

Summer 8-27-2014

# Fieldwork Summary Report: Reducing Repeat Teenage Pregnancy through Program Planning and Evaluation

Winnie Y. Chan

*University of San Francisco*, [winniechn7@gmail.com](mailto:winniechn7@gmail.com)

Follow this and additional works at: <http://repository.usfca.edu/capstone>

 Part of the [Community Health and Preventive Medicine Commons](#), [Maternal and Child Health Commons](#), [Public Health Education and Promotion Commons](#), and the [Women's Health Commons](#)

---

## Recommended Citation

Chan, Winnie Y., "Fieldwork Summary Report: Reducing Repeat Teenage Pregnancy through Program Planning and Evaluation" (2014). *Master's Projects*. Paper 48.

This Project is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact [repository@usfca.edu](mailto:repository@usfca.edu).

**Fieldwork Summary Report: Reducing Repeat Teenage Pregnancy through  
Program Planning and Evaluation**

Winnie Chan

University of San Francisco

August 27, 2014

## **Abstract**

This fieldwork summary report provides a synthesis of both my overall fieldwork experience at TAPP, Felton Institute's Teenage Pregnancy and Parenting Program, and my Master of Public Health knowledge and skill sets. Since researching the huge social and economic impact that teenage pregnancy and parenting has not only on the teens and their children, but also the society at large, I strived to highlight prevention aspects to reduce repeat unwanted teenage pregnancy. So, I chose to intern at TAPP, where I focused my internship mainly on program development and evaluation, along with other aspects of improving wellness.

I begin this report by providing statistics to substantiate what a huge public health problem teenage pregnancy is, and how essential prevention efforts are. Afterwards, I will describe TAPP's response to the problem, highlighting TAPP's mission, educational efforts, provided services, research efforts, engagements in policy and advocacy, and how TAPP measures success.

Afterwards, I will describe my fieldwork experience and objectives. Here, I will highlight the theoretical foundations to better understand the problem and to inform potential interventions. Additionally, I will explain the types of interventions that were used in my project. Lastly, I will share my findings about the effectiveness of TAPP's ability to address the public health problem of teenage pregnancy, along with which lessons learned. I will conclude with sharing the MPH competencies, core knowledge areas, and cross-cutting interdisciplinary values that I addressed during my fieldwork experience. Finally, I will reflect upon my overall fieldwork experience from both a personal and professional viewpoint.

## **Introduction**

Despite recent trends in the reduction of teenage births, teen pregnancy and childbearing continue to bring substantial health, social, and economic costs through immediate and long-term impacts on teen parents, their children, and the society at large. For one, parenting as a teen is one of the most common causes for dropping out of school among teenage girls; once the young girl drops out of school, she is much more likely to require public assistance and to have an income below the poverty line (CDC, 2014). As a result, the teen parents will likely face more challenges having a stable job, housing arrangement, access to health care, and other essentials that impacts an individuals' overall health. Additionally, the children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult (CDC, 2014).

The greater needs of family members associated with teen childbirths then impact the entire community and society. In 2010, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers (CDC, 2014). \$1,682 is the average annual cost to taxpayers associated with a child born to a teen mother each year from birth to age 15 (The National Campaign, 2014). Thus, teenage pregnancy remains a serious public health problem that impacts the health of individuals at all levels within society.

Despite the severity of teenage pregnancy; hope is not lost: CDC reports that teen pregnancy prevention is a “winnable battle” in public health (CDC, 2014). With successful prevention programs that address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy, there will be a greater likelihood of reducing teen pregnancy. Some of these protective factors include low education and low-income levels of a

teen's family, limited opportunities in a teen's community for positive youth involvement, neighborhood physical disorder, and living in foster care, just to name a few (CDC, 2014).

To address these protective factors and to reduce rates of teenage pregnancy, I chose to conduct my fieldwork project at Felton Institute's Teenage Pregnancy and Parenting Program, otherwise known as TAPP. Here, we strived to tackle this public health problem by empowering parents to take active roles in their health and wellness, supporting the well-being of their peers, and creating a healthy lifestyle for their children.

### **Background:**

In the United States, nearly 3 in 10 teen girls become pregnant by age 20, and there are more than 300,000 teen births annually (National Center for Health Statistics, 2012). Specifically, nearly 1,700 teenagers age 15 to 17 years give birth every week (CDC, 2014). While this is a record low for U.S. teens in this age group, geographic, socioeconomic, and racial and ethnic disparities persist. In non-Hispanic black and Hispanic teen birth rates were still more than two times higher than the rate for non-Hispanic white teens, and American Indian/Alaska Native teen birth rates remained nearly twice as high as the white teen birth rate; Together, black and Hispanic teens comprised 57% of U.S. teen births in 2012 (CDC, 2014). Given this huge statistics of teenage parent population, along with those at-risk, I am excited to share how my involvement during my fieldwork experience has helped to curb the social and economic impact of teenage pregnancy on the entire society.

### Description of the Agency's Response to the Problem

#### *Agency Mission*

Teenage Pregnancy and Parenting Program (TAPP), is one of many programs in the Children, Youth, and Family division of Felton Institute, formerly known as Family Service

Agency of San Francisco. TAPP's primary mission is to reduce the number of unwanted repeat pregnancies and low birth-weight, in addition to improving the retention and re-enrollment in school. To achieve their goals, TAPP provides comprehensive case management services for expectant and parenting teens up to age 19. Additionally, TAPP ensures that young parents and their children have access to all available health, education, and social services for which they are eligible. Furthermore, TAPP provides information and support on a variety of issues, including academic enrollment and staying in school, having a healthy baby, living a healthy lifestyle, and choosing the birth control option which is right for each client.

In addition to the services that TAPP provides, the multi-disciplinary staff also leads other programs and services in connection with the Young Family Resource Center (YFRC). As a peer-directed and peer-focused program that focuses exclusively on teens, young parents, and their families, YFRC serves clients citywide and offers a network of support services including: STEP parenting education, early literacy workshops, father support groups, art classes, family-centered activities, education around child-development, nutrition and cooking workshops, and other educational classes for teen and young adult parents across San Francisco.

### *Educational Efforts*

An aspect of the CYF Division includes the Healthy Families, Healthy Lives "Familias Sanas, Vidas Sanas" Wellness Program. This program includes 12 workshop series based on essential parent health education, a weekly farmer's market, and a wellness center. The workshop series include topics that my preceptor and I selected based on our community needs assessment: nutrition/health education, healthy sexuality, breastfeeding, young men & women empowerment, healthy relationships, violence prevention, car seat safety, child care safety & environment, oral hygiene, job readiness, financial literacy, and CPR/ First Aid Basics. During

my fieldwork experience, I collaborated with local leaders of community based organizations and secured presenters for most workshops. Additionally, I gathered useful handouts for distributing to teen moms, as well as creating a workshop outline for each presentation.

In addition to health education series, the Wellness Coordinator, Prasanthi Patel, my preceptor, supervised peer leaders regarding the direction of the weekly farmer's market. Each week, the wellness program provides low-income, at-risk families with free fruits, vegetables, whole grains, meat, poultry, and nutritional workshop, including a sample meal utilizing ingredients from the market's available produce. This provides the families not only a chance to obtain fresh produce that they may not otherwise have been able to afford or to be aware of, but also the ability to develop healthy habits to improve the overall health of their family, such as cooking healthier meals together.

To wrap up the educational aspect of the Wellness Program, parents and staff are invited to exercise in the wellness center, either through independent workouts or group exercises. By providing the healthy food, education, and activities needed to accomplish the prevention of chronic disease and obesity, participants are empowered to make informed decisions on how to take a holistic *approach* towards creating healthier habits for themselves and their children.

### *Services & Products*

In addition to the YFRC and the Wellness Program, TAPP staff provides healthy sexuality outreach to middle and high school students from San Francisco Unified School District's (SFUSD) through Teen Resources to Achieve Positive Practices (T-RAPP), in addition to youth employment training through Realizing Employment and Creating Hope (REACH).

Under T-RAPP, teen and young adult parents provide each other with support, while taking on leadership roles and becoming outreach workers in the community. In this peer educator model program, teen-parents provide peer education in classrooms city-wide. Under REACH, at-risk youth, specifically pregnant and parenting teens, receive employment and educational services. Majority of the participants are students from SFUSD's Hilltop High School, which focuses on getting pregnant and parenting teens on track to graduate. At Hilltop High School, students receive child development education, developmental childcare services for infants and toddlers up to age 18 months, and case management by TAPP.

The REACH program operates under an integrated service model which aims to connect youth with post-secondary education or various fields of employment. In this program, city-wide pregnant and parenting teens can have GED classes, receive work site training, and job readiness workshops.

### *Research, Policy, and Advocacy Efforts*

All programs are based on successful evidence-based program models, ranging from the federal Adolescent Family Life Program (AFLP), which supports interventions to promote abstinence from sexual activity among adolescents and to provide comprehensive health care, education and social services to pregnant and parenting adolescents, to the peer educator model program, where teen parents support each other.

While TAPP did not actively participate in research efforts, program managers collaborated with other organizations to advocate for continued funding for teenage pregnancy prevention programs. In February 2014, researchers from UCSF's Philip R. Lee Institute for Health Policy and Bixby Center for Global Reproductive Health created a report and research



brief regarding teenage pregnancy prevention in California (UCSF, 2014). This report suggested reasons why policymakers should restore funding for pregnancy prevention programs, which eventually occurred in April 2014, two months after the publication of the report.

This helped save funding for teen pregnancy prevention, since Assembly Bill 2111 was amended to continue funding the California School Age Families Education Program (Cal-SAFE), which establishes comprehensive, continuous, community linked, school-based programs that focus on youth development and dropout prevention for pregnant and parenting pupils, and child care and development services for their children (California Legislature, 2014). Hilltop High School, in partnership with TAPP, provide these services for the teen parents.

With the success of these research and advocacy efforts, teenage parents are able to continue receiving comprehensive, holistic services, with an overall aim of reducing unwanted teenage pregnancy and empowerment of adolescent parents, specifically Hispanic and African American female adolescents, who have the highest statistics of adolescent parenthood.

#### *How TAPP Measures Success*

In all of the services offered through TAPP, successes are measured by positive outcomes, such as overall reduction in unwanted repeat adolescent pregnancies. Each intervention are based on effective evidence-based programs, are tailored to the teen pregnant and parenting population, and conducive to health gains. Furthermore, program intervention effectiveness is determined through data collection and evaluation of each service/interventions for First 5 funders, evaluation of staffs' time on responsible tasks through quarterly reports sent to AFLP funder, and meeting the desired objectives recorded in the Kaiser Grant work plan. Most of the collected data

are program attendance from each service to track population served, completed pre- and post-tests, satisfaction surveys, and class participations.

All of the grants have different work plans to track progress, but they contain overall goals, process objectives, impact objectives for select target population, and outcome objectives, in addition to planned activities, timeline, expected outcomes, evaluation methods, and anticipated challenges. During my internship, I designed pre- and post-test, with the input of the leaders, which will be used to evaluate the success of the services' ability to educate the teen parents. Most of the services will utilize both tests, while the one-time services, such as each parent health education workshop with different topics, will only utilize the exit evaluations. These data are also shared with the programs' grant funders, who assess the programs' services ability to meet target population served in terms of attendance numbers and hours served. These data are inputted into specific databases for specific funders, such as the Contract Management System (CMS) for First 5, Lonestar for AFLP, and CERCI for Felton Institute.

#### *Description of Evidence to Justify the Project and Intervention*

TAPP's services coincide with evidence-based teen pregnancy prevention programs that address specific protective factors on the basis of knowledge, skills, beliefs, or attitudes related to teen pregnancy. Specifically, TAPP and T-RAPP, two of twelve programs within Felton Institute's CYF division, addresses all of the protective factors that CDC highlighted:

- Knowledge of sexual issues, HIV, other STDs, and pregnancy
- Individual ability to avoid HIV/STD risk and risk behaviors.
- Communication with parents or other adults about sex, condoms, and contraception.
- Perception of HIV risk
- Personal values about sex and abstinence
- Perception of peer norms and sexual behavior.
- Avoidance of places and situations that might lead to sex.
- Individual ability to refuse sex and to use condoms.

- Intent to abstain from sex or limit number of partners.
- Attitudes toward condoms (pro and con).
- Intent to use a condom.

During the school year, TAPP and T-RAPP work with and train Hilltop students to provide outreach to classmates and city-wide youth, peer-to-peer support, and individual case management to address the protective factors listed above. Additionally, TAPP staff, which provides leadership roles to all of the services in the Young Family Resource Center, provides assessment of populations' needs, coordination of care and advocacy, education through providing information and building skills, coaching to empower youth, and giving tangibles to maintain active participation, when then assists youth with obtaining essential services.

### Implementation of the Project

#### *Fieldwork Project Timeline*

My primary internship goals are to reduce unwanted repeat pregnancy and to prevent childhood obesity. My internship objectives include conducting needs assessment, performing research on reducing repeat strategies, developing a program plan for a series of health education topics, generating evaluation methods to assess effectiveness of program, collaborating with local leaders, developing materials for communicating health messages, and understanding how to sustain effective programming through instilling supportive staff dynamics, maintaining funding, and utilizing evidence-based intervention strategies.



### *Theoretical Foundations*

In addition to applying effective evidence-based strategies, it is important to base interventions on relevant theoretical foundations. Since teenagers are still developing into adulthood, it is important to assess their social, biological, and cognitive stage of development in order to provide age appropriate interventions. Often times, it is essential to use an integration of constructs from different theoretical foundations to effectively motivate behavioral changes among teenagers. For one, to assess one's self-perceived risk of pregnancy or getting STIs, providers can use constructs from the Health Belief Model (HBM), Transtheoretical Model (TTM), and Social Cognitive Theory (SCT), as well as from the frameworks of Motivational Interviewing (MI).

To gauge a teenager's perceived risk of having a repeat unplanned pregnancy, providers can use HBM assess the teenager's overall perceived threat of being pregnant if she does not modify current behaviors, as well as the teenager's perceived benefits and barriers. Some conflicts may arise from access to contraceptive services or the potential response from their partner, but once they are addressed, providers can apply strategies to activate action and self-efficacy to produce desired outcomes, such as the completion of educational goals and career goals before having another child.

Additionally, providers can assess which stage of change the teenager is in, according to the Transtheoretical Model, to provide appropriate intervention. If the teenager does not believe they are susceptible to repeat pregnancy or contracting STIs, then providers typically cannot provide services, since it may tarnish the teenager-provider relationship. However, once the teenager advances stages, such as from the contemplation, preparation phase, and action phase, providers can use various processes of change to inform appropriate interventions, such as role-

playing, providing healthy role models, and personal testimonies. After making the appropriate behavioral change, such as using contraceptives during intercourse, then providers can use reinforcement management, such as incentives and recognition, to help teenagers maintain the positive change and to terminate unhealthy behaviors.

While these theoretical models impact the teenager directly, providers must also address the multiple levels of influence on specific health behaviors. At this point, the Social Cognitive Theory and the Socio-Ecological Model provide a foundation of interventions for reducing repeat pregnancy. Based on SCT, providers should focus on assisting teenagers through emphasizing how the teenagers' behavioral change can impact their entire life—such as the ability to complete their educational goals and to have a family when they are emotionally and financial stable. Additionally, it is important for providers understand the system-wide level of influence on individuals. Based on the Socio-Ecological Model, it is important for providers to collaborate with other professionals to address each level, so teenagers receive comprehensive care—such as at TAPP.

At TAPP, staff provides case management, motivational interviewing, and interventions that address multiple constructs of each theoretical foundation mentioned above. While I only had one month to work directly with the Hilltop students, who are all either pregnant or parenting teens, I was able to apply some of these theoretical constructs during our cooking class, swimming class, and interactions when teens dropped into the TAPP office. By educating teen moms how to prepare simple healthy meals, maintain safety while handling food, exercise to maintain fitness and energy for life, and counseling during the drop-in sessions, I improved their self-efficacy in continuing these healthy habits outside of the program, as well as their ability to influence others. Furthermore, I conducted research and a needs assessment, developed research

method, planned the 12-week series health education workshops, and collaborated with local leaders, all of which provides a foundation for self-empowerment and support to reduce unwanted repeat pregnancy.

## **Results**

Based on my observation during my 10-week internship at Teenage Pregnancy and Parenting Program (TAPP), I see that Felton Institute's Children, Youth, and Family (CYF) division is doing an amazing job addressing the problem of reducing unwanted repeat pregnancy. Through addressing multiple levels of influence, CYF staff allows teenagers receive an all-inclusive care to become self-sufficient students, mothers, and community members, while also reducing the risk of repeat pregnancies.

Through my experience as a Program Development Intern at TAPP, I am amazed at the quality of provided services: classes in adolescent and child development, outreach to city-wide middle- and high-school students about healthy sexuality and goal-setting, breastfeeding classes for first-time moms, job training services, GED classes, childcare for adolescent peer educators and students, wellness programs, access to eligible benefits, and case management. I noticed that Hilltop students who are actively engaged with TAPP have prevented repeat pregnancies and are focused on seeking the best opportunities and care for themselves and their child.

TAPP's successes are visibly noticeable: all of the teen moms who I have met only have one child, who are ages 0 – 3 years old, rather than having another child within two years of giving birth to the first child. Additionally, TAPP's services have improved retention and re-enrollment in schools, whether at Hilltop, transitional schools, or college. Lastly, there has been a reduction in births to infants with low-birth weights. This success can be attributable to the

support from CYF, which includes on-site nutritionist and nurse to provide wellness/weight management classes and the case managers' support throughout the pregnancy process.

TAPP has been providing services since 1981. Thus, TAPP's intervention model is effective sustainable: all objectives are continually being achieved. With the support of various funding sources, TAPP successfully provides sustainable impact to maintain community-wide change and to maximize community assets. Through frequent collaboration efforts with local health clinics, non-profit organizations, and schools, more teenagers are reached and have access to TAPP's services, just as more community practitioners are added to the network of long-term community health advocates who are interested in making a difference in people's lives.

For instance, my connection with local community-based organizations helped YFRC attain professional presenters for a majority of the health education workshop series. Additionally, T-RAPP's communication with educators and school administrators enable them to outreach to populations who could be easily overlooked because of the large class sizes and limited resources to meet everyone's needs. Lastly, community leaders with specialized training are needed to train staff on useful intervention strategies. This summer, I saw staff attending numerous trauma-informed care webinars and trainings, which I feel helped substantiate their knowledge in serving the teen population, as many undergo various forms of trauma.

Overall, the organization structure of CYF division's program is definitely conducive to positive outcomes. Staff is amidst a supportive network of program and community leaders, just as teenagers have a reliable source of networks to acquire necessary skills to become self-sufficient, educated, and have a reduced risk of unwanted repeat pregnancy. The layout of the

childcare support services downstairs, and the services to the teenage pregnant and parenting parents upstairs, provides an all-inclusive care for the participants to thrive.

### **Application of Results: Public Health Significance**

The public health significance of this project can be seen through a systems-level approach. The teenage parents, many of whom are minorities from low-income households and uneducated parents, often come from a challenging environment with limited support. Often times, these teens have limited parental supervision, which typically provokes youth to seek support systems elsewhere, which potentially makes them more vulnerable to unintended teen pregnancy or substance abuse.

Additionally, there are invisible factors that impact their lives. Recent policies/actions have restricted teenage females from accessing contraceptive methods, abortion, or the plan B method. Often times, male authority figures act on the female's behalf, limiting them from their own reproductive health (ie. Hobby Lobby) While women are just as capable as men to make decisions that impact their life, there are sometimes cultural factors and social norms that limit women's abilities to advocate for oneself; this is sometimes due to fear, lack of knowledge, or force.

When considering the teenage pregnant and parenting population at Hilltop School and the teenagers that drop by YFRC from throughout the city, they face multiple levels of oppression that older women unlikely face. For one, as teenage moms who are still developing mentally and physically, many encounter family conflicts, where the teen's parents seek to resume control over the young family unit, rather than allowing the teen mom to assume responsibility. On the contrary, however, there are other households where the teen's parents kick out the young family unit, who are then forced to find housing elsewhere, which is often



unstable and prone to other negative health outcomes. Fortunately, there is another family dynamic where the teen's parents enable a comfortable environment to grow as a teen parent, while also receiving advice from their own parents. Given these example family outcomes, it is important to understand their psychosocial environment in order to provide effective care.

So, my project within TAPP enables teenage pregnant and parenting moms the ability to have safe spaces to learn, to empower oneself, and to provide a safe environment for their family and themselves. It is important to continue advocating for teenage parents and providing support to increase self-efficacy.

### *Impact on Public Health*

If teenage pregnancy remains unaddressed, then there may be an ongoing cycle of teenage pregnancy across generations. Researchers found that daughters of teenage parents are more likely to become teen parents themselves (CDC, 2014). Undereducated adolescents often have challenges raising their family, so they often resort to working long hours in multiple low-wage jobs to survive; this may make them dependent on their partners, which would make them susceptible to violence, or make them see their child less, so their child may have negative influences.

### *Lessons Learned*

If teen parents can overcome their obstacles, then they can break the vicious cycle while also informing others, as they do in T-RAPP and as peer educators. However, it is even more important to continue investing in sex education during elementary to high school, preferably before they even become pregnant, because they are very susceptible to influence from the media and their peers. Additionally, advocating and serving adolescent moms is important because they have a challenging role of being a student, mom, daughter, and a growing adolescent. By

planning parent health education workshops before the school year occurs, the teen moms will be more informed and empowered to become self-sufficient individuals, thereby having a higher chance of being successful and having a happy lifestyle.

### *Implications for Future Public Health Interventions*

Future public health interventions should include investment in more comprehensive services, such as those found within the programs of the Children, Youth, and Family division of Felton Institute. With their track record of preventing reduce repeat pregnancy, CYF not only improved the health outcomes of the teen parents and their family, but also saved the society billions of dollars that could have be spent on other services. There should be more teenage pregnancy prevention models all across the United States, which will help drive down unplanned teenage pregnancy, which will help everyone.

### *Recommendations for Implementation of Other Interventions*

Since the world is advancing technologically and everyone is being more interconnected, I feel there should be more awareness about the issue of teenage pregnancy. While there is a TV show based on teen parenthood, '16 and Pregnant', there is not enough information about support for them, or how to prevent it. There should be national movements, such as the Walk for Breast Cancer, to fundraise for programs that support current teen moms, in addition to prevention programs to reduce teenage pregnancy.

## **Competencies Addressed**

### *Achievement of Learning Objectives*

I will share the following learning outcomes achieved during my fieldwork studies at TAPP, a program within the Children, Youth, and Family division of Felton Institute:

- 1) Conducted a needs assessment with peer educators, many of whom worked with the Hilltop students throughout the year and were aware of their needs, and with some Hilltop students who participated in the cooking class, swimming class, and dropped in the TAPP office. By hearing their expressed needs, I learned what types of services were sought. After sharing it with my preceptor, I saw how utilization rates of services were typically lower during the school year because there were so many engagements. So, I reviewed existing literature for effective intervention strategies to increase utilization of services and to reduce repeat teenage pregnancy.
- 2) Developed a program plan of a 12-series workshop on various health education topics for Fiscal Year 2014-2015. These topics were generated by my needs assessment, along with topics that teen parents should know. Afterwards, I created the workshop curriculum, contacted leaders from local community-based organizations and clinics to present during the workshops, and created flyers for the workshop and the final list of presenters.
- 3) Created pre- and post-test for evaluating programming during the school year. After reading the scope of work narratives for each essential service and speaking with the staff leading the service, I created a draft of pre- and post-tests, met with the staff to assess the ability of the tests to evaluate the services' main objectives, and then finalized the evaluation tests. Additionally, I created some program sign-in sheets, which will be used to track number of participants served.
- 4) Presented select health education materials to participants during cooking and swimming class. For instance, during cooking class, I highlighted information about nutrition and food safety while in the kitchen. During the swimming class, I highlighted some tips on women empowerment and how to maintain healthy relationships with not just their child, but also their partner and family members.
- 5) Communicated public health messages in various forms. In the beginning of my fieldwork, I created a PowerPoint presentation regarding the importance of early literacy. My PowerPoint not only became an example of how to present clear messages to various audiences, but also to reaffirm the importance of early literacy for their child. Additionally, I created flyers for students regarding the health education workshops and for providers regarding evidence-based interventions to reduce repeat pregnancy – many of which were already applied at CYF.

During my internship, I was exposed to learning opportunities within TAPP. This includes co-facilitating a focus group with my preceptor to inform the Wellness Program, as well as participating in a weekly Parent Action Meeting and in monthly Foster Grandparent meetings. Secondly, I learned more about budgeting and creating scope of work to maintain funding and to track program effectiveness. Additionally, I completed an informational interview with a Perinatal Services Coordinator over the phone, where I learned about more resources for health providers and students. Furthermore, I arranged a site visit to visit the Youth Supervisor at

Mission Neighborhood Health Clinic (MNHC) with my preceptor. During this visit, we shared ways where TAPP and MNHC could collaborate to best serve the teenage population. Lastly, I attended various training on how to heal families while rejuvenating our passion as community advocates, how to provide trauma-informed care, and how to run successful wellness programs.

### *USF MPH Program Competencies That Were Addressed During this Fieldwork Experience*

All competencies were addressed during this fieldwork experience, though some more than others. For instance, since my fieldwork experience is based on program planning and evaluation, I addressed the following competencies more:

- 1) Articulate the relationship between health care delivery and financing, public health systems, and public policy:** Learned more about the grant-writing process, how to maintain grants and to communicate with funders, and how to use grants efficiently. Additionally, learned about how policy changes can easily impact the program funds' and services provided to target population, so it's important to be aware of policy changes. Lastly, learned briefly about seeking donations from large companies as a means to reduce cost.
- 2) Apply evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and initiatives:** Learned more about budgeting, having organized paperwork, managing projects on Basecamp (an online program management service), managing the office alone, and evaluating programs through the creation of pre-/post- tests.
- 3) Assess, monitor, and review the health status of populations and their related determinants of health and fitness:** Conducted needs assessment while meeting with participants. Reviewed existing literature on successful interventions to reduce repeat pregnancy.
- 4) Identify and prioritize the key dimensions of a public health problem by utilizing both quantitative and qualitative sources:** Analyzed various literatures which contained both quantitative sources (tables generated from datasets, facts, etc.) and qualitative sources (findings based on focus groups and interviews) in order to assess the public health issue of teenage pregnancy and how to both reduce repeat pregnancies and how to empower teen parents. Additionally, found that Trauma-Informed Care is important for staff to know, especially when dealing with populations who experience(d) multiple forms of trauma. Learned more through speaking with a psychologist and through literature review.

I also addressed the remaining USF MPH Competencies:

- 1) **Demonstrate the ability to utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes:** Analyzed data from literature review to inform staff about recent findings. Also, reviewed CMS, Lonestar, and Cerci – all of which are data entry software that generate reports to grant funders. These findings can then generate an improved understanding about the impact of TAPP’s services on teenage pregnancy.
- 2) **Demonstrate leadership abilities as collaborators and coordinators of evidence-based public health projects:** Communicated with leaders from non-profits and community clinics to collaborate not only on health education presentations, but also on meeting in person to share resources. I communicated with a MNHC supervisor to arrange a site visit for my preceptor and I, where we toured the clinic and offered suggestions on how to make the teen waiting room more teen-friendly. Additionally, we offered suggestions on what the new health educators can do to encourage more teens to seek support, as well as how our teen populations can collaborate.
- 3) **Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety:** Informed peer educators and Hilltop students about food safety and preventing environmental hazards, such as potential cross-contamination of raw produce. Also assessed the shared kitchen suggested ways to keep it clean.
- 4) **Apply theoretical constructs of social change, health behavior, and social justice in planning community interventions:** Used theoretical models, such as TTM, SCT, and Socio-Ecological Model, to better understand teen’s thought processes and behavioral intentions, which helped me better inform staff on successful strategies to reduce repeat pregnancy.
- 5) **Identify and apply ethical, moral, and legal principles in all aspects of public health practice:** Treated participants with respect and catered services to meet their needs and cultural differences during class presentations and while in the YFRC.
- 6) **Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served:** Developed the parent health education workshops in response to the teenage moms’ interests and expressed needs. Collaborated with other organizations to best serve the community members.
- 7) **Effectively communicate public health messages to a variety of audiences from professionals to the general public:** Designed flyers for the health education workshops to promote attendance, while also developing a handout on successful ways for providers to advocate for reduced repeat pregnancy.
- 8) **Advance the mission and core values of USF:** Throughout my internship, I have met this competency by always thinking how to best serve the population in the fairest way. My colleagues and I always worked together to provide better targeted resource to meet their needs.

*CEPH Core Knowledge Areas that Were Addressed:*

All core knowledge areas were addressed, but Social and Behavioral Sciences, Environmental Health, and Public Administration and Leadership were addressed more than Biostatistics and Epidemiology. Since my fieldwork emphasized program planning, evaluation, and working directly with the participants, I mainly gathered and interpreted data through review of literature and from established grant reports.

*Cross-Cutting Interdisciplinary Values Applied During Fieldwork Experience:*

All cross-cutting interdisciplinary values were addressed throughout my fieldwork experience: communication and informatics, diversity and culture, leadership, professionalism, program planning, public health biology, and systems thinking. Each aspect was important during my fieldwork experience since it enabled me to clearly present public health messages to diverse populations.

*Useful USF MPH Courses for My Fieldwork Experience:*

Of my entire MPH program, MPH 636 (Public Health Program Planning, Management, and Evaluation) and MPH 622 (Communicating for Healthy Behavior & Social Change) were the most influential in my fieldwork experience. After learning about the grant writing process in the program planning class, I was better able to understand my preceptor when she explained the renewal process for grants (Kaiser, First 5, AFPL), budgeting, and the scope of work narratives. Additionally, understanding the theoretical models and frameworks enabled me to have a better understanding of how to influence behavioral change among the teenage pregnancy and parenting population. However, all of my other courses and coursework prepared me in all other aspects of my fieldwork.

## **Conclusion**

My overall fieldwork experience has been a rewarding experience. I not only had a chance to develop fond relationship with fellow public health practitioners of different backgrounds, but also with peer educators whom I worked directly with for half of my experience. I am inspired by everyone's dedication to making a positive impact on the participants' lives, just as the participants are dedicated to learning and being independent. I am equally inspired by seeing TAPP's comprehensive services for children, youth, and families.

From a personal viewpoint, my experience highlighted my passion in advocating for at-risk through collaborating with local leaders, planning and evaluating programs to meet their needs, and providing community health education. Through a preventative lens, I want to work with youth more because they are at a crucial stage of learning, where their actions shape their future. Additionally, I learned the importance behind finding a community need and then providing the resource. Many people are unable to plan it themselves due to life constraints, but once resources are available, people often jump to receive the services. Lastly, I learned that it's important for people to be inspired and motivated while working in non-profit organizations, since work is often very stressful. For me, my daily self-help card and my preceptor were my primary support.

From a professional viewpoint, my overall experience increased my desire to be an effective public health leader who will influence policies and programs to serve the needs of vulnerable populations. When I have the power to fund and develop programs, I strive to model the programs at TAPP, along with adding additional successful interventions. Additionally, I will continue to serve under-resourced communities through advocacy and prevention efforts.

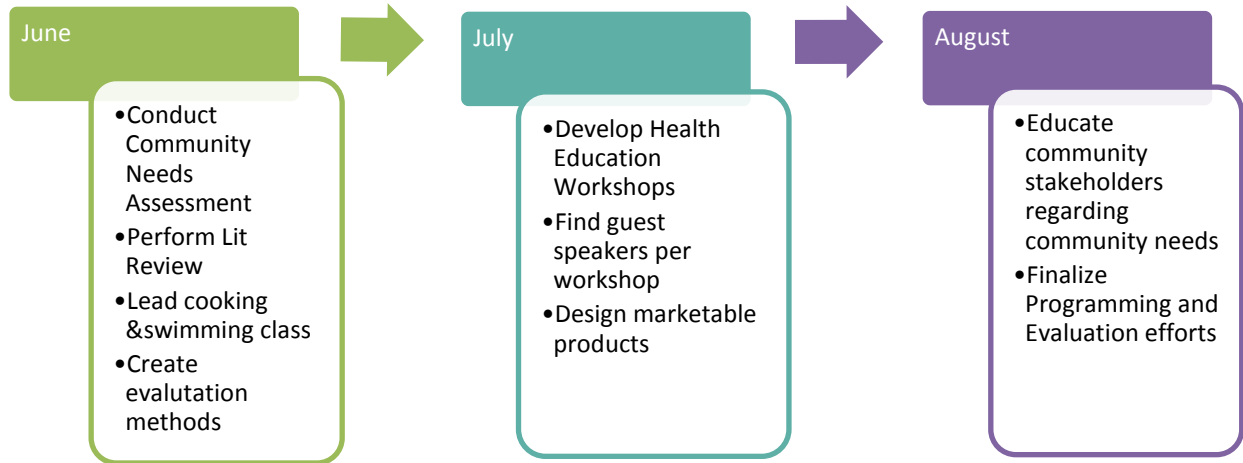
## References

- California Legislature (2014). AB-2111 child development services: Cal-SAFE. Retrieved from [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB2111](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB2111)
- CDC (2014). About teen pregnancy: Teenage pregnancy in the United States. Retrieved from <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm>
- Langille, D. B. (2007). Teenage pregnancy: trends, contributing factors and the physician's role. *Canadian Medical Association Journal*, 176(11), 1601-1602
- Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: Economic costs & social consequences of teen pregnancy*. The Urban Insitute.
- National Center for Health Statistics, National Vital Statistics System. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2012). Births: Preliminary data for 2011. *National Vital Statistics Reports*, 61 (5). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., and Mathews, T.J. (2013). Births: Final data for 2012. *National Vital Statistics Reports*, 62(9). Retrieved from <http://www.childstats.gov/americaschildren/tables/fam6.asp?popup=true>.
- The National Campaign to Prevent Teen and Unplanned Pregnancy (2014). Counting it up: The public costs of teen childbearing. Retrieved from <https://thenationalcampaign.org/why-it-matters/public-cost>
- UCSF (2014). Teen pregnancy prevention in California after senate budget cuts. Retrieved from <http://healthpolicy.ucsf.edu/article/teen-pregnancy-prevention-california-after-state-budget-cuts>



## Appendices

### Appendix I: Project Timeline



### Appendix II: Student/Preceptor Agreement Learning Contract

### Appendix III: Supportive Data

**Evaluation Methods (Pre- and Post- Tests)**

**Health Education Workshop Flyers**

**Supervised Field Training in Public Health  
Student Learning Contract – Attachment 1**

Goal 1: Conduct Needs Assessment to inform Health Education Programming for 2014-2015

<b>Objective(s)</b>	<b>Activities</b>	<b>Start/End Date</b>	<b>Who is Responsible</b>	<b>Tracking Measures</b>
Assess community members' needs (ie. What they want to learn, what problems they're currently facing, etc.)	1. Conduct needs assessment among participants by asking what resources are needed to improve quality of life and services.	6/3/14 - 6/26/14	<b>Winnie</b> – Meet with peer educators to assess what they feel would benefit the Hilltop students more, since they have a stronger understanding of their needs. Also, conduct informal focus groups with Hilltop students who drop in at YFRC.	Track the items which were requested the most. Assess what resources we have and don't have. Request to purchase items using available funding or by requesting donations.
Perform research on how to reduce repeat adolescent pregnancy.	1. Conduct literature review on effective strategies for promoting health behaviors. 2. Research information relevant to the needs of community members (gather stats of dominant health issues). 3. Review theoretical constructs of health behavior	6/3/14 – 6/9/14  6/10/14 – 6/16/14  6/10/14 – 6/16/14	<b>Winnie</b> – Conduct literature review on existing strategies, which will be the foundation of our programs  <b>Prasanthi</b> - Review/revise literature review and offer suggestions as needed.	Compare the research with the participants' self-reported needs.  Focus more on the participants' needs first, and then research other important findings.
Develop health education workshops	1. Generate most-requested 10-12 health ed. topics. 2. Research and synthesize important information about	6/12/14 – 6/26/14	<b>Winnie</b> – Select 12 topic (1x/month), develop workshop outline, and gather handouts for workshops.	Have a list of 10-12 health ed topics for the '14-15 school year, plus a thorough draft of health ed

	<p>each topic in outline format.</p> <p>3. Create pre- and post- test for the workshop and essential services.</p> <p>4. Meet with key staff to ensure the tests match their programs and that they understand how &amp; when to apply it.</p>		<p><b>Prasanthi</b> – Review health ed topics and curriculum. Provide suggestions and feedback.</p>	<p>curriculum and pre-post evaluation test.</p>
<p>Find guest speakers, from local clinics/non-profits, to present at each workshop.</p>	<p>1. Find organizations/clinics associated with health ed topics.</p> <p>2. Communicate with lead contacts via email/phone and finalize dates for presentations.</p> <p>3. Keep dates and presenters in an organized Excel chart.</p> <p>4. If unable to find presenters, gather enough resources/handouts for workshop leader to present &amp; share.</p>	<p>6/26/14 – 8/7/14</p>	<p><b>Winnie</b>- Email/call lead contacts from various local organizations to present.</p> <p><b>Prasanthi</b>- Offer suggestions of guest speakers or organizations as needed. Continue the conversation post-internship.</p>	<p>Follow-up with preceptor weekly regarding current status of health ed workshop programming.</p> <p>Follow-up with people whom I've emailed or called at least once a week.</p>

Goal 2: Improve Communication with Diverse Population

Objective(s)	Activities	Start/End Date	Who is Responsible	Tracking Measures
<p>Learn Spanish (since a majority of participants have monolingual parents/family members)</p>	<p>1. Independently study Spanish at home (with textbooks and audio from internet)</p> <p>2. Apply with Spanish-speaking participants</p>	<p>5/29/14 – 8/7/14 (study one hour every weekday &amp; review material on weekends)</p>	<p><b>Winnie</b> – Learn Spanish and practice speaking with participants and staff</p>	<p>Prepare quizzes and grade my results.</p>
<p>Coordinate with other CBOs to establish wellness program for '14-'15 school year</p>	<p>Create (or Use) a list of local CBOs who may be interested in collaborating to provide community wellness (health ed)</p>	<p>6/17/14 – 7/31/14</p>	<p><b>Winnie</b>- Contact other CBOs or orgs with similar interest. If list isn't available, will make one.</p> <p><b>Prasanthi</b> – share list</p>	<p>Ensure responses from people we contacted (via email, phone, in person) in hopes of sharing knowledge</p>

	workshops		of CBOs whom TAPP/FSA have previously contacted.	and working together.
Present health education materials to participants.	Through cooking and exercise class, promote healthy behaviors and how to be safe (ie food safety and proper exercise routines).	6/10/14 – 6/27/14	<b>Winnie</b> – Present the material while being engaged with diverse participants (in terms of ethnicity, age, and backgrounds).	Assess participant's understanding upon first engagement, and then follow up when the activity is complete.

Goal 3: Develop Marketing Materials (Brochure, Flyers, Resource Sheet, etc.)

Objective(s)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Learn to make presentation materials and methods	1. Watch Youtube videos on using Adobe Suite, learn from friend, and practice!	5/13/14 (independently) – 6/26/14	<b>Winnie</b> – Learn how to use Adobe Illustrator and Microsoft Publisher for creating publications (flyers, factsheet, etc.)	Ability to easily create handouts within 5-10 minutes, depending on the task.
Develop Distributable Marketing & Promotional Materials /Handouts	1. Create Flyers 2. Create Brochures 3. Create Fact Sheets 4. Potentially make a Powerpoint & a 1-3 minute video.	6/10/14 – 7/15/14	<b>Winnie</b> – Create the marketing materials to further expand existing resources.  <b>Prasanthi</b> - Share what materials are needed and provide feedback on drafts of the resources.	Track how many handouts were printed and utilized by peers.

Goal 4: Present Findings to Staff, Program Participants, and Local CBOs

Objective(s)	Activities	Start/End Date	Who is Responsible	Tracking Measures
Educate community stakeholders re. community needs	Present trainings and lectures to staff and program participants on findings.  Raise awareness of community challenges to community organizations & key stakeholders.	7/15/14 -7/24/14  7/22/14 – 8/7/14	<b>Winnie</b> – Synthesize findings in the promotional handouts (see above) and presenting it clearly to guests. <b>Prasanthi</b> – Network with community partners and stakeholders.	After the presentation, give participants a 5 Q questionnaire to gauge what they learned and already knew.  Analyze the findings.

Updated July 2014

# Parent Health Education Presentations

Date (Weds)	Topic	Presenter(s)
<b>2014</b>		
<b>9/10/14</b>	Reproductive Health: Healthy Sexuality	<b>Daphina &amp; T-RAPP</b> , Health Liaison and Outreach Coordinator (Teen Re- sources to Achieve Positive Practices)
<b>9/24/14</b>	Healthy Relationships	<b>Monique Hosein</b> , Youth Services Supervisor, MNHC (Mission Neighborhood Health Center)
<b>10/8/14</b>	Young Men & Women Empowerment	<b>Eli Parson</b> , Family Case Manager, Homeless Prenatal Program
<b>11/12/14</b>	Reproductive Health: Breastfeeding	<b>Grace Yee</b> , WIC Breastfeeding Promotion Coordinator, DPH
<b>11/19/14</b>	Violence Prevention	<b>Tiffany Tan</b> , Children's Advocate, Asian Women's Shelter
<b>12/10/14</b>	Car Seat Safety	<b>Allison Burke</b> , Child Safety Coordinator/ Car Seat Technician, San Francisco SAFE, Inc,
<b>2015</b>		
<b>1/21/15</b>	Child Care Safety	<b>Ivy Steverson</b> , Program Nurse, Child Care Health Project
<b>2/11/15</b>	Oral Hygiene	<b>Prasanthi &amp; Jean</b> , SF DPH
<b>3/11/15</b>	Job Readiness	<b>Barbara Hoo</b> , Supervisor, Matchbridge at United Way of the Bay Area
<b>4/15/15</b>	Financial Literacy	<b>Teresa Garcia</b> , Financial Capability Coach, MEDA (Mission Economic Development Agency)
<b>5/13/15</b>	CPR/ 1 <sup>st</sup> Aid Basics	<b>Prasanthi</b> , Wellness Coordinator / YFRC Program Supervisor

# **Strategies to Reduce Teen Pregnancy & to Promote Health Equity Among Youth**

**1. Increase knowledge of sexual issues, HIV, other STDs, and pregnancy (including methods of prevention).**

*Enhance Self-efficacy:*

Individual ability to avoid HIV/STD risk & risk behaviors.

Individual ability to refuse sex and to use condoms.

**2. Inquire to find their personal values about sex & abstinence.**

Assess their attitudes & intent toward using condoms

Focus on goal-setting and reproductive family planning.

**3. Alter social influence to raise awareness of healthy sexual behavior among peer/cultural norms.**

**4. Promote abstinence from sex or limited number of sexual partners.**

**5. Improve communication with parents, other trusted adults, and teens about sex, condoms, and contraception.**

Increase support network to include positive role models!

**6. Increase access to family planning services, employment, extracurricular activities, and stable housing.**

**7. Understand adolescent development to:**

**Inform** teens about how to make rational sexual decisions

**Assist** their infant's development progress.

# Parent Health Education Workshops

**Who:** You are invited to our Health Education Workshops

**What:** 30 minute presentations on relevant from experienced professionals.

**When:** Starting in September, every 2nd Wednesday of the month,  
12:30pm— 1:00pm

**Where:** YFRC, located on the 2nd floor

**Why:** To learn relevant information to empower you and your family!

## Topics Include:



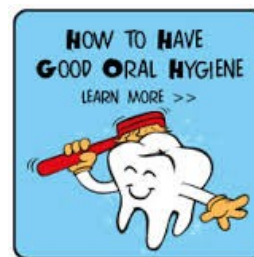
Healthy Sexuality,  
Healthy Relationships



**Financial  
Literacy**



job readiness



TAPP's Young Family Resource Center

2730 Bryant St. 2nd

Phone: 415-695-8300

E-mail: [ppatel@felton.org](mailto:ppatel@felton.org)

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Evidence-based Systematic Training for Effective Parenting (S.T.E.P.) Course**  
**Pre- / Post- Test**

*Please select the best response for each of the following questions:*

1. I have adequate knowledge to build my child's self-esteem:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I am aware of my child's development stage according to the ASQ questionnaire:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. I understand how to appropriately discipline my child:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. If your child told you he/she has been bullied at school and he/she reports having low self-esteem, which phrase below best represents your initial response?
  - a. Offer encouraging words and love
  - b. Provide advice on self-defense (verbally to the peers and adult staff)
  - c. Go to school the next day and speak with the principal, the peers, and/or the teacher/staff who may be aware of the situation
  - d. All of the above
  
5. If your child constantly displays tantrums, which phrase below best represents your initial response?
  - a. Constantly yell at your child and physically punish him/her.
  - b. Give the child a time out from what he/she likes (ie toys or going outside) for the entire day, without explaining why he/she is punished
  - c. Remain calm, understanding that your child is still learning, offer clear positive requests, such as 'please keep the door open' instead of 'don't close the door', and consistently set boundaries with action.
  - d. Let your child cry until he/she gets tired, without comforting him/her at all.



Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Evidence-Informed Partners in Parenting Education Course (P.I.P.E) Course  
Pre- / Post**

*Please select the best response for each of the following questions:*

1. I feel that my child has a secure attachment with me:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. My child is able to separate from parents when necessary, but greets parents with positive emotions upon return:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. My child seeks comfort from parents when frightened:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. I am very responsive to my child's needs:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. My child typically prefers parents and caregivers over strangers:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Young Teen Parent Leadership Group  
Pre-Test**

*Please select the best response for each of the following questions:*

1. I know what type of resources are available to support me and my family:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I feel comfortable seeking support (eg. taking turns child-sitting) from my peers:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. I have the skills to be a teen parent leader:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. I know of all the services and benefits that I am qualified for as a young parent:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

5. What areas and/or skills would you like to learn more?

---

---

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Young Teen Parent Leadership Group  
Post-Test**

*Please select the best response for each of the following questions:*

1. I know what type of resources are available to support me and my family:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I feel comfortable seeking support (eg. taking turns child-sitting) from my peers:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. I have the skills to be a teen parent leader:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. The group leader is very accessible, supportive, and informative:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. What are other areas and/or skills would you like to learn more?

---

---

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

## Wellness/Weight Management Education Support Group

### Pre - Test

*Please select the best response for each of the following questions:*

#### **Food Safety:**

1. True or False: You should always clean raw meat, poultry, and seafood before cooking it.
2. True or False: You do not need to separate raw meat from produce and cooked foods.
3. True or False: The only way to kill germs is to cook food to proper temperatures.
4. True or False: You should never thaw food simply by taking it out of the fridge.

#### **Weight Management:**

5. How long should a person wait between meals?

\_\_\_\_\_

6. It's bad for people to eat snacks if they want to lose weight.

a. True \_\_\_\_\_ False \_\_\_\_\_

b. Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How often should people exercise to lose weight?

\_\_\_\_\_

\_\_\_\_\_

8. What type of exercise is best for losing weight?

\_\_\_\_\_

\_\_\_\_\_

9. A person should eliminate all sweets to lose weight. True \_\_\_\_\_ False \_\_\_\_\_

10. Healthy weight loss is temporary. True \_\_\_\_\_ False \_\_\_\_\_

11. What would you like to learn from the class regarding wellness and weight management:

\_\_\_\_\_

\_\_\_\_\_

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Wellness/Weight Management Education Support Group**

**Post- Test**

*Please select the best response for each of the following questions:*

**Food Safety:**

12. True or False: You should always clean raw meat, poultry, and seafood before cooking it.

13. True or False: You do not need to separate raw meat from produce and cooked foods.

14. True or False: The only way to kill germs is to cook food to proper temperatures.

15. True or False: You should never thaw food simply by taking it out of the fridge.

**Weight Management:**

16. How long should a person wait between meals?

\_\_\_\_\_

17. It's bad for people to eat snacks if they want to lose weight.

a. True \_\_\_\_\_ False \_\_\_\_\_

b. Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. How often should people exercise to lose weight?

\_\_\_\_\_

\_\_\_\_\_

19. What type of exercise is best for losing weight?

\_\_\_\_\_

\_\_\_\_\_

20. A person should eliminate all sweets to lose weight. True \_\_\_\_\_ False \_\_\_\_\_

21. Healthy weight loss is temporary. True \_\_\_\_\_ False \_\_\_\_\_

22. Overall, what is the most interesting information that you learned?

\_\_\_\_\_

\_\_\_\_\_

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

## Focus on Fathering Parent/Peer Support Group

### Pre- /Post- Test

*Please select the best response for each of the following questions:*

1. I feel comfortable sharing my fatherhood experience with the group:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I know how to engage my child based on my child's developmental stages:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. Which of the following is true (select one):
  - a. Developing language can start from the time the child is born.
  - b. Much growth and change happens in the first 6 years of life.
  - c. It is important to tell a child why he/she should not do something
  - d. All of the above
  
4. I know how to be financially stable as a father:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. What are some resources in San Francisco where fathers can seek emotional, legal, physical, and spiritual support? Please list places that you are aware of.

---

---

---

6. What additional skills and/or knowledge would you like to learn to best help you and your child become engaged and grow together?

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

## Art & Culture Activities

### Pre- / Post- Test

*Please select the best response for each of the following questions:*

1. I am aware of how other cultural traditions may vary from my own:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I understand how to use art to bond with my child:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. Hands-on creative playtime is essential for my child's growth:
  - a. True
  - b. False
  
4. The group leader is very engaging:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. I find this class very helpful:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
6. Please share what type of activities you would recommend for future classes:

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Early Literacy  
Pre- / Post- Test**

*Please select the best response for each of the following questions:*

1. Match the following 6 dimensions of Early Literacy to the correct definition:
- |                           |     |  |
|---------------------------|-----|--|
| a. Print Motivation       | ___ | 1. Familiarity with letters, names, & sounds |
| b. Narrative Skills       | ___ | 2. Ability to hear & play with sounds        |
| c. Letter Knowledge       | ___ | 3. Knowing the name & meaning of words       |
| d. Phonological Awareness | ___ | 4. Child's interest/enjoyment of books       |
| e. Vocabulary             | ___ | 5. Understanding how books work              |
| f. Print Awareness        | ___ | 6. Ability to describe things & tell stories |

2. At what age should you start reading and talking to your child?
- a. At birth
  - b. 6 months
  - c. 1 year
  - d. All of the above

3. What are the benefits of reading, talking, and singing to your child?

---

---

---

---

4. How often should you read, talk, and sing to your child, respectively?

---

---

---

---

5. Please describe a literacy-rich physical environment.

---

---

---

---



Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**One-Time Parent Education Workshops:  
Post- Test**

*Please select the best response for each of the following questions:*

1. The topics addressed are/were relevant:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. The speaker was very clear, informative, and helpful:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

3. What did you learn today? Please elaborate.

---

---

---

4. What other topics would you like to learn more for future presentations?:

---

---

---

5. How many workshops have you attended within the past 12 months? Which do you like the most, and why?

---

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Case Management  
Pre-Test**

*Please select the best response for each of the following questions:*

1. I feel that my case manager is very informative:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I feel that my case manager is very supportive:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. I feel that my case manager is very accessible and responsive to my needs:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. I feel safe speaking with and seeking help from my case manager:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. What type of services and support would you like to receive from your current case manager?

---

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Case Management  
Post- Test**

*Please select the best response for each of the following questions:*

1. I feel that my case manager is very informative:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
2. I feel that my case manager is very supportive:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
3. I feel that my case manager is very accessible and responsive to my needs:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
4. I feel safe speaking with and seeking help from my case manager:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
5. My case manager is competent in providing essential services to meet my needs:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
6. Would you recommend your case manager to other people who need services?
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**GED Classes  
Post- Test**

*Please select the best response for each of the following questions:*

1. The GED class is offered at a convenient date, time, and location:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. The GED instructor is very patient, supportive, and informative:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. The GED class is very comprehensive of every subject that I should learn:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. I feel relief completing my GED class while knowing my child is safe at childcare:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. Would you recommend the GED course to other pregnant/parenting teens who are interested? Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_
  
6. What changes would you recommend, if any, to improve the GED course?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**REACH Vocational Job Readiness Training**

**Post- Test**

*Please select the best response for each of the following questions:*

1. What is your ideal job and what type of training is needed to become qualified?

---

---

---

2. Since attending the course, have you learned valuable technical skills and knowledge to work and become financially stable? Please explain:

---

---

---

3. Do you feel confident in my abilities to have and maintain a job? Please elaborate:

---

---

---

4. What did you like the most from the class?

---

---

---

5. What suggestions do you have to improve for future classes?

---

---

---

6. Would you recommend this training to other young parenting adults? Why or why not?

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**T-RAPP Pregnancy Prevention Education  
Pre- Test**

*Please select the best response for each of the following questions:*

1. Please name at least three different type of birth control methods:

---

---

---

2. What are some challenges for teen parents?

---

---

---

3. Please list at least three teen clinics where youth can access resources:

---

---

---

4. What are your thoughts about teenage pregnancy? Do you know anyone who is a teen parent? Please elaborate:

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**T-RAPP Pregnancy Prevention Education  
Post- Test**

*Please select the best response for each of the following questions:*

1. Please name at least two different type of birth control methods:

---

---

---

2. What are some challenges for teen parents?

---

---

---

3. Please list 2-3 teen clinics where youth can access resources:

---

---

---

4. The speakers were very clear and very informative:

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

5. What did you learn today? Please elaborate.

---

---

6. What impact, if any, does the presentation have on you and your personal beliefs regarding future family planning?

---

---

---

7. What other topics would you like to learn more for future presentations?

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Sewing and Fashion Design**  
**Pre-/ Post- Test**

*Please select the best response for each of the following questions:*

1. The group leaders were very clear, informative, and helpful:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I know how to sew and design my own clothing:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

3. What skills have you learned so far? Please elaborate.

---

---

---

4. What other skills would you like to learn more for future classes?

---

---

---

5. What changes would you recommend to improve the class?

---

---

---



Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Wellness Activities**  
**Pre-/ Post- Test**

*Please select the best response for each of the following questions:*

1. The group leaders were very clear, informative, and helpful:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. How many healthy meals do you know how to cook?
  - a. 0-5
  - b. 6-10
  - c. 11-15
  - d. 16-20
  - e. 20+
  
3. True or False: I know how to use at least more than half of the exercise equipments:
  - a. True
  - b. False
  
4. I feel more comfortable developing healthy eating and lifestyle choices than before:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Doula-Based Childbirth Class  
Pre-Test**

*Please select the best response for each of the following questions:*

1. What is a doula?

---

---

---

2. How can a doula help you during childbirth?

---

---

---

3. How do you think your childbirth experience will be like (peaceful, exciting, scary, etc.)?

---

---

---

4. After giving birth, do you plan on breastfeeding?

---

---

---

5. What are some suggestions for improving future classes?

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Doula-Based Childbirth Class  
Post-Test**

*Please select the best response for each of the following questions:*

1. How was your experience having a doula help you with delivering?

---

---

---

2. After attending the course, do you feel that this course prepared you to have a smooth, comfortable delivery?

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly Disagree

3. If you plan on having more children, do you plan on seeking help from a doula again?

---

---

---

4. After giving birth, have you breastfed your child? If yes, how regularly? How many months/years do you intend to continue breastfeeding?

---

---

---

5. What are some suggestions for improving future classes?

---

---

---

Initials of First Name and Last Name, Birth Year: \_\_\_\_\_

**Activity: Group & Individual Therapy**  
**Pre- / Post- Test**

*Please select the best response for each of the following questions:*

1. I am aware of the benefits of individual and group counseling:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
2. I am comfortable seeking therapy services:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
3. I am aware of cultural influences on my parenting and family styles, and how it relates/differs from other cultures:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
4. I can deal with family violence, if it occurs, in a calmly matter:
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
  
5. True or False: Only “crazy” people seek therapy:
  - a. True
  - b. False
  
6. True or False: “Medication is just as effective as therapy:”
  - a. True
  - b. False