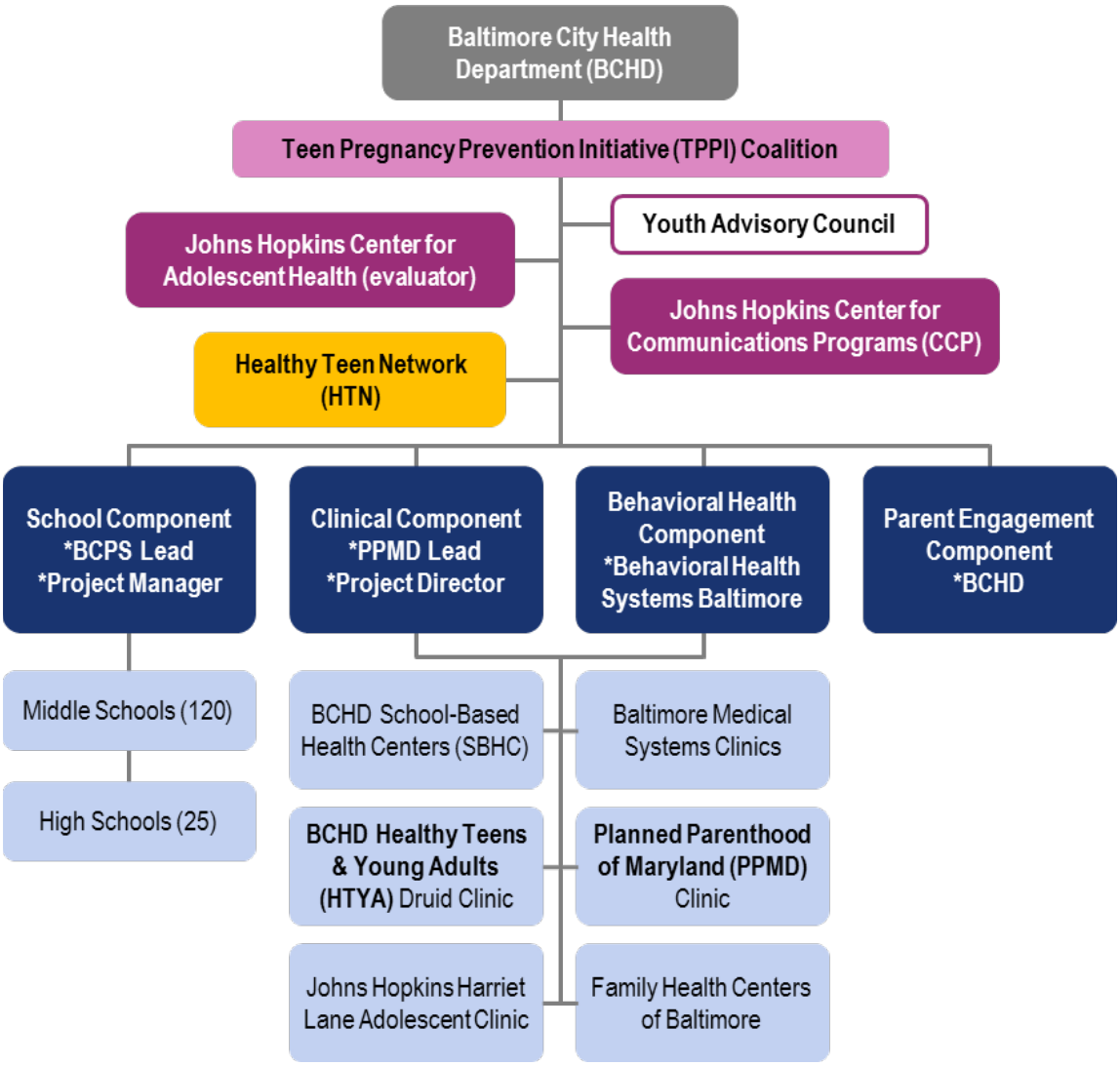
The **Clinical Component** was co-led by the *U Choose* Project Director, who was also the BCHD Program Director in charge of adolescent reproductive health and the Title X clinics, and the PPMD Lead. Similar to the School Component, the Clinical Component had two leaders—one to focus on grant-related responsibilities, and one to ensure staff adhered to protocols and that *Seventeen Days* implementation took place as intended in all of the clinic sites.

Behavioral Health Systems Baltimore (BHSB) led the **Behavioral Health Component**. BHSB had been working to integrate behavioral health services with all youth health and wellness initiatives and programs in the city. BHSB worked closely with PPMD to establish relationships between behavioral health and reproductive health providers and create a referral system.

BCHD led the **Parent Engagement Component,** which focused on convening parent groups around the city to implement workshops developed by the Family League of Baltimore. This component was in the process of being retooled during the second year in response to low workshop participation rates in the first year.

Communication spanned all activities and was led by a faculty member from the Johns Hopkins Center for Communication Programs (CCP). This role focused on using the numerous communication modes available to strategically disseminate project information. The **TPPI Coalition** served as the project's Community Advisory Group, and the Youth Advisory Council (YAC) continued in its role.

Figure III-1: *U Choose* organizational chart



IV. THE FOUR KEY ELEMENTS OF TPP SCALE-UP PROJECTS

Implementing Evidence-Based Programs (EBPs)

U Choose piloted and selected EBPs for school-based and clinic-based settings, provided support for implementation in all middle and high schools, and put strategies in place to promote sustainability.

Key Elements of TPP Scale-Up Projects:

1. **Evidence-based programs**
2. Community mobilization
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

School Component

With district-level support established in the years leading up to the grant, *U Choose* gained the cooperation of school building leaders by using the GTO process, including piloting the EBPs in BCPS schools and listening carefully to teachers' feedback. Involving principals in the planning, piloting, and ultimate selection of EBPs generated support among teachers, instructional leaders, and district administrators. The support of district leadership facilitated arranging for training teachers, scheduling programming, and getting implementation off the ground. Full implementation began in the second grant year.

It's Your Game: Keep It Real (IYG) in all 120 BCPS middle schools

The grantee opted to pilot *IYG* because its 24 sessions can be delivered over two consecutive years. *U Choose* piloted two EBPs: *Get Real* and *IYG* and found that the level of knowledge of comprehensive sexual health necessary to teach *Get Real* was too high, and students responded positively to IYG during the pilot. Health class is not required in middle school, so selecting which teachers to deliver the programming was left up to the schools. IYG was implemented in grades 7 and 8. [8]

Making Proud Choices: Out-of-Home Care Edition (MPC+) in all 25 BCPS high schools

The grantee selected *MPC+* for its more robust trauma-informed content. Students are required to take Health class at some point between grades 9 and 12, and the Health and Physical Education teachers usually delivered the program. The classes can be mixed grade.

Reviewing EBPs for Fit and Inclusiveness

Before beginning implementation, the YAC reviewed all three selected curricula (*IYG, MPC+,* and *Seventeen Days*) for age appropriateness and relevance to Baltimore culture. The *U Choose* team hired LGBTQ advocates to review the curricula for LGBTQ inclusiveness; social workers assessed them for being trauma-informed; and the lead health educator, working with Spanish-speaking, immigrant, and refugee youth, assessed their cultural and linguistic appropriateness.

[8] For information on all of the EBPs: https://opa.hhs.gov/sites/default/files/2020-07/summary-ebps.pdf

Teachers received two kinds of support for implementation: training and technical assistance from the *U Choose* project staff, and logistical support from the school district lead.

Training, mentoring, and learning communities for teachers. *U Choose* provided two days of initial training for teachers. In addition, four health educators from BCHD served as mentors to cohorts of 18 to 50 teachers throughout implementation. The health educators supported teachers by co-facilitating, modeling, troubleshooting, providing clarification, or translating. In addition, groups of teachers met to study a discrete topic in depth as Professional Learning Communities (PLCs).

Scheduling and contractual issues posed barriers for teachers to meet in real time, so HTN prepared online modules that teachers would be able to access on their own. The two Spanish-bilingual health educators developed supplemental materials in Spanish for both *IYG* and *MPC+*; these materials provided information in Spanish (such as key vocabulary) to help ensure that Spanish-speaking students with limited English proficiency were able to access the EBP content.

Integration with teaching template. Logistical support from the school district helped ensure the EBP sessions could fit into the slightly shorter class periods while maintaining fidelity. The school district lead placed each curriculum into the BCPS-required teaching template so that the lesson plan was familiar to the teachers, all content was included, and the number of sessions was increased to offset the shortened class periods.

Key Challenges

- **Union contract constraints on professional development and fidelity monitoring.**
- **Teachers' knowledge and attitudes requiring additional TA and support.**
- **Teacher turnover.**

By training teachers to implement the EBPs, the project made substantial early progress in achieving sustainability. The project also trained some guidance counselors to prepare them to assist in the event that youth participating in the curricula had questions or needed support. The initial training in EBPs was intended to support teachers in providing services to subpopulations such as immigrants and other non-native English speakers, those with traumatic experiences, young men, and LGBTQ youth. Building the capacity of school staff established a resource for customizing services to meet the needs of the diverse youth that each school served.

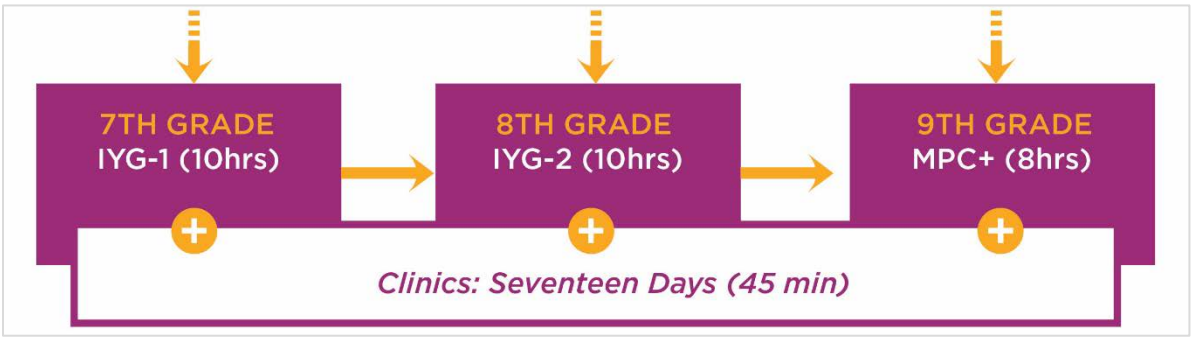
Continuous Quality Improvement (CQI)

At the end of each school year, *U Choose* brought together principals and teachers in a CQI Summit. Each year, they highlighted principals and teachers who had gone above and beyond and those who had helped *U Choose* put the curricula into the schools' template (enabling other teachers to essentially "plug and play"). The Project Manager noted that the CQI Summit was also an opportunity to both share successful strategies and materials and solicit feedback from school partners that would help make the program sustainable.

Clinical Component

The grantee's strategy was to reach youth repeatedly by providing information through multiple modes and at different time points. Youth who were in school—the majority—had the opportunity to participate in an EBP up to three times, one year each in 7th, 8th, and 9th grade.[9] By offering an EBP in clinics, *U Choose* expanded both the pool of prospective participants to include female youth not in school, and the opportunities to increase youth's exposure to information about sexual health beyond what they might receive in the classroom (see Figure IV-1).

Figure IV-1: EBP implementation: multiple opportunities to reach youth



U Choose selected *Seventeen Days*, a stand-alone program that could be delivered to individual participants in clinics in a single sitting. *Seventeen Days* is single session with an interactive, self-directed DVD lasting between 20 and 45 minutes, depending on how the viewer navigates through it. Recruitment and intake were facilitated by clinicians, following a protocol, and a PPMD clinician and PPMD health educator provided ongoing technical assistance to other clinicians. Recruitment and participation of youth were carried out in the family planning side of the 22 clinics and health centers that offered family planning.[10]

U Choose provided ongoing support for clinic staff to implement *Seventeen Days*

PPMD led the clinic-based component, with support from HTN and in coordination with all of the clinic partners. PPMD provided training and technical assistance for clinic staff on the protocol for *Seventeen Days* that included intake, program delivery, fidelity monitoring and reporting, providing a suitable setting, and maintaining confidentiality. To help clinic staff maintain interest and adhere to the protocol, the project used Learning Circles (LCs) to bring staff together to discuss the process and any issues that may have arisen in implementation of *Seventeen Days*. A small group of clinical staff/health educators met for about 90 minutes once a month to troubleshoot and share strategies with each other.

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[9] In high school, MPC+ was delivered during health class, which was required of students once in their four years (9th-12th grade). High school health classes were mixed-age, including students from all four years.

[10] The participating clinics and health centers comprised all of the school-based health centers (SBHCs) under BCHD, the Planned Parenthood of Maryland Clinic, all of the clinics under Baltimore Medical Systems, the Harriet Lane Clinic, BCHD's Healthy Teens and Young Adults Clinic, and the Family Health Centers of Baltimore.

Timing, privacy, and fit were challenges for *Seventeen Days*

Fitting *Seventeen Days* into clinic flow was challenging because patients might not have time to complete the intervention while waiting to be called for their appointment. This was partially mitigated by the option to bring the DVD player into the consultation room and continue viewing, or resume viewing in the waiting room afterward. Maintaining privacy and confidentiality was a particular challenge in the school-based health centers. HTN was developing an e-learning module for school-based staff specifically focused on maintaining confidentiality and protecting privacy. The grantee's main concern in fit for the population was that they would have liked to be able to include a clinic-based intervention designed for young men. The PPMD Lead reported that the two obstacles to sustaining *Seventeen Days* were funding the incentives for participants and compensation for the staff who recruited participants – both of which the project found necessary to meet reach goals.

Lessons Learned: Recruitment & EBP Delivery in Clinics

- **Incentivizing staff for recruitment and intake at the clinics helps meet reach goals; $10 gift cards were effective incentives for teens.**
- **Certain clinic flow patterns—such as less than 45 minute wait times—can disrupt program delivery of *Seventeen Days*.**
- **Negotiation with and buy-in from administration are necessary for school-based clinics; hiring recruitment staff who are adept at navigating complex and fast-paced school contexts helps with participant recruitment and administrator support.**
- **Providing technical assistance for clinic staff ensures fidelity of implementation and emphasizes the importance of the intervention while supporting staff development.**

Mobilizing the Community

Below, we describe strategies for mobilizing the community including mounting an engaged, focused TPPI Coalition effort. The *U Choose* project had four strategies for mobilizing the community:

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. **Community mobilization**
3. Linkages and referrals to youth-friendly health care and other services
4. Safe and supportive environments

- Engage youth in the YAC to develop leadership skills, educate their peers, lead project activities, and provide project input.
- Develop a youth-led media campaign to raise awareness about *U Choose* among peers and adults in the community, including brand identity to maintain momentum.
- Organize the influence and expertise of the TPPI Coalition to engage various sectors of the community in working to support teen pregnancy prevention.
- Use data to drive decision making about where to intervene and how. Share data and the decision process within the TPPI Coalition to maximize community reach.

Involve Youth in a Meaningful Way: the YAC

Involving youth in meaningful activities to support the project—activities that also provided opportunities for positive youth development—was a cornerstone of the community-wide approach. *U Choose*'s YAC exemplified this by building the skills and knowledge of youth, providing meaningful roles for them in the project, and ensuring that youth had the structure and support they needed to be successful.

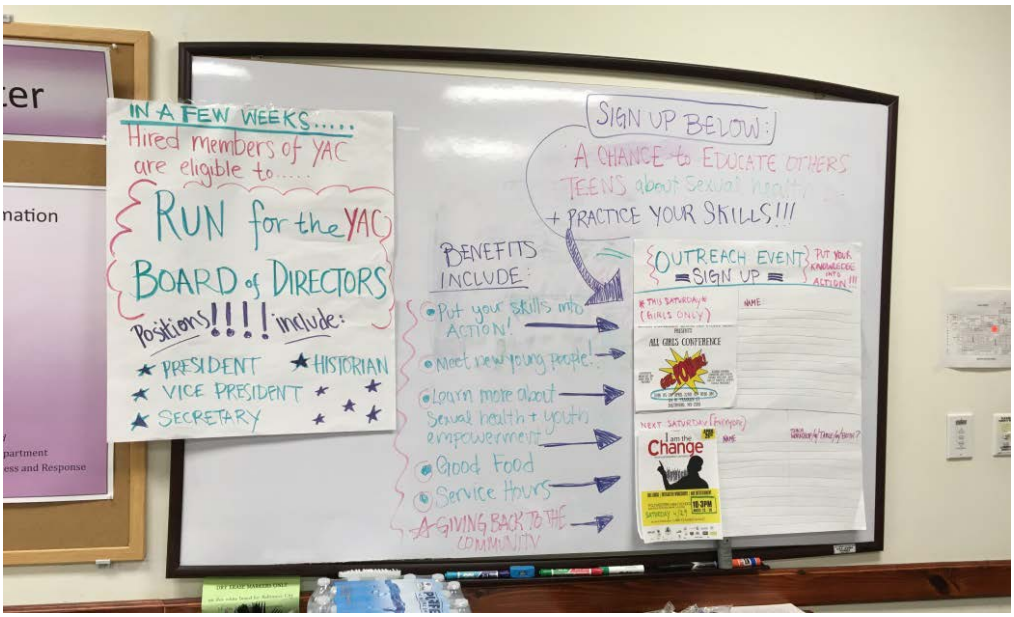
The YAC was composed of primarily African American youth aged 14 to 20, both those in school and out of school, and met monthly. BCHD created a YAC Coordinator position and hired a YAC alumna who helped facilitate YAC meetings and participated in the TPPI Coalition and Core Implementation Team meetings. She balanced providing ideas for YAC members and modeling outreach activities with encouraging ownership of the group.

Peer advocates and creators of media. The YAC members participated in adolescent health education modules created by BCHD staff to help them learn about adolescent health, and became peer advocates providing information to their peers about sexual health. They also learned how to be savvy consumers and producers of media, creating content to encourage young people to make healthy decisions. For example, YAC members developed marketing materials to promote the *U Choose* brand, helped improve instructions provided in home STI testing kits, and engaged in a marketing campaign in which members used sidewalk chalk to call attention to their website.

Project advisors. The project built youth leadership skills by including the YAC in program planning and by eliciting their feedback on the relevance of curricula, program activities and materials, and the referral resource list. *U Choose* leaders valued the YAC input and contributions by acting on its recommendations, which helped the youth feel their contributions were visible and meaningful. The YAC Coordinator explained: "[The YAC members knew] that someone's hearing us out. And [the adult leaders] are really trying to improve. [The adults] see what's been going on, I guess. And they're just trying to improve the fact that some things aren't really brought up to someone younger, and how to say it." Other activities designed to build skills and opportunity that engaged YAC members included help with resume writing, personal finances, college applications, and website design and video production.

Community engagement. The YAC provided opportunities for positive youth development and also provided a valuable service to the agency, the initiative, and the broader community. In one YAC meeting, a group of relatively new members discussed upcoming outreach events in which they planned to participate (Figure IV-2). For many of them, this would be their first opportunity to participate in activities outside of their own neighborhoods.

Figure IV-2: YAC meeting agenda and posters



Structuring the YAC as a Job or Internship

BCHD is transforming YAC membership into a part-time paid position. Under this model, youth will be expected to actively contribute (e.g., facilitate activities and staff booths at a health fair). They also will be expected to attend regularly and participate in the YAC meetings. By treating the YAC as an internship, youth will get practice having a job where they are expected to show up and contribute, and demonstrate that they are reliable and capable.

A Media Campaign to Increase Pregnancy Prevention Awareness and Knowledge

Through a public information campaign, *U Choose* aimed to (1) link youth with information online about a variety of services and (2) get the word out about the *U Choose* initiative to keep parents and community members apprised of the issue of teen pregnancy and the resources available. The campaign had three phases of development: design messaging about sexual health and sexual health resources; design a website; and infuse the website with intensive youth input and mentoring from Johns Hopkins Center for Communication Programs faculty.[11] The products and tools of this campaign included a *U Choose* initiative web page, a Facebook page, a Twitter feed, and conventional media tools such as posters, brochures, and public service announcements.

The YAC contributed to these outreach efforts by participating in community events and at conferences or health fairs, where they provided outreach, shared information, and practiced

[11] See https://www.uchoosebaltimore.org/, *U Choose* on Facebook, and @UChooseBaltimore on Twitter.

leadership skills. YAC members also worked together to create video public service announcements to post on Facebook or YouTube.

Branding and community awareness of *U Choose*

Because youth created the name *U Choose*, it was especially important to continue to use and publicize it as long as it still resonated with its intended target population of youth aged 12-19. Additionally, because the TPPI Coalition involved so many individuals and organizations working in separate areas for a common goal, the project emphasized the *U Choose* brand hand in hand with the media campaign to ensure sustainability. The branding ensured that the initiative would not be tied to individual city leaders, and would serve the city for years to come.

Organize Community Resources Through the TPPI Coalition

BCHD led monthly TPPI Coalition meetings, which included partner updates, sharing data on outcomes (such as STI/HIV rates, teen pregnancy and teen birth rates, substance-involved pregnancy and birth, and fetal and child health data), partner comments and input, and an informative presentation related to adolescent pregnancy.

> "I think there has always been a relationship [between BCHD and BCPS], but this [initiative] has really spurred a deeper level of conversation and commitment and sharing. ... I think that was one of the things that has come along through this project. ... It isn't just the work, but also the strengthening of the relationship between the two agencies."
>
> —TPPI Coalition Member

There was extensive collaboration across and within the TPPI Coalition partners, and they were focused on leveraging existing resources rather than on seeking additional funding. The Coalition Chair noted, "In fact, you don't always need more resources. You need more people to be brought into what we're currently doing. And you need really good management of what you have existing, as opposed to worrying about whether there's more, more, more." BCHD and the Coalition used OPA TPP grant funding to build capacity and scale up with the goal of sustainability. In addition, BCHD attempted to reach out to all possible youth-serving partners in Baltimore City and identify areas where missions either were aligned or overlapped.

Use Data to Drive the Scale-up Process

Data-driven decision making had been a core value of the project since its inception. In all meetings of the TPPI Coalition and Core Implementation Team, members of the *U Choose* team were involved in a theory-based data-driven scale-up effort. This process was dynamic; at the start, the group analyzed and interpreted data (such as teen pregnancy, teen birth, fetal death, infant and child mortality), identified problems, and targeted partners to bring into the

> "Every coalition is expected to have a continuing and always updated literature review. Everybody should be following the science, know who the top researchers are. Then, the expectation is that it's revised every two or three years or every five years, depending on the coalition and what their resources are. Then everybody's supposed to be tracking their quantitative data."
>
> —Coalition Chair

coalition. As time went on, the data might reveal new issues or needs, and new partners might be folded in. Similarly, periodic performance and outcome data shared by partners at committee meetings became part of the data the coalition analyzed and interpreted (Figure IV-3).

This process was simplified because BCHD tracks all of the vital statistics data for the city. Further, project leadership was able to analyze and interpret these data in a way that sustained the energy and momentum over the years, refreshing the strategy periodically based on a new assessment of the city's needs. For example, for monthly coalition-wide meetings, project leaders could identify a topic of interest and conduct an analysis of vital statistics data upon which a discussion could be based. In one such meeting, members considered substance-exposed pregnancies, examining health outcomes for parents and children and a range of strategies for supporting healthier choices.

Enhancing Linkages and Referrals to Youth-Friendly Health Care & Other Services

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. **Linkages and referrals to youth-friendly health care and other services**
4. Safe and supportive environments

Because BCHD oversees a large number of community health care centers, school-based health centers, and Title X clinics, it was able to seamlessly identify youth-friendly health care settings for the project. BCHD and PPMD are the two Title X delegate agencies in Baltimore City, so together, they have a great deal of influence over settings where youth can access reproductive health care services.

The first objective was to assess health centers on youth-friendliness and provide technical assistance to those in need of improvement. The next objective was to make youth aware of the services and providers available to them. The third step, ensuring that youth are connected to services and tracking referrals to understand how well the system is working, had not yet been addressed at the end of the second year.

Support Providers to Enhance Youth-Friendliness

Participating clinics completed HTN's youth-friendliness self-assessment tool.[12] However, clinic staff needed help translating the results into tangible improvements. In the second year, the project began receiving technical assistance from the University of Michigan who was funded by OPA to build capacity with TPP grantees. The consultants from Michigan helped *U Choose* to develop a new clinic assessment tool that better targeted the characteristics—especially attitudes—of clinic staff, to create champions within the clinics. Working with guidance from Michigan, *U Choose* designed TA on using the results to improve clinic practice; going forward,

[12] See http://www.healthyteennetwork.org/resources/youth-friendly-services-assessment.

the TA was to include education on the minor consent law and on creating inclusive environments.

Raise Awareness of Available Resources

The *U Choose* website was the main resource and strategy for sharing information with youth about the variety of services available. The YAC worked with Johns Hopkins Center for Communications Programs to design a website that both was appealing to youth and had information useful to them, piloting it themselves and with other youth to find where it could be improved.

Initially, the project provided a resource card that listed clinics around the city. That was converted into a map, but project staff discovered that the map's utility was limited by youth's map reading skills. The project developed a digital interactive map linked to the *U Choose* website that has clinic locations described by landmarks, which it found to be much more effective.[13] Each center or clinic was labeled with a phone number and hours of operation and a *Get Directions* link for conventional Google Maps directions.

> "I think the role of the young people, the Youth Advisory Council, is...making sure that if a provider makes a referral there, [the website] is not something stale that they're going to click on and then click right off, that it really is youth friendly and engaging and provides things that were developed directly in partnership with kids."
>
> —TPPI Coalition Member

Support Providers and Teachers in Making Referrals

The Behavioral Health Component within *U Choose* focused on establishing bi-directional referrals between reproductive health and mental health providers. Bi-directional referrals meant having reproductive health providers give referrals for behavioral health services and vice versa, in an attempt to increase uptake of both kinds of services and recognize their interrelatedness. Behavioral Health Systems of Baltimore worked closely with PPMD to help connect Title X and behavioral health providers to understand the issues, patient/client needs, and services available.

To maximize the synergy, *U Choose* trained teachers to refer youth to health care providers and other services. After completing *MPC+* with their students in grades 9-12, teachers presented an additional lesson consisting of a 45-minute animated video called *Keep It Simple* (produced by Cicatelli Associates Inc.) that highlighted key points about birth control and STIs. The lesson concluded with information on area clinics. The lesson provided an opportunity for teachers to introduce the *U Choose* website and its *clinics and resources* information.

> "[LGBTQ youth] also disproportionally have trouble accessing clinical services and getting access that reflects them. I think some teachers are concerned about addressing that in their classroom ... and it is a point of education for us to...address it in this phase of the training."
>
> —*U Choose* Project Director

[13] See https://www.uchoosebaltimore.org/clinics-and-resources, Finding a Clinic (accessed 9/14/2017).

U Choose project leaders were aware of some of the existing barriers to teachers making referrals to reproductive health resources, stemming from teachers' attitudes about adolescent sexual health. The project noted that these barriers were more pronounced concerning referrals for LGBTQ youth. Similar barriers existed for referring youth to behavioral health services; the Behavioral Health Component team was working to reduce stigma and raise awareness of services available for any youth who need them.

Ensuring Safe and Supportive Environments for Youth

U Choose implemented four strategies to ensure safe and supportive environments for youth: (1) previewing and improving settings by providing professional development and onsite support to address bias and inclusivity, (2) selecting a trauma-informed EBP for high school, (3) updating and adapting curriculum materials, and (4) providing home language instruction and spot translation.

Key Elements of TPP Scale-Up Projects:

1. Evidence-based programs
2. Community mobilization
3. Linkages and referrals to youth-friendly health care and other services
4. **Safe and supportive environments**

Assess Settings and Provide Professional Development

Prior to implementation, BCHD health educators visited each school and Title X site to assess the extent to which the settings provided a safe and supportive environment for youth. Similarly, the initial visits that HTN and PPMD conducted to clinics and health centers to assess youth-friendliness included a scan of inclusivity—Would LGBTQ youth feel welcome? Would youth of various racial and ethnic backgrounds feel comfortable? Some conversations began on the spot, but HTN and PPMD also targeted areas of need for subsequent training and technical assistance sessions.

Professional development for setting staff

Project staff trained teachers and clinic staff as needed on how to adopt inclusive approaches. HTN developed a menu of professional development options for teachers and clinicians, respectively, to take up in their PLCs and LCs, so that groups could select the area in which they would like additional support. HTN created a PLC module for school staff on inclusivity and offered it early in the implementation; health educators also worked with teachers to model inclusive practices on an as-needed basis. For clinical staff, HTN created a module on bias for their LCs, in an attempt to change attitudes and make clinics more welcoming to a broader spectrum of youth.

Select a Trauma-Informed EBP

The *MPC+* curriculum for the high school was selected in large part because it had a trauma-informed approach built in. Teachers were well placed to support students who might be triggered by topics or issues discussed in the curricula. The school system had trained all teachers in trauma-informed approaches the year before the *U Choose* pilot year implementation

began, and an additional training on trauma-informed approaches was included in the *MPC+* curriculum training. *U Choose* staff noted that "the city itself is working through our large trauma-informed process. Teachers know their students well and have that rapport."

Use Inclusive and Relevant Curriculum Materials

Though the project was able to find a curriculum for the high school that incorporated a trauma-informed approach, several project staff mentioned the heteronormativity of all of the curricula selected for the project. They called on LGBTQ consultants to assess the curricula and find ways to make them more inclusive. In addition, the YAC reviewed the curricula and provided their own suggestions about how to make the materials more relevant and appealing for youth their age.

> "A large challenge with the curricula is that they don't address LGBTQ students. We've tried to address in training the way we need to see all young people in the curricula, using inclusive language. … We're trying to bring more partners around the table who are working closely with LGBTQ youth to put pressure on us to better serve young people. … We want to ensure they are getting this information, too; learning about healthy relationships and boundary setting."
>
> —*U Choose* Project Director

Provide EBPs in the Home Language (Spanish)

Baltimore has a growing population of immigrant and refugee families whose home languages are other than English, but the largest group is Spanish speakers. To ensure that these dual language learners were not left out of programming, *U Choose* had two health educators who were focused primarily in the three BCPS schools where such youth were concentrated. The educators provided simultaneous translation, on-the-spot translation, and curriculum vocabulary preparation units; if necessary, they delivered the entire curriculum in Spanish, with the classroom teacher co-facilitating.

The project sought a curriculum available in both English and Spanish, but had not been able to find an approved curriculum that met its needs. The solution at which they arrived was resource intensive and contingent on highly qualified bilingual health educators. There was no real solution for speakers of languages other than English and Spanish.

V. CONCLUSION

Baltimore City Health Department's *U Choose* initiative brought together more than 20 partners across Baltimore to implement a citywide program aimed at preventing adolescent pregnancy. *U Choose* exemplifies a community-wide initiative in which the cooperation of major institutions and organizations produced a synergy that allowed it to accomplish more than any single organization could alone. The *U Choose* team had already been working together for five years when they began the OPA grant project, and had established effective processes to track the outcomes of their work, and communicate about strategies, activities, and progress. In addition, BCHD staff were ready to undertake this work and to continue to mobilize partners and participants around a shared goal.

Some of the key aspects that made its first two years a success include effective leadership, a unified coalition, support from the local school district, buy-in from the city's reproductive health clinics, a strong vision for the role of youth in the project, and high-quality technical assistance. Project leadership maintained and communicated a clear vision for how to deploy stakeholders in the initiative. In addition, the TPPI Coalition had already been established and overlapped with the active *B'more for Healthy Babies* initiative, which strengthened the effort as the members found efficiencies in working toward the same goal. Obtaining the support of the Baltimore City Public Schools was critical to the success of the school-based EBP implementation, from logistics to professional development.

Customized training and technical assistance from HTN, a national training and technical assistance provider headquartered in Baltimore, provided the support and consistency for high quality implementation in both schools and clinic settings. Capacity building within clinics also helped transform BCHD's relationship with clinics to a partnership. Engaging YAC members in meaningful activities enhanced the quality and relevance of outreach and resource materials while also providing opportunities for young members of the community to take on some adult roles and responsibilities.

APPENDIX A. OPA TIER 1B LOGIC MODEL

Figure A-1: OPA Tier 1B logic model