



Iowa Adolescent Pregnancy Prevention
STRATEGIC PLAN

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December 2019

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December 2019

ACKNOWLEDGEMENTS

We would like to thank the following groups and individuals for their help in the needs assessment and strategic planning process.

Community Adolescent Pregnancy Prevention Advisory Committee
Iowa Department of Human Services
Iowa Department of Public Health
Parents and youth of Iowa
Prevention professionals
Flynn Wright

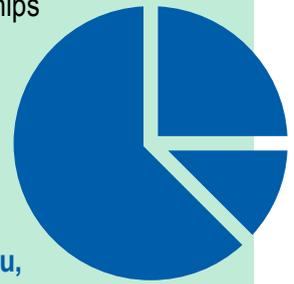
Table of Contents

Executive Summary	i
Background	1
Adolescent Pregnancy in Iowa	1
Overview of the Needs Assessment and Strategic Planning Process.....	2
Adolescent Pregnancy Prevention Strategic Plan	3
Vision, Mission, & Guiding Principles	3
Goals & Activities	4
Strategic Plan Implementation	10
Review and Revisions of the Plan	10
Funding Notes	10
Implementation Plan	11
References	17

Executive Summary

In 2019 the Iowa Department of Human Services (IDHS) tasked Prevent Child Abuse Iowa (PCA Iowa) with conducting a comprehensive needs assessment and developing a strategic plan to guide future adolescent pregnancy prevention programming. This strategic plan aims to offer specific guidance for enhancing the administration of IDHS' prevention program, the Iowa Community Adolescent Pregnancy Prevention (CAPP) program, and to serve as a communication tool and action plan for local communities to direct prevention programming in Iowa.

Although the adolescent birth rate in Iowa is declining and slightly below the national rate, about 45 percent of counties in Iowa have rates greater than the national average. Furthermore, 37 counties in Iowa do not have access to any adolescent pregnancy prevention programs. The needs assessment of Iowa's adolescent pregnancy prevention efforts found statistically significant relationships between adolescent birth rates and numerous risk factors. Higher rates of the following risk factors were associated with higher adolescent birth rates: poverty, 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. **Research shows that the negative effects of these risk factors can be reduced when systems work together to implement evidence-based practices that support the well-being of adolescents (Hale, Fitzgerald-Yau, & Viner, 2014; Lawrence, Gootman, & Sim, 2009).**

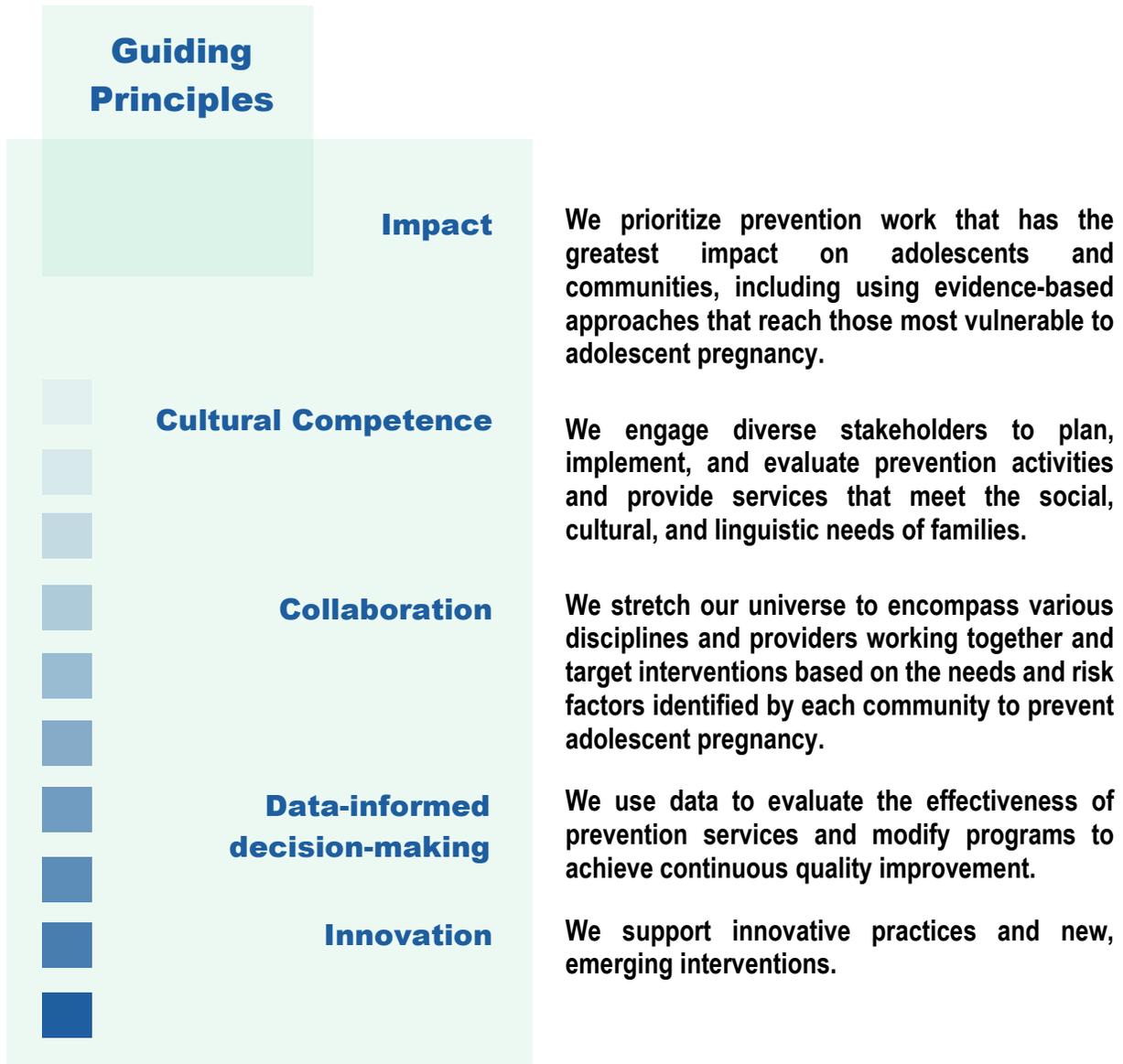


This strategic plan will serve as a communication tool and action plan guiding future adolescent pregnancy prevention programming for both statewide activities and local community-based efforts.

The Strategic Plan

Vision: All young people will have the information, support, and social-emotional learning skills to build healthy relationships and prevent adolescent pregnancies.

Mission: Services are to be provided to adolescents and their parents for the purpose of preventing adolescent pregnancy; to adolescents who are either pregnant or parenting to prevent subsequent pregnancies, promote self-sufficiency, and enhance physical and emotional well-being; and to communities to assist them in addressing issues of adolescent pregnancy.



STRATEGIC PLAN GOALS

1 Coordinate prevention services across the multiple service sectors.



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



3 Broaden CAPP programming to ensure coverage in high-need counties.



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



5 Advocate for and assist in the implementation of comprehensive sexual health education.



To achieve these goals, IDHS, PCA Iowa, and the CAPP Advisory Committee will work with prevention funders and prevention providers to carry out the activities of the strategic plan. PCA Iowa will annually review progress on the plan with IDHS and the CAPP Advisory Committee.

Background

In 2019, the Iowa Department of Human Services (IDHS) tasked Prevent Child Abuse Iowa (PCA Iowa) with conducting a needs assessment and developing a strategic plan to guide future adolescent pregnancy prevention efforts in Iowa. IDHS has historically funded prevention services through the Community Adolescent Pregnancy Prevention (CAPP) program using federal Temporary Assistance for Needy Families (TANF) funds. In addition to CAPP, other state agencies oversee federally funded adolescent pregnancy prevention programs, including the Iowa Department of Public Health (IDPH; Personal Responsibility Education Program, Sexual Risk Avoidance Education), Planned Parenthood of the Heartland (Teen Pregnancy Prevention Program), and Equipping Youth (Teen Pregnancy Prevention Program). This strategic plan aims to offer specific guidance for enhancing the administration of IDHS' adolescent pregnancy prevention program and to serve as a communication tool and action plan for local communities on the direction of prevention programming in Iowa.

Adolescent Pregnancy in Iowa

The adolescent birth rate in Iowa is slightly lower than the national rate and has decreased in recent years, similar to that observed nationally. In 2017, the adolescent birth rate in Iowa was 16.0 births per 1,000 females aged 15 to 19, compared to 18.8 per 1,000 females aged 15 to 19 nationally (Martin et al., 2017). Average county rates calculated using 2013 to 2016 data ranged from 3.5 births per 1,000 females aged 15 to 19 in Story County, to 37.7 births per 1,000 in Fremont County. Although the adolescent birth rate in Iowa is declining and slightly lower than the national average, results of the 2019 needs assessment of Iowa's adolescent pregnancy prevention efforts revealed that **45 counties in Iowa have adolescent birth rates greater than the national average, with two counties having rates twice the national average (Fremont and Lee).**



Additionally, **37 counties do not have access to any adolescent pregnancy prevention program.** Five of those counties are in the highest birth rate quartile (Osceola, Taylor, Lucas, Montgomery, and Fremont), and 16 (Jefferson, Harrison, Monroe, O'Brien, Washington, Adams, Union, Mahaska, Keokuk, Cass, Emmet, Osceola, Taylor, Lucas, Montgomery, and Fremont) have rates greater than the national average.

Research shows that adolescent pregnancy and childbearing have social and economic costs for both the adolescent mother and her children, including lower rates of school achievement, higher high school dropout rates, more health problems, increased risk of being incarcerated, and higher rates of unemployment and child maltreatment (Hoffman, 2008; Perper, Peterson, & Manlove, 2010).

The 2019 needs assessment of Iowa's adolescent pregnancy prevention efforts found statistically significant relationships between adolescent birth rates and numerous risk factors. Higher rates of the following risk factors were associated with higher adolescent birth rates: poverty, 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. **Risk factors for these social determinants of health are reduced when systems work together to support the well-being of adolescents (Hale, Fitzgerald-Yau, & Viner, 2014; Lawrence, Gootman, & Sim, 2009).**

Overview of the Needs Assessment and Strategic Planning Process

Before undergoing the strategic planning process, PCA Iowa contracted with Public Consulting Group, Inc. (PCG), a longtime collaborator and evaluator of prevention programs, to conduct a needs assessment of adolescent pregnancy prevention services in Iowa. The 2019 needs assessment included gathering input from prevention professionals, parents and youth; reviewing information (which was collected by other collaborators) including a marketing study on adolescent pregnancy prevention messaging; compiling evidence-based practices; conducting a qualitative and quantitative analysis of risk factors and funding; and synthesizing the results.

The results of the assessment indicate a need for a coordinated public health approach to prevent adolescent pregnancy. Five recommendations for prevention efforts in Iowa were identified:

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.
2. Increase the variety of evidence-based practices being used by community providers and implement practices to fidelity.
3. Broaden CAPP programming to ensure coverage in high-need counties.
4. Partner with Child Protective Services, Foster Care and Adoption Services, and Juvenile Courts to implement pregnancy prevention programs among youth and families receiving their services.
5. Advocate for and assist in the implementation of comprehensive sexual health education.

Based on these recommendations, the strategic plan lays out the overall vision, mission, guiding principles, goals, activities, and an implementation plan to guide the next five years of adolescent pregnancy prevention work in the state.



The strategic planning process involved numerous stakeholders to inform the development of each component of the plan. PCA Iowa worked with PCG to develop the content and representatives from around the state were asked for feedback. Stakeholders included representatives from the CAPP Advisory Committee, IDHS and IDPH. The CAPP Advisory Committee has representation from IDHS, IDPH, the Iowa Department of Education, Iowa Department of Human Rights, Iowa Division of Criminal and Juvenile Justice Planning, and the Polk County Health Department.

Goals & Activities

Goals outline how the strategic plan will be accomplished. Five overall goals were developed based on the recommendations of the 2019 needs assessment and the guiding principles. Along with each goal, the plan includes specific activities to be carried out and the measures that will be used to track progress on the plan.

STRATEGIC PLAN GOALS

1 Coordinate prevention services across the multiple service sectors.



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



3 Broaden CAPP programming to ensure coverage in high-need counties.



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



5 Advocate for and assist in the implementation of comprehensive sexual health education.



Goal 1: Coordinate prevention services across the multiple sectors (e.g., IDPH, IDHS) to use each source strategically in preventing adolescent pregnancy.

- Build the capacity of community providers to assess the needs and plan prevention services in their communities.
- Utilize the CAPP Advisory Committee to facilitate the coordination of prevention services with IDPH and IDHS, Department of Education (DOE) and other state agencies.
- Regularly solicit feedback from community providers on the types of support they need.

Measures of success

- Community providers have received training on assessing the needs of their communities and planning prevention activities.
- The CAPP Advisory Committee has representatives from the other IDHS-funded prevention programs, IDPH, DOE, other state and private organizations.
- PCA Iowa regularly assesses the additional needs of community providers and community providers report feeling supported in their prevention work.

About Goal 1

The needs assessment identified four programs with adolescent pregnancy prevention as the primary aim in Iowa across two state agencies (IDHS, IDPH) and two private organizations (Planned Parenthood of the Heartland and Equipping Youth). Collaboration across programs is critical to achieving Iowa's vision that all young people in Iowa have the information, support, and social-emotional learning skills to build healthy relationships and prevent adolescent pregnancies.

Organizations and funders need to work collaboratively across funding sources to identify common goals, services, and quality standards. One example is to have the funders ensure that multiple grant applications are not due at the same time.



Goal 2: Increase the variety of evidence-based practices (EBPs) being used by community providers and implement practices to fidelity.

- Develop a menu that includes a wide variety of EBPs for selection by community providers.
- Encourage community providers to diversify the EBPs they implement.
- Negotiate group rates with EBP vendors so community providers can purchase materials and trainings at reduced rates, thus reducing the implementation cost for individual community providers.
- Establish a baseline of EBPs implemented by community providers and benchmarks for measurable growth.
- Assess barriers to delivering EBPs to fidelity and assist community providers in overcoming those barriers.

Measures of success

- A menu of common adolescent pregnancy prevention EBPs is available for community providers to choose from.
- Increase the average number of EPBs from the U.S. Department of Health and Human Services' database provided by community providers.
- PCA Iowa worked with the developers of the most common EBPs implemented by community providers to negotiate group rates for materials and trainings.
- At least 85 percent of interventions implemented by community providers are EBPs.
- CAPP grantees will achieve a statewide average fidelity score (across all domains) of at least 75 percent according to the annual evaluation reports provided by University of Northern Iowa's Center for Social and Behavioral Research.

About Goal 2

Increasing the variety of EBPs implemented and monitoring fidelity to those models is important to continuing to improve the overall quality of the interventions offered to adolescents. Of the 42 EBPs identified in the U.S. Department of Health and Human Services' database, 12 have been implemented statewide. Further, among CAPP grantees, 60 percent of evidence-based and evidence-informed practices were implemented with less than 75 percent fidelity. Fidelity is a cumulative measure across five domains: adherence, quality of delivery, participant responsiveness, program differentiation, and exposure.

The strategic plan seeks to address these gaps by providing a menu of EBPs, negotiating groups rates for EBP materials and trainings, and helping community providers overcome barriers to implementing EBPs to fidelity.



Goal 3: Broaden adolescent pregnancy prevention programming to ensure coverage in high-need counties with equal participation of male and female adolescents.

- Ensure that CAPP grantees provide services in counties with the highest adolescent birth rate quartile.
- Encourage community providers to include both males and females in their prevention programs.
- Collaborate with community coalitions and other prevention organizations (e.g., local public health departments) to expand community-level prevention activities beyond CAPP grantees.

Measures of success

- CAPP grantees provide services in counties with the highest adolescent pregnancy rate quartile.
- There are equal rates of males and females participating in prevention programs.
- Prevention activities outside of those offered by CAPP grantees are available at the community level.

About Goal 3

Although the adolescent birth rate in Iowa is declining and slightly lower than the national average, results of the 2019 needs assessment show that **45 counties in Iowa have adolescent birth rates greater than the national average, with two counties having rates twice the national average (Fremont and Lee)**. Furthermore, 37 counties do not have access to any adolescent pregnancy prevention programs. Sixteen of those counties 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 adolescent birth rate quartile (Osceola, Taylor, Lucas, Montgomery, and Fremont).

Results of the 2019 needs assessment also indicated a need to **increase prevention efforts targeting male adolescents**. Only 41 percent of males aged 16 and older surveyed reported that they thought it was “very important” to avoid getting someone pregnant.

Organizations and funders need to work together to expand access to prevention programming in Iowa. **The strategic plan seeks to address this gap by ensuring that CAPP services are available in-counties with the highest adolescent birth rate quartile, there are equal rates of males and females participating in prevention programs, and there are community-level prevention activities outside of those offered by CAPP.**



Goal 4: Partner with other state agencies that provide services to at-risk youth and families (e.g., Child Protective Services, Foster Care and Adoption Services, Juvenile Courts) to implement pregnancy prevention programs. Specifically, programs should aim to increase social support, community connectivity, a sense of belonging, positive relationships, and the role of males in prevention.

- Develop an adolescent pregnancy prevention workgroup with other state agencies that provide services to at-risk youth and families (e.g., Child Protective Services, Foster Care and Adoption Services, Juvenile Courts).
- Encourage community prevention providers to target youth and families who are receiving services from other state agencies working with at-risk youth and families (e.g., Child Protective Services, Foster Care and Adoption Services, Juvenile Courts).
- Implement EBPs that aim to increase social support, community connectivity, a sense of belonging, positive relationships, and the role of males in prevention.

Measures of success

- An active adolescent pregnancy prevention workgroup has been formed that includes representation from the CAPP Advisory Committee and other state agencies providing services to at-risk youth and families (e.g., Child Protective Services, Foster Care and Adoption Services, Juvenile Courts).
- Community providers have targeted youth and families in their communities who are receiving services from other state agencies working with at-risk youth and families (e.g., Child Protective Services, Foster Care and Adoption Services, Juvenile Courts).
- Community providers have implemented EBPs that aim to increase social support, community connectivity, a sense of belonging, positive relationships, and the role of males in prevention.

About Goal 4

Results of the 2019 needs assessment show a need for increased programming for at-risk youth. 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. Further, a 2017 survey found that only 22 percent of young adults who were formerly involved in foster care in Iowa reported always using birth control.

Organizations and funders need to work together to support at-risk adolescents, especially those receiving services from agencies such as Child Protective Services, Foster Care and Adoption Services, and Juvenile Courts. The strategic plan seeks to address this issue by developing an at-risk youth workgroup and encouraging community providers to increase programming targeting at-risk youth.



Goal 5: Advocate for and assist in the implementation of medically accurate, research-based, comprehensive human growth and development curricula in grades kindergarten through 12 that includes topics such as comprehensive sexual health education, positive relationships, awareness about sexual assault and abuse, and consent.

- Assess barriers that school districts served by CAPP agencies encounter when trying to implement a medically accurate, evidence-based comprehensive human growth and development curricula in grades kindergarten through 12 that includes topics such as comprehensive sexual health education, positive relationships, awareness about sexual assault and abuse, and consent.
- Collaborate with the Iowa Department of Education and school districts to ensure that public schools served by CAPP agencies are delivering medically accurate, evidence-based, comprehensive human growth and development curricula in grades kindergarten through 12 that includes topics such as comprehensive sexual health education, positive relationships, awareness about sexual assault and abuse, and consent.
- Offer support to CAPP educators in the transition from current human growth and development programs to updated comprehensive programs.

Measures of success

- Barriers school districts served by CAPP agencies face in implementing medically accurate, research-based, comprehensive human growth and development curricula are identified and plans to address them are created.
- An increased number of public schools served by CAPP agencies in Iowa are delivering medically accurate, research-based, comprehensive human growth and development curricula in grades kindergarten through 12 that includes topics such as comprehensive sexual health education, positive relationships, awareness about sexual assault and abuse, and consent.
- CAPP educators report that IDHS, PCA Iowa, DOE, IDPH, and the CAPP Advisory Committee have supported them in the transition from current human growth and development programs to updated comprehensive programs.

About Goal 5

Prevention professionals surveyed for the 2019 needs assessment indicated that **there is a lack of widespread availability of medically accurate, evidence-based, comprehensive human growth and development curricula.** To understand why this is the case, barriers must be identified, and schools must be supported in their transition to using updated curricula.



Strategic Plan Implementation

This strategic plan will serve as a communication tool and action plan on the direction of adolescent pregnancy prevention programming in the state for both statewide activities and local community-based efforts. The implementation plan starting on the next page describes the timelines, activity leads and other responsible parties for each component of the plan's goals.

Review and Revisions of the Plan

PCA Iowa will review the strategic plan with IDHS and the CAPP Advisory Committee annually along with evaluation results to advise them on the state's progress towards the goals and gather feedback to identify where mid-course corrections are needed. If amendments to the strategic plan are identified during these reviews, PCA Iowa will first outline the change needed and the reason. In the outline, PCA Iowa will identify qualitative and/or quantitative data to support the proposed revision and submit the change(s) to the CAPP Advisory Committee for consideration. If approved, the change(s) will be confirmed in writing and submitted to the CAPP Advisory Committee prior to submission to IDHS.

Funding Notes

Many goals and activities outlined in this plan call for changes in prevention practices or the administration of funding. For example, there are goals outlining changes in the types of services funded and the relationships between funders to promote collaboration, coordination, and shared decision-making. These recommendations are grounded in the vision and guiding principles of the plan; partners will need to work together to identify the next steps to accomplishing these goals in the way that best fits the needs of adolescents in Iowa.

CAPP was among four sources of adolescent pregnancy prevention funding in Iowa in fiscal year 2018 and accounted for 50 percent of the funds awarded for adolescent pregnancy prevention services. Within this context, the strategic plan incorporates many goals to help assure the most beneficial use of CAPP funds, targeting funds to evidence-based practices, and calling for the continued use of funds to support the types of prevention programs that currently are not as well supported by CAPP or other funders (e.g., at-risk youth, males).

Implementation Plan

Responsible Parties: X indicates a responsible party involved in the activity and L indicates the lead agency.

Goal 1: Coordinate prevention services across the multiple sectors (e.g., IDPH, IDHS) to use each source strategically in preventing adolescent pregnancy.						
Action	Timeframe	Responsible Parties				
		IDHS	IDPH	PCA Iowa	CAPP Advisory Committee	CAPP grantees
Build the capacity of community providers to assess the needs and plan prevention services in their communities.	Short-term	X		L	X	X
Utilize the CAPP Advisory Committee to facilitate the coordination of prevention services with IDPH and IDHS.	Long-term	X	X	X	L	
Regularly solicit feedback from community providers on the types of support they need.	Short-term			L	X	X

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



Action	Timeframe	Responsible Parties					
		IDHS	IDPH	PCA Iowa	CAPP Advisory Council	CAPP grantees	Other prevention funders
Develop a menu that includes a wide variety of EBPs for selection by community providers.	Short-term	X		L	X	X	
Encourage providers to diversify the EBPs they implement.	Short-term			L	X	X	
Negotiate group rates with EBP vendors so community providers can purchase materials and trainings at reduced rates.	Long-term			L	X		
Assess barriers to delivering EBPs to fidelity and assist community providers in overcoming those barriers.	Short-term			L	X	X	

Goal 3: Broaden prevention programming for adolescent pregnancy to ensure coverage in high-need counties and equal participation of male and female adolescents.



Action	Timeframe	Responsible Parties				
		IDHS	IDPH	PCA Iowa	CAPP Advisory Council	CAPP grantees
Ensure CAPP grantees provide services to counties in the highest adolescent birth rate quartile.	Short-term			L	X	X
Encourage community providers to include both males and females in their prevention programs.	Short-term			L	X	X
Collaborate with community coalitions and other community prevention organizations (e.g., local public health departments) to expand community-level prevention activities beyond CAPP grantees.	Long-term	X	X	L	X	X

Goal 4: Partner with other state agencies that provide services to at-risk youth and families (e.g., Child Protective Services, Foster Care and Adoption Services, Juvenile Courts) to implement pregnancy prevention programs. Specifically, programs should aim to increase social support, community connectivity, a sense of belonging, positive relationships, and the role of males in prevention.



Action	Timeframe	Responsible Parties				
		IDHS	IDPH	PCA Iowa	CAPP Advisory Council	CAPP grantees
Develop an adolescent pregnancy prevention working group with other state agencies that provide services to at-risk youth and their families.	Short-term	X	X	L	X	
Encourage community prevention providers to target youth and families who are receiving services from agencies working with at-risk youth and families.	Long-term			L	X	X
Implement EBPs that aim to increase social support, community connectivity, a sense of belonging, positive relationships, and the role of males in prevention.	Long-term			L	X	X

Goal 5: Advocate for and assist in the implementation of comprehensive sexual health education.

Action		Timeframe	Responsible Parties					
			IDHS	IDPH	PCA Iowa	CAPP Advisory Council	CAPP grantees	IDOE
Assess barriers that school districts served by CAPP agencies encounter when trying to implement medically accurate, evidence-based comprehensive human growth and development curricula in grades kindergarten through 12.		Short-term	X		L	X	X	X
Collaborate with the Iowa Department of Education and school districts to ensure that public schools served by CAPP agencies are delivering medically accurate, evidence-based comprehensive human growth and development curricula in grades kindergarten through 12		Long-term	X		L	X	X	X
Offer support to CAPP educators in the transition from current human growth and development programs to updated comprehensive programs.		Long-term	X		L	X	X	X

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