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Project Parenthood: Efficacy of Evidence-Based Parenting and Safer Sex Education Program in an  
At-Risk Adolescent Population

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### **Abstract**

**Objective:** Project Parenthood was developed to support the growth of adolescent parenting education and to provide a resource for adolescent safer sex education and repeat pregnancy prevention.

**Methods:** Through the use of pre- and post-surveys, three key variables were measured: (1) knowledge, (2) perspective, and (3) skill. Survey questions were categorized as measuring one of the variables. Survey data was aggregated to create a pre- and post-composite score for each question. The percentage of questions that resulted in an increase, decrease, or no change was calculated for each variable. A Paired t-Test analysis was run to evaluate whether or not there was a significant change in pre- and post-survey composite scores for each variable.

**Results:** Thirty-seven adolescents between the ages of 14-22 years participated in the 12 workshops. At the  $p < 0.05$  level of significance, a significant difference between pre- and post-survey composite scores was seen for each variable correlating with an increase in knowledge (64%), a change from a faulty to an appropriate perspective (58%), and an increase in skill (80%).

**Conclusions:** Project Parenthood improved outcomes through demonstrating increase in knowledge, improvement in faulty perspectives, and increase in skill among participants. A recommendation from this data is to focus on developing new and expanding existing parenting and safer sex education programs for adolescents in an effort to (1) reach an increased number of vulnerable adolescent populations, (2) decrease teen pregnancy rates, repeat pregnancy rates, and adverse effects of risky sexual behavior, (3) improve adolescent parenting skills, and (4) improve child welfare.

*Keywords:* Teen pregnancy, parenting education, safer sex education, repeat pregnancy prevention, parenting skills, child welfare

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**Project Parenthood: Efficacy of Evidence-Based Parenting and Safer Sex Education  
Program in an At-Risk Adolescent Population**

Adolescents make up a distinct segment of the population with key health issues unique to their age bracket. The Centers for Disease Control and Prevention (CDC) monitor six categories of “priority health-risk behaviors among youth and young adults” (Eaton et al., 2012, p. 1) through The Youth Risk Behavior Surveillance System (YRBSS). Priority health-risk behaviors are defined as “behaviors that contribute to the leading causes of morbidity and mortality among youth and adults” (Eaton et al., 2012, p. 1). One of the six categories of priority-risk health behaviors monitored through YRBSS is “sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection” (Eaton et al., 2012, p. 1).

Teenage pregnancy is an epidemic both within the United States and worldwide. In a study conducted by the CDC regarding pregnancy and childbirth among adolescent females, Ventura, Hamilton, Mathews, and The Centers for Disease Control and Prevention (2013) stated “pregnancy and childbirth among females aged <20 years have been the subject of long-standing concern among the public, the public health community, and policy makers” (p. 71). The authors went further to explain that the concern roots in adverse health outcomes unique to teenage pregnancy and childbirth, which include high prevalence of low birth weight or preterm infants and increased risk of infant death. In addition, the annual cost incurred by the public for teenage births was reported as \$10.9 billion (Ventura et al., 2013). In the 2006-2010 National Survey of Family Growth, Ventura et al. (2013) reported, “an estimated 77% of births to teenagers aged 15–19 years were unintended” (p. 71).

Sexually transmitted diseases (STDs) among adolescents remain a major public health concern as well. Martinez, Copen, and Abma (2011) explained, “Sexually active adolescents are at higher risk for acquiring some STDs than are adults for behavioral, biological, and cultural reasons” (p. 3). Those between the ages of 15-24 represent about 25% of the “sexually experienced population” and they “acquire nearly one-half of all new STDs” (p. 3). The estimated direct medical costs of sexually transmitted diseases among those between the ages of 15-24 were “\$6.5 billion in 2000 alone” (Martinez et al., 2011, p. 3).

Teenage pregnancy and sexually transmitted disease rates are rather high in the state of Ohio. According to the Office of Adolescent Health, in 2011 Ohio was ranked 23 out of 51 states for teen birth rates, with 1 being the highest rate and 51 being the lowest rate. In 2011, of all births to females aged 20 or younger, the percent of repeat births was 17% in Ohio as compared to 18% in the United States. Furthermore, according to the Ohio Department of Health, in 2012, 74% of reported chlamydia cases were among 15-24 year olds and 62% of reported gonorrhea cases were among the same age group.

Some of the most underserved and vulnerable members of the Dayton, Ohio community are teen parents and sexually active youth. Daybreak is a non-profit organization in Dayton, Ohio that serves a large percentage of these youth who are either runaway or homeless. From 2012-2013, Daybreak served over 2,500 youth with nearly 300 receiving over 24,000 nights of shelter and housing and about 2,200 receiving outreach services and resources (Daybreak, 2014).

Daybreak was founded in 1975 with the goal of providing a safe home for every child. Their mission is “To eliminate youth homelessness in the Miami Valley through comprehensive and results-oriented programs that provide safety and stability for runaway, troubled, and homeless youth” (Daybreak, 2014). Their mission is carried out through five core programs

including Safe Shelter, the region's only youth emergency shelter; Housing, the region's only youth housing program; Street Outreach, a program that reaches more than 1,500 youth each year who are actively homeless or couch hopping; Employment, a program that provides job training, assessment, and placement services; and Alma's Place, a residential facility for 18-24 year olds with cognitive delay or mental illness that impedes their ability to live independently. Despite the impeccable services provided by Daybreak, the organization lacked parenting and safer sex education and resources for their clientele.

In the fall of 2013, Project Parenthood was implemented at Daybreak to serve teen parents and sexually active youth. The program was developed as a resource to help teens in managing stress and decreasing the likelihood of introducing their own offspring to adverse childhood experiences. The objectives of the program seek to meet the goals of prevention of unplanned pregnancies and repeat pregnancies through safer sex practices, teaching quality parenting and coping skills to handle the stress of parenthood, and education on child development and appropriate bonding and disciplinary skills.

### **Statement of Purpose**

Project Parenthood is an innovative way to prevent the negative childhood mental health and developmental outcomes of inappropriate parenting as well as to improve the psychological well being of teen parents by providing them with preparatory education, social support, and skills to cope with challenges. By providing the education and social support to succeed, Project Parenthood promotes confidence in parenting abilities and fosters positive parent-parent and parent-child relationships in order to allow young parents to break the cycle of abuse and grow into psychologically healthy adults and children. Furthermore, the program provides evidence-based safer sex education to the youth of Daybreak in an effort to prevent unplanned pregnancy

and the adverse outcomes of risky sexual behavior. By increasing knowledge, changing faulty perspectives, increasing skill, and providing support and resources, it is hypothesized that Project Parenthood will improve the mental health of the community's most underserved teenage parents and encourage participants to take control of their lives in a healthy way.

### **Literature Review**

#### **Teen Pregnancy**

In the 2011 Youth Risk Behavior Surveillance Morbidity and Mortality Weekly Report, Eaton et al. (2012) reported that teen pregnancy was one of the top health risk behaviors that led to morbidity and mortality in youth and adults in 2011. The Youth Risk Behavior Surveillance System (YRBSS) has identified and monitors six categories of priority health-risk behaviors among youth and young adults, one of which being "sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including human immunodeficiency virus (HIV) infection" (p. 1). Survey participants were 9<sup>th</sup>-12<sup>th</sup> grade white, black, and Hispanic male and female students across the United States. Eaton et al. (2012) found that 47.4% of U.S. students had ever had sexual intercourse and that 33.7% were currently sexually active. Of the currently sexually active teens, 60.2% had used a condom during their last time engaging in sexual intercourse and 12.9% had not used any form of protection to prevent pregnancy.

Similarly, The Centers for Disease Control and Prevention (2012a) conducted a study about self-reported pre-pregnancy contraceptive use among United States teenagers aged 15-19 years, with unintended pregnancies resulting in live infant deliveries. The participants were Pregnancy Risk Assessment Monitoring System (PRAMS) surveillance system participants from 2004-2008. The women were questioned 2-6 months after their live birth by a mixed mode data collection methodology that included questionnaires received by mail in conjunction with a

telephone follow up. Between 2004 and 2008, approximately 73% of the teen mothers participating in the study experienced an unintended pregnancy. About half of these teen mothers did not use contraception and this statistic was fairly constant among surveyed non-Hispanic white, non-Hispanic black, and Hispanic teenagers. Reasons for nonuse of contraception reported by the teenagers included pregnancy misconceptions, noncompliant partner, no fear of becoming pregnant, lack of access to contraception, and side effects from birth control methods. Among teenagers using contraception, use of highly effective methods was low and consistent use of birth control was low as well.

### **Repeat Pregnancy**

The Centers for Disease Control and Prevention (2013b) conducted a study about repeat births and postpartum contraceptive use among United States teenagers between the ages of 15 and 19 years. The CDC analyzed natality data from two sources, the 2007-2010 Pregnancy Risk Assessment Monitoring System and the National Vital Statistics System. The findings were, in 2010 of the 367,000 births to those between the ages of 15 and 19 years, 18.3% were repeat births. Further, they found that disparities existed in repeat teen births with the highest rates being seen among American Indian/Alaska Natives (21.6%), Hispanics (20.9%), and non-Hispanic blacks (20.4%). The CDC suggested,

Evidence-based approaches are needed to reduce repeat teen childbearing. These include linking pregnant and parenting teens to home visiting and similar programs that address a broad range of needs, and offering postpartum contraception to teens, including long-acting methods of reversible contraception. (CDC, 2013, p. 249)

In an effort to target adolescent repeat unplanned pregnancy, Kan et al. (2012) conducted a study about the efficacy of care demonstration projects supported by the Title XX Adolescent

Family Life (AFL) Program. The primary goals of the AFL program were to increase education attainment, decrease subsequent youth pregnancies, promote contraceptive use, and encourage use of childcare. The authors evaluated 12 projects at different sites in the United States. The participants were 1,038 parenting and pregnant adolescents from the 12 sites included in the study. The majority of the participants were African American or Hispanic youth between the ages of 17-18 years who were in a romantic relationship with the father of their child. The findings were that participation in care demonstration projects supported by the AFL program resulted in increased use of regular childcare, increased use of effective contraception, and decreased short term occurrence of repeat pregnancy. The authors suggested that continued study of the most effective components of each project is necessary in order to develop the most effective prevention program. Furthermore, the authors emphasized that much needs to be learned in regards to how to prevent long term repeat pregnancy and how to improve educational attainment among adolescent parents.

### **Parenting Education**

Broussard and Broussard (2009) conducted a study about the Resource Center for Young Parents-To-Be, a successful project implemented to meet a community need. In the study, the authors examined the multiple phases of the project: planning, implementation, and evaluation. The project consisted of 6 lesson plans each consisting of 12-16 stations or teaching components. The project was evaluated based upon participant, nursing student, and teacher feedback. The findings were that the program has been a success based upon evaluation findings. The adolescents increased their parenting skills and their babies greatly benefited as measured by evaluations from participatory adolescents, nursing students, and teachers in the schools. The

authors suggested that the program should be replicated based upon its high level of success, especially with vulnerable adolescent parents.

Comparably, Lewis, Faulkner, Scarborough, and Berkeley (2012) conducted a study regarding prevention of repeat pregnancy for low-income adolescent mothers through intensive case management. The participants were 144 female adolescents from low-income areas. The findings were that 16% of the adolescents under intensive case management experienced a repeat pregnancy within 3 years whereas 31% of the comparison group experienced a repeat pregnancy within 3 years. Further, the authors found that adolescents with a repeat pregnancy were less likely to report using birth control.

### **Sexually Transmitted Diseases (STDs)**

The Centers for Disease Control and Prevention (2013a) conducted the 2012 Sexually Transmitted Diseases Surveillance, an annual surveillance that evaluates United States STD trends and statistics. The authors found that “chlamydia rates are highest among adolescents and young adults aged 15-24 years” (p. 6) with the highest rates among 18 year old females. Further, the authors found gonorrhea rates to be highest among adolescents and young adults as well. On the other hand, syphilis rates were found to be highest among those between the ages of 20-24 years and 25-29 years. Based upon prevalence estimates, the authors stated that those between the ages of 15 and 24 years acquire approximately half of all new STD cases and that 25% of sexually active females in this age range have an STD such as human papillomavirus or chlamydia. The CDC suggested that higher prevalence rates among adolescents and young adults “may reflect barriers to accessing quality STD prevention services” and that “interventions for at-risk adolescents and young adults that address underlying aspects of social and cultural conditions that affect sexual risk-taking behaviors are needed” (p. 59).

**Sex Education**

Stranger-Hall and Hall (2011) conducted a study examining the effectiveness of abstinence-only sex education programs as compared to comprehensive sex education programs since “the U.S. government has funded abstinence-only sex education programs for more than a decade” (p. 1). Abstinence education data was retrieved from the Education Commission of the States. Teen pregnancy, birth, and abortion rate data was retrieved from 2005 national reports. The study found that abstinence only education was ineffective. With increased emphasis on abstinence, an increased rate of average teen pregnancy and birth rate was observed. In other words, they found a positive correlation between emphasis on abstinence and teen pregnancy and birth rates. Further, the authors found that comprehensive sex education programs, which included contraception, condom use, and abstinence, showed the lowest teen pregnancy rates. The authors suggested that in order to lower high teen pregnancy rates in the U.S., states should be required by law to provide comprehensive sex education in all public schools. The authors argued that teachers who have undergone specialized teacher training should teach these courses.

**Teen Parenting and Child Welfare**

DeVito (2007) conducted a study about how adolescent mothers perceive their ability to parent. The participants were 126 first time mothers under the age of 20 years from the New Jersey area. The participants were 4-6 weeks postpartum and in good physical and mental health. The majority were single and either living with a parent or significant other. The findings were that those in early adolescence ( $\leq 14$  years) and middle adolescence (15-17 years) felt less confident in their parenting ability as compared to those in late adolescence (18-19 years). Emotional support from the adolescent’s mother and social support from the father of the newborn contributed to the adolescent mother’s self-perception of parenting. Despite lack of

confidence in parenting ability, only 10% of study participants attended parenting classes. The authors suggested that measuring adolescent mother self-perception of parenting could help health professionals assess and develop effective intervention programs for the most vulnerable youth. Further, the authors suggested the development of age-appropriate materials and lesson plans for childbirth and parenting classes for adolescents.

Moreover, Dahmen, Firk, Konrad, and Herpertz-Dahlmann (2013) conducted a study about the developmental risks for adolescent mothers and their children. The authors studied current research on the risks associated with adolescent parenting. Dahmen et al. (2013) found that adolescent parents and their children are a high-risk group for negative developmental outcomes for both the young parents and their children. The authors concluded that psychopathology is prevalent among adolescent mothers and results in parenting behaviors that affect the developmental outcomes of their children. The authors suggested, "Further research is needed to develop age-appropriate support programs for adolescent mothers and their children to cope with the complexity of risks and improve their developmental trajectories" (Dahmen et al., 2013, p. 407).

### **Methods**

Project Parenthood is structured as a series of 12 workshops (see Appendix A for workshop descriptions) occurring once per week at Daybreak on Thursdays at 9am. Once one cycle of 12 workshops is completed, a new cycle is scheduled to begin following one week of program evaluation. During the first cycle of Project Parenthood, participants actively engaged in educational workshops on prevention of unplanned pregnancies, safer sex practices, quality parenting, coping skills to handle the stress of parenthood, and education on child development

and appropriate bonding and disciplinary skills. At each workshop, participants were provided with healthy food, condoms, and select gift cards for gas, groceries, and/or supplies.

As seen in Figure 1, a logic model was developed in order to create a solid structure for development of the program. It includes both present and future implementations for Project Parenthood. In the first cycle of 12 workshops, the focus was on short-term and intermediate outcomes, which included the following: (1) increasing participant knowledge, (2) changing faulty participant perspectives to appropriate perspectives, (3) building participant skills, and (4) increasing participant access to resources. Each of the short-term and intermediate outcomes fall under five categories, which define the long-term outcomes. These include: (1) prevent unplanned pregnancy, (2) prevent unplanned repeat pregnancy, (3) prevent transmission of sexually transmitted diseases and infections, (4) increase use of appropriate parenting techniques, and (5) improve child welfare.



Influential Factors: lack of support; lack of resources; homelessness; engagement in risky sexual behavior; lack of knowledge regarding pregnancy prevention, abstinence & safer sex practices, parenting, and child welfare; faulty perspectives regarding pregnancy prevention, abstinence & safer sex practices, parenting, and child welfare; lack of skill regarding pregnancy prevention, abstinence & safer sex practices, parenting, and child welfare

Figure 1. Project Parenthood logic model.

The success of the first cycle of Project Parenthood was measured primarily through pre- and post-workshop surveys evaluating the short-term and intermediate outcomes of the program (see Appendix D for workshop surveys). At the start of each workshop, participants received a consent form, a pre-workshop survey with a pre-assigned randomized unique ID, a post-workshop survey with a matching pre-assigned randomized unique ID, pertinent workshop handouts, and a pen. The workshop leader started each session with an introduction including a welcome statement, an overview of the consent document, a confidentiality statement, and an icebreaker. Those who chose to participate read the consent document and then spent the first 5 minutes of the workshop filling out the pre-workshop survey. Each workshop proceeded for 50 minutes. The participants then filled out the post-workshop survey for the remaining 5 minutes. Upon completion of the post-survey, participants received a raffle ticket for the workshop gift card giveaway.

The project was reviewed by the Wright State University Institutional Review Board for research on human subjects prior to implementation (see Appendix B for approval letter). An unsigned consent document (see Appendix C for consent document) was utilized because the project was deemed to present no more than minimal risk to participants and anonymity was maintained. Parental consent from minors was not required because The American Civil Liberties Union of Ohio (2013) states: “In Ohio, a minor who understands the risks and benefits of proposed care can consent to: emergency health care,<sup>17</sup> limited outpatient mental health care,<sup>18</sup> alcohol and drug abuse treatment,<sup>19</sup> testing for HIV/AIDS and some family planning services.<sup>21</sup>”

As previously stated, participants faced no more than minimal risk. All pre- and post-surveys were completed voluntarily as well as anonymously. Only demographic data was collected and each survey only possessed a unique code for data tracking. The consent form did

not require a signature and thus could not be linked to the participants. Additionally, all Daybreak youth were permitted at will to attend any and all workshops offered through Project Parenthood. In attending workshops, there was no requirement to complete the workshop surveys.

For analysis, through the use of pre- and post-surveys, three key variables were measured: (1) knowledge, (2) perspective, and (3) skill. Survey questions were categorized as measuring one of the variables as seen in Table 2 in the results section. Due to small sample size, survey data was aggregated to create a pre- and post-composite score for each question. The composite scores were calculated by completing the following: (1) for each of the 12 workshops, a pre-composite score and a post-composite score was calculated for each question by taking the mean of all pre-responses for each question and the mean of all post-responses for each question, (2) the delta value (post-composite score minus pre-composite score) was calculated for each question, (3) the delta value for each question was compared to the key of expected responses to determine if there was an increase, decrease, or no change in score, and (4) for all of the knowledge questions, the number that resulted in an increase, decrease, or no change was counted and percentages were calculated. Step 4 was then repeated for perspective and skill. Lastly, a Paired t-Test analysis was run to evaluate whether or not there was a significant change in pre- and post-survey composite scores for each variable.

## **Results**

### **Demographic Data**

As seen in Table 1, a total of 37 adolescents between the ages of 14-22 years participated in Project Parenthood with the majority of participants being age 18. Each session consisted of 6-12 participants. Of the 37 participants, 54% attended more than one session and 35% were

either expecting a child or currently parenting. The pool of participants consisted of 49% males and 49% females with one individual choosing not to disclose their gender. The majority of the adolescents did not identify as Hispanic or Latino (76%). The most prevalent races represented in the study population included Black or African American (49%) and White (27%).

Table 1

*Demographic Data*

<b>Variable</b>	<b>Count</b>	<b>Percentage</b>
<b>Number of Attendees</b>		
Repeat Attendees	20	54%
Total Attendees	37	100%
Expecting/Parenting	13	35%
<b>Gender</b>		
Male	18	49%
Female	18	49%
Other	0	0%
Left Blank	1	3%
<b>Ethnicity</b>		
Hispanic or Latino	2	5%
Not Hispanic or Latino	28	76%
Left Blank	7	19%
<b>Race</b>		
American Indian or Alaska Native	2	5%
Asian	0	0%
Black or African American	18	49%
Native Hawaiian or Other Pacific Islander	0	0%
White	10	27%
Other*	6	16%
Left Blank	1	3%

*\*Note.* Those who selected multiple race options were categorized as other in addition to those who selected other as a response.

Relationship status and sexual activity frequently changed throughout the course of the 12 workshops. Two participants reported being in a relationship with the mother or father of their kid(s) and one participant reported no exposure to sexual activity throughout the course of

the program. Participants fluctuated from “single” to “in a relationship” to “it’s complicated” throughout the course of the 12 workshops. In addition, participants frequently switched between being sexually active and abstaining from sexual activity.

### Pre- and Post-Survey Data

Pre- and post-surveys were targeted at measuring three key variables: (1) knowledge, (2) perspective, and (3) skill. As seen in Table 2, survey items were specifically targeted at each variable. A total of 45% of the survey items were targeted at measuring knowledge, 42% of the survey items were targeted at measuring perspective, and 13% of the survey items were targeted at measuring skill.

Table 2

#### *Workshop Survey Variable Data*

Variable	Definition	Workshop #	Survey Item #	Total # Survey Items	Percentage
Knowledge	"Acquaintance with facts, truths, or principles, as from study or investigation"*	1	1, 3, 4, 5	54	45%
		2	1, 5, 8		
		3	3, 4, 8, 9		
		4	2, 3, 4, 5, 6, 9		
		5	1, 3		
		6	2, 7		
		7	1, 2, 3, 4, 5, 6, 8, 9		
		8	2, 4, 5, 8		
		9	1, 3, 4, 6, 7		
		10	2, 4, 6, 8		
		11	1, 3, 4, 6, 8, 9		
		12	1, 2, 4, 6, 8, 9		
Perspective	"The state of one's ideas, the facts known to one"*	1	2, 6, 7, 8, 9	50	42%
		2	2, 3, 4, 6, 7, 9		
		3	1, 2, 5, 6, 7		
		4	1, 7, 8		
		5	2, 5, 7, 8		
		6	1, 3, 4, 5, 6, 8, 9		
		7			
		8	1, 3, 6, 7, 9		
		9	2, 5, 8, 9		
		10	1, 3, 5, 7, 9		
		11	2, 5, 7		
		12	3, 5, 7		

Table 2 Continued

Variable	Definition	Workshop #	Survey Item #	Total # Survey Items	Percentage
Skills	"Competence excellence in performance"*	1	10	16	13%
		2	10		
		3	10		
		4	10		
		5	4, 6, 9, 10		
		6	10		
		7	7, 10		
		8	10		
		9	10		
		10	10		
		11	10		
		12	10		
<b>TOTAL</b>				120	100%

\*Note. Definitions retrieved from Dictionary.com

To test whether a statistically significant difference exists between pre- and post-survey scores, Microsoft Excel was used to run a Paired t-Test analysis was run for each variable (knowledge, perspective, and skill) and the results are reflected in tables 3-5. For each variable, the null hypothesis was defined as, no difference between the mean pre-survey and mean post-survey composite scores. For each variable, the alternative hypothesis was defined as, a difference between the mean pre-survey and mean post-survey composite scores. As seen in Table 3, the two-tailed p-value for knowledge was  $1.475 \times 10^{-15}$  and thus significant. Further, as seen in Table 4, the two-tailed p-value for perspective was  $4.403 \times 10^{-16}$  and thus significant.

Table 3

*Knowledge T-test: Paired Two Sample for Means*

	Mean <sub>d</sub> (Pre)	Mean <sub>d</sub> (Post)
Mean	3.099984737	3.808814103
Variance	2.811416134	3.702049946
Observations	52	52
Pearson Correlation	0.754964182	
df	51	
t Stat	-11.34368348	
P(T<=t) one-tail	7.37306E-16	
t Critical one-tail	1.67528495	
P(T<=t) two-tail	1.47461E-15	
t Critical two-tail	2.00758377	

Table 4

*Perspective T-test: Paired Two Sample for Means*

	<b>Mean<sub>d</sub> (Pre)</b>	<b>Mean<sub>d</sub> (Post)</b>
Mean	2.242685996	2.257539683
Variance	3.924773951	4.459946595
Observations	43	43
Pearson Correlation	0.947197089	
df	42	
t Stat	-12.79574394	
P(T<=t) one-tail	2.20153E-16	
t Critical one-tail	1.681952357	
P(T<=t) two-tail	4.40306E-16	
t Critical two-tail	2.018081703	

Finally, as seen in Table 5, the two-tailed p-value for skill was  $6.874 \times 10^{-07}$  and thus significant.

Table 5

*Skill T-test: Paired Two Sample for Means*

	<b>Mean<sub>d</sub> (Pre)</b>	<b>Mean<sub>d</sub> (Post)</b>
Mean	3.661231361	4.567698413
Variance	0.956282803	0.560958225
Observations	15	15
Pearson Correlation	0.33858825	
df	14	
t Stat	-8.483253722	
P(T<=t) one-tail	3.43695E-07	
t Critical one-tail	1.761310136	
P(T<=t) two-tail	6.8739E-07	
t Critical two-tail	2.144786688	

For knowledge, perspective, and skill, the percent increase, decrease, and no change in value was measured as seen in Figures 2-4. By comparing pre- and post-survey composite scores, Figure 2 demonstrates that 64% of the responses showed an increase in knowledge, 32% showed a decrease in knowledge, and 4% showed no change.

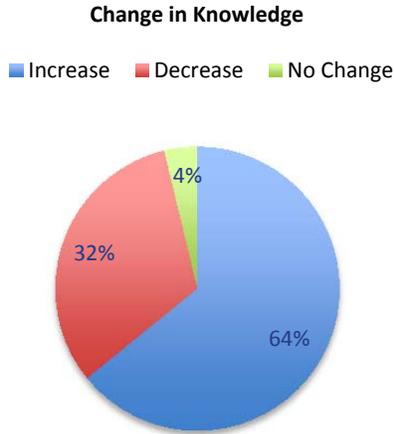


Figure 2. Percentage of knowledge-based survey questions showing an increase, decrease, or no change between pre- and post-survey composite scores.

For perspective, by comparing pre- and post-survey composite scores, Figure 3 displays that 58% of the responses showed an increase in perspective, 37% showed a decrease in perspective, and 5% showed no change.

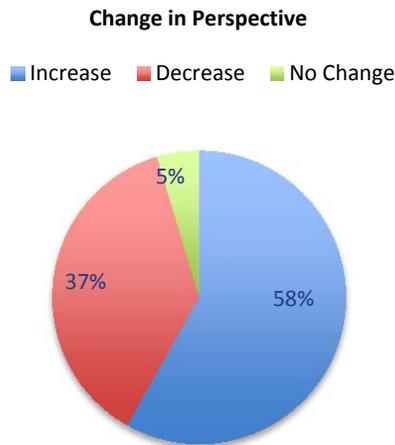
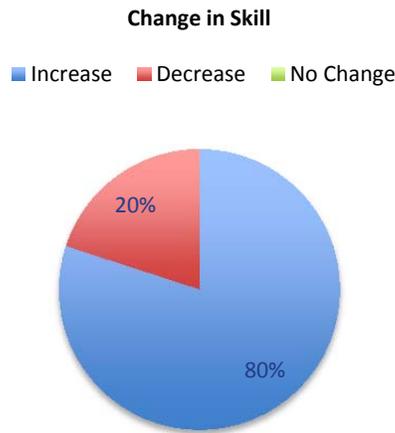


Figure 3. Percentage of perspective-based survey questions showing an increase, decrease, or no change between pre- and post-survey composite scores.

Lastly, by comparing pre- and post-survey composite scores for skill, Figure 4 displays that 80% of the responses showed an increase in skill, 20% showed a decrease in skill, and 0% showed no change.



*Figure 4.* Percentage of skill-based survey questions showing an increase, decrease, or no change between pre- and post-survey composite scores.

## Discussion

### Findings

In evaluating the first cycle of Project Parenthood, the major findings were that participating in the program increased knowledge, improved perspective, and increased skill among participants. There is strong evidence to conclude that the knowledge reflected in the pre-survey composite scores was not the same as the knowledge reflected in the post-survey composite scores. There was a 64% increase in knowledge over the course of the 12-week series, a 32% decrease in knowledge, and a 4% no change rate (Figure 2). As an example to elucidate what an increase in knowledge means, in the pre-survey participants strongly disagreed with the statement “I understand what food insecurity is” whereas in the post-survey they strongly agreed with this statement.

There is also strong evidence to conclude that the perspectives reflected in the pre-survey composite scores were not the same as perspectives reflected in the post-survey composite scores. There was a 58% increase in perspective over the course of the 12-week series, which aligns with a change from a faulty perspective to an appropriate perspective. For example, in the pre-survey, participants strongly agreed with the statement “Smoking is okay during pregnancy, if it’s not a lot” whereas in the post-survey they strongly disagreed with this statement. However, there was also a 37% decrease in perspective and 5% no change rate (Figure 3).

Finally, there was strong evidence to conclude that the level of skill reflected in the pre-survey composite scores was not the same as the level of skill reflected in the post-survey composite scores. There was an 80% increase in skill over the course of the 12-week series, and a 20% decrease in skill (Figure 4). An example of a survey item indicating an increase in skill is, in the pre-survey participants strongly disagreed with the statement “I feel like I have healthy coping skills” whereas in the post-survey participants strongly agreed with this statement.

These findings support those of similar studies. In a study evaluating the Resource Center for Young Parents-To-Be, Broussard and Broussard (2009) found that following completion of the program, participating adolescents increased their parenting skills and their babies greatly benefited as measured by evaluations from participatory adolescents, nursing students, and teachers in the schools. Analogously, a study was conducted about the efficacy of care demonstration projects supported by the Title XX Adolescent Family Life (AFL) Program. The primary goals of the AFL program were to increase education attainment, decrease subsequent youth pregnancies, promote contraceptive use, and encourage use of childcare. Kan et al. (2012) found that participation in care demonstration projects supported by the AFL program resulted in increased use of regular childcare, increased use of effective contraception,

and decreased short term occurrence of repeat pregnancy. The findings in this present study as well as the findings in similar studies reinforce the efficacy of parenting and safer sex education programs for adolescents and demonstrate the positive impact of such programs.

### **Limitations**

Although this study resulted in positive findings, it possesses limitations nonetheless. For each of the three variables examined, a significant decrease was observed and participants left some items blank. This could have been due to a number of confounding factors. For instance, some participants either did not take the survey items seriously or did not fully complete the survey items, which thus may have skewed the data. In addition, a significant portion of the Daybreak youth struggles with learning disabilities and/or psychiatric illnesses. The teaching methods used in the workshops may not have served well to accommodate this proportion of participants, thus potentially skewing the data.

Additional confounding factors may have affected the study as a whole. The study sample was small and the number of repeat attendees was relatively low at 54%. As a homeless shelter for adolescents, Daybreak possesses a very transient population. Youth living in the shelter are restricted to a 21-day maximum length of stay. For the study, this meant that the proportion of repeat attendees was not as high as would have been effective. Further, the workshops were held on a Thursday morning. This prevented some residential clients from attending the workshops because many are employed and/or are full time students. Lastly, due to inclement weather, session 6 was rescheduled. Although this scheduling change was made 3 weeks in advance, the attendance for this workshop was zero. As a result, there is no data for this particular workshop.

Moreover, the small sample size necessitated the use of composite scores. This meant grouping all questions for each variable in order to measure pre- and post-survey data. This resulted in a loss of detailed information about specific issues targeted by the survey questions.

### **Future Implications & Research**

Moving forward, changes are in effect for the second cycle of Project Parenthood. These include implementing a parental competency scale to evaluate level of competence among adolescents who complete the entire 12-week series; expanding the target audience beyond Daybreak youth to include Kroc Center participants and Boonshoft School of Medicine Psychiatry Resident and Fellow client referrals; inviting experts in various fields including Pediatrics, Social Work, Obstetrics and Gynecology, and Dietetics to assist in leading specific workshops; changing the workshop timeslot from Thursday mornings at 9:00am to Tuesday evenings at 6:30pm in an effort to accommodate those adolescents who work and/or attend school; and adjusting content delivery methods to accommodate those participants with learning disabilities and/or psychiatric illnesses.

Beyond Project Parenthood, future research implications are warranted. Parenting and safer sex education programs are absolutely necessary for adolescents and studying the best way to structure such programs in an effort to increase reach and impact is needed. Vulnerable or at-risk populations should receive special focus. Research should be targeted at structuring programs that combat barriers created by prevalent learning disabilities and psychiatric illnesses among at-risk adolescent populations.

### **Conclusion**

In closing, adolescent populations are greatly impacted by pregnancy, repeat pregnancy, and adverse effects of risky sexual behavior. Effective programs targeting these health outcomes

among adolescents are desperately needed. Project Parenthood is one such program that has proven to improve outcomes for participants through demonstrating increase in knowledge, improvement in faulty perspectives, and increase in skill among participants. As the program progresses, expected long-term outcomes for program participants include: (1) prevention of unplanned pregnancy, (2) prevention of unplanned repeat pregnancy, (3) prevention of transmission of sexually transmitted diseases and infections, (4) increased use of appropriate parenting techniques, and (5) improvement in child welfare.

In future research, focus should be maintained on developing new and expanding existing parenting and safer sex education programs. This should be done in an effort to (1) reach an increased number of vulnerable adolescent populations, (2) decrease teen pregnancy rates, repeat pregnancy rates, and adverse effects of risky sexual behavior, (3) improve adolescent parenting skills, and (4) improve child welfare.

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**Appendices**

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### Appendix A: Workshop Descriptions

1. 'How to Deal: I'm a pregnant teen or teen parent. How do I deal with this?!'
  - a. Encourage awareness of one's own coping mechanisms, with a workshop on developing and practicing healthy coping skills.
  - b. Provide information on alternatives to parenting their babies
  - c. Survey the group for their particular goals and learning objectives for the series
2. 'How to Grow a Healthy Baby: How do I give my baby a good start?'
  - a. Teach the basic components of prenatal wellness, including exercise, proper nutrition, regular prenatal care, and abstinence from substance use.
3. 'How to Be a Teen Parent: I'm (going to be) a teen parent. What do I do?!'
  - a. Provide training in the basic care of infants and children, encouraging confidence as a parent through skill mastery.
  - b. Encourage the young men who attend to remain active participants in the lives of their children, teach what it means to be a responsible father, and provide concrete ways in which to do so.
4. 'How to Get Help: I'm a teen parent. How do I find support?!'
  - a. Raise awareness of the community resources available to these teens for living a stable, healthy life, including (but not limited to) food banks, health clinics, adult housing and job training programs, WIC and Medicaid enrollment assistance, STI testing
5. 'How to Pay: I'm a teen parent. How do I pay for everything?!'
  - a. Help the teens grasp the monetary implications of parenthood through a budget workshop and tips for shopping for their families on a budget.
  - b. Healthy cooking on a budget workshop
6. 'How to Love and Be Loved: I'm a teen parent. How do I have a romantic relationship?!'
  - a. Empower the young women to recognize and build healthy romantic relationships, with education in avoiding exploitation and conveying affection through non-sexual outlets.
  - b. Provide guidance to the young men on how to build healthy relationships with their partners.

7. 'How is My Baby: I'm a teen parent. How do I know if my baby is okay?!'
  - a. Educate the teen parents on developmental milestones of children through age 5 years, including appropriate methods of discipline.
  - b. Educate them on appropriate ways to seek medical treatment for their babies, including establishing a pediatrician and when to take their babies to the PCP, urgent care, or the ED.
8. 'How to Bond: I'm a teen parent. How do I bond with my baby?!'
  - a. Convey the importance of parent-child bonding in the child's development as well as in the parent's sense of adequacy, and provide ideas for age-appropriate bonding activities through age 5
9. 'How to Keep My Baby: I'm a teen parent. How do I keep my baby from being taken away?!'
  - a. Alert the youth to the existence of Social Services, including what the organization does and the situations under which a child might be removed from a home.
10. 'How to Stop Abuse: I'm a teen parent. How do I stop abuse?!'
  - a. Provide education on the cycle of abuse and how this plays into their lives and the lives of their children, including signs of abuse and forums to discuss the impact of all types of abuse.
11. 'How to Have Safer sex (Part One): I'm a teen parent. How do I keep from having another child?!'
  - a. Awareness of safer sexual practices, including teaching methods of contraception accessible to the population
  - b. Convey the benefits of practicing abstinence as a contraceptive method, especially in the post-partum period.
12. 'How to Have Safer sex (Part Two): I'm a teen parent. How I do avoid sexually transmitted infections and diseases?!'
  - a. Education on the symptoms, modes of transmission, and repercussions of common sexually transmitted infections.

**Appendix B: WSU IRB Approval Letter**



**Office of Research and Sponsored Programs**  
201J University Hall  
3640 Col. Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-2425  
(937) 775-3781 (FAX)  
e-mail: [rsp@wright.edu](mailto:rsp@wright.edu)

**DATE:** October 24, 2013

**TO:** Jasmin Scott, PI, Student  
Psychiatry  
Brenda Roman, Ph.D., Faculty Advisor

**FROM:** B. Laurel Elder   
Chair, WSU-IRB

**SUBJECT:** SC# 5309  
*'Project Parenthood'*

Your study does not meet the definitions for human subjects research. Therefore the proposal submitted does not need approval from the Wright State University Institutional Review Board.

If you have any questions or require additional information, please call Robyn Wilks, IRB Coordinator at 775-4462.

Thank you!

**Appendix C: Informed Consent**

Workshop: \_\_\_\_\_

Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Project Parenthood Research Project Consent Document****Welcome to Project Parenthood!**

We are glad that you have decided to attend one of our 12 different workshops on parenting, relationships, and safer sex. You also have the opportunity to participate in the Project Parenthood Research Project. The purpose of this research project is to figure out if our program works. Your participation is **completely voluntary**! There are absolutely no consequences if you choose not to participate and you can drop out at any time. You do not need to give your name, so no information that you give can be linked back to you.

If you choose to participate in our research project, you will complete two short sets of questions, one at the start of the workshop and one at the end of the workshop. Each set of questions should take no more than 5 minutes to complete. If you have questions about the research project or any research related injury, please contact the Co-Principal Investigator Jasmin Scott at (818) 631-7533 or [BSOMProjectParenthood@gmail.com](mailto:BSOMProjectParenthood@gmail.com). If you have any questions about your rights as a research participant, please contact the Wright State University Institutional Review Board at (937) 775-4462.

**By choosing to complete the pre- and post- survey, I understand that I am voluntarily participating in the Project Parenthood Research Study.**

### Appendix D: Workshop Surveys

## #1 HOW TO DEAL: I'M A PREGNANT TEEN OR TEEN PARENT. HOW DO I DEAL WITH THIS? PROJECT PARENTHOOD WORKSHOP SURVEY

### **Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to deal with being a pregnant teen or teen parent.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. I understand what coping skills are							
2. Teen parents are supposed to be happy							
3. If I have a baby, I know what my options are							
4. I understand adoption							
5. I understand what it means to end a pregnancy							
6. It's normal for teen parents to feel guilt, anxiety, and fear about the future							
7. It is best to ignore my feelings and just take care of my baby							
8. Teen parents get depressed							
9. A baby can't tell if I'm happy or sad							
10. I feel like I have healthy coping skills							

**#2 HOW TO GROW A HEALTHY BABY:  
HOW DO I GIVE MY BABY A GOOD START?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to grow a healthy baby.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. I understand what prenatal wellness is							
2. Exercise is important during pregnancy							
3. I understand how to eat right during pregnancy							
4. Smoking is okay during pregnancy, if it's not a lot							
5. I understand what it means to end a pregnancy							
6. It's okay to drink during pregnancy, if it's not a lot							
7. It's okay to use drugs during pregnancy							
8. It's good to take folic acid during pregnancy							
9. It's okay to gain a lot of weight during pregnancy, you lose it when the baby is born							
10. I know how to give a baby a good start							

**#3 HOW TO BE A TEEN PARENT:  
I'M (GOING TO BE) A TEEN PARENT. WHAT DO I DO?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to be a teen parent.**

<p><b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.</p>	<p><b>I Strongly Disagree (0)</b></p>	<p><b>I Disagree (1)</b></p>	<p><b>I'm not sure, but I kind of Disagree (2)</b></p>	<p><b>I don't Agree or Disagree (3)</b></p>	<p><b>I'm not sure, but I kind of Agree (4)</b></p>	<p><b>I Agree (5)</b></p>	<p><b>I Strongly Agree (6)</b></p>
<p><b>EXAMPLE: "I agree with this question"</b></p>						✓	
<p>1. My baby only needs to go to the doctor when they are sick</p>							
<p>2. It's important for a baby to know their father</p>							
<p>3. Babies only need to get shots once a year</p>							
<p>4. Touch is really important to babies</p>							
<p>5. Kids don't need books until they know how to read</p>							
<p>6. Two parents are better than one</p>							
<p>7. As a father, I can only care for my child if I am with his/her mother</p>							
<p>8. It's okay for my child to be chubby, it's cute</p>							
<p>9. Kids eat the same foods as adults</p>							
<p>10. I know what to do as a teen parent</p>							

**#4 HOW TO GET HELP:  
I'M A TEEN PARENT. HOW DO I FIND SUPPORT?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to find support as a teen parent.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. Teen parents should not try to get help, it's better to do it alone							
2. When you're pregnant, the Healthy Mommy-Healthy Baby program will come to your house							
3. You must be 18 or older for WIC							
4. Healthy Start provides insurance for kids up to age 12							
5. I understand what food insecurity is							
6. Teens can take parenting classes at Family Services							
7. There are not many resources for teen parents, you need to be an adult to get help							
8. Parenting classes are a waste of time, you learn as you go							
9. The Kids Café Program is at Boys and Girls Club of Dayton, but not at YMCA of Greater Dayton							
10. I know how to find support if I need it							

**#5 HOW TO PAY:  
I'M A TEEN PARENT. HOW DO I PAY FOR EVERYTHING?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to pay for everything as a teen parent.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. For the first year, a baby costs no more than \$5,000							
2. To feed my baby, I should just buy fast food because it is cheap							
3. I need a budget to raise a baby							
4. I know how to cook healthy meals that are cheap							
5. It is impossible to raise a baby with little money							
6. I know how to make a budget							
7. It's pretty cheap to raise a baby							
8. I don't need to plan ahead with my spending							
9. I know how to shop on a budget							
10. I know how to pay for what my baby needs							

**#6 HOW TO LOVE AND BE LOVED:  
I'M A TEEN PARENT. HOW DO I HAVE A ROMANTIC  
RELATIONSHIP?**

**PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to have a healthy romantic relationship as a teen parent.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. If we have a baby, we will stay together as a couple							
2. Lack of talking, jealousy, and lack of respect are danger signs of an unhealthy relationship							
3. It's okay to allow things to just happen in a relationship instead of choosing for things to happen							
4. I have to have sex for him or her to love me							
5. It's okay to change who you are to make a relationship work							
6. It's okay to keep going sexually even if he or she says no							
7. I understand what consensual sex is							
8. Older men usually have good intentions when dating younger women							
9. If he or she buys me nice things, it means he or she loves me							
10. I know how to have a healthy romantic relationship							

## #7 HOW IS MY BABY: I'M A TEEN PARENT. HOW DO I KNOW IF MY BABY IS OKAY?

### PROJECT PARENTHOOD WORKSHOP SURVEY

#### **Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to know if your  
baby is okay or not.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. I understand what developmental milestones are							
2. Babies start smiling at people at 2 months							
3. Babies respond to their name at 6 months							
4. Babies cannot sit alone at 1 year							
5. Babies cannot walk at 1 year							
6. Kids can ride a 3-wheel bike at age 3							
7. I know what a Pediatrician is and how to find one							
8. Kids do not use "me" and "you" correctly at age 4							
9. Kids can use the toilet on their own at age 5							
10. I can tell if my baby is doing okay or not							

## #8 HOW TO BOND: I'M A TEEN PARENT. HOW DO I BOND WITH MY BABY?

### PROJECT PARENTHOOD WORKSHOP SURVEY

#### **Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to bond with your baby.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. Babies need to feel loved							
2. Feeding is a time of bonding							
3. Dads should swaddle the baby and change its diaper							
4. Bonding always happens right away							
5. I understand what bonding is							
6. Adopted babies cannot bond							
7. It's good to sing or read books to the baby before it is born							
8. Copying baby sounds is not bonding							
9. All parents want to bond with their baby							
10. I know how to bond with my baby							

**#9 HOW TO KEEP MY BABY:  
HOW DO I KEEP MY BABY FROM BEING TAKEN AWAY?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to keep your baby  
from being taken away.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. I can leave my baby in the car alone							
2. It is hard to have your baby taken away							
3. My baby is small, he or she can skip a few meals							
4. I understand what maltreatment is							
5. It's okay to use substances in front of my baby, he or she does not know what is going on							
6. I understand what child welfare is							
7. I understand how the foster care system works							
8. I can ignore my baby when he or she is crying							
9. I can hit my baby to discipline him or her							
10. I know how to keep my baby from being taken away							

**#10 HOW TO STOP ABUSE:  
I'M A TEEN PARENT. HOW DO I STOP ABUSE?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to stop abuse.**

<p><b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.</p>	<p><b>I Strongly Disagree (0)</b></p>	<p><b>I Disagree (1)</b></p>	<p><b>I'm not sure, but I kind of Disagree (2)</b></p>	<p><b>I don't Agree or Disagree (3)</b></p>	<p><b>I'm not sure, but I kind of Agree (4)</b></p>	<p><b>I Agree (5)</b></p>	<p><b>I Strongly Agree (6)</b></p>
<p><b>EXAMPLE: "I agree with this question"</b></p>					✓		
<p>1. Child abuse is not common</p>							
<p>2. I understand what intimate partner violence is</p>							
<p>3. Alcohol and drugs are related to abuse</p>							
<p>4. Nightmares and bedwetting are signs of child abuse</p>							
<p>5. Abuse is not a cycle</p>							
<p>6. Abuse can be verbal, sexual, mental, physical</p>							
<p>7. I can tolerate abuse</p>							
<p>8. I know where to go if I need help with abuse</p>							
<p>9. Child neglect and mistreatment is not common with teen parents</p>							
<p>10. I know how to stop abuse</p>							

**#11 HOW TO HAVE SAFER SEX (PART 1):  
I'm A TEEN PARENT. HOW DO I KEEP FROM HAVING ANOTHER  
CHILD?**

**PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to prevent a pregnancy.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. Intrauterine contraception (IUD) can prevent pregnancy for up to 10 years							
2. If you are in a relationship, you have to have sex							
3. Male and female condoms can prevent pregnancy and STDs							
4. I understand what abstinence is							
5. Emergency contraception is a regular form of birth control							
6. The pill can prevent pregnancy and STDs							
7. The shot will make you fat							
8. The patch is only for skinny people							
9. An implant can be inserted under your skin and prevent pregnancy for up to 3 years							
10. I know how to prevent a pregnancy							

**#12 HOW TO HAVE SAFER SEX (PART 2):  
I'M A TEEN PARENT. HOW DO I AVOID SEXUALLY  
TRANSMITTED INFECTIONS AND DISEASES?  
PROJECT PARENTHOOD WORKSHOP SURVEY**

**Part A: Please tell us a little bit about yourself.**

1. Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_
2. Unique ID: \_\_\_\_\_
3. Birthday (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_\_
4. Sex (Please circle one letter):
  - A. Male
  - B. Female
  - C. Other (Please Specify: \_\_\_\_\_)
  - D. Prefer not to answer
5. Ethnicity (Please circle one letter):
  - A. Hispanic or Latino
  - B. Not Hispanic or Latino
6. Race (Please circle one letter):
  - A. American Indian or Alaska Native
  - B. Asian
  - C. Black or African American
  - D. Native Hawaiian or Other Pacific Islander
  - E. White
  - F. Other (Please Specify: \_\_\_\_\_)
  - G. Prefer not to answer
7. Relationship Status (Please circle one letter):
  - A. Single
  - B. In a relationship
  - C. In a relationship with the mother/father of my kids
  - D. It's complicated (Please Specify: \_\_\_\_\_)
  - E. Prefer not to answer
8. Sexual Activity (Please circle one letter):
  - A. I have never had a sexual experience
  - B. I am sexually active
  - C. I have had a sexual experience, but I am not sexually active right now
  - D. Prefer not to answer
9. Number of Pregnancies: \_\_\_\_\_
10. Number of Births: \_\_\_\_\_
11. Number of Living Children: \_\_\_\_\_

**Part B: Please tell us how much you know about how to have safer sex.**

<b>Directions:</b> Place a check mark (✓) in the box that best fits your answer.	<b>I Strongly Disagree (0)</b>	<b>I Disagree (1)</b>	<b>I'm not sure, but I kind of Disagree (2)</b>	<b>I don't Agree or Disagree (3)</b>	<b>I'm not sure, but I kind of Agree (4)</b>	<b>I Agree (5)</b>	<b>I Strongly Agree (6)</b>
<b>EXAMPLE: "I agree with this question"</b>						✓	
1. To get tested, you need your parents' permission							
2. You don't need a condom for oral sex							
3. You should get tested for STDs and HIV regularly							
4. I understand what sexually transmitted illnesses and diseases are							
5. STDs are hard to catch							
6. I understand ways to have sex that do not involve intercourse							
7. If you have an STD, you don't need to tell your partner							
8. Condoms are only worn by males							
9. All sexually transmitted diseases and illness are curable							
10. I know how to prevent sexually transmitted illnesses and diseases							

## Appendix E: List of Competencies Met

### Tier 1 Core Public Health Competencies

<b>Domain #1: Analytic/Assessment</b>
Identify the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, the quality, availability and use of health services)
Describe the characteristics of a population-based health problem (e.g., equity, social determinants, environment)
Use variables that measure public health conditions
Use methods and instruments for collecting valid and reliable quantitative and qualitative data
Identify sources of public health data and information
Recognize the integrity and comparability of data
Identify gaps in data sources
Adhere to ethical principles in the collection, maintenance, use, and dissemination of data and information
Describe the public health applications of quantitative and qualitative data
Collect quantitative and qualitative community data (e.g., risks and benefits to the community, health and resource needs)
Use information technology to collect, store, and retrieve data
Describe how data are used to address scientific, political, ethical, and social public health issues
<b>Domain #2: Policy Development and Program Planning</b>
Participate in program planning processes
Incorporate policies and procedures into program plans and structures
Identify mechanisms to monitor and evaluate programs for their effectiveness and quality
Apply strategies for continuous quality improvement
<b>Domain #3: Communication</b>
Identify the health literacy of populations served
Communicate in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
Solicit community-based input from individuals and organizations
Participate in the development of demographic, statistical, programmatic and scientific presentations
Apply communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
<b>Domain #4: Cultural Competency</b>
Incorporate strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)
Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
Respond to diverse needs that are the result of cultural differences
Describe the dynamic forces that contribute to cultural diversity
Describe the need for a diverse public health workforce
<b>Domain #5: Community Dimensions of Practice</b>
Demonstrate the capacity to work in community-based participatory research efforts
Identify stakeholders
Collaborate with community partners to promote the health of the population
Maintain partnerships with key stakeholders
Use group processes to advance community involvement
Describe the role of governmental and non-governmental organizations in the delivery of community health services
Identify community assets and resources
Gather input from the community to inform the development of public health policy and programs
Inform the public about policies, programs, and resources
<b>Domain #6: Public Health Sciences</b>
Identify the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)
Describe the scientific evidence related to a public health issue, concern, or, intervention
Retrieve scientific evidence from a variety of text and electronic sources
Discuss the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)
Describe the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)

Domain #7: Financial Planning and Management
Adhere to the organization's policies and procedures
Participate in the development of a programmatic budget
Operate programs within current and forecasted budget constraints
Report program performance
Translate evaluation report information into program performance improvement action steps
Contribute to the preparation of proposals for funding from external sources
Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts
Participate in the development of contracts and other agreements for the provision of services
Domain #8: Leadership and Systems Thinking
Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
Describe how public health operates within a larger system
Participate with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action
Use individual, team and organizational learning opportunities for personal and professional development
Participate in mentoring and peer review or coaching opportunities
Participate in the measuring, reporting and continuous improvement of organizational performance

### Concentration Specific Competencies

Public Health Management:
Have a knowledge of strategy and management principles related to public health and health care settings
Be capable of applying communication and group dynamic strategies to individual and group interaction
Know effective communication strategies used by health service organizations
Have an understanding of organizational theory and how it can be utilized to enhance organizational effectiveness
Have a knowledge of leadership principles
Have a knowledge of successful program implementation principles
Have a knowledge of strategies used for monitoring, evaluating, and continuously improving program performance
Be capable of applying decision-making processes
Have an awareness of strategies for working with stakeholders to determine common and key values to achieve organizational and community goals
Know strategies for promoting teamwork for enhanced efficiency
Have an understanding of effective mentoring methods
Be able to assess and resolve internal and external organizational conflicts
Be able to determine how public health challenges can be addressed by applying strategic principles and management-based solutions
Public Health Management (additional competencies learned in electives taken):
The ability to develop a departmental budget
An understanding of marketing principles and strategies
A knowledge of ethical principles relative to data collection, usage, and reporting results
An awareness of ethical standards related to management
A knowledge of ethical standards for program development
The ability to write grants to secure external funding