Advanced Admin

SOCW 612 - Needs Assessment and Program Proposal Plan

Let's begin!

Group Information – Only Submit with A1 or when changes happen in the group	
List all group members	1. Angelina Jones 2. Jeremy Wojcik 3. Leah Hall 4. Adam Bellis 5. Camille Blackwood
Summarize your communication plan for the semester (how do you plan to reach each other, communicate and ensure that communication is received?)	We plan to reach each other on Microsoft Teams and we will ensure that communication is received by reviewing our communication in our weekly meetings.

A1: Topic Selection – 20 points	
1.1 Describe the social problem/condition you will address and why this is an	Teen Pregnancy is a significant issue socially in recent years due to barred or limited access to comprehensive sex education.

important problem to address (2 pts) Jeremy	Teen pregnancy also impacts government issued supports and services. In certain circumstances child welfare agencies need to be involved and remain involved for an extended timeframe. This can cost taxpayers 9.4 billion yearly (NIH). Depending on the state, the teen parent may not qualify for medicaid, only the child. In Alabama, if the parent cannot provide the required documentation to the Health Department, then they are only offered medicaid for emergencies only, not for preventative/routine care. Teen pregnancy causes a tremendous amount of stress which can lead to mental illness such as depression and/or anxiety (Hodgkinson et al., 2014). Teen parents need a strong support system to teach them effective coping techniques and how to avoid maladaptive ones such as substance use. Teen pregnancy can also impact the teen's ability to obtain a high school diploma/GED, and future planning (Youth.Gov, *Education and employment*). References NIH. (n.d.). *NIH*. Reducing Teen Pregnancy. https://obssr.od.nih.gov/sites/obssr/files/2021-11/BSSR%20-Teen%20Pregnancy%20-%20FINAL.pdf *Education and employment*. Education and Employment | Youth.gov. (n.d.). https://youth.gov/youth-topics/expectant-parenting-young-families/education-employment Hodgkinson S, Beers L, Southammakosane C, Lewin A. Addressing the mental health needs of pregnant and parenting adolescents. Pediatrics. 2014 Jan;133(1):114-22. doi: 10.1542/peds.2013-0927. Epub 2013 Dec 2. PMID: 24298010; PMCID: PMC3876179.

1.2 Describe the extent of the social problem/condition (provide estimates of the condition and distribution; estimates, rates or occurrence, etc., what are the key areas that you will be focusing on?) (5 pts)	State and federal legislation impacts the social problem of teen pregnancy. The rate of teen pregnancies disproportionally affects lower income communities (Cagle et al., 2020).
	In Marshall County, AL, an area stricken with individuals experiencing poverty, the Alabama Health Department reported 179 pregnancies with females aged 10-19, with 139 resulting in teen births (Cagle et al., 2020). This research highlights the significantly higher rate of teen pregnancy in this region. For comparison, according the the Centers for Disease Control and Prevention (CDC), the national rate as of 2020 was around 40-50 births per 1,000 females aged 14-19 (CDC). These rates indicate that teen pregnancy is not only still happening but is highest in regions of significant poverty.
	As for strategies to combat teen pregnancy rates include increasing knowledge of individuals about options for contraceptives, improving access to said contraceptive options, and influencing social norms that emphasize the importance of delayed childbirth (Brown, 2020).
	References
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	Cagle, I., Messick, J., Smith, C., Koko, M., & Zheng, Q. (2020). County health profiles. *County Health Profiles*. https://www.alabamapublichealth.gov/healthstats/assets/chp2020.pdf
	Centers for Disease Control and Prevention (CDC). (2020). Teen birth rates by county. *National Center for Health Statistics*. https://www.cdc.gov/nchs/data-visualization/county-teen-births/index.htm

1.3 Identify the target population (is the target population a system, group, or individual? AND describe it (individuals, community, systems; include demographics, language, dispersion, etc.) (5 pts) Adam & Leah	The target population for this social issue are teenage girls, ages 13-17. This target population is a group but is also individual because each person has a different, unique socioeconomic level and level of community support. Therefore, the impact of the social issue is felt in more than just the teenage mother. It extends to those that choose to support the teenage mother.
1.4 Describe current service programs i.e. current market research (if something similar already exists in the agency, neighborhood, community. Which other agency is addressing the problem and how) (5 pts) Jeremy .	According to the United States Bureau, the population of Marshall County AL was 97, 612 in 2020 (Bureau, *Marshall County, AL*). This county only has two agencies providing services to address teen pregnancy; Marshall County Health Department and Real Life Pregnancy Center.

Marshall County Health Department offers counseling in regards to family planning and birth control to women/teens. There is no mention of family planning services for men/boys. They are currently offering grants to certain counties for youth serving community organizations to develop evidence-based programs to youth to prevent teen pregnancy and STI.

The Real Life Pregnancy Center offers pregnancy testing which includes an ultrasound. Then they offer one consultation in regards to options with the pregnancy, available resources, and medical referrals. They offer a consultation with the father's as well.

Marshall County is in need of an additional program to address teen pregnancy inclusive to boys and their families. A proposal is to develop a program within the Real Life Pregnancy Center.

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	https://www.alabamapublichealth.gov/marshall/services.html *Teen pregnancy prevention*. Alabama Department of Public Health (ADPH). (n.d.). https://www.alabamapublichealth.gov/teenpregnancy/index.html Bureau, U. S. C. (n.d.). *Marshall County, AL*. Explore census data. https://data.census.gov/profile/Marshall_County,_Alabama?g=050XX00US01095
1.5 Describe the targeted need (e.g. of all the issues comprised in the social problem you identified, what is the specific need you will be focusing on during this semester?) (3 pts) Angelina Statistics show that teen pregnancy prevention programs lower the rates of teen pregnancy but fail to address the racial and ethnic disparities within teen pregnancy. Our program will address the racial and ethnic disparities in regards to teen pregnancy.	Black and Hispanic teenagers continue to have greater pregnancy rates than their White classmates, despite the fact that even while the overall teen pregnancy rate has declined over the previous 10 years. Statistics show that the birth rates of youths who identify as Black or Hispanic in the US are more than twice as high as those of their White peers, which proves the need for additional success in preventative programs (Tevendale et al., 2024). These disparities suggest that preventative programs might not be tailored to the unique needs of Black and Hispanic communities, even while they have the ability to reduce overall rates. The emphasis of current programs is frequently on sex education and access to contraception, but socioeconomic considerations, healthcare, and cultural barriers that disproportionately affect youth from racial and ethnic minorities are not properly taken into account (Hyman & Philbrick, 2023). Because of this, Black and Hispanic youth are more likely to become pregnant as teenagers because they have less access to culturally appropriate reproductive health care and information. Our program will acknowledge these disparities by implementing culturally tailored interventions, improving access to comprehensive reproductive healthcare, and fostering community-based strategies that directly engage with Black and Hispanic teens. Through this approach, we will create more balanced outcomes, ensuring that all teens, regardless of race or

ethnicity, have the resources and support they need to avoid unintended pregnancies (Tevendale et al., 2024).

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A2: Literature Review – 50 points	
2.1 Identify and describe the program planned (it is understood that the program may change slightly after you complete the needs assessment) (4 pts.) **(Leah)**	The program that is desired is to create a parent mentor program within The Real Life Pregnancy Center. This program will offer resources such as educational services for pregnant teenagers, help the parents discuss topics such as birth control, offer daycare programs while the family is in the sessions every two weeks. Additionally, group sessions will be facilitated for teen parents to foster a supportive community. The Real Life Pregnancy Center offers services such as agency adoption referrals, abortion information, and support for men, among others that are through this program. (The Real Life Pregnancy Center, n.d.)

2.2 Conduct an environmental scan of the geographical location where the main organization operates, looking at other similar programs offered in the area and discuss how other agencies are addressing the targeted problem. Be thorough in your environmental scan. (5 pts.) **(Jeremy)**	Marshall County AL demographics are as follows: White 76,926, Hispanic 15,658, Black 2,428, 17.4% are living in poverty, and 33% obtained high school diploma (Bureau, *Marshall County, AL*). The Real Life Pregnancy Center is located in an impoverished area of the County and it does not have any outreach services. They only meet with clients who are pregnant and the client has to go to their office. The client usually learns about this agency from a referral from another professional/agency. The services that are currently offered are one pregnancy test confirmed with an ultrasound. Also, one consult to discuss the pregnancy options with the mother. The father's are offered one consult only. If The Real Life Pregnancy Center had outreach to the community that would make them more visible and give the opportunity to implement supportive and preventative services. The proposed program would develop and implement psycho-educational supportive services to parents with teenagers as well as with teen parents. These services would provide an education of birth control, and support parents talking with their teenagers about safe sex. Also the proposed program would partner with local medical providers/hospitals and schools to develop a referral process. The purpose of this is to work with other agencies to identify clients that would benefit from the program.
2.3 What is unique about the program you are planning? What factors will help to distinguish your **program** from the other programs mentioned above? (4 pts.) **(Angelina)**	What distinguishes the program is the Parent Mentor Program, which teaches parents how to have conversations with their teenagers about birth control, risky sexual behavior, and healthy relationships. Unlike many other programs, it is addressed that both partners in the relationship in addition to just the pregnant teen. A crucial component in lowering teen pregnancy rates that is sometimes disregarded in other programs is the inclusion of male partners and a range of gender identities, which guarantees that everyone participating receives the proper information and support (Tevendale et al., 2024). Another distinctive feature is our culturally responsive approach, which acknowledges the importance of participants' cultural, gender, and familial backgrounds. Many programs fail to tailor their interventions to the cultural realities of their participants,

limiting their effectiveness. By being inclusive of diverse cultural experiences, gender identities, and socioeconomic backgrounds, we increase engagement and ensure that participants feel respected and understood, which is crucial for the success of any prevention effort (Hyman & Philbrick, 2023).

Group sessions are another part of our curriculum for parents who are raising teen parents. Through instruction on how to provide both practical and emotional support to their teenagers, these programs encourage a multigenerational approach to the problem of teen pregnancy. By including their family in the learning and support process, this aspect goes beyond the teen themselves and has been found to improve results for both teen parents and their offspring (Cauley, 2024). We make sure teen parents have constant support throughout their journey by strong family ties and support networks.

Lastly, we eliminate an obstacle to involvement by offering teen parents daycare and aftercare while they attend group sessions. Many teen parents are unable to take advantage of the resources offered to them because they lack childcare assistance. We offer a daycare so that teen parents may fully engage in the program without having to worry about additional burden. With a comprehensive strategy and a biweekly meeting schedule that spans six to nine months, each member receives continual support that guarantees long-term effects and favorable results.

2.4 What does the literature say about the social problem and the issues you identified? (minimum 15 peer-reviewed sources; this is your literature review section) (15 pts.) **(All group members contribute 3 sources to section Week 1)**	The findings in the "Adolescent Pregnancy Outcomes and Risk Factors" discuss how adolescent pregnancy has become a world wide crisis. It is found that the age range that we are targeting is 10 to 19 years of age. This shows that the age range is occurring early in an adolescent's livelihood. (Diabelkova et al., 2023). In "Impact of Social and Cultural Factors on Teenage Pregnancy", it was gathered that the United States had the highest record for having adolescent pregnancies and that the age range was majority 13 to 19 years of age. (Albany, 2014). This article mainly focuses on collecting data on the age ranges that teen pregnancy is occurring, and it is shown to start early in the teenage years.

In an article called, "Adolescent Health and Teen Pregnancy in the United States: A Progress Report" in 2015 (Kappeler, 2015). The data portrays that the rates have decreased since the 1980's but we are still high in numbers. Therefore, 9% for non-Hispanic White, 10% for Hispanic and Asian/Pacific Islander, and 11% for non-Hispanic Black and American Indian/Alaska Native teens. Thankfully, we are seeing a decrease in numbers, but the numbers are still there when it comes to adolescents becoming pregnant at a young age.

In the article, " High Teen Pregnancy Rates Among Latinas: A Literature Review " presents that pregnancy can run in any cultural background, but this one specifically discusses adolescent pregnancy in Latinos. One of the factors that was argued in this article was that some Latinos would become pregnant early on in their teenage years. (Keogh, 2016).

BMC Women's Health published an article on July 21, 2023 titled "Impact of individual and environmental factors on academic performance of pregnant adolescents" (Otegbayo et al., 2023). The purpose of this study was to examine if there are any correlations between pregnant adolescent females and their environment and their peers. This study was conducted by asking 400 pregnant adolescents to complete a questionnaire. The results determined that strong peer relationships can have a positive impact on academic performance, and strong peer relationships can impact sexual attitudes towards sexual behavior (Otegbayo et al., 2023).

The Pediatrics Journal published an article titled "Addressing the mental health needs of pregnant and parenting adolescents" in 2014 (Hodgkinson et al., 2014). This article illustrated the importance of pediatricians assessing the mental health of the teen mother at each interaction. Teen mothers have a higher risk of depression, prenatally and postpartum (Hodgkinson et al., 2014). It was determined that to ensure a teen mother's mental health is consistently addressed, behavioral health and medical care should be integrated to form a multidisciplinary team.

There was a comprehensive study completed by the Office of Adolescent Health and the Centers for Disease Control and

| | Prevention for the prevention of teenage pregnancy. According to Mueller et al, (2017), implementing evidence-based teen pregnancy interventions, providing accessible reproductive health services, and working directly with individuals located in at-risk communities can all be utilized to reduce the rates of teenage pregnancy.

It is identified that policies affect the direct access to contraceptives. Studies show that contraceptive access increased when a Democratic President was put in office, and access relatively decreased with a Republican President (Swan 2021). When a leader and policies that support contraceptives are elected, it shows that more educational programs and health services are available in schools, and this also provides more access to contraceptives. Overall this assists in the reduction of teenage pregnancy.

Minority women have been shown to receive an extremely higher rate of reproductive coercion which is control and influence of decision making relative to reproductive health, in family planning clinics. It was also identified that race and the influence of reproductive coercion didn't play much of a role when risk for an unintended pregnancy was present. According to Holliday et al. (2017), the prevention of reproductive coercion needs to be prevented among all women, but more predominantly amongst women of color. |
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| **2.5** What does the literature say about what others did? What worked, and what did not? (e.g. EBP) (When presenting studies and is appropriate, make sure that you include sample size, methodology and study results to substantiate your points.) Please check the DENNEY AND TEWKSBURY article in eClass for proper | In "Impact of Social and Cultural Factors on Teenage Pregnancy", it was gathered that the United States had the highest record for having adolescent pregnancies and that the age range was majority 13 to 19 years of age. (Albany, 2014). It can be taken from this that pregnancy for these women began early on in their adolescent years.

The findings in the "Adolescent Pregnancy Outcomes and Risk Factors" discuss how adolescent pregnancy has become a world wide crisis. We are able to see that the age range that we are targeting is 10 to 19 years of age. It can be found that a main risk is women becoming pregnant during their adolescent years. |

writing. Do not write an expanded bibliography!) (minimum 10 peer-reviewed sources) (15 pts.) **(All members contribute to section Week 2)**	There are other factors involved, because it can be seen as a common risk for teens. (Diabelkova et al., 2023). A study examined how Hispanic father's share birth control methods and information of STI with their adolescent sons (Guilamo-Ramos et al., 2018). This study consisted of 30 father/son dyads residing in Mott Haven South Bronx. The dyads were interviewed by bilingual researchers. The results determined that the father/son relationship can impact the adolescent's decision making in regards to sexual health and proper and consistent condom use. Another study consisted of 100 adolescent males ages 14-19 and they were asked to complete a paper questionnaire. Additional interviews were also conducted by a trained researcher. The results determined that the "predominant barrier influencing male contraceptive use was little knowledge of birth control methods" (Chernick er al., 2019). In an article called, "Adolescent Health and Teen Pregnancy in the United States: A Progress Report" in 2015 (Kappeler, 2015). This article discusses in the statistics how our major health concern in the United States is teenage pregnancy. The data portrays that the rates have decreased since the 1980's but we are still high in numbers. Therefore, 9% for non-Hispanic White, 10% for Hispanic and Asian/Pacific Islander, and 11% for non-Hispanic Black and American Indian/Alaska Native teens. Thankfully, we are seeing a decrease in numbers, but the numbers are still there when it comes to adolescents becoming pregnant at a young age. A study was published August 20, 2019 titled "Knowledge, beliefs, and attitudes about contraception among rural Latino adolescents and young adults" (Barral et al., 2019). This study was conducted by interviewing 84 adolescents, 31 females and 53 males, aged 15-24. The results determined that "Latino youth in rural communities face barriers accessing family planning information and services" (Barral et al., 2019). A study was conducted titled "Longitudinal Study of depressive symptoms and social support in adolescent mothers" (Brown et

al., 2011). This study consisted of 120 first time mothers ages 18 and under. These mothers were followed for 12 weeks from enrollment, then one year from enrollment. Trained researchers gathered data from the mothers, who self reported their mental health needs. It was determined that these mothers were able to successfully manage depressive symptoms with a strong support system (Brown et al., 2011).

During this particular study qualitative research was conducted amongst 15 women on different socioeconomic levels (Zimmerman, 2017). It was found that low income women in the US are not receiving the same healthcare services and experiences relative to their higher income counterparts. This conclusion brings light to teenagers in similar income levels, and how their care will also be affected.

A study was done utilizing 22 Black women ages 18-29 yrs old. Qualitative interviews were utilized to get detailed personal accounts of these women's experiences at family planning care facilities. Something that did not work was when the group of women were in direct contact with a medical professional of a different race, they would be given misinformation. This undermines the relationship and the ability for the women to make an informed decision. Something that did work was providing these women with a medical professional from the same racial background. This helped to build trust and clients were more engaged in their care. It will be beneficial to use tactics that develop trust and help to improve communication and engagement amongst minorities which will assist in equality within the healthcare system. These same initiatives must be provided to teens in this type of racial group.

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2.6 How does the literature review you conducted influence your program plan? (e.g. how do you plan to incorporate information from the literature into your project ? (2 pts.) **(Adam)**	After examining the literature, the desired program will be influenced by and incorporate components such as making family plans more accessible (Barrel et al., 2019). The literature also points to the barriers that males face in them having little knowledge of birth control methods (Chernick er al., 2019). This would prompt our project to have a curriculum that is dedicated to addressing partner roles, communication, and general needs of families for male teen parents (Chernick er al., 2019).

2.7 Conclude with a clear problem statement that will guide the needs assessment proposal for the program you propose (Should follow this prescription: **"We know *X* and we know *Y* from the literature. However, we don't know *Z*, and that is the reason why it is important to explore…."**) (5 pts.) **(Camille)**	We know that teenage pregnancy has a significant impact on teenagers and their families. We also know that there are some existing programs that lack an inclusive approach that provides support to teenage boys and their families. However, we don't know how to effectively provide a comprehensive approach that addresses the unique needs of everyone involved. This is the reason why it is important to establish a holistic program that provides support to pregnant girls and their parents, but also actively provides education and engagement to young boys and their parents.

A3: Needs Assessment Plan – 55 pts.

3.1 Sources of data for the needs assessment (is data available to collect from existing sources – agency records, social indicators, etc.? Will you need to customize research – focus group, community forum, survey, etc.? (10 pts.)	There are many sources available that will assist in the collection of data for the needs assessment. Mixed methods of qualitative and quantitative data will provide broader but more encompassing sources, which helps to reduce possible bias. Public health and agency records are already available like the Alabama Department of Public Health (ADPH) and the Center for Disease Control and Prevention (CDC). These resources can provide information concerning the rates of teen pregnancy and available reproductive and sexual health services. The local school district in Marshall County, AL can provide statistics concerning the quality and content of the sexual education curriculum provided, age groups serviced and the amount of children this information was provided to. National (US), state (Alabama) and county (Marshall County, AL) records of rates for teen pregnancy can be obtained and compared to show trends. Customizing research will be useful by exploring community insight and utilizing surveys, focus groups and interviews. All of these sources cover broader national and state trends and statistics, while subjective personal local experiences from the target population add community context.

3.2 Statement of purpose for your needs assessment research study (SoP): (It presents what the research study/needs assessment attempts to find: It should start with "The purpose of this needs assessment study is…" or similar) (10 pts.)	The purpose of this needs assessment is to bolster comprehensive sexual education for communities of lower socioeconomic communities and make family planning options more accessible to the population of Marshall County, AL, in efforts to reduce teen pregnancy.
3.3 Needs assessment research question/s (List the research question/s for your needs assessment study. The questions should align with the problem and the statement of purpose. Be very specific here. The research questions should be in the form of a question, ending with a question mark) (10 pts.)	Research Question: What are the needs for comprehensive sexual education and family planning resources in Marshall County, AL?

3.4 Identify the Null and Alternate hypotheses (5 pts.)	**Research Recap:** **Null Hypothesis (H0):** There is no relationship between the lack of comprehensive sexual education and family planning resources and the high prevalence of teen pregnancy in Marshall County, AL. **Alternate Hypothesis (H1):** The lack of comprehensive sexual education and family planning resources significantly contributes to the high prevalence of teen pregnancy in Marshall County, AL.
3.5 Identify the variables for your needs assessment research study (quantitative) or the concepts (qualitative) to be studied (list and define them as appropriate) (8 pts.)	**Research Recap:** **Independent Variable (IV):** Access to comprehensive sexual education and family planning resources. This means how available and effective sexual education and family planning services are for teens in Marshall County, AL. **Dependent Variable (DV):** Teen pregnancy rates. This is the number of teen pregnancies in Marshall County, which we're trying to see if it's influenced by the availability of education and resources. **Controlled Variables (CV):** Socioeconomic status. We'll make sure to account for differences in income so we can see the real impact of education and resources, not just economic conditions. Education level. This will be controlled for the general level of education in different areas to make sure comparisons are fair. As far as geographic location, it will ensure that variations within the county, like access to services in rural vs. urban areas, do not skew the results. **Extraneous Variables (EV):** Cultural beliefs and family values. We recognize that cultural attitudes about teen pregnancy and contraception can influence the results, even if we can't fully control them. Community support systems. Support from family,

	friends, or local organizations might affect teen pregnancy rates, but it's something that's hard to control completely.

3.6 Methodological approach (e.g. choose the specific approach you believe is appropriate for this study) AND describe the rationale for your methodology (For example, if you choose survey or interviews/focus groups, why would you say that this methodology is most appropriate? – make your argument supported by literature) (12 pt.)	==*Mixed-Methods*==: *A mixed-methods study will be conducted because a mixed-methods approach gives a balanced perspective in our research. Quantitative results will provide insights into what statistics will support or not. Qualitative results will provide insights into trends and personal reports of what residents think and what themes are important.*

A4: Needs Assessment Research Plan – 60 pts.	
4.1 Population and sampling plan (Describe your population: people OR data *(e.g. newspaper articles, schools, neighborhoods)* in which your study is interested. Briefly describe inclusion criteria if any, and exclusion criteria if any. Describe how you plan to select the sample. Include the steps you will take to recruit participants. Provide enough detail so that someone else would be able to follow this recipe to conduct the study. Provide brief rationale for your decisions. (10 pts.) **Jeremy & Leah**	Marshall County, AL has a population of 97,612. There are 15,658 people who identify as Hispanic/Latino, 76,926 who identify as White/not Hispanic, 2,428 who identify as African American. The median household income is $60, 298, with 17.4% living in poverty, and the employment rate is 56.9%. Marshall County has its own school system, in addition to each city having their own system. The county has two hospitals; Marshall Medical Center North and South. Neighborhoods of interest for this survey will be those living in poverty which will include subsidizing housing and section 8. The neighborhood around The Real Life Pregnancy Test Center in Guntersville is known as "the hill". This area consists of government housing and family's living in poverty. The population targeted will be adolescents, parents of adolescents, and pregnant adolescent women. Participants can be gathered through the school system, local hospitals, and The Real Life Pregnancy Center, where they will be provided with resources such as peer group settings, individualized support, and counseling services for the women and their families. The surveys will be offered to residents of Marshall County, AL, who qualify. The survey will be offered in English, Spanish, and Haitian Creole. An interpretation service will be available for any other language and/or dialect. The participants will be referred by local agencies that include The Real Life Pregnancy Test Center, Marshall County School System, housing case managers, and Marshall Medical Center North and South. These agencies can inform any adolescent family about this survey and if they are interested they refer them along with consent. A randomized sample will be used to select the group of participants for this project. This approach allows the researcher to randomly select a small population of participants out of a larger population. This can help ensure that there is no bias

	present and that everyone has an equal opportunity of being chosen.
	Data USA. (n.d.). *Marshall County, AL*. Retrieved October 27, 2024, from https://datausa.io/profile/geo/marshall-county-al/#demographics Marshall County Economic Development Council. (n.d.). *Demographics*. Retrieved October 27, 2024, from https://www.marshallcountyedc.org/demographics#:~:text=In%202017%2C%20Marshall%20County%20had%20a%20population%20of,and%20the%20average%20commute%20time%20is%2021.7%20minutes
4.2 Site permission where you will recruit the participants for your needs assessment study (Who – name and/or position - is authorized to provide permission to use this site or source? What do you need to do to obtain permission to access the population or data source?) (3 pts.) **Leah**	The site permissions can come from several different organizations. These can include high schools, community clinics, such as the Real Life Pregnancy Center. Within the high school setting, the guidance counselors and/ or the school administrative board. The school district and the parents (to provide permission for the minor) would be able to provide permission to use the high school as a site to gather data. At the Real Life Pregnancy Center, the researchers would be in contact with clinic directors, or social workers at the clinic. To gain permission, the researcher would need written approval by the agency, which can be the Real Life Pregnancy Center in Alabama.
4.3 Data collection (Describe the exact procedure that will be used to conduct the study. This	**Data Collection** To collect data for this study, participants will first be recruited through various outreach methods, such as email invitations and social media posts to residents in Marshall Country, AL. Those

is a step-by-step description of exactly how you will collect your data). (10 pts.) **Adam**	interested will be screened for eligibility based on specific criteria, including age, background, or other characteristics relevant to the study. Once potential participants pass the eligibility screening, they will be provided with an information sheet detailing the purpose of the study, the procedures involved, and their role within it. This initial phase will emphasize transparency to ensure participants fully understand their rights, including the option to withdraw from the study at any time. After reviewing the information, participants who choose will complete an informed online consent form. This step ensures that participants are aware of the study's scope, that their information will not be used outside of research purposes, and are participating voluntarily. Data collection will utilize specific instruments, such as surveys and interviews. For survey participants, an online questionnaire will be provided through a secure link on SurveyMonkey. Interviews will be conducted one-on-one, online by one of the co-investigators, with each session lasting approximately 30-45 minutes and being recorded with the participant's consent. All collected data will be securely stored and uploaded to an encrypted cloud storage which will only be accessible to the research team. Personal identifiers will be removed and coded to maintain participant confidentiality throughout the study.
4.4 Data analysis (Describe analysis procedures for each distinct data type and research question: specific statistical analysis for quantitative studies; audiotapes, transcripts, video tape, field notes, photos, etc. for qualitative studies; or describe a combination of procedures for a mixed methods	Quantitative - Statistical analysis of survey, using IBM SPSS Version 29 - Data Collection Qualitative - Audiotapes - Transcriptions - Field Notes

design. **For each research question** or sub-question – NOT survey or interview question! - , detail the actual data analyses to be conducted to answer each specific question.) (15 pts.) **Angelina**	
4.5 For each research question, write a brief statement of what you anticipate your results will show. (5 pts.)	To what extent does the lack of comprehensive sexual education and family planning resources for lower socioeconomic and communities in Marshall County, AL, contribute to a high prevalence of teen pregnancy? • Teen pregnancy is more prevalent in this county because of the lack of comprehensive sexual education and family planning resources. • There will be statistical significance between the amount of resources offered for family planning and the rate of teenage pregnancy in Marshall County, AL. • Minorities will have higher teenage pregnancies in Marshall County, AL than their majority counterparts.
4.6 Ethical considerations (Describe any ethical considerations given the sample population and/or topic. How do you plan to protect human participants while identifying the sample, while collecting the data, while analyzing the data, after data are collected, when you store your data? Refer to the CITI training for the areas	When considering ethical considerations, there are different criteria that are utilized to ensure strategies are culturally sound and inclusive. The CITI (Collaborative Institutional Training Initiative) aligns with this concept and provides training standards in research, ethics, compliance, and safety. To ensure cultural awareness, it is identified that there are particular needs present for minority teens in Marshall County and their high rates of teen pregnancy. To address the lack of culturally relevant sexual education, cultural leaders in the community were involved in the planning process. Services will also be more accessible, which promotes effectiveness. Community engagement was necessary because, to serve the population, the voices of these teens and their families helped to identify barriers. There was informed consent by creating age-appropriate

| you need to address) (12 pts.) **Camille** | data analysis tools, easy-to-read and understood questions, and both teens and their guardians understood their rights and the scope of participation. All research team members were trained using the CITI training to ensure biases were understood and ensure interactions with participants and the community were unoppressive. Inclusivity by including boys will help to provide holistic results. Verbiage in all research tools used inclusive language to resonate with both male and female participants. Presenting questions discussing sexual health and pregnancy can cause discomfort to participants. Hotline contact information for those experiencing distress is provided. Research team members are also trained to deal with sensitive circumstances. It is very important to protect all participants' identities due to the sensitive information. This needs assessment plan intends to protect human participants by implementing strict data collection and storage protocols to ensure identity is anonymous by utilizing pseudonyms. Any digital data documented will be on encrypted programs with passwords, while paper information will be put into cabinets that can only be accessed by authorized persons. Restricted access is given only to team members on the list, and whoever accesses the info along with when is documented. All team members are also trained in ethical practices like confidentiality and data protection. Data necessary to the information needed is collected to ensure extra information isn't being collected to potentially identify participants. Data will be retained in compliance with ethical and legal limitations and after that period, physical documentation will be given to a professional document-destroying company, while digital documents will be wiped using a reputable data wiping system. Records of material destroyed with dates and methods utilized will be kept for review and in the case of audits. An email will be provided to participants after data collection for feedback on privacy. Utilizing these ethical considerations along with principles from CITI training will ensure the strategies are effective and a thorough and relevant sexual education program is properly tailored to the needs of this population and their families in Marshall County, AL. *Research, ethics, compliance, and safety training*. CITI Program. (n.d.). https://about.citiprogram.org/ |

4.7 Describe how your needs assessment research plan uses culturally informed, anti-racist, and anti-oppressive strategies. Be specific, using examples from your plan (5 pts.) **Everyone**	The research plan is to use culturally informed strategies by focusing on the needs of minority teens who experience teen pregnancy in Marshall County, AL. Barriers such as limited access to sex education and similar programs contribute to the higher rates. The research goal is to create and implement interventions to the social and cultural realities that teens in Marshall County experience. The voices of the teen parents and their families will be the primary concern of ensuring that the research upholds anti-racist and anti-oppressive strategies. Community members will be involved in the research process which will help dictate how the service that is provided, is designed to be appropriate to the lived experiences of these individuals. Also, the research will incorporate male teens in the family planning conversations as it promotes inclusion to all teens that are faced with teen pregnancy.
A5: Stakeholder and SWOT Analyses – 75 pts.	
5.1 Prepare a stakeholder Matrix using the template provided. This will be used in the final paper as an appendix. (5 pts.) **Everyone**	📄 Adv. Admin Stakeholder Matrix
5.2 Prepare a stakeholder power/influence grid using the template provided – use information from the Matrix as your base (5 pts.) **Jeremy**	

Stakeholder Mapping

HIGH

Power

Keep Satisfied

Local Marshall County schools
Real Life Pregnancy Center

Manage Closely

Teen parents in Marshall County, AL
Parents of teenagers
Healthcare providers
Youth Advocacy Center

Monitor

Community Organizations

Keep Informed

Public Health department

LOW

Influence

5.3 Stakeholders (provide a detailed description of the main stakeholders, expanding on the information you prepared in the Stakeholder Analysis Matrix and Power/Influence grid) (5 pts.) **Adam**	The main stakeholders for this program include teen parents in Marshall County, parents of teenagers, local schools (both county and city schools), the Real Life Pregnancy Center, community organizations such as the H.O.P.E. Center and Mountain Lakes Counseling Service, healthcare providers from Marshall Medical Center North and South, the public health department, and youth advocacy groups like the Youth Advocacy Program (Y.A.P.). Teen parents in Marshall County are adolescents aged 13-19 who are facing significant challenges related to pregnancy. They require comprehensive support that extends beyond the current basic services available. Parents of teenagers play a crucial role as they influence their children's education and provide support systems; they need assistance in communicating effectively about reproductive health. Local schools serve as vital partners by facilitating sex education and outreach to teenagers, while the Real Life Pregnancy Center, which currently offers foundational support services, has the potential to expand its role to include outreach-oriented, more inclusive programs. Community organizations and healthcare providers act as partners in delivering additional supportive services, and the public health department provides data and oversight. Youth advocacy groups

contribute by broadening the program's outreach and advocating for youth needs.

Teen parents seek better access to culturally appropriate, supportive programs that address more than basic needs. Parents of teenagers are motivated to learn effective ways to support and educate their children. Schools are interested in fostering better educational outcomes through comprehensive sex education. Community organizations and healthcare providers are invested in promoting the well-being of youth and reducing teen pregnancy rates. The public health department aims to improve public health outcomes and support evidence-based approaches, while youth advocacy groups are focused on enhancing resources and support for teenagers.

Teen parents may fear judgment and lack of support but expect comprehensive resources and understanding. Parents of teenagers may have concerns about how to best approach conversations about sexual health and expect clear guidance. Schools might worry about resource limitations but anticipate positive impacts from partnerships. Community organizations and healthcare providers may fear potential funding and logistical issues but expect strengthened collaboration and service provision. The public health department seeks to maintain credibility and expects programs to align with public health goals. Youth advocacy groups may fear underrepresentation but anticipate broader engagement.

The impact of engaging these stakeholders ranges from high to critical. Teen parents and parents of teenagers are critical stakeholders as their participation directly influences the success of the program. Schools, community organizations, and healthcare providers hold high importance due to their roles in service delivery and outreach. The public health department and youth advocacy groups have high potential impacts as their support ensures alignment with community needs and public health priorities.

Teen parents, parents of teenagers, and local schools are considered critical to the program's success. Community organizations, healthcare providers, and the public health

	department are ranked as high priority, while youth advocacy groups also hold a high priority due to their role in outreach and support.
	Recommendations: To effectively involve stakeholders, the program should maintain open communication, involve key stakeholders in planning and implementation phases, and ensure transparency through community forums and surveys. Establishing regular meetings and interviews with school leadership, community organizations, and healthcare providers will be essential. Surveys and focus groups should be utilized for gathering insights from teen parents and their families. Direct outreach efforts, particularly through partnerships with the Real Life Pregnancy Center and youth advocacy organizations, will help ensure comprehensive engagement.
	Program coordinators and designated team members within the cohort will be responsible for conducting meetings, managing communication channels, and overseeing data collection and analysis to involve all stakeholders effectively.
	This comprehensive approach aims to build strong partnerships and ensure that stakeholders are actively engaged throughout the program's lifecycle.
5.4 Access and method (How do you plan to access your stakeholders? Describe method/s: meeting, interview, survey, etc.) (5 pts.) **Adam**	To access stakeholders for the teen pregnancy program in Marshall County, AL, a comprehensive and multi-method approach will be employed. Initial outreach will include setting up meetings and conducting interviews with school administrators, community organization leaders, and healthcare providers to discuss potential partnerships, define their roles, and collect valuable input. Interviews with representatives from the Real Life Pregnancy Center and public health officials will be conducted to gather insights and secure their support.
	Surveys will be distributed to collect data and opinions from teen parents, their families, and the broader community. These surveys will be disseminated through schools, clinics, and community centers to ensure widespread participation. To be

	inclusive of the county's diverse population, the surveys will be provided in multiple languages, including English, Spanish, and Haitian Creole. Focus groups will be organized with parents of teenagers and teen parents to obtain qualitative feedback on their needs, challenges, and expectations for the program. These sessions will be held at local schools and community centers to create an environment conducive to open discussion and engagement. Community forums will be hosted at locations such as churches and public halls to involve stakeholders in conversations about the program's goals and structure. This will foster trust, strengthen community relationships, and ensure that stakeholders feel heard and valued. Direct outreach will be conducted through partnerships with existing services, such as the Real Life Pregnancy Center and local healthcare providers, to connect with teen parents within their current networks. These outreach efforts will include informational sessions and the distribution of resources to encourage program participation.
5.5 Stakeholder engagement (How will you engage the different stakeholders in and throughout the project?) (5 pts.) **Leah**	Stakeholder engagement for the organizations can look like this: 1. Clear goals and objectives will be set early on. This will help each organization to see what aspects that they can provide throughout this research project. 2. Set consistent check-ins with each organization. A Teams channel can be a beneficial tool to use to keep track of any updates or findings that occur. 3. Each organization can set up a presentation to share what findings are shown and what they hope to achieve as the research project comes to an end. 4. Set up for a long-term impact. This can help each organization to see that their findings have a long-term impact on the community.
5.6 Are there any stakeholders with negative	The following stakeholders can have a negative view or opposition towards the project. Some parents of the pregnant

views of the project, or who oppose the project? If so, how do you plan to address the situation? (5 pts.) **Camille**	teens along with some community members and organizations like H.O.P.E. Center and Mountain Lakes Counseling Service might think that offering this program tailored to teens only encourages and condones teenage pregnancy, and goes against some cultural and moral beliefs. To address this, it would be important to clarify that the aim of the program isn't to condone teen pregnancy but will provide support to teens that are already pregnant. It will be necessary to show statistics about the positive impact from similar programs. It can be explained that the program promotes healthy choices, resources and education. It encourages teens to remain in school and provides support for both the teen and their parents on how to navigate the situation. Local county and city schools will have a mixed response. They will be in support of teen parents remaining in school, but they might have concerns about the space and resources that will have to be available for them. To address this issue, it will be important to include school officials with their thoughts about the program, show statistics that reveal the program's benefits, and offer recommendations like community organizations to mitigate resources. Letting them know how they're contributing to state and national statistics by supporting teen students academically will let them feel like they're a part of the movement. The Public Health Department and Healthcare providers usually support programs that improve healthy outcomes, but providers might think that there will be a burden on the healthcare system. This can be addressed by hosting town hall meetings with these providers and being receptive to their feedback. Providing preventative health education will also improve the long-term health outcome of the teen and their child. It is best to address these stakeholders and their concerns to promote unity and long term benefits to the entire community.

5.7 Describe your program's Strengths (**S**WOT) (potential areas to cover include, but are not limited to: People (*human resources, people and skills, board of directors*); Resources (*buildings, facilities, equipment, financial resources*); type of governance, leadership, staff development, communication; Products (*intellectual property*); Finances (*financial position, cash balance, etc.*)) (9 pts.)	The program benefits from a dedicated team of experienced social workers, educators, and healthcare professionals who are skilled in community engagement and teen pregnancy prevention. The leadership team includes professionals with expertise in public health, which aids the program in being aligned with current best practices. The board of directors consists of community leaders who are committed to addressing teen pregnancy in Marshall County. The program has access to community centers, local schools, and healthcare facilities for meetings and workshops. Partnerships with local organizations provide additional resources, such as educational materials and outreach tools. There is also access to funding through grants and local sponsorships. The program follows a clear governance structure that facilitates decision-making and coordination among stakeholders. Effective communication channels, including digital platforms and community meetings, ensure continuous updates and engagement with stakeholders. The program's comprehensive curriculum includes culturally responsive educational materials and evidence-based strategies tailored to the needs of diverse teen populations. These resources are intellectual assets that can be shared and adapted for future initiatives. The program benefits from initial funding and grant support, creating a stable financial base to start operations and establish long-term sustainability.
5.8 Describe your program's Weaknesses (**S**WOT) (same potential areas to cover as for Strengths) (9 pt.)	Although the program has a committed team, it may face limitations in terms of the number of trained professionals available for outreach and support. Volunteer turnover could also pose a challenge. Limited physical space or outdated equipment in community centers and schools may restrict program activities. The reliance

	on external partners for resources could lead to delays or inconsistencies in service delivery. The program will require additional training for staff and volunteers to ensure consistent quality and inclusivity in program delivery. There may also be gaps in leadership succession planning, which could impact program continuity. While initial communication channels are strong, maintaining engagement over time may be challenging, particularly in reaching all segments of the community effectively. Initial funding may be sufficient, but long-term financial sustainability could be a concern if new grants or sources of funding are not secured.
5.9 Describe your program's Opportunities (SW**O**T) (areas to cover: demographic factors, economic factors, political/legal factors, sociological factors, environmental factors, cultural factors, technology, etc.) (9 pts.)	The diverse demographic of Marshall County provides an opportunity to create tailored programs that meet the unique needs of various racial and ethnic groups, particularly focusing on the high rates of teen pregnancy among minority groups. Increased local and federal funding for teen pregnancy prevention initiatives could provide additional financial support. Collaborating with local businesses and philanthropic organizations may also unlock new funding opportunities. Supportive local policies and partnerships with government health agencies create an opportunity for the program to align with public health initiatives and strengthen its position within the community. The community's growing awareness and acknowledgment of teen pregnancy as a significant issue create an environment supportive of new interventions. Engaging local leaders and influencers could help spread awareness and acceptance of the program. Culturally responsive programming tailored to the community's needs can strengthen trust and program participation, addressing previously underserved groups such as Hispanic and Black teens.

	The integration of digital tools and online resources can enhance program accessibility and effectiveness. Leveraging technology for educational materials, surveys, and follow-ups could improve outreach and data collection.
5.10 Describe the Threats to your program (SWO**T**) (in addition to the areas presented in 5.9, consider the following areas to cover: competitor factors, capabilities, resources, ownership, market segments, products, prices, promotions, distributions, suppliers, etc.) (9 pts.)	Other organizations or programs addressing teen pregnancy could compete for funding and participation, potentially limiting resources and engagement.
	Dependence on external partners for resources such as educational materials or spaces could lead to availability issues. If a key partner withdraws support, it could disrupt program delivery.
	Decreasing economics or budget cuts at the state or federal level could reduce available funding for teen pregnancy prevention programs.
	Changes in political leadership or policy shifts that deprioritize funding for teen pregnancy prevention could impact the program's financial stability and alignment with public health objectives.
	Resistance from certain community groups or individuals who may not support comprehensive sexual education could pose challenges in program acceptance and participation.
	Limited access to technology among some segments of the target population could hinder the effectiveness of online educational materials and virtual outreach efforts.
	These strengths, weaknesses, opportunities, and threats provide a comprehensive overview of the current landscape for implementing the teen pregnancy prevention program in Marshall County, AL.

5.11 In brief statements, answer the following questions as they relate to the program you propose: How can you capitalize on each strength? How do you plan to mitigate/stop each weakness? How can you exploit each opportunity? How can you defend against each threat? (9 pts.)	Capitalize on the program's strengths: the team will leverage the expertise of its skilled professionals and committed board, utilize existing facilities and partnerships, and maintain strong communication through structured updates and meetings. Mitigating weaknesses: recruitment and training for volunteers will be enhanced, and partnerships will ensure resource availability. Opportunities: will be exploited by creating culturally tailored programs, pursuing new grants, and collaborating with local leaders and government agencies for endorsement. Defending against threats: the program will differentiate itself through inclusive support and partnerships to diversify resources. A reserve fund and flexible budgeting will mitigate economic risks. Community advocacy will secure support and dual online/in-person resources will ensure access, supported by tech assistance for digital inclusion.
A6: Logic Model & Evaluation Plan– 100 pts.	
6.1 Complete the Program Planning Form provided in E-class. Submit your Program Planning/Logic Model form with this assignment. (30 pts.)	State you completed it, attach it to the submission. This will be added to your appendices in the final paper. We state that we have completed the needs assessment proposal plan and the Logic model for this semester.
6.2 Target population (describe the final <u>direct recipients</u> of the service program) (5 pts.)	The target population that was focused on were teenage girls between the ages of 13-17. The project focused on expectant mothers on a socioeconomic level. Although the teenage mothers were the main priority, the project also expanded on the support systems that each of these women have.

6.3 ANGELINA Describe your proposed program's **scope of activity** (clearly describe the services or interventions that addresses the need, including who will provide service, how often, and for how long, as outlined in your Logic Model) (5 pts.) **For each activity**, describe the desired results (Clearly describe the outputs – Logic Model; explain how the outputs flow logically from the activities mentioned above) (5 pts.) **Then**, describe the intermediate outcomes (describe the milestone that will occur for the recipients within the program year. Who or what directly changes because of this activity? Clearly describe what benchmarks will be achieved by recipients. Explain how the intermediate goals flow logically from the activities described above). (5 pts.)	📄 **Project Planning Form / Logic Model** The program focuses on tackling teen pregnancy in Marshall County, AL, by offering a range of support and resources for teen parents, their families, and their partners. Every month, we'll host a support group led by a trained MSW facilitator and an MSW intern, both of whom have a wealth of experience and knowledge. This team will guide 8 to 15 participants in learning. The sessions will focus on practical topics like family planning, building coping skills, and finding support from others going through similar challenges. We aim for at least 70% of participants to attend regularly and report a 60% increase in their use of learned coping strategies by the end of the year. In addition to the support groups, we'll run six workshops a year. These will be split into groups: teen parents, teen fathers, and parents of teen parents, to ensure everyone gets the proper support. Teen parents will learn strategies for parenting, teen fathers will gain tools for being active and supportive parents, and the parents of teen parents will explore caregiving tips and how to support their children better. Each workshop is designed to be impactful and practical. We aim for 40 participants per workshop to demonstrate a 40% increase in knowledge about parenting strategies, 70% of fathers to report improved parenting engagement, and 30% of parents of teen parents to feel more confident in their caregiving roles. To make our support more personal, we'll pair five mentors with 15 mentees for one-on-one guidance. These mentors, chosen for their empathy and understanding, will dedicate a few monthly hours to guide teen parents and their families through emotional and practical challenges. We expect 90% of mentees to complete their mentorship hours and report increased confidence in managing parenting challenges. We'll also work on community outreach, partnering with schools, hospitals, and local organizations to educate about reproductive

Finally, describe the end outcomes (describe the long-term change that will occur for the recipients within the program year or longer. Who or what will change directly from the activities presented above? Clearly describe what key change will be achieved by the recipients. Explain how the outcomes flow logically from the activity/ies presented above, and how they are connected to the intermediate outcomes). (5 pts.) (*In this section, you are translating the Logic model into a narrative.* Total: 20 pts.)	health. This effort will include bilingual staff and materials to ensure it reaches as many people as possible, including the 1,000 students we plan to educate annually. We aim for 50% of the students to report increased awareness of reproductive health services and resources, as measured by pre- and post-surveys. We'll provide childcare during workshops and group sessions so participants can entirely focus on gaining the skills and support they need. This program is about empowering young parents, building stronger families, and creating a supportive community where everyone has the tools to succeed. By the end of the year, we anticipate a 20% reduction in teen pregnancy rates in Marshall County, with 60% of participants consistently implementing learned behaviors into their daily lives.
6.4 Human resources and support (describe the number of staff/volunteers participating in the activity and the total hours of intervention; Describe any training for volunteers/staff you will need to conduct. Include topic and scope – how long, frequency – how often: Logic Model) (5 pts.) **Adam**	The program relies on a core team of facilitators and mentors to implement activities. It includes two facilitators, one with an MSW degree and the other an MSW intern, who oversee workshops and support groups. Additionally, five trained mentors work directly with 15 mentees, dedicating a minimum of four hours per month each, totaling 60 hours of mentoring monthly. These staff members and volunteers require training in areas such as cultural competency, reproductive health education, and mentoring strategies. The training sessions will be comprehensive, lasting 2-3 hours each, and conducted quarterly to ensure skill development and consistency in service delivery. Facilitators also need training in survey administration and focus group facilitation for effective data collection. Volunteers for childcare services will receive training on child safety,

	communication, and age-appropriate engagement, delivered in two-hour sessions before program implementation.
6.5 Material resources (Describe resources, including equipment, structure, vehicles, curriculum, travel expenses, etc.: Logic Model) (5 pts.) **Adam**	The program utilizes several critical resources to facilitate its activities effectively. These include a laptop with a portable projector for delivering workshop presentations and interactive sessions. A group curriculum tailored to the needs of teen parents, male partners, and parents of teen parents forms the foundation of the educational component. Materials such as handouts and workshop guides will be provided to all participants. The program is conducted in a central location within Marshall County, ensuring accessibility. Advertising materials, including bilingual flyers and digital resources, promote community outreach. Travel expenses are allocated for staff and volunteers to visit schools, clinics, and other community venues. Additionally, childcare services require child-friendly spaces equipped with toys and educational materials. The resources aim to create an inclusive and engaging environment while ensuring smooth program delivery.

6.6 Data source, instrument, data collection plan (what is the most direct possible data source to measure the **outputs**? What instrument will you use? How is it connected to the overall evaluation plan? Include information regarding where/when/how the data will be collected.) (10 pts.)	We'll collect data from several direct sources, like attendance records, surveys, mentor logs, feedback forms, and childcare usage logs to measure the program's impact. Attendance, whether a support group, workshop, or outreach event, will be tracked at every session. Before and after each workshop, participants will complete short surveys to measure what they've learned and how confident they feel about applying it.
	
	    Mentors will keep logs of their hours spent with mentees and note any progress made, like increased confidence or better parenting skills. For our outreach efforts, we'll gather feedback from students, parents, and educators to see how well reproductive health education reaches the community. We'll also track the use of childcare services to ensure it's helping participants attend the sessions.
	
	        To gather this information, we'll use tools like sign-in sheets, simple online surveys (through Google Forms or SurveyMonkey), and standardized forms for mentors to report

	their activities. We'll also host quarterly focus groups to hear from participants about their experiences and how the program is helping them. We'll include short quizzes for students in our reproductive health sessions to check what they've learned. This data will be organized and analyzed using software like Excel or SPSS to give us a clear picture of the program's progress. Most of the data will be collected on-site during sessions or workshops, with some surveys and feedback gathered online for convenience. Attendance will be tracked every time an event occurs, surveys will happen before and after workshops, and mentors will submit monthly reports. We'll collect feedback for outreach events right after the sessions, and childcare usage will be logged during each activity. This process helps us stay on top of what's working and where we can improve, ensuring that the program meets its goals and makes a real difference for participants.
6.7 Data source, instrument, data collection plan (what is the most direct possible data source to measure the **intermediate outcomes**? What indicators/benchmark measures will you use? Describe what will be looked at to estimate progress toward the result? How is this step connected to the overall evaluation plan?) (10 pts.) **Camille**	Program attendance is crucial in determining if projected intermediate outcomes will occur. Attendance sign in sheets will track enrollment and attendance throughout each program. Retention is also critical in obtaining the wanted results, and through surveys and interviews, barriers can be identified and addressed. Self-reported questionnaires will be given to participants to determine how the services provided are changing either their behavior or knowledge. These can be administered monthly during support groups and every other month after a workshop. Interviews prior to the support group, being completed and after will be used to give a personal account of the changes or lack thereof. Schools can be given questionnaires to administer to students after the presentations detailing skills or information that was presented. This will determine if students are understanding and retaining the information. Attendance, retention of participants and remembrance of information will be monitored to estimate if progress is being made. These criteria for each program will be utilized to calculate the percentages, determine patterns and note any improvements. This step is connected to the overall evaluation plan because it provides

	context to how successful each program is, how effective it is for participants and how well the program is projected to do long term. It also assists in making changes in the midst of a program if it's identified that a part isn't functional or beneficial, and therefore assists in the long-term goals success rates.
6.8 Objective statement (Using the information from this form and the Logic Model, write your objective statement. (Example: Among the parents of the 50 identified students (*target population*), 20 parents (*sample*) will enroll in the positive parenting program (*outputs*) and 75% will complete the program (*intermediate outcomes*). It will lead to the increase of parenting skills and the decrease in student behavior programs and dropout rates (*long-term outcomes*)). (10 pts.) **Jeremy**	A monthly support group (outputs) will be offered. It is expected that 8-15 people will be in attendance and will have learned ways to reduce teen pregnancy by 20% in Marshall County AL. There will be different workshops offered on a bimonthly basis to provide support and education to reduce teen pregnancy. There will be 2 workshops for teen parents (outputs) and 40 participants will attend each to increase their knowledge by 40% (mid-term outcome) on effective parenting strategies and techniques to reduce teen pregnancy by 20% in Marshall County AL (long term outcome). Teen fathers will be offered 2 workshops (outputs) per year. 25 participants will attend each and will increase their knowledge by 70% on how to be a father. Fathers will put into action what they have learned 60% (mid-term outcome) of the time. This will lead to an increase of parenting skills which will in turn reduce teen pregnancy by 20% in Marshall County AL (long term outcome). Two workshops (outputs) per year will be offered for parents of teen parents. 50 participants are expected at each workshop. The goal is to increase their caregiving knowledge by 30%, to be implemented at least 60% (mid-term outcome) of the time. This will lead to an increase of parenting skills which will in turn reduce teen pregnancy by 20% in Marshall County AL (long term outcome). Teen parents will be offered a parent mentor (outputs) to provide support and parent education. The teens will meet with their mentors 4 hours each month. 80% of the enrolled teen parents (mid-term outcomes) are expected to demonstrate a better understanding of identifying what their child needs and how to respond to that need, while managing their own needs. The

	mental and emotional well-being will reportedly increase by 25% (long-term outcome).
	A mentor (output) will be offered for parents of teen parents. Each parent is expected to meet with their mentor at least 3 hours each month. 80% of enrolled parents (mid-term outcome) are expected to demonstrate an understanding of identifying what their child and grandchild needs, while maintaining their own needs. The mental and emotional well-being will reportedly increase by 25% (long-term outcome).
	A collaboration with the Marshall County AL schools will be developed to provide reproductive health education to 1000 students (outputs). Each student is expected to increase the utilization of reproductive health services by 50% (mid-term outcome). This will result in an increase of 60% literacy on reproductive health.
	Childcare will be offered to 100% of participants (output). This will result in 60% program retention (mid-term outcome). This will increase the program completion rate to 50% (long term outcome).
6.9 Sustainability (provide a short paragraph describing how you plan for your program to be sustainable long-term) (5 pts.) **Leah**	To ensure that teenage mothers are being taken care of, the program will provide these resources to sustain a long term basis. Partnerships will include hospitals, schools, and local organizations. Each of these can provide funding support, educational services about reproductive health, and being proactive in this program can bring in additional partnerships to foster the holistic impact that this program will bring long-term. These long term approaches will ensure that teenage mothers are receiving on-going empathic care and that their transition into becoming a mother runs smoothly.
6.10 Write an abstract that would showcase your	Transitioning into motherhood can be a sensational but overwhelming time for new mothers. During this time, expectant mothers can go through changes that can impact them mentally, emotionally, and psychologically. Additionally, some mothers may not have the resources or support to assist them during this

entire program proposal (Extra credit: 5 pts.) **Leah**	time. This project aims to provide a holistic approach to helping new mothers transition into motherhood, foster resources and support through collaborative partnerships such as hospitals, schools, and local organizations to help the project to stay sustainable long-term, and to expand on the support systems such as their partners, close and extended families that each of these women will have. It can be an exhausting transition for new mothers but the group hopes that these approaches can help them find ease during this time. With these methods, the project can ensure that these women are receiving ongoing-empathic care and are feeling supported through their transition into motherhood.