

San Antonio Teen Pregnancy Prevention Collaborative BDI Logic Model

Intervention Activities

Evidence-based Programs (Effective programs):

- Implement evidence-based sex education programs in Youth Serving Organizations (YSOs) including middle and high schools
- Increase participation in evidence-based programs to foster care, juvenile probation, and out-of-school youth including the 18-19 year old population
- Implement evidence-based parent education curricula
- Implement evidence-based home visitation programs to pregnant/parenting teens
- Increase capacity of YSOs to evaluate their activities and programs

Quality Adolescent Health Care:

- Increase provider/staff education to promote/advocate for:
 - Teen friendly hours
 - Teen friendly (values neutral) attitudes from clinic staff
 - Best practices regarding adolescent care to prevent teen pregnancy
 - Linkages from schools/YSOs to quality adolescent health care

Community Mobilization:

- Create accessible, easy to understand messaging for the community by way of social media and other outlets
- Create innovative strategies for engaging parents
- Develop teen pregnancy prevention campaigns
- Develop strategies to engage faith-based communities
- Increase awareness of sexual abuse/coercion and dating violence

Stakeholder Education:

- Educate stakeholders about determinants of healthy teen behavior
- Ensure school/YSO policies include referrals to teen-friendly clinics
- Advocate/promote funding that supports adolescent healthcare to prevent teen pregnancy
- Advocate/promote policies that support use of evidence-based teen pregnancy prevention programs

Youth Support/Development:

- Increase the number of youth who are involved with long-term mentors
- Train existing youth development programs to incorporate building 40 Developmental Assets
- Increase the involvement/engagement of males in intervention activities
- Increase the number of youth participating in domestic violence prevention programs
- Increase awareness about strategies for approaching youth from various populations (i.e., juvenile probation, foster care youth, trauma survivors, and LGBTQ youth among others.)

Determinants of Teen Behavior

Knowledge:

- Level of parents' education and access to medically-accurate information
- Teens' knowledge of factual, medically-based information
- Teens' knowledge about condom and contraceptive use

Attitudes:

- Educational aspirations and planning for the future
- Perceived risk of pregnancy and STDs/HIV
- Attitude towards abstinence
- Attitude towards condom and contraceptive use
- Perceived self- efficacy in accessing and using condoms and contraceptives
- Partner attitudes towards sexual activity
- Perceptions of sexual activity/abstinence among peers (or lack thereof)
- Perceptions of peers' use of condoms and contraceptives

Skills:

Increase self-efficacy to:

- Abstain from sex
- Avoid risky situations
- Access and utilize condoms and contraception correctly and consistently
- Access quality adolescent health care

Connectedness:

- School performance
- Faith-based attendance

Community:

- Awareness of high teen pregnancy rates in San Antonio
- Social norms with regards to teen pregnancy

Parent/Guardian involvement:

- Family connectedness
- Family support
- Parental/Guardian supervision

Role Models/Support:

- Presence of male role models
- Influence of mentoring relationship

Sexual Abuse:

- History of prior sexual abuse or sexual coercion

Teen Behavior

- Decrease the percentage of school-age youth who have ever had sex.
- Increase number of youth who are practicing abstinence.
- Decrease frequency of sex.
- Decrease incidence of sexual coercion.
- Increase correct and/or consistent use of condoms and contraceptives.

Health Indicators

- Teen birth rate for females ages 10 to 14
- Teen birth rate for females 15 to 17
- Teen birth rate for females ages 15 to 19
- Repeat Teen Births
- Number of teens receiving evidence-based prevention programs
- Number of teen births among females ages 10 to 19

Health Goal

Decrease the Bexar County teen birth rate among females ages 15 to 19 by 25%* by the year 2020.