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OFFICE OF POPULATION AFFAIRS

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

Project Ntarupt

North Texas Alliance to Reduce Unintended Pregnancies in Teens

Dallas, TX

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

Case Study No. 3

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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 use a multi-component approach that included 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 and improve adolescent health.

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

Ensure programs are implemented in safe and supportive environments.

Project Ntarupt (North Texas Alliance to Reduce Unintended Pregnancies in Teens)

The North Texas Alliance to Reduce Unintended Pregnancies in Teens (the Alliance) implements *Project Ntarupt* in community settings in five Dallas, Texas ZIP codes.[2] *Project Ntarupt's* goals are to provide evidence-based TPP programs to youth and parents, build public engagement in teen pregnancy prevention, and increase access to youth-friendly services. Key partners are El Concilio, Parkland Health and Hospital System, Planned Parenthood of Greater Texas (PPGT), and the University of Texas Southwestern (UTSW). With strategies aimed at individual, organizational, community, and systems levels, *Project Ntarupt* is laying the foundation to address community norms in a challenging environment. **This case describes a strategy for reaching youth and parents across the highest need ZIP codes solely in community-based settings in a major city.** The Alliance began the project in summer 2015; the case study is based on phone interviews and a site visit conducted in the second grant year.

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

[2]   The grantee is The Dallas Foundation, fiscal sponsor of the Alliance.

Lessons in Scaling Up Evidence-Based Teen Pregnancy Prevention

Project Ntarupt **strategically identified settings and partnership opportunities.**
Implementation of *Project Ntarupt* in out-of-home care, transitional living, and juvenile
detention settings was very successful, due in part to the support of a key partner (PPGT) whose
years of experience with these settings provided a base of trust and cooperation. The project was
also strategic in selecting the UTSW and El Concilio, a local Hispanic-focused community
agency, as partners, tapping their experience in grassroots public health outreach and their
trusting relationships in the Hispanic community.

Recruiting and retaining youth in out-of-school settings was a challenge. Identifying
opportunities in which small groups of youth would be available for multiple sessions of an EBP
was the main challenge for out of school implementation. To address this, *Project Ntarupt* found
several opportunities among its community partners to offer *Be Proud! Be Responsible!* and
created others by convening youth conferences and summer day camp events.

Grassroots strategies facilitated parent participation. *Project Ntarupt*'s health educators were
especially enterprising and persistent in finding community locations where parents congregated
naturally. The flexibility of the *Families Talking Together* curriculum enabled them to deliver
the program to groups of parents without requiring parents to come to an event. Health
educators' creativity, resourcefulness, and perseverance were the key qualities that made this
effort successful.

Sustained outreach focused on addressing community norms. Building a base of support for
implementing programs and policies focused on reducing teen pregnancy was central to *Project
Ntarupt's* strategy. The project calibrated its strategies to address different community questions
and concerns across the five ZIP codes. Project leadership regularly placed messages in local
media and cultivated champions among local decision-makers and parents to build public
support.

A dedicated teen referral line held promise for increasing access to health services. An
important early accomplishment was the establishment of a dedicated phone line to field requests
for referrals from youth. There are many clinics in Dallas that could potentially be youth
friendly, but formally assessing youth-friendliness, providing technical assistance to enhance
suitability, and increasing use of the phone referral system were activities planned for after the
second grant year.

Mid-course adjustments to the YLC focused on positive youth development. When the pilot
Youth Leadership Council (YLC) struggled to retain an active core group of youth, the project
re-designed the approach. After agreeing on the youth development principles and objectives of
the new YLC, the project planned to move ahead with a core group of youth who will work with
project staff to recruit a full complement of YLC members. The plan incorporated two
complementary roles for youth (peer educators and project decision makers), and a path toward
building their capacity to effect change in their communities.

I.   INTRODUCTION TO THE CASE STUDY

The North Texas Alliance to Reduce Unintended Pregnancy in Teens (the Alliance) was one of the only Tier 1B TPP grantees that proposed implementing exclusively in non-school settings. This case study highlights its implementation of *Project Ntarupt* in five high-need ZIP codes in Dallas, TX.

The case study is based on analysis of interviews, on-site observations, and review of program materials. Data collection included: telephone and in-person interviews with four *Project Ntarupt* staff and nine partner organization staff, observation of two partner meetings, and review of the grant application, annual progress report, community needs assessment, and dissemination materials.

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.

Project Ntarupt At A Glance	
Grantee	North Texas Alliance to Reduce Unintended Pregnancy in Teens (fiscal sponsor The Dallas Foundation)
Community	5 ZIP codes in West and South Dallas, TX
Local Teen Birth Rate (2013)*	84.2–112.9 per 1,000 among 15- to 19-year-old females
US Rate (2013)	26.6 per 1,000 among 15- to 19-year-old females
Annual Reach	1,500
Annual Funding	$987,500
Urbanicity	Large central metro
US Census Region	West South Central
Vulnerable Populations	Foster youth, juvenile justice, out-of-home care, runaway/homeless, & LGBTQ youth
Number of Implementation Partners	3
EBPs	- Families Talking Together - Making Proud Choices: Out-of-Home Care Edition - Be Proud! Be Responsible!
Settings	Out-of-school time; juvenile detention; out-of-home care; community-based

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

While implementation varied, all grantees were required to use a multi-component approach that included four key elements:[3]

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 the Alliance's efforts to launch *Project Ntarupt,* delivering EBPs in community-based settings and adopting innovative strategies to engage parents and community organizations in a shared mission. At the outset, *Project Ntarupt* proposed to focus outside the public school system because implementation of EBPs during the school day was not yet possible. This created a logistical and strategic challenge: How could the project reach youth and their parents, and saturate the ZIP codes if they could not be reached through schools?

The Alliance, with its four *Project Ntarupt* implementation partners, designed five general strategies:

- **Develop a process to unite partners:** use a collective impact approach that engages multi-sector partners, including youth, around a shared agenda to effectively address teen pregnancy.

- **Implement evidence-based programs with both youth and parents:**
  - Provide *Making Proud Choices: Out-of-Home-Care Edition (MPC+)* and *Be Proud! Be Responsible! (BPBR)* to youth outside of school in organized settings, such as tutoring programs, juvenile justice, and substance abuse treatment centers.

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

- – Reach parents in the five ZIP codes with *Families Talking Together (FTT),* to guide them in improving communication with their children and to engage them in the project.

- **Build awareness and public support:**

  - – Increase awareness of adolescent health issues and the need for EBPs among parents and community champions, encourage parents' support to engage their children in out-of-school EBPs in the targeted ZIP codes, and build public support for offering EBPs in schools.
  - – Engage youth-serving community-based organizations to serve as settings for EBPs.

- **Enhance youth-friendly health care services:** identify and assess providers across the city, and build capacity to improve access for adolescents.

- **Establish safe and supportive environments:** build trusting relationships with youth, schedule sessions to allow flexibility for unanticipated youth needs, and build capacity of EBP setting staff to respond appropriately to youth questions and concerns.

The case study begins with a brief description of the community and organizational context in which *Project Ntarupt* operates and then describes the project structure. The remainder of the report focuses on how the grantee laid the groundwork for and began to implement each of the key elements of the OPA Tier 1B strategy.

II. COMMUNITY AND ORGANIZATIONAL CONTEXT

Project Ntarupt focused its efforts on youth and parents who live in the five Dallas ZIP codes identified as most in need of prevention and health care services, and youth living in juvenile justice and other residential out-of-home settings. There were three contextual factors important to understanding the community's readiness for bringing EBPs to scale: community characteristics and needs, the existence of a backbone organization, and the specific capacities of project partners.

Community Characteristics

The communities are west and south of downtown Dallas. Several of the ZIP codes are bordered by freeways and the Trinity River, and one is home to the largest public housing project in the city. These ZIP codes

Figure II-1: *Project Ntarupt* service area map
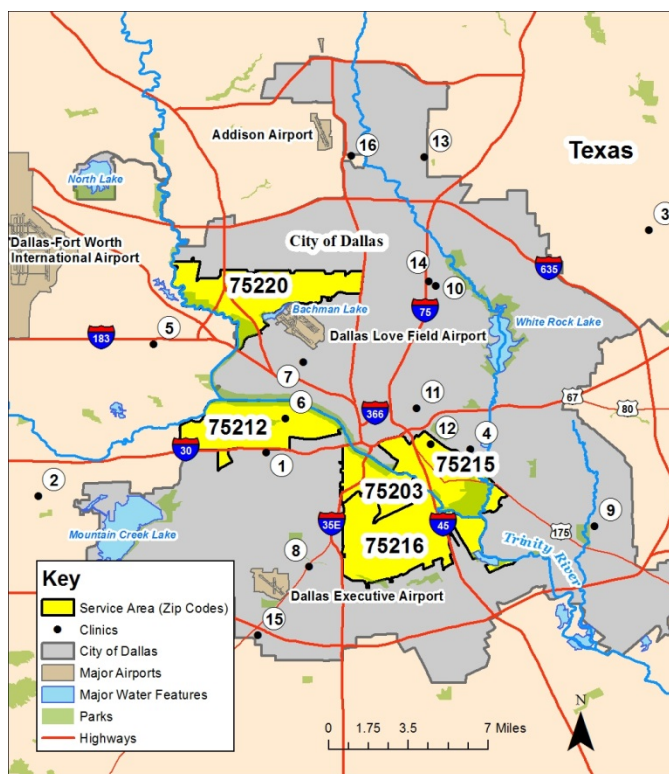
have high rates of poverty compared to the statewide average.[4] Hispanics and non-Hispanic Blacks constitute 67 percent of the population of Dallas, and experience the greatest health disparities—particularly in rates of sexually transmitted infections.[5] The Hispanic population is concentrated in two of the five ZIP codes, whereas the remaining three contiguous ZIP codes in the southern part of the city are predominantly Black.

Though teen birth rates declined in the five ZIP codes from 2012 to 2015 consistent with national trends, the rates ranged from more than double to more than five times the national rate (Figure II-2). Moreover, condom and birth control use among Dallas high school students were well below national rates.[6]

Figure II-2: Teen birth rate trends: US, Texas, Dallas, and project service area ZIP codes, 2012–2015 (births per 1,000 females aged 15 to 19)
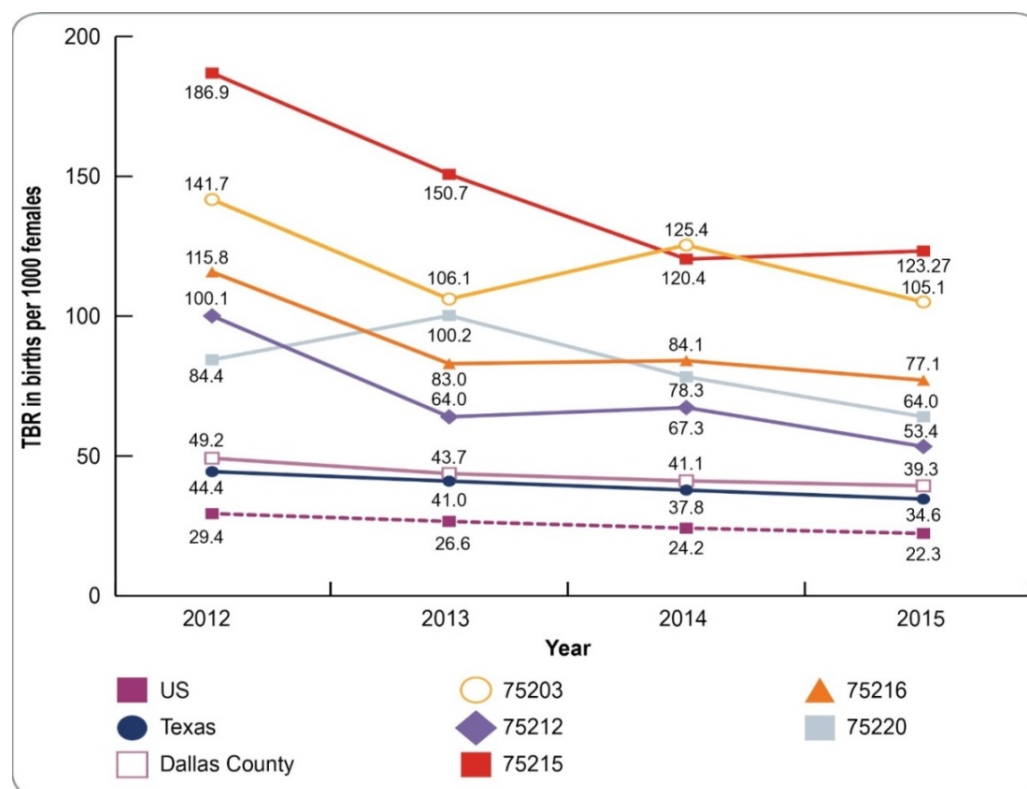
Sources: Parkland Health and Hospital System; Texas Department of State Health Services.[7]

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[4] http://www.city-data.com/city/Texas.html.

[5] STI statistics compiled by Dallas County Health and Human Services Department: http://www.dallascounty.org/department/hhs/documents/DCHHS_STI_Profile_Dallas_2013.pdf, retrieved November 2017.

[6] Youth Risk Behavior Surveillance, United States, 2013; Surveillance Summaries, Vol. 63 / No. 4, pp. 116, 119, as cited in The Dallas Foundation's 2015 grant application.

[7] The Alliance obtained teen birth rate data from Parkland Health and Hospital System, which has an open data request with the Texas Department of State Health Services.

The Backbone Organization

The Alliance was the backbone organization of *Project Ntarupt*, and its network of community partners served as the Community Advisory Group (CAG) for the Tier 1B project. The Alliance is one of ten regional coalitions across the state focused on building community capacity to reduce teen pregnancies and births. Since its inception in 2014, the Alliance has become a leader for education and social change related to adolescent sexual health in the Dallas area.

> **Project leadership found that the multi-sector CAG membership required them to connect teen birth rates to other issues such as school readiness and poverty, and make sure that the relationship was mutually beneficial.**

The Alliance supports a coalition of over 40 diverse community allies that promote a coordinated set of prevention messages and services, with a long-term focus on changing community norms about teen pregnancy (see Figure II-3). *Project Ntarupt* was one part of the work that the Alliance implements; a collection of funders supports the work that is not funded by the Tier 1B grant.

Figure II-3: Alliance partners
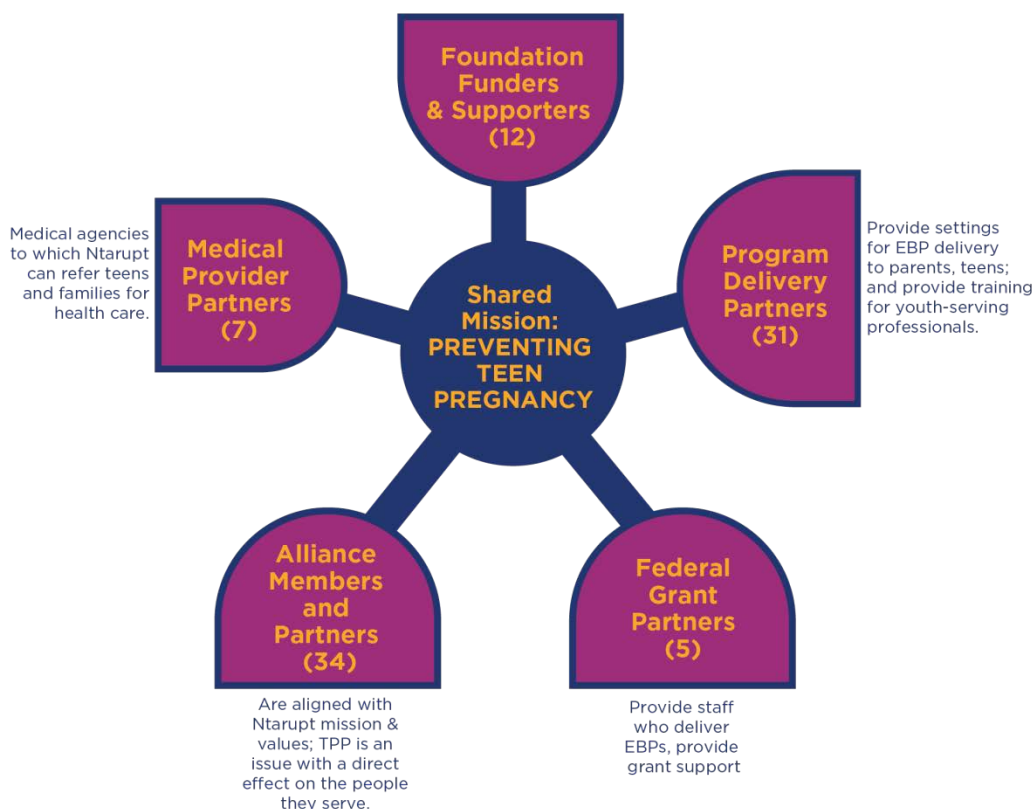
For *Project Ntarupt,* the Alliance helped to plan the strategy and serve as a sounding board. They also provided volunteers for events and community outreach efforts, helped with dissemination through media outlets, and functioned as a professional networking group.

The long-term vision of the Alliance was to develop an effective community strategy focused on the five ZIP codes with *Project Ntarupt*, and extend the model to the rest of the city of Dallas and potentially other parts of North Texas.

Readiness of *Project Ntarupt* Grant Partners

The project partners' past working relationships and experience providing sexual health education and community outreach enabled the project to get off the ground quickly and effectively. Alliance leadership looked for partners with (1) experience in teen pregnancy prevention, youth development, or both; (2) relationships with the specific communities or settings; and (3) experience working across sectors with agencies and organizations with overlapping missions.

Project Ntarupt had three implementation partners that received sub-awards to deliver EBPs and mobilize communities. Two of the organizations—University of Texas Southwestern Medical Center (UTSW) and Planned Parenthood of Greater Texas (PPGT)—had previous experience implementing EBPs and with federal sexual-health-related grants. The third sub-awardee, El Concilio, had been working in the Hispanic community on other health-related issues, and had earned a high level of trust there. In addition, UTSW and PPGT possessed expertise in training and technical assistance for implementing EBPs.

III.   PROJECT STRUCTURE

The Dallas Foundation was the Tier 1B grantee and fiscal sponsor of the Alliance, providing financial oversight, the support of its board, and its citywide philanthropic connections. The Alliance was the backbone organization and CAG for *Project Ntarupt.* The project was led by Alliance staff who coordinated and facilitated the work of the grant partners.

The Alliance **Chief Executive Officer** (CEO) and *Project Ntarupt* **Project Director** worked with a team of grant partners to execute the project strategy. Other core Alliance staff who supported the project were the **Outreach Coordinator**, who oversaw and coordinated community outreach activities and recruitment of organizations to host EBPs, and the Alliance **Lead Educator** who provided health education, coordinated and oversaw the Alliance health educators, and planned the Youth Leadership Council (YLC).

Project Ntarupt comprised three levels of partnerships: **sub-awardees,** who were highly integrated in both the planning and execution of project activities and delivery of EBPs; **MOU partners,** who had entered into formal memoranda of understanding to provide referral services or settings for EBP implementation; and **informal partners**, whose contributions ranged from providing a setting for a one-time workshop to ongoing shared participation and support for project activities.

Figure III-1: *Project Ntarupt* organizational chart
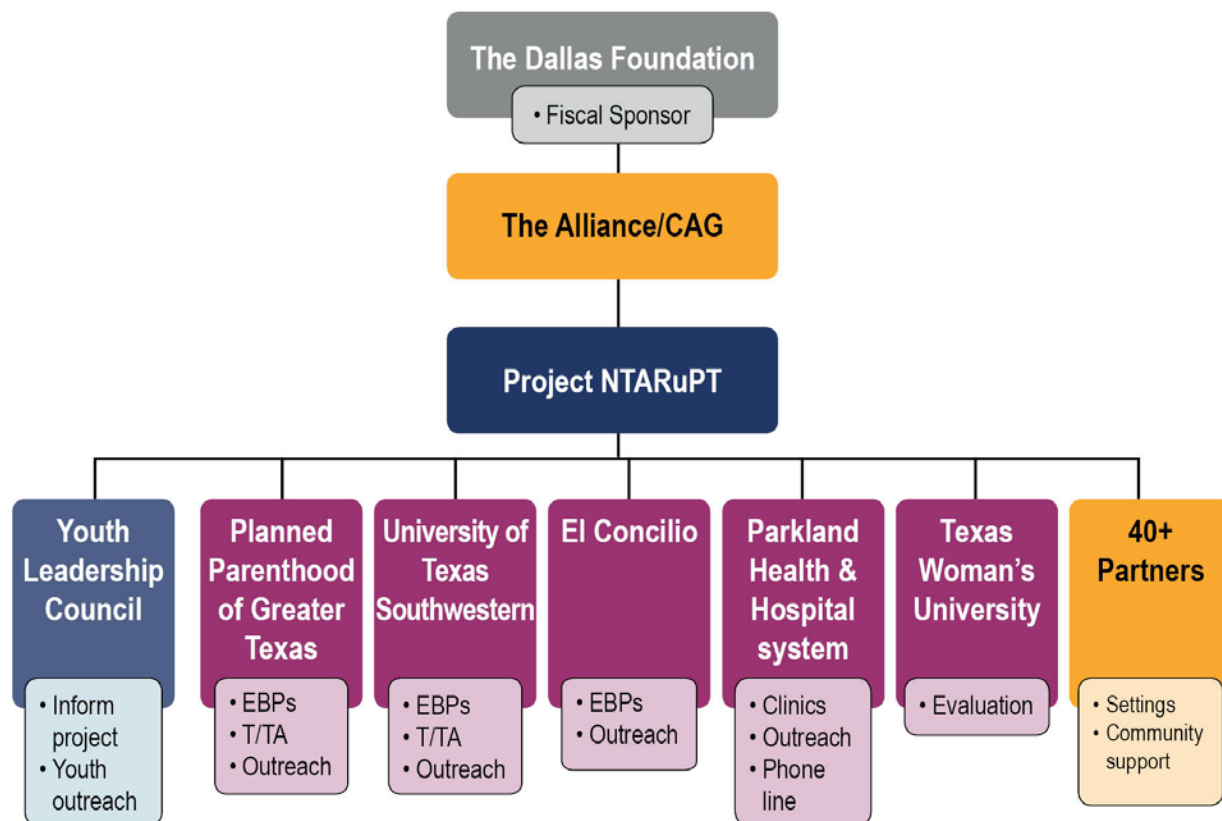
Key: CAG is Community Advisory Group. EBP is evidence-based program. T/TA is training, technical assistance.

Continuous Communication Mechanisms

Three types of regularly scheduled meetings supported communication: quarterly meetings of the Alliance /CAG, biweekly Alliance subcommittee meetings focused on education and community outreach, and monthly meetings of *Project Ntarupt* grant partners to focus specifically on the implementation strategy for the five ZIP codes. These meetings were structured, but also allowed for a free exchange of ideas throughout with equal contributions by partners, volunteers, and project leadership. A key function of the monthly partner meetings was to have each partner representative share data on implementation and program performance outputs. The group worked out solutions to challenges, and discussed next steps for each partner. The local evaluator was also present and shared results of participant end-of-program surveys and program completion trends. In this way, the partners maintained a shared focus on the *Ntarupt Project* mission, continuous improvement, and a sense that they were all working together for the same goal.

Project Ntarupt's Framework for Community-Wide Change

Project Ntarupt involved two dramatic increases in scale: each partner transitioned from working independently or with one partner to working with a connected team; and rather than focusing on

a neighborhood, area, or single institution, the project was attempting to saturate five ZIP codes through a diverse array of community-based settings. The Alliance CEO envisioned a multi-level framework for scaling EBPs and engaging community members in a community change process. The strategies took place at the organizational, individual/family, community, and systems levels, and incorporated elements of a Collective Impact approach (see Figure III-2).

Figure III-2: *Project Ntarupt's* framework for community-wide change

Individual & Family	Organizational
Evidence-based programs: Recruit youth and parent participants from the five target ZIP codes and specialized settings to participate in EBPs, and implement EBPs with a goal of reaching 31 percent of the target population. **Parent engagement:** Provide opportunities for parents to participate in community activities, learn about issues affecting their children, and how they can get involved.	**Build allies:** Recruit and maintain a multi-sector alliance with a stake in teen health and wellness across the North Texas region, and specifically within the five target ZIP codes. **Ownership:** Use decision-making structures that encourage equal participation and shared ownership. **Communication:** Establish and maintain regular communication about project goals, activities, and progress. **Shared measurement:** Establish and use a shared system of outcome measurement, and periodically share data on progress and challenges.
Community	Systems
Establish legitimacy: Build and sustain trusting relationships with community partners by becoming involved in their work and inviting them to support *Project Ntarupt* activities. **Generate public support:** Engage in outreach to all five ZIP codes to develop public awareness, and provide education about the importance of sexual health and risk prevention to the broader population.	**Support health care providers' transformations** to becoming youth friendly by providing technical assistance. **Establish a centralized referral system** and devise strategies for referring youth to their closest youth-friendly provider. **Reduce barriers** in order to ensure that youth are able to keep appointments and receive the care they seek.

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

Implementing Evidence-Based Programs (EBPs)

The team implemented *Families Talking Together* (FTT) for adult parents, which consists of one 60-90 minute session in a group or one-on-one format with an optional follow-up session. They also implemented *Making Proud Choices: Out-of-Home Care Edition* (MPC+), which is eight sessions in a group format for youth in out of home settings. After the pilot and planning year, they added the

> **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

six-session *Be Proud! Be Responsible!* (BPBR), hoping that a shorter curriculum might boost participant retention in community-based settings. (See Table IV-1.)

Table IV-1: EBPs delivered by *Project Ntarupt's* implementation partners

EBP	Target Population	Community-based Sites
Families Talking Together	Parents of youth aged 10-14 in target ZIP codes	Various sites in communities
Making Proud Choices: Out-of-Home Care Edition	Vulnerable youth aged 11-19	Juvenile Detention Center, Substance Abuse Unit, transitional living facility, runaway/homeless shelter
Be Proud! Be Responsible!	Youth aged 11-19 in target ZIP codes	Community-based organizations, after-school programs

### *Grassroots Strategies to Engage Parents:* Families Talking Together

FTT is intended to bolster parents' ability to build trusting relationships and establish open communication with their children. *Project Ntarupt*'s health educators offered it in both group and one-on-one formats in virtually any safe, quiet place at any time. The program's optional follow-up session, which can be conducted either by phone or in person, had been well received by parents. Health educators noted that participants sometimes stated they would have liked subsequent sessions with additional information.

Parents can be difficult to recruit for an EBP even with the support of schools, let alone outside of schools. To address this, health educators used grassroots strategies to connect with parents. Neighborhoods with seemingly few resources had other assets on which health educators capitalized to provide *FTT* "on the spot" where parents naturally congregated. Locations included: public libraries, laundromats, private apartment buildings, public housing buildings, businesses near bustling car washes, health fairs, parks holding athletic events, community centers, and the district parole office located in one of the target ZIP codes.

In one example, a health educator set up a tent and folding chairs in the common spaces of private apartment complexes and walked door-to-door inviting residents to come to her *FTT* session in the courtyard. The sessions were well-attended, and in some cases residents volunteered to recruit their neighbors. Though some of these communities lacked communal spaces where a parent workshop would traditionally be held, health educators successfully built on the sense of community found in non-traditional spaces.

Positive Parenting Summits

To engage parents on a broader level, the project team held Positive Parenting Summits in each ZIP code at which numerous community organizations and prevention specialists provided a menu of workshops, including *FTT*. The turnout for the first summit in fall 2016 was substantial—more than 150 parents and guardians attended. The turnout for the second summit, in a different ZIP code, was lower despite *Project Ntarupt* staff having worked with all of the partner organizations on recruitment. Overall, the parent engagement element of the project's prevention strategy was being implemented steadily, with a great deal of effort and dedication, with mixed success.
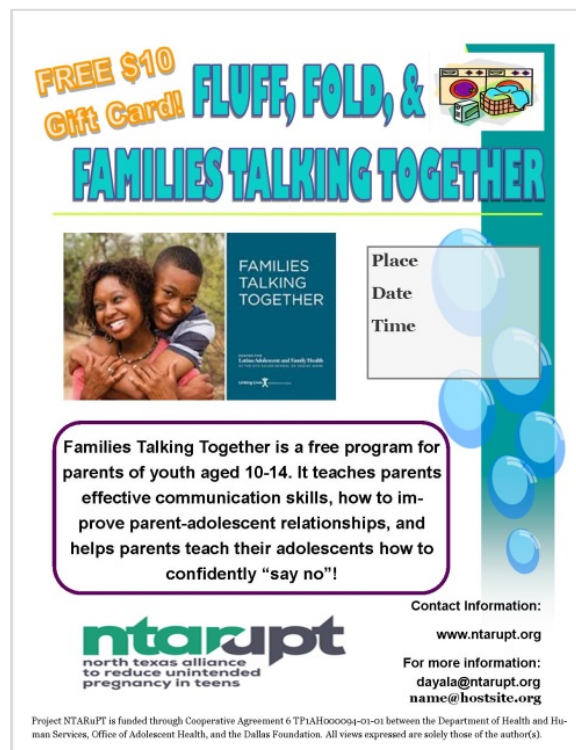
Selecting Programs for Youth: Making Proud Choices: Out of Home Care Edition *and* Be Proud! Be Responsible!

The youth element of the strategy had two main target populations: vulnerable populations residing in specialized settings—including court-involved youth, foster youth, runaway and homeless youth—and the general youth population residing in the five target ZIP codes.

MPC+ for specialized settings

Building on PPGT's history of working within the Dallas County Juvenile Detention Center, its Substance Abuse Unit, and a transitional living facility, the project team expanded services under this grant to reach about 50 percent of the eligible targeted vulnerable populations. Project staff selected *MPC+* for these settings because the curriculum integrated a trauma-informed approach and required consistent attendance to ensure sufficient exposure. *MPC+* can take up to 10 sessions when implemented with pre and post surveys. In these settings, youth were not free to skip sessions although they might cycle out having completed their detention or treatment period.

In addition, the *MPC+* curriculum's strong emphasis on goal setting seemed to resonate with vulnerable youth. According to health educators, youth expressed pride in having set and

accomplished goals through the program, and reported feeling more confident about their ability to set and accomplish goals, both as part of program activities and after completing *MPC+*.

BPBR for out-of-school-time settings

The team aimed to reach about one-third of the youth in the targeted ZIP codes. Health educators offered *BPBR* in out-of-school settings such as tutoring and mentoring programs, summer day camp, and community center programs. Project staff selected *BPBR* for these settings because while it contained many of the same curriculum elements as *MPC+*, it had fewer sessions. Health educators reported that reducing the number of sessions helped improve retention, but it was still challenging to find consistent groups of youth and locations outside the school day. *BPBR* was designed as a group intervention—not for fewer than four participants—which presented a challenge in optional/drop-in settings where attendance was unpredictable.

Building Community Support for In-school EBPs

While some school principals had expressed interest in hosting EBPs in their schools during the school day, the project had not yet been able to obtain approval from DISD. Midway through the second year, DISD administration agreed to allow *Project Ntarupt* to deliver EBPs in the schools during after-school hours. Though some campus-level barriers still needed to be addressed, this was a critical achievement for the project that signaled increasing district buy-in and potentially could open more doors for expansion of programming with schools.

The project was using two long-term strategies to partner with DISD:

- **Have continuous dialogue about sexual health education with school leaders**. Project leadership attended DISD school board, School-Based Decision Making, and School Health Advisory Council meetings, and they participated in parent-teacher organization meetings. At these meetings, they focused on building understanding about evidence-based sexual health education programming in their schools.

- **Create community awareness of EBPs by engaging parents in *FTT*.** The project team focused on engaging parents to help raise their awareness of the issue, and to understand the importance of their children having all of the information they need to make safe choices.

A Collaborative, Supportive Culture Supported Quality EBP Implementation

Health educators operated within a culture of mutual support, cooperation, and trust that helped them implement programs with high quality. Key features of this culture included informal gatherings and integrated health educator teams.

Informal gatherings and self-care. The project's Lead Educator initiated a Friday "Teachers' Lounge," an informal get-together where health educators talked freely about issues and concerns that arose during the week. They exchanged strategies for working effectively with youth, as well as for coping with their experiences with some of the most vulnerable youth.

A commingled team. Health educators from the four implementation partners were highly integrated with one another and functioned as a single team rather than four teams with designated service areas. They operated from a shared calendar, they called on one another freely to co-deliver EBPs to larger groups or offer Spanish language assistance, and planned and executed grassroots community outreach and events together.

Mobilizing the Community

The community mobilization element was aimed at raising awareness, building public support, changing social attitudes, policies and practices, and ultimately institutionalizing EBPs and other resources into the fabric of the community. A mobilized community would provide some of the necessary supports that can lead to improved population-level health outcomes across these Dallas ZIP codes. This section highlights the outreach and community awareness strategies employed by the project, and their experiences launching a YLC.

> **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

Engaging in Extensive Outreach to Raise Awareness and Build Public Will

The first stage in a community mobilization process often is to raise public awareness about the extent of a social issue and the urgent need to address it. *Project Ntarupt* approached this in three ways.

Community-wide events. All of the *Project Ntarupt* grant partners participated in outreach aimed at educating and involving the public in teen pregnancy prevention. They developed and hosted community-wide events like Positive Parenting Summits and the Dallas Healthy Teen Conference, set up information booths near athletic events, and joined health fairs.

> **The project organized the first *Dallas Healthy Teen Conference*, held at a local community college, where some 200 youth from local summer programs spent the day in positive youth development activities, and participated in BPBR.**

Media outreach. *Project Ntarupt* took advantage of a wide range of media to educate broadly—by the second year, they had op-eds, features, and letters to the editor in The Dallas Morning News, appearances on a local AM radio program, and various pieces in the Dallas Observer, Dallas News, D Magazine, and the Healthy Teen Network Spotlight.

Leveraging other community action groups. To build alliances within the community, *Project Ntarupt* staff spend a great deal of time attending other organizations' meetings and participating in their community activities. Over time, staff hope to generate a sense of mutual support and trust, which will lead to greater attendance at *Project Ntarupt*'s own community events, donations of venues, and generally strengthened collaborative relationships.

Building Political Alliances: The Mayor's Anti-Poverty Task Force

Project Ntarupt was invited to join the Mayor of Dallas' Anti-Poverty Task Force. Staff then wrote a white paper on teen pregnancy for the Mayor's Office and how it affects the city of Dallas. As a result of this effort and *Ntarupt's* continued participation in Task Force meetings and events, other Task Force members and community agencies consider *Project Ntarupt* a reliable source of information. Project staff created a logic model for the Task Force, which gave them the opportunity to show how teen pregnancy prevention and related efforts link to overall economic outcomes.

The Mayor spoke at the Alliance's annual meeting, where partners and philanthropic leaders convened to review the state of teen pregnancy in North Texas and strategies to address it. In his speech, the mayor conveyed his commitment to being part of the solution. He subsequently continued to include teen pregnancy among factors contributing to poverty in Dallas in interviews and other public comments. This exemplifies how the Alliance is strengthening the base of support for teen pregnancy prevention.

These efforts were a crucial part of the strategy to change attitudes, build public will, and ultimately, ensure sustainability of the endeavor beyond the grant period.

Re-envisioning the Youth Leadership Council (YLC) After Initial Challenges

In the pilot year, *Project Ntarupt* recruited broadly for the YLC and nearly 100 youth submitted interest forms. However, the project was able to obtain parent permission for only about one-fifth of those youth. Although the members of the YLC were initially enthusiastic, interest waned. Project staff had not yet decided on the purpose of the YLC, and the pilot YLC eventually dissolved. During the second year project staff re-envisioned the YLC as central to the mission of *Project Ntarupt,* and their experience highlights both the pitfalls of organizing a YLC and some promising strategies for building a strong and productive one through a youth development lens:

Involve parents in recruiting a core, committed group of youth. *Project Ntarupt*'s strategy of tapping the children of engaged parents was born of the project's lack of access to youth in schools, but it is potentially a more sustainable approach. Parents who have already bought into the project may be more likely to support the participation of their children amidst competing activities, and they are typically their children's main mode of transportation.

Provide skills and knowledge necessary for taking ownership. The Lead Educator planned to provide YLC members with opportunities to learn about sexual health but also to learn leadership, decision-making, and civic engagement skills; empowering them to take ownership of the YLC as well as to be peer resources and advocates for the project.

Consider how to involve youth in meaningful decision-making. The Lead Educator planned to lead a small YLC work group through a structured decision-making process where they would design a plan for the year-long YLC.

> *"[The YLC's] involvement and buy-in is crucial to the success of not only the YLC, but also Project Ntarupt as a whole. Because if we get our young people in the community telling their parents they support us, telling their schools they support us--if they understood the power that they actually have. And I mean power in a very positive way of saying, "we're not happy with this and this is how we want to change it."*
>
> —Lead Educator

Ensure continued opportunities for positive youth development. PPGT planned to present YLC membership as a volunteer opportunity for youth who completed its Youth LEAD program, and there were plans for the core YLC work group to eventually merge with Youth LEAD.[8] The YLC Co-Facilitators planned to ensure that meaningful activities and authentic decision-making roles would continue to be central to the work of the YLC, providing youth with a sense of autonomy and accomplishment, potentially boosting retention and engagement in the YLC, and ultimately contributing to sustainable community change.

Enhancing Linkages and Referrals to Youth-Friendly Health Care Services

One of the vital elements of the grant program was for grantees to improve connections between youth and a range of health and social services. This section describes how *Project Ntarupt* approached this element.

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

At the outset of the grant, the team proposed to:

- Identify reproductive health care resources within the target ZIP codes and across Dallas and determine which entities were willing to work with the project.

- Determine the extent to which existing services were accessible—both in terms of hours and transportation and youth-friendliness; conduct an assessment of the suitability of each setting; and provide capacity-building technical assistance, as needed, to clinics to increase the youth-friendliness of the setting.

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[8] Youth LEAD (Leadership in Education, Advocacy, and Diversity) is a community-based program run by Planned Parenthood of Greater Texas.

- Connect youth with youth-friendly, safe, affordable health care resources through the use of a dedicated referral hotline, and provide resource listings in a variety of modes (e.g., resource card, smartphone application, and social media listing) that health educators could provide as a part of program delivery and outreach.

A Dedicated Referral Hotline Anchored the Approach to Linkages and Referrals

The Parkland Hospital outreach worker, a key partner, began staffing a dedicated referral hotline in the second year. She learns what the caller's needs are, contacts one of the Parkland clinics, and the clinic calls the youth back to set up the appointment. This referral system provides a possible solution to the challenge of establishing an initial connection between the provider and the youth. It also allows project staff to track the number of referrals made through the system.

The dedicated phone number had three key features project staff believed to be important for its success: (1) the caller talks to a real person—in some cases, youth have met her because she visits some EBP classes—and the caller gets information tailored for them; (2) the outreach worker can quickly identify the location most geographically accessible to the youth; and (3) the clinic takes responsibility for calling the youth. However, in the end, the onus is on the young person to keep the appointment, which is out of the control of *Project Ntarupt* and its partners.

Next Steps: Identifying and Addressing Barriers to Access

In the grant proposal stage, the Alliance acknowledged the lack of youth-friendly reproductive health care resources in most of the target ZIP codes due to geographic isolation and limited services. The project initially gauged the youth-friendliness of the available clinics through informal screening, which resulted in identifying sixteen clinics and health centers. Those screened and included in a resource list for youth are shown on the map in Figure II-1 (in Chapter II). Six of the clinics in the Parkland Hospital network are located in the target ZIP codes.

The barriers for youth to access some of these clinics included scarcity of teen-focused clinics, inconvenient hours of operation, and lack of transportation. The project identified two initial steps to improve access with clinics that they hoped to address in the future:

- Provide weekend or evening hours so teens do not have to worry about missing school, and make sure these hours are just for teens;

- Conduct outreach in schools, build partnerships with school nurses, and make teens aware of health centers they can go to if the school does not meet their needs.

Ensuring Safe and Supportive Environments for Youth

The final key element is to ensure that programs are provided in safe and supportive environments. This element takes on even more significance as vulnerable populations were at the heart of *Project Ntarupt*. Project and partner staff had a shared understanding of how to provide safe, supportive, and inclusive environments when they work with youth, and they also tried to build that capacity with the EBP host settings.

> **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**

Training and Technical Assistance Emphasized Language, Relationships, and Flexibility

PPGT training and technical assistance staff emphasized the importance of helping educators gain an in-depth understanding of the role of language in creating safe and supportive environments. PPGT provided curriculum training for all the implementation partners and modified the language of the EBPs as needed to keep the focus on helping youth understand the choices they have and how to use that decision-making power. Staff noted that the trusting relationships educators built with teens were the foundation for any youth work, and paramount in making the EBPs effective.

Health educators were also trained in trauma-informed approaches, including recognizing signs of trauma and knowing how to respond. Health educators reported they needed to be flexible enough to change course as needed and attend to providing and maintaining a safe and secure environment for all youth in the group. *Project Ntarupt* ensured that MOUs with settings included a greater number of sessions than the EBP required, to allow educators the flexibility to temporarily suspend a session or spend more time processing or answering questions.

Project Staff Practiced Care, Nurture, and Respect in Their Work with Youth

Project staff consistently described their approach to working with youth as emphasizing opportunities to create group rules or agreements, make choices and set goals for themselves, and monitor their own adherence to the agreements and progress toward accomplishing goals. Health educators commented that this approach helped to instill a sense of safety and security and to increase youths' sense of self-efficacy.

> "I think that's what they like the most, too, is that…we're actually listening to them and having a conversation with them about what they think."
>
> —Health Educator

The importance of listening to youth came up repeatedly in interviews with health educators. They explained that youth needed to feel sure that the health educators really heard them and would respond without judging them. Health educators felt they set the stage for honest exchanges by unflinchingly responding to teens' challenges and questions.

The Project Built Capacity of Settings to Provide Safe and Supportive Environments

PPGT provided ongoing technical assistance to staff of the organizations hosting the EBPs in the form of "Askable Adult" training. This training supported employees of these settings, such as the Juvenile Detention Center, with education about sexual health facts, as well as skills and practice in discussing sensitive topics. The Askable Adult training served three purposes:

- Build the capacity of setting staff by raising their awareness and providing a solid footing for them to answer questions from youth outside of the EBP sessions.

- Help prevent setting staff from undermining program messages with inaccurate information or biased statements.

- Build a feeling of shared mission or purpose when the setting staff are able to see that *Project Ntarupt* partners are sincere and have a long-term vision of programming—that they are not just there for a week or two and that the setting staff are part of the team providing that support.

V. CONCLUSION

The Alliance's implementation of *Project Ntarupt* demonstrated a set of strategies aimed at engaging youth and parents across the highest need ZIP codes solely in community-based settings in a major city. With strategies aimed at individual, organizational, community, and systems levels, *Project Ntarupt* marshalled a robust network of community members and agencies and has begun to lay the foundation necessary to change community norms in a challenging environment.

Project staff were resourceful and persistent in identifying settings and opportunities to implement EBPs with both youth and parents. With youth implementation, the project leveraged existing relationships with organizations serving the most vulnerable youth. For the parent programming, health educators adopted a grassroots approach, going door to door when needed, and staking out venues within the community where parents and other concerned adults naturally gathered. The adult component was part outreach and part direct service delivery, as the project worked to make inroads in changing community attitudes toward teen pregnancy prevention.

Establishing a dedicated health services referral phone line was an innovative step toward connecting youth to services, and project staff looked forward to helping improve the youth-friendliness of service providers in the future. The need to rethink the YLC underscored the challenges of this project element, and the new plan held promise for involving youth in meaningful ways.

APPENDIX A. OPA TIER 1B LOGIC MODEL

Figure A-1: OPA Tier 1B logic model