



SOUTHERN NEVADA HEALTH DISTRICT

**Annual Progress Report
GRANT 3TP1 AH000024**

September 1, 2010 – August 31, 2011

Southern Nevada Health District
ANNUAL PROGRESS REPORT

Table of Contents

I. ANNUAL PROGRESS REPORT	Page
a. Twelve-Month Progress Report	3
b. Additional Narrative	16
c. Success Story	18
II. FINANCIAL STATUS REPORT	
III. APPENDIX A	
a. Teen Pregnancy Prevention Program: Year One Outcome Evaluation Report for the Southern Nevada Health District	

**Twelve-Month Progress Report
SOUTHERN NEVADA HEALTH DISTRICT
GRANT 3TP1 AH000024
September 1, 2010 – August 31, 2011**

Goal: By the end of the Teen Pregnancy Prevention grant project in 2015, Clark County will have a 10% reduction over 2008 baseline in the rate of births¹, pregnancy¹ and sexually transmitted diseases (HIV, Chlamydia, Gonorrhea, and Syphilis)² among adolescents (15-19 years). Clark County Risk Behavior Surveillance (YRBS) will indicate an associated 10% change in sexual behavior indicators for youth age 13-18 years compared to baseline data.

¹ Teen Pregnancy Counts and Rates, Clark County Residents, 2007-2008. Nevada State Health Division Office of Health Statistics and Surveillance.

² Sexually Transmitted Disease Morbidity (15-19 yrs), Nevada, 2008. Centers for Disease Control and Prevention (CDC WONDER) <http://wonder.cdc.gov/std-std-v2008-race-age.html>

Objective 1: By the end of fiscal year 2011, influence teen attitudes, behaviors, normative beliefs and self efficacy regarding HIV/STD risk reduction behaviors via implementation of the curricula.

Process Objective	Activity	Completion Date	Outcome
1. Develop contracts / MOUs with collaborative partners.	1. Identify partners to include site participants, technical assistance, evaluator, and consultants.	1/31/11 Met	Collaborations were established with Clark County's Department of Juvenile Justice Services and Clark County's Department of Family Services. Both organizations provided access to program participants and site locations for program delivery. Consultation, technical assistance and training services were secured and delivered through contracts with Cardea (formerly the Center for

	2. Finalize deliverables; process MOUs/Contracts through agencies and SNHD Finance.	02/28/11 Met	Health Training) and the Nevada Institute for Children’s Research and Policy (NICRP). Cardea provided fidelity training and monitoring and NICRP provided data collection and program outcome evaluation. Scope of work and deliverables were finalized and final contracts approved by all collaborating agencies and SHND finance.
2. Acquire curriculum and Materials needed for training and project implementation	1. Purchase: Curriculum (s), educational materials, AV equipment, etc.	01/17/11 Met	10 implementation kits for ¡Cuidate! and 10 implementation kits for Be Proud! Be Responsible! were purchased and made available for facilitator training and program implementation. SNHD facilitators read and acknowledged understanding of Select Media’s license agreement. In addition, supportive educational materials and equipment were purchased.
3. Recruit staff to implement and sustain project deliverables.	1. Hire/train Senior Health Educator. 2. Hire and train six (6) culturally and linguistically appropriate curriculum facilitators.	12/20/10 Met 03/17/11 Met	A Senior Health Educator was hired. This individual serves as Lead and Program Coordinator providing guidance to the other six Health Educators, and serves as the primary contact between SNHD, providers, and OAH. The first Two (2) Health Educators hired for the program started on 01/17/11, and the remaining four (4) Health Educators started on 03/17/11. All staff were screened and tested for the necessary professional, cultural and linguistic competencies.

			<p>All Health Educators received training on Be proud! Be Responsible! on 3/22/11 through 3/24/11; and ¡Cuidate! on 4/12/11 through 4/14/11. Additional training was facilitated by CHT on Sexual Health & Risk Reduction on 4/7/11 and Facilitator Training on 7/19/11 and 7/20/11.</p>
<p>4. Participate in trainings/conferences</p>	<p>1. Complete scheduled trainings & conferences.</p>	<p>Various dates Met</p>	<p>The Program Director, Program Coordinator and all five Health Educators attended the following OAH regional trainings: January 31 – Feb. 2, 2011 – First Annual Tier 1 Teen Pregnancy Conference (Program Director, Program Supervisor and NICRP’s Associate Director attended) April 7-8, 2011 – First Midwest/West Regional Training (3 staff members attended) June 14-15, 2011 - Second Midwest/West Regional Training (3 staff members attended) August 4-5, 2011 – Third Midwest/West Regional Training (2 staff members and program Director attended)</p> <p>The following scheduled OAH webinars were also completed by the Health Educators: 1/27/11 – Needs Assessment Webinar 3/30/11 – Healthy Relationships Webinar 5/31/11 – Community Engagement Webinar 8/15/11 - Performance Measure Overview Webinar.</p> <p>The SNHD team found the training provided by</p>

	<p>2. Complete training on HIV/STD fundamentals; overview of birth control methods; Curricula fidelity training; Sexual health and risk reduction training; field safety; OAH required training.</p>	<p>Various dates Met</p>	<p>OAH to be of great assistance in completing a successful pilot phase. The regional conferences did not only provide a great opportunity to network with other grantees and learn what they were doing, but provided practical information such as how to incorporate youth engagement in our efforts to reach our participants. The team utilized this information and resources to develop the program's youth engagement proposal and strategy.</p> <p>Guidance provided by OAH in other areas like program evaluation were critical in the team's clear understanding of expectations in areas such as program fidelity and program performance measures.</p> <p>The need for additional training was determined by analyzing core competencies related to program delivery requirements and observations provided from fidelity training and monitoring.</p> <p>As a result, additional and supplemental training on the following topics were completed throughout the first year: HIV/STI Fundamental (1/31 & 3/16/11), Health & Safety Webinar (3/8/11), Top Safe (3/14 & 3/15/11), Client Centered Counseling (3/18/11), Gang Unit Briefing (4/11/11), Health Disparities & Social Determinants (6/22/11), Social Marketing/Media (6/29/11), Cultural Competency Skills for Working with LGBT Youth (7/12/11), Cultural Competency for Public Health</p>
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			Professionals (7/12/11), and Adolescent and the Law Webinar (8/11/11).
5. Develop and implement site specific enrollment criteria and referral process for project participants	1. Define: Participant/program match; group size; location suitability, Curriculum intensity; notification of facilitators.	4/15/11 5/10/11 6/1/11 Met	In close cooperation with program collaborators and evaluators, site implementation plans were developed. These site implementation plans identify the participant selection criteria, the most appropriate group size by location, site locations, and the length and frequency of program delivery. Site Implementation Plans were approved by OAH and disseminated to program collaborators on: 4/15/11 for Juvenile Detention Center 5/10/11 for Juvenile Probation Centers, and 6/1/11 for Foster Care.
6. Develop process for post curriculum participant follow-up	1. Verify need for parental involvement/consent. 2. Verify transition processes that facilitate continued contact with participants.	2/28/11 Met 8/10/11 Met	After review of subsection 5 of NRS 389.065, which deals with the instruction of AIDS, human reproductive system, related communicable diseases and sexual responsibility, a parental notification form was developed. Partners will ensure parental notification for the curricula training is part of the agencies' routine administrative processes. Participants complete a contact information form. NICRP developed and implemented a protocol that is used for participant tracking at 3 and 6 months follow-up. In addition, agency partners have agreed to assist in the event that a participant cannot be contacted based on his/her contact information form.

	3. Establish unique participant identifier.	8/31/11 Met	NICRP developed and established a unique participant identifier system. As SNHD transitions from paper collection of data to digital collection of data the unique participant identifier will assure a greater level of confidentiality.
7. Develop Incentive Program related to curriculum and / or evaluation completion	1. Identify and purchase incentives based on funding, storage and distribution capacity.	2/17/11 Met	Through the use of focus groups the following incentives were identified for purchase and distribution: \$10 dollar gift cards, condoms, condom cases for males and compact cases for females. The tracking and auditing of incentive purchases and distribution are monitored via the use of an inventory management policy developed by SNHD. Secure storage for the incentives was addressed by the purchase and use of a security safe.
	2. Develop criteria and distribution process for incentives.	2/25/11 Met	Criteria and distribution processes for incentives were developed and set forth by an incentive distribution policy and procedure.
8. Implement curriculum at project sites and enroll 240 participants with an 80% completion rate in	1. Initiate project at: Juvenile Detention, Foster Care and Probation	4/18/11 5/17/11 6/14/11 Met	By the end of fiscal year 2011, SNHD's TPP program successfully implemented ¡Cuidate! and Be Proud! Be Responsible! During this Pilot phase, all implementation dates were achieved as scheduled. Implementation in Juvenile Detention began on 4/18/11; Juvenile Probation began on 5/17/11; and

the pilot phase.			<p>Foster Care on 6/14/11.</p> <p>SNHD's TPP program successfully implemented 38 workshops, and 253 youth participated with an overall completion rate for all sites of 77.5%</p>
Objective 2: Assure fidelity to the model, ability to evaluate project outcomes, and meet program reporting requirements as defined by The Office of Adolescent Health.			
Process Objective	Activity	Completion Date	Outcome
<p>1. Assure site suitability for pilot project (Detention, Probation, Foster Care)</p>	<p>1. Conduct site visits; evaluate site suitability for model delivery; modify as needed.</p>	<p>4/15/11 4/22/11 5/04/11 5/11/11 Met</p>	<p>In close cooperation with program collaborators, numerous site visits were conducted to evaluate the suitability of the sites to support the learning process and program delivery as follows: 4/15/11 at Juvenile Detention Center (3 sites) 4/22/11 at Foster Care (2 sites) 5/04/11 at Juvenile Probation Center at Stewart 5/11/11 at Juvenile Probation Center at Martin Luther King</p> <p>Positive feedback was given during the OAH site visit conducted on 5/04/11 in which the Program Officer had opportunity to meet the team, familiarize herself with the program and visit one of the implementation sites.</p> <p>After completing mid-point pilot evaluations of the implementation sites, SNHD provided the program collaborators with a program progress report. During this time, SNHD met with collaborators to discuss any needed adaptations and reevaluate the suitability of the site for model delivery. Program Progress Reports were provided to</p>

			<p>program collaborators on: 6/21/11 to Juvenile Detention Center 8/09/11 to Juvenile Probation Centers 10/04/11 to Foster Care</p>
<p>2. Evaluate facilitators' fidelity to the model.</p>	<ol style="list-style-type: none"> 1. Ensuring that core elements of each curriculum and proposed adaptations will not impact fidelity. 2. Developing fidelity monitoring tools for utilization while observing facilitators. 3. Observing pilot sessions and assessing facilitator's knowledge and skills to conduct curricula with fidelity. 4. Providing, if necessary, additional mentoring and coaching of facilitators to ensure fidelity in the replication of the curricula. 5. Build the capacity of SNHD management staff to continue to observe and assess for fidelity in future years. 	<p>4/19/11 4/21/11, 4/26/11, 4/28/11, 4/29/11, 5/24/11, 6/28/11, 7/5/11 Met</p> <p>9/21/11 Met</p>	<p>Cardea (formerly the Center for Health Training) conducted and completed evaluations on site suitability for model delivery, and facilitator adherence to the curriculum. Cardea evaluated facilitators' fidelity with the use of a fidelity checklist and rating form. Findings were documented and reported to TPP staff.</p> <p>Fidelity monitoring took place on: 4/19/11 – 4/21/11 each team was observed delivering 2 modules of BPBR at Detention. 5/24/11 – 5/27/11 two teams were observed delivering all 6 modules of Cuidate at Detention. 6/28/11 – 6/30/11 one team was observed delivering all 6 modules of Cuidate at Probation. 7/5/11 – 7/7/11 each team was observed delivering all 6 modules of BPBR at Detention.</p> <p>The Program Supervisor and Program Coordinator conducted additional fidelity monitoring on 4/21/11, 4/26/11, 4/28/11, and 4/29/11.</p> <p>A fidelity monitoring plan was developed and approved as part of the process evaluation plan.</p>
<p>3. Formalize methodology to</p>	<ol style="list-style-type: none"> 1. Develop process for completion/access of 3mos 	<p>02/28/11 Met</p>	<p>In conjunction with NICRP, a data collection, data transfer, and data sharing system was developed.</p>

<p>assure completion of participant evaluation phase</p>	<p>evaluation data Juvenile Detention to Probation. Juvenile Detention- no probation. Probation only Foster Care</p>		<p>NICRP developed and implemented a protocol that is used for the collection of 3 month and 6 month participant follow-up information. Regardless of the transition status of the participant.</p> <p>Although the 2011 fiscal year has come to a conclusion, data collection and evaluation of activities continues as prescribed in the evaluation plan.</p>
<p>4. Develop systems and tools to meet reporting requirements for project outcomes and OAH performance measures.</p>	<p>1. Design Methodology to assure data collection.</p> <p>2. Design and implement methods for transfer of data to project evaluator.</p> <p>3. Submit report</p>	<p>4/29/11 Met</p> <p>08/10/11 Met</p> <p>5/54/11 Met</p>	<p>Data collection methodology was designed and completed in conjunction with NICRP. Data collection methodology tools developed include:</p> <ul style="list-style-type: none"> • Informed consent and confidentiality form • Pre-Survey (Knowledge Base and Sexual History Questions) • Post-Survey (Knowledge Base Questions and Perceived Impact Questions) • 3 and 6 month follow-up survey (Knowledge Base and Sexual History Questions) • OAH demographic and performance measures questions were included as required. <p>NICRP developed and implemented a protocol for the transfer of data. In addition, SNHD purchased the computer program SPSS for data analysis and data transfer.</p> <p>6 Month Progress Report was submitted to OAH. 12 Month Progress Report will be submitted by the</p>

			anticipated date of 11/30/11.
Objective 3: Improve the ability of youth to engage in safer sex behaviors which result in a reduction of teen birth and STD rates in Clark County, Nevada.			
Process Objective	Activity	Completion Date	Outcome
1. Report an increase in knowledge about HIV transmission and prevention in the post curriculum evaluation for 80% of project participants.	1. Review pre & post curriculum evaluation data regarding HIV transmission and prevention knowledge to determine baseline # and rate of improvement.	8/31/11 Met	<p>The average pre-curriculum score regarding HIV transmission and prevention knowledge across all sites was 80%, post- curriculum the average increased to 92.7%. Statistical test carried out showed an increase in the average score of 1.31, a statistically significant difference.</p> <p>Detailed information for this outcome goal can be found on page 14, Table 2.1 of Appendix A.</p> <p>Note: Reported results and figures are preliminary as some pilot participants were not eligible to complete follow-up surveys at the time of this report.</p>
2. Report a 65% increase in participant's intentions to abstain from sex for at least 6 months post curriculum completion.	1. Review pre curriculum evaluation data regarding participant's frequency of sexual activity and post curriculum evaluation intentions to determine baseline # and rate of intended change.	In Progress	<p>27.4% (66) of participants demonstrated an increase in their "intention to abstain" from the time of pre-curriculum to post curriculum evaluation. Pre-survey results for participants when asked how likely it was that they would have sex in the next 3 months, the average score was 3.7. When asked the same question in the post-survey the average score was 3.6.</p> <p>Detailed information for this outcome goal can be</p>

			<p>found on page 16, under the findings heading of Appendix A.</p> <p>Note: Reported results and figures are preliminary as some pilot participants were not eligible to complete follow-up surveys at the time of this report.</p>
<p>3. 50% of participants report a reduction in their intention to have more than one sex partner immediately after completing curriculum annually.</p>	<p>1. Review pre curriculum evaluation data regarding number of sexual partners and post curriculum evaluation intentions to determine baseline # and rate of intended change annually.</p>	<p>8/31/11 Met</p>	<p>Comparisons of the pre-survey responses to the follow-up survey responses indicate 27.3% (3) of participants demonstrated a decrease in the numbers of partners, and 54% (6) participants demonstrated no change in the numbers of partners.</p> <p>Detailed information for this outcome goal can be found on page 19, Table 4.1 of Appendix A.</p> <p>Note: Reported results and figures are preliminary as some pilot participants were not eligible to complete follow-up surveys at the time of this report.</p>
<p>4. 50% of participants will report an increase in condom use immediately after completing curriculum annually.</p>	<p>1. Review pre curriculum evaluation data regarding condom use and post curriculum evaluation intentions to determine baseline # and rate of intended change.</p>	<p>In Progress</p>	<p>At pre-survey, 54 % (102) of participants indicated they did use a condom during their last sexual experience. Due to low participant completion of the follow-up survey at the time of the report there are no appropriate figures to report at this time.</p> <p>When asked how often you use a condom during sex, 21.4% (3) of program participants indicated an increase in condom usage three months after the curriculum.</p> <p>Detailed information for this outcome goal can be</p>

			<p>found starting on page 22, Table 5.1 and 5.2 of Appendix A.</p> <p>Note: Reported results and figures are preliminary as some pilot participants were not eligible to complete follow-up surveys at the time of this report.</p>
<p>5. 50% of participants will report an increase in use of refusal skills after completing curriculum annually.</p>	<p>1. Review pre curriculum evaluation data regarding refusal skills 3mos. post curriculum evaluation of refusal skills to determine baseline # and rate of intended change.</p>	<p>In Progress</p>	<p>48.7% (114) of participants reported an increase in refusal skills compared to pre-curriculum; and 81.3% (13) participants reported an increase in refusal skills at the follow up survey.</p> <p>Detailed information for this outcome goal can be found on page 27, Table 6.3 of Appendix A.</p> <p>Note: Reported results and figures are preliminary as some pilot participants were not eligible to complete follow-up surveys at the time of this report.</p>
<p>Objective 4: By 2015, enhance system capacity within the community to expand and sustain the provision of the curricula to a wide range of teens throughout Clark County, Nevada and to achieve the overall goal of reducing birth, pregnancy and STD rates.</p>			
<p>Process Objective</p>	<p>Activity</p>	<p>Completion Date</p>	<p>Outcome</p>
<p>1. Develop Teen Pregnancy Prevention Advisory Board.</p>	<p>1. Identify community members to serve on advisory board with African American, Hispanic, and teen representation.</p> <p>2. Develop charter and governance structure.</p>	<p>Unmet</p>	<p>Although discussion and consideration was given to this activity throughout the first fiscal year, this activity remained unmet. Due to initial demands for program implementation, this objective and all associated activities were postponed with approval of OAH Project Officer. Completion of this activity is addressed and prioritized under objective number</p>

	<ol style="list-style-type: none"> 3. Meet biannually to review project progress and community input. 		two of the second year work plan.
<ol style="list-style-type: none"> 2. Develop the Clark County Community Coalition for Teen Pregnancy Prevention 	<ol style="list-style-type: none"> 1. Identify a broad spectrum of stakeholders. 2. Involve the best representatives from identified stakeholder group. 3. Engage the coalition members in the process of planning and delivering interventions. 4. Establish charter, governance, goals and objectives. 	Unmet	See above.
<ol style="list-style-type: none"> 3. Evaluate potential for expansion of curricula to additional venues based on funding capability and community capacity. Replicate contracts, MOU site evaluation, training etc, as identified for 	<ol style="list-style-type: none"> 1. Work with OAH, coalition partners and advisory board to identify additional venues for curricula implementation. 	Unmet	This process objective and all associated activities were not approved by OAH at this time.

initial participants.			
4. Evaluate effectiveness of Coalition activities in achieving stated goals.	1. Collection and review of Clark County data on Teen Pregnancy, Birth and STD rates compared to goal expectation.		Data is currently unavailable.

Additional Narrative

Report on any other significant project activities, accomplishments, setbacks or modifications (e.g. change in key staff, change in scope) that have occurred in the current budget period and were not part of the program work plan. These should include legislative and/or judicial actions impacting the program, as well as agency events.

1. Prior to program pilot implementation, Health Educators carried out five (5) focus groups with youth representing the targeted population designed to provide valuable insight into the needs of the community, effective incentives to garner participation and completion of the program, and gauge adolescent attitudes and knowledge of sexual risk behaviors regarding teen pregnancy and STDs. Focus groups also allowed for the beginning of community capacity building with the relationships that were established with the community agencies (Richard Steele Boxing Club, Bilingual Behavioral Health, Pearson Community Center, Southern Nevada Children First, and Shannon West Homeless Shelter) that provided access to their sites and the population they serve.
2. Safety and security concerns identified at the Detention site (e.g. the use and monitoring of writing utensils, staff must avoid the wear of certain colors, etc.) prompted SNHD to develop solutions to address these issues. To resolve the dress code issue, it was decided that all TPP staff would wear clearly marked, standardized SNHD apparel (black/light blue SNHD shirt; Tan or black pants) to enable probation officers/case managers to clearly identify SNHD staff. To reduce the need of using writing utensils, it was decided that participant process and outcome evaluations would be delivered using touch screen computer tablets. Another issue the touch screen computer tablets will address is the maintenance of participant confidentiality when

gathering data. The information will be encrypted and automatically uploaded to a secure SNHD database. This concept was approved by the OAH project officer in late January, 2011. TPP staff met with staff from the information technology department to develop the project. Computer tablets were ordered. However, due to extenuating circumstances with other IT projects, the coding and programming of the surveys, database and website was delayed. Implementation of the computer tablets is currently in the beta testing phase.

3. During 5/04/11 site visit, the Project Officer had the opportunity to attend TPP Program presentations conducted by the Program Manager at the Southern Nevada Regional Planning Coalition Youth Committee's meeting for the Ready For Life Initiative and at the TPP Community Stakeholder meeting hosted at SNHD.
4. On 5/26/11, TPP Program Supervisor conducted a TPP Program presentation at a Ready for Life initiative meeting; and on 08/18/11 participated in the UNLV BART advisory committee.
5. On 10/14/11, SNHD's Chief Health Officer made a presentation to the State Board of Health and reported on the TPP program and its accomplishments.
6. During the 2011 Nevada Public Health Association's Annual Conference, the TTP facilitators conducted presentations on mid-pilot outcome measures and process evaluation results.
7. One of the Health Educators was terminated due to the inability to meet the requirements of the core competencies as required by the position. In addition, the Administrative Assistant hired in June, 2011 accepted an employment offer at another organization. Recruitment for a new Administrative Assistant was carried out and the position was filled on 10/17/2011.
8. Proposed adaptations with rationale for Be Proud! Be Responsible! and Cuidate! were submitted to OAH for approval on 9/1/11. Complete approval of all proposed adaptations is pending medical accuracy review by OAH.
9. Modifications from medical accuracy reviews were completed and submitted to OAH on 9/29/11 for Be Proud! Be Responsible! and on 10/21/11 for Cuidate!
10. Preliminary pilot program implementation results and outcome goal results are documented on the Teen Pregnancy Prevention Program – Year One Outcome Evaluation Report for the SNHD (Appendix A).

1. SUCCESS STORY TITLE:

TEEN'S REPORT HIGH SATISFACTION WITH SEX EDUCATION PROGRAM!

2. PROBLEM OVERVIEW:

In order for any intervention to be effective and achieve its outcomes, participant engagement is critical. When providing services to at-risk youth, service providers are often faced with the obstacle of overcoming the lack of or the low level of participant buy-in and engagement. Among the barriers identified in achieving engagement with at-risk youth, we can list issues such as personal and social stresses of the participant, lack of training on how to engage participants, different program expectations held by the provider and the participant, and participant attitudes toward the service (Staudt, 2007). Service providers implementing interventions with at-risk youth must take proactive steps in addressing and overcoming these barriers.

3. PROGRAM/ACTIVITY DESCRIPTION:

In order to make sure that interventions are effective and participants are receptive to development of the necessary skills, providing a positive environment that supports development and meets their needs is essential.

To ensure that such an environment was provided to our participants, our Health Educators received extensive training in classroom management, classroom facilitation and cultural competency by Cardea (formerly Centers for Health Training). This training took place on July 19th and 20th, 2011; and it provided the Health Educators with a wide range of techniques to engage participants and create an inclusive environment that supports learning and development. Techniques learned included recognizing learning styles; understanding group and individual needs; how to communicate with different personalities; and how to react and address difficult behavior. These skills and techniques were also reinforced during several workshops at OAH regional conferences and webinars.

The Health Educators created a constructive environment by providing positive, effective feedback during activities and encouraging the sharing of thoughts and opinions. The Health Educators' ability to deliver this environment is evaluated by the use of a participant surveys that are administered at the end of each class.

4. PROGRAM/ACTIVITY OUTCOMES:

The measurable outcome for this activity is to achieve a 90% satisfaction rate among all pilot-program participants. During the pilot program phase, our team was able to accomplish this objective by achieving an overall satisfaction rate of 93.9%. The following participant quotes provide an insight into the level of satisfaction experienced by program participants:

- *“I believe this is a great learning experience for teens and youth who are uneducated about sex.”*
- *“You folks did a great job teaching us how to take care of ourselves so just Cuidate!”*
- *“They are good role models for everybody and I recommend this program to every teenager.”*
- *“I learned a lot about HIV and AIDS people told me that was not true, now I know the right thing.”*
- *“Thank you and I learned about diseases and got tested because of you guys, thanks.”*

Another indicator of the overall satisfaction of participants is the addition of two program sites for the first full implementation period. This resulted from positive comments made by the participants to our collaborators.

5. STORY ABSTRACT:

Service providers that work with at-risk youth often face barriers when trying to engage this population. It is the responsibility of these providers to play an active role in identifying and addressing these barriers, to ensure program outcomes are met. The Southern Nevada Health District’s Teen Pregnancy Program surpassed its objective of achieving 90% satisfaction rate from its program participants by proactively taking measures such as hiring a culturally competent staff and providing them with the additional training required to work effectively with our identified at-risk population.

6. CHECK IF ANY OF THE FOLLOWING ARE BEING SUBMITTED TO COMPLEMENT YOUR STORY:

Testimonials

Quote from Partner/Participant

Sample of Materials Produced

Press Release

Promotional Materials

Photo(s) of Project

Video/Audio Clip

Other (Explain: _____)

7. CONTACT INFORMATION

NAME: **XAVIER FOSTER**

TITLE: **HEALTH EDUCATOR**

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8. DOES OAH HAVE PERMISSION TO SHARE THIS SUCCESS STORY?

Yes

No

9. DATE STORY SUBMITTED: Nov.18, 2011

10. OAH PROJECT OFFICER: Allison Roper