

FLAP- Family Life Abstinence Program

Moving from Funding to Implementation: Lessons Learned from YEAR 1

Jacqueline Taylor, Program Coordinator, BA
Adolescent and Family Comprehensive Services, Inc.
45-67 W. Tremont Ave, Bronx, NY 10453

Introduction

Family Life Abstinence Program (FLAP) is an Abstinence-Only Education Prevention Demonstration program designed to reduce the number of adolescents engaging in premarital sexual activity; the incidence of out-of-wedlock pregnancies among adolescents; and the incidence of sexually transmitted diseases among young people living in the Bronx, New York.

According to the New York City Department of Health and Mental Hygiene's 2006 Community Health Profiles, the Central Bronx and Highbridge/Morrisania Districts, the teen birth rate in the Central Bronx District is 80% higher than in NYC overall; it also has the highest HIV-related death rate in NYC. The Chlamydia infection rates in the Bronx are also the highest in New York, with 927 women per 100,000 reported as infected. Of those diagnosed with Chlamydia, 57% are between the ages of 15 and 24.

The program objectives are: (i) Increase the involvement of parents in the lives of their children thereby strengthening family relationships; (ii) increase adolescents understanding of the positive health and emotional benefits of abstaining from premarital sexual activities; (iii) increase employability of parents to facilitate economic support for their children; (4) Increase communication and understanding between parents and adolescents, particularly on issues of sexuality. FLAP is a demonstration project that will track students over a five (5) year period. Six schools were randomly assigned to serve as FLAP schools; and six schools as controls.

FLAP will provide direct counseling for adolescents and their extended family. Planned sessions will be conducted for family with issues such as, conflict resolution, emotional and psychological issues. These sessions will involve the participants in the process of self-evaluation and assist them in examining available solutions.

(a) Recruitment of schools; (b) holding a major informational session for community based organizations and school representatives; (c) developing collaborative relationships between our agency and the schools; (d) working continuously with our program evaluators to ensure that implementation in Year 2 would go smoothly; (e) piloting our instruments and informed consent forms in non-targeted grades in a few schools; and (f) working with the New York City Board of Education to gain permission to conduct research in the twelve schools.

The purpose of our poster session is to share with the larger community of abstinence educators the lessons that were learned from our planning year. Our findings are drawn from the process evaluation that was conducted by our evaluators.

Methods

The overall evaluation design for our project is a randomized design in which twelve schools were matched based on several indicators and with schools from each pair randomly

assigned to either treatment or control schools. In all, 1800 students will be tracked in our project.

Our evaluation during Year 1 focused on implementation with the independent evaluators drawing on a number of data collection techniques to include interviews with our staff, attendance to our staff meetings, visits to school sites and review of documents including those approved by IRB.

Results

- Recruitment of schools necessitated several follow-up visits after an initial contact. Persistence paid off for us and once schools understood the importance of FLAP most were eager to sign up to be part of the project.
- Regular meetings with the evaluators proved beneficial for our staff. We realized from these meetings the need for everyone to have accurate information about the project. To that end, the large-scale one-day training session that was collaboratively led by the evaluators and us was important in getting all stakeholders to buy-in to the project.
- Piloting a small non-abstinence project with eight graders allowed our Health Educators to become familiar with each of the school settings in which they would work. The pilot project also allowed us to gauge the likely response we would get from parents for their informed consent. This was very useful as we used that knowledge to strategize on how to provide incentives to increase our rate of return.
- The Pilot project allowed accomplishment of the following: AFCS staff was able established a professional working relationship with staff; AFCS staff met with Parent Coordinators and attended parent meetings; AFCS staff was privy as to the unique operation of each school; AFCS staff was able to work collaboratively with school faculty with some of the challenges faced during this time; and we were able collaborate with schools in strategizing how to work with difficult student's in the classroom.
- Communication within schools and between the schools and AFCS was some times problematic.
- Schools did not always follow-through on what they said they would do; particularly in distributing the informed consent forms.

Implications

The process evaluation indicates that in abstinence education programs such as ours communication and the clarity with which information is shared among all stakeholders are extremely important. In addition, the format in which information is provided to schools is critical. Hosting a large-scale training session involving all stakeholders did much to foster buy-in. Working closely with the evaluators is key. The ongoing meetings between the evaluators and the project team helped to keep the project on track; and working together to troubleshoot problems and obstacles as they arose was critical to ensuring that our project would get off the ground.

Presenters:

Dr. Elaine Walker, Principle Investigator
Jacqueline Taylor, Program Coordinator