

12-1-2003

Practitioners Put Research into Practice Strengthening Community-Based Pregnant and Parenting Teen Programs

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Recommended Citation

Gong, E. J., Johns, M. J., & Moncloa, F. (2003). Practitioners Put Research into Practice Strengthening Community-Based Pregnant and Parenting Teen Programs. *The Journal of Extension*, 41(6), Article 11. <https://tigerprints.clemson.edu/joe/vol41/iss6/11>

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December 2003 // Volume 41 // Number 6 // Research in Brief // 6RIB3



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Abstract

The United States teen birth rate remains the highest of any industrialized nation. Although nationally the rate is declining, the problem remains complex and significant. Cooperative Extension staff in three San Francisco, California Bay Area counties partnered with six community-based teen pregnancy program site practitioners to adopt a new best practice to improve their programs. This article reports on the process, the implementation, and outcomes for both pregnant and parenting teen participants and programs. Male involvement, family involvement, and youth development/participation in sports and exercise were the best practices chosen for implementation.

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Introduction

Staff in three California counties partnered with six community-based teen pregnancy program practitioners to strengthen their capacity to deliver improved programs by incorporating best practices that were identified in the *Best Practices in Teen Pregnancy Prevention: Practitioner Handbook* (Gong et al., 1999). This article presents the challenges and opportunities practitioners and Cooperative Extension staff encountered in the implementation and incorporation of a new best practice.

Background

The United States teen birth rate remains the highest of any industrialized nation. Although the national overall rate has been declining since its highest point in 1991 (62/1000), it was still 48.7 births per 1000 teen girls in 1999 (National Campaign To Prevent Teen Pregnancy, 2001). Nearly four in 10 young women become pregnant at least once before they reach the age of 20. Eight in 10 of these pregnancies are unintended, and 79 % are to unmarried teens. Hispanic teens have the highest teen birth rates.

California continues to have a higher teen birth rate than the national rate. While nationally, a 13% increase in number of teens is expected by 2005, California's population of 13 - 19 year olds is expected to increase dramatically, by 35%. Unless the teen birth rate declines markedly, there will be a significant increase in the number of pregnant and parenting teens (California Department of Health Services, 2000).

This complex and persistent problem of teen pregnancy prompted Cooperative Extension staff in three California counties to focus efforts on linking academic research with teen pregnancy prevention programs to produce better outcomes for teens living in highly urbanized, multi-ethnic counties. Findings from surveys, visits to local teen pregnancy prevention programs, and a literature review led to the team's first effort, the publication of *Best Practices in Teen Pregnancy Prevention: Practitioner Handbook* (1999), which suggested 10 best practices for practitioners working in teen pregnancy prevention programs.

The Applied Research Project

The goal of the project described here was to evaluate the process of best-practice adoption/implementation--applying research to practice with local teen pregnancy prevention programs.

The objectives of the project were to:

- Document challenges and opportunities that grassroots organizations face in incorporating an additional program component.
- Assess the role of Cooperative Extension staff in providing technical assistance to programs in the adoption, implementation, and evaluation of a new practice.
- Document outcomes for practitioners and participants, and determine Extension implications.

Methodology

Requests for proposals for grants to support program innovation were sent to 20 agencies and schools with teen pregnancy prevention programs. Many of the programs had initially completed surveys for the handbook or were contacted through countywide teen pregnancy prevention networks. Potential partners were asked to submit a proposal to adopt one of the 10 best practices listed in the handbook. Proposals were reviewed by the Teen Pregnancy Prevention Team, which consisted of three Youth Development Advisors; one Youth Development Specialist; one Nutrition, Family, and Consumer Sciences Advisor; and the Project Coordinator.

Partnerships were developed with agencies working in teen pregnancy prevention in a variety of ways. Site visits were made to 25 programs in efforts to survey staff and learn more about programs in the area. Upon completion of the handbook, over 100 books were distributed to community agencies and schools. The project coordinator was an active member of community collaboratives and participated in community forums and fairs. All these activities contributed to building relationships with various schools and agencies.

Three schools and one agency were selected to collaborate in the project. Grants were awarded to each program for 6 months to assist in adopting a "best practice." A university special project grant provided limited funding, so grants were set at \$900 each. Due to timing and funding constraints, implementation was limited.

Two school age parenting programs at continuation/alternative high schools (Sites A and B) participated in the study (Table 1). Pregnant and parenting students participated in general education and parenting education, focusing on developing positive parenting skills. Both programs offered practical, hands-on experiences in the care and education of infants and toddlers.

Another school age parenting program (Site C) was situated in an adult education campus, providing education and support to pregnant and parenting teen families.

Site D, a community-based agency, provided home visitation to pregnant and parenting teenagers. Home-based support from case managers focused on the importance of family involvement in parenting and child development.

Table 1.
Program, Population, and Best Practice Adopted at Four Sites

Program	Population	Best Practice Adopted
Site A		
School Age and Parenting Program. Family Learning Center. Continuation/Alternative High School.	Students 14-18 years old; 35 females, 2 males; 93% Latino, 4% African Am., 1% Asian. High number of students on free/reduced lunch.	Male Involvement: Collaborated with a community-based agency whose target population is fathers. Fathers from the agency were hired to

		contact and counsel fathers, boyfriends, or other significant men in teen moms' lives.
Site B		
School Age and Parenting Program. Continuation/ Alternative High School.	Students 13-20 years old (average age ~16 years); 35 females, 3 males; 86% Latino, 11% White, 3% African American. High number of students on free/reduced lunch.	Youth Development/ Participation in Sports and Exercise: Hired former high school student to teach self-defense and physical fitness. She was certified black belt in karate.
Site C		
School Age and Parenting Program. Young Parents Program. School District Adult Education Program.	Students 14-25 years old (average age 17-18 years); 25 females, 3 males; 90% Latino, 5% African Am., 5% White.	Male Involvement: Focused on male and family involvement, primarily baby's father or boyfriend of teen mom; dealing with the importance of men in parenting and enriching baby's life.
Site D		
Family Advocates Program. Community Based Agency.	Pregnant and parenting teens; 20 females, 3 males; 80% Latino, 10% African Am., 10% White.	Family Involvement: Focused on babies' grandmothers. Dealing with issues such as parenting, discipline, infant development, and the importance of play.

Technical assistance was provided in the adoption and implementation of one "best practice," and in program evaluation. Technical assistance included:

- Providing support material in male involvement, assets building, self-esteem, and conflict-resolution;
- Providing referrals to State Liaison for the Male Involvement Program and to nutrition educators; and
- Researching parenting videos appropriate for teens.

Evaluations, surveys, and interviews with staff were completed at the end of the project. Interim site visits were also made to observe the implementation of the best practice.

Results

From the inception of the project to implementation and evaluation, key lessons were learned that inform the field in project replication. Our team was pleased to see that our community partners were willing to add an additional element to their current practices for a nominal grant amount. Each proposal stated lofty goals and objectives that, on close review by the Teen Pregnancy Prevention team, seemed unreachable within the time limit. Partners were flexible and accepted our criticism and feedback. Some partners needed more assistance than others in deciding how to implement the "best practice."

Site B, the alternative/continuation high school, offered a 2-week self-defense course taught by a youth peer as a component of the youth development best practice. The program experienced 100% attendance during the 2 weeks. The course, along with morning refreshments, served as an incentive. The staff states that all youth were motivated to be at the school: "The four mummies in the group . . . were motivated to come and they were motivated to do their assignments."

Once the course ended, attendance continued to be high. A challenge in implementation was that

staff felt they were working "double-duty" during this period. Nevertheless, staff felt that it was worth it, and that they would do it again. Next time, staff felt the course should be offered year-round.

One alternative/continuation high school and the Adult Education Program (Sites A & C) adopted the male involvement best practice. At Site A, the program was designed in response to an expressed need by young mothers. They wanted "the boyfriends or the fathers of their babies to work with them as a team in raising their child."

Two female students volunteered to serve as "liaison" between male facilitators (staff from a partnering community-based agency) and the males. The liaison spoke with them on the phone, mailed them announcements, and called them the same day to confirm their participation. Males were invited to two social gatherings, yet the only people who showed up were the female students.

An unexpected outcome of this intervention was: "with the reality of the mother seeing that there wasn't always willingness for the male to participate in what she thought was important, and so . . . I've got to go on and do the best I can." Yet at the same time, the female students' interaction with the male facilitators and with other members of the community gave them a chance to "see that there were some men that were really interested and involved in parenting relationships."

At Site C, male participation was low, yet it was the process of involving the males that strengthened the group of young women. As the staff person states: "we didn't get the dads we wanted, but we built a nice network among the girls, that was nice and unexpected." A staff member observed that, although the intervention did not work as expected, she did learn how to assess what works and what doesn't work. "I was very, very pleased that we were given the chance to see if something would work and a chance to test our creativity, a chance to follow through on the suggestions from our students."

At Site D, the agency adopted the family and other caring adult's involvement best practice into their home visitation program. Staff procured parenting videos and age-appropriate toys and organized a family picnic with the grant. Staff took the toys to young women's homes and used them to interact with the child, the teen parent, and the babies' grandmothers.

The adoption of the best practice made staff aware of the importance of serving as parenting role models for the young mothers. Staff felt that they needed more time to serve as parenting role models and work at involving the families. One staff member stated that "my impression is the more involved we get the entire family, I believe the more you move this parent forward."

Implementation Challenges

Implementation of this project was challenging for our collaborating partners due to the following.

- *Scheduling:* Once the grant process was finalized through the university, our partners had only 6 months to design, implement, and evaluate this project. The school calendar year was a limiting factor. Overworked staff had difficulty in scheduling planning meetings. Programs that targeted increased involvement of families and males had difficulty scheduling meetings because many men worked during afternoon and evening hours.
- *Teacher/staff workload:* In one school, the teacher was in her first year at that particular school. Balancing the workload of regular teaching with this "extra" project was difficult.
- *Change in location:* An additional alternative high school, with its own funding source, was ready to adopt the family involvement best practice. A facilitator was hired, and childcare was provided. The project had one meeting, and then it was postponed until the following year, because the entire school moved to a new location.

Implementation challenges experienced by Cooperative Extension included the following.

- *Communication with site staff:* From inception to completion of the project, making contact with program coordinators and direct service staff was difficult. Many staff did not return our phone calls--probably due to the work overload that they were experiencing. Our repeated phone calls, followed by e-mails and faxes, resulted in off-and-on communication.
- *Completing site visits:* Site visits were conducted as part of the evaluation effort. With regard to one site, the project coordinator made multiple phone calls to schedule a visit, but by the time site staff returned phone calls, the sessions had ended.

For our community partners and our team, this was the first time we engaged in a reciprocal collaboration to adopt a new practice. All of our partners concluded that the new best practice made a positive impact on participating youth. Our partners and the Teen Pregnancy Prevention team concur that if we were to do this again, we would like a longer time frame, such as 3 years, and substantially more funds to support the effort. Our community partners have used the adoption of a best practice along with the handbook as a way to leverage additional funds.

Conclusion

Our study examined the process that teen pregnancy prevention programs undergo in the adoption and implementation of a new best practice. Conversations with our partners and the site observations helped us understand the reality that schools and non-profit organizations face on a daily basis and the challenges and opportunities that this approach presents for Cooperative Extension. Results suggest that community partners welcome the opportunity to improve their practice and need support in implementation and evaluation. Findings also highlight the importance of community partners' and Cooperative Extension's flexibility, persistence, and patience to maintain ongoing and open communication.

It is important to note that the results of this applied research study should be viewed in the context of a relatively small sample with limited implementation time. Our focus was on California, specifically the San Francisco Bay Area. Our goal was to document the process of implementation of a new practice, not to document the impact of a best practice on participating pregnant and/or parenting teens. Impact on youth is an important aspect to consider, but it would need to be measured on a project that is long-term (minimum of 3 years) and with a source of greater funding.

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