

State and Community Awardee Performance Measure Reporting Tool

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx).

Grantee: _____

Please complete these performance measures to CDC once per year as part of your Annual Progress Report due December 31 of each year (reporting period October 1-September 30). Under the evidence based program performance measures, please report letters d through h separately for each implementation partner and program (you may combine information for different facilitators). Under the clinical performance measures, please report letters a through f separately for each clinical partner.

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I. **Evidence-Based Program Performance Measures**

a. **Implementation Partners**

| | | | |
|--|--|--|--|
| # of implementation partners to date | | # of new implementation partners obtained during this reporting period | |
| # of implementation partners retained during this reporting period | | | |

b. **Facilitators**

| | | | |
|--|--|--|--|
| # of facilitators/teachers newly trained on any program during this reporting period | | # of facilitators/teachers with follow up training on any program during this reporting period | |
|--|--|--|--|

c. **Program youth served¹ and retained² in all evidence-based interventions during this reporting period**

| Characteristics of Program Youth ³ | Males | | Females | | Youth who did not report Gender |
|---|----------|------------|----------|------------|---------------------------------|
| | # served | # retained | # served | # retained | |
| Age (one response per participant) | | | | | |
| 10 years or younger | | | | | |
| 11-12 years | | | | | |
| 13-14 years | | | | | |
| 15-16 years | | | | | |
| 17-18 years | | | | | |
| 19 years or older | | | | | |
| Grade (one response per participant) | | | | | |
| 6 th grade or lower | | | | | |
| 7-8 th grade | | | | | |
| 9-10 th grade | | | | | |
| 11-12 th grade | | | | | |
| GED program | | | | | |
| Technical/vocational training | | | | | |
| College (any year) | | | | | |
| Not currently in school | | | | | |

¹ Number of youth who attended at least one session

² Number of youth who attended at least 75% of sessions

³ Characteristics may be obtained from attendance records or pre-/post-tests

| Characteristics of Program Youth | Males | | Females | | Youth who did |
|---|----------|------------|----------|------------|---------------|
| | # served | # retained | # served | # retained | |
| Ethnicity (one response per participant) | | | | | |
| Hispanic or Latino | | | | | |
| Not Hispanic or Latino | | | | | |
| Unknown/unreported | | | | | |
| Race (one response per participant) | | | | | |
| American Indian or Alaska Native | | | | | |
| Asian | | | | | |
| Black or African American | | | | | |
| Native Hawaiian or Other Pacific Islander | | | | | |
| White | | | | | |
| Other | | | | | |
| More than one race | | | | | |
| Unknown/unreported | | | | | |
| Primary language spoken at home (one response per participant) | | | | | |
| English | | | | | |
| Spanish | | | | | |
| Chinese | | | | | |
| Other | | | | | |
| Special populations (one response per participant) | | | | | |
| None | | | | | |
| Pregnant or parenting teens | | | | | |
| Youth in foster care | | | | | |
| Homeless youth | | | | | |
| Youth in the juvenile justice system | | | | | |
| Other (describe _____) | | | | | |
| Total | | | | | |

TOTAL NUMBER OF YOUTH SERVED⁴ _____

TOTAL NUMBER OF YOUTH RETAINED⁵ _____

Method of collection and reporting for youth served: _____

Method of collection and reporting for youth retained: _____

Please report sections d through h separately for each implementation partner and program (you may combine information for different facilitators) Indicate whether this partner is a formal TA partner or informal TA partner

⁴ The total number of youth served including those who did not report gender or other demographic information should equal the total number of youth served by all programs as reported in section 1.g.

⁵ The total number of youth retained including those who did not report gender or other demographic information should equal the total number of youth retained by all programs as reported in section 1.g.

Implementation Partner 1: _____

ID: _____

Program 1: _____

Please indicate the nature of the partnership: (Check all that apply)

- We provide funding to this partner
- We provide ongoing Technical Assistance and Training to this partner
- We have provided only Training to this partner
- This partner participates fully in the collection of Performance Measures

d. Evidence-based intervention sessions⁶

| | | | |
|---|--|---|--|
| Setting(s) ⁷ | | # of cycles ⁸ implemented this reporting period | |
| Fidelity: mean % of activities implemented as planned | | Mean % of activities implemented as planned for sessions observed | |
| Mean overall quality rating of observed sessions | | | |

e. Evidence based intervention adaptations

| Adaptations this reporting period ⁹ | Planned ¹⁰ | Unplanned ¹¹ |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

f. Program youth targeted

Total number of targeted youth in this setting¹², during this reporting period: _____

Total number of targeted males in this setting, during this reporting period: _____

Total number of targeted females in this setting, during this reporting period: _____

g. Youth served and retained

Total number of youth served during this reporting period: _____

Total number of youth retained during this reporting period: _____

Percent of youth retained during this reporting period: _____

⁶ Session refers to one meeting for an evidence based intervention. We are interested in the number of sessions as opposed to modules or lessons because many partners have made adaptations so that one lesson may be split across two different sessions/meetings.

⁷ Settings could include a school, church, youth development program, recreation center, clinic, etc. If a partner is implementing the same program in different settings, consider reporting information for sections c through h separately for each setting.

⁸ Cycle refers to a complete offering of an evidence based intervention

⁹ Adaptations could include add-on lessons/modules, etc.

¹⁰ Planned adaptations received prior CDC approval before the start of implementation.

¹¹ Unplanned adaptations did not receive CDC approval before the start of implementation.

¹² For example, if implementing a program among 9th graders in a particular school, the targeted number of youth in the setting would be all 9th graders in the school.

h. Youth Outcomes for Evidence-Based Interventions

| | | | |
|---|--|---|--|
| # of pre-tests completed | | # post-tests completed | |
| # of youth who completed both a pre- and post-test | | % of youth who completed both a pre- and post-test | |
| Youth satisfaction post- test score (mean %) | | % of participants with 75% or better attendance | |
| Mean attendance rate (%) among youth who completed both pre- and post-tests ¹³ | | Median attendance rate (%) among youth who completed both pre- and post-tests | |

Reminder: Include only pre-test information on youth behaviors

| Youth Behaviors ¹⁴ among all youth who completed a pre-test | Males | | Females | |
|--|-------------------|---|-------------------|---|
| | Pre-Test Response | | Pre-Test Response | |
| | N | % | N | % |
| Youth who have ever had sex | | | | |
| Youth who had sex in the past 3 months (sexually active) | | | | |
| Sexually active youth who used hormonal contraception, an IUD, or a condom at last sex | | | | |

| Knowledge, attitudes, and intentions of targeted outcomes for youth with matched pre- and post-tests ¹⁵ | Participant | | | Comparison or control group ¹⁶ | | | T-test ¹⁷ score comparing participants and control groups |
|--|------------------------------|-------------------------------|---|---|-------------------------------|---|--|
| | Mean pre-test response score | Mean post-test response score | Mean difference between pre- and post-test scores | Mean pre-test response score | Mean post-test response score | Mean difference between pre- and post-test scores | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

¹³ If it is not possible to match attendance rates to pre-/post-test data, a question on attendance may be added to the post test

¹⁴ Include behavioral data for as many youth served as possible; time periods (e.g., past 3 months) may not be exact

¹⁵ May be reported as individual items or as a composite score. If composite scores are reported, please provide the individual survey questions and the scale.

¹⁶ Include scores for comparison group(s) when available. Comparisons could be made with separate youth or youth could serve as their own comparison.

¹⁷ Matched pairs t-test

i. Other Clients Served by Evidence-Based Programs

| | | |
|---|-----------------|--------------------------------|
| Program Name | | |
| Mean # of Program Services Received by <i>Parents/Guardians</i> | | |
| Median # of Program Services Received by <i>Parents/Guardians</i> | | |
| Mean # of Program Services Received by <i>Other Clients Served (Siblings, other Family Members, Etc.)</i> | | |
| Median # of Program Services Received by <i>Other Clients Served (Siblings, other Family Members, Etc.)</i> | | |
| | | |
| Client Type | # served | # retained¹⁸ |
| Parents/Guardians | | |
| Other Clients Served (Siblings, other Family Members, Etc.) | | |
| Total | | |

¹⁸ If there are multiple sessions

II. Clinical Component Performance Measures

Total Number of clinical partners: _____

Clinical Partner 1: _____

a. **Linkages and Referrals**

Please indicate the total number of formal and informal linkages^{19, 20} to date that your health center has developed with organizations, providers, programs, and/or institutions *for the purposes of increasing access to and utilization of contraceptive or reproductive health services among adolescents*, the number of new formal and informal linkages obtained during this reporting period, and the percent of formal and informal linkages that were obtained during this reporting period (Denominator = total number of formal or informal linkages to date). By “formal linkages” we mean *written agreements* to work with these providers or organizations to enhance access to contraceptive or reproductive health services that your health center provides; by “informal linkages” we *mean no written agreement exists*.

| # of Formal Linkages to date | # of New Formal Linkages obtained this reporting period |
|------------------------------|---|
| | |

| # of Informal Linkages to date | # of New Informal Linkages obtained this reporting period |
|--------------------------------|---|
| | |

Please indicate the total number of youth referred by organizations/providers with whom you have formal or informal linkages and the total number of youth referrals that resulted in the receipt of care.

Total number of youth referred (optional, depending on data availability): _____

Total number of youth referrals that resulted in the receipt of care: _____

¹⁹ **Linkage:** A formal partnership between community organizations, agencies, or other institutions (which may include but are not limited to health centers, schools, and churches). The partnership is formalized through a written agreement (e.g., a MOU) that clearly defines how partners will share resources and services related to teen pregnancy prevention.

Referral: An informal mechanism or medium that directs clients to care. Referral sources can include friends, family members, Internet sources, schools, as well as linkage partner organizations/agencies/institutions.

²⁰ Please include linkages created during this project as well as linkages created before the start of this project.

b. Billable Source by Revenue for adolescent patients between the ages of 12-19 years

Please indicate both the percentage of revenue by source that the health center receives for adolescent visits at which contraceptive or reproductive health services²¹ are provided (Denominator = total number of unduplicated adolescent visits), and the number of visits at which contraceptive or reproductive health services are provided, per revenue source.

Data reporting period _____ indicate the date range for the data provided below.

| % | # of Visits | Source of Revenue |
|---|-------------|---|
| | | Medicaid Fee for Service |
| | | Medicaid Family Planning Waiver |
| | | Medicaid Managed Care |
| | | Commercial Insurance |
| | | Sliding Fee Scale (Patient pays for a portion of the charges out-of-pocket) |
| | | Full Pay (Patient pays for the full cost of service out-of-pocket) |
| | | No pay (services are covered by grants, e.g., Title X, Title V, 330, Private Foundation, etc) |
| | | Uninsured (health center absorbs costs of services) |
| | | Other (Please describe): |

c. Training on Adolescent Development

Please indicate the number and percentage of ALL health center staff (e.g., all clinical and non-clinical staff who have direct contact with adolescent clients) who have received training in Stages of Adolescent Development during the past two years: _____

d. Continuous Quality Improvement (CQI) efforts and processes

| Does the health center | Yes | No |
|---|-----|----|
| Have a set of performance measures that are collected on a regular basis (e.g., quarterly, monthly) for monitoring the use of health care services for adolescents? | | |
| Have a set of performance measures that are collected on a regular basis (e.g., quarterly, monthly) for monitoring the delivery of contraceptive, reproductive, or sexual health care services for adolescents? | | |

²¹ Includes adolescent visits at which contraceptive or reproductive health services are provided, regardless of the primary reason for the visit.

e. Clinical Best Practices²²

| Promoting “Teen Friendly” Services: Health Care Delivery System, Contraceptive and Reproductive Health Best Practices | Total number of best practices implemented to date | Number of <u>new</u> best practices implemented during the <u>past reporting cycle</u> |
|---|--|--|
| Subset 1: Contraceptive Access (7) | | |
| Subset 2: Quick Start Method for Initiation of Hormonal Contraception and IUD (4) | | |
| Subset 3: Emergency Contraception (3) | | |
| Subset 4: Cervical Cancer Screening (1) | | |
| Subset 5: STD and HIV Testing (6) | | |
| Subset 6: Cost, Confidentiality and Consent (2) | | |
| Subset 7: Infrastructure (3) | | |
| Subset 8: Environment (5) | | |
| Total (31) | | |

²² Best practice refers to strategies and activities that have been evaluated and demonstrate effectiveness at promoting sexual health for adolescents. The clinical best practices focus on systems related to access, processes for the delivery of care, utilization of evidence-based clinical recommendations, cost, confidentiality, supportive infrastructure, and the health care delivery environment. Where gaps exist, as identified through assessment activities, improvement efforts should focus on strategies to ensure that the set of “best practices” are adopted and implemented over the course of the project.

f. Use of health care services by adolescents

The following data may be collected via billing records, EMRs, and other methods. It is recommended that you collect these data for each month.

Data reporting period _____ indicate the date range for the data in all tables below.

FEMALE Adolescent Clients (Unduplicated) and Visits by Race/Ethnicity, Age Group, and Reporting Period

| FEMALES | # Adolescent Clients (Unduplicated) | # Adolescent Visits ²³ | # Adolescent Visits in which Contraceptive, Reproductive, or Sexual Health Services are Provided ²⁴ |
|--|-------------------------------------|-----------------------------------|--|
| Hispanic/Latino(a) - All Races²⁵ | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| Black or African American (Non-Hispanic) | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| White (Non-Hispanic) | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| Other (Non-Hispanic) | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| Unknown Race and Ethnicity | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| All Races and Ethnicities | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |

²³ Any visit where an adolescent is seen by a healthcare team member - not only visits designated as reproductive/sexual health visits.

²⁴ Includes any health center visit where contraceptive, reproductive, or sexual health services are provided to the adolescent patient, regardless of the primary reason for the visit.

²⁵ Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race

Table 2. MALE Adolescent Clients (Unduplicated) and Visits by Race/Ethnicity, Age Group, for each Reporting Period²⁶

| MALES | # Adolescent Clients (Unduplicated) | # Adolescent Visits²⁷ | # Adolescent Visits in which Contraceptive, Reproductive or Sexual Health Services are Provided²⁸ |
|--|--|---|---|
| Hispanic/Latino(a) - All Races²⁹ | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| Black or African American (Non-Hispanic) | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| White (Non-Hispanic) | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| Other (Non-Hispanic) | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| Unknown Race and Ethnicity | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |
| All Races and Ethnicities | | | |
| 12-14 years | | | |
| 15-17 years | | | |
| 18-19 years | | | |
| Total | | | |

²⁶ Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period. If the client reports using more than one method of birth control, report the most effective one as the primary method (e.g., if a client is given the patch and emergency contraception as a backup method, only include information on the patch).

²⁷ Any visit during which an adolescent is seen by a healthcare team member – not only visits designated as reproductive/sexual health visits.

²⁸ Includes any health center visit at which contraceptive, reproductive, or sexual health services are provided to the adolescent patient, regardless of the primary reason for the visit.

²⁹ Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race

Table 3. FEMALE Adolescent Clients (Unduplicated) and Number Provided (i.e., dispensed on-site or by prescription) Contraception by Age Group, for each Reporting Period³⁰

| FEMALES | # Adolescent Clients (Unduplicated) |
|--|--|
| All Unduplicated Clients (Total) | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| Provided Hormonal Contraception³¹ (not including IUDs or Implants) | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| Provided the Pill | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| Provided Injectable Contraception (e.g., Depo Provera) | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| Provided IUD | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| Provided Contraceptive Implants (e.g., Implanon) | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| Provided Emergency Contraception (EC)³² | |
| 12-14 years | |
| 15-17 years | |

³⁰ Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period. If the client reports using more than one method of birth control, report the most effective one as the primary method (e.g., if a client is given the patch and emergency contraception as a backup method, only include information on the patch).

³¹ Hormonal contraception here includes the pill, patch, ring, and injectable contraception

³² Including the provision of EC as a backup method along with another contraceptive method

| | |
|--|--|
| 18-19 years | |
| Total | |
| % Contraceptive Coverage³³ | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |
| % LARC Coverage³⁴ | |
| 12-14 years | |
| 15-17 years | |
| 18-19 years | |
| Total | |

³³ Calculated as the proportion of all unduplicated adolescent female clients provided hormonal contraception, contraceptive implants, or IUD.

³⁴ Calculated as the proportion of all unduplicated adolescent female clients provided contraceptive implants, or IUD.

Table 4. FEMALE Adolescent Clients (Unduplicated) and Number Provided (i.e., dispensed on-site or by prescription) Contraception by Race/Ethnicity Group, for each Reporting Period³⁵

| FEMALES | # Adolescent Clients (Unduplicated) |
|--|--|
| All Unduplicated Clients (Total) | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| Provided Hormonal Contraception³⁶ (not including IUDs or Implants) | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| Provided the Pill | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| Provided Injectable Contraception (e.g., Depo Provera) | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| Provided IUD | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |

³⁵ Data should be pulled for unduplicated adolescents by hormonal contraception or IUD adopted or continued, at the time of exit from their last encounter (visit) to the health center in the given reporting period. If the client reports using more than one method of birth control, report the most effective one as the primary method (e.g., if a client is given the patch and emergency contraception as a backup method, only include information on the patch).

³⁶ Hormonal contraception here includes the pill, patch, ring, and injectable contraception

| | |
|---|--|
| Provided Contraceptive Implants (e.g., Implanon) | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| Provided Emergency Contraception (EC)³⁷ | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| % Contraceptive Coverage³⁸ | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |
| % LARC Coverage³⁹ | |
| Hispanic/Latina (all races) | |
| Black or African American (non-Hispanic) | |
| White (non-Hispanic) | |
| Other (non-Hispanic) | |
| Unknown/unreported | |
| Total | |

³⁷ Including the provision of EC as a backup method along with another contraceptive method

³⁸ Calculated as the proportion of all unduplicated adolescent female clients provided hormonal contraception, contraceptive implants, or IUD.

³⁹ Calculated as the proportion of all unduplicated adolescent female clients provided contraceptive implants, or IUD.

III. Community Mobilization and Sustainability Performance Measures

a. Core Partner Leadership Team

| | |
|---|------------------|
| Total # of Core Partner Leadership Team Meetings Convened | |
| # of Core Partner Leadership Team Members | |
| # of Core Partner Leadership Team Members who Attend at least 75% of Team Meetings | |
| Significant Action Items⁴⁰ | Completed |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

b. Community Action Team Participation

| | |
|--|------------------|
| Total # of Community Action Team Meetings Convened | |
| # of Community Action Team members | |
| # of Community Action Team Members who Attend at least 75% of Team Meetings | |
| Significant Action Items⁴¹ | Completed |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

c. Youth Leadership Team

| | |
|--|------------------|
| Total # of Youth Leadership Team Meetings Convened | |
| # of Youth Leadership Team Members | |
| # of Youth Leadership Team Members who Attend at least 75% of Team Meetings | |
| Significant Action Items⁴² | Completed |
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

⁴⁰ Significant items include the large or key action items that the group would like to accomplish each year. We anticipate that each group would have no more than 5 significant action items per year.

⁴¹ Significant items include the large or key action items that the group would like to accomplish each year. We anticipate that each group would have no more than 5 significant action items per year.

⁴² Significant items include the large or key action items that the group would like to accomplish each year. We anticipate that each group would have no more than 5 significant action items per year.

IV. Stakeholder Education Performance Measures

Total number of stakeholder education strategies guided by best practices implemented to date: _____

Number of new stakeholder education strategies guided by best practices implemented during the past reporting cycle: _____

V. Working with Diverse Communities Performance Measures

| Working with Diverse Communities strategies guided by best practice ⁴³ | Total number of strategies guided by best practices implemented to date | Number of <u>new</u> strategies guided by best practices implemented during the <u>past reporting cycle</u> |
|--|---|---|
| Subset 1: Engage diverse youth (7) | | |
| Subset 2: Utilize participatory approaches for community mobilization to include diverse youth (8) | | |
| Subset 3: Engage a diverse group of community partners to participate in teen pregnancy prevention efforts (3) | | |
| Subset 4: Support implementation partners' programmatic practices (8) | | |
| Subset 5: Support clinical partners to develop culturally competent clinical services (7) | | |
| Subset 6: Support community outreach practices (4) | | |
| Total (37) | | |

⁴³ Best practice refers to strategies and activities that have been evaluated and demonstrate effectiveness at promoting sexual health for adolescents. Strategies that do not have strong evidence of effectiveness (e.g., less rigorous evaluation) are considered strategies guided by best practices (e.g., lessons learned). The WDC strategies guided by best practice focus on identifying and developing a plan for serving diverse, hard-to-reach, marginalized, or vulnerable youth with teen pregnancy prevention programs and services (e.g., African American and Latino youth, youth in foster care, youth in the juvenile justice system, GLTBQ youth, and pregnant and parenting teens); conducting activities to educate community partners on the link between social determinants and teen pregnancy (e.g., workshops, webinars); and training clinical and program partners to provide teen-friendly, culturally competent services and programs.

VI. Dissemination

a. Manuscripts

How many manuscripts related to this project have been accepted for publication or published during the past reporting cycle? _____

How many manuscripts related to this project have been published to date? _____

Please list the references for any published manuscripts.

b. Presentations

How many presentations have you made at each of the following levels during the past reporting cycle:

National or regional? ____

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made).

State? ____

Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made).