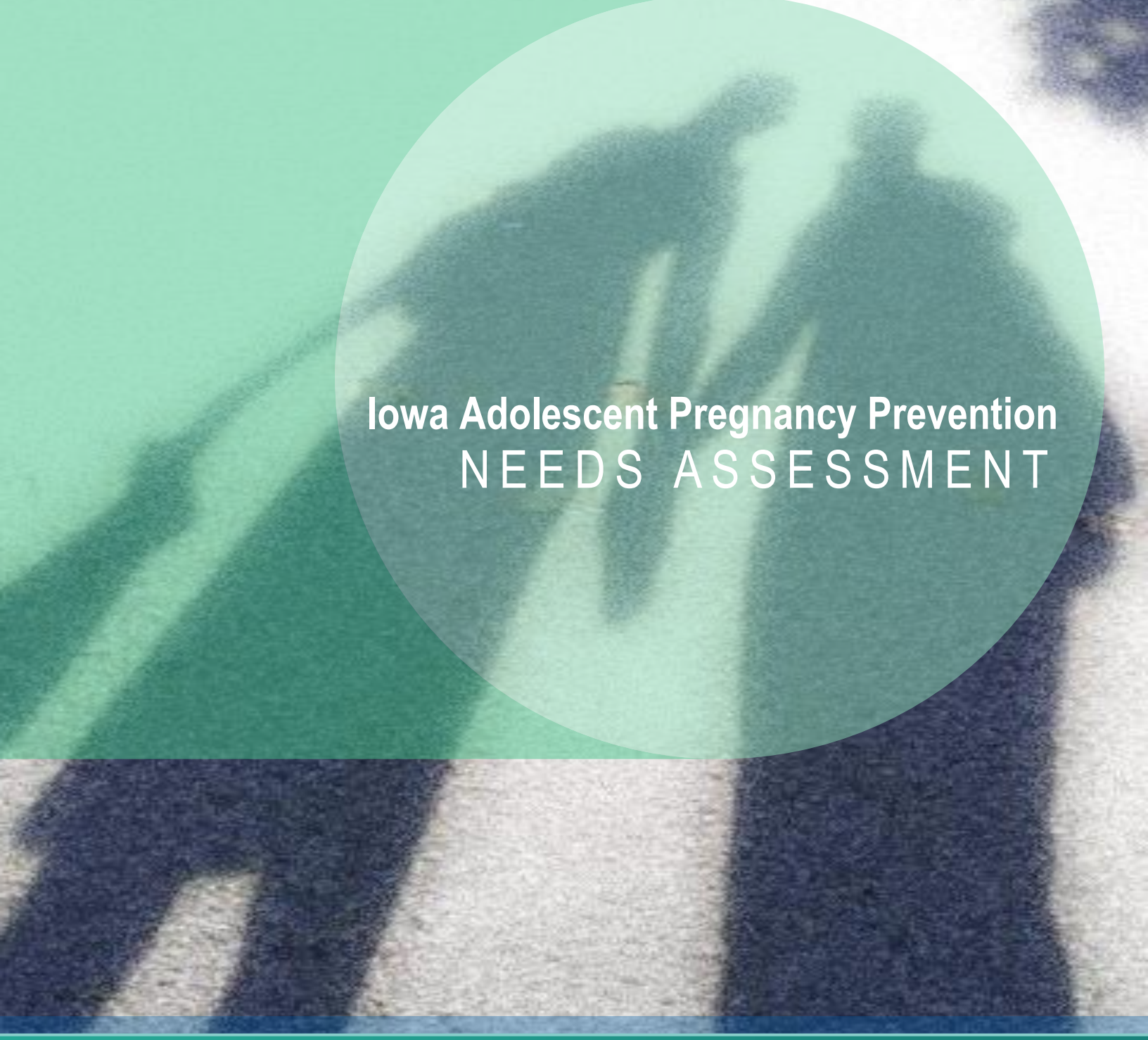

Iowa Adolescent Pregnancy Prevention
NEEDS ASSESSMENT

Prevent Child Abuse Iowa
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Des Moines, IA 50309
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www.pcaiowa.org

October 2019

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148 State Street 10th Floor
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October 2019

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Iowa Department of Human Services
Iowa Department of Public Health
Parents and youth of Iowa
Prevention professionals
Flynn Wright

Table of Contents

Executive Summary

The Iowa Department of Human Services (IDHS) has been focused on adolescent pregnancy prevention for over 30 years. Currently, IDHS oversees the largest source of adolescent pregnancy prevention funding in Iowa through the Community Adolescent Pregnancy Prevention (CAPP) program. In state fiscal year (SFY) 2019, Prevent Child Abuse Iowa (PCA Iowa) was awarded the contract to oversee the CAPP program administration and provide media resources. Toward the end of 2018, IDHS contracted with PCA Iowa to complete a needs assessment and develop a strategic plan to provide a framework for pregnancy prevention strategies. To conduct the needs assessment, PCA Iowa selected Public Consulting Group, Inc. (PCG), a longtime collaborator and evaluator of prevention programs in Iowa and other states. In partnership with PCA Iowa, PCG developed surveys to gather input from prevention professionals, parents and youth. PCG reviewed information collected by other collaborators, including a marketing study on adolescent pregnancy prevention messaging; compiled evidence-based practices; conducted a qualitative and quantitative analysis; and synthesized the results. PCA Iowa managed community outreach activities such as focus groups and survey administration. **This report describes the results and findings of the needs assessment of adolescent pregnancy prevention in Iowa.**

The overall goal of the needs assessment was to systematically analyze adolescent pregnancy prevention services and funding in Iowa, identify strengths and challenges, and propose recommendations. The following steps were taken to develop a comprehensive picture of Iowa's adolescent pregnancy prevention landscape:

1. Reviewed existing funding sources for adolescent pregnancy prevention programs in Iowa;
2. Analyzed how adolescent pregnancy prevention programs intersect, gaps in services, and the use of evidence-based practices (interventions or program models that have had rigorous scientific evaluations showing positive effects on outcomes);
3. Investigated the need for adolescent pregnancy prevention programs by doing a county level analysis of the prevalence and impact of adolescent pregnancy risk factors;
4. Examined stakeholder input received through surveys to prevention professionals, parents and youth to identify patterns of risk, importance of addressing adolescent pregnancy and use of familial and community supports to address areas of need; and
5. Synthesized data collected from parents and youth to inform the development of media campaign messaging to address adolescent pregnancy and childbearing.

Synthesis of data from these steps has resulted in the identification of the following strengths and challenges of adolescent pregnancy prevention efforts in Iowa:

Strengths

1. The **adolescent birth rate in Iowa is lower than the national rate** and has decreased in recent years**. In 2017, Iowa had the 18th lowest adolescent birth rate in the United States**. The adolescent birth rate in Iowa in 2017 was 16.0 births per 1,000 females ages 15 to 19 compared to 18.8 per 1,000 females nationally among this same age group.

2. By funding programs in 59 counties and targeting both adolescents and parents, **the Community Adolescent Pregnancy Prevention Program is reaching geographical areas and populations other adolescent pregnancy prevention programs are not**. The other adolescent pregnancy prevention programs with adolescent pregnancy prevention as the primary aim (Sexual Risk Avoidance Education, Personal Responsibility Education Program, Teen Pregnancy Prevention Program) have a limited reach and target less than ten percent of counties in Iowa.
3. Seventeen programs listed in the State of Iowa's *Children's Program Factbook* could potentially serve as additional sources of adolescent pregnancy prevention services.
4. **All Community Adolescent Pregnancy Prevention Program grantees have adopted at least one evidence-based practice (EBP) or evidence-informed program (EIP)**, and nearly 60 percent of grantees used an evidence-based practice rated as high in the U.S. Department of Health and Human Services Evidence-Based Teen Pregnancy Prevention Program database.

5. A majority of prevention professionals believe that the adolescent pregnancy prevention risk factors are being addressed to some extent in the counties they serve.
6. About 67 percent of females age 16 and older surveyed believed it was "very important" to avoid becoming pregnant or avoid getting someone pregnant.

Challenges

1. **Almost 45 percent of Iowa counties have adolescent birth rates greater than the national average** with two counties having rates twice the national average (Lee and Fremont).
2. **Thirty-seven counties in Iowa do not have access to any of the four adolescent pregnancy prevention programs with adolescent pregnancy prevention as the primary focus**. Of those, 16 have adolescent birth rates greater than the national average (Jefferson, Harrison, Monroe, O'Brien, Washington, Adams, Union, Mahaska, Keokuk, Cass, Emmet, Osceola, Taylor, Lucas, Montgomery, and Fremont) and five are in the highest birth rate quartile (Osceola, Taylor, Lucas, Montgomery, and Fremont).
3. Only 17 counties identified adolescent pregnancy as a public health issue in their Community Health Needs Assessment Health Improvement Plans. Further, only **nine counties in the highest adolescent birth rate quartile identified adolescent pregnancy prevention in their Health Improvement Plans**.
4. Almost all the funding for the four adolescent pregnancy prevention programs with adolescent pregnancy prevention as the primary focus comes entirely from federal sources. **The state government does not fund any adolescent pregnancy prevention programs with the primary aim of adolescent pregnancy prevention.**

5. **Seven of the 15 risk factors in the county-level analysis were statistically significantly correlated with adolescent birth rates in Iowa:** child poverty; low social engagement; child abuse and neglect; living in a single-parent home; absence of supportive family members; living in a rural community; and marijuana use. Prevention professionals surveyed also identified child poverty and absence of supportive family members as important risk factors. Additionally, prevention professionals identified adverse childhood experiences and parental knowledge as important risk factors.

6. **Prevention professionals reported that competing parental demands, community unwillingness to discuss adolescent pregnancy, and parents not wanting help were key barriers to services.** Further, they identified comprehensive sex education topics (*e.g.,* contraceptive use, knowledge about sexual health, open communication with adults about contraceptive use, peer condom use) as areas that pregnancy prevention efforts should focus on in the counties they serve.
7. Almost 50 percent of prevention professionals were surprised by adolescent birth rates in the counties they serve indicating a lack of knowledge about adolescent pregnancy in their communities.
8. Low social engagement was a statistically significant risk factor of adolescent pregnancy in Iowa and almost 50 percent of youth surveyed reported they were not involved in any organized after-school activities.
9. **About 54 percent of at-risk youth surveyed reported it was "very important" to avoid becoming pregnant or getting someone pregnant compared to 64 percent of not at-risk youth.** Only 52 percent of youth age 16 and older believed it was "very important" to avoid becoming pregnant or avoid getting someone pregnant, and **only 41 percent of male youth age 16 and older thought it "very important" to avoid getting someone pregnant.**

10. **Among Community Adolescent Pregnancy Prevention Program grantees, 60 percent of evidence-based and evidence-informed practices were implemented with less than 75 percent fidelity**, which may have reduced the programs' efficacy because high implementation fidelity is necessary to preserve the behavior change mechanisms that make programs effective.

Recommendations

Qualitative and quantitative data collected in this needs assessment indicate several areas of focus for improved adolescent pregnancy prevention practices in Iowa. The following recommendations are respectfully suggested:

1. Streamline adolescent pregnancy prevention funding sources.

2. Increase variety of evidence-based practices and implement to fidelity.

3. Broaden pregnancy prevention programming to ensure statewide coverage.

4. Partner with Child Protective Services and Foster Care and Adoption Services to reach at-risk youth and families.

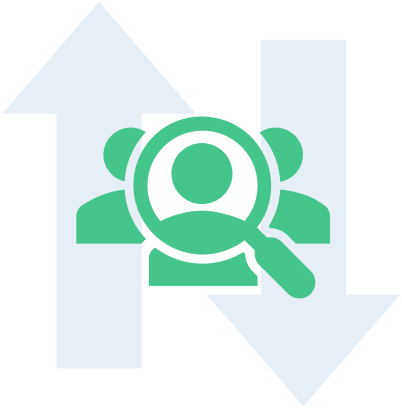
5. Implement comprehensive sex education in all schools.

Introduction

The Centers for Disease Control and Prevention (CDC) reports that in 2017 the birth rate for women ages 15 to 19 was 18.8 per 1,000 women, representing a record low for the nation as a whole (Martin, Hamilton, & Osterman, 2018). During this same time period, the adolescent birth rate in Iowa was 16.0 births per 1,000 women ages 15 to 19 (Martin, Hamilton, & Osterman, 2018). Although rates in the United States and Iowa are declining, they are still higher than most other developed nations (United Nations Statistics Division, 2015). While the **exact cause of the decline in adolescent birth rates is not known for certain, evidence suggests these declines are largely due to the increase in contraceptive use among adolescents who are sexually active** (Santelli, Lindberg, Finer & Singh, 2007; Lindberg, Santelli, & Desai, 2016).

Adolescent pregnancy and childbearing have social and economic costs, which not only impact the adolescent parent, but also the children of adolescent parents. High school dropout rates are considerably higher among adolescent mothers compared to those who do not give birth during adolescence. An estimated **50 percent of adolescent mothers receive a high school diploma by 22 years of age, whereas about 90 percent of women who do not give birth during their adolescence graduate from high school** (Perper, Peterson, & Manlove, 2010). There also can be negative consequences to the children of adolescent mothers (Hoffman, 2008), including:

- lower rates of school achievement
- higher high school dropout rates
- more health problems
- increased risk being incarcerated
- higher rates of unemployment as a young adult
- child maltreatment
- increased risk of becoming an adolescent parent



In 1987, a group of Iowa's legislators, policymakers, service providers, and citizens met to identify the top five issues facing Iowans. Adolescent pregnancy was identified as a priority, and the legislature appropriated $500,000 in funds to the Iowa Department of Human Services (IDHS) for an adolescent pregnancy prevention program. Currently, this program is called the Community Adolescent Pregnancy Prevention (CAPP) program and **the Iowa legislature appropriates almost two million dollars annually in federal Temporary Assistance for Needy Families funds to IDHS for CAPP.**

In state fiscal year (SFY) 2019, Prevent Child Abuse Iowa (PCA Iowa) was awarded the contract to administer the CAPP program and provide media resources. Under the terms of this contract, PCA Iowa is conducting a comprehensive needs assessment that will inform the development of a strategic plan for adolescent pregnancy prevention strategies. To conduct the needs assessment, PCA Iowa selected Public Consulting Group, Inc. (PCG), a longtime collaborator and evaluator of prevention programs in Iowa and other states. In partnership with PCA Iowa, PCG developed surveys to gather input from prevention professionals, parents and youth; reviewed information which was collected by other collaborators, including a marketing study on

adolescent pregnancy prevention messaging; compiled evidence-based practices; conducted a qualitative and quantitative analysis of risk factors and funding; and synthesized the results. PCA Iowa managed community outreach activities such as focus groups and survey administration. This report describes the results and findings of the needs assessment of adolescent pregnancy prevention in Iowa.

About This Report

The overall goal of the needs assessment was to systematically analyze adolescent pregnancy prevention services and funding in Iowa, identify strengths and challenges, and propose recommendations. The following steps were taken to develop a comprehensive picture of Iowa's adolescent pregnancy prevention landscape:

1. Reviewed existing funding sources for adolescent pregnancy prevention programs in Iowa;
2. Analyzed how adolescent pregnancy prevention programs intersect, gaps in services, and the use of evidence-based practices (interventions or program models that have had rigorous scientific evaluations showing positive effects on outcomes);
3. Investigated the need for adolescent pregnancy prevention programs by doing a county level analysis of the prevalence and impact of adolescent pregnancy risk factors;
4. Examined stakeholder input received through surveys to prevention professionals, parents and youth to identify patterns of risk, importance of addressing adolescent pregnancy and use of familial and community supports to address areas of need; and
5. Synthesized data collected from parents and youth to inform the development of media campaign messaging to address adolescent pregnancy and childbearing.

A mixed method approach using both qualitative and quantitative data sources was used to provide a robust understanding of Iowa's adolescent pregnancy prevention services and barriers to meeting adolescents and their families' needs. Data sources used to compile the information can be found at the start of each section and a detailed description of the methodology is provided in Appendix A.

Results of this needs assessment will be used to guide the development of goals and objectives of the strategic plan to address adolescent pregnancy and childbearing. Activities to gain feedback from stakeholders will continue throughout the strategic planning process. As goals and objectives are constructed, a statewide committee will be convened to elicit feedback. In Fall of 2019 PCA Iowa will deliver a full strategic plan to IDHS for comment and revisions.

Iowa's Prevention Programs and Funding Sources

Adolescent Pregnancy Prevention Programs (APPPs)

Employing the four data sources listed to the right, PCA Iowa identified six programs providing adolescent pregnancy prevention funding in Iowa. Four have adolescent pregnancy prevention as their primary focus.

Figure 1 lists the programs providing adolescent pregnancy prevention services in Iowa.

- Youth Policy Institute of Iowa's (YPII) Pregnancy Prevention and Reproductive Health Resources Guide*
- Iowa Legislative Service Agency's Children's Program FY 2018 Fiscal Dataset
- IDHS CAPP grantee funding information
- Program websites & annual reports

Data Sources

*IDHS and Iowa Department of Public Health updated the guide for this assessment

Figure 1. Sources of Adolescent Pregnancy Prevention Funding

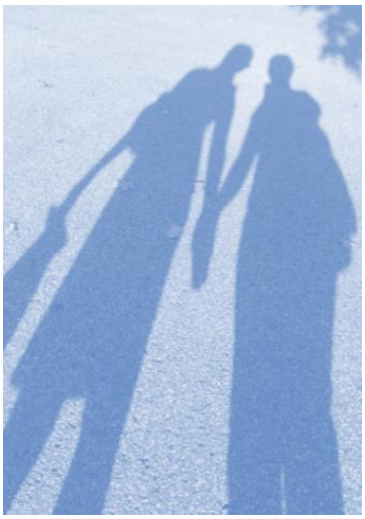
Adolescent Pregnancy Prevention as Primary Focus

- Community Adolescent Pregnancy Prevention (CAPP)
- Personal Responsibility Education Program (PREP)
- Sexual Risk Avoidance Education (SRAE)
- Teen Pregnancy Prevention Program (TPPP)

Adolescent Pregnancy Prevention as a Component

- Chafee Foster Care Program for Successful Transition to Adulthood (Chafee)
- Title X Family Planning Services

FUNDING



Two of the APPPs are administrated by IDHS; two by the Iowa Department of Public Health (IDPH); two by private agencies, Planned Parenthood of the Heartland and Equipping Youth; and two by both a public and private agency [IDPH and Family Planning Council of Iowa (FPCI)].

Five of the APPPs (CAPP, Chafee, PREP, SRAE, and Title X) contract with local organizations to carry out direct service work. Three (Chafee, PREP, and TPPP) target adolescents at high risk for pregnancy, while **only CAPP targets both parents and adolescents.** Four of the APPPs (CAPP, PREP, SRAE, and TPPP) utilize at least one evidence-based practice. Figure 2 provides descriptions of each program.

Figure 2. Description of Iowa Adolescent Pregnancy Prevention and Sexual Health Programs

Community Adolescent Pregnancy Prevention (CAPP): Block grant, appropriated by the state legislature each year aimed at providing services to 1) adolescents and their parents for the purpose of preventing adolescent pregnancy; 2) adolescents who are either pregnant or parenting to prevent subsequent pregnancies, promote self-sufficiency and physical and emotional well-being; and 3) communities to assist them in addressing issues of adolescent pregnancy (IDHS, 2019).

Personal Responsibility Education Program (PREP): Federal discretionary grant targeting youth at high risk for pregnancies that aims to 1) educate youth on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, 2) educate adolescents on at least three adulthood preparation subjects and life skills, and 3) replicate evidence-based effective program models (IDHS, 2019).

Sexual Risk Avoidance Education (SRAE): Formula grant based on the proportion of low-income children compared to the total number of low-income children in the United States. SRAE provides funding to states/territories to implement education exclusively on sexual risk avoidance that teaches 10 to 19-year-olds to voluntarily refrain from sexual activity. The program teaches personal responsibility, self-regulation, goal setting, healthy decision-making, a focus on the future, and the prevention of risk behaviors such as drug and alcohol use without normalizing teen sexual activity (IDHS, 2019).

Teen Pregnancy Prevention Program (TPPP): The Office of Adolescent Health (OAH) TPPP is a national, evidence-based program that funds diverse organizations working to prevent teen pregnancy across the United States. OAH invests in both the implementation of evidence-based programs and the development and evaluation of new and innovative approaches to prevent teen pregnancy. OAH TPPP targets 10 to 19-year-olds with the greatest need to reduce disparities in teen pregnancy and birth rates. Planned Parenthood of the Heartland was first awarded a Tier 1 grant in 2015 and will be funded until at least 2020. Tier 1 grants replicate teen pregnancy prevention programs determined to be effective through rigorous evaluation and systematic review by OAH. Equipping Youth was awarded a Tier 2 grant, which indicates that the teen pregnancy prevention program utilizes new and innovative strategies that have not yet gone through rigorous evaluation (IDHS, 2019).

Chafee Foster Care Program for Successful Transition to Adulthood (Chafee): Federal appropriation administered by the U.S. Department of Health and Human Services, Children's Bureau providing states with flexible funding to support youth ages 14 or older who have experienced foster care in their transition to adulthood. It provides transitional services such as education assistance, career exploration, vocational training, job placement and retention, daily living skills training, substance abuse prevention, and preventive health activities (such as nutrition and pregnancy prevention) (IDHS, 2019).

Title X Family Planning Services: Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Iowa currently has two grants: Family Planning Council of Iowa (FPCI) and IDPH. Iowa Title X funds are used to provide family planning medical services; health education; and community education, information and outreach (IDHS, 2019).

Title X funds programs in all 99 counties in Iowa and CAPP supports 59 counties. The remaining APPPs have a narrow reach, delivering services to adolescents in less than ten percent of Iowa's counties. **According to SFY 2019 data, 37 counties do not have access to any of the four APPPs with adolescent pregnancy prevention as the primary focus** (see Table 1), and five of those counties (Osceola, Taylor, Lucas, Montgomery and Fremont) had adolescent birth rates in the highest quartile (rates ≥ 24.9 births per 1,000 females ages 15–19). Appendix A includes a map (Figure A-1) that displays SFY 2019 APPP funding in Iowa's counties in greater detail.[1]

Table 1. Counties Receiving No Funding from Programs with Adolescent Pregnancy Prevention as the Primary Focus

County	Adolescent Birth Rate	County	Adolescent Birth Rate
Poweshiek	7.7	Shelby	16.2
Madison	10.2	Ida	17.8
Mitchell	10.7	Jefferson	19.0
Grundy	10.8	Harrison	19.6
Warren	11.4	Monroe	19.8
Van Buren	12.1	O'Brien	20.2
Kossuth	12.5	Washington	20.6
Benton	12.7	Adams	21.6
Jones	13.2	Union	22.1
Winnebago	13.2	Mahaska	22.2
Palo Alto	13.3	Keokuk	22.8
Lyon	13.9	Cass	23.5
Dickinson	14.0	Emmet	24.6
Clay	14.1	Osceola●	25.0
Adair	14.2	Taylor●	26.6
Monona	14.3	Lucas●	29.0
Sioux	14.3	Montgomery●	29.5
Worth	15.8	Fremont●	37.7
Floyd	16.0	● In Highest Adolescent Birth Rate Quartile	

[1]SFY 2020 APPP funding data was not available until after the assessment was completed. However, a map of SFY 2020 funding was added to Appendix A (Figure A-2).

Adolescent Pregnancy Prevention Funding

Available funding for Iowa's APPPs was examined using the data sources to the right to determine:

- The total amount of funding allocated in Iowa for adolescent pregnancy prevention
- The percent of prevention funding provided by CAPP statewide
- The percent of CAPP grantees' budgets funded by CAPP

Data Sources

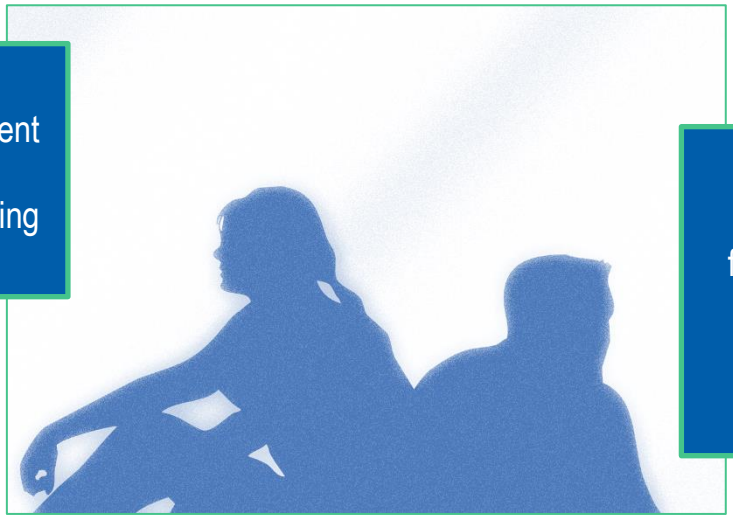
- YPII Pregnancy Prevention and Reproductive Health Resources Guide
- Iowa Legislative Service Agency's Children's Program FY 2018 Fiscal Dataset
- IDHS CAPP grantee funding information
- Program websites & annual reports
- IRS 990 forms

Adolescent Pregnancy Prevention as Primary Focus

Programs where adolescent pregnancy prevention is the primary focus are funded almost entirely through federal grants with only CAPP receiving additional monies. CAPP grantees are required to provide a five percent match the first year of their contracts, with the amount increasing by five percent each year. In total, **Iowa receives approximately 3.8 million dollars in federal funding annually for programs with adolescent pregnancy prevention as the primary aim. This accounts for less than 0.02 percent of expenditures for children's programs in Iowa** (Legislative Services Agency, 2018).

The largest amount of adolescent pregnancy prevention funding supports CAPP, which accounts for almost 50 percent of the funding received. SRAE receives the smallest amount of funding, accounting for only 11 percent of the monies available to support pregnancy prevention programming. See Table 2 for details about each APPP, including funding, program administration, reach, and use of evidence-based practices.

CAPP provides **50%** of adolescent pregnancy prevention funding in Iowa



SRAE accounts for only **11%** of funding available to support adolescent pregnancy prevention efforts

Adolescent Pregnancy Prevention as a Component

The two APPPs identified in Figure 1 (on page 3) with adolescent pregnancy prevention as a component rather than the primary aim (Chafee and Title X) provide a combined 6.5 million dollars in additional funding. However, the percent of each program's budget specifically allocated to adolescent pregnancy prevention is not known.

Table 2. Overview of Iowa Adolescent Pregnancy Prevention Programs

Program Name	Number Served (2018)	Target Population	Program Focus	EBP	Total Funding	% of funding	Funding Source	Agency
Programs with Adolescent Pregnancy Prevention as Primary Focus								
CAPP	59 counties, 17 grantees	Adolescents and parents	Pregnancy Prevention	Yes	$1,913,203	50.3%	Federal Local	IDHS
PREP	9 counties, 900 youth	Youth in high teen birth rate areas	Pregnancy Prevention	Yes	$500,000	13.2%	Federal	IDPH
SRAE	6 counties, 260 youth	High-risk youth (*e.g.,* homeless, foster care, rural)	Pregnancy Prevention	Yes	$421,392	11.1%	Federal	IDPH
TPPP	5 counties	Youth	Pregnancy Prevention	Yes	$965,988	25.4%	Federal	Planned Parent-hood/Equipping Youth
				Total funding	**$3,800,583**			
Programs with Adolescent Pregnancy Prevention as a Component								
Chafee	99 counties	Adolescents in foster care	Transition to adulthood	Unknown	$2,381,728	36.9%	Federal, State	IDHS
Title X	99 counties, 40,910 individuals	Low-income families	Family planning and preventive health services	Unknown	$4,080,000	63.1%	Federal	IDPH, FPCI
				Total funding	**$6,461,728**			

See Figure 2 for program descriptions.

CAPP Grantee Funding Sources

Since CAPP is the largest adolescent pregnancy prevention funding source in Iowa, a thorough analysis of CAPP grantees' budgets was undertaken to provide a better understanding of how funds are used. CAPP

grantees range from large metropolitan organizations such as Allen Memorial Hospital Corporation and Lutheran Services in Iowa, Inc. to small rural organizations such as The Family Place, Inc. and Building Families. Allen Memorial Hospital corporation is located in Waterloo (Black Hawk County), which has a population of 67,934. Lutheran Services in Iowa, Inc. is headquartered in Des Moines (Polk County), which has a population of 217,521; it also has 20 offices throughout the state. In contrast, the Family Place, Inc. is located in Leon (Decatur County), which has a population 1,843, and Building Families is located in Clarion (Wright County), which has a population of 2,769.

There is a high degree of variability in the CAPP grantees' budgets, which range from less than 200,000 dollars for The Family Place, Inc. to over 200 million dollars per year for the Allen Memorial Hospital Corporation. Over 70 percent of grantees have budgets greater than nine million dollars per year. Examining the individual grantees and how they are funded, a majority fund more than half of their budgets through grants, and 65 percent fund less than two percent of their budgets with the CAPP grant. The proportion of a grantee's budget funded by CAPP seems to be largely driven by the size of the organization, which is not surprising. Grantees with budgets under one million dollars are much more reliant on CAPP funding. For example, the grantee with the smallest budget, The Family Place, Inc., funds almost 90 percent of its budget with CAPP funding.

Other potential funding sources

In an effort to identify additional adolescent pregnancy prevention programming opportunities, IDHS identified 35 state programs listed in the State of Iowa's Children's Program Factbook that could potentially incorporate adolescent pregnancy prevention into the services they provide and then PCG extracted the 17 programs most relevant to adolescent pregnancy prevention from IDHS' list. Table 3 provides an overview of the 17 state programs most relevant to adolescent pregnancy prevention with information about their service categories, administrating agencies, and funding amounts (see Appendix A for a complete list of the 35 programs identified by IDHS with funding information) (Legislative Services Agency, 2018).

Although preliminary in nature, this research provides a starting point for establishing additional adolescent pregnancy prevention programming streams. The potential programs spanned four service categories related to adolescent pregnancy prevention: family support, juvenile justice, maternal and child health, and youth development. Family support services work with parents on strengthening their family by doing things like enhancing parenting skills (IDPH, 2019). Juvenile justice services aim to *"prevent juvenile crime, provide services to juvenile offenders and otherwise improve Iowa's juvenile justice system"* (Iowa Department of Human Rights, 2019). Maternal and child health services focus on family health by providing health care services that aim to be family-centered, community-based, and culturally sensitive (IDPH, 2019). Youth development services aim to help youth to *"1) meet the basic personal and social needs to feel cared for and to be safe, valued, useful, and spiritually grounded and 2) build character, skills and competencies that permit functioning and contribution in daily life"* (Iowa Department of Human Rights, 2019).

The 17 programs provide over 89 million dollars in funding for social services in Iowa with over 60 percent coming from the state, which contrasts with the APPPs in Iowa which are almost entirely funded with federal sources. About half of the potential programs provide family support (*e.g.,* Community-Based Child Abuse Prevention; Youth Intervention and Prevention) and about 30 percent provide youth development services (*e.g.,* Youth Leadership Program; Substance Abuse Prevention for Juveniles). Funding for the state programs is administered by seven state agencies, with over 50 percent of the monies coming from IDPH and IDHS.

Table 3. Other potential sources of adolescent pregnancy prevention funding

Program	Administrating Department	Service	State Expenditure	Federal Expenditure	Local Expenditure	Total Expenditures
Tobacco Use Prevention/ Control	Public Health	Youth development	$812,644	$68,428	$0	$881,072
Substance Abuse Prevention for Juveniles	Office of Drug Control	Youth development	$0	$93,243	Unknown	$93,243
Youth Leadership Program	Human Rights	Youth development	$47,393	$46,974	$0	$94,367
21st Century Community Learning Centers	Education	Youth development	$0	$6,805,627	$0	$6,805,627
ISU Extension: 4-H Youth Development	Board of Regents	Youth development	$2,403,145	$981,748	$6,024,014	$9,408,906
Group Care	Human Services	Child welfare /Juvenile justice	$23,005,997	$4,279,059	$0	$27,285,056
Shelter Care/CWES	Human Services	Child welfare /Juvenile justice	$7,935,310	$878,074	$0	$8,813,384
State Juvenile Home – Eldora	Human Services	Juvenile justice	$14,800,078	$0	$0	$14,800,078
Child Health	Public Health	Maternal & child health	$4,788,889	6,536,482	$0	$11,325,371
Healthy Families	Public Health	Family support	$717,953	$0	$0	$717,953
Child Abuse Prevention Program	Human Services	Family support	$555,300	$861,000	$0	$1,416,300
Community-Based Child Abuse Prevention	Human Services	Family support	$0	$534,703	$0	$534,703
Family Development and Self Sufficiency	Human Services	Family support	$3,313,854	$2,958,096	$0	$6,271,950
Family Education and Support Programs	Education	Family support	$836,751	$0	$140,000	$976,751
Youthful Offender Unit – Anamosa	Corrections	Family support	$440,915	Unknown	Unknown	$440,915
		Totals	**$59,658,229**	**$24,043,434**	**$6,164,014**	**$89,865,676**

Additionally, a search was conducted to identify other federal funding opportunities yielding the Pregnancy Assistance Fund (PAF). IDPH has been awarded a PAF grant in the past, with the last award received in 2017. The U.S. Office of Adolescent Health administers the PAF grant program, which aims to improve *"health, educational, social and economic outcomes of expecting and parenting teens, women, fathers and*

their families" (Office of Adolescent Health, 2016). This one-year grant can be used to provide services in a variety of settings including high schools, colleges, and community centers. In 2017, IDPH received 1.35 million dollars in funding from this source.

Prevention Evidence-Based Practices (EBPs)

PCG assessed the quality of adolescent pregnancy prevention interventions funded in Iowa using the data source at right by determining the degree to which evidence-based practices/programs (EBPs) have been implemented. EBPs are practices or service approaches whose effectiveness at achieving desired outcomes for specific target populations of adolescents and families has been substantiated or validated by independent empirical research.[2]

Data Sources

- U.S. Department of Health and Human Services Evidence-Based Teen Pregnancy Prevention (TPP) Database

A list of EBPs in the U.S. Department of Health and Human Services' (DHHS) Evidence-Based Teen Pregnancy Prevention Program database was compiled (U.S. DHHS, 2018). DHHS continuously evaluates adolescent pregnancy prevention programs and includes only programs rated as having moderate or high levels of evidence. DHHS gives high ratings to well-implemented randomized controlled trials and moderate ratings to either quasi-experimental comparison group designs or randomized controlled trials that do not meet the criteria for the high rating (*e.g.,* controlling for statistically significant baseline differences, meeting standards for overall and differential attrition). DHSS does not include programs with low ratings. Since the DHHS database was last updated in 2017, PCG conducted a literature review to determine if additional EBPs have been developed, but none were found.

Each EBP was also assigned an Iowa Needs Assessment (INA) rating (one to four), developed specifically for this needs assessment, that incorporates the DHHS rating, cost, and implementation time. Overall scores were calculated by summing the scores for the DHHS rating, cost, and implementation time categories. EBPs with a high DHHS rating received two points, those with a moderate DHHS rating were awarded one point, and those with a low DHHS rating were awarded zero points. Low cost EBPs ($198–$330 per program kit) were awarded one point, while moderate ($349.99–$499.99 per program kit) and high ($509 or greater per program kit) cost EBPs were awarded zero points. EBPs with low (1 to 12-day curriculum) and moderate (2 to 13-week curriculum) implementation times received one point, and those with high implementation times (greater than six-month curriculum) received zero points because high time requirements decrease the likelihood of successfully implementing interventions to fidelity. Appendix B has descriptions and ratings for the EBPs that are in the DHHS database.

In total, 42 EBPs with a goal of adolescent pregnancy prevention were identified in the DHHS database (see Table 4). Almost half of these (20 programs) focus on sexual health education. Over half of the programs (55 percent, 23 programs) received a high evidence level rating in the DHHS database, while half of the programs (21 programs) received a rating of three or higher using the INA rating scheme.

2 Information on EBPs can be obtained in a variety of ways, including through contacts with various public and private organizations that collect and disseminate service information.

Table 4. Adolescent Pregnancy Prevention EBPs

Type	Name	INA Rating	HHS Level of Evidence	Target Audience	CAPP-funded
SE	*¡Cuidate!*	4	High	Latino youth 13–18	Yes
AE	ABAN AYA Youth Project	2	Moderate	African American youth 10–14	No
YD, P	AIM for Teen Moms	2	Moderate	Female youth 14–20 who have at least one child	No
YA	All4You!	3	High	Youth 14–18 in alternative schools	Yes
SE	Be Proud! Be Responsible!	3	High	Youth 18–19	Yes
Pp	Be Proud! Be Responsible! Be Protective!	3	High	Female youth 12–18 who are pregnant or parenting	Yes
SE	Becoming a Responsible Teen (BART)	3	High	African American Youth 14–19 in a non-school setting	No
YD	Children's Aid Society (CAS) Carrera Program	2	High	Disadvantaged youth 10–12 at program entry	No
SE	Draw the Line/Respect the Line	3	High	Youth 11–14	Yes
F	Families Talking Together (FTT)	3	High	African American and Latino parents of youth ages 10–14	No
SE	FOCUS	3	High	Female youth 16 and older	No
SE	Get Real	1	Moderate	Youth 11–14 in a school setting	No
SE	Health Improvement Project for Teens (HIP Teens)	3	High	Sexually active female youth 15–19	No
AE	Heritage Keepers Abstinence Education	2	Moderate	Youth 11–18 in a school setting	No
SE	HORIZONS	4	High	Sexually active African American female youth 15–21	No
SE	It's Your Game: Keep it Real (IYG)	1	Moderate	Youth 12–14	No
SE	Love Notes	2	Moderate	Youth 14–24 at risk of an unplanned pregnancy or already pregnancy or parenting	Yes
AE	Making a Difference!	3	High	Youth 11–18	No
SE	Making Proud Choices!	3	High	Youth 11–18	Yes
SE	Nu-CULTURE (Healthy Futures)	1	Moderate	Youth 11–14	No
YD	Positive Potential Be The Exception	1	Moderate	Youth 11–12	No
SE	Positive Prevention PLUS	1	Moderate	Youth 14–18	No
YD	Prime Time	2	High	Vulnerable female youth 13–18	No
YD	Project AIM (Adult Identify Monitoring)	3	High	Disadvantaged, low income youth 11–14	No
STD	Project IMAGE	2	Moderate	African and Mexican American youth 14–18 with a history of STI and physical or sexual abuse	No
F, HIV	Project TALC	2	High	Youth 11–18 living with a parent with HIV	No

Type	Name	INA Rating	HHS Level of Evidence	Target Audience	CAPP-funded
AE	Promoting Health Among Teens! Abstinence-Only Intervention	3	High	Youth 11–18	Yes
SE	Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention	3	High	Youth 11–18	No
YD	Raising Healthy Children (formerly known as the Seattle Social Development Project)	1	Moderate	Youth 5–12	No
SE	Reducing the Risk	3	Moderate	Youth 13–18	Yes
P	Respeto/Proteger	2	Moderate	Latino youth 14–24 who are parenting	No
SE	Rikers Health Advocacy Program (RHAP)	3	Moderate	High-risk male youth 16–19 in correctional facilities	No
SE	Safer Choices	2	High	Youth 14–16	Yes
CB, STD	Safer Sex Intervention	1	High	Sexually active female youth 12–23 who have been diagnosed with an STI	No
CB	Seventeen Days	4	Moderate	Sexually active female youth 14–19	No
IY	Sexual Health and Adolescent Prevention (SHARP)	3	Moderate	Youth 15–19 who reside in temporary juvenile detention facilities	No
SE	SiHLE	4	Moderate	African American female youth 14–18	Yes
SE	Sisters Saving Sisters	3	High	Latina and African American female youth 11–18	No
RA	STRIVE	3	High	Newly homeless youth 12–17	No
SE	Teen Health Project	1	Moderate	Low-income youth 12–17	No
YD	Teen Outreach Program (TOP)	2	High	Youth 12–19	Yes
CB, Pp	TOPP	1	High	Female youth 10–19	No

KEY: *AE=Abstinence education, CB=Clinic based, F=Program for families, HIV=Parent with history of HIV, IY=Incarcerated Youth, P=Parenting, Pp=pregnant/parenting, RA=Runaway youth, SD=Substance dependent, SE=Sexual health education, STD=History of STD, YA=Youth in alternative schools, YD=Youth development*

Evidence-Based Practices in Iowa

CAPP currently funds 17 grantees, and all are required to use at least one EBP or evidence-informed practice (EIP) endorsed by CAPP. **Of the 42 EBPs identified in the DHHS database, 12 have been implemented by CAPP grantees** (see Table 6). However, only six EBPs were included in the SFY 2018 CAPP evaluation report (University of Northern Iowa's Center for Social and Behavioral Research, 2018). EIPs are similar to EBPs, but have weaker scientific evidence supporting their efficacies although research and practice knowledge guide their implementation (Children's Bureau, 2011).

The SFY 2018 evaluation report stated that **CAPP grantees used eight different interventions, six of which were EBPs found in the DHHS database and two of which were EIPs.**

This list of EBPs includes:

- All4You!,
- Be Proud! Be Responsible!,
- Draw the Line/Respect the Line,
- Making Proud Choices!,
- Reducing the Risk!, and
- Safer Choices.

The list of EIPs includes:

- FLASH
- Rights, Respect, Responsibility

Four of the EBPs (Be Proud! Be Responsible!, Draw the Line/Respect the Line, Making Proud Choices, and Safer Choices) received high DHHS evidence-level ratings (see Table 5) and five had a rating of three or higher using the INA rating scheme (see Table 6). CAPP grantees also have implemented two EIPs not currently in the DHHS database (FLASH and Rights. Respect. Responsibility.). Rights, Respect, Responsibility has been classified as an EIP by DHHS. FLASH is currently being evaluated as an adolescent pregnancy prevention intervention by DHHS and has not yet been rated.

Draw the Line/Respect the Line is the most commonly used EBP by CAPP grantees. Ten or more grantees have implemented the intervention annually since 2013.

Table 5 displays the eight interventions implemented by CAPP grantees grouped by cost, implementation time, and DHHS rating. As mentioned earlier, DHHS gives high ratings to programs which were well-implemented and used randomized controlled trials to evaluate their effectiveness, and moderate ratings to programs that used either quasi-experimental comparison group designs or randomized controlled trials that do not meet the criteria for the high rating (*e.g.,* controlling for statistically significant baseline differences, meeting standards for overall and differential attrition).

As noted earlier, DHHS does not include programs with a low rating in the database. Regarding cost, low-cost EBPs range from $198 to $330 per program kit, moderate-cost EBPs range from $349.99 to $499.99 per program kit, and high-cost EBPs cost greater than $509 per program kit. EBPs with low implementation times are one to 12 days in duration, EBPs with moderate implementation time are two to 13 weeks in duration, and those with high implementation time require more than six months.

Table 5. CAPP-Supported Programs by Cost, Implementation Time, and DHHS Rating

Program	Cost	Implementation Time	DHHS Rating
All4You!	Moderate	Moderate	High
Be Proud! Be Responsible!	Moderate	Low	High
Draw the Line/Respect the Line	Low	High	High
FLASH	Low	Moderate	Not Rated
Making Proud Choices!	High	Low	High
Reducing the Risk	Low	Moderate	Moderate
Safer Choices	Moderate	High	High
3 R's	Low	Low	Not Rated

Table 6 displays the EBPs implemented by CAPP grantees by INA rating. As previously described, to determine the overall INA rating, programs were given an overall score from one and four. Overall scores were calculated by summing the category scores for DHHS rating, cost, and implementation time.

Table 6. CAPP-Supported Programs Using EBP Curricula by INA Rating

Program	1	2	3	4
All4You!			✓	
Be Proud! Be Responsible!			✓	
Draw the Line/Respect the Line			✓	
Making Proud Choices!			✓	
Reducing the Risk			✓	
Safer Choices		✓		

The other APPPs in Iowa (SRAE, PREP, TPPP, Chafee, and Title X) utilize EBPs to varying degrees. A breakdown of the interventions funded by the other APPPs can be found in Table 7. SRAE, TPP, and PREP fund EBPs that are found in the DHHS database. TPPP funds six EBPs and PREP and SREA each fund one. In addition to the EBPs in the DHHS database, PREP funds Wise Guys (which was rated as low by DHHS) so it is not included in the DHHS database.

Table 7. Programs Funded by other Adolescent Pregnancy Prevention Sources in Iowa

Funder	Intervention Name	Cost	Implementation Time	DHHS Rating
SRAE	Teen Outreach Program*	Not available	High	High
PREP	Teen Outreach Program*	Not available	High	High
	Wise Guys	Not available	Moderate	Low
TPPP	Draw the Line/Respect the Line*	Low	High	High
	Families Talking Together*	Not available	High	High
	Get Real*	Moderate	High	Moderate
	Making a Difference!*	Moderate	Moderate	High
	Making Proud Choices!*	High	Low	High
	Powerful Choices	Not available	Not available	Not available
	Safer Sex Intervention*	Moderate	High	Moderate
Chafee	Unknown if use EBPs			
Title X	Unknown if use EBPs			

**EBP rated as moderate or high in the DHHS database*

Program Fidelity

Fidelity monitoring measures the degree to which implementers are following the guidelines and protocols of EBPs and EIPs and is an important aspect to determining the quality of prevention services (University of Northern Iowa's Center for Social and Behavioral Research, 2018). All CAPP grantees are required to collect fidelity data as part of the program evaluation; no fidelity data were available for the other APPPs in Iowa.

A total of 293 self-report fidelity logs were completed by CAPP grantees in 2018 for 15 curricula, broken down by grade. Of these 15 curricula, six had five or fewer fidelity logs and were not included in the analysis (University of Northern Iowa's Center for Social and Behavioral Research, 2018). Each log was scored on five dimensions of fidelity (adherence, exposure, quality of delivery, participant responsiveness, and program differentiation) and overall scores were calculated as well.

The overall fidelity score, incorporating all five dimensions, was 73 percent. Of the curricula analyzed, **Draw the Line/Respect the Line (6th grade curricula specifically) and Reduce the Risk had the highest overall fidelity rating at 96 and 94 percent, respectively,** while FLASH for High School students had the lowest at 44 percent (University of Northern Iowa's Center for Social and Behavioral Research, 2018).

Of the five fidelity measures, *adherence* had the lowest scores overall (68 percent), with adherence meaning the extent to which an intervention is delivered as the developers planned. Some interventions had high adherence scores, with Draw the Line/Respect the Line and Reducing the Risk both exceeding 90 percent. *Exposure*, which is a measure of how much of the intervention's content the participants were exposed to, was also challenging, as evidenced by an average score of 79 percent across all interventions.

Table 8. Overall Fidelity Scores of CAPP EBPs and Evidence-Informed Practices

Program	Overall Fidelity
Draw the Line/Respect the Line 6th	96%
Draw the Line/Respect the Line 7th	82%
Draw the Line/Respect the Line 8th	68%
FLASH HS	44%
FLASH MS	65%
Making Proud Choices!	78%
Reducing the Risk	94%
3 R's 9th	57%
3 R's 10th	57%

Conclusions About Evidence-Based Practices in Iowa

While many APPPs in Iowa implement EBPs identified in the DHHS database, there is room for improvement, both in selecting appropriate programs and in delivering them to fidelity. EBPs that have been evaluated and given a moderate or high rating by DHHS should be chosen over those not included in the DHHS database. Further, the reasons why grantees as well as funding sources choose not to use EBPs should be explored. If cost or time is an issue, then they could utilize the INA rating and program profiles developed for this assessment to help them identify EBPs that meet their needs. Another place where there is room for growth is implementation to fidelity, with six out of 10 CAPP interventions implementing less than 75 percent of the EBP or EIP requirements to fidelity. PCA Iowa and IDHS could work with grantees to help them address the fidelity issue.

Risk Factors of Adolescent Pregnancy Prevention

To understand the current state of Iowa's adolescent pregnancy prevention services, the needs assessment includes an analysis of the incidence and risk factors associated with adolescent pregnancy as well as information on community perceptions, drawing data from the sources to the right. A risk factor is an attribute, characteristic, or experience that increases the likelihood of adolescent pregnancy.

The aim of this analysis was threefold:

1. Determine the extent to which common risk factors of adolescent pregnancy were of concern in Iowa
2. Identify specific communities in the state (through a county-level analysis) with increased risk of adolescent pregnancy
3. Examine prevention professionals', parents', and youths' thoughts and perceptions about adolescent pregnancy, associated risk factors, and prevention services.

Data Sources

- Stakeholder focus groups and surveys
- Community Health Needs Assessments
- Parent and youth surveys
- Secondary datasets:
  - Iowa Behavior Risk Surveillance System (BRFSS) Survey
  - Iowa Youth Survey
  - National Center for Health Statistics (NCHS), Th e Annie E. Casey Foundation, Kids Count Data Center, Centers for Disease Control and Prevention (CDC),
  - Robert Wood Johnson Foundation County Health Rankings
  - U.S. Census, American Community Survey

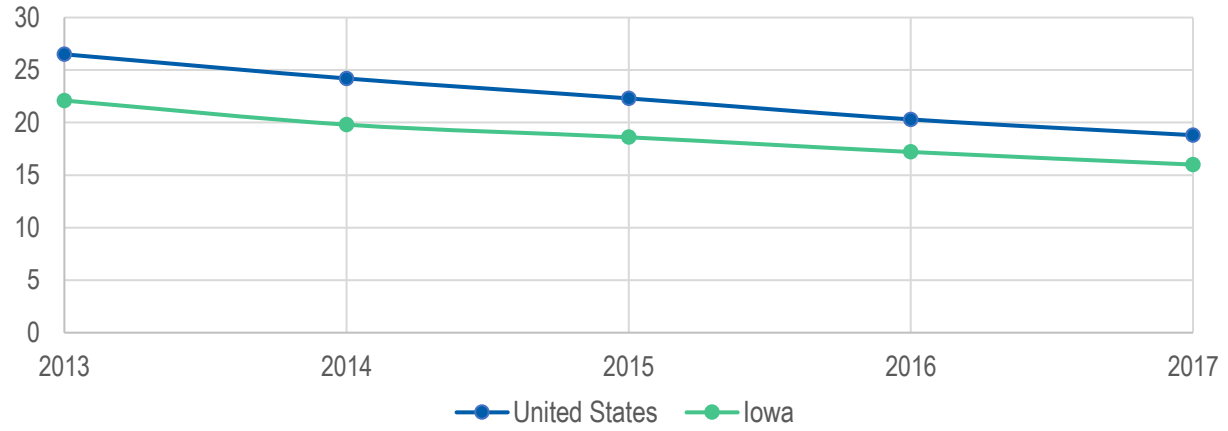
To perform the analysis, PCG assessed the statistical correlation between current adolescent birth rates and adolescent pregnancy risk factors such as child poverty, living in a rural community, and substance use, among a dozen others. Risk factors were identified through focus groups with prevention professionals and a literature review. To provide the most comprehensive view of Iowa's adolescent pregnancy prevention needs, PCG determined county rankings for the incidence of adolescent births and the incidence of known risk factors using the most robust data available at the county level.

Further, three focus groups and a web-based survey with local prevention professionals (N=182) were conducted to collect insights on adolescent pregnancy and associated risk factors as well as perceptions about adolescent pregnancy services in their communities. Surveys were also administered to Iowan parents (N=103) and youth 10 to over 18 years of age (N=423) to assess their perceptions about adolescent pregnancy and associated risk factors. Of the youth surveyed, 35 were at-risk youth who currently are receiving or previously have received services from YSS, a youth social service organization in Iowa that provides services such as mental health counseling and treatment, foster care aftercare, and child welfare emergency services and shelters.

Adolescent Birth Rates in Iowa

The adolescent birth rate, defined as the number of live births per 1,000 females ages 15 to 19, in Iowa is slightly lower than the national rate and has decreased in recent years, similar to that observed nationally (See Figure 3). The adolescent birth rate in Iowa in 2017 was 16.0 births per 1,000 females ages 15 to 19 compared to 18.8 per 1,000 females ages 15 to 19 nationally (Martin et al., 2017).

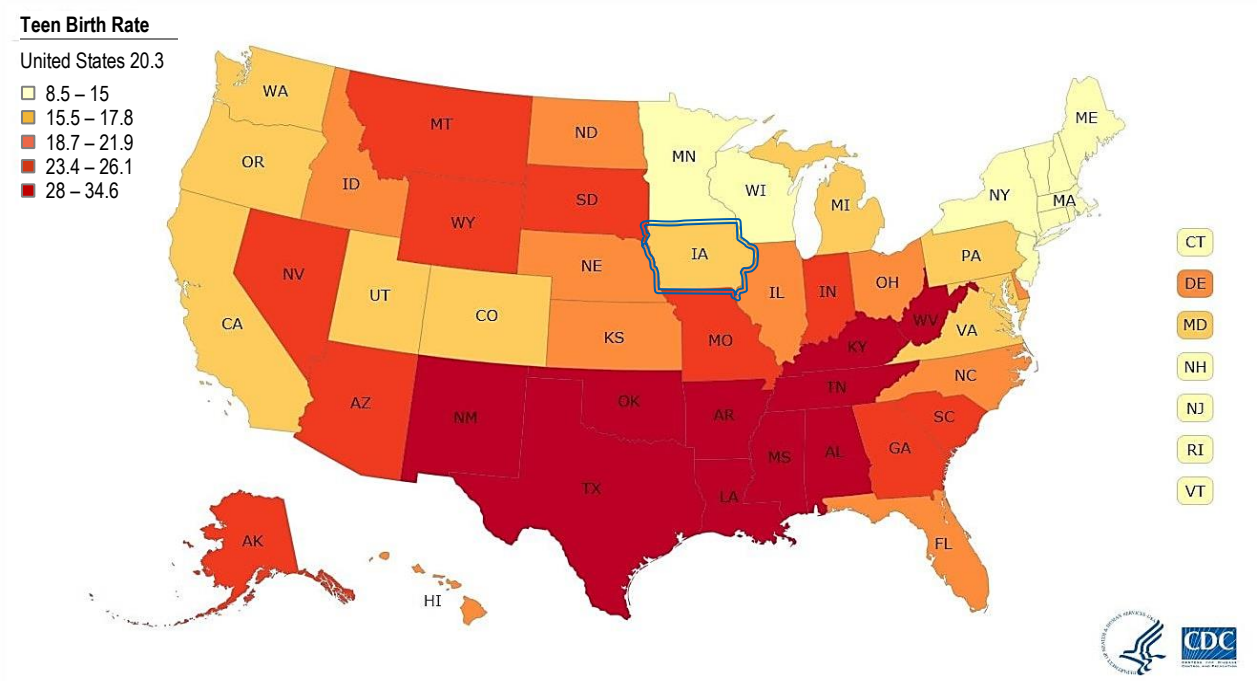
Figure 3. Adolescent Birth Rates (births per 1,000 females ages 15-19) for Iowa and the United States



Source: *The Centers for Disease Control and Prevention (CDC), National Vital Statistics Reports (NVSR), Vol. 67, No. 8: Births: Final Data for 2017, November 7, 2018.*

In 2017, Iowa had the 18th lowest adolescent birth rate, indicating that it had a lower rate than a majority of states. See Figure 4 for information about how Iowa's 2017 adolescent birth rate compared to other states.

Figure 4. State Adolescent Birth Rates (births per 1,000 females ages 15–19)



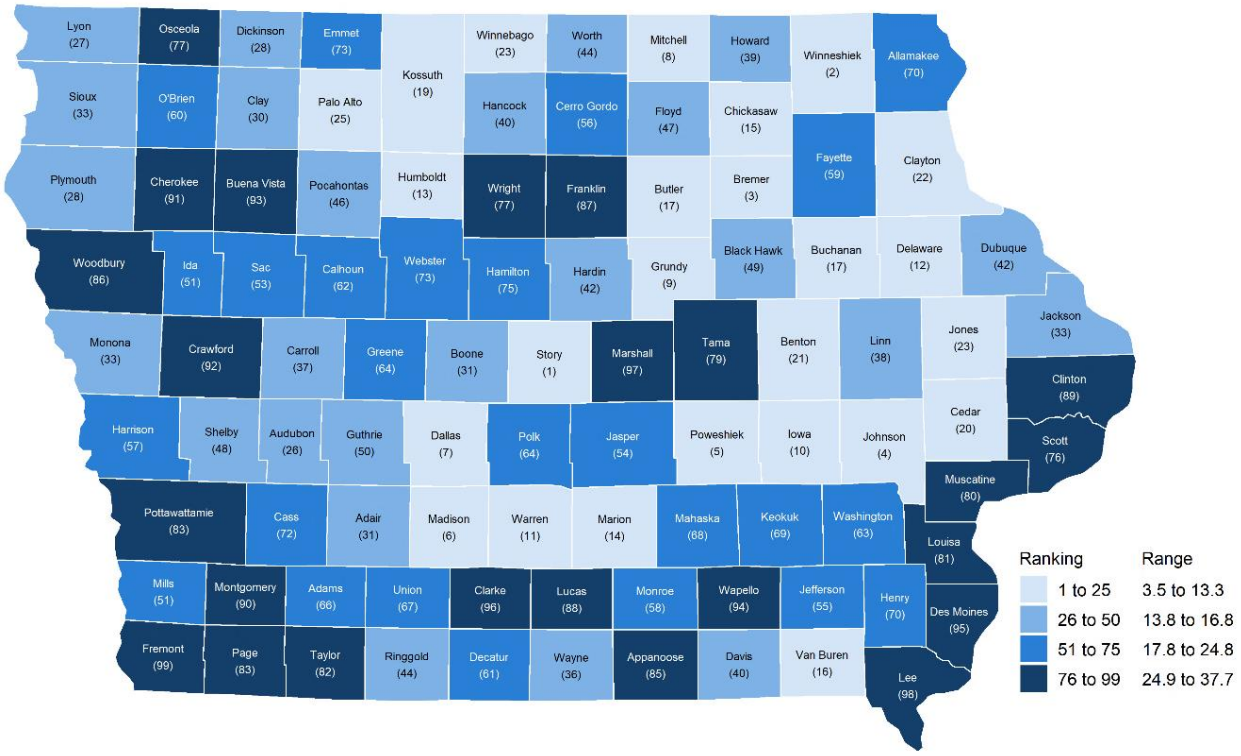
Source: Martin, J.A., Hamilton, B.E., Osterman, M.J., Driscoll, A.K., & Drake, P. (2018). Births: Final data for 2016. Hyattsville, MD: National Center for Health Statistics. Retrieved from: https://www.cdc.gov/nchs/pressroom/sosmap/teen-births/teenbirths.htm

County-Level Adolescent Pregnancy Rates

Adolescent birth rates were examined by county to determine the degree to which they varied. Average county rates, calculated using 2013 to 2016 data, ranged from 3.5 births per 1,000 females ages 15 to 19 in Story County to 37.7 births per 1,000 in Fremont County. Counties with high adolescent birth rates are located throughout the state; however, there is a concentration of counties in the southeastern (Clinton, Scott, Muscatine, Louisa, Des Moines, and Lee) and southwestern portions (Taylor, Page, Freemont, Montgomery, and Pottawattamie). In contrast, the northeastern part of Iowa (Winneshiek, Chickasaw, Bremer, Clayton, Buchanan, and Delaware) has a concentration of counties with lower adolescent birth rates (see Figure 5).

Furthermore, **45 counties in Iowa have adolescent birth rates greater than the national average, with two counties having rates twice the national average** (Lee and Fremont). Of the 37 counties that do not have access to any of the four APPPs with adolescent pregnancy prevention as the primary focus (see Table 1 for a list of counties), 16 have rates greater than the national average (Jefferson, Harrison, Monroe, O'Brien, Washington, Adams, Union, Mahaska, Keokuk, Cass, Emmet, Osceola, Taylor, Lucas, Montgomery, and Fremont) and five are in the highest birth rate quartile (Osceola, Taylor, Lucas, Montgomery, and Fremont).

Figure 5. Iowa County-Level Adolescent Birth Rates (births per 1,000 females ages 15–19)



Counties with higher rankings (the darkest colors) have a higher adolescent birth rate per 1,000 births.

***Source**: Iowa Department of Public Health, 2013 to 2016 Adolescent Birth Rates*

Fifty-three percent of prevention professionals surveyed reported that they were not surprised by the adolescent birth rates in the counties they serve largely because of their experiences working in the adolescent pregnancy prevention field. Although a majority of prevention professionals were aware of the adolescent birth rates in their counties, a substantial number were surprised by the rates in the counties they serve, with some thinking the rates would be higher and others lower. It is noteworthy that almost 38 percent of prevention professionals surveyed from Polk County thought the county's rate would have been higher.

One respondent stated, ***"I thought Polk County would have a pretty high ranking due to the population (which it does). But was a little surprised it wasn't higher,"*** and another stated ***"I assumed Polk would be as high as other urban areas and didn't expect rural areas to have a higher rate."***

PCG also reviewed the Community Health Needs Assessments (CHNAs) Health Improvement Plans (HIPs) for all counties in Iowa. The HIP is based on the results of the CHNA and is a long-term plan that systematically addresses the public health problems in a community. Results of the review show that some communities across Iowa already have some awareness of the need to address adolescent pregnancy (IDPH, 2018) with seventeen identifying it or a related concern such as adolescent sexual health as a problem (see Table 9). However, **only nine of the 24 counties in the highest adolescent birth rate quartile (rates > 24.9 births per 1,000 females ages 15 to 19) identified adolescent pregnancy in their CHNA HIPs** (see Table 10 that highlights funding and HIP information for counties in the highest quartile).

Table 9. Counties identifying adolescent pregnancy as a public health issue in their CHNA HIPs

County	CHNA Public Health Issue
Cherokee*	Adolescent pregnancy
Clarke*	Pregnancies
Clinton*	Adolescent pregnancy
Davis	Improve teen health including pregnancy
Emmet	Adolescent pregnancy
Hamilton	Family Planning/adolescent pregnancy
Jones	Sexual & reproductive health (including teens)
Lee*	Adolescent pregnancy
Marshall*	Sexual Health/STD (including adolescent pregnancy)
Mills	Adolescent pregnancy
Muscatine*	Risky behaviors/ adolescent pregnancy /smoking/substance Use
Pottawattamie*	Adolescent pregnancy
Warren	Health education for adolescents
Washington	Adolescent health/ adolescent pregnancy
Webster	Maternal health and newborn care (includes adolescent births)
Woodbury*	Adolescent pregnancy
Wright*	Adolescent pregnancy

**Counties in the highest birth rate quartiles (rates > 24.9 births per 1,000 females ages 15 to 19).*

Table 10. Adolescent pregnancy prevention funding and presence of adolescent pregnancy in the CHNA HIPs of counties in the highest adolescent birth rate quartile

County	Adolescent Birth Rate	Adolescent Pregnancy Prevention Funding?	Issue in CHNA HIP?
Scott	24.9	Yes	No
Osceola	25.0	No	No
Wright	25.0	Yes	Yes
Tama	25.8	Yes	No
Muscatine	26.3	Yes	Yes
Louisa	26.4	Yes	No
Taylor	26.6	No	No
Page	27.2	Yes	No
Pottawattamie	27.2	Yes	Yes
Appanoose	27.3	Yes	No
Woodbury	27.9	Yes	Yes
Franklin	28.2	Yes	No
Lucas	29.0	No	No
Clinton	29.3	Yes	Yes
Montgomery	29.5	No	No
Cherokee	29.8	Yes	Yes
Crawford	30.0	Yes	No
Buena Vista	30.1	Yes	No
Wapello	30.6	Yes	No
Des Moines	31.7	Yes	No
Clarke	32.3	Yes	Yes
Marshall	34.4	Yes	Yes
Lee	37.6	Yes	Yes
Fremont	37.7	No	No

Risk Factor Data Analysis

A literature review and focus groups with prevention professionals were conducted to identify risk factors of adolescent pregnancy, of which 15 were identified. A quantitative risk factor analysis was conducted to identify correlates of adolescent pregnancy in the data, which can help inform programming decisions. Note that the analysis may be impacted by underreporting with regard to sensitive topics such as substance use, juvenile delinquency, adverse childhood experiences (ACEs), and parental support. The 15 risk factors, while perhaps not totally inclusive, had sufficient county-level data available to be analyzed and have been identified in the adolescent pregnancy research (*e.g.,* Kornides et al., 2015; Wright et al., 2015; Barrett et al., 2015). To determine if there was a correlation between these risk factors and adolescent birth rates, PCG performed a correlation analysis using the Pearson correlation coefficient. County-level maps of the risk factors can be found in Appendix C.

Seven risk factors, identified below and shown with an asterisk in Table 11, had a statistically significant relationship with adolescent birth rates in Iowa. The risk factors are ordered based on the strength of the relationship with adolescent birth rates.

Table 11. Adolescent Pregnancy Risk Factors

Risk Factors of Adolescent Pregnancy	Range Among All Counties
Child poverty*	5%–32%
Low social engagement*	33%–56%
Child abuse and Neglect*	4%–48%
Living in a single parent home*	14%–41%
Absence of family members who help children feel important, special, or loved*	8%–30%
Living in a rural community*	5%–100%
Marijuana use*	0%–12%
Juvenile delinquency	19%–44%
Religious affiliation	7%–36%
Multiple adverse childhood experiences	2%–17%
Supervision by inappropriate caregivers	8%–21%
Inadequate access to health care	0.5%–37%
Substance use in the family	8%–19%
Binge drinking	2%–21%
Illicit drug use	3%–14%

**Significantly correlated to adolescent birth rate, $p < 0.05$*

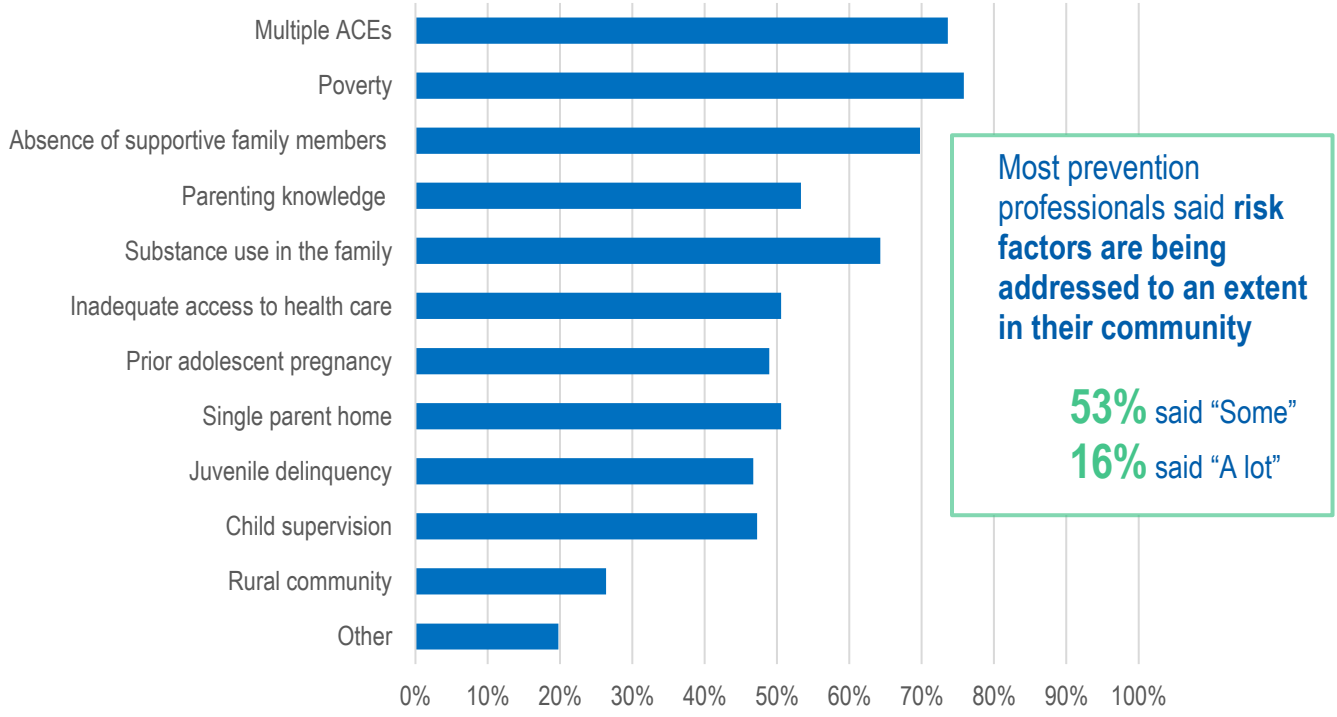
Data sources: *[Iowa Behavior Risk Surveillance System (BRFSS) Survey. Iowa Youth Survey, National Center for Health Statistics (NCHS), The Annie E. Casey Foundation, Kids Count Data Center, Centers for Disease Control and Prevention (CDC), Robert Wood Johnson Foundation County Health Rankings, U.S. Census, American Community Survey].*

Child poverty was the variable most strongly correlated with adolescent birth rates followed by low social engagement. This finding was consistent with the survey of prevention professionals where child poverty was second among the risk factors contributing to adolescent pregnancy in the counties they serve, just behind multiple ACEs. Child poverty is a common risk factor for many public health issues such as obesity, substance abuse, homelessness, and child abuse and neglect. While child poverty is correlated at a statistically significant level, this does not mean that child poverty causes adolescent pregnancy, or that pregnancy occurs only when there is child poverty. Rather, the correlation means that child poverty is a risk factor; its prevalence in the community *can* be indicative of more adolescent pregnancies.

In addition to child poverty, **six other risk factors had a statistically significant correlation with adolescent birth rates: low social engagement; child abuse and neglect; living in a single parent home; absence of family members who help children feel important, special, or loved; living in a rural community; and marijuana use.** Seventy percent of prevention professionals surveyed also identified absence of family members who help children feel important, special, or loved as a top risk factor of adolescent pregnancy in their communities.

Although a statistically significant risk factor, living in a rural community was the least reported adolescent pregnancy risk factor in the prevention professional survey with only 26 percent of respondents perceiving it as a risk factor. This finding indicates a need to educate prevention professionals and funding agencies that living in a rural community is a significant risk factor. Conversely, having multiple ACEs was the most commonly identified risk factor by prevention professionals; but, it was not found to be statistically significant in the correlational analysis. Figure 6 displays the risk factors identified by prevention professionals.

Figure 6. Risk Factors Identified by Professionals



Barriers to adolescent pregnancy prevention

Surveys with prevention professionals, youth, and parents provided additional information on adolescent pregnancy prevention barriers. Results from the surveys were synthesized with the findings from a marketing study on pregnancy prevention messaging and those from a Youth Policy Institute of Iowa/Iowa State University study of young adults formerly involved in foster care. Five barriers were identified through this analysis:

- Youths' perception that pregnancy prevention is not very important
- Poor communication about sexual and reproductive health
- Low parental and community engagement in adolescent pregnancy prevention
- Insufficient access to comprehensive sex education
- Lack of healthy social engagement among youth

Youths' perception that pregnancy prevention is not very important

Although a majority of youth surveyed (56 percent) believed it was "very important" to avoid becoming pregnant or getting someone pregnant (see Figure 7), only **52 percent of youth ages 16 and older believed it was "very important" to avoid becoming pregnant or getting someone pregnant.** Furthermore, only 41 percent of male youth ages 16 and older thought it was "very important" compared to 67 percent of females in the same age group (see Figure 8). Relatedly, a recent marketing study examining Iowa adolescents' perspectives on desired advice related to sex, adolescent pregnancy, and healthy relationships found that teen pregnancy was ranked least important among the nine health and relationship topics evaluated in the study (Flynn Wright, 2019). The primary reasons why adolescents in the marketing study reported ranking adolescent pregnancy low was because they thought they were too young to have a child on their own. It is noteworthy that building/keeping healthy relationships was found to be the most important topic among adolescents surveyed in the marketing study possibly suggesting that pregnancy prevention messaging could be incorporated into messaging about healthy relationships in order to make the messaging more relevant.

When comparing at-risk to not-at-risk youth, **about 54 percent of at-risk youth reported it was "very important" to avoid becoming pregnant or getting someone pregnant compared to 64 percent of not-at-risk youth** (see Figure 7). This finding is in line with findings from a 2017 survey of at-risk young adults who were formerly involved in foster care. This study found that only 22 percent of respondents reported "always" using birth control (Melby, Rouse, Jordan, & Weems, 2017). Further, results of the recent marketing study showed that at-risk adolescents were significantly less likely to mention wanting advice about using contraception/protection compared to not-at-risk adolescents. Although speculative in nature, these preliminary findings possibly indicate that at-risk youth do not perceive pregnancy prevention to be as important as not at-risk youth

Figure 7. Percentage of youth reporting it is "very important" to avoid pregnancy

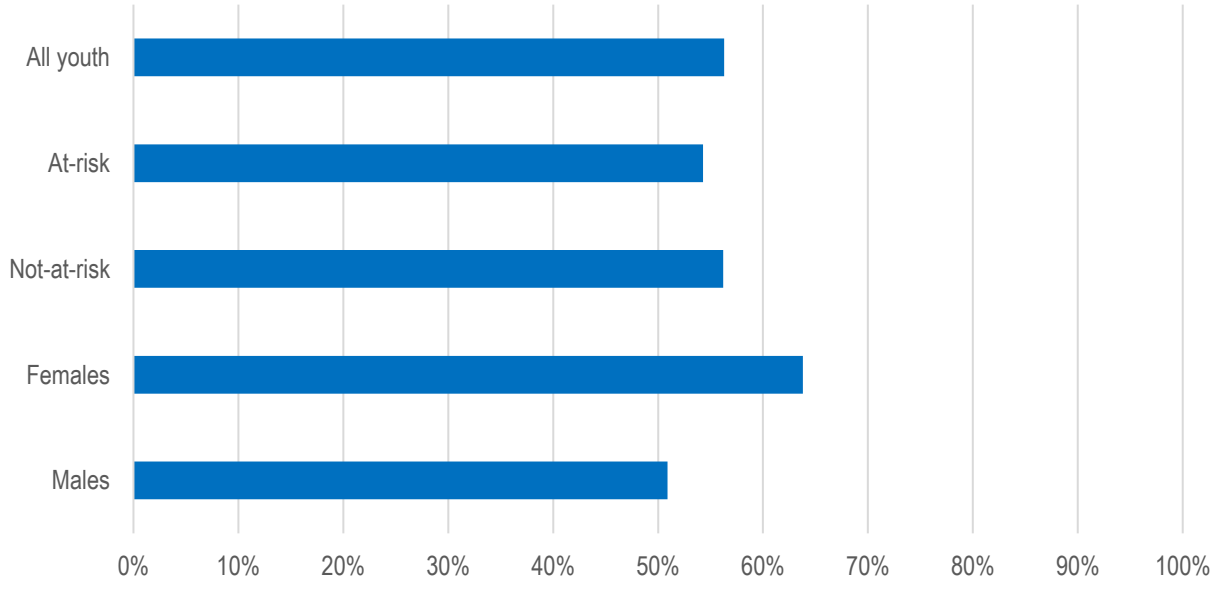
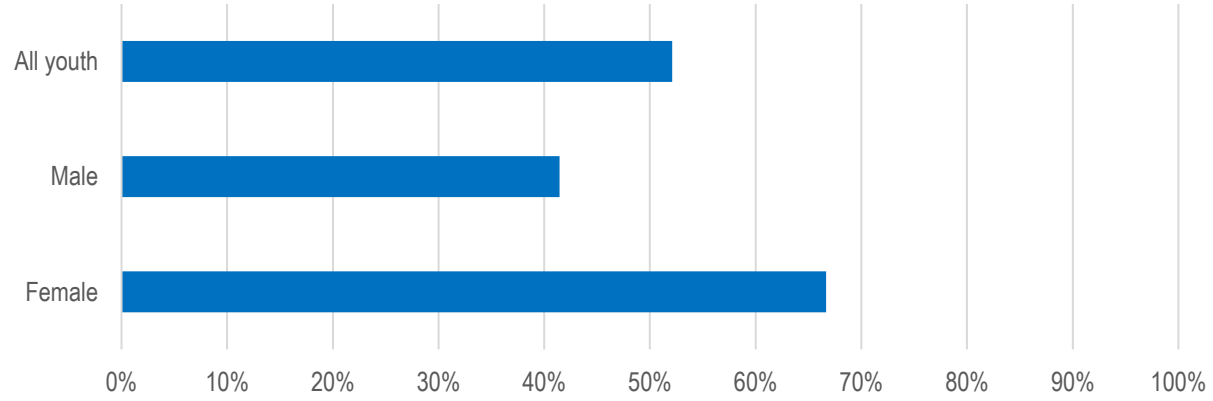


Figure 8. Percentage of youth 16 and older reporting it is "very important" to avoid pregnancy



Poor communication about sexual and reproductive health

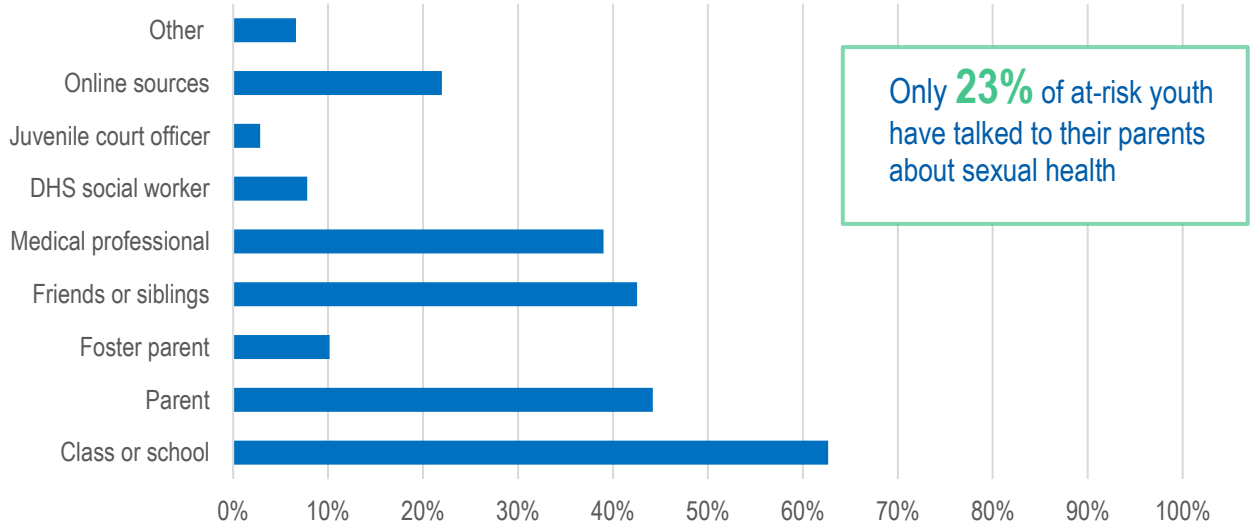
Only 44 percent of youth surveyed reported that they have received information about sexual or reproductive health from their parents (see Figure 9), and the rate increases slightly to 53 percent for youth 16 and older. **Only 23 percent of at-risk youth reported receiving information about sexual and reproduction health from their parents, compared to almost 46 percent of not-at-risk youth.** Additionally, only 56 percent of parents reported being "very comfortable" with talking to their children about sexual health.

Only **56%** of parents reported being "very comfortable" with talking to their children about sexual health."

These findings are consistent with findings from a recent marketing study examining how parents of adolescents in Iowa communicate about adolescent pregnancy. In that study, only 62 percent of parents reported they had previously discussed pregnancy with their adolescent child (Flynn Wright, 2018). As one at-risk youth from the marketing study noted, ***"If there wasn't such a stigma around sex and having it be this awkward topic of conversation it would be easier to talk about. When it comes to healthy relationships, I've learned a lot from television shows or books that have shined some focus on this issue."***

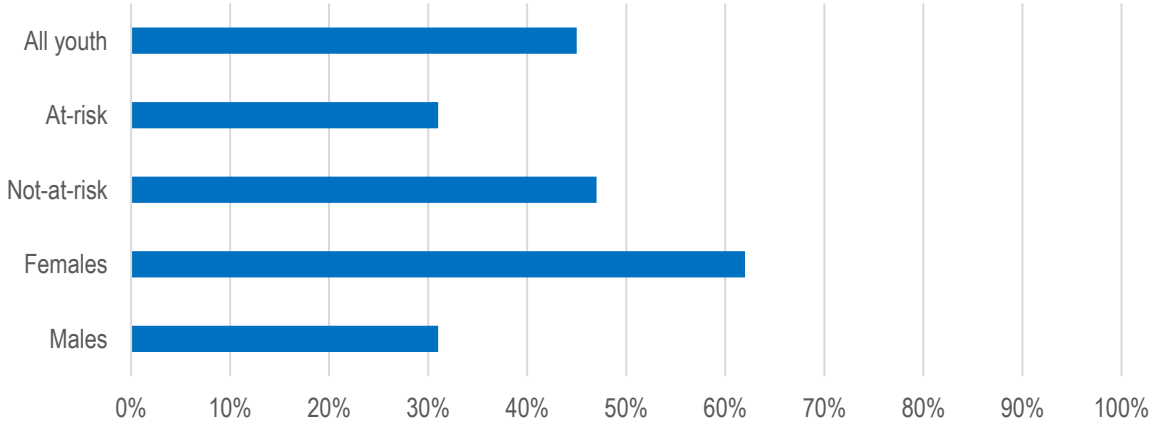
Furthermore, researchers from the study of at-risk young adults who were formerly involved in foster care concluded that the lack of discussion about sex and birth control among youth, parents, and or other trusted adults likely contributed to the young women's lack of or inconsistent use of contraception (Melby et al., 2018). One young woman in that study stated, ***"With my birth mother, talks of birth control were seen as a 'green light' to have sex, so we just didn't ask."***

Figure 9. Youths' sources of sexual or reproductive health information



Less than half (45 percent) of youth surveyed reported being comfortable telling others how they feel (see Figure 10). Males (31 percent) were less likely than females (62 percent) to tell others how they feel. Further, at-risk youth were less likely than not-at-risk youth to tell others how they feel, with rates of 31 percent and 47 percent, respectively. Interestingly, in the marketing study, 53 percent of youth reported that good communication was important to maintaining healthy relationships, but male and at-risk youth mentioned good communication significantly less frequently compared to female and not at-risk youth (Flynn Wright, 2019). Although these findings are not specific to pregnancy or sexual health, it is plausible that youth, especially males and at-risk youth, who are not comfortable expressing their feelings or who do not perceive good communication as important to healthy relationships also may uncomfortable communicating with others about pregnancy prevention. **Altogether, the communication-related findings demonstrate the need for programs and services targeting communication about pregnancy prevention, especially for males and at-risk youth.**

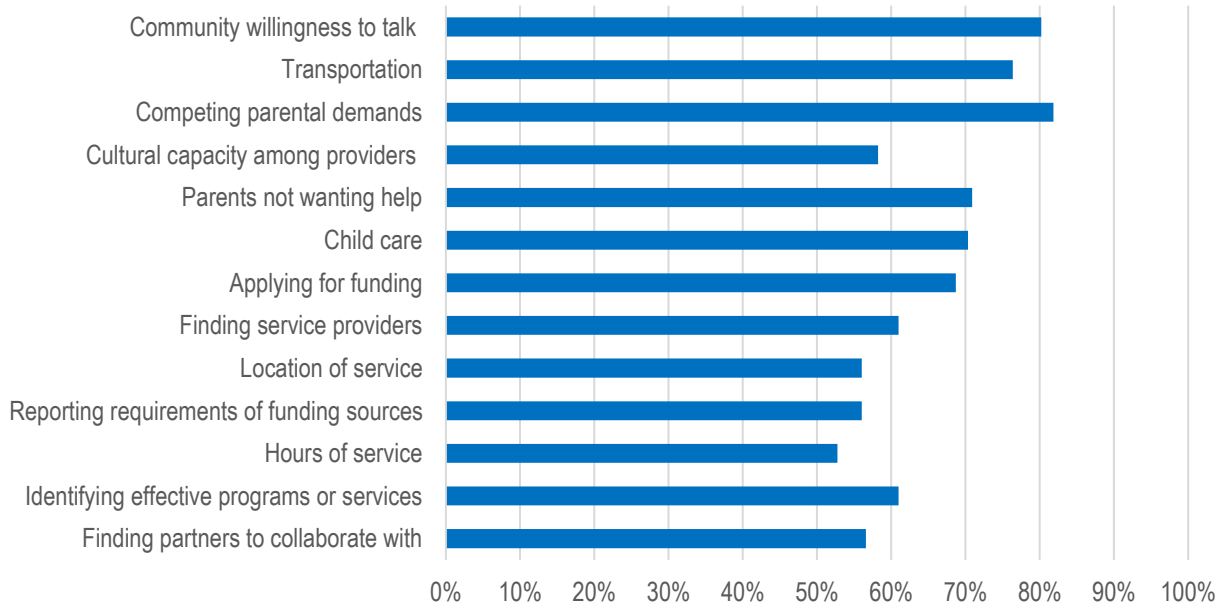
Figure 10. Percentage of youth who are comfortable telling others how they feel by category



Low parental and community engagement in adolescent pregnancy prevention

In addition to open communication between parents and adolescents, prevention professionals reported that other parental factors were key barriers to pregnancy prevention services (see Figure 11). **Seventy-one percent of prevention professionals reported that parents not wanting help was "somewhat" or "very much" a barrier**, while 82 percent reported that competing parental demands was "somewhat" or "very much" a barrier. For example, when describing barriers to pregnancy prevention services, one stakeholder stated, ***"Most parents are not upfront and open about teaching."*** Community willingness to talk about adolescent pregnancy was another important barrier with about 80 percent of prevention professionals reporting it was "somewhat of a barrier" or "very much a barrier" to services. One stakeholder noted, ***"…We need to work with parents and community leaders and school leadership to make them aware of the issues youth face,"*** and another stated ***"If parents or role models are unwilling, a community champion can be engaged to do the work."*** These findings suggest that parent- and community-level factors should be targeted in future prevention programs.

Figure 11. Barriers to services Identified by prevention professionals*



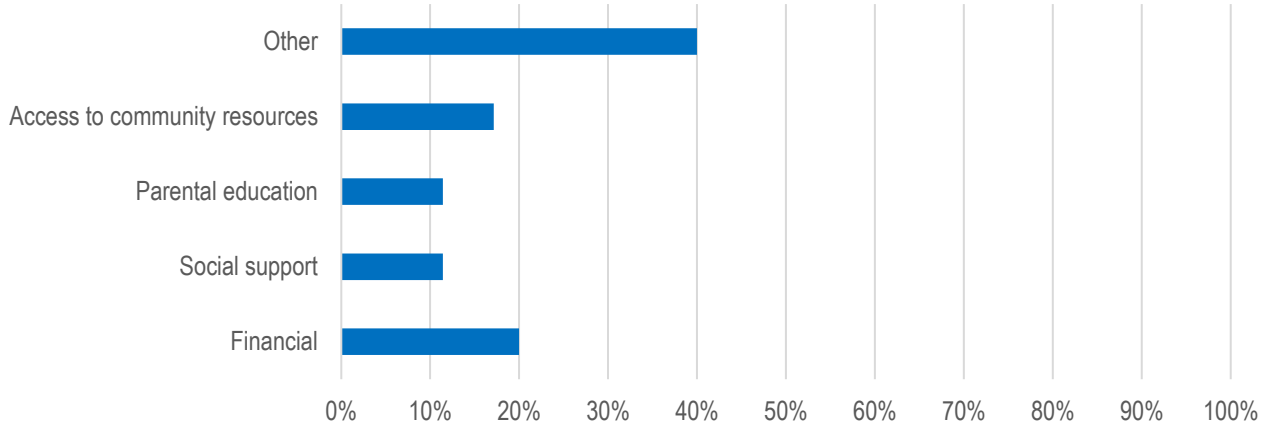
**Barriers identified as somewhat or very much important*

Although it is not possible to determine the exact factors that contribute to the parental barriers to adolescent pregnancy prevention, it is plausible that parents lack the resources they need to address pregnancy prevention with their adolescent children. **Almost 35 percent of parents surveyed reported that they either do not have or only sometimes have what they need to be successful parents** due to a variety of reasons, such as financial, social support, parental education, and access to community resources (see Figure 12).

One parent described his/her frustration with accessing services to address his/her needs and stated *"The problem is that we don't really know what is available. There are a lot of agencies that do a lot of great things around but as a parent it's hard to know what each one does and what it takes to qualify for each program... where to start when there is a need."* Another parent noted ***"…Having programs (family support,***

counseling, parent education) that provide this type of support are critical in helping parents/families reach their full potential and feel like they are successful at parenting."

Figure 12. Reasons parents do not have or only sometimes have what they need to be successful parents



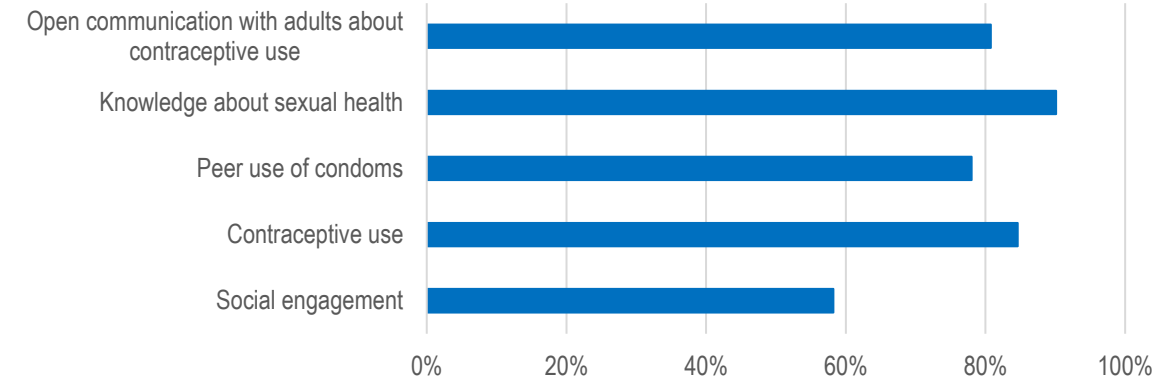
Youth also emphasized the importance of having supportive parents and family members in their lives. Family-related factors was the most common theme that arose from the open-ended question "What has or would have made a difference in your life growing up?" with about 30 percent of youth mentioning the importance of their families. One 14-year-old female noted ***"My mom and granny making sure I have a good childhood and telling me to wait to I'm married to have sex,"*** while another 17-year-old female stated ***"I know my parents want the best for my siblings and me … I would have loved if I could have been around my parents more, but they worked most of the time and I grew up more with my sister than I did with my mom."*** Similarly, when asked "What do you need at this point to be successful, to feel safe, and/or to be well taken care of?", the most common theme was family-related factors with 17 percent of youth mentioning family.

Insufficient access to comprehensive sex education

About 80 percent of prevention professionals reported that components of comprehensive sex education[3] programs, including contraceptive use, knowledge about sexual health, peer use of condoms, and open communication with adults about contraceptive use, are "very important" areas to focus on to prevent adolescent pregnancy (see Figure 13). However, many prevention professionals emphasized that there is a lack of widespread availability of comprehensive programming. One stakeholder expressed the need to fund programs that focus on ***"providing current and knowledgeable comprehensive education towards healthy sexual relationships to today's youth."*** Others voiced the importance of expanding access ***"to youth-friendly clinics and to comprehensive sex ed programming" and "to family planning services, sex education in schools, condom access."***

[3] Comprehensive sex education means age appropriate, medically accurate, research-based information on a broad set of topics related to sexuality including human development, relationships, decision making, abstinence, contraception, and sexually transmitted disease prevention. It is an approach to human sexuality education that views sexuality holistically within the context of an individual's physical, emotional, social, and sometimes, spiritual development. It seeks to equip young people with the essential, age-appropriate knowledge, attitudes, skills, and values necessary for the healthy, responsible expression of one's sexuality in adolescence and adulthood. This definition includes all gender identities and gender expressions. (LGBTQ+).

Figure 13. Prevention professionals' views about areas that are "very important" to address to prevent adolescent pregnancy



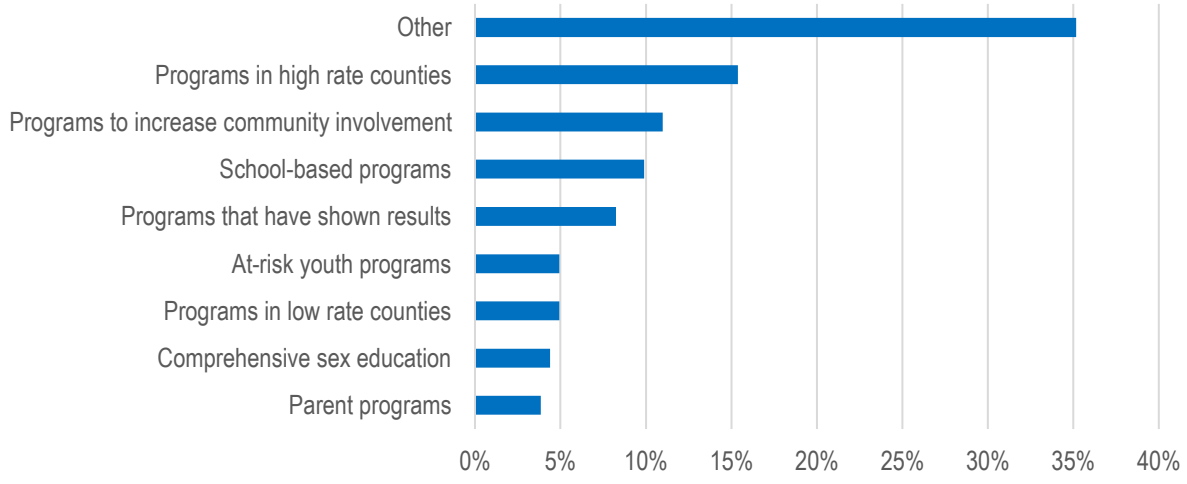
Lack of healthy social engagement

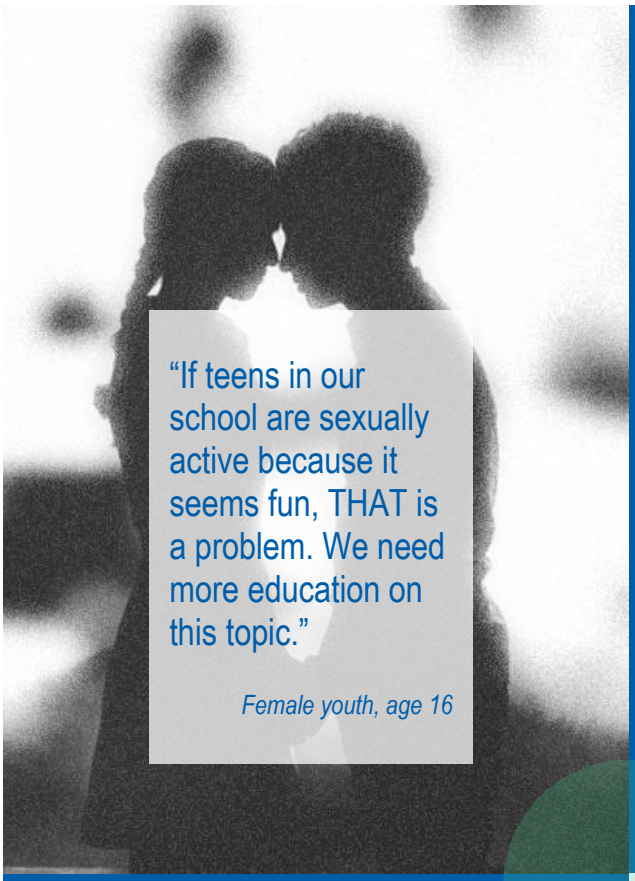
About 60 percent of prevention professionals reported that social engagement, which had the second strongest statistical correlation with adolescent birth rates, was a "very important" area to address to reduce adolescent pregnancy rates (see Figure 13). Additionally, during the focus groups, prevention professionals also reported that a lack of after school programming and a declining sense of community were key risk factors. The prevention professionals' concerns were further supported by the finding from the youth survey that **only about 48 percent of all youth surveyed, 56 percent of youth ages 16 and older, and 69 percent of at-risk youth are not involved in any organized after-school activities.** Taken together, these findings indicate the importance of healthy social engagement and suggest that there may be a lack of healthy social engagement activities for youth in Iowa.

Views about adolescent pregnancy prevention funding

Prevention professionals had diverse thoughts about the type of programs that should be funded as evidenced by their responses to the open-ended question, "What should be taken into consideration when deciding where pregnancy prevention funding should go?" The most commonly reported areas to fund were communities with the highest adolescent pregnancy rates, schools, programs that have shown results, and initiatives to increase community involvement (see Figure 14).

Figure 14. Areas that should receive funding reported by prevention professionals





"If teens in our school are sexually active because it seems fun, THAT is a problem. We need more education on this topic."

Female youth, age 16

"I feel that the school could educate the students in my school more about reproductive health…the teachers feel they cannot help the situation with students being sexually active; they will say **'I know I can't stop it or prevent it from happening'**."

Female youth, age 16

"There should be a program for teens to learn about sexual health."

Female youth, age 15

"Lots of places don't let kids buy condoms, lots of girls are scared of telling their parents that they need birth control."

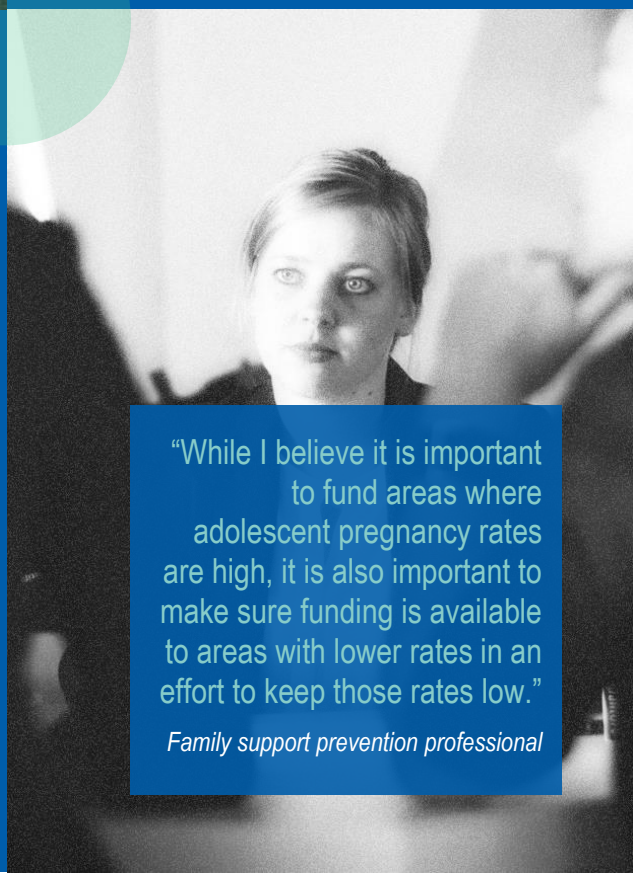
Male youth, age 15

"The culture of the community needs to be taken into consideration. Pregnancy prevention and sexual health are still seen as a taboo topic."

Public health prevention professional

"Schools need to have programs that empower girls, help them to build confidence in themselves and understand…what healthy relationships look like. Boys need to be educated on the importance of accepting "NO" and respecting others (especially women). Both need to have access to medical care, such as Planned Parenthood."

Family support prevention professional



"While I believe it is important to fund areas where adolescent pregnancy rates are high, it is also important to make sure funding is available to areas with lower rates in an effort to keep those rates low."

Family support prevention professional

Conclusions and Recommendations

Prevent Child Abuse Iowa, in collaboration with Public Consulting Group, Inc., conducted a comprehensive needs assessment of adolescent pregnancy prevention resources and risk factors in Iowa. Adolescent pregnancy prevention programs and funding services were catalogued, including the evidence-based practices for adolescent pregnancy prevention and those utilized by prevention programs in Iowa. Other potential state and federal funding sources for adolescent pregnancy prevention services were also examined. Additionally, a county-level analysis of risk factors of adolescent pregnancy was conducted. Valuable input was gathered from youth, parents, and prevention professionals through a series of focus groups and online surveys. Synthesis of these data sources has identified the following strengths and challenges of adolescent pregnancy prevention efforts in Iowa.

Strengths

1. The **adolescent birth rate in Iowa is lower than the national rate** and has decreased in recent years**. In 2017, Iowa had the 18th-lowest adolescent birth rate in the United States**. The adolescent birth rate in Iowa in 2017 was 16.0 births per 1,000 females ages 15 to 19 compared to 18.8 per 1,000 females nationally among this same age group.
2. By funding programs in 59 counties and targeting both adolescents and parents, **the Community Adolescent Pregnancy Prevention Program is reaching geographical areas and populations other adolescent pregnancy prevention programs are not**. The other adolescent pregnancy prevention programs with adolescent pregnancy prevention as the primary aim (Sexual Risk Avoidance Education, Personal Responsibility Education Program, Teen Pregnancy Prevention Program) have a limited reach and target less than ten percent of counties in Iowa.
3. Seventeen programs listed in the State of Iowa's Children's Program Factbook could potentially serve as additional sources of adolescent pregnancy prevention services.
4. **All Community Adolescent Pregnancy Prevention Program grantees have adopted at least one evidence-based practice or evidence-informed program**, and nearly 60 percent of grantees used an evidence-based practice rated as high in the U.S. Department of Health and Human Services Evidence-Based Teen Pregnancy Prevention Program database.
5. A majority of prevention professionals believe that the adolescent pregnancy prevention risk factors are being addressed to some extent in the counties they serve.
6. About 67 percent of females age 16 and older believed it was "very important" to avoid becoming pregnant or avoid getting someone pregnant.

Challenges

1. **Almost 45 percent of Iowa counties have adolescent birth rates greater than the national average** with two counties having rates twice the national average (Lee and Fremont).
2. **Thirty-seven counties in Iowa do not have access to any of the four adolescent pregnancy prevention programs with adolescent pregnancy prevention as the primary focus**. Of those, 16 have adolescent birth rates greater than the national average (Jefferson, Harrison, Monroe, O'Brien, Washington, Adams, Union, Mahaska, Keokuk, Cass, Emmet, Osceola, Taylor, Lucas,

Montgomery, and Fremont) and five are in the highest birth rate quartile (Osceola, Taylor, Lucas, Montgomery and Fremont).

3. Only 17 counties identified adolescent pregnancy as a public health issue in their Community Health Needs Assessment Health Improvement Plans (HIPs). Further, **only nine counties in the highest adolescent birth rate quartile identified adolescent pregnancy prevention in their Health Improvement Plans**.
4. Almost all the funding for the four adolescent pregnancy prevention programs with adolescent pregnancy prevention as the primary focus comes entirely from federal sources. **The state government does not fund any adolescent pregnancy prevention programs with the primary aim of adolescent pregnancy prevention.**
5. **Seven of the 15 risk factors in the county-level analysis were statistically significantly correlated with adolescent birth rates in Iowa:** child poverty; low social engagement; child abuse and neglect; living in a single parent home; absence of supportive family members; living in a rural community; and marijuana use. Prevention professionals surveyed also identified child poverty and absence of supportive family members as important risk factors. Additionally, prevention professionals identified adverse childhood experiences and parental knowledge as important risk factors.
6. **Prevention professionals reported that competing parental demands, community unwillingness to discuss adolescent pregnancy, and parents not wanting help were key barriers to services.** Further, they identified comprehensive sex education topics (*e.g.,* contraceptive use, knowledge about sexual health, open communication with adults about contraceptive use, peer condom use) as areas that pregnancy prevention efforts should focus on in the counties they serve.
7. Almost 50 percent of prevention professionals were surprised by adolescent birth rates in the counties they serve indicating a lack of knowledge about adolescent pregnancy in their communities.
8. Low social engagement was a statistically significant risk factor of adolescent pregnancy in Iowa and almost 50 percent of youth surveyed reported they were not involved in any organized after-school activities.
9. **About 54 percent of at-risk youth reported it was "very important" to avoid becoming pregnant or getting someone pregnant compared to 64 percent of not at-risk youth.** Only 52 percent of youth age 16 and older believed it was "very important" to avoid becoming pregnant or avoid getting someone pregnant, and **only 41 percent of male youth age 16 and older thought it "very important" to avoid getting someone pregnant.**
10. **Among Community Adolescent Pregnancy Prevention Program grantees, 60 percent of evidence-based and evidence-informed practices were implemented with less than 75 percent fidelity**, which may have reduced the programs' efficacies because high implementation fidelity is necessary to preserve the behavior change mechanisms that make programs efficacious.

Recommendations

Qualitative and quantitative data collected in this needs assessment indicate several areas of focus for improved adolescent pregnancy prevention practices in Iowa. The following recommendations are respectfully suggested:

1. Coordinate adolescent pregnancy prevention funding sources across the multiple service sectors (*e.g.,* Iowa Department of Public Health, Iowa Department of Human Services) to use each source strategically in preventing adolescent pregnancy and to streamline the funding application process for community providers.
2. Increase the variety of evidence-based practices being used by community providers and implement practices to fidelity.
3. Broaden pregnancy prevention programming to ensure statewide coverage.
4. Partner with Child Protective Services and Foster Care and Adoption Services to implement pregnancy prevention programs among youth and families receiving their services. Specifically, programs should aim to increase social support, community connectivity, a sense of belonging, and positive relationships.
5. Implement comprehensive sex education in grades kindergarten through 12 and ensure access to condoms and birth control in all high schools in Iowa.

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Appendix A: Methodology

A mixed method approach using both qualitative and quantitative data sources was used to gain a thorough understanding of prevention programming, funding, community needs, and risk factors of adolescent pregnancy in Iowa. The approach taken and a description for each data source used in the assessment are provided below.

Analysis of Prevention Programs and Funding Sources

Identifying adolescent pregnancy prevention programs

To identify the prevention programs currently found in Iowa and their funding sources, PCG carefully reviewed the seven programs listed in IDHS' Pregnancy Prevention and Reproductive Health Resources Guide (IDHS, 2019). Six of the seven programs have adolescent pregnancy prevention listed as a component of the program and were included in the needs assessment. Adolescent pregnancy prevention is the primary aim of the four of the six programs.

IDHS' resource guide contains information about the programs' characteristics including:

- Administering agency
- Funding Information (source, type, amount)
- Description of program
- Geographic reach
- Performance/outcomes

PCG also visited each program's website to gain additional information about the program such as use of evidence-based programs.

Analysis of pregnancy prevention funding

PCG used several data sources to conduct the funding analysis:

- IDHS Pregnancy Prevention and Reproductive Health Resources Guide
- Iowa Legislative Service Agency's Children's Program FY 2018 Fiscal Dataset
- IDHS CAPP grantee funding information
- Program websites & annual reports
- IRS 990 forms

The IDHS resource guide provided funding information for all six adolescent pregnancy prevention programs. It was used to calculate the total amount of funding allocated in Iowa for adolescent pregnancy prevention and the percent of prevention funding provided by CAPP statewide. See Figure A-1 for a map of adolescent pregnancy prevention program present in Iowa counties.

Figure A-1. Map of Adolescent Pregnancy Prevention Programs (SFY 2019)

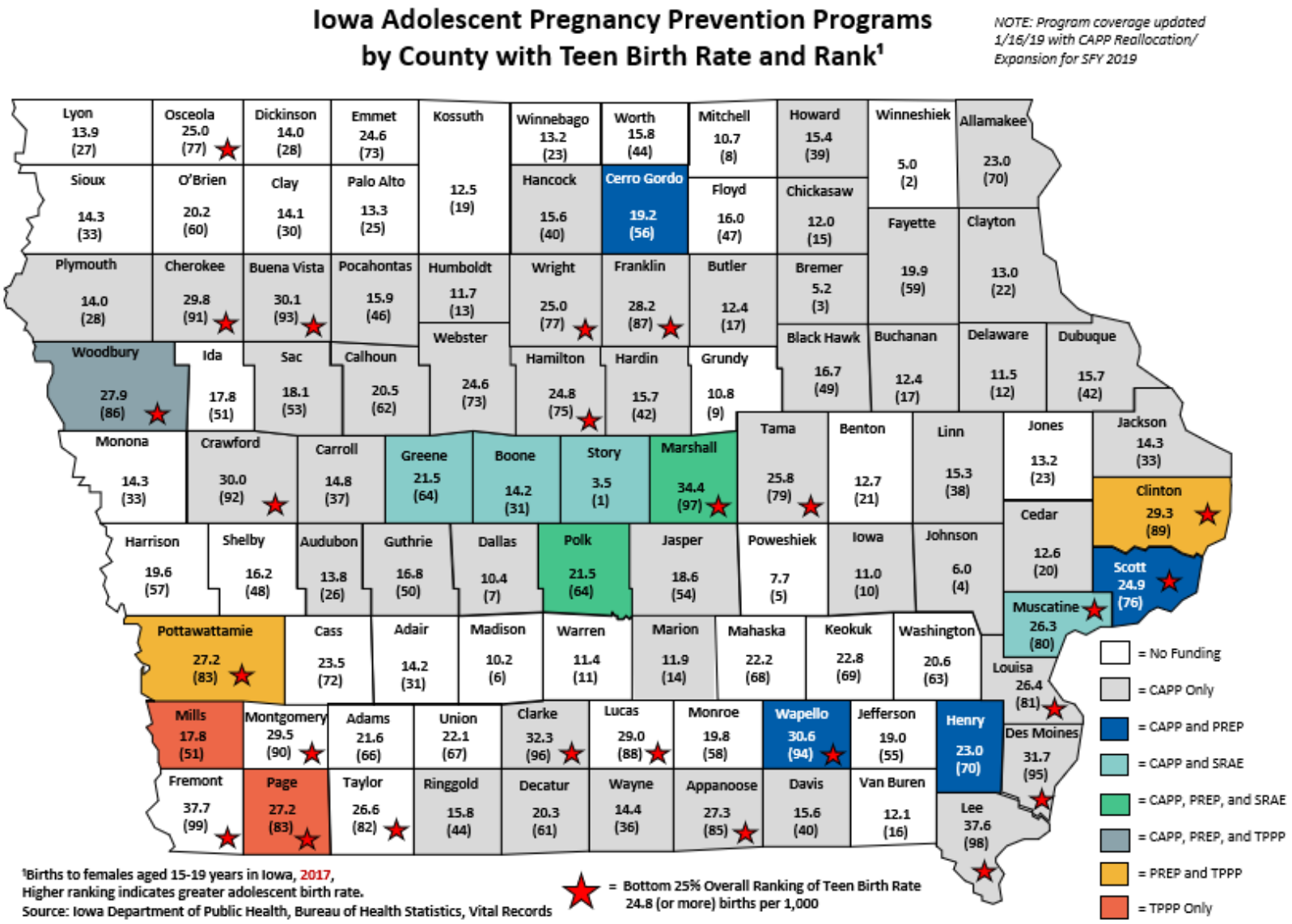
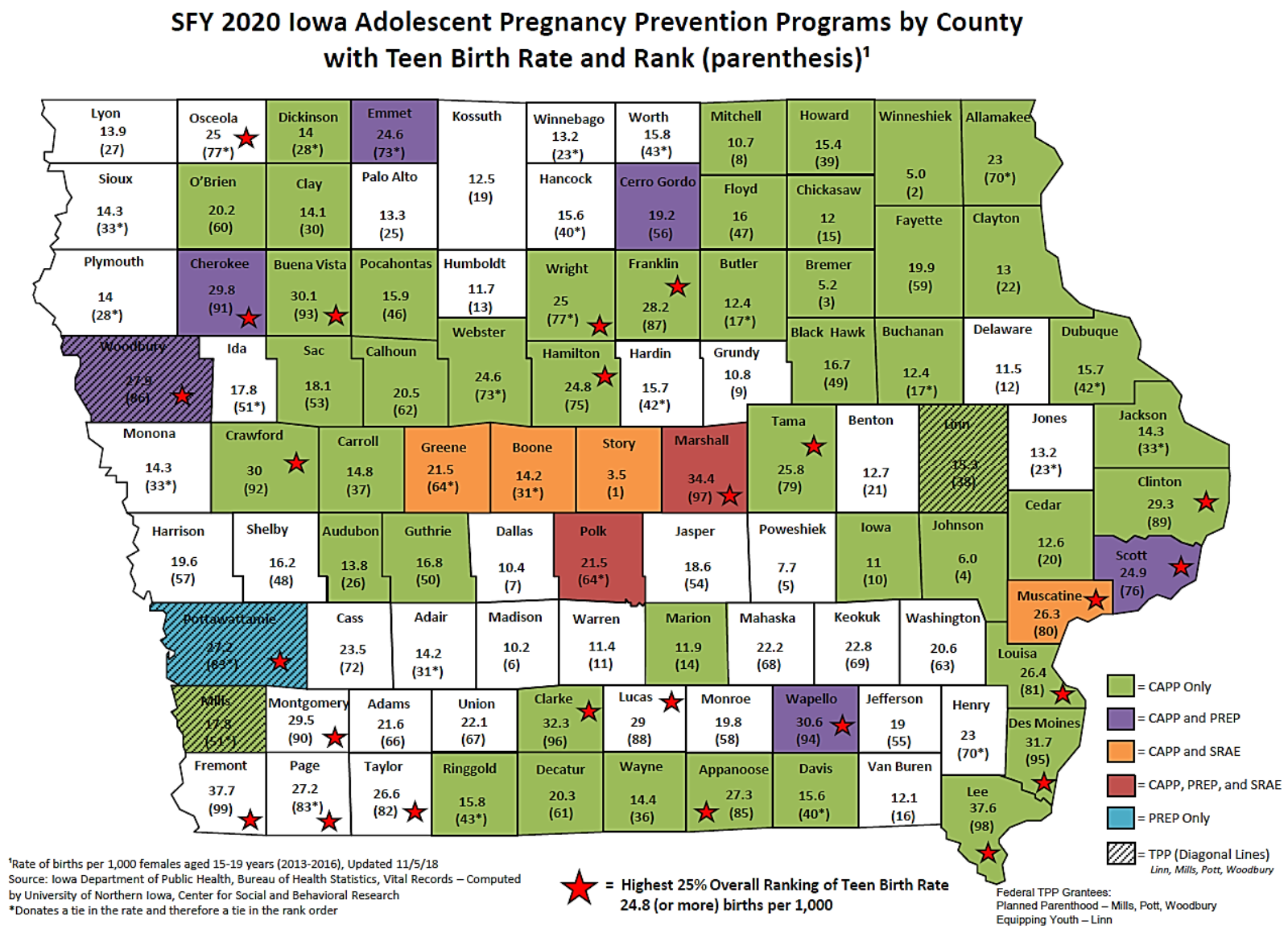


Figure A-2. Map of Adolescent Pregnancy Prevention Programs (SFY 2020)



To calculate the percent of Iowa's children's program expenditures allocated to adolescent pregnancy prevention, the Iowa Legislative Service Agency's Children's Program FY 2018 Fiscal Dataset was used to calculate total funding allocated to children's programs in Iowa and the IDHS resource guide was used to calculate the total amount of funding allocated in Iowa for adolescent pregnancy prevention.

To calculate the percent of grantees' budgets funded by CAPP, PCG researched the budgets of CAPP grantees using grantees' annual reports, websites, and IRS 990s. Although budget data was found for all grantees, the year of budget data ranged from 2016 to 2018 with a majority of data from 2016. IDHS also provided PCG with the CAPP funding amount for each grantee.

PCG also explored other programs listed in the Iowa Legislative Service Agency's Children's Program FY 2018 Fiscal Dataset that could potentially incorporate adolescent pregnancy prevention into the services they provide were identified. Thirty-seven programs were identified by IDHS (see Table A-1), and PCG reduced that list to seventeen programs across four categories (family support, juvenile justice, maternal and child health and youth development) were identified as having potential overlap with adolescent pregnancy prevention. The Iowa Legislative Service Agency's Children's Program FY 2018 Fiscal Dataset was used to determine the total amount of combined funding these programs provide, the source of the funding, and the administrating agency.

Table A-1. Overview of Other Potential Funding Sources

Program	Administrating Department	Service	State Expenditure	Federal Expenditure	Local Expenditure	Total Expenditures
Tobacco Use Prevention / Control	Public Health	Youth Development	$812,644	$68,428	$0	$881,072
Substance Abuse Prevention for Children	Public Health	Youth Development	$1,817,237	$3,017,128	$0	$4,834,365
Substance Abuse Prevention for Juveniles	Office of Drug Control	Youth Development	$0	$93,243	Unknown	$93,243
Decategorization	Human Services	Youth Development	$1,717,753	$0	$0	$1,717,753
Juvenile Justice and Delinquency Prevention Act Formula Grant Program	Human Rights	Youth Development	$0	$261,759	$0	$261,759
Youth Leadership Program	Human Rights	Youth Development	$47,393	$46,974	$0	$94,367
21st Century Community Learning Centers	Education	Youth Development	$0	$6,805,627	$0	$6,805,627
ISU Extension: 4-H Youth Development	Board of Regents	Youth Development	$2,403,145	$981,748	$6,024,014	$9,408,906

Program	Administrating Department	Service	State Expenditure	Federal Expenditure	Local Expenditure	Total Expenditures
Substance Abuse Residential Treatment for Juveniles	Public Health	Juvenile Justice	$60,988	$26,138	$0	$87,126
Adolescent Tracking and Monitoring	Human Services	Juvenile Justice	$2,115,850	$1,654,098	$0	$3,769,948
Group Care	Human Services	Child Welfare/ Juvenile Justice	$23,005,997	$4,279,059	$0	$27,285,056
School-Based Supervision	Human Services	Juvenile Justice	$2,688,686	$929,007	$0	$3,617,693
Shelter Care/CWES	Human Services	Child Welfare/ Juvenile Justice	$7,935,310	$878,074	$0	$8,813,384
State Juvenile Home – Eldora	Human Services	Juvenile Justice	$14,800,078	$0	$0	$14,800,078
Maternal Health	Public Health	Maternal and Child Health	$216,771	$931,410	$0	$1,148,181
Child Health	Public Health	Maternal and Child Health	$4,788,889	6,536,482	$0	$11,325,371
Outreach Toll Free	Public Health	Maternal and Child Health	$51,517	$126,307	$0	$177,824
Statewide Perinatal Care Program	Public Health	Maternal and Child Health	$43,962	$304,090	$0	$348,052
Healthy Families	Public Health	Family support	$717,953	$0	$0	$717,953
Maternal, Infant and Early Childhood Home Visitation Program	Public Health	Family support	$0	$6,087,941	$0	$6,087,941
Early Childhood Iowa Grant Program	Human Services	Family support	$6,350,000	$0	$0	$6,350,000
Child Abuse Prevention Program	Human Services	Family support	$555,300	$861,000	$0	$1,416,300
Community-Based Child Abuse Prevention	Human Services	Family support	$0	$534,703	$0	$534,703

Program	Administrating Department	Service	State Expenditure	Federal Expenditure	Local Expenditure	Total Expenditures
Family Development and Self Sufficiency	Human Services	Family support	$3,313,854	$2,958,096	$0	$6,271,950
School Ready Grant Program – Early Childhood Iowa	Education	Family support	$21,999,794	$0	$0	$21,999,794
Family Education and Support Programs	Education	Family support	$836,751	$0	$140,000	$976,751
Youthful Offender Unit – Anamosa	Corrections	Family support	$440,915	Unknown	Unknown	$440,915
		Totals	**$96,720,787**	**$39,260,712**	**$6,164,014**	**$142,145,512**

Review of Prevention Evidence-Based Practices

Evidence-based practices/program are practices or service approaches whose effectiveness at achieving desired outcomes for specific target populations of adolescents and families has been substantiated or validated by some sort of independent empirical research. Information on evidence-based services can be obtained in a variety of ways, including through contacts with various public and private organizations that collect and disseminate service information.

The U.S. Department of Health and Human Services'(HHS) Evidence-Based Teen Pregnancy Prevention Program database was used to identify evidence-based programs (EBPs). Since 2009, HHS has contracted with Mathematica Policy Research to conduct an ongoing systematic evaluation of programs targeting teen pregnancy prevention, sexually transmitted infections, and associated sexual risk behaviors. It was last updated in 2017.

As part of Mathematica Policy Research's review, they thoroughly evaluate teen pregnancy prevention programs on an ongoing basis and only include programs rated as having moderate or high levels of evidence in the HHS database. The ratings are based on several factors including study design, attrition, baseline equivalence, reassignment, and confounding factors. A high rating was designated to well-implemented randomized controlled trials. A moderate rating went to either quasi-experimental comparison group designs or randomized controlled trials that did not meet the criteria for the highest rating. Programs with a low rating were not included in the database. For the needs assessment, in addition to reviewing all programs in the HHS database, a literature review was conducted to identify additional EBPs that have been developed since 2017.

Following EBP identification, a profile was created for each EBP that includes a brief program description, program category, setting, age, gender, race/ethnicity, language, population the program was originally designed for, cost, and time requirements. As part of the profile creation, each program was given an Iowa Needs Assessment (INA) rating. The overall rating incorporated the HHS rating as well as program cost and time ratings. It is intended to be more useful to the needs assessment than the HHS rating because it

incorporates information about program cost and implementation time that may be relevant to pregnancy prevention stakeholders in Iowa.

Cost analysis was broken into low ($198–$330), moderate ($349.99–$499.99), and high ($509 and up) cost. Similarly, implementation time was broken into three groups: low (1 day–12 days), moderate (2 weeks to 13 weeks), and high (6 months and up). HHS ratings were developed by Mathematica and approved by the U.S. Department of Health and Human Services. To assign the overall INA rating, programs were given a score between one and four. For a high HHS rating, a program would receive two points, while one point was awarded for a moderate rating. A low-cost program received one point and a low or moderate implementation time (any time shorter than six months) was also awarded one point.

Adolescent Pregnancy Risk Factor Analysis

To identify the needs and risk factors associated with adolescent pregnancy in Iowa, PCG analyzed data covering various risk factors. The goals of the analysis were to determine the extent to which common risk factors of adolescent pregnancy were of concern in Iowa and identify specific communities in the state (through a county-level analysis) that had an increased risk of adolescent pregnancy.

PCG conducted a review and analysis of secondary data sources to identify risk factors for the analysis. Based on the adolescent pregnancy literature, risk factors were determined and researched to identify reliable, county-level data. To determine if there was a correlation between the risk factors identified and adolescent birth rates in Iowa, a correlation analysis was conducted using the Pearson correlation coefficient. Although there is no way to determine causality based on this analysis, it does help to provide insight into which risk factors adolescents who have gotten pregnant experienced.

Only data sources with a large enough sample size and reputable sampling techniques (for survey data) were used in the analysis and are presented in this report. Data sources include the U.S Census Bureau's American Community Survey, Behavioral Risk Factors Surveillance System (BRFSS) data, Iowa Department of Public Health, Kids Count Iowa, the Iowa Youth Survey, and Robert Wood Johnson County Health Rankings. Each data source is described in more detail below and Table A-2 outlines the risk factors with their associated data sources.

American Community Survey (ACS) (U.S. Census): The ACS is an ongoing survey of the United States population which captures population and housing information (U.S. Census Bureau, 2013). Surveys are sent to a randomly selected sample of addresses in the United States each month. For the purposes of this report ACS estimates from 2011–2015 were used.

Behavioral Risk Factors Surveillance System (BRFSS): BRFSS is a telephone survey of health-related behaviors and overall health (CDC, 2017). In Iowa, since 2008 the survey also contains questions regarding adverse childhood experiences (ACEs). County level estimates using data from 2015 were used in the risk factor analysis.

Iowa Department of Public Health Vital Statistics: IDPH vital statistics data was used to determine the teen birth rate per county (IDPH, 2017d).

Robert Wood Johnson County Health Rankings: The County Health Rankings provide a look at communities' health (University of Wisconsin Population Health Institute, n.d.). 2016 data on children born with low birth weights were used in the analysis of risk factors.

Iowa Youth Survey (IYS): IYS surveys students across Iowa and addresses their attitudes and experiences with alcohol, drugs, and violence in addition to the perceptions of their peers, family, school, and community (IDPH, 2016). County-level estimates using data from 2016 were used in the risk factor analysis.

Kids Count Iowa: KIDS COUNT tracks the well-being of children across the United States. Data can be broken down the state and county level. Risk factors for which data were collected included demographics, economic well-being, education, family and community, health, and safety and risky behaviors. County level estimates using data from 2017 were used in the risk factor analysis (The Annie E. Casey Foundation, 2017).

Table A-2. Risk factors and associated data sources

Risk factor	Data Source
Absence of family members who help children feel important, special or loved	Iowa Youth Survey
African American	U.S. Census
Binge drinking	Iowa Youth Survey
Child abuse and neglect	Kids Count Iowa
Multiple adverse childhood experiences	Iowa Behavioral Risk Factor Surveillance Study
Hispanic	U.S. Census
Illicit drug use	Iowa Youth Survey
Inadequate access to health care	U.S. Census
Juvenile delinquency	Iowa Youth Survey
Living in a rural community	U.S. Census
Living in a single parent home	Robert Wood Johnson County Health Rankings
Low social engagement	Iowa Youth Survey
Marijuana use	Iowa Youth Survey
Child poverty	U.S. Census
Substance use in the family	Iowa Youth Survey
Religious affiliation	Iowa Youth Survey
Supervision of children by inappropriate caregivers	Iowa Youth Survey

Stakeholder Focus Groups and Stakeholder, Parent, and Youth Surveys

Focus groups were conducted with prevention professionals during PCA Iowa's annual regional meetings. The participant groups included representatives of grantee organizations funded by CAPP. Participants discussed risk factors, supports, and barriers to services, as well as strengths and challenges of adolescent pregnancy prevention in the state. The prevention providers offered insight on their specific area of coverage to inform how prevention practices vary across Iowa. Online surveys were developed and distributed to get feedback from additional stakeholders as well as adolescents and parents. There was a response rate of 102 parents, 423 youth, and 182 stakeholders. Surveys were hosted in English and Spanish for parents and adolescents. Table A-3 shows the responses of adolescents surveyed.

Table A-3. Adolescent Survey Responses as Percentages

Adolescent Survey Responses	Male (n=216)	Female (n=196)	Total Sample (n=423)
Race			
American Indian/Alaskan Native	4.6	3.6	4.3
Asian/Pacific Islander	5.1	3.1	4.3
Black or African American	5.1	4.6	4.7
Hispanic or Latino	23.1	17.3	20.1
Mixed/Multiple races	4.6	11.2	8.0
Some other race	1.4	1.5	1.7
White	63.9	66.3	64.5
Age (years)			
10	3.7	6.1	5.0
11	17.1	19.4	18.2
12	12.5	19.4	15.8
13	26.4	15.8	21.0
14	7.4	7.7	7.6
15	10.2	12.8	11.1
16	7.4	4.1	5.7
17	4.2	4.1	4.0
18+	7.9	7.1	7.3
In school	89.4	93.4	90.5
At-risk youth	10.2	6.1	8.3
Has a job	16.7	18.9	17.5
Days/week in after school activities			
0	48.1	45.9	47.5
1	14.8	12.8	13.5
2	6.0	8.7	7.1
3 or more	22.7	27.0	24.1
Involved in religious community	51.9	55.6	53.0
Rural or urban			
Rural	38.4	46.9	41.8
Suburban	22.7	13.8	18.4
City/urban	37.0	37.8	37.4
Number of caregivers in home			
0	6.9	3.6	5.4
1	17.1	14.3	15.4

Adolescent Survey Responses	Male (n=216)	Female (n=196)	Total Sample (n=423)
2	54.6	58.7	56.5
3 or more	20.8	22.4	21.3
Adult in home overnight			
Yes	84.3	88.8	85.1
No	6.0	1.5	4.5
Sometimes	8.8	6.6	7.8
Lived with an adult who has been to jail	29.6	30.6	29.6
Ever been in trouble and met with a school resource officer			
Yes	39.8	17.9	28.8
No	58.3	78.6	67.8
Has an adult to turn to for help	67.1	78.6	72.1
Tells others how they feel	31.5	61.7	45.4
Who do you trust to help you?			
Parent(s) or guardian	89.4	85.2	86.5
Other family member(s)	42.6	53.6	47.8
Coach	19.9	12.8	16.1
Teacher	35.6	43.4	38.8
School counselor or nurse	19.9	31.6	25.5
Neighbor	17.6	15.8	16.3
Clergy or other faith leader	8.8	12.2	10.2
Adult in my youth group or extra-curricular activity group	9.7	12.8	10.9
Has plans for the future	62.5	72.4	66.4
Has a stable place to live	73.6	82.1	76.8
Importance of avoiding pregnancy			
Not at all important	16.7	10.7	13.9
A little important	7.4	4.1	5.7
Somewhat important	15.7	9.7	12.8
Very important	50.9	63.8	56.3
Source of sexual health information			
Class or school	56.0	72.4	62.6
Parent	44.0	45.4	44.2
Foster parent	8.3	12.8	10.2
Friends or siblings	38.4	48.5	42.6
Doctors, nurse, or another medical professional	38.0	42.3	39.0
Department of Human Services social worker	9.3	6.6	7.8
Juvenile court officer	4.6	1.0	2.8
Online sources	22.2	23.0	22.0
Have what you need to be successful	66.2	61.2	63.1

Table A-4 shows the results from the parents surveyed for the needs assessment.

Table A-4. Adolescent Survey Responses as Percentages

Parent Survey Responses	Male (n=13)	Female (n=89)	Total Sample (n=102)
Race			
American Indian/Alaskan Native	0	0	0
Asian/Pacific Islander	0	1.1	1.0
Black or African American	7.7	1.1	2.0
Hispanic or Latino	0	3.4	2.9
Mixed/Multiple races	0	2.2	2.0
Some other race	0	1.1	1.0
White	92.3	93.3	93.1
Age (years)			
17 or younger	7.7	0	1.0
18–24	7.7	3.4	3.9
25–34	23.1	32.6	31.4
35–44	15.4	33.7	31.4
45–54	30.8	18.0	19.6
55+	15.4	12.4	12.7
Involved in a religious community	69.2	62.9	63.7
Rural or Urban			
Rural	30.8	53.9	51.0
Suburban	23.1	14.6	15.7
City or urban	46.2	31.5	33.3
Number of children in household			
0	7.7	18.0	16.7
1	23.1	29.2	28.4
2	38.5	23.6	25.5
3	23.1	18.0	18.6
4	7.7	6.7	6.9
5	0	1.1	1.0
6	0	1.1	1.0
8	0	2.2	2.0
Marital status			
Divorced	7.7	5.6	5.9
Married	61.5	75.3	73.5
Partnering	15.4	6.7	7.8
Separated	0	1.1	1.0
Single	7.7	11.2	10.8
Widowed	7.7	0	1.0
Employment status			
No job	0	0	0
One full-time job	69.2	64	64.7
One part-time job	0	13.5	11.8
More than one job	15.4	18	17.6
Who do you trust to help you?			
Clergy or faith leader	23.1	18.0	18.6
Friend(s)	92.3	84.3	85.3

Parent Survey Responses	Male (n=13)	Female (n=89)	Total Sample (n=102)
Parent(s)	46.2	65.2	62.7
Neighbor	15.4	22.5	21.6
Other family member(s)	46.2	61.8	59.3
Social worker	7.7	3.4	3.9
Child's teacher	0	7.9	6.9
Someone else	7.7	9.0	8.8
Help is not available to them	0	2.2	2.0
Is the help you need available?			
No	0	6.7	5.9
Sometimes	30.8	28.1	28.4
Yes	53.8	58.4	57.8
Serviced used			
Family team meeting	0	10.1	8.8
Parent Education for Pre-teens and/or teens	15.4	9.0	9.8
Parent support group	0	9.0	7.8
Transportation assistance	0	1.1	1.0
Sexual abuse prevention instruction	0	20.2	17.6
Assistance with basic needs	15.4	15.7	15.7
Adult education	15.4	5.6	6.9
Job skills/employment preparation	23.1	6.7	8.8
Life skills	23.1	13.5	14.7
Assistance with accessing benefits	0	4.5	3.9
Other	0	4.5	3.9
None of the above	53.8	50.6	51
Talking to your children about sexual health			
Very comfortable	46.2	58.4	56.9
Somewhat comfortable	38.5	21.3	23.5
Neither comfortable nor uncomfortable	0	7.9	6.9
Somewhat uncomfortable	7.7	7.9	7.8
Very uncomfortable	7.7	2.2	2.9

Taken from the stakeholder survey, Table A-5 indicates the primary fields stakeholders affiliate themselves with in addition to the county in which they reside. The most common field grantees identified with was "other." This included healthcare professionals, mental health professionals, teachers, funders, and prevention professionals. Although there were respondents from many Iowa counties, the most commonly identified county of residence was Black Hawk. Additional survey results are also included in Table A-5.

Table A-5. Stakeholder Survey Responses by Percentage

Stakeholder Survey Reponses	Stakeholders (n=182)
County	
Audubon	0.5
Black Hawk	12.6
Boone	2.7

Stakeholder Survey Reponses	Stakeholders (n=182)
Bremer	2.7
Buchanan	3.3
Buena Vista	1.1
Butler	1.1
Carroll	0.5
Cerro Gordo	0.5
Chickasaw	1.1
Clay	1.1
Crawford	0.5
Dallas	1.6
Des Moines	3.8
Dickinson	1.6
Dubuque	1.6
Fayette	0.5
Grundy	1.1
Hamilton	1.1
Harrison	2.2
Henry	0.5
Howard	0.5
Humboldt	0.5
Iowa	1.1
Jones	0.5
Kossuth	0.5
Lee	2.2
Marion	0.5
Marshall	6.0
Mills	0.5
Muscatine	0.5
O'Brien	0.5
Osceola	0.5
Polk	8.8
Pottawattamie	3.8
Scott	2.7
Shelby	1.1
Sioux	1.1
Story	2.7
Tama	1.1
Wapello	2.2
Warren	0.5
Washington	0.5
Winneshiek	2.2
Woodbury	11.5
Surprised about ranking	
Not at all	53.3
A little	26.9
Some	14.8
Very	4.9

Stakeholder Survey Reponses	Stakeholders (n=182)
Risk Factors	
Child poverty	75.8
Parenting Knowledge of adolescent and child development	53.3
Substance use in the family	64.3
Living in a single parent home	50.5
Juvenile delinquency	46.7
Living in a rural community	26.4
Experience of multiple adverse childhood experiences	73.6
Supervision of children by inappropriate caregivers	47.3
Prior adolescent pregnancy	48.9
Inadequate access to health care	50.5
Absence of family members that help children feel important, special, or loved	69.8
Important to prevent adolescent pregnancy	
Social Engagement	
Not Important	0
Slightly Important	7.7
Moderately Important	30.2
Very Important	58.2
Contraceptive Use	
Not Important	0
Slightly Important	4.4
Moderately Important	8.2
Very Important	84.6
Peer use of condoms	
Not Important	0.5
Slightly Important	4.9
Moderately Important	14.3
Very Important	78
Knowledge about sexual health	
Not Important	0
Slightly Important	1.1
Moderately Important	6.0
Very Important	90.1
Open communication with adults about contraceptive use	
Not Important	0
Slightly Important	2.2
Moderately Important	14.3
Very Important	80.8
Barriers	
Identifying effective programs or services	
Not a barrier	14.3
A little	22.0
Somewhat	40.7
Very much a barrier	17.0
Finding individuals or groups to provide those services	
Not a barrier	18.1
A little	14.8

Stakeholder Survey Reponses	Stakeholders (n=182)
Somewhat	36.8
Very much a barrier	24.2
Applying for funding	
Not a barrier	6.0
A little	19.2
Somewhat	35.2
Very much a barrier	33.5
Reporting requirements of funding sources	
Not a barrier	14.3
A little	23.1
Somewhat	33.0
Very much a barrier	23.1
Finding partners to collaborate with	
Not a barrier	15.9
A little	22.0
Somewhat	41.2
Very much a barrier	15.4
Hours of service	
Not a barrier	15.9
A little	25.3
Somewhat	37.4
Very much a barrier	15.4
Location of service	
Not a barrier	13.7
A little	25.3
Somewhat	34.1
Very much a barrier	22.0
Parents not wanting to help	
Not a barrier	4.4
A little	19.2
Somewhat	35.7
Very much a barrier	35.2
Transportation	
Not a barrier	4.4
A little	13.7
Somewhat	34.1
Very much a barrier	42.3
Community willingness to talk about sexual health and risks of adolescent pregnancy	
Not a barrier	2.2
A little	9.9
Somewhat	35.7
Very much a barrier	44.5
Cultural capacity among providers – including interpreting services	
Not a barrier	6.0
A little	29.7
Somewhat	36.8
Very much a barrier	21.4

Stakeholder Survey Reponses	Stakeholders (n=182)
Childcare	
Not a barrier	5.5
A little	18.7
Somewhat	40.7
Very much a barrier	29.7
Competing parental demands (like work)	
Not a barrier	2.2
A little	9.9
Somewhat	41.8
Very much a barrier	40.1
Primary Field	
Advocacy/Community development	13.7
Child welfare	8.8
Corrections/Juvenile detention	2.7
Family support	13.2
Public health	22.0
Other	35.2

Other Data Sources

This needs assessment aims to understand the prevention efforts currently funded in Iowa, the availability of evidence-based adolescent pregnancy prevention practices, and the primary risk factors for adolescent pregnancy in Iowa. Many different qualitative and quantitative data sources were used to accomplish these goals. Additional data sources were reviewed throughout the needs assessment. An independent literature review on adolescent pregnancy prevention strategies was conducted. Youth Policy Institute of Iowa/Iowa State University's *Pregnancy and Parenting among Iowa Youth Transitioning from Foster Care* report, a marketing study conducted by Flynn Wright, and the 2018 *CAPP Grant Program Evaluation* report also aided in the development of this needs assessment report. These sources helped to provide additional insight into prevention strategies currently being utilized in Iowa, prevention strategies available to be implemented, and identified the needs of Iowa adolescents.

Appendix B: Inventory of Evidence-Based Practices

ABAN AYA Youth Project

Overall Rating:

Program category: Abstinence education

Program setting: School (evaluated setting), Community-based

Program summary: The *ABAN AYA Youth Project (ABAN AYA)* is a program designed to teach students to practice abstinence, avoid drugs and alcohol, and resolve conflicts nonviolently, using an Afrocentric social development curriculum.

Target age: 10–14 years

Target gender: All

Target race/ethnicity: African American

Available languages: English

Population program was originally designed for: Urban, African American youth

Previously implemented in Iowa: No

Cost per kit: $220[4]

Program duration: 16–21 45-minute sessions over the course of four years

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Low
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/aban-aya-youth-project/index.html

https://www.socio.com/products/pasha-aban-aya-grade-5

[4] Training is required to implement this program but is not included in the cost.

AIM 4 Teen Moms

Overall Rating:

Program category: Youth development, Parenting

Program setting: Community-based, Home

Program summary: *AIM 4 Teen Moms* seeks to reduce rapid repeat pregnancies by helping teen mothers define specific life aspirations, engage in planning to successfully achieve them, and consider the role of contraception in their lives. The program is delivered by trained facilitators.

Target age: 14–20 years (evaluated in youth aged 15–19 years)

Target gender: Females

Target race/ethnicity: All (evaluated in African American and Hispanic youth)

Available languages: English

Population program was originally designed for: Urban, Hispanic and/or African American youth who have at least one child

Previously implemented in Iowa: No

Cost per kit: Not available[5]

Program duration: Seven one-hour individual sessions, one 90-minute group session at the halfway point, and another 90-minute group session at the end of the program. All sessions are completed over the course of twelve weeks.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Not available
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/aim-4-teen-moms/index.html

[5] Training is required to implement this program.

All4You!

Overall Rating:

Program category: Youth in alternative schools

Program setting: Specialized setting

Program summary: *All4You!* is designed to reduce the number of students who have unprotected sexual intercourse. The program also aims to change key determinants related to sexual risk taking, such as attitudes, beliefs, and perceived norms. The *All4You!* program has two primary instructional components: a skills-based HIV, other STD and pregnancy-prevention curriculum, as well as service-learning visits in the community.

Target age: 14–18 years (evaluated in youth aged 14–17 years)

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Adolescent students in alternative schools

Previously implemented in Iowa: Yes

Cost per kit: $399.99[6] (basic kit)

Program duration: One pre-session and 14 regular sessions (approximately 26 hours total) over the course of seven weeks

Ratings

Rating Category	Rating
Health and Human Services	High
Cost	Moderate
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/all4you/index.html

https://www.etr.org/ebi/programs/all4you/

[6] Training is recommended to implement this program but is not included in the cost.

Be Proud! Be Responsible!

Overall Rating:

Program Category: Sexual health education

Program setting: School, Clinic, After-school program (evaluated setting), or Community-based program (evaluated setting)

Program Summary: *Be Proud! Be Responsible!* is an intervention which is designed to modify behaviors and build knowledge, understanding, and a sense of responsibility regarding STD/HIV risk in vulnerable youth. The intervention aims to affect knowledge, beliefs, and intentions related to condom use and sexual behaviors such as initiation and frequency of intercourse.

Target age: 11–18 years (evaluated in youth aged 11–13 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English

Population program was originally designed for: Urban, African American males

Previously implemented in Iowa: Yes

Cost per kit: $499.99[7]

Program duration: Six 50-minute sessions over the course of six days.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Moderate
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/be-proud-be-responsible/index.html

https://www.etr.org/ebi/programs/be-proud-be-responsible/

[7] Training is recommended to implement this program but is not included in the cost.

Be Proud! Be Responsible! Be Protective!

Overall Rating:

Program category: Pregnant/parenting

Program setting: School, Specialized setting (evaluated setting), After-school program, Community-based

Program summary: *Be Proud! Be Responsible! Be Protective!* aims to reduce unprotected sex among sexually active, pregnant and parenting teens by affecting knowledge, beliefs, and intentions related to condom use and sexual behaviors. It also addresses the impact of HIV/AIDS on pregnant women and their children, the prevention of disease during pregnancy and the postpartum period, and special concerns of young mothers. The program consists of modules focusing on behavioral attitudes, expectations, negotiation and problem-solving skills, self-efficacy, and feelings of maternal protectiveness.

Target age: 12–18 years (evaluated in youth aged 14–20 years)

Target gender: Females

Target race/ethnicity: All (evaluated in African American and Hispanic youth)

Available languages: English

Population program was originally designed for: Pregnant and parenting teens in middle and high school in a classroom-based setting

Previously implemented in Iowa: No

Cost per kit: $645[8]

Program duration: Eight 60-minute sessions over the course of eight days.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/be-proud-be-responsible-be-protective/index.html

https://www.etr.org/store/product/be-proud-be-responsible-be-protective-3rd-edition-basic-set/

[8] Training is recommended to implement this program but is not included in the cost.

Becoming A Responsible Teen (BART)

Overall Rating:

Program category: Sexual health education

Program setting: After-school program, Community-based

Program summary: *Becoming a Responsible Teen (BART)* is an HIV-prevention curriculum developed for African American adolescents that is based on ethnic pride and can be delivered in non-school, community-based settings. The program uses interactive group discussions and role plays that have been created by teens. Although the focus of Becoming a Responsible Teen is HIV/AIDS prevention, the curriculum includes topics and activities relevant to teen pregnancy prevention. Teens learn to clarify their own values about sexual decisions and pressures as well as practice skills to reduce sexual risk-taking. These include correct condom use, assertive communication, refusal techniques, self-management, and problem solving. Also, abstinence is woven throughout the curriculum and is discussed as the best way to prevent HIV infection and pregnancy.

Target age: 14–19 years

Target gender: All

Target race/ethnicity: African American

Available languages: English

Population program was originally designed for: African American youth in non-school settings

Previously implemented in Iowa: No

Cost per kit: $645[9] (basic kit)

Program duration: Eight 90- to 120-minute sessions over the course of eight weeks.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Moderate
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/becoming-a-responsible-teen/index.html

https://www.etr.org/ebi/programs/becoming-a-responsible-teen/

[9] Training is recommended to implement this program but is not included in the cost.

Children's Aid Society (CAS) Carrera Program

Overall Rating:

Program category: Youth development

Program setting: School, After-school program (evaluated setting), Community-based

Program summary: The Carrera Adolescent Pregnancy Prevention Program is a seven-year program which relies on a holistic, youth development approach. The program recruits disadvantaged boys and girls ages 10 to 12 years old and follows them through high school and beyond. The Carrera Adolescent Pregnancy Prevention program consists of seven required components and is delivered by trained and certified staff.

Target age: 10–12 years (age at program entry)

Target gender: All

Target race/ethnicity: All (evaluated in Hispanic and African American youth)

Available languages: English, Spanish

Population program was originally designed for: Disadvantaged youth ages 10–11 at program entry

Previously implemented in Iowa: No

Cost per kit: Not available[10]

Program duration: Daily three to five-hour sessions for the duration of seven years

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Now available
Time requirement	High

Resources:

https://tppevidencereview.aspe.hhs.gov/document.aspx?rid=3&sid=35&mid=1

[10] Training is required to implement this program.

¡Cuidate!

Overall Rating:

Program category: Sexual health education

Program setting: School, After-school program (evaluated setting), Community-based

Program summary: *"¡Cuídate! (Take Care of Yourself)"* is a culturally tailored program designed specifically for Latino youth. The program is an adaptation of the Be Proud! Be Responsible! program. *¡Cuídate!* emphasizes Latino cultural beliefs to frame abstinence and condom use, as culturally accepted and effective ways to prevent unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS. The focus of *¡Cuídate!* is to increase each participant's skill level and self-efficacy in communicating and negotiating with sexual partners about abstinence and condom use. The program also helps teens develop the technical skills they need for correct condom use. *¡Cuídate!* provides important information about the causes, diagnosis, transmission, and prevention of HIV and STDs, as well as the risk of HIV infection for Latino youth.

Target age: 13–18 years (evaluated in youth aged 14–17 years)

Target gender: All

Target race/ethnicity: Hispanic

Available languages: English, Spanish

Population program was originally designed for: Middle and high school Latino youth

Previously implemented in Iowa: No

Cost per kit: $265[11]

Program duration: Six one-hour sessions over the course of two days.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Low
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/cuidate/index.html

https://www.etr.org/store/product/cudate-basic-set/

[11] Training is recommended to implement this program but is not included in the cost.

Draw the Line/Respect the Line

Overall Rating:

Program category: Sexual health education

Program setting: School (evaluated setting), After-school program, Community-based

Program summary: *Draw the Line/Respect the Line* promotes abstinence by providing students in grades 6, 7, and 8 with the knowledge and skills to prevent HIV, other sexually transmitted diseases (STDs) and pregnancy. Using an interactive approach, this program shows students how to set personal limits and meet challenges to those limits. The grade 6 content features limit-setting and refusal skills in a nonsexual context. Grade 7 content examines consequences of unplanned sex, information about STDs, and applying refusal skills in a party context. Grade 8 features practice of refusal skills in dating contexts and a condom demonstration.

Target age: 11–14 years

Target gender: All

Target race/ethnicity: All

Available languages: English, Spanish

Population program was originally designed for: Sixth through eighth grade students

Previously implemented in Iowa: Yes

Cost per kit: $299.99[12] (basic kit)

Program duration: 19 45- to 50-minute sessions over the course of three years.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Low
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/draw-the-line/index.html

https://www.etr.org/ebi/programs/draw-the-line/

[12] Training is recommended to implement this program but is not included in the cost.

Families Talking Together (FTT)

Overall Rating:

Program category: Program for families

Program setting: Clinic (evaluated setting), After-school program (evaluated setting), Community-based

Program summary: *Families Talking Together* is a parent-based intervention to prevent and/or reduce sexual risk behavior among Latino and African American adolescents. The main component of the intervention is a written program manual distributed to parents, that is designed to promote effective communication skills, build parent-adolescent relationships, help parents develop successful monitoring strategies, and teach adolescents assertiveness and refusal skills. The program can be delivered to parents either individually or in small group sessions, in a range of settings.

Target age: Parents of youth aged 10–14 years (evaluated in parents of youth aged 11–14 years)

Target gender: All

Target race/ethnicity: Hispanic, African American

Available languages: English, Spanish

Population program was originally designed for: African American and Latino parents of youth ages 10 to 14 years old

Previously implemented in Iowa: No

Cost per kit: Not available[13]

Program duration: Two 2.5-hour sessions over the course of two weeks.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Not available
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/families-talking-together/index.html

http://www.clafh.org/resources-for-parents/parent-materials/

[13] Training is required to implement this program.

FOCUS

Overall Rating:

Program category: Sexual health education

Program setting: School, Specialized setting (evaluated setting), Community-based

Program summary: *FOCUS* is a cognitive-behavioral group intervention that promotes healthy behavior and responsible decision-making among young women. The program covers topics such as responsible behavior, relationships, pregnancy prevention, and STI prevention.

Target age: 16+ years (evaluated in youth aged 17 years and older)

Target gender: Females

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Youth ages 17 years and older

Previously implemented in Iowa: No

Cost per kit: $561[14]

Program duration: Four 120-minute sessions over the course of 13 weeks

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/focus/index.html

https://www.socio.com/products/pasha-focus-preventing-sexually-transmitted-infections-and-unwanted-pregnancies-among-young-women

[14] Training is required to implement this program but is not included in the cost.

Get Real (Middle School)

Overall Rating:

Program category: Sexual health education

Program setting: School

Program summary: *Get Real (Middle School)* is a curriculum for middle school youth designed to delay sex and increase correct and consistent use of protection methods when a person becomes sexually active. The program emphasizes responsible decision-making, applying the decision-making model to real-life situations, and increasing healthy communication with partners and family members on sexual health.

Target age: 11–14 years

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Youth in grades six through eight

Previously implemented in Iowa: No

Cost per kit: $499.99[15] (basic kit)

Program duration: 27 45-minute sessions over the course of three years.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Moderate
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/get-real/index.html

https://www.etr.org/ebi/programs/get-real/

[15] Training is required to implement this program but is not included in the cost.

Health Improvement Project for Teens (HIP Teens)

Overall Rating:

Program category: Sexual health education

Program setting: Clinic, After-school program, Community-based

Program summary: *Health Improvement Project for Teens (HIP Teens)* is a sexual risk reduction intervention designed to reduce sexual risk behavior among low-income, urban, sexually active adolescent girls. During the small group sessions, participants receive information on HIV, learn communication and decision-making skills, and receive instruction on contraceptive methods develop sexual risk-reduction skills. Additional 90-minute booster sessions are delivered three and six months after the program.

Target age: 15–19 years

Target gender: Females

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Sexually active adolescent females, ages 15–19

Previously implemented in Iowa: No

Cost per kit: $2,245[16] (training and instructor *per diem* included)

Program duration: Four two-hour sessions over the course of four weeks.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/hip-teens/index.html

http://www.hip4change.com/programs/pricing/

[16] Training is required to implement this program and is included in the cost.

Heritage Keepers Abstinence

Overall Rating:

Program category: Abstinence education

Program setting: School

Program summary: *Heritage Keepers Abstinence Education* is a classroom-based curriculum that teaches students the benefits of practicing sexual abstinence and the risks that can be associated with sexual activity outside of marriage. Students learn resistance skills and tactics to help them practice abstinence and build relationships without having sex. The program also provides information about male and female reproductive systems, as well as sexually transmitted diseases.

Target age: 11–18 years (evaluated in youth aged 12–15 years)

Target gender: All

Target race/ethnicity: All

Available languages: English, Spanish

Population program was originally designed for: Middle and high school students in a classroom-based school setting

Previously implemented in Iowa: No

Cost per kit: $350[17]

Program duration: Five 45-minute sessions or 10 90-minute sessions over the course of five or 10 school days.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Moderate
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/heritage-keepers/index.html

http://www.heritageservices.org/pricing/

[17] Training is required to implement this program but is not included in the cost.

HORIZONS

Overall Rating:

Program category: Sexual health education

Program setting: Clinic (evaluated setting), Community-based

Program summary: *HORIZONS* is a clinic-based STI/HIV intervention for African American adolescent females that teaches assertive communication skills and proper condom use and fosters cultural and gender pride.

Target age: 15–21 years

Target gender: Female

Target race/ethnicity: African American

Available languages: English

Population program was originally designed for: Single, sexually active African American females ages 15 to 21 who are trying to avoid pregnancy.

Previously implemented in Iowa: No

Cost per kit: $314[18]

Program duration: Two four-hour group sessions over the course of two weeks, plus four 15-minute follow-up telephone contacts (one every other month).

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Low
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/horizons/index.htm |

https://www.socio.com/products/pasha-horizons-sti-hiv-sexual-risk-reduction-intervention-for-african-american-girls

[18] Training is required to implement this program but is not included in the cost.

It's Your Game: Keep It Real (IYG)

Overall Rating:

Program category: Sexual health education

Program setting: School (evaluated setting), After school program

Program summary: *It's Your Game...Keep it Real (IYG)* is a classroom and computer-based HIV, STI, and pregnancy prevention program. It consists of lessons delivered during 7th and 8th grade. In each grade, the program integrates group-based classroom activities (*e.g.,* role plays, group discussion, and small group activities) with personalized journaling and individually tailored activities that are computer-based.

Target age: 12–14 years (evaluated in youth aged 12–13 years)

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Middle school students from an Urban, predominantly African American and Hispanic school district in Southeast Texas

Previously implemented in Iowa: No

Cost per kit: Not available[19]

Program duration: 24 50-minute sessions over the course of two years.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Not available
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/its-your-game/index.html

https://sph.uth.edu/research/centers/chppr/iyg/risk-reduction/requirements.htm

[19] Training is required to implement this program but is not included in the cost.

Love Notes

Overall Rating:

Program category: Sexual health education

Program setting: Community-based (evaluated setting), After school program, Specialized setting

Program summary: Love Notes is a comprehensive healthy relationship education curriculum that teaches adolescents and young adults how to build healthy romantic relationships, prevent dating violence, and improve impulse control. The program is designed to build young people's skills for cultivating healthy relationships, selves, and sexual behaviors: planning and pacing relationships and sex, self-efficacy and resilience around relationships, proven communication skills, and understanding how family formation impacts children. Love Notes consists of lessons on decision-making, communication, and sexual and overall safety. The program can be delivered in multiple settings, such as community-based organizations, faith-based agencies, community centers, social service agencies and resource centers in schools.

Target age: 14–24 years (evaluated in youth aged 14–19 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English, Spanish

Population program was originally designed for: Older youth and young adults (14–24) who are at-risk of an unplanned pregnancy or already pregnant or parenting.

Previously implemented in Iowa: No

Cost per kit: $650[20]

Program duration: 13 one-hour sessions over the course of two weeks.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	High
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/love-notes/index.html

https://www.dibbleinstitute.org/magento/index.php/curricula/love-notes/ln-ebp-model.html

[20] Training is required to implement this program but is not included in the cost.

Making a Difference!

Overall Rating:

Program category: Abstinence education

Program setting: School, Community based (evaluated setting), After school program (evaluated setting)

Program summary: "Making A Difference!" An Abstinence Approach to Prevention of STDs, HIV and Teen Pregnancy is a curriculum that provides young adolescents with the knowledge, confidence, and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV, and pregnancy by abstaining from sex. The curriculum is designed for middle school youth and is delivered by trained facilitators.

Target age: 11–18 years (evaluated in youth aged 11–13 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English

Population program was originally designed for: Middle school youth

Previously implemented in Iowa: No

Cost per kit: $429.99[21]

Program duration: Eight one-hour sessions (community based) over the course of two, four, or eight days or 13 forty-minute sessions (school-based) over the course of 13 days

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Moderate
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/making-a-difference/index.html

https://www.etr.org/store/product/making-a-difference-5th-edition-basic-set/

https://www.etr.org/store/product/making-a-difference-5th-edition-school-basic-set/

[21] Training is recommended to implement this program but is not included in the cost.

Making Proud Choices!

Overall Rating:

Program category: Sexual health education

Program setting: School, Community-based (evaluated setting), After-school program (evaluated setting)

Program summary: Making Proud Choices! A Safer Sex Approach to STDs, Teen Pregnancy, and HIV prevention program aims to provide young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. The curriculum consists of modules delivered by trained facilitators to young adolescents.

Target age: 11–18 years (evaluated in youth aged 11–13 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English, Spanish

Population program was originally designed for: Middle school youth

Previously implemented in Iowa: Yes

Cost per kit: $648[22]

Program duration: Eight one-hour sessions over the course of two weeks

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/making-proud-choices/index.html

https://www.etr.org/store/product/making-proud-choices-5th-edition-basic-set/

[22] Training is recommended to implement this program but is not included in the cost.

Nu-CULTURE (Healthy Futures)

Overall Rating:

Program category: Sexual health education

Program setting: School

Program summary: Nu-CULTURE (Healthy Futures) is a program that uses a multi-level approach that aims to empower sixth to eighth grade adolescents to avoid the health, social, and psychological consequences of risky decisions. The program seeks to meet this goal by increasing the knowledge, skills, and self-efficacy necessary to delay sexual activity and reduce the risk of teen pregnancy and sexually transmitted infections, as well as increase parent-child communication.

Nu-CULTURE incorporates classroom-based education, peer education through after-school and summer programs, parent education workshops, school and community connections, and web-based resources to meet these aims.

Target age: 11–14 years

Target gender: All

Target race/ethnicity: All (evaluated in Hispanic youth)

Available languages: English

Population program was originally designed for: Youth in grades six through eight

Previously implemented in Iowa: No

Cost per kit: Not available[23]

Program duration: 24 50-minute sessions over the course of three years.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Not available
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/healthy-futures/index.html

http://healthy-futures.org/relationship-education/

[23] Training is required to implement this program.

Positive Potential Be the Exception (Sixth Grade)

Overall Rating:

Program category: Youth development

Program setting: School

Program summary: The Positive Potential Be the Exception Grade 6 program is part of a larger (grades 6, 7, and 8) developmental whole-child program for middle school students. The curriculum is designed to reduce or delay sexual behaviors, reduce other risky behaviors including the use of alcohol, tobacco, and drugs, and promote positive youth development among largely white rural communities.

Target age: 11–12 years

Target gender: All

Target race/ethnicity: All (evaluated in white youth)

Available languages: English

Population program was originally designed for: Middle school youth in predominantly white, rural communities

Previously implemented in Iowa: No

Cost per kit: $899.99[24]

Program duration: Five 45- to 50-minute sessions over the course of one year with an end-of-the-year assembly

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	High
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/postitive-potential/index.html

http://www.positiveteenhealth.org/store/c1/Featured_Products.html

[24] Training is required to implement this program but is not included in the cost.

Positive Prevention PLUS

Overall Rating:

Program category: Sexual health education

Program setting: School (evaluation setting), Community-based

Program summary: Positive Prevention PLUS is a curriculum that addresses risk factors and behaviors associated with unplanned teen pregnancy by increasing adolescent's ability to use risk-reduction skills including contraceptive use, resistance and negotiation skills, and accessing reproductive health services. The program seeks to teach adolescents to either delay/abstain from sexual activity or use birth control consistently and correctly when engaging in sexual activity.

Target age: 14–18 years (evaluated in students 14–15 years)

Target gender: All

Target race/ethnicity: All (evaluated in Hispanic youth)

Available languages: English, Spanish

Population program was originally designed for: Middle school, high school, and special education students

Previously implemented in Iowa: No

Cost per kit: $509[25]

Program duration: 13 45-minute sessions over the course of 13 school days.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	High
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/positive-prevention-plus/index.html

https://store.prpco.com/positivepreventionplus/start_new_order.cgi

[25] Training is recommended to implement this program but is not included in the cost.

Prime Time

Overall Rating:

Program category: Youth development

Program setting: Clinic

Program summary: Prime Time was created by researchers from the University of Minnesota Prevention Research Center to prevent pregnancy among vulnerable teens. Prime Time combines personal case management and peer educator groups, delivered in tandem. The program seeks to build skills, confidence, motivation, and supportive relationships that every teen needs to succeed, with a focus on responsible sexual health behaviors. Prime Time was designed for use by health clinics.

Target age: 13–18 years

Target gender: Females

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Vulnerable adolescent girls

Previously implemented in Iowa: No

Cost per kit: $363[26]

Program duration: One-on-one case management and a 16-session peer educator program completed over the course of 18 months.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Moderate
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/prime-time/index.html

https://www.socio.com/products/pasha-prime-time

[26] Training is required to implement this program but is not included in the cost.

Project AIM (Adult Identity Monitoring)

Overall Rating:

Program category: Youth development

Program setting: School (evaluated setting), Community based

Program summary: Project AIM is a group-level youth development intervention designed to reduce sexual risk behaviors among youth by providing them with the motivation to make safe choices and to address deeper barriers to sexual risk prevention (*e.g.,* hopelessness, poverty, risk opportunities in low-income environments).

Target age: 11–14 years (evaluated in youth aged 12–14 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English, Spanish

Population program was originally designed for: Disadvantaged, low income youth

Previously implemented in Iowa: No

Cost per kit: $600[27]

Program duration: 12 50-minute sessions delivered twice a week over a six-week period.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/project-aim/index.html

https://www.whatworksinyouthhiv.org/strategies/evidence-based-interventions/project-aim-adult-identity-mentoring

[27] Training is required to implement this program but is not included in the cost.

Project IMAGE

Overall Rating:

Program category: History of STD

Program setting: Clinic

Program summary: Project IMAGE is a cognitive behavioral intervention intended to reduce subsequent STIs among ethnic minority adolescent women with a history of sexual or physical abuse and STIs. It is delivered through small group workshops and individual counseling sessions and draws on health-promoting elements of African- and Mexican-American culture.

Target age: 14-18 years

Target gender: Females

Target race/ethnicity: African American, Hispanic

Available languages: English

Population program was originally designed for: African- and Mexican-American adolescents who have a history of STIs and physical or sexual abuse

Previously implemented in Iowa: No

Cost per kit: $449.99[28]

Program duration: Two small workshops (3-4 hours each), three support group sessions (1.5 to 2 hours each), and two or more individual counseling sessions (length varies) over the course of two to five weeks

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Moderate
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/project-image/index.html

https://www.etr.org/store/product/project-image-basic-set/

[28] Training is recommended to implement this program but is not included in the cost.

Project TALC
(Teens and Adults Learning to Communicate)

Overall Rating:

Program category: Program for families, Parents with a history of HIV

Program setting: Community based

Program summary: Project TALC (Teens and Adults Learning to Communicate) is a social learning program designed to provide coping skills to HIV-positive parents and their adolescent children. The program seeks to reduce adolescents' emotional distress, problem behaviors, and pregnancy.

Target age: 11–18 years (evaluated in youth aged 14–17 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American and Hispanic youth)

Available languages: English, Other

Population program was originally designed for: Youth living with a parent with HIV

Previously implemented in Iowa: No

Cost per kit: Not available[29]

Program duration: 24 sessions (8 parent-only sessions and 16 parent and adolescent sessions) spaced out over a period of four to six years.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Not available
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/project-talc/index.html

http://chipts.ucla.edu/research/talc-la/

[29] Training is required to implement this program.

Promoting Health Among Teens! (Abstinence Only)

Overall Rating:

Program category: Abstinence education

Program setting: School, After-school program (evaluated setting), Community-based (evaluated setting)

Program summary: Promoting Health Among Teens! Abstinence-Only (PHAT-AO) is an abstinence-only HIV/STD- and pregnancy-prevention intervention for adolescents. The interactive and student-centric curriculum is designed to teach participants about puberty, HIV/STDs, and pregnancy prevention, and building refusal and negotiation skills, with a focus on abstinence as the best method for avoiding infection and pregnancy.

Target age: 11–18 years (evaluated in youth aged 11–13 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English

Population program was originally designed for: African American youth ages 11 to 14 in urban school settings.

Previously implemented in Iowa: No

Cost per kit: $559[30]

Program duration: Eight one-hour modules over the course of two weeks.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/promoting-health-abstinence-only/index.html

https://www.etr.org/store/product/promoting-health-among-teens-abstinence-only-2nd-edition-basic-set/

[30] Training is recommended to implement this program but is not included in the cost.

Promoting Health Among Teens!
(Comprehensive Abstinence and Safer Sex Intervention)

Overall Rating:

Program category: Sexual health education

Program setting: School, After-school program (evaluated setting), Community-based (evaluated setting)

Program summary: Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention (PHAT-Comprehensive) is an HIV/STD- and pregnancy-prevention intervention for adolescents. The interactive and student-centric curriculum focuses on knowledge of HIV/STDs, abstinence as the best way to avoid infection and pregnancy, encouraging condom use, and building refusal and negotiation skills to practice abstinence and effective condom use.

Target age: 11–18 years (evaluated in youth aged 11–13 years)

Target gender: All

Target race/ethnicity: All (evaluated in African American youth)

Available languages: English

Population program was originally designed for: Low-income African American youth in urban school settings.

Previously implemented in Iowa: No

Cost per kit: $679[31]

Program duration: Twelve one-hour modules over the course of six or 12 days.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	High
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/promoting-health-comprehensive/index.html '

https://www.etr.org/store/product/promoting-health-among-teens-comprehensive-2nd-edition-basic-set/

[31] Training is recommended to implement this program but is not included in the cost.

Raising Healthy Children
(formerly known as the Seattle Social Development Project)

Overall Rating:

Program category: Youth development

Program setting: School

Program summary: The Raising Healthy Children program uses a school-wide, multi-year social development approach to positive youth development. The approach incorporates school, family and individual programs to promote key elements that research has shown are critical for creating strong connections and bonds that children need to succeed in school and life: opportunities, skills, and recognition. The program creates strong connections in students' lives by committing to comprehensive school wide action to strengthen instructional practices and family involvement.

Target age: 5–12 years (evaluated in youth aged 6–12 years)

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Elementary school youth

Previously implemented in Iowa: No

Cost per kit: $1,450[32] (training included)

Program duration: Five sessions to families of children in kindergarten through second grade, five sessions to teachers and families in grades three through six, and five sessions to families of youth in grades four through six.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	High
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/raising-healthy-children/index.html

http://www.sdrg.org/rhcsummary3.asp

[32] Training is required to implement this program.

Reducing the Risk

Overall Rating:

Program category: Sexual health education

Program setting: School

Program summary: Reducing the Risk: Building Skills to Prevent Pregnancy, STDs & HIV is a focused on the development of attitudes and skills that will help teens prevent pregnancy and the transmission of STDs, including HIV. This approach addresses skills such as risk assessment, communication, decision-making, planning, and refusal strategies.

Target age:13–18 years (evaluated in youth aged 14–18 years)

Target gender: All

Target race/ethnicity: All

Available languages: English, Spanish

Population program was originally designed for: High school students

Previously implemented in Iowa: Yes

Cost per kit: $249.99[33] (basic set)

Program duration: Sixteen 45-minute sessions conducted two to three times per week.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Low
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/reducing-the-risk/index.html

https://www.etr.org/store/product/reducing-the-risk-basic-set/

[33] Training is recommended to implement this program but is not included in the cost.

Respeto/Proteger

Overall Rating:

Program category: Parenting

Program setting: Clinic, Community-based

Program summary: Respeto/Proteger is a culturally rooted, couple-focused and asset-based HIV prevention program developed through a community-academic partnership project for young Latino parents. The curriculum builds on feelings of parental protectiveness while integrating cultural teaching as motivation to reduce risky sexual behavior. HIV-related content includes HIV awareness, understanding vulnerability to HIV infection, disease prevention, condom use skills and sexual negotiation skills. Parental protectiveness is fostered through specially designed discussions and writing activities that integrate traditional or cultural teachings. The facilitation is based on the use of an *espejo* (mirror) process of teaching using strategies such as storytelling and reflection. The program is delivered to small groups of couples.

Target age: 12–24 years

Target gender: All

Target race/ethnicity: Hispanic

Available languages: English, Spanish

Population program was originally designed for: Latino parents ages 14–24 with children who are at least three months of age.

Previously implemented in Iowa: No

Cost per kit: Not available[34]

Program duration: Six two-hour sessions over the course of six weeks.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Not available
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/respeto-proteger/index.html

[34] Training is required to implement this program.

Rikers Health Advocacy Program (RHAP)

Overall Rating:

Program category: Sexual health education

Program setting: Specialized setting

Program summary: Rikers Health Advocacy Program (RHAP) is an HIV-prevention program designed to produce problem-solving skills among high-risk institutionalized youth. The program features a "Problem-Solving Therapy" approach that focuses on problem orientation, defining and formulating a problem, generating alternative solutions, decision-making, and implementing a solution.

Target age: 16–19 years (evaluated in youth aged 16–18 years)

Target gender: Males

Target race/ethnicity: All (evaluated in primarily Hispanic and African American youth)

Available languages: English

Population program was originally designed for: High-risk teens, particularly drug users and youth in correctional facilities.

Previously implemented in Iowa: No

Cost per kit: $198[35]

Program duration: Four one-hour sessions delivered bi-weekly over the course of two weeks.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Low
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/rikers-health-advocacy-program/index.html

https://www.socio.com/products/pasha-rikers-health-advocacy-program-rhap

[35] Training is not required to implement this program.

Safer Choices

Overall Rating:

Program category: Sexual health education

Program setting: School

Program summary: Safer Choices is a two-year multi-component STD, HIV, and teen pregnancy prevention program for high school students. The program aims to reduce the frequency of unprotected sex among high-school-age students by reducing the number of sexually active students and increasing condom use among students who are sexually active. It seeks to motivate behavioral change by increasing students' knowledge about HIV and STDs as well as promoting more positive norms and attitudes toward abstinence and condom use at the student, school, and community levels.

Target age: 14–16 years (evaluated in youth aged 14–15 years)

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: High school students

Previously implemented in Iowa: Yes

Cost per kit: $349.99[36] (basic set)

Program duration: Twenty-one 45-minute sessions over the course of two years (Level 1: 11 sessions; Level 2: 10 sessions)

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Moderate
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/safer-choices/index.html

https://www.etr.org/store/product/safer-choices-basic-set/

[36] Training is recommended to implement this program but is not included in the cost.

Safer Sex Intervention (SSI)

Overall Rating:

Program category: Clinic based, History of STD

Program setting: Clinic (evaluated setting), Community-based

Program summary: Safer Sex Intervention (SSI) is an individual intervention intended to reduce STIs and improve condom use among female adolescents and young adults at high-risk for contracting an STI.

Target age: 12–23 years (evaluated in youth aged 14–19 years)

Target gender: Female

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Sexually active females ages 12 to 23 who have been diagnosed with an STI

Previously implemented in Iowa: No

Cost per kit: $446[37]

Program duration: An initial 30- to 50-minute session and three additional booster sessions one, three, and six months after the initial session.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Moderate
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/safer-sex/index.html

https://www.socio.com/products/pasha-safer-sex-intervention

[37] Training is recommended to implement this program but is not included in the cost.

Seventeen Days

Overall Rating:

Program category: Clinic based

Program setting: Clinic (evaluated setting), Community-based

Program summary: Seventeen Days (formerly called *What Could You Do?*) is a theory-based interactive DVD designed to educate young women about contraception and STDs. The DVD presents the viewer with different scenarios involving decision that young women face in relationships. Participants can practice what they would do in similar situations through the frequent use of "cognitive rehearsal."

Target age: 14–19 years

Target gender: Female

Target race/ethnicity: All (evaluated in African American and white youth)

Available languages: English

Population program was originally designed for: Sexually active females ages 14–19

Previously implemented in Iowa: No

Cost per DVD: $200[38]

Program duration: 3.5 hours of video.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Low
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/seventeen-days/index.html

http://seventeendays.org/app/

[38] Training is recommended to implement this program but is not included in the cost.

Sexual Health and Adolescent Prevention (SHARP)

Overall Rating:

Program category: Incarcerated youth

Program setting: Specialized setting

Program summary: Sexual Health and Adolescent Risk Prevention (SHARP) is an interactive, single-session STI/HIV prevention intervention. The program's overall goals are to deepen STI/HIV knowledge, improve correct condom use, reduce sexual risks and alcohol use, and set long-term goals to utilize knowledge and skills learned during the session.

Target age: 15–19 years

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Youth ages 15 to 19 residing in temporary juvenile detention facilities.

Previously implemented in Iowa: No

Cost per kit: $226[39]

Program duration: One three to four-hour session.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Low
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/sharp/index.html

https://www.socio.com/products/pasha-sexual-health-and-adolescent-risk-prevention-sharp

[39] Training is recommended to implement this program but is not included in the cost.

SiHLE
(Sisters, Informing, Healing, Living, Empowering)

Overall Rating:

Program category: Sexual health education

Program setting: Clinic (evaluated setting), Community based

Program summary: SiHLE (Sisters, Informing, Healing, Living, Empowering) is a peer-led, group-level, social-skills training intervention designed to reduce sexual risk behaviors among African-American female teenagers who are at high risk of HIV. In addition to HIV prevention, the program addresses relationships, dating, and sexual health within the specific context of the female African-American teenage experience. The program draws upon both cultural and gender pride to give participants the skills and motivations to avoid HIV and other STDs.

Target age: 14–18 years

Target gender: Females

Target race/ethnicity: African American

Available languages: English

Population program was originally designed for: Heterosexual African-American females between the ages of 14 and 18 who have had sexual intercourse and are at risk for HIV.

Previously implemented in Iowa: No

Cost per kit: $330[40]

Program duration: Four four-hour sessions over the course of four Saturdays.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Low
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/sihle/index.html

https://www.socio.com/products/pasha-sihle-health-workshops-for-young-black-women

[40] Training is not required to implement this program.

Sisters Saving Sisters

Overall Rating:

Program category: Sexual health education

Program setting: Clinic (evaluated setting), Community-based

Program summary: Sisters Saving Sisters aims to address the higher risk of HIV/STDs in Latina and African American female adolescent populations. The program is designed to reduce frequency of unprotected sexual intercourse (with and without drug and alcohol use), number of sexual partners, and incidence of sexually transmitted infections. Sisters Saving Sisters is a skills-based risk-reduction intervention administered in small groups of female adolescents and led by trained facilitators in a community-based clinic setting.

Target age: 11–18 years (evaluated in youth aged 12–19 years)

Target gender: Females

Target race/ethnicity: African American, Hispanic

Available languages: English, Spanish

Population program was originally designed for: Latina and African American female adolescents.

Previously implemented in Iowa: No

Cost per kit: $449.99[41]

Program duration: Five one-hour sessions over the course of three to five days.

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Moderate
Time requirement	Low

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/sisters-saving-sisters/index.html

https://www.etr.org/store/product/sisters-saving-sisters-2nd-edition-basic-set/

[41] Training is recommended to implement this program but is not included in the cost.

Support to Reunite, Involve and Value Each Other (STRIVE)

Overall Rating:

Program category: Runaway youth

Program setting: Community based

Program summary: Support to Reunite, Involve and Value Each Other (STRIVE) is a family-based intervention intended to reduce sexual risk behaviors, substance use, and delinquency among youth who have recently run away from home. The intervention requires participation from both the adolescent and at least one parent. It is delivered to individual families in a community-based setting or in the family's home by a trained specialist.

Target age: 12–17 years

Target gender: All

Target race/ethnicity: All (evaluated in African American and Hispanic youth)

Available languages: English

Population program was originally designed for: Newly homeless youth ages 12 to 17

Previously implemented in Iowa: No

Cost per kit: $249.99[42]

Program duration: Five one and a half to two-hour sessions over the course of five weeks.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Low
Time requirement	Moderate

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/strive/index.html

https://www.etr.org/store/product/project-strive-basic-set/

[42] Training is required to implement this program but is not included in the cost.

Teen Health Project

Overall Rating:

Program category: Sexual health education

Program setting: Community based

Program summary: The Teen Health Project (THP) is a community-level HIV-prevention intervention that helps adolescents develop skills to enact change in themselves and the community. The program provides continued modeling, peer norm, and social reinforcement for the prevention of HIV risk behavior. THP consists of five core components: small group workshops, follow-up sessions, a teen leadership council, parent education, and a community campaign. Adolescents participate in educational workshops and nominate their peers to serve on a Teen Health Leadership Council. The Health Council plans regular community activities and events featuring HIV-prevention messages. The parents of participants are offered an educational workshop focused on HIV/AIDS information and approaches to discussing abstinence and condom use with their children.

Target age: 12–17 years

Target gender: All

Target race/ethnicity: All

Available languages: English

Population program was originally designed for: Low income adolescents ages 12 to 17.

Previously implemented in Iowa: No

Cost per kit: $363[43]

Program duration: Two three-hour workshops, two 90 to 120-minute follow-up sessions, and one 90-minute parent education session over the course of six months.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Moderate
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/teen-health-project/index.html

https://www.socio.com/products/pasha-teen-health-project-community-level-hiv-prevention-intervention-for-adolescents-in-low-income-housing-development

[43] No training is required to implement this program.

Teen Options to Prevent Pregnancy (T.O.P.P.)

Overall Rating:

Program category: Clinic based, Pregnant/parenting

Program setting: Home

Program summary: The Teen Options to Prevent Rapid Repeat Pregnancy (T.O.P.P.) program provides motivational interviewing, contraceptive access, and social service support over an 18-month period to help at-risk teen mothers develop and adhere to a birth control plan and to prevent rapid repeat pregnancies. The program is delivered by trained nurse educators through home and telephone-based care coordination.

Target age: 10–19 years

Target gender: Females

Target race/ethnicity: All (evaluated in African American and white youth)

Available languages: English

Population program was originally designed for: Females between 10 and 19 years old who are pregnant (at least 28 weeks into their pregnancy) or have just given birth (up to 8 weeks postpartum)

Previously implemented in Iowa: No

Cost per kit: Not available[44]

Program duration: Motivational interviewing, contraceptive access, and social service support is provided over an 18-month period.

Ratings

Rating Category	Rating
Health & Human Services	Moderate
Cost	Not available
Time requirement	High

Resources:

https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/topp/index.html

[44] Training is required to implement this program.

Teen Outreach Program (TOP)

Overall Rating:

Program category: Youth development

Program setting: School (evaluated setting), Specialized setting, After-school program, Community-based

Program summary: The Teen Outreach Program (TOP) is a program that promotes the positive development of adolescents through curriculum-guided, interactive group discussions; positive adult guidance and support; and community service learning. TOP is focused on key topics related to adolescent health and development, including healthy relationships, communication, influence, goal setting, decision making, values clarification, community service learning, and adolescent development and sexuality. The development of supportive relationships with adult facilitators is a crucial part of the model, as are relationships with other peers in the program.

Target age: 12–19 years (evaluated in youth aged 14–18 years)

Target gender: All

Target race/ethnicity: All

Available languages: English, Spanish, Other

Population program was originally designed for: Middle and high school adolescents

Previously implemented in Iowa: No

Cost per kit: Not available[45]

Program duration: One one-hour session per week over the course of at least 32 weeks (9 months).

Ratings

Rating Category	Rating
Health & Human Services	High
Cost	Not available
Time requirement	High

Resources:

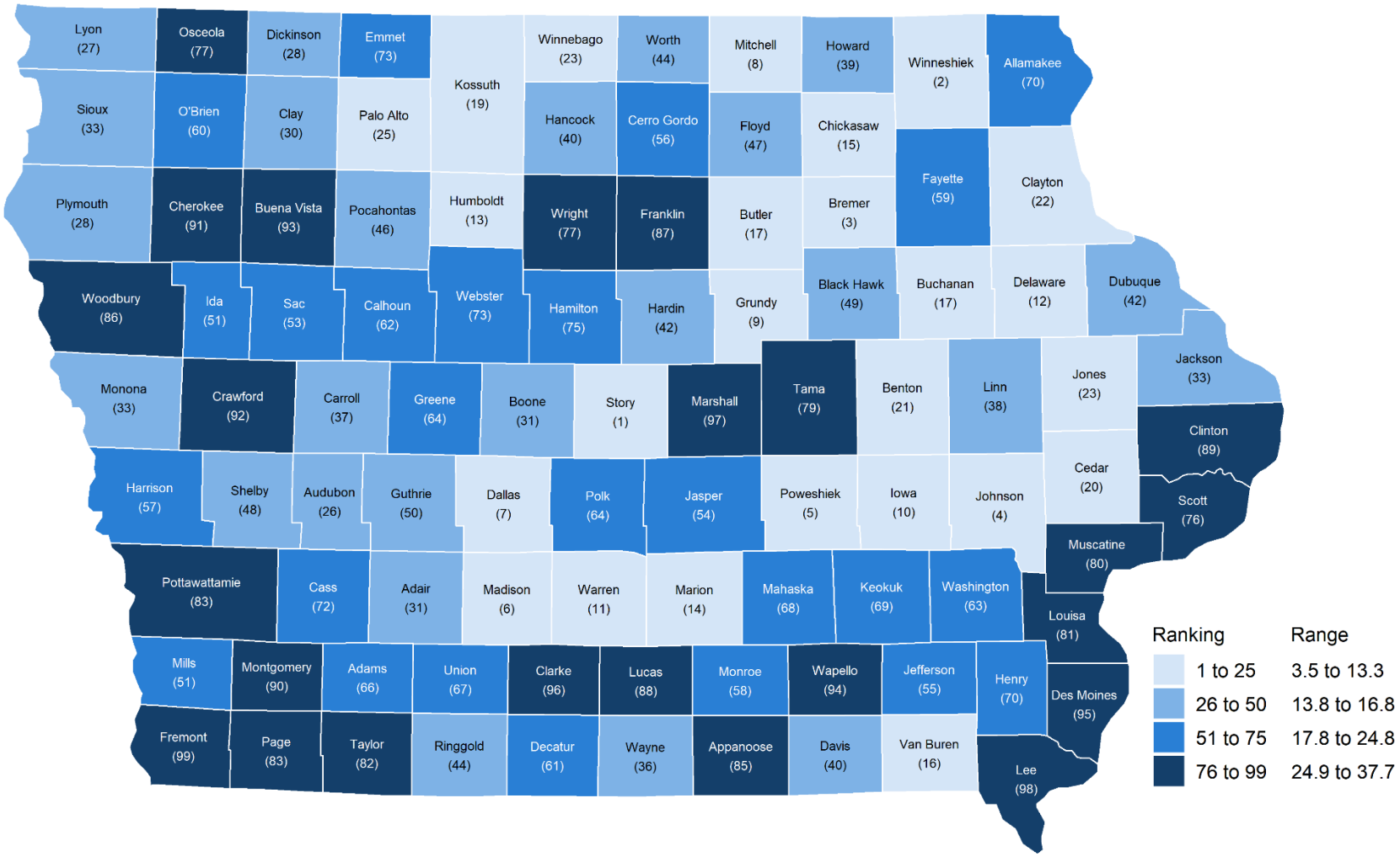
https://www.hhs.gov/ash/oah/grant-programs/teen-pregnancy-prevention-program-tpp/evidence-based-programs/teen-outreach-program/index.html

http://teenoutreachprogram.com/resources/

[45] Training is required to implement this program.

Appendix C: Maps of Adolescent Pregnancy and Risk Factors

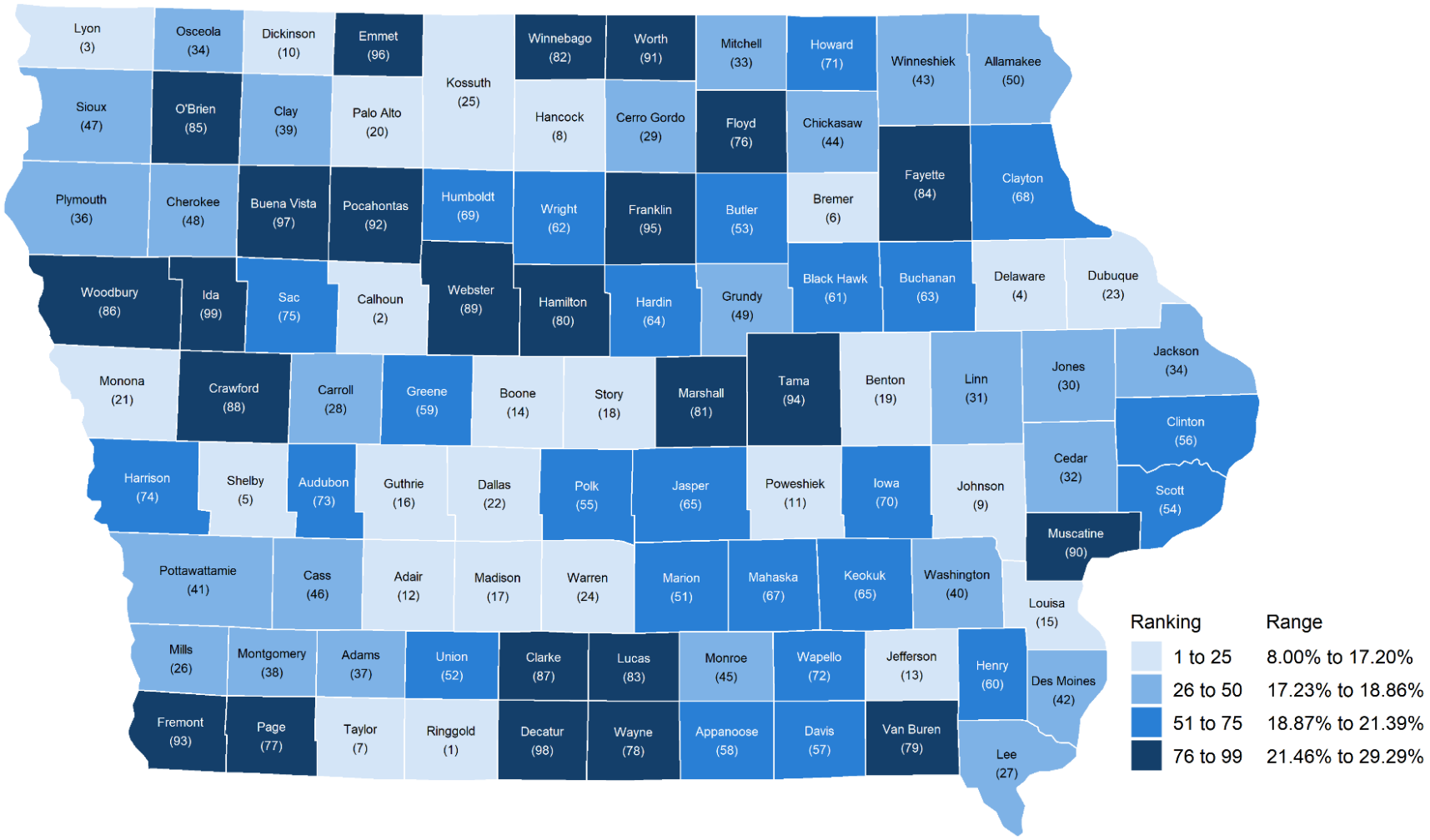
County Rank: Adolescent Birth Rate (Live Births per 1,000 Females Ages 15 to 19)



Counties with higher rankings (the darkest colors) have a higher adolescent birth rate (live births per 1,000 females ages 15 to 19).

The rate of adolescent births ranges from 3.5 out of 1,000 births to 37.7 out of 1,000 births (IDPH, 2013–16).

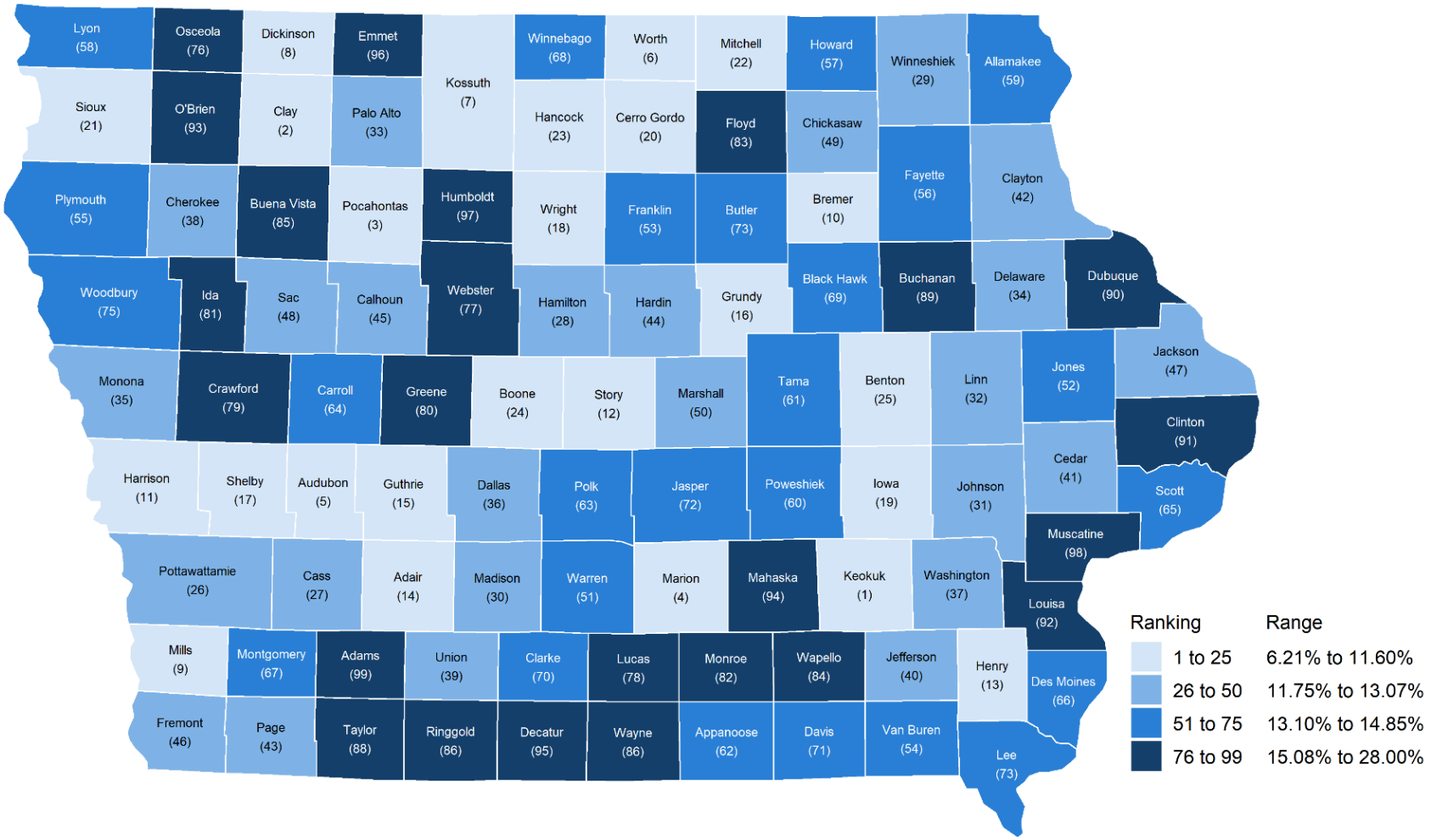
County Rank: Absence of Family Members



Counties with higher rankings (the darkest colors) have higher rates of absent family members.

Child abuse percentages by county range from a low of 8.00 percent to the highest rate of 29.29 percent (IDPH, 2016).

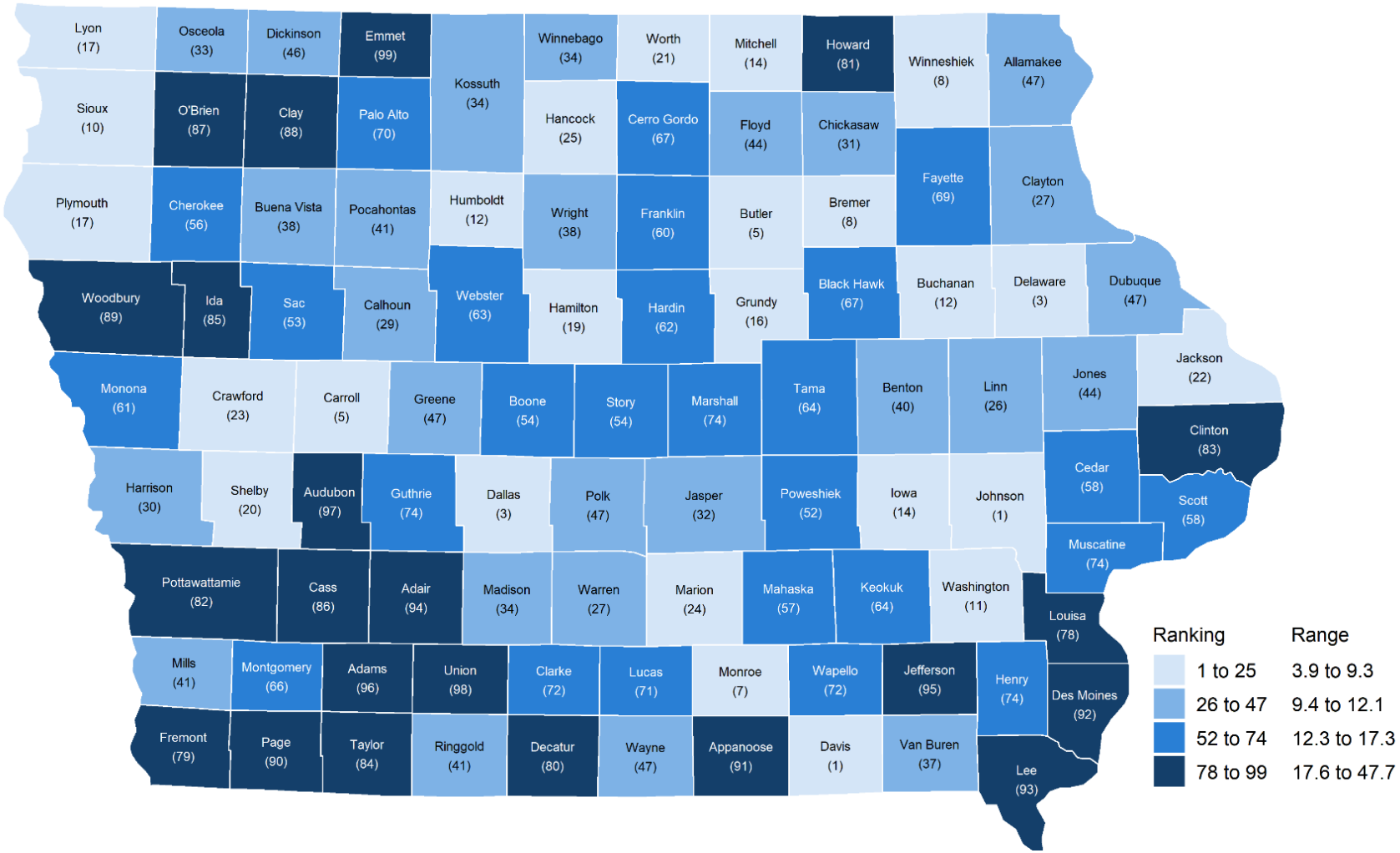
County Rank: Any Substance Use in Past 30 Days



Counties with higher rankings (the darkest colors) have higher rates of substance use in the past 30 days.

Any Substance Use in Past 30 days percentages by county range from a low of 6.21 percent to the highest rate of 28 percent (IDPH, 2016).

County Rank: Child Abuse and Neglect

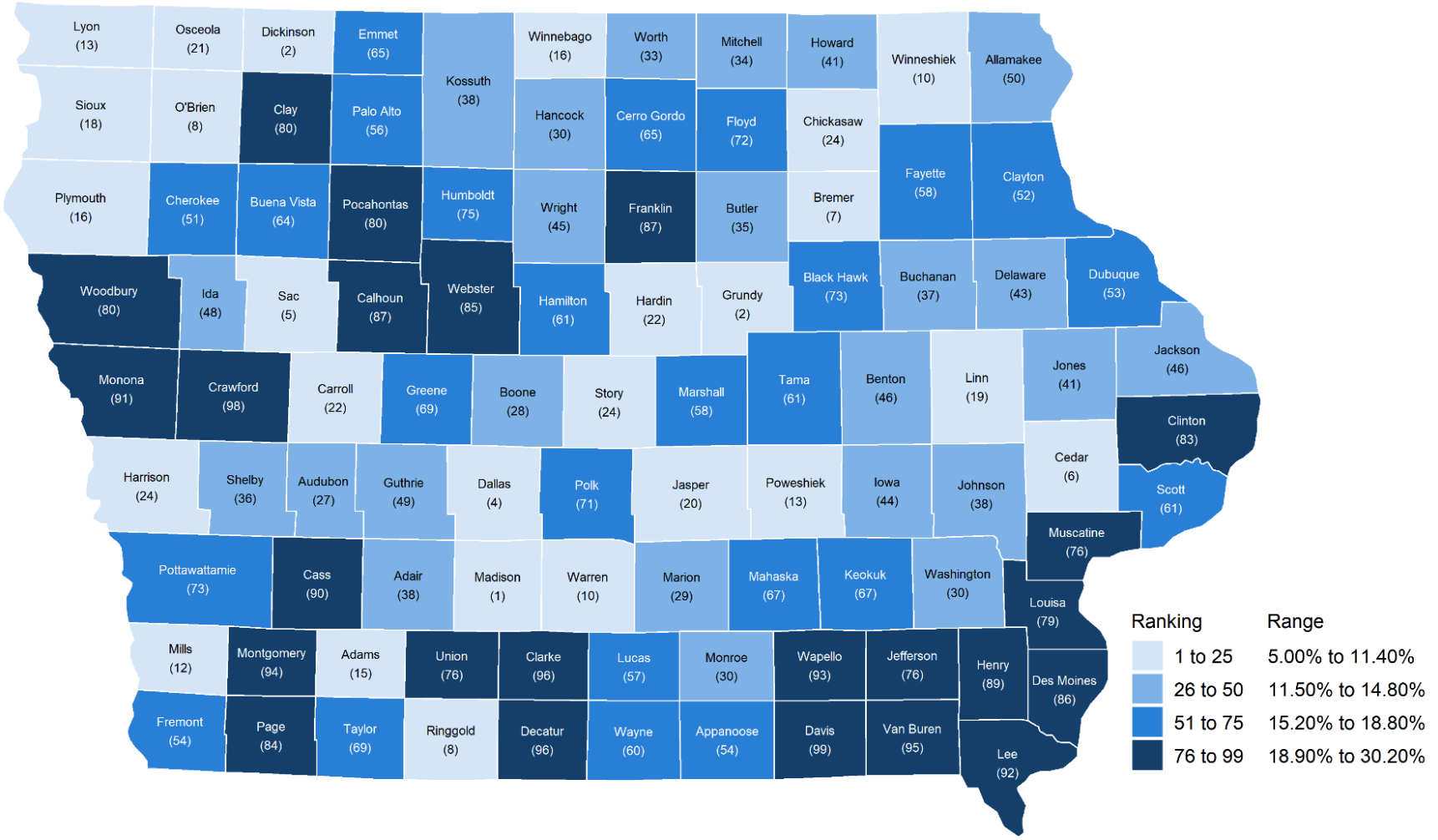


Counties with higher rankings (the darkest colors) have higher rates of child abuse and neglect.

Child abuse and neglect rates per 1,000 by county range from a low of 3.9 to the highest rate of 47.7.

The child abuse and neglect map ranks counties according to the average number of children who are confirmed to have been abused or neglected during 2017 per 1,000 children ages zero to 17 (The Annie E. Casey Foundation, 2017).

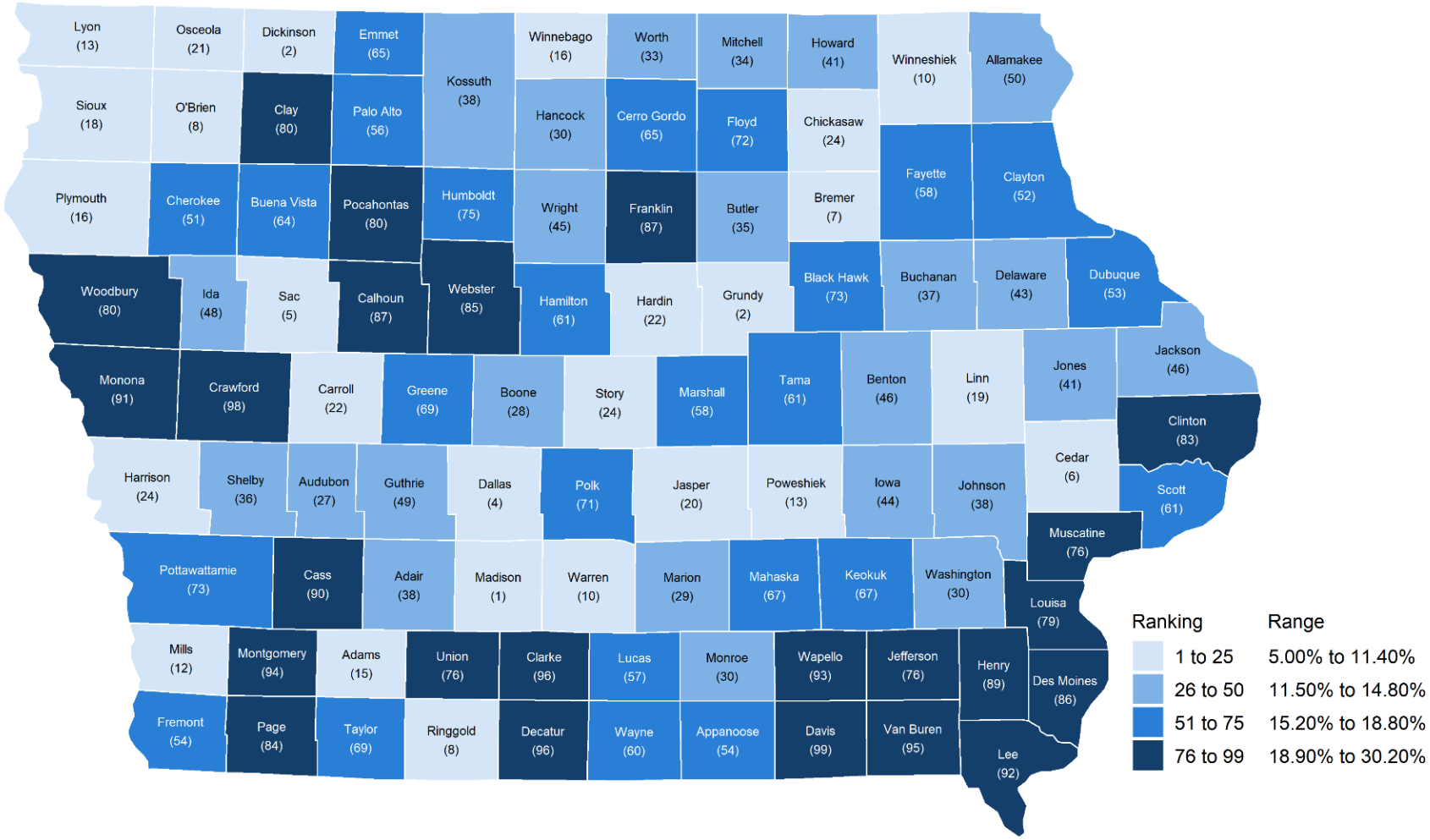
County Rank: Children in Poverty



Counties with higher rankings (the darkest colors) have higher percentages of children living below the Federal Poverty Level (FPL) of $25,000 for a family of four (U.S. Census, 2017).

The percentage of all children ages zero to 17 years old in Iowa who live in poverty ranges from a low of 5.00 percent of children in a county to 30.20 percent (U.S. Census, 2017)

County Rank: Children in Single-Parent Households

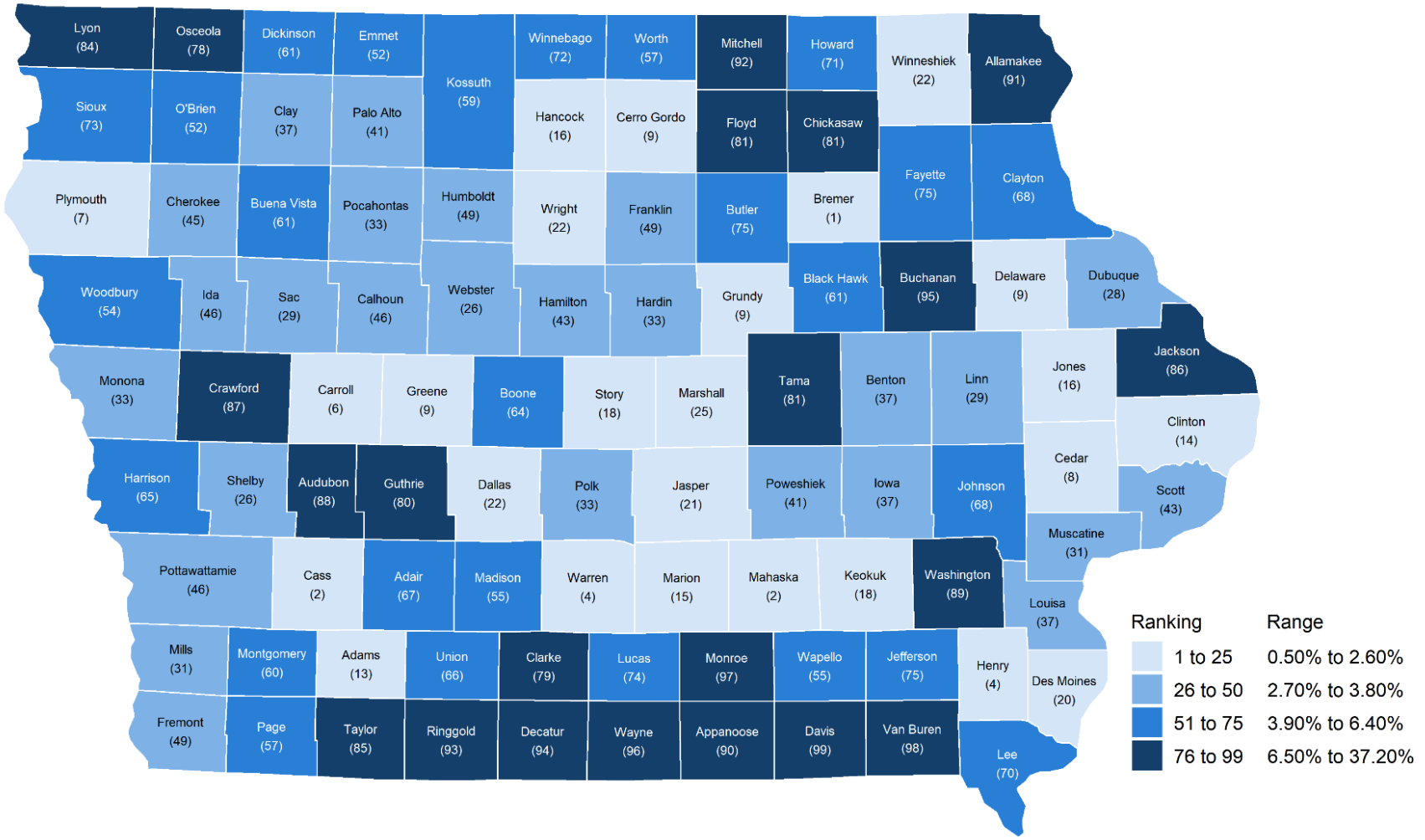


Counties with higher rankings (the darkest colors) have higher rates of children in single-parent households.

Percentages of children in single-parent households by county range from a low of 13.77 percent to the highest rate of 40.60 percent.

The children in single-parent households map ranks counties according to the percentage of children that live in a household headed by a single parent included (Robert Wood Johnson County Health Rankings, 2017).

County Rank: Children with No Insurance

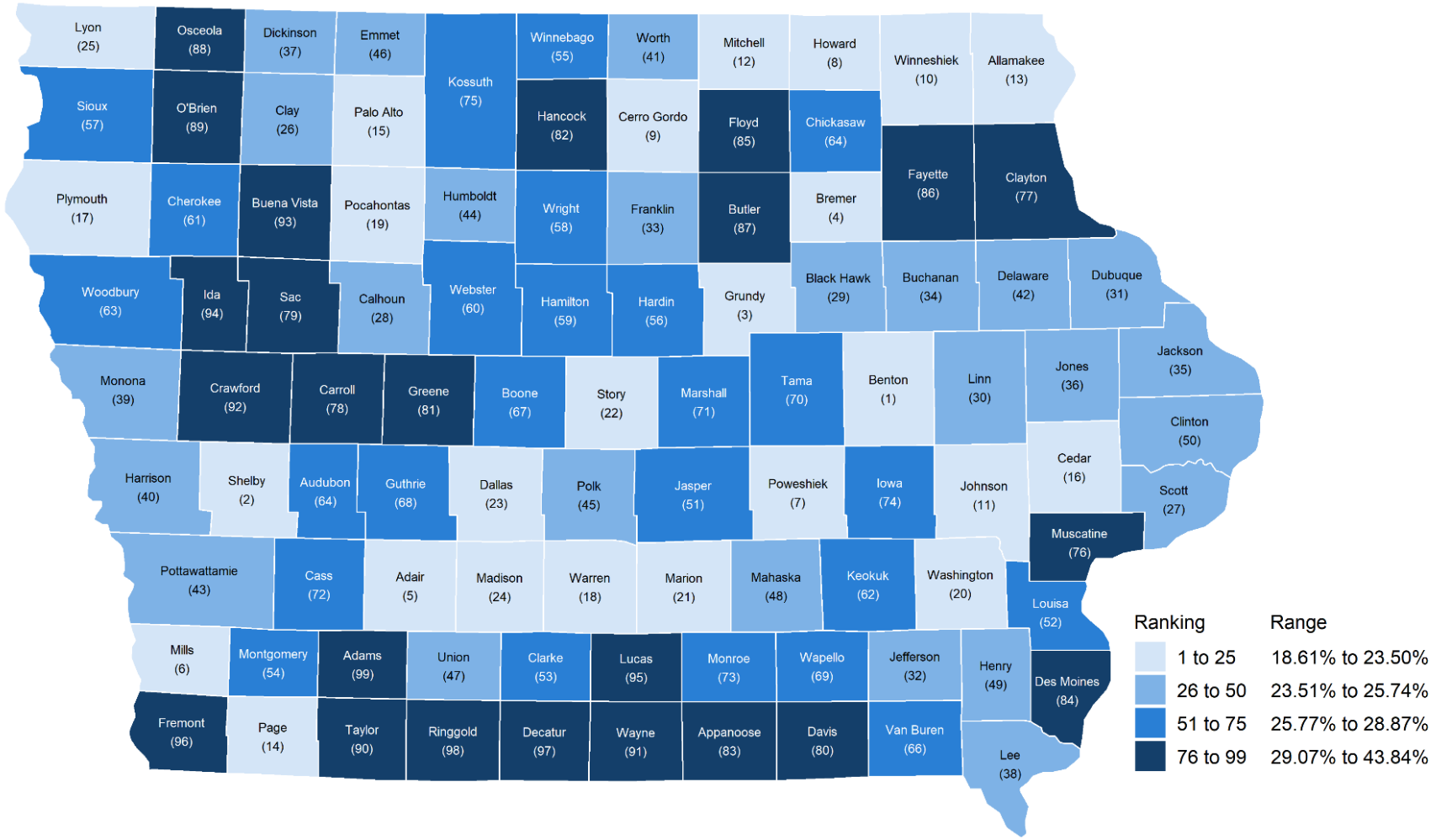


Counties with higher rankings (the darkest colors) have higher rates of children with no insurance.

Percentages of children with no insurance by county range from a low of 0.50 percent to the highest rate of 37.20 percent.

The children with no insurance map ranks counties according to the percentage of children who do not have insurance (U.S. Census, 2017).

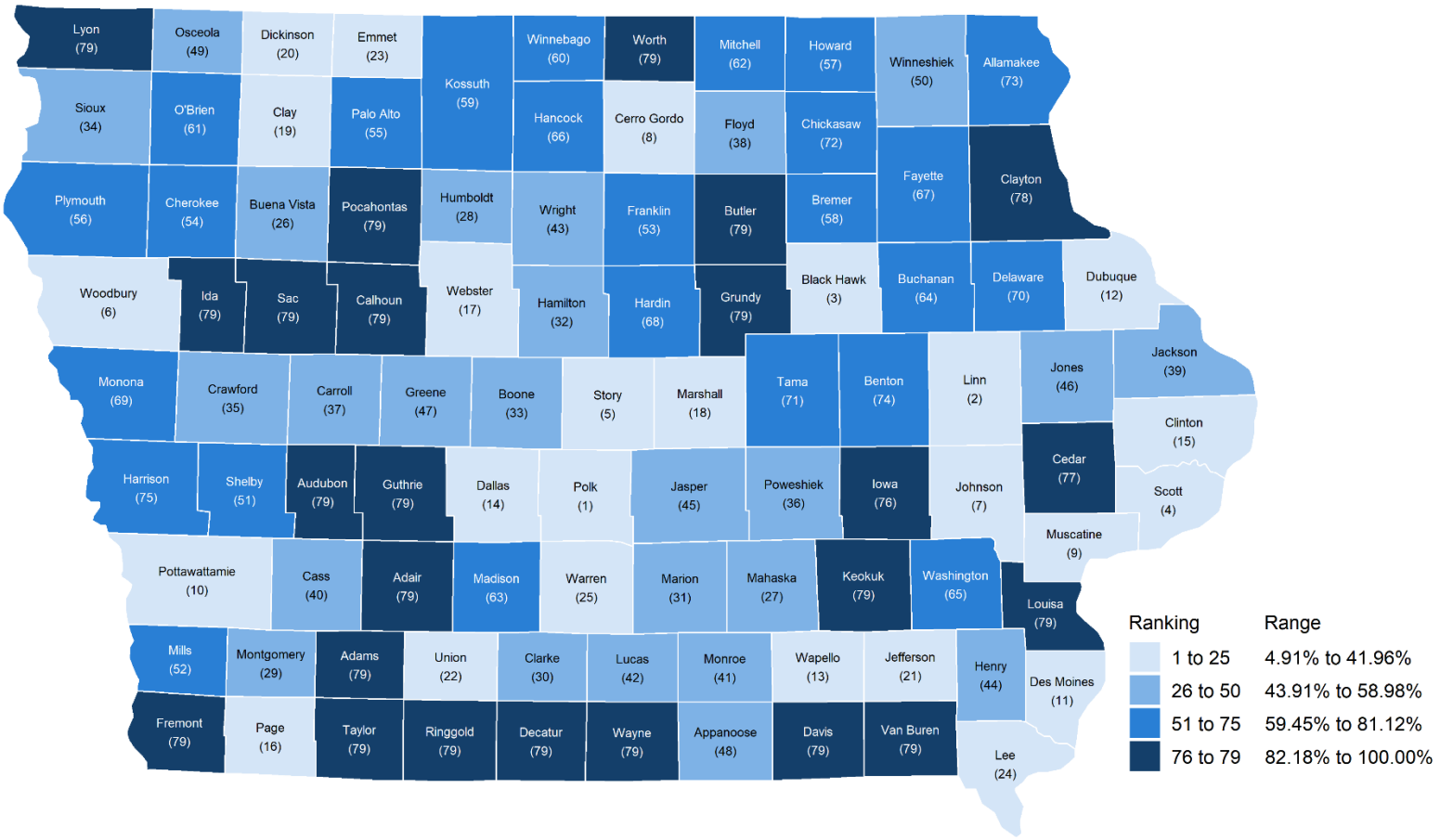
County Rank: Juvenile Delinquency



Counties with higher rankings (the darkest colors) have higher rates of juvenile delinquency.

The percentage of youth reporting behavior considered juvenile delinquency ranges from a low of 18.61 percent to a high of 43.84 percent (IDPH, 2016).

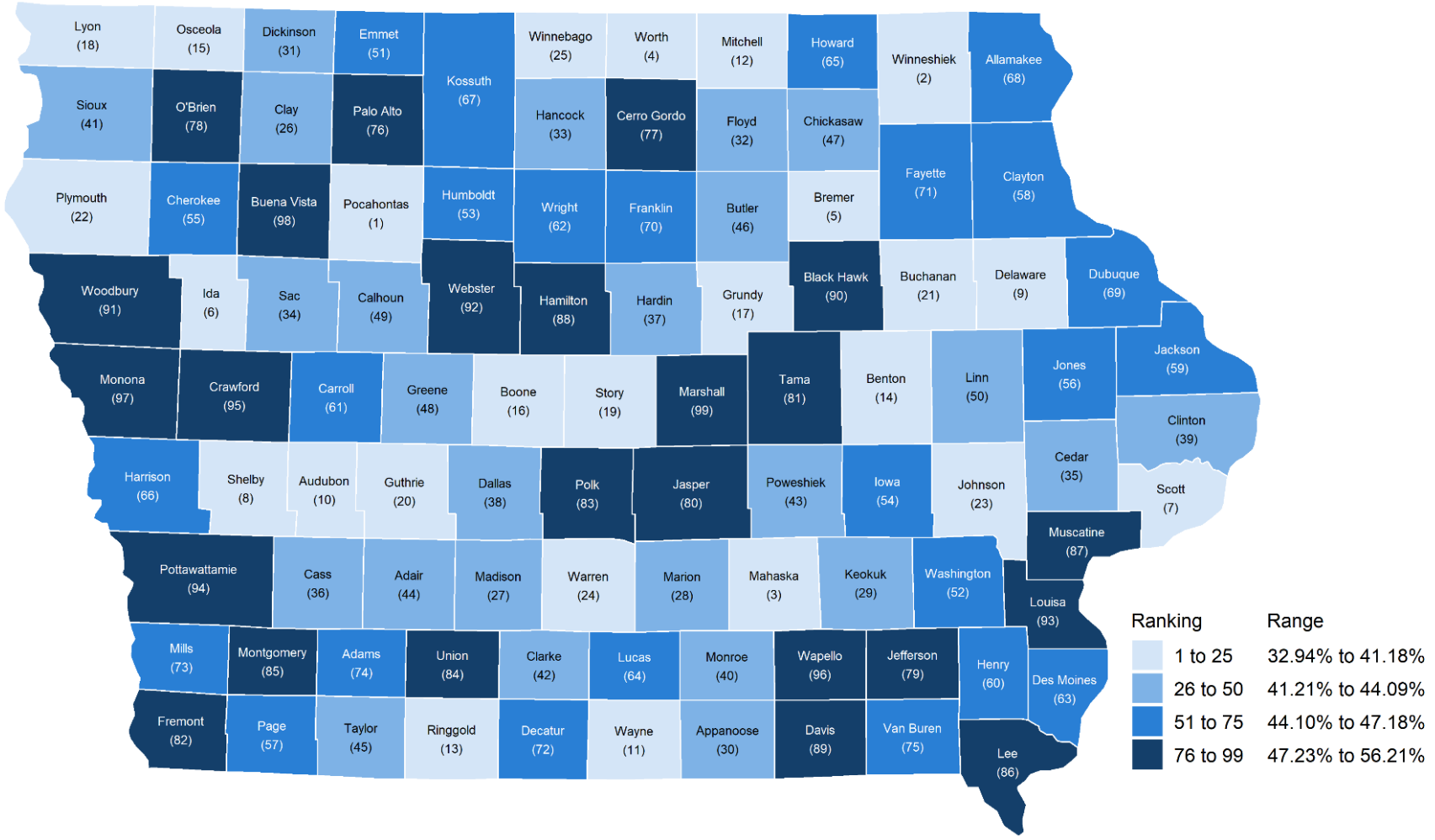
County Rank: Living in a Rural Community



Counties with higher rankings (the darkest colors) have higher percentages of people who report living in a rural community.

The percentages of people who report living in a rural community ranges from a low of 4.91 percent to a high of 100 percent (U.S. Census, 2017).

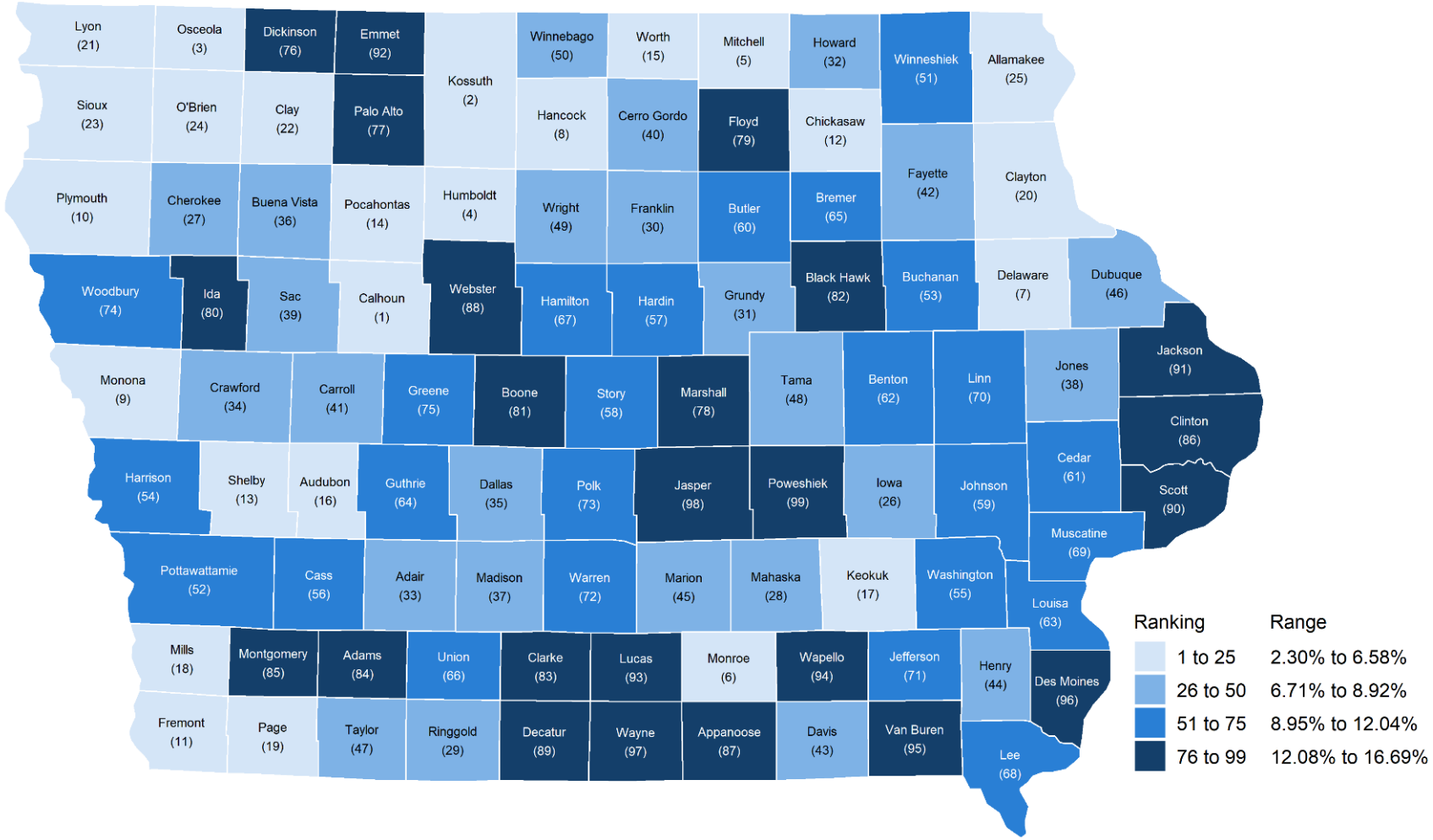
County Rank: Low Social Engagement



Counties with higher rankings (the darkest colors) have lower levels of social engagement.

The percentage of social engagement by county ranges from 32.94 percent to 56.21 percent (IDPH, 2016).

County Rank: Parents Reporting 4 or More ACEs

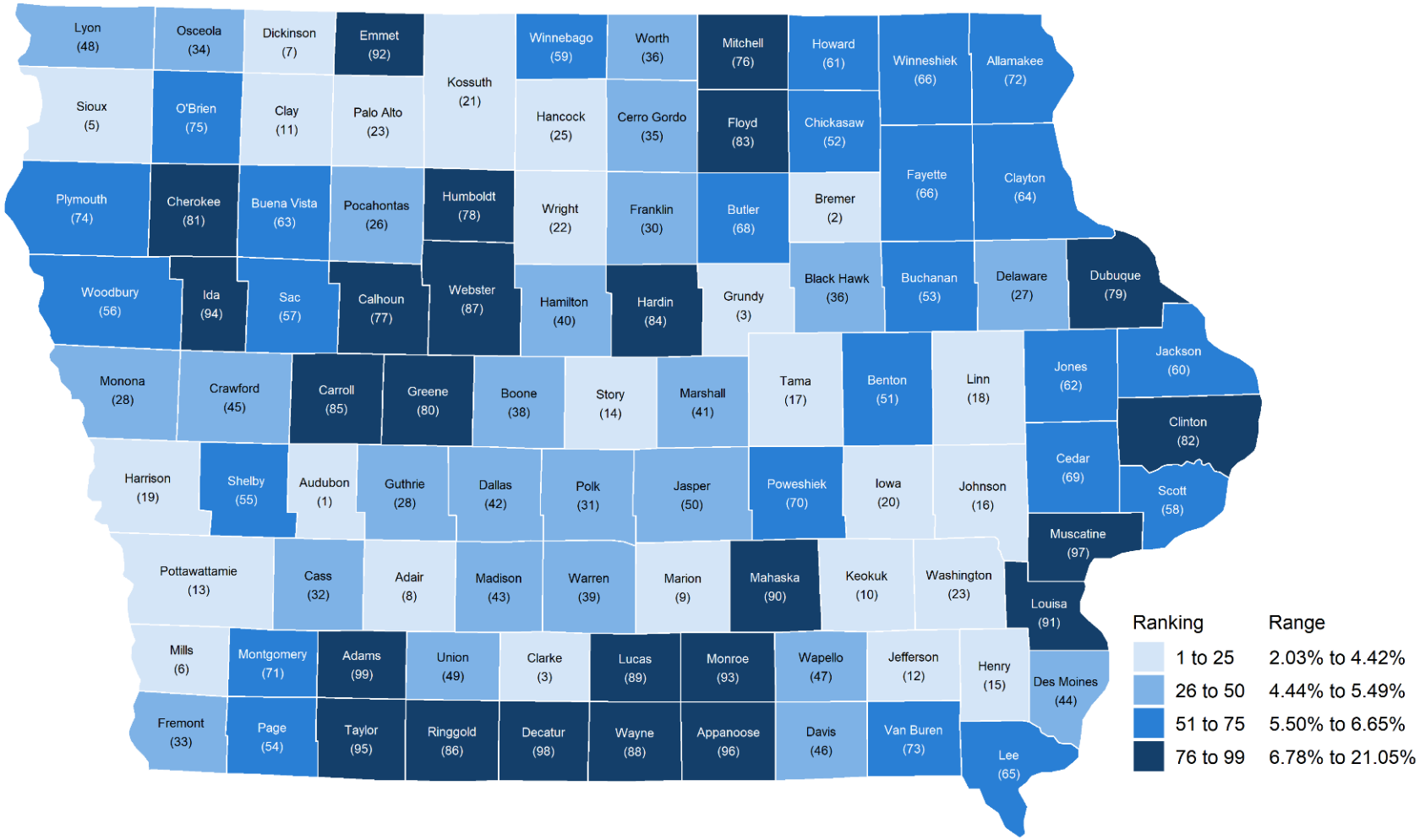


Counties with higher rankings (the darkest colors) have higher percentages of adults reporting four or more adverse childhood experiences (ACEs).

Results are based on the Iowa Behavioral Risk Factor Surveillance Study data collected from 2012 to 2015 (Iowa Department of Public Health, 2017).

The percentage of adults reporting four or more adverse childhood experiences ranges from a low of 2.30 percent to a high of 16.69 percent, with an Iowa state average of 9.2 percent.

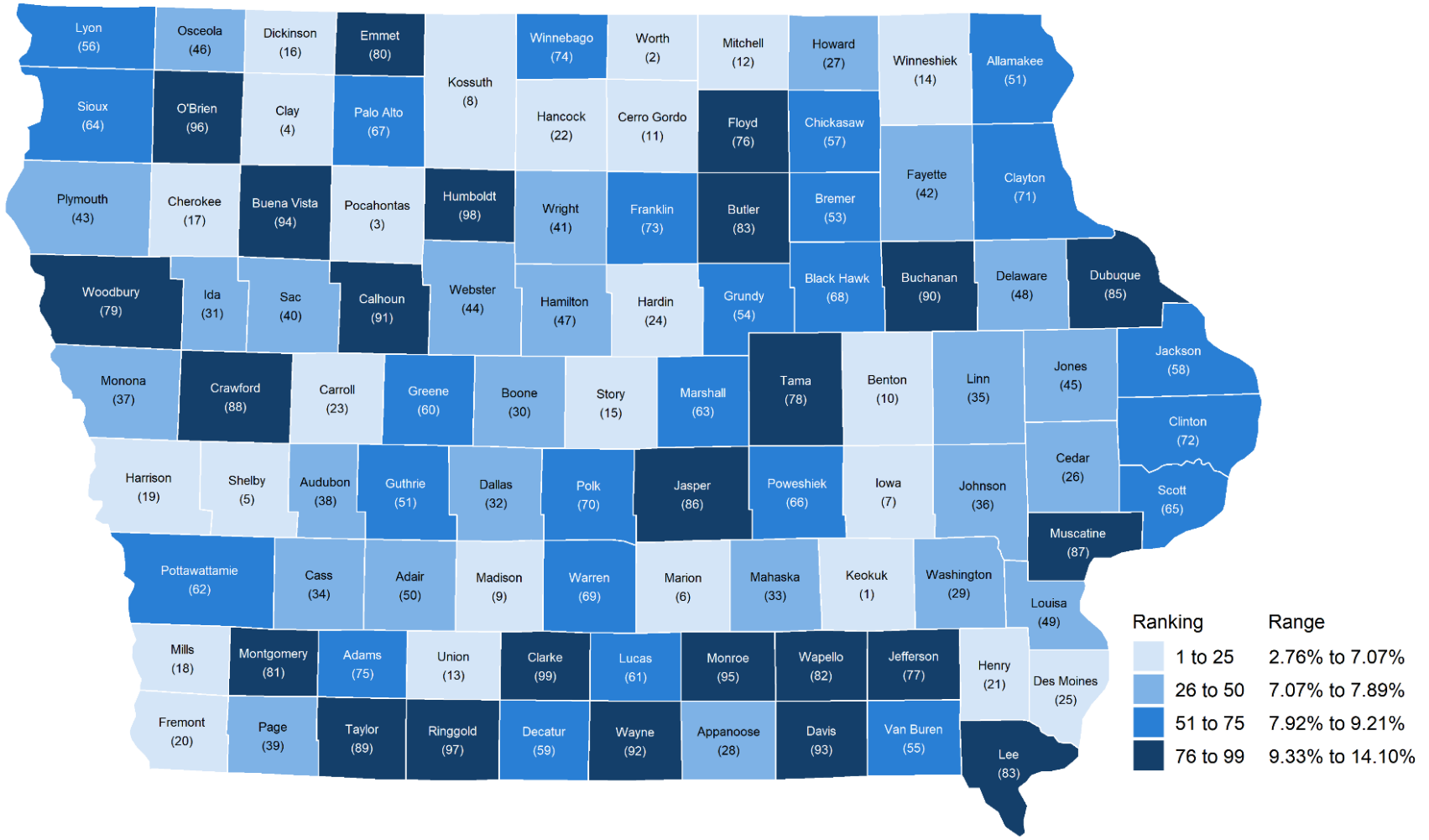
County Rank: Past 30-Day Binge Drinking



Counties with higher rankings (the darkest colors) have higher percentages of past 30-day binge drinking.

The percentage of past 30-day binge drinking ranges from 2.03 percent to 21.05 percent (IDPH, 2016).

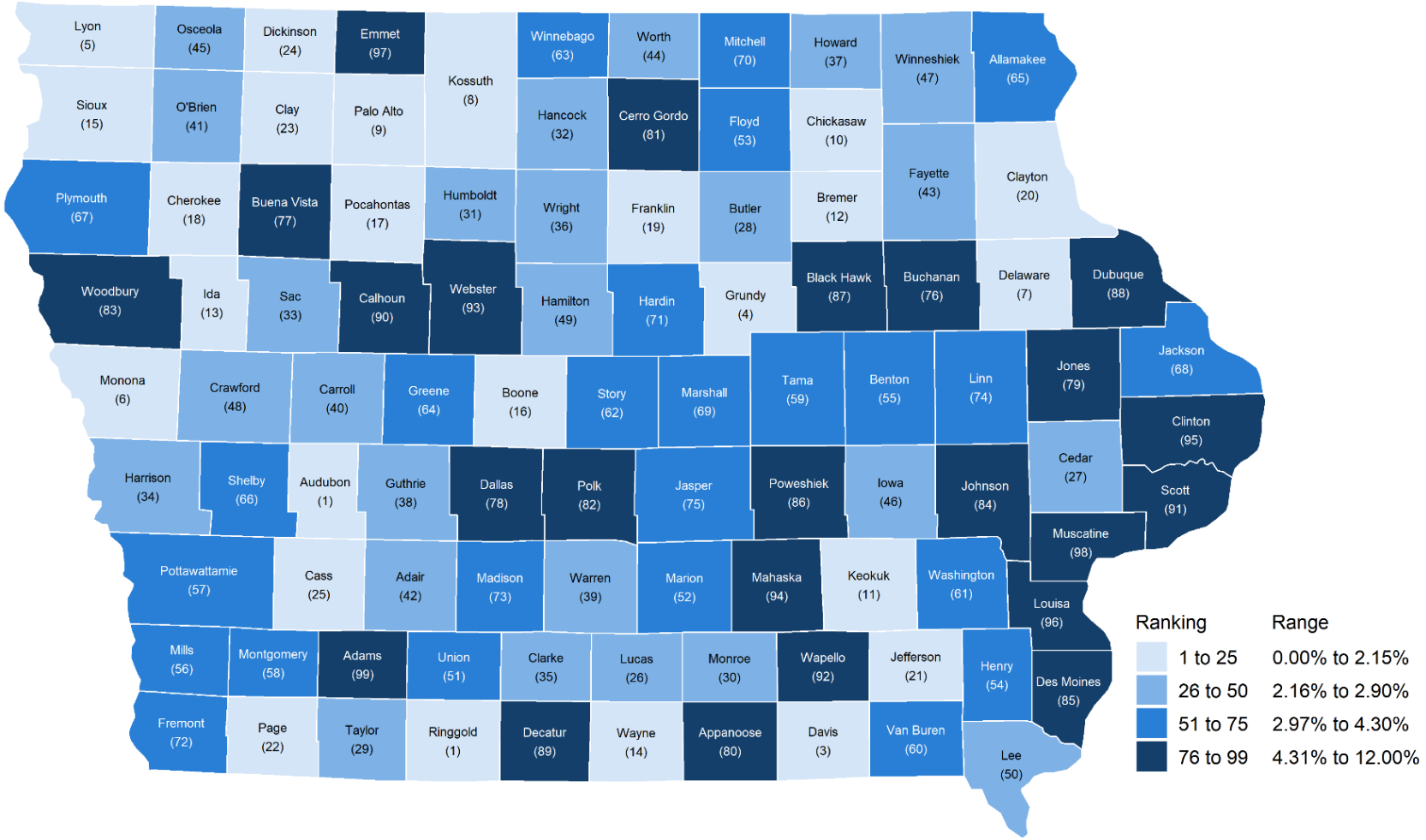
County Rank: Past 30-Day Illicit Drug Use



Counties with higher rankings (the darkest colors) have higher percentages of past 30-day illicit drug use.

The percentage of past 30-day illicit drug use ranges from 2.76 percent to 14.10 percent (IDPH, 2016)

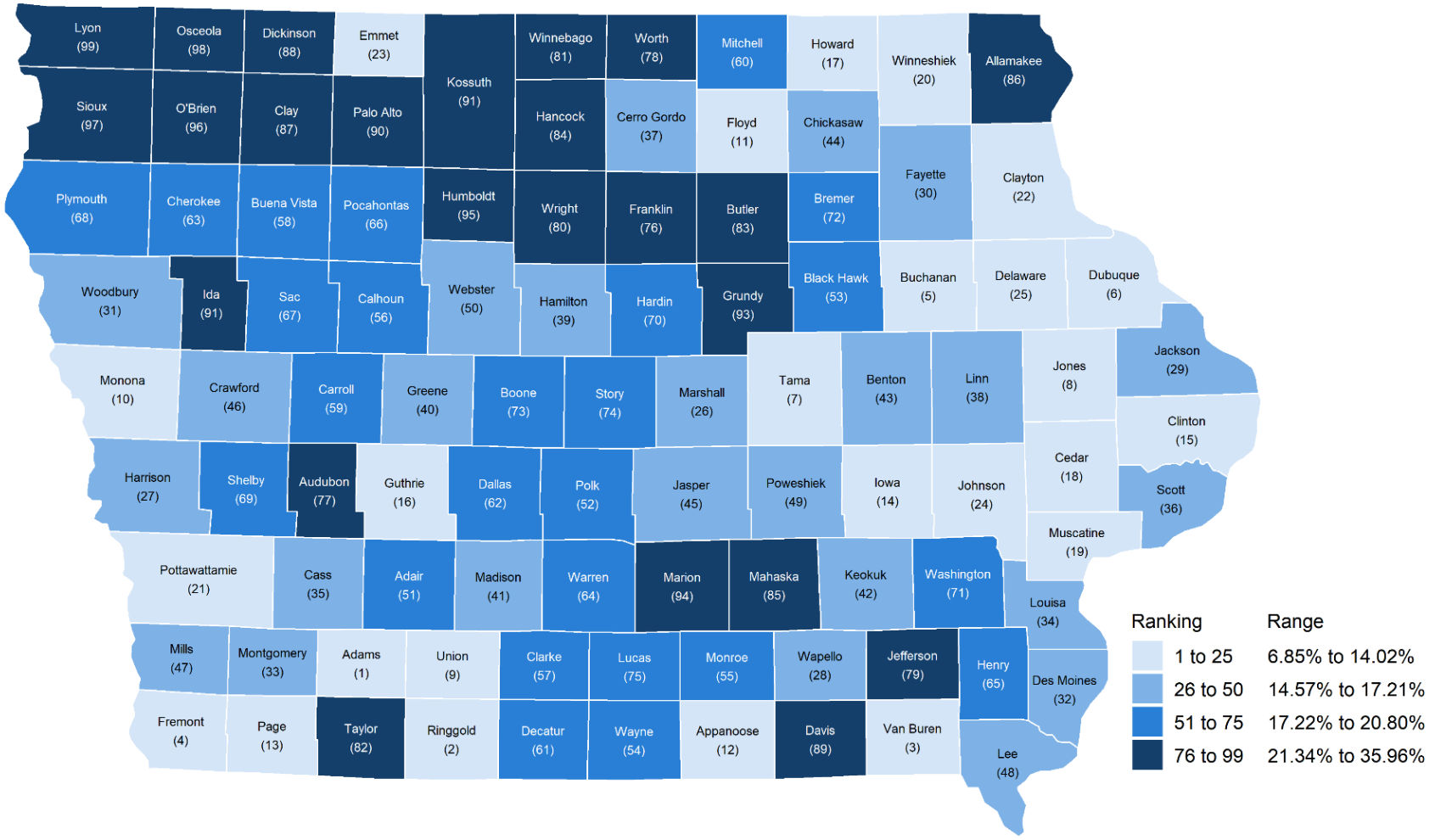
County Rank: Past 30-Day Marijuana Use



Counties with higher rankings (the darkest colors) have higher percentages of past 30-day marijuana use.

The percentage of past 30-day marijuana use ranges from 0.00 percent to 12.00 percent (IDPH, 2016).

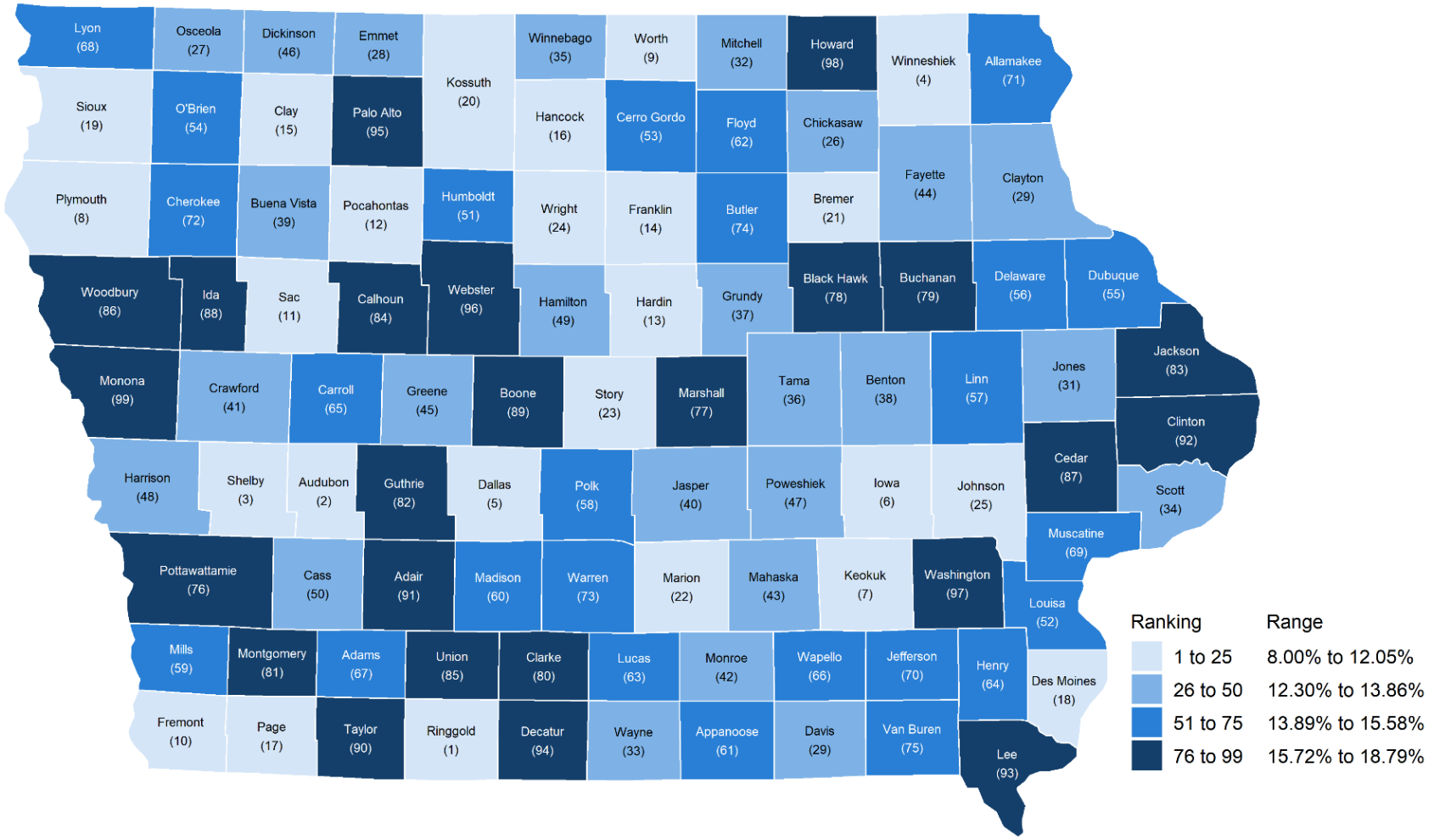
County Rank: Religious Affiliation



Counties with higher rankings (the darkest colors) have higher religious affiliation.

The percentage of religious affiliation ranges from a low of 6.85 percent to a high of 35.96 percent (IDPH, 2016).

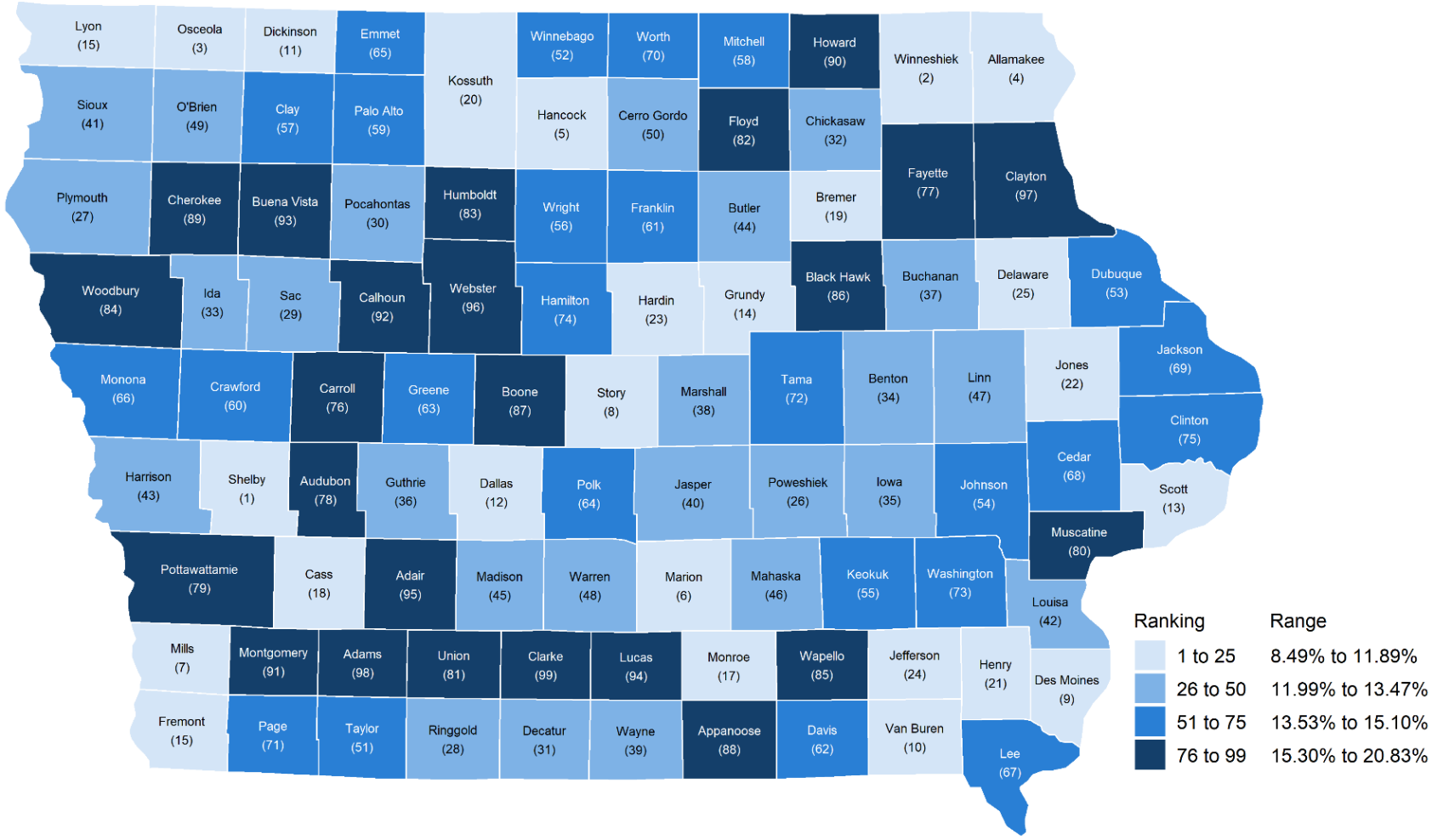
County Rank: Substance Use in the Family



Counties with higher rankings (the darkest colors) have higher percentages of substance use in the family.

The percentage of substance use in the family ranges from a low of 8.00 percent to a high of 18.79 percent (IDPH, 2016).

County Rank: Supervision of Children by Inappropriate Caregivers



Counties with higher rankings (the darkest colors) have higher percentages of children being supervised by inappropriate caregivers.

The percentage of children being supervised by inappropriate caregivers ranges from 8.49 percent to 20.83 percent (IDPH, 2016).