

## 1. State and Community Awardee Project Director/Project Coordinator Needs Asse...

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## 2. Project Coordinator/Project Director Needs Assessment

The purpose of this assessment is to help your organization identify strengths and areas of potential growth regarding your ability to support the implementation of this project. This assessment is aligned with the key components of this project and requests information on your organizational background, partnerships, community mobilization, evidence-based programs, training and technical assistance for program implementation, contraceptive services for youth, educating stakeholders, and cultural competence and diversity.

Please respond to only those sections that apply to your project role. Please answer as honestly as possible. Results from this assessment will be used by CDC and the five funded National Organizations to develop a targeted training and technical assistance plan for your organization.

Thank you for your candor in completing this important assessment.

### \*1. Please select your organization.

- Alabama Department of Public Health
- Adolescent Pregnancy Prevention Campaign of North Carolina
- Family Planning Council
- Fund for Public Health New York
- Georgia Campaign for Adolescent Pregnancy Prevention
- City of Hartford
- Massachusetts Alliance on Teen Pregnancy
- South Carolina Campaign to Prevent Teen Pregnancy
- University of Texas Health Science Center at San Antonio

### \*2. Which of the following describes your role/title? (select all that apply)

- Project Director
- Project Coordinator
- Clinical technical assistance provider
- Program technical assistance provider
- Youth leadership team coordinator
- Evaluator
- Other (please specify) \_\_\_\_\_

### 3. For how many years have you held your position?

- < 2 years
- 3-5 years
- > 5 years

**4. For how many years have you worked in teen pregnancy prevention?**

- < 2 years
- 3 to 5 years
- > 5 years

### 3. Section I. Organization Background

**\*5. How many years has your organization been working to prevent teen pregnancy?  
(e.g., 2.5, 5, 14)**

Number of years

**6. How many hourly or salaried personnel in your organization work on this teen pregnancy prevention cooperative agreement?**

1-3    4-5    5-7    >7

Number of people full-time on this cooperative agreement

          

Number of people part-time on this cooperative agreement

          

**\*7. How many external consultants do you use on this cooperative agreement?**

- 0 external consultants
- 1 external consultant
- 2 external consultants
- > 2 external consultants

**8. What topic area(s) do the consultant(s) cover?**

Topic Area 1

Topic Area 2

Topic Area 3

Topic Area 4

**\*9. Does your organization routinely do the following?**

Yes    No

Use logic models in planning the organization's projects?

  

Use adult learning theory or other applicable theory to enhance TA and Training effectiveness?

  

Monitor its program activities (e.g., who and how many you serve, quality assurance)?

  

Evaluate program outcomes?

## 4. Section II: Partnerships (Core Partner Leadership Team; CPLT)

### \*10. How many times did your CPLT meet in the past year?

- 1-2 times                       7-8 times  
 3-4 times                       9-10 times  
 5-6 times                       > 10 times

### \*11. How many people serve on the CPLT?

- < 5 people                       16-20 people  
 5-10 people                       21-25 people  
 11-15 people                       > 25 people

### \*12. Please check each group that is represented on the CPLT for the project.

- Local school board                       Teen pregnancy prevention program implementers (with MOU/MOA)  
 Local department of health                       Health service providers (with MOU/MOA)  
 Funders                       Teen pregnancy prevention program implementers (without MOU/MOA)  
 Foundations                       Health service providers (without MOU/MOA)  
 Elected officials                       Other

Other (please specify)

### 13. Does your CPLT for this project include diversity in the following characteristics?

	Yes	No
Gender	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>
Geographic location in the community	<input type="radio"/>	<input type="radio"/>
Type of organization (e.g., schools, governmental, community-based)	<input type="radio"/>	<input type="radio"/>
Other characteristic	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*14. Please describe any current gaps in CPLT membership. Which members and roles do you still want to add or increase in your group?**

- |   |   |
|---|---|
| <input type="checkbox"/> Local school board         | <input type="checkbox"/> Teen pregnancy prevention program implementers (with MOU/MOA)    |
| <input type="checkbox"/> Local department of health | <input type="checkbox"/> Health service providers (with MOU/MOA)                          |
| <input type="checkbox"/> Funders                    | <input type="checkbox"/> Teen pregnancy prevention program implementers (without MOU/MOA) |
| <input type="checkbox"/> Foundations                | <input type="checkbox"/> Health service providers (without MOU/MOA)                       |
| <input type="checkbox"/> Elected officials          | <input type="checkbox"/> Other  |

Other (please specify)

**15. Please describe any successes your organization has had in engaging key stakeholder groups in the CPLT.**

**16. Please describe any challenges your organization has had in engaging key stakeholder groups in the CPLT.**

## 5. Section II. Partnerships (Community Action Team: CAT)

### \*17. How many times did your CAT meet in the past year?

- 1-2 times                       7-8 times  
 3-4 times                       9-10 times  
 5-6 times                       > 10 times

### \*18. How many people serve on the CAT?

- < 5 people                       16-20 people  
 5-10 people                       21-25 people  
 11-15 people                       > 25 people

### \*19. Please check each group that is represented on the CAT for this project.

- |  |  |
|--|--|
| <input type="checkbox"/> Public sector                                     | <input type="checkbox"/> Parents   |
| <input type="checkbox"/> Nonprofit sector                                  | <input type="checkbox"/> Youth from the Youth Leadership Team  |
| <input type="checkbox"/> Business sector                                   | <input type="checkbox"/> Religious leaders   |
| <input type="checkbox"/> Health services (e.g., providers for adolescents) | <input type="checkbox"/> Researchers   |
| <input type="checkbox"/> Education (e.g., school board, PTA, teachers)     | <input type="checkbox"/> Civic leaders and public servants   |
| <input type="checkbox"/> School and mental health services                 | <input type="checkbox"/> Neighbors   |
| <input type="checkbox"/> Minority health groups                            | <input type="checkbox"/> Representatives from funding organizations  |
| <input type="checkbox"/> Juvenile justice                                  | <input type="checkbox"/> Service organization members (e.g., Kiwanis, Rotary, sororities and fraternities) |
| <input type="checkbox"/> Media members or those with media access          | <input type="checkbox"/> Other   |

Other (please specify)

### \*20. Does your CAT for this project include diversity in the following characteristics?

	Yes	No
Gender	<input type="radio"/>	<input type="radio"/>
Age	<input type="radio"/>	<input type="radio"/>
Race/Ethnicity	<input type="radio"/>	<input type="radio"/>
Geographic location in the community	<input type="radio"/>	<input type="radio"/>
Type of organization (e.g., schools, governmental, community-based)	<input type="radio"/>	<input type="radio"/>
Other characteristic	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**21. Please describe any current gaps in CAT membership. Which members and roles would you like to add to your group?**

- |  |  |
|--|--|
| <input type="checkbox"/> Public sector                                     | <input type="checkbox"/> Parents   |
| <input type="checkbox"/> Nonprofit sector                                  | <input type="checkbox"/> Youth from the Youth Leadership Team  |
| <input type="checkbox"/> Business sector                                   | <input type="checkbox"/> Religious leaders   |
| <input type="checkbox"/> Health services (e.g., providers for adolescents) | <input type="checkbox"/> Researchers   |
| <input type="checkbox"/> Education (e.g., school board, PTA, teachers)     | <input type="checkbox"/> Civic leaders and public servants   |
| <input type="checkbox"/> School and mental health services                 | <input type="checkbox"/> Neighbors   |
| <input type="checkbox"/> Minority health groups                            | <input type="checkbox"/> Representatives from funding organizations  |
| <input type="checkbox"/> Juvenile justice                                  | <input type="checkbox"/> Service organization members (e.g., Kiwanis, Rotary, sororities and fraternities) |
| <input type="checkbox"/> Media members or those with media access          | <input type="checkbox"/> Other   |

Other (please specify)

**22. Please describe any successes your organization has had in engaging key stakeholder groups in the CAT.**

**23. Please describe any challenges your organization has had in engaging key stakeholder groups in the CAT.**



## 6. Section II: Partnership (Youth Leadership Team: YLT)

### \*24. How many times did your YLT meet in the past year?

- 1-2 times                       7-8 times  
 3-4 times                       9-10 times  
 5-6 times                       > 10 times

### \*25. How many people serve on the YLT?

- < 5 people                       16-20 people  
 5-10 people                       21-25 people  
 11-15 people                       > 25 people

### \*26. Have you taken steps to assess whether the YLT represents the diversity of youth in your community?

- Yes  
 No

If Yes, please specify

### \*27. Please indicate which of the following groups of youth are represented on your YLT.

- Youth younger than 15  
 Youth aged 15-17 years  
 Youth aged 18-19 years  
 Youth older than 19 years  
 Out of school youth  
 Youth in post-secondary institutions  
 Other

Other (please specify)

### 28. Please describe any successes your team has had in involving youth in the YLT.

**29. Please describe any challenges your team has had in involving key youth in the YLT.**

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## 7. Section III. Community Mobilization

**\* 30. Do you lead organizational efforts to work with community partners (e.g., core partner leadership team) in developing action plans and implementing community initiatives?**

Yes

No

## 8. Section III. Community Mobilization (continued 1)

**\*31. Please indicate whether you received training on certain topics related to leading/facilitating collaborative community wide efforts. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

	Never	< 2 years	3 to 5 years	> 5 years
Conducting a comprehensive community needs and asset assessment in support of TPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A theoretical justification for community mobilization in support of TPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a long-range community mobilization plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and recruiting participants for a Core Partner Leadership Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and recruiting participants for a Community Action Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and recruiting participants for a Youth Leadership Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting community participants to develop TPP goals and identify strategies to address them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing for possible opposition to TPP within communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying strategies for long-term sustainability of TPP activities within communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting community team members to evaluate their mobilization efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*32. How confident are you in your ability to lead a community group through the following activities?**

	1 -Not Confident at all	2	3 -Somewhat Confident	4	5 -Extremely Confident
Conducting a comprehensive community needs and asset assessment in support of TPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A theoretical justification for community mobilization in support of TPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a long-range community mobilization plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and recruiting participants for a Core Partner Leadership Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and recruiting participants for a Community Action Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and recruiting participants for a Youth Leadership Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting community participants to develop TPP goals and identify strategies to address them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preparing for possible opposition to TPP within communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying strategies for long-term sustainability of TPP activities within communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting community team members to evaluate their mobilization efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 9. Section III. Community Mobilization (Group Facilitators)

**\* 33. Do you lead organizational efforts to facilitate one or more of the 3 partnership groups (i.e., Core Partner Leadership Team, Community Action Team, or Youth Leadership Team)?**

Yes

No

## 10. Section III. Community Mobilization (Group Facilitator; continued)

**\* 34. With which of the three groups you are involved as a facilitator/group leader? (Select all that apply)**

- Core Partner Leadership Team
- Community Action Team
- Youth Leadership Team

**\* 35. How confident are you in your ability to do the following activities?**

	1 -Not Confident at all	2	3 -Somewhat Confident	4	5 -Extremely Confident
Facilitate the goal setting process within your project team to achieve community mobilization in support of TPP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work within your project team to identify, recruit and retain the best "mix" of persons for your community teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work within your project team to help community teams establish their legitimacy as spokespersons for TPP within their communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work within your project team to help community teams rally support for TPP within their communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work within your project team to evaluate the functioning of the community teams to achieve their goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 11. Section IV. Contraceptive Services for Youth

**\*36. Have you completed an assessment that has served to identify and describe the components of the health care delivery system in your target community?**

- Yes
- No
- Planned
- In Process

**37. If Yes, Planned, or In Process, please describe the methods used to conduct the assessment if planned or completed and indicate the month and year of your most recent assessment.**

Methods used to complete assessment

Start/End Date

**\*38. Does your Core Partner Leadership Team (CPLT) or Community Action Team (CAT) include professionals from the community with expertise in the following areas?**

	Yes	No
Adolescent Contraceptive and Reproductive Health	<input type="radio"/>	<input type="radio"/>
Health Care Reform	<input type="radio"/>	<input type="radio"/>
Health Care Financing	<input type="radio"/>	<input type="radio"/>

**\*39. Please indicate which of the following health care delivery settings you have an MOU with.**

	Yes, with an MOU(s)	Yes, no MOU(s)	No
Family Medicine Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatric Health Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent Health Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Ob/Gyn Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Publicly funded family planning clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital-based Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobile Health Units	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Department Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Based Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Linked Health Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 12. Section IV. Contraceptive Services for Youth (Referrals and Linkages)

**\* 40. Please indicate whether your organization has an established referral network to link youth to reproductive health services. Referral refers to any mechanism or medium that directs clients to care. Referral sources may include friends, family members, Internet sources, schools, as well as linkage partner organizations/agencies/institutions.**

- Yes, we have an established network
- Yes, we developed a network for this initiative
- No
- Other

Other (please specify)

**41. Please indicate which of the following steps you took to develop this referral network. Select all that apply**

- Identified reproductive health service providers/clinics in the community
- Assessed the capacity and quality of reproductive health service providers/clinics
- Contacted those reproductive health service providers/clinics identified as appropriate for meeting program goals/objectives
- Developed agreements with these reproductive health service providers/clinics on processes for referring youth to services
- Other

Other (please specify)

**\* 42. Does your community-wide initiative have a resource for youth that describes available reproductive health services in your target community? Please select all that apply.**

- Yes, a website
- Yes, a pamphlet
- Yes, a call center
- Yes, other
- No
- Planned
- In Process of Developing

Other (please specify)



**\*43. Does your organization have a referral network in place to help direct providers of adolescent services in your community to providers of reproductive health services?**

- Yes
- No
- Planned
- In Process of Developing

Other (please specify)

**44. Please indicate which of the following steps you took to develop this network.**

**Please check all that apply**

- Identified youth-serving organizations/centers in community
- Assessed the capacity and quality of youth-serving organizations/centers
- Contacted those organizations/centers identified as appropriate for meeting program goals/objectives
- Developed agreements with these organizations/centers on processes for referring youth to services
- Developed agreements with these organizations/centers on how to track referrals made and referrals resulting in receipt of care
- Other

Other (please specify)

**45. Please indicate which of the following groups you involved in the development of your referral network.**

- Core Partner Leadership Team
- Community Action Team
- Youth Leadership Team
- Other

Other (please specify)

**\*46. Please select the institutions that you have partnered with to build sustainable sources of support for clinical partners in your community.**

**Please check all that apply**

- American Academy of Pediatrics
- American Academy of Pediatric Section on Adolescent Health
- American Academy of Family Physicians
- Society for Adolescent Health and Medicine
- American Congress of Obstetricians and Gynecologists
- Federally Qualified Health Center Health Disparities Collaborative
- State Office of Minority Health Initiatives
- Public Health Associations
- Practice-based Research Networks

**\*47. Has your organization identified any of the following youth cohorts who are in need of linkages to contraceptive and reproductive health care?**

	Yes	No	Planned	In Process
Foster youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth relying primarily on ER for care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth enrolled in Medicaid but who have not received preventative care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undocumented immigrant youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth not enrolled in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth participating in EBIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-English speaking youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*48. Have you identified organizations that serve these youth?**

- Yes
- No
- Planned
- In Process

**\*49. Have you supported the development of Linkage Agreements between the youth serving organizations and reproductive health providers? Linkage refers to a formal partnership between community organizations, agencies, or other institutions (which may include but are not limited to health centers, schools, and churches). The partnership is formalized through a written agreement (e.g., a MOU) that clearly defines how partners will share resources and services related to teen pregnancy prevention.**

- Yes
- No
- Planned
- In Process

**\*50. Have you completed an assessment of attitudes and beliefs related to youth access to contraceptive and reproductive health care without parental consent for the following community members?**

	Yes	No	Planned	In Process
Parents/Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*51. Have you completed an assessment of attitudes and beliefs related to youth utilization of highly reliable contraception (IUD and Implants) among the following community members?**

	Yes	No	Planned	In Process
Parents/Caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School administrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*52. Please indicate whether or not your organization has provided technical assistance or training in the past 2 years to health center partners utilizing the following performance improvement tools and methods.**

	Yes	No	Planned	In Process
Conducting Clinical Provider Practice Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing and Sharing Provider Practice Assessment Results with Health Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting a Work Flow Analysis (ie: Process Mapping, Mapping Steps in Visit)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examining Capacity of Health Center to Serve Clients (ie: examine current number of clients served compared to staff FTE's)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examining and Re-aligning Staff Roles/Responsibilities to Increase Access to Contraceptive and Reproductive Health Care (ie: Task Shifting, scope of practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examining Patient Appointment Scheduling Practices (ie: Appointment No Show Rates, Appointment Types, Appointment Framework)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting a Health Center Walk Through	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the IHI Model for Improvement to define and establish a performance improvement project	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using the Plan Do Study Act (PDSA) method to test small changes to improve health center performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a Work Plan (CQI Plan) to Improve Access to Contraceptive and Reproductive Health Care for Adolescents Using Information from the Clinical Provider Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establishing a set of performance measures related to the health center improvement plan and data systems and tools to support collection and analysis of relevant data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitating and supporting the collection and analysis of performance measurement data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitating the development of a health center improvement team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitating and supporting health center improvement team meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Designing and running a collaborative among health center partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examining health center billing and reimbursement practices to support efforts to ensure fiscal sustainability of health center operations and maximize third party revenue opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*53. Do you lead organizational efforts to provide training and technical assistance to clinic partners as part of the Teen Pregnancy Prevention project?**

- Yes
- No

### 13. Section IV. Contraceptive Service (TA Providers)

**\* 54. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to reproductive health services was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

	Never	< 2 years	3 to 5 years	> 5 years
The use of the Quick Start Method for dispensing hormonal contraception to adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The use of the Quick Start Methods for dispensing IUDs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear guidelines for adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare delivery system budgeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business planning including maximizing coding, billing, and reimbursement strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coding confidentiality in billing for adolescent reproductive health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work flow processes for patient visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care delivery systems productivity standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appointment scheduling practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive methods for adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance improvement or quality improvement methodologies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performance measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for supporting time-alone between a provider and an adolescent client	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for supporting confidentiality in the delivery of contraceptive and reproductive services for adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing social determinants of health in the clinical setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male sexual and reproductive health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*55. How knowledgeable are you about each of the following?**

	1 - Not at all	2	3 - Somewhat	4	5 - Extremely
Efficacy of Intrauterine devices (IUDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Intrauterine devices (IUDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Intrauterine devices (IUDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Intrauterine devices (IUDs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive implant (Implanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Contraceptive implant (Implanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Contraceptive implant (Implanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Contraceptive implant (Implanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Contraceptive implant (Implanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Injectable contraception (Depo-provera)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Injectable contraception (Depo-provera)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Injectable contraception (Depo-provera)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Injectable contraception (Depo-provera)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Birth control pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Birth control pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Birth control pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Birth control pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Emergency contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Male condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Male condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Male condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Male condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Female condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Female condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Female condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Female condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy of Other methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Costs of Other methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of Other methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispensing procedures of Other methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## 14. Section V. Educating Stakeholders

### \*56. Has your organization conducted an assessment of knowledge regarding evidence-based teen pregnancy prevention strategies for any of the following stakeholder groups?

	Yes, a formal assessment	Yes, an informal assessment	No
Adolescents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local youth-serving coalitions or task forces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local organizations that directly serve youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local organizations that serve underserved or at-risk youth (e.g. juvenile justice; juvenile court; welfare agency)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postsecondary educators/leadership(e.g. community colleges, colleges)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K12 school educators/leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local school board	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care providers/clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local/County Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funders, such as community foundations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of the media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith-based leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community organizations such as voluntary civic organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of the business community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policymakers at the local level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mayor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regional youth-serving organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State youth-serving organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title XX directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title X directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Title V directors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Education Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Human Service Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State Medicaid directors/officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legislators at the state or local level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other policymakers in state or local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Governor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other key stakeholders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**\*57. To which type of key stakeholders have you disseminated information on teen pregnancy prevention (TPP) in the last 12 months?**

**Please check all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Adolescents   | <input type="checkbox"/> Policymakers at the local level                 |
| <input type="checkbox"/> Parents   | <input type="checkbox"/> Mayor   |
| <input type="checkbox"/> Local youth-serving coalitions or task forces   | <input type="checkbox"/> Regional youth-serving organizations            |
| <input type="checkbox"/> Local organizations that directly serve youth   | <input type="checkbox"/> State youth-serving organizations               |
| <input type="checkbox"/> Local organizations that serve underserved or at-risk youth (e.g. juvenile justice; juvenile court; welfare agency) | <input type="checkbox"/> Title XX directors                              |
| <input type="checkbox"/> Postsecondary educators/leadership(e.g. community colleges, colleges)   | <input type="checkbox"/> Title X directors                               |
| <input type="checkbox"/> K12 school educators/leadership   | <input type="checkbox"/> Title V directors                               |
| <input type="checkbox"/> Local school board  | <input type="checkbox"/> State Education Agency                          |
| <input type="checkbox"/> Health care providers/clinics   | <input type="checkbox"/> State Health Department                         |
| <input type="checkbox"/> Local/County Health Department  | <input type="checkbox"/> State Human Service Agency                      |
| <input type="checkbox"/> Funders, such as community foundations  | <input type="checkbox"/> State Medicaid directors/officials              |
| <input type="checkbox"/> Members of the media  | <input type="checkbox"/> Legislators at the state or local level         |
| <input type="checkbox"/> Faith-based leaders   | <input type="checkbox"/> Other policymakers in state or local government |
| <input type="checkbox"/> Community organizations such as voluntary civic organizations   | <input type="checkbox"/> Governor  |
| <input type="checkbox"/> Members of the business community   | <input type="checkbox"/> Other key stakeholders                          |

Other (please specify)



**\*58. Which of the following methods have you used during the last 12 months to disseminate information on teen pregnancy prevention (TPP)?**

**Please check all that apply**

- Contact with local media (i.e., provide information for a story, meeting editorial staff, media campaign).
- Issued press releases
- Distributed fact sheets, reports, or journal articles on TPP.
- Offered an electronic newsletter with information on TPP.
- Regularly published a printed newsletter that highlights TPP
- Held an annual conference that included TPP.
- Held meetings, roundtables, or symposia related to TPP.
- Used social media (e.g., Twitter, Facebook).
- Held briefings on your program
- Hosted a site visit
- Provided latest scientific information
- Reported on a community needs assessment
- Responded to questions and requests for information
- Testified (if invited to a hearing)
- Told a story about how your program impacted a constituent a member of the community
- Given an award
- Other \*

Other (please specify)

**\*59. Do any of your core partners maintain a website that includes information on the community wide initiative?**

- Yes
- No

If Yes, please specify

## 15. Section V. Educating Stakeholders (cont'd)

**\* 60. Does your organization currently have (or do you expect to have) a dedicated staff person besides the Executive Director who will focus on educating stakeholders (i.e., community leaders, parents, and other constituents) about relevant evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities?**

Yes

No

**\* 61. Do you have a system in place for when controversial or unexpected issues arise, to prepare spokespeople within your organization to publicly respond in a timely manner? (or something similar that addresses crisis communication, managing controversy, etc.)**

Yes

No

**62. How confident are you that the plan mentioned in the previous question will be successful?**

1 -Very confident

2

3 -Somewhat  
confident

4

5 -Not at all  
confident

**\* 63. Do you lead/co-lead organizational efforts to educate stakeholders in your community?**

Yes

No

## 16. Section V. Educating Stakeholders (Project Lead)

### \*64. How knowledgeable are you about each of the following?

	1 -Not at all	2	3 - Somewhat	4	5 - Extremely
How to identify important stakeholders in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to determine your target audiences for stakeholder education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methods for raising awareness of your community-wide initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to educate on statistics and trends in teen pregnancy, by age and race/ethnicity and for special populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methods for educating on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methods for crisis communication and managing controversy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*65. How confident are you in your ability to conduct the following activities?

	1 -Not at all	2	3 - Somewhat	4	5 - Extremely
Identify important stakeholders in your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine your target audiences for stakeholder education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raise awareness of your community-wide initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage controversy through communication techniques/strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 66. What resources or tools would increase your capacity to work with key stakeholders?

- Specific talking points
- Additional training
- Resources and fact sheets
- Individual TA
- Other

Other (please specify)

## 17. Section VI. Working with Diverse Communities

### \* 67. Please indicate how often your organization does the following activities.

	1 -Never	2 -	3 - Sometimes	4 -	5 -Often
Technical assistance and training activities are routinely and systematically reviewed to enhance delivery the culturally competent practices and strategies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Input from community members reflective of cultural composition is actively sought and utilized when assessing need for technical assistance and consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efforts are made to involve consultants who have knowledge of and experience with the cultural groups receiving technical assistance or consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Representatives of diverse cultures are actively sought to participate in the planning and implementation of training activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Representatives of the diverse cultures are actively sought to participate in the planning of outreach activities. Training curriculum, materials, and activities are systematically evaluated to determine if they achieve cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning opportunities to enhance staff understanding of diverse cultures of community youth (i.e. attitudes toward disability, LGBTQ youth, cultural beliefs and values, and health, spiritual, and religious practices) are provided.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 68. Please indicate the extent to which the following are consistent with your current project's practices

	1 -Not at all	2	3 - Somewhat	4	5 -Great extent
Representatives of ethnic communities actively incorporate their knowledge and experience in organizational planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supports involvement with and/or utilization of the resources of regional and/or national forums that promote cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel recruitment, hiring, and retention practices reflect the goal to achieve ethnic diversity and cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources are in place to support initial and ongoing training for personnel to develop cultural competence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fiscal resources are available to support translation and interpretation services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \* 69. Do you lead/co-lead organizational efforts for working with diverse communities?

- Yes
- No

## 18. Section VI. Working with Diverse Communities (Project Lead)

### \*70. How knowledgeable are you regarding each of the following topics?

	1 -Not at all	2	3 - Somewhat	4	5 - Extremely
Health equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social determinants of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frameworks for examining and addressing social determinants of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for engaging marginalized youth (i.e. foster care, homeless, GLBTQ) in teen pregnancy prevention efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategies for engaging non-traditional partners (i.e. business leaders, social service agencies) in teen pregnancy prevention efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### \*71. How confident do you feel about providing technical assistance or training to individuals in your community around the following areas?

	1 -Not at all	2	3 - Somewhat	4	5 - Extremely
Increase awareness around the impact of social determinants of teen pregnancy with community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively engage informal community leaders and other influential community stakeholders (i.e. business leaders) around the significance of addressing social determinants of teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess attitudes and beliefs around social determinants among different audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate a process to identify key social determinants of teen pregnancy with community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify feasible strategies to address key social determinants of teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance levels of cultural competence for clinical providers and program facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize community-based participatory approaches to evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess and evaluate progress on strategies to address social determinants of teen pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 19. Section VII. Evidence-based Programs

### \*72. On which evidence-based programs...

**Note: "Partner" may include an organization with whom you have a formal agreement, an organization funded by you, or an organization not funded by you but with whom you work closely.**

	Are staff members from your organization currently trained?	Are staff members from your organization able to provide a Training of Trainers (TOT)?	Are staff members from your organization able to provide a Training of Educators (TOE)?
Aban Aya Youth Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Identity Mentoring (Project AIM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All4You!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting in Rehabilitating Kids (ARK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Proud! Be Responsible!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Proud! Be Responsible! Be Protective!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming a Responsible Teen (BART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Aid Society (CAS) - Carrerra Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuidate!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw the Line/Respect the Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Keepers Abstinence Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's Your Game: Keep it Real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a Difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*73. On which evidence-based programs...**

**Note: "Partner" may include an organization with whom you have a formal agreement, an organization funded by you, or an organization not funded by you but with whom you work closely.**

	Are staff members from your organization currently trained?	Are staff members from your organization able to provide a Training of Trainers (TOT)?	Are staff members from your organization able to provide a Training of Educators (TOE)?
Making Proud Choices!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project TALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Health Among Teens! Abstinence-Only Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising Healthy Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respeto/Proteger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rikers Health Advocacy Program (RHAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SiHLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health and Adolescent Risk Prevention (SHARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters Saving Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Health Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Outreach Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Could You Do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**74. Are there other agency(s) in your state/territory/region that are able to provide a TOT/TOF on particular EBP(s)? If so, please specify the name of the agency(s), which type of training they can provide (TOT and/or TOF), and on which EBP(s). If there is a specific person to contact, please provide their name and contact information as well.**

Name of Agency	<input type="text"/>
State which type of training it is able to provide (TOT or TOF)	<input type="text"/>
Which EBP?	<input type="text"/>
Name of Agency	<input type="text"/>
State which type of training it is able to provide (TOT or TOF)	<input type="text"/>
Which EBP?	<input type="text"/>
Name of Agency	<input type="text"/>
State which type of training it is able to provide (TOT or TOF)	<input type="text"/>
Which EBP?	<input type="text"/>

**75. On which other programs (outside of the HHS 28 approved programs) are your staff trained?**

- |  |   |
|--|---|
| <input type="checkbox"/> Circle of Life                                      | <input type="checkbox"/> Safe Dates   |
| <input type="checkbox"/> Flash   | <input type="checkbox"/> STAND  |
| <input type="checkbox"/> Live It (Native American Youth)                     | <input type="checkbox"/> Street Smart   |
| <input type="checkbox"/> Health & Responsible Relationships - Michigan Model | <input type="checkbox"/> Tailoring Family Planning Services to the Special Needs of Adolescents   |
| <input type="checkbox"/> Native STAND  | <input type="checkbox"/> Teen Talk  |
| <input type="checkbox"/> Parents Matter                                      | <input type="checkbox"/> The Fourth R (Relationships) - Alaska Perspectives (adapted version of original Fourth R curriculum from Canada) |
| <input type="checkbox"/> Power Through Choices                               | <input type="checkbox"/> Wise Guys  |
| <input type="checkbox"/> Real Talk/Sex Ed for Parents                        | <input type="checkbox"/> WAIT Training  |
| <input type="checkbox"/> Relationship Smarts                                 |   |

Other (please specify)

**76. Are you or any key partners planning an upcoming training that could potentially be open to other grantees or grantee partners? If so, please provide the name of the curriculum or training topic, as well as the date, time, location, organization, and contact information for the training.**



**77. The federal collaborative is evaluating the feasibility of creating a document or tool in which TPP grantees could search for organizations capable of providing training on a particular EBP, either by location or by EBP. We are interested in how useful your organization might find such a tool. Please provide any comments you have regarding this potential tool (for example, preferred type of tool, important features or information, concerns, etc).**

**78. Do you have suggestions as to how one or more of the Federal agencies funding teen pregnancy prevention programs (OAH, ACF, CDC, etc) could help your organization with these training needs? If so, please briefly describe your suggestion below.**

## 20. Section VII. Evidence-Based Programs (Technical Assistance Providers)

**\*79. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to evidence-based approaches to planning, selection, implementation, and evaluation of evidence-based programs and practices was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.**

	Never	< 2 years ago	3 to 5 years ago	> 5 years ago
Understanding the benefits of using evidence-based approaches such as the Getting To Outcomes (GTO) approach to prevent teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing which evidence-based programs and/or practices have reduced sexual behaviors leading to teen pregnancy, STI, and/or HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using logic models to plan general organizational activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how to plan and conduct effective trainings on evidence-based or evidence-informed programs to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how to assess an evidence-based program for fit with one's priority population and community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how to conduct process evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowing how to conduct outcome evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*80. We are interested in the amount of experience you have providing technical assistance and training on the topics listed in the previous question. Experience providing training and TA refers to working with one or more client organizations on a particular topic. Please indicate if you have at least 6 months of experience providing technical assistance and training on the following.**

	Yes	No
The benefits of using evidence-based approaches such as the GTO approach to prevent teen pregnancy	<input type="radio"/>	<input type="radio"/>
Which programs, practices, or policies related to promoting adolescent sexual health have evidence of effectiveness	<input type="radio"/>	<input type="radio"/>
Using logic models to plan general organizational activities	<input type="radio"/>	<input type="radio"/>
Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice.	<input type="radio"/>	<input type="radio"/>
How to plan and conduct effective trainings on evidence-based or evidence-informed programs to others	<input type="radio"/>	<input type="radio"/>
How to assess an evidence-based program for fit with one's priority population and community	<input type="radio"/>	<input type="radio"/>
How to conduct process evaluation	<input type="radio"/>	<input type="radio"/>
How to conduct outcome evaluation	<input type="radio"/>	<input type="radio"/>

**\*81. How knowledgeable are you regarding each of the following teen pregnancy prevention activities?**

	1 -Not at all	2	3 -Somewhat	4	5 -Extremely
Develop program goals for a teen pregnancy prevention activity or program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess how well program activities fit within other existing program activities offered to the same target population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Define a target population for teen pregnancy prevention program(s) or practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measure participant satisfaction with a prevention program or practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify those who will be responsible for each program delivery task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify the amount of change to expect in program objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine if an existing program or practice is suited to a community program's goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop program objectives that are linked to program goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examine how a prevention program fits with the philosophy of a community organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that all new program activities are linked to specific goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine if any evidence-based programs are applicable to a target/priority population(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify by when one should expect the change in their objectives to occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess the causes and underlying risk factors for teen pregnancy in a community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create timelines for completing all program tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a budget that outlines the funding required for each program activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\*82. How confident would you be providing training or technical assistance in the following areas to support other organizations as part of the TPP project?**

	1 -Not at all	2	3 -Somewhat	4	5 -Extremely
Develop program goals for a teen pregnancy prevention activity or program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess how well program activities fit within other existing program activities offered to the same target population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Define a target population for teen pregnancy prevention program(s) or practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measure participant satisfaction with a prevention program or practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify those who will be responsible for each program delivery task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify the amount of change to expect in program objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine if an existing program or practice is suited to a community program's goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop objectives that are linked to goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Examine how a prevention program fits with the philosophy of a community organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that all new program activities are linked to specific goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determine if any evidence-based programs are applicable to a target/priority population(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specify by when one should expect the change in their objectives to occur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess the causes and underlying risk factors for teen pregnancy in a community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create timelines for completing all program tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a budget that outlines the funding required for each program activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Document adaptations made to evidence-based programs to reflect and respond to the youth and community context.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train program facilitators to develop their understanding around cultural and gender difference with respect to adolescent sexual risk behavior, teen pregnancy and implications of this on engagement and program implementation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 21. Section VIII. Organizational Technical Assistance Needs

*CDC and the funded national organizations will use the following information to plan future TA and training.*

**83. Please list topics, in order of priority, on which you would most like to receive technical assistance and training through this project over the next year.**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## 22. End of Survey

Thank you for taking the time to complete this assessment. Your responses will be helpful in planning and coording