

Mason-Lewis Advocacy Program Evaluation

Executive Summary

The 1993 Legislature passed ESHB 1408, which established a statewide media campaign and local community-based programs to prevent teenage pregnancy. The overall goal of the legislation was to reduce teen births. The legislation called for changes in county teenage *pregnancy* rates to be used as an evaluation measure for the local community-based programs. The Washington State Institute for Public Policy has provided trends of statewide and 39 county *birthrates* from 1980-1993, because accurate *pregnancy* rates are not available (see *Statewide and County Birthrates*, June 1995).

This report provides preliminary results from an outcome evaluation of the community-based teen pregnancy prevention program, known as the “advocacy program,” that began its services in Lewis and Mason Counties in July 1994. This evaluation covers the period July 1994 through April 1995. The advocacy program was one of 12 community-based programs selected by the Department of Health (DOH) to receive state funds under ESHB 1408. It was the only community-based program whose design was appropriate for, and whose staff agreed to participate in, an outcome evaluation.

Two paid adult staff in the Lewis and Mason County Planned Parenthood Clinics provided personalized services to teens who voluntarily came, or were referred by local agencies, to the clinics. The advocates addressed issues in the teens’ lives that might be related to preventing pregnancy. The goal was to provide attention and services to teens who were trying to *prevent* pregnancies, just as services are available in the community to teens who *were* pregnant and parenting.

Preliminary Findings

- **Through April 1995, there were no pregnancies in the experimental group that received advocacy program services and three pregnancies in the control group.**
- **The agencies in Lewis and Mason Counties were able to easily randomly assign teens to the experimental group or the control group by day of birth, without interfering with program services.**
- **A total of 114 teens were in the experimental and 93 teens in the control group.** The teens were sexually active and at risk of teenage pregnancy.
- **A six-month follow-up survey was conducted so that preliminary results would be available by June 30, 1995.** A total of 43 teens (15 experimentals and 28 controls) completed a follow-up survey.

Background

In 1993 the Washington State Legislature passed ESHB 1408 *The Teenage Pregnancy Prevention Act*, which established a statewide media campaign and local community-based programs to prevent teenage pregnancy. The Department of Health (DOH) was named as the state agency to implement the Act. The Act specified that the community-based programs should represent different communities throughout the state, and that the programs should be varied, offering education and services that emphasized abstinence, prevention, and contraception.

The Washington State Institute for Public Policy, through an interagency agreement, agreed to conduct **impact evaluations** of the community-based programs selected by DOH to receive state funding. Although impact evaluation was specified in the contracts, the DOH did not require programs to participate, because the evaluation component had not been discussed in the original Request for Proposals. **The Mason-Lewis program was the only community-based program that agreed to participate in an outcome evaluation.**

The Lewis and Mason Program was evaluated because: 1) it would have enough clients to make an evaluation possible, 2) its staff members were willing to cooperate in an experimentally-designed evaluation, and 3) its staff members were curious to learn if the advocacy service was or was not effective.

The DOH also contracted with the Washington Alliance concerned with School-Aged Parenting (WACSAP) to write **process evaluations** describing how the 12 community-based programs implemented their services.

The Teen Advocacy Program

The goal of the teen advocacy program was to prevent teenage pregnancy and childbirth. Program staff noted that teens who were pregnant or parenting received social and medical services from the Washington State First Steps¹ program; however, teens who were at risk, but **not** pregnant, received little attention or services that could prevent pregnancy. The program provided attention and appropriate services to randomly selected teens who were trying to prevent pregnancy (see the services listed on page 2). The control group of teens did not receive advocacy program services.

The program was coordinated by the Olympia office of Planned Parenthood of Seattle-King County and implemented at clinics in Lewis and Mason Counties. Two adult employees in the Lewis and Mason County Planned Parenthood Clinics provided counseling and other services to teens who voluntarily appeared, or were referred, to the Planned Parenthood Clinics from July 1994 through April 1995. Advocates met with the teens and became their primary contact in the clinic. The advocates attempted to resolve important and pressing issues in the clients' lives that might lead to pregnancy. The advocates could work *outside* of the clinic, to help a teen re-enroll in school or help a teen make contact with other community resources appropriate to her needs.

Teen Advocate Services

- Greet patients, explain Planned Parenthood services, and give a tour of the clinic.
- Conduct an initial counseling session to assess the teen's risk level for pregnancy.
- Develop a case management plan for the teen.
- Help patients make follow-up appointments, if necessary.
- Make contacts with community services, if necessary, or accompany to re-enroll in school.
- Organize peer group support activities and learning experiences for teens.
- Provide information about birth control methods.

Teens in the Evaluation

The teens who were potential participants in the teen advocacy program were either volunteers, who walked into the clinic, or referrals who were referred by school counselors or other social service programs, between July 1994 and April 1995. Only the volunteers were used in this impact evaluation to ensure a valid comparison with the control group.

The timing of the intervention services provided by the advocates appeared to be appropriate because the clients came to the clinics for reproductive health service, a pregnancy test, counseling, or contraceptives. Since they chose to initiate contact with Planned Parenthood, it is assumed they were sexually active, or about to be, and at risk of pregnancy.

Table 1, on the next page, shows the characteristics of all of the 207 teens who were in the evaluation.

Table 2 on page 5, shows the outcome of the six-month follow-up.

Table 3 on page 6, shows the characteristics of the 43 teens who completed the six-month follow-up survey.

TABLE 1
CHARACTERISTICS OF ALL TEENS IN THE EVALUATION

	Experimentals (Total=114)	Controls (Total=93)
White	87 %	84%
Minorities	13 %	16%
Age Range	13-19	12-18
Most Grades Were "Cs" or Lower	26%	39%
Wanted GED or to Quit	4%	9%
Wanted H.S. Diploma	27%	30%
Wanted Some College	30%	28%
Wanted College Degree	34%	29%
Lived With Two Parents	53%	43%
Lived With Single Parent	17%	28%
Lived With Relatives	6%	6%
Lived With Others	24%	22%
Lived Alone	0%	1%
Families Received Public Assistance	28%	15%
Mother Was a Teenage Parent	54%	47%
Mother Did Not Have H.S. Diploma	32%	32%
Father Did Not Have H.S. Diploma	18%	19%
Had Sexual Intercourse	91%	95%
Had Sexual Intercourse Before Age 16	68%	60%
Ever Pregnant	18%	15%

The Hypothesis to Test

Hypothesis:

Teens who receive advocacy services will have fewer pregnancies than teens who do not receive services.

How The Hypothesis Was Tested

Teens were asked if they were willing to participate in a study to test the effectiveness of Planned Parenthood services, when they came into the clinic. They were informed that **if** they agreed to participate, they would be paid \$5.00 for completing a research survey in six months. **If** they agreed to the oral description of the study, they were asked to read a written consent form. **If** they agreed to participate in the study, they signed the consent form (see the consent form in the Appendix). **If** they did **not** agree, they received the standard services.

The teens who signed the consent form were given a one-page baseline research survey of 16 questions (see research survey in the Appendix). This survey could be completed in a few minutes. Research survey forms were completed by all teens who agreed to be in the research study, before random assignment was done. Information used in the evaluation was available from the standard clinic intake forms and from the one-page baseline research survey.

The random assignment was based on the teen's birth date, which she had written on the clinic's intake forms. The teens assigned to the **experimental group** met with a teen advocate and the teens assigned to the **control group** did not. Both groups received the regular clinical services available.

If the teen advocacy service is effective, fewer teens in the **experimental group** will become pregnant than teens in the **control group**. Outcome data about pregnancy was available from the six-month follow-up survey (see six-month follow-up research survey in the Appendix). The follow-up survey was completed by 43 teens (15 experimentals and 28 controls) through the end of April 1995. Teens were paid \$5.00 for completing the survey. The follow-up surveys were completed in person at the clinic or by telephone.

Outcome Results

Although only 43 teens have been in the program or control group for six months, early indications are promising: **There have been no pregnancies among the teens that received teen advocacy services and three pregnancies among the control group.** The preliminary results are shown in Table 2 on the following page. The characteristics of the 43 teens who completed the six-month follow-up survey are shown in Table 3 on page 6. When more follow-up surveys are obtained, a check for non-response bias will be conducted.

TABLE 2

DIFFERENCES BETWEEN THE EXPERIMENTAL AND CONTROL GROUPS AFTER SIX MONTHS

Experimentals (Total = 15)		Controls (Total = 28)	
<u>Ever Pregnant at Intake</u>	<u>Ever Pregnant at 6 Months</u>	<u>Ever Pregnant at Intake</u>	<u>Ever Pregnant at 6 Months</u>
3	3	3	6
20%	20%	11%	21%

TABLE 3**CHARACTERISTICS OF TEENS WHO COMPLETED THE SIX-MONTH FOLLOW-UP SURVEY**

	Experimentals (Total=15)	Controls (Total=28)
White	100%	89%
Minorities	0%	11%
Age Range	14-18	14-18
Most Grades Were "Cs" or Lower	20%	32%
Wanted GED or to Quit	0%	7%
Wanted H.S. Diploma	33%	25%
Wanted Some College	33%	32%
Wanted College Degree	33%	32%
Lived With Two Parents	60%	46%
Lived With Single Parent	7%	29%
Lived With Relatives	7%	7%
Lived With Others	26%	14%
Lived Alone	0%	4%
Family Received Public Assistance	27%	14%
Mother Was a Teenage Parent	53%	54%
Mother Did Not Have H.S. Diploma	27%	29%
Father Did Not Have H.S. Diploma	33%	25%
Had Sexual Intercourse	100%	100%
Had Sexual Intercourse Before Age 16	67%	61%
Ever Pregnant	20%	11%

Discussion and Conclusions

At this point in the Lewis-Mason Counties' community-based program (11 months of operation), it is possible to say that random assignment of teens was easily accomplished without interfering with program services. Advocacy services have been provided to the experimental group of teens. A six-month follow-up survey was obtained from most of those teens who agreed to be in the research study and who have been in the study for at least six months; some of the teens have not yet been in the study for six months.

With only a six-month follow-up, and only 43 teens in the follow-up group, it is not possible to assess the effectiveness of this community-based program. However, it is possible to rigorously evaluate this program; with a longer follow-up period and with more teens, definitive results for an impact evaluation can be obtained. With more teens in the follow-up, a check for a non-response bias between the experimental and control groups will be conducted.

The Institute suggests to the community-based program staff, and to DOH, that if the program continues to receive state funding, it should continue to collect follow-up data. The follow-up data could be collected annually. A definitive impact evaluation needs a longer follow-up period and more teens.

The Institute has also conducted an analysis of birthrates for the state and for each of the 39 counties, including Lewis and Mason. A review of the birthrate trends in Lewis and Mason Counties (attached), shows there has been a great fluctuation over the years, especially within the 18- to 19-year-old age range. This age range is important because it comprises approximately half of all teen births. With this pattern of teenage childbirth rates in these two counties, it is not wise to assess the effectiveness of the program on the basis of only one year of birth rates. Lewis and Mason Counties have relatively small teenage populations, and a few births may increase or decrease the birth rate in any given year.

Because this program model may be effective, was easy to implement, and was easy to evaluate, the program model and evaluation design are being emulated by other programs in the state. **With more teens, a longer follow-up period, and a check for non-response bias, credible outcome measures can be obtained.**

¹ A Medical Assistance Administration, Department of Social and Health Services program providing Medical Assistance coverage to children under age 18 whose family income is between 100% and 200% of the federal poverty level, and who are not otherwise eligible for Medical Assistance.