



A Community Engagement Guide:

Creating and Sustaining Community Engagement Bodies

The Case of Bronx Teens Connection's
Community Engagement Work

NYC
Health

Center for Health Equity

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I. Introduction and Guide Overview

• Acknowledgments

Before we dive into the content of this guide, we would like to first acknowledge and give thanks to several key individuals and entities without whom we would have been unable to successfully carry out the community engagement work of this initiative.

First and foremost, we extend our deepest gratitude to our community partners in the South Bronx. Over the years, the various members of the Bronx Teens Connection (BxTC) Community Action Team (CAT) have contributed in meaningful ways to the creation and dissemination of this work to address teen pregnancy and overall adolescent sexual health in the South Bronx. Many thanks to BronxWorks, Cardinal McCloskey Services, Children's Aid Society, Claremont Neighborhood Center, Committee for Hispanic Children & Families, Inwood House, Montefiore Medical Center's Adolescent AIDS Program, Morris Heights Health Center, the Office of School Wellness Programs, Planned Parenthood of New York City®, St. Barnabas Hospital – Teen Health Center and Urban Health Plan. Your commitment to the health and well-being of South Bronx youth is both inspirational and priceless.

We would also like to thank all the young people who have been a part of the Youth Leadership Team (YLT.) Your time, opinions, and contributions in helping to keep BxTC grounded to the value of youth as experts in this work has been tremendously important to the program's success. Thank you Timothy, Lali, Justin, Aikia, Edgar, Ricky, Rafael, Zoe, Jante, Genesis, Gisel, David, Yaritza, Ashely, Mathew, Yarisma, Aileen, Chasity, James, Raymond, Roseangel, Patrice, Alimatou, Stephanie, Daimely, Diana, Amalachi, Samantha, Yalitza, Yadira, Yisel, Anthony, Nick, Brian, and William.

A heartfelt thanks also goes out to our colleagues at BxTC and the Bronx Neighborhood Health Action Center (formerly the Bronx District Public Health Office) who have provided the community engagement component of this initiative with support and guidance over the years. We would especially like to thank Gina Arias, who served as the first Senior Community Partner Coordinator that oversaw the CAT and Richard Mayanja, who was pivotal in the creation and maintenance of the first YLT group. Both of your efforts contributed to the foundation of principles and vision from which we continued to conduct respectable work with our community partners. We also thank Meredith White for all the behind the scenes support provided over the years to both the CAT and the YLT. And finally we would also like to thank Dr. Jane Bedell, Assistant Commissioner of the Bronx Neighborhood Health Action Center and Principal Investigator of the Bronx Teens Connection program for her continued support and interest in the advancement of authentic community engagement efforts at the New York City Department of Health and Mental Hygiene (NYCDOHMH).

And lastly, thanks to the many other individuals who gave their time and expertise to review the content of this guide. We are truly grateful.

• Purpose of this Guide

From 2010-2015, Bronx Teens Connection (BxTC) ran as a multi-component initiative aimed at reducing teen pregnancy in the South Bronx. Through its four components: 1) evidence-based programs (EBP) implemented in schools and other youth-serving organizations (OYSOs); 2) access to quality clinical services; 3) Community Engagement and Mobilization (CEM); and 4) Stakeholder Education, NYCDOHMH developed partnerships, provided training and technical assistance, and implemented new approaches to education and communication -- all of which were tied together in an integrated, community-wide approach. This guide will focus on the work of the CEM component and its contributions to the work of stakeholder education.

As experienced community engagement workers in the field of public health, we are aware that community engagement work is often seen as something that should come naturally to those tasked with working with community members. This often places professionals in a position of initiating community engagement work without guidance or resource tools at their disposal. This may be the case for professionals within a department of health setting, although it can also be seen in non-profit or community-based organizations. At the start of BxTC, the community partner coordinators of this initiative were asked to create and maintain community engagement groups that would inform the work of the initiative. No clear guidance or reference tools were available for this type of work to be developed within the context of our agency. However, over the five years of the initiative, after overcoming challenges and achieving much success, various community partners and colleagues have inquired about the work of the CEM Component of this South Bronx initiative. Specifically, individuals have sought guidance on how we have approached building and sustaining the CAT and YLT as community engagement groups for a federally funded, teen pregnancy prevention program.

In the final year of the BxTC program, as we move forward to expand teen pregnancy prevention work in New York City, we decided to create this guide to document our experiences, best practices, lessons learned and frameworks, for how we established and sustained community engagement groups that served not just as consultants, but also as partners in these adolescent sexual and reproductive health efforts. Working with these community partners has been truly rewarding and inspiring and we see this guide as an offering to these partners as well as other community leaders committed to authentic and equitable community engagement work.

We hope this guide will be helpful for individuals and programs both within and outside of the NYC DOHMH as well as other departments of health looking to engage community members in other public health initiatives.

Thank you,



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• Guide vs. Manual

Although, it is true that communities may share many similarities, we want to emphasize that this guide was created to specifically reflect the experiences and shared work of the community engagement groups of the BxTC initiative in the South Bronx. It is in no way meant to serve as a manual with clearly defined instructions for establishing groups in other settings. However, as a guide, we expect that the information included may be adapted to fit the specific needs of other communities. What worked for the Bronx community engagement teams of the BxTC initiative may not work for other community groups. All communities are unique and should be respected as such. For this reason it is important that you incorporate needs, resources, and assets assessments to determine the most appropriate approaches for creating and maintaining community engagement efforts within your own program's context and environment. Still, this guide can serve as a model or case study for how to create and sustain community engagement groups.

• What is NOT included in this guide?

While various community engagement and organizing principles and outside training may have informed the work of the community engagement coordinators and authors of this guide, this guide does not include an overview of theories of community organizing, mobilization, or development or history of social movements. We have, however, included several references at the end of this guide which may serve as resources for locating some of that content.

• Visions & Missions - Framing This Work

This guide references the community engagement work implemented under the Bronx Teens Connection (BxTC) initiative. As a community-wide, multi-component initiative of the NYC Department of Health & Mental Hygiene (DOHMH) out of the Bronx Neighborhood Health Action Center, Bronx Teens Connection aimed to improve adolescent sexual and reproductive health in the South Bronx by reducing unintended teen pregnancies in two adjoining neighborhoods – Hunts Point and Morrisania (**See Figure 1.**) Its goal was a 10% reduction in unintended pregnancy and birth rates among 15-19 year olds by 2015. The initiative was funded by the Centers for Disease Control and Prevention and the Office of Adolescent Health of the Department of Health and Human Services.

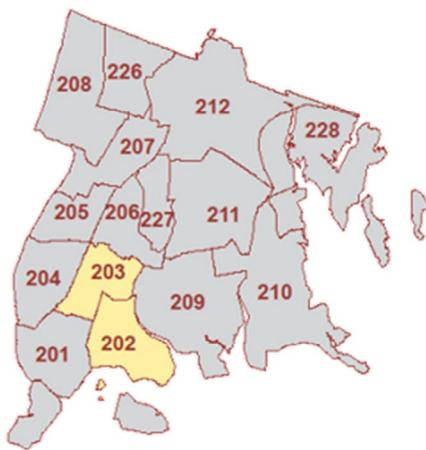


Figure 1. Map of the Bronx with Community Districts 2 (Hunts Point) and 3 (Morrisania) highlighted.

During the life of this initiative, a new division of the DOHMH was created, the Center for Health Equity (CHE.) The CHE was created with the input and direction of the three health action centers located in areas of New York City where health needs are highest: The Bronx, North and Central Brooklyn, and Central Harlem. The division strives to reflect the principles and values in support of community engagement work in all of its programming. As of 2014, the Bronx Neighborhood Health Action Center and its work fall under the Center for Health Equity. With CHE guidance and support, we plan to continue teen pregnancy prevention work moving forward within the Bronx and beyond.

Below you will find the vision and mission statements of both **Bronx Teens Connection (BxTC)** and the **Center for Health Equity (CHE)**, which we hope will provide context to the work that informed this guide as well as the creation of the guide itself. The Bronx Teens Connection vision and mission guided the work of the community engagement component of BxTC, while the CHE vision and mission statements reflect the principles of the community engagement component and the intentions of this guide.

BxTC Vision: to create an environment in which all teens have the information, skills, and resources they need to make and act upon healthy decisions regarding their sexual and reproductive health.

BxTC Mission: To bring together youth, parents, community-based organizations, high schools, community- and school-based clinics, city-wide agencies, and youth-serving organizations in a comprehensive, community-wide effort to reduce unintended teen pregnancy. Through this initiative, teens in the South Bronx will become knowledgeable about their sexual and reproductive health, have access to the information and resources they need to make healthy decisions, and be empowered to act on these decisions.

CHE Vision: Across our city, every New Yorker lives in a thriving neighborhood, where resources work well and systems are equitable in order to nurture and sustain healthy individuals and communities.

CHE Mission: To strengthen and amplify the Health Department's work to eliminate health inequities, which are rooted in historical and contemporary injustices and discrimination, including racism.

• Relevant BxTC Objectives

Below you will also find the programmatic objectives of the BxTC initiative that specifically focused on the input and support of community engagement groups. These objectives guided the formation of the community engagement bodies as well as provided an outline for the work expected of these groups.

1. Create and maintain regularly convened community engagement groups that represent diverse community members at various stakeholder levels (i.e. individual, interpersonal, community, organizational, and policy) to inform teen pregnancy prevention efforts in Community Districts (CDs) 2 and 3.^{1,2}
2. Support BxTC's community engagement groups in their own efforts to address social determinants of health that affect teen pregnancy rates in CDs 2 and 3.
3. Improve awareness and support among individual-, interpersonal-level stakeholders for teen pregnancy prevention efforts (i.e. Evidence Based Programs and clinic access) through awareness campaigns, community events and the distribution of educational materials, with the guidance and support of BxTC's community engagement groups.^{1,2}
4. Improve awareness and support among community-, organizational-, and policy-level stakeholders for teen pregnancy prevention efforts (i.e. Evidence Based Programs and clinic access) through strategic efforts that result in buy-in for, and the resulting implementation of, strategies at respective organizations or agencies, with the guidance and support of BxTC's community engagement groups.^{1,2}

II. CEM Guiding Principles

Community engagement work is often seen as social support or “soft skills” work that might not require much effort or training. However, for those of us tasked with leading this type of work, a specific skillset that incorporates important social tools is necessary. Some of these skills don’t come naturally to certain individuals, but it is our belief that these skills can be developed with concerted effort if one has a genuine interest in, and authentic commitment to, the involvement and growth of community members.

As community engagement coordinators of the Bronx Teens Connection initiative, we were very intentional with the ways we approached community stakeholders in this work. Here are some of the guiding principles, in no particular order, which we identified over the years as key to successfully engaging community members and leaders and ultimately creating the community engagement bodies we worked with.

- 1. Equity:** This speaks to the acknowledgment that there is unequal access to opportunities and resources for many of our community members in many areas of their lives. We come to community members with an understanding that equity, in any form, has not yet been achieved. As it pertains to health, outcomes for many health issues are unfortunately predictable by race/ethnicity and zip code of residence, leaving Black, Latino and many other populations of color most negatively impacted in our neighborhoods. While we cannot address all issues of inequities outside the realm of our program initiatives, effective community engagement work incorporates efforts to connect partners to resources and opportunities in other areas of their lives, with an understanding that these too influence health. All aspects of the BxTC program and the community engagement work was driven from a framework of urgency at achieving equity in health.
- 2. Compassion:** Understand that community members are often engaged in many other commitments and responsibilities. Patience, consideration and kindness to people’s realities outside of work deliverables are key to successful community engagement work.
- 3. Respect:** Community engagement work is not easy work. Acknowledge that every community participant is an asset to community engagement work and learn to recognize the strengths and potential that each individual brings to the table so that everyone can contribute.
- 4. Cultural Humility:** Engaging with diverse community stakeholders is often seen as an element of community engagement work. However, diverse communities do not only refer to diversity in race, ethnicity, nationality, language, gender/identity, or other social groups or demographic markers but includes diversity in a variety of social statuses, experiences or interests. While cultural competency is important in this work, cultural humility involves understanding that one will never be truly competent in any type of cultural diversity or population. As such, one must remain humble and teachable in order to successfully engage in complex and naturally evolving relationships and experiences with diverse groups of individuals.
- 5. Use Intentional Language:** The words we use to engage our community members are powerful in building trust as well as sustaining productive and successful relationships. Be mindful and conscious about the way you communicate with your community partners. This includes challenging public health language so that it is reflective of the actual experiences of our community members and respectful of them as agents of change instead of accusatory of them as being responsible for the negative outcomes they are facing. **See Table 1 below.**

Table 1. Politics of Public Health Language

Politics of Public Health: Language

Conventional	Health Equity
Vulnerable population	Populations under threat
Risk factors	Social responsibility for risk
Factors	Causes of health inequity
Social determinants of health	Social determinants of health inequity
Intervention Risky behavior	Social change Dangerous conditions

Source: Richard Hofrichter's June 30, 2015 presentation at the NYC DOHMH

6. Transparency: Often community engagement work involves community groups that have historically been taken advantage of and abused by institutions, including government agencies and research institutions. This has naturally led to a sentiment of distrust among many community members. Along with intentional language, ongoing honesty, integrity and effective communication are required in order to build and sustain trust with community partners. Acknowledging past injustices and apologizing for these may be necessary and can only be helpful in establishing an authentic relationship with community partners.

7. Justice: In line with acknowledging inequities in our communities, choosing to actively dismantle these inequities requires the incorporation of a justice framework to community engagement efforts. This involves critically assessing what systems within our communities are systemically perpetuating the inequities our community members face and naming these clearly. Critical analyses of the root causes of social inequities in our communities must occur in participation with community members affected by these at every step of the way. Furthermore, the identification of unfair policies and imbalances in power will require not just external assessments but also internal assessments of those who are involved in some way with the community engagement work of a program. This is important as community engagement efforts tend to be the first to experience funding cuts in programs and the last to be considered when resources do become available. As a result, acknowledging injustices within a program and specifically requesting and advocating for equitable practices, including policy changes, is crucial to successfully incorporating the principle of justice throughout the life of the program.

8. Advocacy: As community engagement coordinators, part of our responsibility is to advocate for our community members as needed. This may be difficult for those of us working within government agencies or bound by certain funding restrictions. Still, advocacy has a role in this work and deserves mentioning. At times, requests of community partners may be made by management staff or funders when these may not be aware of certain realities or constraints our community members are facing. Advocacy in these circumstances may manifest as community engagement coordinators serving as the voice for community members who are not present in spaces where such requests or important decisions are being made. Advocacy requires a level of mindfulness to protect community partners' time, efforts and interests so they are not spread too thin or worse, tokenized.

9. Self-Reliance: Community engagement work is often filled with a notion of empowering communities. However, communities do not need external agencies or institutions to empower them: communities are rich in many different kinds of assets, resources and strengths. Instead, self-reliance implies that we respect communities, their members, and their leaders as being fully capable of exercising their right to define the terms for working with agencies and institutions in partnership

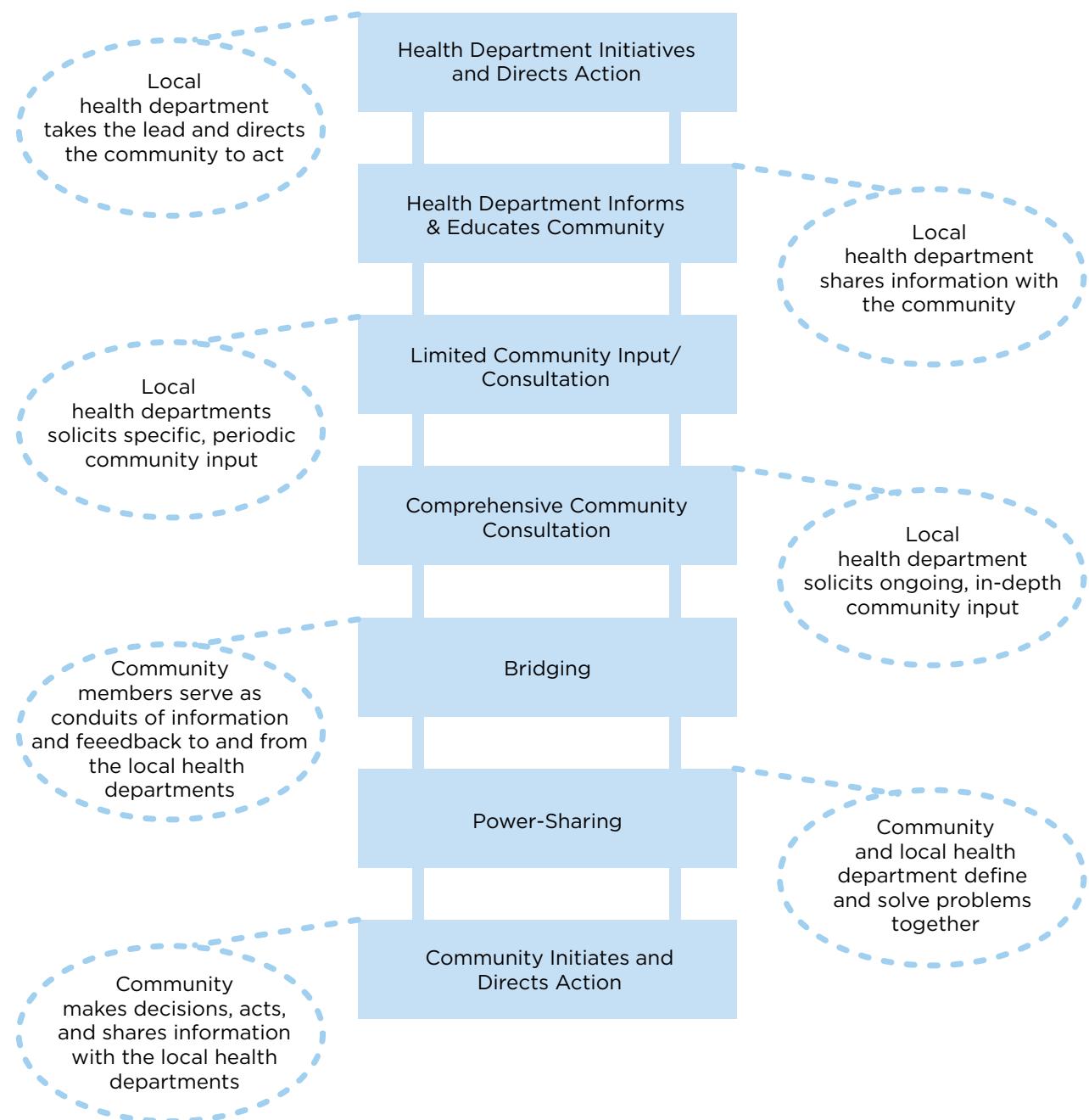
10. Shared Leadership: Engaging community members in public health initiatives has been praised as effective in creating opportunities for members of marginalized and impacted communities to contribute to and own some of the public health work. However, the ways community members are involved does not always reflect an equal level of power with regards to issue selection or strategies implementation. Tools like the **CDC's Community Engagement Continuum**³ or **Contra Costa Health Services' Ladder of Community Participation**⁴ (**See Figure 2 and Figure 3 respectively**) may help to examine the ways community members are partnering with you in your own community engagement work, whether it be as recipients of your program resources, consultants to your programs, or as equal partners or even leading partners in owning the power to select issues of focus or strategies to address these. Under BxTC, while we recognized that our community partners were not leading our efforts and may have only been consulted or involved in some of the program development, community engagement coordinators strived to create opportunities to share in leading and/or owning efforts wherever possible.

Figure 2. Community Engagement Continuum



Source: *Principles of Community Engagement*, second edition, NIH publication No. 11-7782, 2011

Figure 3. Ladder of Community Participation for Departments of Health



Source: *Community Engagement in Public Health*, Contra Costa Health Services, March 2006

III. Recommendations for Creating Community Groups

PART A: THE YOUTH LEADERSHIP TEAM (YLT)

The Youth Leadership Team (YLT) of BxTC was only the second youth group affiliated with the NYCDOHMH. The first was the Youth Advisory Board (YAB), a volunteer group at the Bronx Neighborhood Health Action Center which was founded in 2003 and served to provide teen perspectives on the agency's activities at that time. And while coordinators received some guidance on theories and strategies for working within communities from other grant funded agencies like Advocates for Youth and John Snow, Inc., there was little instruction on how to successfully convene a youth group on a consistent basis as partners of an initiative managed by a government entity like the Department of Health and also within the context of the South Bronx. As such, community engagement coordinators relied heavily on our prior professional, as well as personal, experiences working with community members. Community members we had worked with in the past shared candid stories regarding their lived experiences with how they had been treated in similar community engagement efforts. They recognized their lack of power when it came to decision-making as well as how often their participation felt tokenized by government-run and other citywide agencies. Furthermore, as youth are even more vulnerable to power imbalances, we wanted a different experience for the youth we would engage and work with. We established that the BxTC YLT youth would receive a stipend for their work and time; this had not been done before. Marginalized and hard to reach youth were a group of young people we wanted to ensure were fully represented in this new youth group. At the same time, we understood that these young people may be more difficult to work with as more than likely; they would have many more struggles to navigate. As such, it was important we find a balance where we met our program deliverables, but still addressed other needs the youth may be facing. This balance we believed would help them be as productive as possible with the work that focused on teen pregnancy prevention.

The YLT was envisioned to be a group of young people made up of teens living and/or going to school in the South Bronx, who were interested in adolescent sexual and reproductive health and unintended teen pregnancy. We also envisioned their goal to be to work toward establishing healthy communities where all teens are supported, and have access to comprehensive health services and education.

Given the limitations placed on the work by both the grant funding as well as policies within the Department of Health, neither the goal nor the objectives laid out for the work of the YLT came from the youth themselves. We recognized early on that this is not in line with community engagement or community-organizing principles, which encourage that issue selection arise from community members themselves.⁵ However, community engagement coordinators made every effort to create opportunities within the work of the program so that youth may lead and own content development. We also advocated on behalf of their work when necessary.

A. OBJECTIVES FOR THE YLT:

The objectives below pertained to the community engagement work of the YLT:

1. Create a YLT by the end of the recruitment period that is comprised of 14 youth participants with at least 33% of members living in and/or being enrolled in BxTC partnering schools or organizations within Community Districts (CDs) 2 and 3.
2. Ensure a diverse YLT that reflects characteristics of CDs 2 and 3 in gender (we aimed to keep an 8:6, female: male gender balance), race, ethnicity, age, sexual orientation/identity, language and school type (i.e. public versus private) among the membership throughout the program year.
3. Convene YLT meetings twice a month and ensure that at least eight members will have attended at least 75% (18) of YLT meetings by the end of the project year.
4. Ensure that 100% of YLT members are familiar with Evidence Based/ Evidence Informed (EB/EI) teen pregnancy prevention strategies by having participated in the EB/EI BxTC training session.

5. Provide YLT training sessions and resources on topics including Anatomy, STIs/HIV, Contraception, EB/EI Programs, and Healthy Relationships.
6. Administer pre-post tests to measure increases in knowledge as a result of participation in training.
7. Provide additional skills/professional development trainings on community engagement and mobilization as appropriate, based on YLT needs so that at least 75% of members will have received at least 50% of these trainings. Such trainings may include topics like Root Cause Analysis, Leadership Skills, Minors' Rights, Public Speaking, Community Mobilization, Community Organizing and/or Social Justice.
8. YLT should continue distribution of BxTC public awareness campaign materials as well as other education and promotion material as appropriate.
9. With the support of coordinators, YLT should develop at least one activity to increase awareness and support of minors' rights to Adolescent Sexual and Reproductive Health education and services by the end of the project year.
10. With the support of coordinators, YLT should contribute to, support and/or participate in the annual BxTC conference, a conference for professionals working on adolescent and sexual reproductive health programming with youth, as appropriate.

B. RECRUITMENT: ELIGIBILITY & SELECTION PROCESS

We wanted recruitment to be a self-selective process as much as possible. We found that youth who wanted to be part of the YLT, as opposed to youth who were overly encouraged by adults or teachers to join the group, were more committed to participating in the group for the long term. However, we did not make eligibility or hiring difficult or competitive for youth. Instead of intentionally selecting only high-achieving, academically successful youth with strong support systems in their lives, we actively sought out youth who might be considered "difficult" or "challenging." Young people in our communities are facing numerous difficulties and barriers in their lives and sometimes all a young person needs is an opportunity to excel. We chose to provide that opportunity for youth in the YLT.

Eligibility:

- Youth between the ages of 15-19
- Preferably youth living in or attending high schools in Bronx community districts 2 or 3, although any South Bronx youth were considered.

We looked for youth who:

- Were interested in improving their communities
- Wanted to work
- Could commit for one year
- Wanted to engage in a youth group
- Wanted to learn about sexual health
- Were responsible and dependable
- Wanted to be empowered and wanted to empower others

Recruitment Process:

Our recruitment process consisted primarily of leveraging our networks. We reached out to contacts at existing partnering schools, youth serving organizations and community-based organizations; those represented both in and outside of our Community Action Team (CAT) to obtain referrals for young people who may have been interested in joining the YLT. Although our youth would be compensated for their work, we did not include this in our recruitment messaging. We also stressed to our referring contacts that they not inform the youth about the financial incentive in order to ensure that youth who self-selected and were referred were not swayed by the financial incentive but were genuinely interested in the work. As mentioned earlier, we also stressed to our referring contacts to consider youth who might not be "straight-A" students because we wanted to prioritize giving youth who are not often granted opportunities to participate in special programs the chance to contribute to and grow with our program. We also thought these efforts would foster a diversity of experiences and perspectives on the team. Current YLT members were also allowed to recommend peers who might be interested.

Interested candidates were asked to submit an application and then schedule an interview. The strongest candidates were offered the position on a first come basis. Strength of a candidate was based on his or her responses to questions during the interview which assessed the candidate's interest in teen sexual health, interest in community involvement, potential for empowerment and leadership, room for growth, and unique contributions to the forming group and its dynamics.

Again, our interview and candidate selection process was not meant to be extremely competitive in any way. Instead, it was merely an opportunity to gauge interest and the youth's potential for growth and success. Showing up for the interview nearly always translated into a hiring.

Recruitment documents used included:

- A **YLT One Pager** explaining the program and the role of the YLT (**See Appendix 1**)
- An "**About Me**" form, which served as the application (**See Appendix 2**)

C. ROLES, RESPONSIBILITIES & SOCIAL CONDUCT:

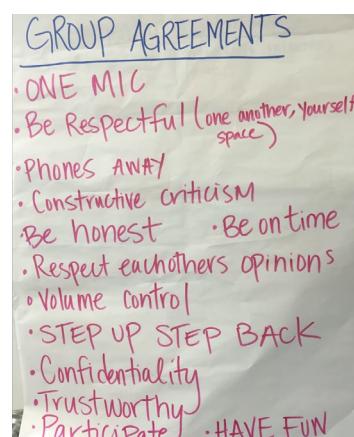
In line with the objectives laid out for the work of the YLT, the following were expectations of the youth:

- All YLT members need to attend our monthly meetings and whenever possible, other meetings such as the Community Action Team (CAT) meetings.
- Attend scheduled training sessions and workshops.
- The primary role of the YLT group was to provide input, ideas, and concerns with informing programmatic work on adolescent sexual and reproductive health.
- Attend and participate in annual conferences and other community raising awareness campaign activities throughout the project year.
- Provide peer education on sexual and reproductive health-related issues, as appropriate, at community engagement events.

While the program laid out objectives and goals for the work of the YLT, the YLT coordinators fostered fair and equitable participation throughout the partnership with the youth. On many occasions, YLT members were provided the opportunity to go through an organic process to brainstorm and decide the activities in which they wanted to participate. Decisions were made through consensus-building, while others were made through a voting process. Overall, the organizational structure of the YLT was very organic, equitable, and democratic. Members were encouraged to take on roles and responsibilities but were never forced. It should also be noted that YLT members were also sought after by other DOHMH programs in order to provide input and a youth perspective on their work, which may or may not have related to teen pregnancy prevention. In these instances, coordinators made sure to protect the YLT as necessary, so youth were not drained or exposed to an exhausting demand on their time and efforts.

For a sample of the agreement created for YLT participation, see **Appendix 3: Sample YLT Contract.**

Group agreements: While no official documents or contracts were created outlining a code of conduct, coordinators felt that the YLT needed an agreed-upon code for appropriate behavior in the group. Along with ensuring that proper behavior would help productivity, we hoped the agreements would allow each member to feel safe and that they could work with others on the team. At the beginning of each project year, once all new members had been hired, coordinators and youth collectively created "group agreements." These are rules that the members felt everyone should follow. After achieving consensus that everyone on the YLT could support each agreement on the list, the "group agreements" were then posted and made visible at every meeting so they can be easily referred to as needed. **See Picture 1.**



Picture 1. A sample YLT Group Agreements

Conflict Resolution: While YLT coordinators structured this body to function within a **safe space** and similar to an extended family, conflict among youth is inevitable and normal. Conflict may arise when working with youth, for a wide variety of reasons. It is also not specific to youth who come from communities considered by many to be “disorganized” or “urban” or poor. So, it was important for YLT coordinators to be respectful, compassionate and in tune with the youth as much as possible. Conflict may result from: natural group forming/storming phases, personal feelings, gossip, disagreements, ended relationships, etc. In our experience, it was crucial for any conflict, no matter how trivial, to be addressed immediately in order to avoid further tension or discomfort. For this reason, YLT coordinators made every effort to be aware of changes in attitudes or disposition among youth. If a conflict was identified, the YLT coordinator would speak with the members involved and try to reach a resolution immediately. For instances like these, group agreements were essential and were referenced. Coordinators also always made it clear that bullying, teasing or harassing were unacceptable and may lead to expulsion from the group.

Social Issues: Socializing among YLT members was highly encouraged but it should be noted that some groups may bond and find group cohesion more so than others. However, socializing has also been problematic. In our experience, these instances arose when there might have been a love interest, a falling out among best friends, or formation of cliques. In all of these instances, it's important to bring it to the member's attention in a respectful manner if it's interfering with the group dynamics and/or the work.

Asking youth to switch or rotate seats in creative and fun ways delivered the point that cliques were not supported without appearing too rigid. In general, it's always a good idea to mix up the group, as members tend to sit next to the same person or in their usual seat at every meeting. This gives members the opportunity to socialize with other people.

D. COMMUNICATION & RELATIONSHIP BUILDING:

What we have found in our work with the YLT is that communication and relationship building was one of the major contributors to the success in sustaining this group of young people.⁶ All relationships take genuine effort but for some of the youth we interact and work with, we may be the only trusted adults in their lives. The space we provide may also be one of very few safe spaces youth may enter. For these reasons YLT coordinators needed to be aware of delicate factors that may not arise when working with adult partners, like those on the Community Action Team.

Keeping the lines of communication open at all times and letting youth know they could reach out to speak to you or visit the office if they needed to was so important. Giving young people options in how and where they want to speak to you, especially if they request to do so in private, is also a great way to engage and build trust.

Also, since the YLT only had two scheduled meetings a month, it was also important to maintain communication with the youth in between meetings. Coordinators decided that the main way they would communicate with the youth to send reminders or information would be by text and/or email. Phone calls were left as a last resort. Youth also chose to communicate with coordinators in the same way.

E. RETENTION - KEEPING THE YOUTH ENGAGED:

Incentives: As mentioned earlier, the YLT youth were provided a stipend for their participation in the group. Each YLT member was given a stipend of \$125 a month for fulfilling YLT requirements, including attending meetings twice a month. We are aware that financial compensation was a main tool in keeping our young people engaged in this work. However, other non-financial incentives were also provided to the youth and we feel strongly that these also strengthened retention among youth. These non-financial incentives included:

- A safe space where they could learn, be heard, and share their ideas around adolescent sexual and reproductive health (ASRH) and any other topics that may be important in their lives.

- Job postings, scholarship opportunities, and other resources received from community partners in our networks.
- Recommendation letters for colleges, jobs, and scholarships.
- References from YLT coordinators for potential employment opportunities.

Alumni Participation: At times during a project we reached out to alumni YLT members to ask for their assistance. This might have included work at the annual conference, presenting on YLT work to national or local partners, feedback to help inform new work, and recommending new YLT members to the group. We found this to be very helpful for both the alumni and current YLT members, as current members got the chance to hear the experiences of youth who once did the same work. Alumni have pointers and suggestions to new members and also expressed satisfaction in continuing to feel valued, and having the opportunity to share their experience as young adults as it relates to sexual and reproductive health (SRH) and other health topics. We also understood that alumni YLT liked being connected to our program as they navigated adulthood. We often had alumni continue to reach out to us for continued support in their lives, for letters of recommendation and work references.

F. TRAININGS & SKILLS BUILDING

The YLT did not use a structured curriculum. Under this particular grant both the CAT and YLT were formed as community groups that would help inform the work of BxTC. As such, it was not planned that the community engagement groups would receive services from BxTC. However, YLT youth were asked to inform coordinators on whether they were receiving EBP's in their schools. The youth were also involved in vetting whether teen friendly clinics were in fact, teen friendly as well as what would make their schools and clinics environments more supportive of ASRH education and services. The YLT met twice a month for two hours, so time was limited and not conducive for implementation of an EBP curriculum. Despite these factors, we wanted to make sure the YLT did receive the medically accurate and factual information regarding ASRH, for their own lives and to be peer educators in their communities and schools. The following were trainings provided to the YLT youth:

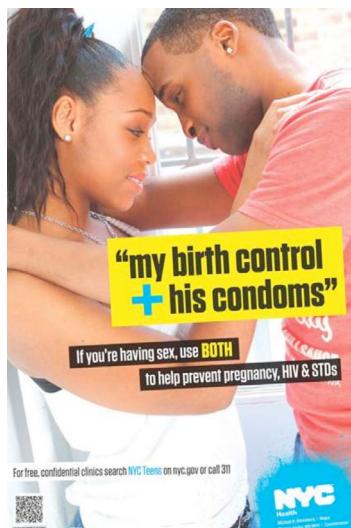
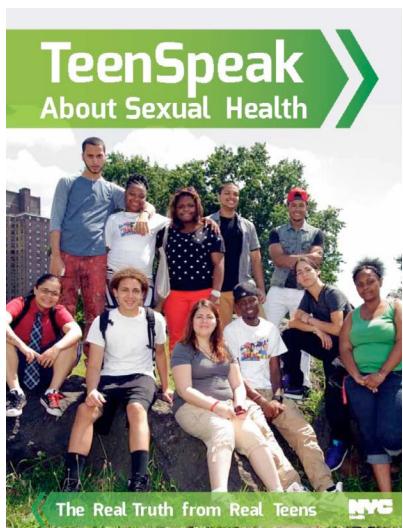
- **Annual Orientation:** At the beginning of each project year we provided youth with an overview of the BxTC Community-Wide Plan. We believed this would allow youth to see how they fit into the larger work of BxTC. The overview also allowed youth to learn about the work of the other BxTC components.
- **Annual Knowledge-Based Trainings:** Because youth were recruited from partnering schools, we knew some might have received evidence-based ASRH education at their schools. However, because some of our youth came from non-partnering schools, we wanted to ensure all teens were receiving education on key topics around ASRH. We aimed to provide YLT youth with regular knowledge-based ASRH training every year. The main topics covered were contraception, STIs/HIV, and healthy relationships. Each of these topics would be covered during the two-hour meetings where the teens had time to ask questions and engage in dialogue.
- **Reinforcement and Ongoing Trainings:** Throughout the project year we also incorporated fun activities to help reinforce ASRH knowledge. Some of these included: STI and Contraception myth busters, BINGO and Jeopardy. In addition, YLT members received skill building through sessions that concentrated on specific community engagement projects. These projects often required that the youth receive support and guidance through role-playing or practice-based exercises to build confidence, public speaking, leadership, and community mobilizing skills.

G. EVENTS & ACTIVITIES PLANNING:

As partners with BxTC, the YLT have participated in and/or helped plan many events and activities throughout the life of the initiative. These have led to many meaningful takeaways, for both the youth and BxTC. All of the activities or events the YLT have participated in either originated from or included many of their own interests and ideas, with the support and guidance of the YLT coordinators. For instance, under the direction of the coordinators, in program year 2 the YLT took part in a Root Cause Analysis where they participated in a critically-rich discussion that explored what they thought were factors that increase the risk of teen pregnancy. This exercise led to the development of a photo exhibit project that explored the negative effects of social media on adolescent sexual health which was very well received at the first annual BxTC conference and was later requested for the Bronx Borough President's 2013 Annual Health Summit. It is also important to note that ideas for future projects and activities were also sparked from this exercise, including an interest in the importance of parent engagement as a protective factor in adolescent sexual health.

Other notable YLT activities and/or projects created throughout the initiative include:

- **Development of TeenSpeak:** In April 2013, a printed guide by teens, for teens on sexual & reproductive health was developed. It was published in the fall of 2013 and printed in English, Spanish, French, and Arabic.
- **The Teens in NYC Guide/ Teens in NYC App:** In the summer of 2013 the YLT assisted with the development of videos for this clinic referral app. YLT member, Zoe McCall, then presented at the Teens in NYC mobile app press conference launch, which aired on NY1 news, a local news channel.
- **"You Gon' Learn Today" Workshop:** This workshop for adults on youth culture was created for and delivered at the 2nd Annual BxTC Conference held in May 2014. Conference evaluations indicated that 66% of conference attendees attended the workshop and 97% of attendees found the workshop informative.
- **Contributions to the Development of Awareness Campaigns:** Two awareness campaigns were developed under the BxTC initiative. The **Dual Protection Campaign** encouraged youth to use both condoms as well as contraception and invited them to download the *Teens in NYC* Mobile App. The **Your "Talk" Campaign** promoted informed communication about sexual health between parents and/or caring adults and adolescent youth and invited adults to visit a website full of resources for preparing adults to feel more comfortable talking about sexual health. YLT youth, along with CAT partners, informed the final selection of images and language on both of these campaigns.
- **Community Engagement Outreach Activities:** Throughout the BxTC initiative, YLT really enjoyed engaging community members in their own communities. Some activities that have allowed the youth to do so have included Safer Sex/Condom Kit distribution as well as participation in summer health fairs.



Picture 2. The cover of the TeenSpeak Guide About Sexual Health with some of the original YLT members.

Picture 3. One of the 4 images developed for the Dual Protection Campaign

As mentioned earlier, the YLT have also contributed to projects and work for programs outside of BxTC. In July of 2013, the YLT conducted over sixty “mystery shopper” calls to prospective clinics for inclusion in the *Teens in NYC* clinic locator guide and mobile application. In the summer of 2015, the YLT was asked by the Bronx Neighborhood Health Action Center to participate in the “#Not62 – The Campaign for a Healthy Bronx,” the teen edition. They each shared ways on how they worked on staying healthy and their testimonials were included in videos created for the Bronx awareness campaign.

See this link for videos: <https://www.youtube.com/watch?v=isLgwYy20WY>

All in all, we strongly believe that YLT contributions to work both in and out of BxTC has shown other programs and agencies the value of having young people as partners. Being able to consult with youth on how to make your youth-focused work better is a tremendous asset both for youth, as well as agencies.

PART B: THE COMMUNITY ACTION TEAM (CAT)

Similar to the Youth Leadership Team, while coordinators received guidance and tools from agencies like Advocates for Youth and their Strategies Guided by Best Practice for Community Mobilization6, there were no tools or instructions in existence for the creation and maintenance of the Community Action Team (CAT) as a community engagement group managed by a government agency like the Department of Health and also created with the challenges faced by community partners within the South Bronx context. It is true that the Department of Health had engaged community members in the past. This is especially the case for programs out of the Neighborhood Health Action Centers, which were intentionally located within neighborhoods facing numerous health inequities so that programs may better reach community members through various public health efforts. However, much of this previous community engagement resided at the levels of **outreach** and **consulting** with community members and not as much at the level of involving and collaborating with community members to develop programmatic work.³ To our knowledge, no other DOHMH program had focused on creating and maintaining a formal community engagement group of local community stakeholders that would be involved in informing and supporting the programmatic work of a federally funded initiative for the life of the initiative. As community engagement coordinators with previous experiences working both locally and/or internationally with non-profit and community-based organizations in engaging various communities and populations, we drew from our expertise to create the CAT for BxTC. It was envisioned that the CAT would be made up of community stakeholders and community leaders to serve as an advisory team for the program.

However, as mentioned earlier with the YLT, we held similar concerns that the limitations involved in working on a federally funded initiative of a government agency would lead to inauthentic community engagement and perpetuate tokenized and oppressive experiences among community members, including coordinators themselves, who had experienced such situations in the past when working with federal, academic, and other public health institutions. So, while the main goals and objectives for this community engagement work had already been drafted by BxTC leadership, community engagement coordinators were clear from the onset that they must be as transparent as possible with local community stakeholders regarding BxTC's deliverables and partnership expectations.⁶ At the same time, coordinators felt strongly that they also had to ensure partners understood that the coordinators saw their roles as liaisons between BxTC leadership and the community engagement body.⁵ They wanted partners to understand that this intermediary role would not be without its challenges, especially for coordinators who were themselves members of various communities represented on the CAT. However, coordinators were clear that they would work to advocate for community partners on the CAT with BxTC leadership so that their opinions, ideas and recommendations would be heard; so that they may secure a level of ownership in informing and creating the community engagement work; and so that resources may be made available to their programs, who were already doing the work of keeping youth in our communities healthy.

A. OBJECTIVES FOR THE CAT:

Among the community engagement component objectives, the following were created specifically for the work of the Community Action Team (CAT):

1. Recruit and maintain CAT membership of 10-15 community partners so that CAT representation includes organizations within the public, nonprofit, and business sectors that serve residents of Community Districts (CDs) 2 and 3 (especially those that include a focus on South Bronx youth).
2. Membership should strive for diversity by attempting to include at least one member that represents each of the following areas of concern or interest as they pertain to youth: parents, faith-based services, employment services, crime/violence prevention, education, LGBTQ issues, drug/alcohol services, and other relevant organizations.
3. Convene monthly CAT meetings where at least 40% of CAT members will have attended at least 75% of CAT meetings by the end of the project year.
4. Engage the CAT in the development of BxTC ASRH awareness and education campaigns and their respective materials. CAT members should also distribute and share BxTC education and awareness materials to the appropriate populations served by their respective organizations.
5. With support of the coordinators, the CAT should create a community awareness and education action plan that would incorporate some of the public awareness campaign as well as other ASRH materials, based on group consensus.
6. CAT members should support ongoing monitoring and tracking efforts of community engagement and mobilization work using tools developed and maintained by BxTC coordinators.
7. Provide CAT members with trainings on available EB/EI strategies to raise awareness and support for ASRH services.
8. Provide CAT members with the targeted training and/or technical assistance to improve their capacity, based on CAT needs in their existing efforts to improve adolescent health outcomes. Trainings may focus on fundraising, grant writing, root cause analysis, New York State's Family Planning Benefit Program (a confidential New York State Medicaid program that covers provision of ASRH services to teens, women, and men of childbearing age), minors' rights to ASRH services in NYC, community mobilization, community organizing, and social justice.
9. Collect training evaluation forms to assess the usefulness of the trainings in CAT partners' own programmatic work.
10. With the support of coordinators, CAT partners should contribute to, support and/or participate in the annual BxTC conference, as appropriate.

B. ELIGIBILITY & RECRUITMENT:

From the onset, coordinators knew that they wanted the Community Action Team to be comprised of a diverse group of community members. They wanted these to be as representative as possible of the various stakeholder levels associated with teen pregnancy^{1,2}. As a result, coordinators began framing eligibility for CAT membership in a way that was flexible and welcoming of various voices. This in turn outlined an outreach plan that would focus on community members and leaders who represented not just agencies focused on adolescent sexual and reproductive health, but also those stakeholders who were associated in some way to overall adolescent health and well-being and who lived and/or worked in the initiative's geographic communities of interest in the South Bronx. The following categories of stakeholders were the focus of recruitment:

- **Community Based Organizations**, including youth and/or family focused multi-service agencies, HIV/AIDS programs, and LGBTQ programs
- **Healthcare providers**, including community clinics as well as hospitals
- **School Personnel**, including teachers, parent coordinators, and community liaisons
- **Members of the Faith-based Communities**, including those who work with faith based institutions
- **Parents**
- **Small business leaders**
- **Youth and young adults**, including current or former youth who were part of the Youth Leadership Team (YLT.)

Coordinators began exploring potential future partnerships by engaging in outreach efforts with various community members. They made efforts to attend already existing community meetings and community advisory boards, regardless of their topics of focus, in order to network and gauge interest among stakeholders in attending the first CAT meeting. One-on-one recruitment meetings with potential new partners from various community-based agencies were also set up at the beginning as well as throughout the life of the project. A few tools were particularly helpful in recruitment efforts. Some of these included:

- **A CAT one-pager**, which provided an overview of some of the areas of focus the coordinators hoped CAT members would contribute to.
(See Appendix 4: CAT One-Pager)
- **A CAT invitation letter**, which was used to invite new potential partners to attend Community Action Team meetings of the program year.
(See Appendix 5: CAT Invitation Letter)
- **Bronx Teens Connection one-pagers**, which provided an overview of the initiative as a whole and highlighted where community engagement fit into the larger project.
(See Appendix 6: BxTC One-Pager)

The first CAT meeting was held in program year two of the initiative and served as an informational session where community members who exhibited some interest in the project could learn about the overall goals of the Bronx Teens Connection initiative, resources, opportunities and early expectations of potential partnerships. BxTC community engagement coordinators found that allowing potential partners to attend at least one CAT meeting, outside of any recruitment meetings, proved helpful in allowing partners to learn more about BxTC before formalizing partnerships. In the first quarter of the second program year, 14 community partners committed to joining the CAT. The list of BxTC's final CAT partners included the following agencies:

Table 2.

CAT (Community Action Team) Member Organizations	
<ul style="list-style-type: none">• Cardinal McCloskey Services• Children's Aid Society• Claremont Neighborhood Center• Committee for Hispanic Children & Families• Connect to Protect – Adolescent AIDS Project at Montefiore Medical Center	<ul style="list-style-type: none">• Inwood House• Morris Heights Health Center• Office of School Wellness Programs, NYC DOE• Planned Parenthood of New York City• St. Barnabas Hospital -Teen Health Center• Urban Health Plan

C. ROLES & RESPONSIBILITIES:

BxTC coordinators thought it was extremely important to be as transparent and equitable as possible when laying out the roles and responsibilities pertaining to CAT partnership. Because this group did not rise naturally from community members themselves, but instead was convened by a program of the DOHMH, the coordinators thought it was important to ensure that expectations and responsibilities were outlined not just for the partners but also for the coordinators themselves overseeing the group. As government employees of a program striving to serve as a backbone agency to community partners, the coordinators were concerned about underlying power imbalances and possible mistrust both of coordinators as well as of the program. Given the ways members from marginalized communities have been taken advantage of by government-run programs in the past, the coordinators accepted that mistrust would be an understandable hurdle. As such, BxTC coordinators offered as much transparency as they could and involved partners in the creation and finalization of language included in agreement documents or memorandums of understanding (MOUs) for the CAT.

The CAT Agreements were created to oversee a year of partnership and were up for renewal every year. The coordinators were intentional in incorporating language that indicated clearly what partners could expect to receive from BxTC in this partnership. Unfortunately, when initiatives are asked to create community advisory groups, very often these groups become a resource only for the initiative and not for the community members who join them. BxTC coordinators were clear that they did not want their community partners to feel that they were being used in any way. As such, coordinators saw themselves as liaisons and advocates between the community partners as well as BxTC and DOHMH leadership in advocating for and securing the resources and support community partners felt would help them in their own efforts to improve adolescent sexual and reproductive health and keep young people healthy. A copy of the final agreement used under BxTC can be found in **Appendix 7: CAT Agreement**.

D. RETENTION - KEEPING FOLKS ENGAGED:

Getting new members to join a community engagement body is challenging, however BxTC community engagement coordinators found that keeping members on the CAT was even more challenging. One of the biggest reasons for this is that, unlike YLT youth members or partners present in other components of the Bronx Teens Connection initiative, CAT partners were not provided with any type of financial incentive for participating in the group. Because of this, ongoing membership among community partners on the CAT would have to be based on other factors and benefits derived from being part of the CAT.

Benefits of Partnership: Trainings & Resources

As can be seen in the CAT Agreement, CAT partners were provided with opportunities to receive training. As a backbone agency, BxTC aimed to build capacity and offer professional development opportunities to partners across its components. This was no different for partners within the community engagement component. As such, Community Engagement Coordinators worked with CAT members every year to determine what types of trainings would help strengthen their own efforts to keep adolescents healthy in our communities. CAT partners were asked to brainstorm suggestions for trainings, which would later be voted on and prioritized. CAT partners were offered at least 4 trainings a year. Training topics that CAT partners were offered in the past included:

- “Engaging Elected Officials 101: How CBO Leaders Can Get the Most Out of Elected Officials”
- “Storytelling as a Fundraising Tool”
- “Managing the Media Monster: Media and Communications Training”
- Youth Health Insurance: Family Planning Benefits Program and Extension Programs

A sample training flyer can be seen in **Appendix 8: CAT Media Training Flyer**

Along with training opportunities, members on our CAT were given priority when it came to education and awareness materials that were purchased or produced to support adolescent sexual and reproductive health. **Appendix 9 Shows the Sex Ed Materials Order Form** that CAT partners completed in order to secure educational materials they might use in their own ASRH awareness and community engagement efforts.

Communication & Relationship Building: A big part of community engagement involves relationship building and communication skills. Most effective community engagement professionals know this is a valuable skill-set that does not come naturally to everyone and requires a large investment in time and energy. Furthermore, and most importantly, it must be genuine. Many of us who have been involved in community engagement work know that when you approach community members in an inauthentic manner, they will see right through this and will more than likely refuse to collaborate with you if they can get out of the commitment. For this reason, BxTC coordinators found it to be truly important that we be as transparent and genuine in our communication and relationship building. Furthermore, coordinators operated from a lens of reciprocity that we hoped would foster a “win-win” mentality for all partners involved in this work. As a result, coordinators incorporated various approaches into their relationship building. These included supporting/promoting CAT partner events, as well as attending meetings and other community advisory boards when possible. CAT coordinators also made sure to engage community partners in communication steadily between meetings.

A **CAT Weekly email** was developed and sent to all community partners on our internal community engagement email list on a weekly basis. The CAT Weekly would include items like promotion of various items including:

- Community Resources, including BxTC materials and trainings
- Local community events
- Scholarships for youth and funding opportunities for organizations
- Reminders for meetings
- Reminders for members to update their assessment tracking tools

A month's worth of CAT weeklies might follow the following timeline:

- **Week 1:** Sharing the minutes and announcements from last week's CAT meeting
- **Week 2:** Calling for a host for the next CAT meeting; sharing links, attachments and events to community resources (i.e. scholarships, grant opportunities, conferences, trainings, etc.)
- **Week 3:** Reminder for partners to complete ongoing community engagement tracking efforts as well as meeting RSVP reminders
- **Week 4:** Final reminder for CAT meeting RSVP

A sample CAT weekly email can be seen in **Appendix 10: CAT Weekly Email**.

E. Events & Activities Planning

From the onset, we wanted our CAT community partners to be deeply involved in the development and implementation of BxTC's community engagement work. We wanted them to claim a level of ownership of the work. However, we had to be conscious of the fact that the partners on our CAT were primarily obligated to the work of their own agencies and so we needed to be able to accept their participation in the work would only go as far as their schedules and job responsibilities permitted. As a result, coordinators worked hard to ensure that whatever community engagement events, activities or materials were created or demands on partners' time were made, that they were done with a "win-win" approach in mind and that somehow this work could be incorporated into the existing work of our partners and their respective agencies.

We had explored having our community partners lead workgroups and oversee the work of activities like events and conference planning. However, our partners were very honest with us in saying that they did not feel comfortable taking on those types of responsibilities as they were already spread quite thin or had limited financial resources. As a result, it became very clear that BxTC and its coordinators would need to lead all "behind the scenes" and administrative efforts of implementing local activities and events. This is in line with serving as a backbone agency when it comes to collective impact work.

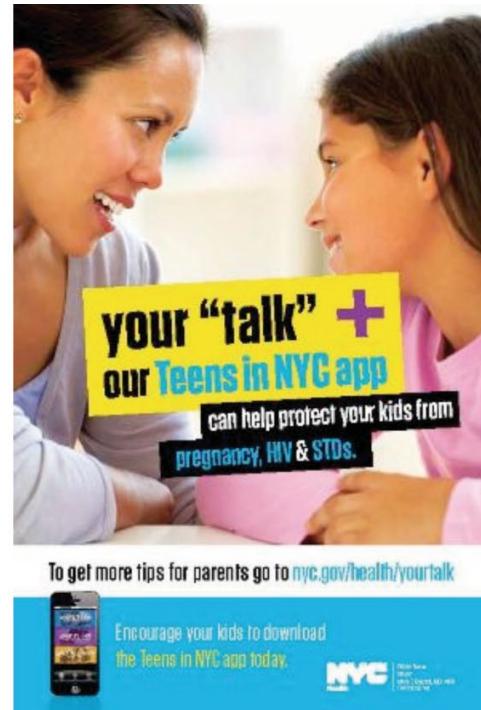
Still, coordinators encouraged that partners use the CAT meetings to promote their own agency events and upcoming activities and support BxTC events as much as they could. As a result, while CAT partners may not have led the creation of events like the Bronx Teens Connection Annual Conference, partners did contribute to the planning of the event by providing information and referrals on items like conference venue, keynote speakers, workshop topics and workshop presenters. Some of our partners themselves facilitated conference workshops. Furthermore, as mentioned earlier, our CAT partners also contributed to the selection of final images and development of language for both our Dual Protection and Your "Talk" campaigns. CAT partners also provided significant support of the campaigns by agreeing to distribute campaign materials during their own community engagement and programming efforts with their respective program clientele.

One area that did receive a lot of support and contribution by the CAT was in the selection of increasing awareness and support for minor's rights to adolescent sexual and reproductive health as the CAT's activity of focus. New York State law protects the rights of adolescents to access medically accurate and confidential sexual health information and services without parental consent.⁷ However, not many youth, let alone adults, are familiar with these rights and this lack of awareness puts many youth in a vulnerable position. Youth who do not know that they have the right to access sexual and reproductive health information and/or services may not take the initiative to seek out support or care when faced with a sexual health concern. Adults who do not

know that youth have legal rights to access such services without parental consent may impede youth from receiving support or care when needed. As a result, the CAT felt that increasing awareness of minors' rights to sexual and reproductive health information and services was crucial to the work of BxTC. They decided to focus on this topic in their outreach and education sessions provided to youth or adults in their community engagement efforts. This topic was their focus throughout the life of the initiative.



Picture 4. Community partners at the 3rd Annual BxTC Conference held in 2015 held at Hostos Community College in the Bronx, NY



Picture 5. One of the 6 Your “Talk” Campaign Images developed

IV. Recommendations for Assessing the Work of Community Groups: Monitoring & Evaluation

When it comes to evaluation of public health work, community engagement efforts appear to fall behind. For many programs, community engagement efforts are often challenging to evaluate for various reasons. One reason may be that frequently community engagement work is considered a “soft” or social science for which programs and organizations often don’t see a need to create evaluation tools. Another reason that programs find evaluating community engagement efforts challenging is that these efforts are seen as “organic” and fluid in nature, changing often over the course of an initiative. Supporting and accommodating an ever-evolving process is an important part of authentic community engagement and community partnership. However, this type of process doesn’t allow for evaluation plans to be easily established for these efforts at the beginning of a program, which many public health evaluation plans are required to do. As such, programs often overlook and neglect the creation of evaluation tools for the community engagement component of a public health project.

This was the case as well under Bronx Teens Connection. The work of the community engagement component was not prioritized when it came to the creation and maintenance of evaluation tools or working closely with the program’s evaluators. To a certain extent, this was understandable as the program needed to concentrate its evaluation efforts on assessing and monitoring the implementation of evidence based programs with young people in high schools, foster care agencies and other youth serving organizations as well as evaluating the coordination efforts of linking schools and other youth serving organizations to teen friendly clinics providing adolescent sexual and reproductive health services. Monitoring and evaluation of those efforts included pre- and post-tests conducted with youth, fidelity logs completed by teachers, post-clinic tour surveys completed by youth, and needs assessment surveys completed by clinics throughout the entire grant cycle of the BxTC initiative.

As the community engagement component was not pressured to incorporate evaluation into its programming, monitoring and evaluation tools for this component were not created for most of the BxTC initiative. However, one benefit of this absence of pressure to incorporate evaluation efforts into the work of the community engagement component was that the component and its coordinators were provided with a lot of autonomy in creating their own monitoring and evaluation tools. In program years 4 and 5 the coordinators took advantage of this independence and incorporated new assessment systems and evaluation tools. In line with supporting fluid community engagement processes, tools weren’t prepared at the beginning of a program year. Instead, coordinators became more mindful of the need to constantly consider new ways to evaluate community engagement efforts as these surged throughout the year and to create new assessment tools as the need arose. These new efforts allowed the coordinators to improve the ways they supported community partners on the CAT. For instance, it helped in evaluating and planning for training sessions, as well as captured a more accurate reflection of the work of the CAT in supporting community awareness of adolescent sexual and reproductive health efforts, like the ways they promoted New York City adolescent’s sexual health rights.

What follows are brief descriptions of tools that were created to support ongoing monitoring and assessments of community engagement efforts with both the Community Action Team (CAT) and the Youth Leadership Team (YLT.) Copies of these evaluation tools are in the appendix.

a. ATTENDANCE SHEETS: Among the simplest tools one can create for various types of community engagement efforts are attendance sheets. It will determine how many community partners attend your meetings or events, allowing for the assessment of descriptive quantitative information, as well as provide some qualitative context, depending on the fields you ask your partners to complete on the attendance sheets. For the YLT, attendance sheets were pretty basic requesting only the names of the youth members who were present at meetings. However, as our youth received stipends for working with us, including attending meetings, the attendance sheets allowed us to determine how many meetings youth attended

in a month in order to provide appropriate financial compensation to the youth.

Since the CAT was more of an open group, unlike the YLT, CAT representatives varied much more often at meetings. CAT meeting attendance sheets therefore included many more fields, such as agency name, professional title and contact information. CAT attendance sheets provided more qualitative context regarding what community partners participated on the CAT and allowed coordinators to update internal community contact databases in order to maintain communication with partners outside of meetings. Furthermore, in the spirit of collaboration and transparency, the attendance sheets would be shared with CAT partners who wanted to connect with CAT partners outside of meetings for their own community engagement efforts. Please refer to **Appendix 11: CAT Attendance Sheet**.

b. TRAINING EVALUATIONS: As mentioned earlier, our CAT community partners were provided with trainings during a program year based on topics they requested in order to increase their capacity to better implement their own community engagement and adolescent sexual and reproductive health program efforts. Evaluation forms were created for each training session in order to assess items including:

- Satisfaction with the training content
- Knowledge gained as a result of the training
- Relevance of the training content for their own work
- Likelihood that training content would be applied in the future

All evaluation forms would be reviewed and a summary report would be created for the training session. This information would inform whether or not a training topic was successful and allow us to plan for future training sessions. These training evaluation summary reports were also shared with trainers for their own professional development. For a sample **Training Evaluation Summary Report**, please refer to **Appendix 12**.

c. YLT OUTREACH LOGS: Throughout the life of BxTC, YLT have participated in various types of outreach activities where they were able to engage with community members in order to increase awareness of teen pregnancy, sexual health education as well as distribute educational materials. These opportunities allow for the collection of demographic as well as descriptive count data that may provide some context on the types of community members our YLT engaged with in their community outreach work. In an effort to capture some of this context, we created simple outreach logs. **See Appendix 13: Sample Outreach Log**

d. CAT Planning and Tracking Surveys: As some of our CAT partners were also involved in their own sexual health programming and community engagement efforts, we wanted to ensure that any activities and potential projects planned for the year would be as meaningful as possible for our community partners. Furthermore, because we were only meeting with CAT partners one time a month, we needed to ensure we incorporated ways to engage our partners remotely. As a result, SurveyMonkey became an important assessment and communication tool for our work. Surveys were created to engage partners in assessing the work and value of CAT membership as well as plan for certain community engagement programming elements to occur in the year, such as the annual conference. Surveys were also created to allow CAT partners to help us in monitoring their community engagement efforts related to promotion of Adolescent Sexual and Reproductive Health rights, promotion of the *Teens in NYC* Mobile Application and distribution of educational and campaign materials. For a sample SurveyMonkey Survey, see **Appendix 14: CAT PY5 Survey**.

e. Program Year Tracking Forms: As information was captured for the work of our community groups, we attempted to organize this information into tools that would make it easier to locate and reference. This became especially useful during annual reporting periods within a program year. Tracking forms were Excel spreadsheets that summarized the data from various assessment tools in one location under various tabs within the spreadsheet. For a look at one of our tracking forms, see **Appendix 15: CAT PY5 Attendance Tracking Form**.

f. CAT Report Backs: In program year 4, other tools were developed when community partners themselves requested that data be shared with them on how they were doing both as individual partner agencies and also as a collective community action team. In an effort to begin sharing data with our community partners, two versions of the “CAT Report Back” were created. A collective CAT Report Back summarized the community engagement efforts for the CAT as a whole, while individual CAT Report Backs provided individual partner agencies with a summary of their agency’s efforts on the CAT.

The two-page document compiled data partners themselves had already shared via SurveyMonkey regarding their respective community engagement work and summarized information such as:

- The Bronx community districts the CAT had reached with their own work
- Information on educational topics being presented
- The number of youth/adults reached by CAT partner efforts

The report backs also included context on the schools reached. We learned, for instance, that the majority of the schools reached by the CAT were not official BxTC partners reflected in our EBP component. As such, we learned that the CAT had actually helped us begin to expand BxTC efforts by reaching schools, including middle schools where BxTC was not yet working with administration.

We learned that the report backs were useful for our partners both with their individual reporting with their own leadership but also that they served as a tool to foster a bit of friendly competition and renewed participation in the community engagement work of the CAT. They not only reminded our partners of items on the original agreements they had signed, such as commitment to attendance at meetings and trainings but they also compared their participation on certain items to the CAT as a whole.

We saw that from quarter to quarter several partners did strive for improvement in both completing surveys and increasing their efforts. See **Appendix 16: Summary CAT Report Back** and **Appendix 17: Individual CAT Report Back**.

g. YLT Pre-/Post-Tests: While not officially peer educators, YLT youth received education at the beginning of each program year in order to ground youth in some sexual health education. We wanted our youth to feel comfortable speaking about sexual health and also to be able to provide some basic education to community members in community engagement efforts. The coordinator provided education on a variety of sexual health and youth development topics from various sexual health resources, not always via EBP curricula.

Assessing retention of education in our YLT became an interest in program year 5. As a result, a two-part survey was developed, with the support of the original evaluation team. Part I of the survey collected more contextual information on the impact of participating in the YLT via more open-ended items. Part II of the survey assessed knowledge retention and incorporated items from existing NYC adolescent surveys but also included original items created by the coordinators.

Part I of the survey was delivered at the beginning of program year 5 and then again at the end of the program year. Part II of the survey was delivered at three separate times: as a pre-test prior to receiving educational training at the start of the program year; as a post-test after completing the educational sessions (usually by month 3 or 4 of the program year); and finally as a follow-up at 6-9 months after the post-test. See **Appendix 18: YLT Survey- Part I** and **Appendix 19: YLT Survey – Part II**.

V. References

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Other Resources

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3. Voices for Racial Justice. Authentic Community Engagement: A Key to Racial Equity. 2014. Available at: <http://voicesforracialjustice.org/wp-content/uploads/2014/10/VFRJ.Authentic-Community-Engagement.09.11.14.pdf>

Appendix 1



Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

Bronx Teens Connection

Bronx Teens Connection (BxTC) is a community-based program of the NYC Department of Health and Mental Hygiene that brings different groups of people together (young adults, health centers, schools, community based organizations, and government agencies) to help reduce unintended teen pregnancy in the South Bronx.

BxTC partners with local high schools and youth organizations to implement an evidence-based sexual health program for young adults, and then links those schools and organizations with community clinics to provide quality health services to teens. BxTC also brings community residents and organizations together to help raise awareness about young adults' rights to access contraception, and the importance of using evidence-based programs and services in helping teens make the easiest and healthiest decisions.

The Youth Leadership Team

The Youth Leadership Team (YLT) is made up of teens living and/or going to school in Hunts Point and Morrisania, who want to help reduce the high rates of unintended teen pregnancy in the South Bronx. The YLT works to establish healthy communities where all teens are supported, and have access to comprehensive health services and education.

The YLT's Youth Leaders participate in annual conferences, provide peer education on health-related issues, and advocate against unintended teen pregnancy in their schools and communities.

YLT members receive leadership skills training, and lots of great experience working in a community-based health program.



NYC Department of Health & Mental Hygiene

Bronx District Public Health Office • 1826 Arthur Avenue • Bronx, NY 10457 • 718.299.0169

Appendix 2



Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

About You

Name: _____

Home #: () _____

Address: _____

Cell #: () _____

Bronx, NY Zip Code: _____

Work #: () _____

Email: _____

How do you prefer to be reached?
(Circle which way is best to reach you.)

Call Text Email Other: _____

Are you in school?

① No

② Yes ➔ What school do you attend?

What are some of your interests (sports, science, art, poetry, music, etc.)?

Are you between the ages of 15-19?

① Yes ② No How old? _____

Please list some of your skills (for example: public speaking, typing, drawing).

What is your favorite place to hang-out in the Bronx?

Do you think it's important to focus on teen sexual health in the Bronx?

① Yes ② No

Why? _____

What programs, jobs, clubs, sports or other activities are you involved in?

Are you willing to commit to being a youth leader for at least one year?

① Yes ② No

Appendix 3

Appendix A

Bronx Teens Connection- Youth Leadership Team Scope of Services Year 5: October 1, 2014 – September 30, 2015

The Bronx Teens Connection (BxTC) Youth Leadership Team (YLT) is comprised of teens living and/or going to school in the Bronx, whose work through the YLT program is to help reduce the high rates of unintended teen pregnancy in the South Bronx. The YLT works to establish healthy communities where all teens are supported, and have access to comprehensive health services and education. The YLT Youth Leaders contribute to and support a number of community awareness and engagement projects throughout the year. These may include educational workshops, community summits and/or fairs, social media campaigns, annual conferences, and other health-related efforts. YLT members also receive leadership and skills training throughout the year.

Youth Leadership Team Responsibilities:

1. Attend the 2-hour bi-weekly meetings at Bronx District Public Health Office.
2. Attend the annual orientation training sessions at Bronx District Public Health Office.
3. Participate in the ongoing educational training sessions delivered throughout the year. The purpose of these training sessions is to provide the YLT with the knowledge and skills necessary to adequately engage community members around adolescent sexual and reproductive health topics.
4. Represent the YLT at the local Community Action Team meetings, providing direction and feedback towards public awareness campaigns.
5. Provide technology and social media support for outreach and education.
6. Support BxTC campaign and/or events production, as deemed necessary.
7. Contribute to the annual BxTC conference and/or other community awareness/education event(s), as deemed necessary.

Participant Signature

Date

YLT Coordinator Signature

Date

Project Director Signature

Date

Appendix 3

Appendix B

Bronx Teens Connection - Youth Leadership Team Scope of Services Year 5: October 1, 2014 – September 30, 2015

YLT Member: _____

DELIVERABLES – the following deliverables are to be completed by September 30, 2015:

Deliverable	Dates	Disbursement Amount	Maximum Yearly Total
1. Attend 2 bi-weekly YLT meetings per month at the local borough site between October 1, 2014 to September 30, 2015	Twice monthly, between October 1, 2014 to September 30, 2015	FPHNY: \$XX per meeting	\$XXX
		DOHMH: 1 Roundtrip Metrocard per meeting	DOHMH: # roundtrip metro cards, valuing up to \$XX (\$XX x #)
2. Support and participate in additional activities or projects, as deemed necessary	TBD, between October 1, 2014 to September 30, 2015	DOHMH: \$XX gift card per activity (as deemed necessary) Note: Max 1 \$XX gift card per month, as determined necessary by activity.	DOHMH: \$XXX maximum value in gift cards
Maximum Total Value as determined by participation in activities in the year.			~\$XXXX + gift cards and metro cards valuing up to \$XXX

Appendix 4



Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

Community Action Team

What?

The **Community Action Team (CAT)** is committed to the health of the South Bronx with a specific interest in teen sexual and reproductive health. Its work aims to address the various conditions that contribute to negative sexual and reproductive health outcomes in teens. If you are concerned about the high rates of unintended pregnancy, STIs, and HIV among teens in the South Bronx, then the Bronx Teens Connection Community Action Team might be the place for you.

How?

CAT members work together to serve as “**community change agents**” within their organizations and their communities in order to change the conditions that put teens at risk of poor sexual and reproductive health outcomes.

CAT members actively work towards making these changes happen by:

- ❖ **Networking** within and across organizations in order to leverage communal resources and foster collaboration on teen sexual and reproductive health issues
- ❖ **Developing** public awareness and education messaging that promotes a strengths-based approach to adolescent sexual and reproductive health
- ❖ **Supporting** changes in messages within their own organizations in order to promote a strengths-based approach to adolescent sexual and reproductive health
- ❖ **Educating** community leaders and officials on adolescent sexual and reproductive health issues
- ❖ **Raising** awareness in the South Bronx of evidenced-based programs that reduce unintended pregnancy, STIs and HIV among teens
- ❖ **Organizing** community awareness and education events on adolescent sexual and reproductive health, like our annual conference
- ❖ **Participating** in other activities that CAT members develop and spearhead organically

Who?

The CAT is a group of individuals from the community, or with strong ties to it, with the ability to facilitate change among the various community sectors and populations. CAT members are South Bronx “experts” and include people from the public, non-profit and business sectors. They include people from community-based organizations, faith-based organizations, AIDS services organizations, parents groups, teen afterschool programs, juvenile justice centers, and community centers.

CAT members are individuals who:

- ❖ Are committed to youth issues and concerns
- ❖ Listen and respond with regard to resources and making community changes
- ❖ Use their skills to bring people together and create change
- ❖ Are comfortable asking others for a commitment and resources

For more information please contact:

Vivian Cortés, Senior Community Partner Coordinator

vcortes@health.nyc.gov • 718-299-0169 x306

Appendix 5



Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

Dear Community Leader,

You may often hear the South Bronx being referred to as an area of high risk and high need when it comes to various issues. And while there may be some statistical truth to this, as a member of our community you are also aware of the many riches inherent to the South Bronx, including leaders like you. ***The Bronx Teens Connection's Community Action Team (CAT) wants to collaborate with local leaders who work on youth or adolescent issues and/or interests in order to leverage our communal resources and networks for the empowerment of our South Bronx community.*** I hope you will consider joining our team.

Bronx Teens Connection (BxTC) is a community-wide, multi-component initiative of the NYC Department of Health & Mental Hygiene (DOHMH) to improve adolescent sexual and reproductive health in the South Bronx. Funded by the Centers for Disease Control and Prevention and the Office of Adolescent Health in 2010, our goal is a 10% reduction in unintended pregnancy and birth rates among 15-19 year olds by 2015. We have been working to do this through a comprehensive, community wide plan that brings together youth, parents, community-based organizations, high schools, community- and school-based clinics, city-wide agencies, and youth-serving organizations. ***Through this community-wide effort we aim to create an environment in which all teens have the information, skills and resources they need to make healthy decisions for their sexual and reproductive health.***

As a CAT member you would be serving alongside other ***community change agents*** who work to address the various conditions that contribute to unintended teen pregnancy and sexually transmitted infections (STIs.) Even if your agency's efforts are not in teen pregnancy prevention but contribute to the overall well-being and empowerment of youth, we would like to count you among our membership, as your voice is also important. It is our belief that a diverse membership representing various areas of youth needs or interests will only strengthen the CAT's community engagement and mobilization work in public education and awareness that aims to improve sexual and reproductive health outcomes.

I thank you in advance for considering BxTC's Community Action Team (CAT) and look forward to seeing you or a member of your organization at our next meeting scheduled to take place on:

Wednesday, October 29th from 3:30PM-5:00PM at Union Community Health Center

260 East 188th Street, 1st Floor Board Rm, Bronx, NY

Please RSVP by contacting me via email at vcortes@health.nyc.gov, or by phone at 718-299-0169 x306. I look forward to working with you!

Vivian Cortés, MPH, MCCHES

Senior Community Partner Coordinator

Bronx Teens Connection

Bronx District Public Health Office/Center for Health Equity

NYC Department of Health & Mental Hygiene

1826 Arthur Avenue, Room 326

Bronx, NY 10457

Appendix 6

Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health



What is Bronx Teens Connection?

Bronx Teens Connection (BxTC) is a community-wide, multi-component initiative of the NYC Department of Health & Mental Hygiene (DOHMH) to improve adolescent sexual and reproductive health in the South Bronx. Funded by the Centers for Disease Control and Prevention and the Office of Adolescent Health in 2010, BxTC is taking a comprehensive approach to promoting adolescent sexual health and reducing unintended teen pregnancies in two adjoining South Bronx neighborhoods – Hunts Point and Morrisania – with the goal of a 10% reduction in unintended pregnancy and birth rates among 15-19 year olds by 2015. Our aim is to create an environment in which all teens have the information, skills and resources they need to make and act upon healthy decisions regarding their sexual and reproductive health.

Why the South Bronx?

Despite a 23% decline in teen pregnancy rates in the South Bronx between 2002 and 2009¹, the teen pregnancy rate in the South Bronx remains nearly 50% higher than the rate citywide, with approximately 12% of South Bronx teens aged 15-19 becoming pregnant; the vast majority of these pregnancies (85%) were unintended.¹ This initiative builds on recent partnerships and collaborations focusing on teen health outcomes, and allows us to further invest in the future of the South Bronx.

The Community-Wide Plan

BxTC brings together youth, parents, community-based organizations, high schools, community- and school-based clinics, city-wide agencies, and youth-serving organizations in a comprehensive, community-wide effort to reduce unintended teen pregnancy. Through this initiative, teens in the South Bronx will become knowledgeable about their sexual and reproductive health, have access to the information and resources they need to make healthy decisions, and be empowered to act on these decisions. Activities are being implemented across four areas:

❖ Evidence-Based & Evidence-Informed Programs

BxTC partners with at least 20 high schools and 10 organizations serving high-priority youth to deliver sexual health programs that have been proven to delay the initiation of sex and/or increase the use of birth control among teens who are having sex. In schools, BxTC facilitates the implementation of the *Reducing the Risk* curriculum, which is aligned with the NYC Department of Education mandate for comprehensive sexual health education. With organizations that serve high-priority youth, such as foster care and juvenile justice agencies, BxTC supports the selection and implementation of the most relevant sexual health program to reach those teens at highest risk for unintended pregnancy.

❖ Access to Quality Clinical Services

BxTC links community- and school-based health centers with local high schools and other youth-serving organizations; these linkages facilitate teens' access to high-quality, teen-friendly clinical services. BxTC also provides training and technical assistance for clinic partners on best-practices for the provision of sexual and reproductive health services for teens.

❖ Community Engagement and Mobilization

BxTC convenes community-based working groups, including a Community Action Team and Youth Leadership Team, to ensure that our program activities are informed by, and have the active participation of, community members and local leaders. These community groups will also work to develop public education initiatives, including an annual conference on adolescent sexual and reproductive health, and systematic distribution of information about teens' rights to access sexual health services.

❖ Stakeholder Education

BxTC works with residents, elected officials and influential members of the community on strategies proven to reduce unintended teen pregnancy in the South Bronx. Together we will work to influence changes within citywide agencies and South Bronx organizations that support these strategies, thereby ensuring the sustainability of this community-wide model.

Building a Community-Wide Model

By working together with all of our community partners and stakeholders, *Bronx Teens Connection* will succeed in improving the health and lives of teens. Through this collaboration, we will build a sustainable model that can be replicated city-wide and beyond.

¹ Teen Pregnancy in New York City: 2000-2009. New York, NY: New York City Department of Health and Mental Hygiene, 2011

For more information, please contact Dionna Walters, Project Director, at dwalters2@health.nyc.gov

Funding was made possible (in part) by cooperative agreement #5U58DP002902-03 from the Centers for Disease Control and Prevention (CDC).

Appendix 7

Bronx Teens Connection

Community Action Team Agreement

Purpose:

The purpose of this Community Action Team (CAT) agreement is to establish norms, expectations, and guidelines that will allow us to collaborate effectively in order to both support Bronx Teens Connection (BxTC) programming and more broadly connect community members with the resources and networks necessary for a healthier South Bronx.

Community Leader and/or Representative from Community Based Organizations Agrees To:

- Identify and appoint at least one representative to attend CAT partnership meetings. Individuals with leadership capacity, who possess the authority to influence decisions and policies within their organization in support of the goals of BxTC programming are encouraged to serve as CAT partners. Individuals with less organizational authority will agree to engage the appropriate person at their organization.
- Attend at least 9 of the 12 CAT meetings this program year, based on the agreed upon schedule.
- Host at least 1 of the 12 CAT meetings in this program year at your respective organization (this does not pertain to CAT members who are not affiliated with any community organization)
- Attend at least 75% of all training and/or technical assistance sessions for the purpose of increasing knowledge and skills that aim to strengthen both BxTC work as well as the organization's own sustainability efforts.
- Commit to engaging in and contributing to the development of BxTC awareness and education materials that promote a strengths-based, comprehensive approach to adolescent sexual and reproductive health.
- Treat all "in-development" BxTC documentation, information and tools shared with the CAT as confidential until approval for public release is granted.
- Commit to distributing and sharing BxTC education and awareness materials with the appropriate populations served by your respective organization.
- Commit to contribute to the planning of the BxTC awareness and education events and activities that focus on adolescent sexual and reproductive health. This includes the annual BxTC conference.
- Commit to attend BxTC awareness and education events and activities that focus on adolescent sexual and reproductive health. This includes the annual BxTC conference.
- Complete all online CAT surveys, which are conducted with the aim of gathering important information on CAT community engagement and mobilization work.
- Share information and resources with CAT partnership members that may be useful to their own planning and implementation work.
- Treat all other CAT partners' materials, tools, and publications as proprietary, whether developed for the project or for other organizational contracts (current or previous) and seek permission in advance for use and provide appropriate credit or citation in use.
- Practice open, honest, and respectful communication with all CAT members, seeking to hear and understand as much as to be heard and understood.
- Agree to consensus in all group decisions, resorting to majority rule as needed.
- Address all team difficulties, disagreements, and controversies through a consensus process within the team. When those cannot be resolved through consensus or a majority vote, the matter shall be referred to Vivian Cortés, Senior Community Partner Coordinator for final resolution.

Appendix 7

Bronx Teens Connection

Bronx Teens Connection Agrees To:

- Recruit CAT partners to create a body that represents community stakeholders representing organizations within the public, nonprofit and business sectors that serve residents of CDs 2 and 3 (especially those that include a focus on South Bronx youth) by the end of the recruitment period (or program year.)
- Coordinate all CAT meetings. This includes securing the meeting location, to be held at a CAT partnership member's organization.
- Coordinate all CAT training and technical assistance sessions for the program year.
- Support CAT partners in the development of BxTC awareness and education materials that promote a strengths-based, comprehensive approach to adolescent sexual and reproductive health.
- Inform all CAT partners of all "in-development" BxTC documentation, information and tools that should be considered confidential until approval for public release is granted.
- Keep all CAT partners up to date on the status of BxTC documentation, information and tools and inform them of approval for public release.
- Offer all materials, tools, and publications developed for the project to CAT partners for their use in the project.
- Provide CAT partners with the proper protocols and materials for distribution of BxTC education and awareness materials.
- Coordinate and support CAT partners in the creation of BxTC awareness and education events and activities that focus on adolescent sexual and reproductive health. This includes the annual BxTC conference.
- Create appropriate CAT surveys that aim to secure the relevant information regarding CAT community engagement and mobilization work as well as CAT feedback to improving this work.
- Create CAT "report-backs" based on all data provided by CAT partners through survey completion in order to share knowledge and findings on CAT impact in community engagement and mobilization efforts with CAT partners.
- Share information and resources with CAT partners that may be useful to their own planning and implementation work.
- Foster CAT sharing of resources and networks for BxTC efforts as well as their own planning and implementation work.
- Treat all other CAT partners' materials, tools, and publications as proprietary, whether developed for the project or for other organizational contracts (current or previous) and seek permission in advance for use and provide appropriate credit or citation in use.
- Practice open, honest, and respectful communication with all CAT partners, seeking to hear and understand as much as to be heard and understood.
- Agree to consensus in all group decisions, resorting to majority rule as needed.
- Address all team difficulties, disagreements, and controversies through a consensus process within the team. When those cannot be resolved through consensus or a majority vote, the matter shall be referred to Vivian Cortés, Senior Community Partner Coordinator for final resolution.

Appendix 7

Bronx Teens Connection

Community Leader and/or Representative from Community Based Organizations:

Name: _____ Title: _____

Organization: _____

Address: _____

Telephone: _____ Email: _____

How does your organization's work and goals pertain to youth interests and/or concerns?

Signature:	Date:
------------	-------

Below to be signed by Bronx Teens Connection Representative

Bronx Teens Connection Representative:

Name: _____ Title: _____

Address: _____

Telephone: _____ Email: _____

Signature:	Date:
------------	-------

Please direct any questions or concerns to:

Vivian Cortés, MPH, MCES

Senior Community Partner Coordinator

Bronx Teens Connection

Bronx District Public Health Office/Center for Health Equity

NYC Department of Health & Mental Hygiene

1826 Arthur Avenue

Bronx, NY 10457

Phone: 718-299-0169 x306

Email: vcortes@health.nyc.gov

Appendix 8

Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

MANAGING THE MEDIA MONSTER: MEDIA & COMMUNICATIONS TRAINING

Thursday, September 17th
10:00AM – 4PM

The Bronx Museum of the Arts – South Wing Conference Room
1040 Grand Concourse, Bronx, NY, 10456

(Breakfast and Lunch will be provided. Lunch will be a ‘Working Lunch.’)

HOSTED BY
THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

Public communication is key to community-wide teen pregnancy prevention efforts. To help support such efforts, The National Campaign will provide a one-day communications training for the Bronx Teens Connections Community Action Team. The training will increase the capacity of attendees to effectively communicate on sensitive topics such as teen pregnancy prevention and will support the development and implementation of effective communications plans.

Learning Objectives:

By the end of this training, participants will be able to effectively:

- Develop interesting press hooks and at least two key talking points on adolescent sexual and reproductive health
- Use best practices to cultivate relationships with reporters and articulate at least two strategies for working with and/or responding to media requests
- Define what constitutes a media crisis and name two ways to manage common controversies related to adolescent sexual and reproductive health

Who Should Attend?

- Key staff who are involved in fundraising, marketing and promotion of programming, and/or who may need to engage media in order to publicize the work of their program(s.)

*****Note: Seating for this training is limited so please RSVP ASAP.*****

Registration:

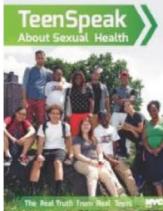
Please email Vivian Cortés at
vcortes@health.nyc.gov
to confirm your registration by
September 9, 2015

Sexual Health Education Materials Request Form

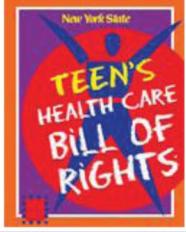
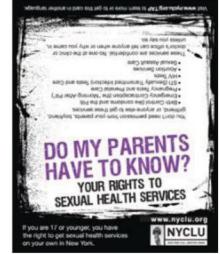
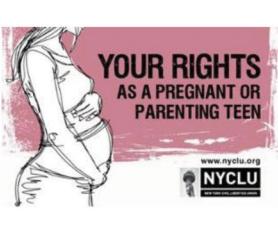
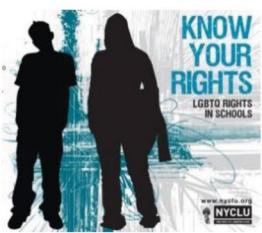
To order any of the print materials
please provide your mailing
information and quantities requested.

Send completed form to
vcortes@health.nyc.gov

Name: _____
 Organization/Institution: _____
 Address: _____
 Phone: _____
 Email: _____

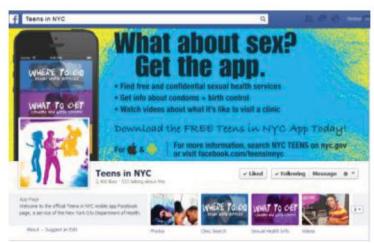
NYC Department of Health & Mental Hygiene Materials		Version	Quantity
	"TeenSpeak About Sexual Health: The Real Truth from Real Teens" Colorful and easy to read brochure developed by teens for teens about adolescent sexual and reproductive health PDF available here: www.nyc.gov/html/doh/teen/html/sexual-health-pregnancy/sexual.shtml	English	
		Spanish	
		French	
	Dual Protection Awareness Campaign "My condoms + her birth control" poster "My birth control + his condoms" poster English/Spanish (double-sided), 11" x 17" <i>PDF Available upon request</i>	Latino Couple	
		AA Couple	
	Parent and Caring Adult Awareness Campaign Your "Talk" / Tu "Charla" postcards – 6" x 9" posters – 11" x 17" English/Spanish (double-sided) Directs adults to DOHMH website for resources to help caring adults speak with youth about sexual and reproductive health. <i>PDF Available upon request</i>	Postcards	AA Mom
			AA Dad
			Latina Mom
			Asian Mom
			White Mom
			White Dad
		Posters	AA Mom
			AA Dad
			Latina Mom
			Asian Mom
	"My birth control + his condoms" condom wrappers Stylish condom wrappers delivering the dual protection message, as well as instructions on how to properly use a condom <i>PDF Available upon request</i>	Pack of 50 w/o condoms	
	Teens in NYC clinic locator guides Pocket-sized guide that lists clinics in NYC that offer sexual and reproductive health services for adolescents. PDF available here: www.nyc.gov/html/doh/downloads/pdf/std/teens-clinics.pdf <i>Print copies also available by calling 311</i>	English	

Appendix 9

Non-DOHMH Materials	Language	Quantity	
	<p>"100 Questions You'd Never Ask Your Parents" by Elisabeth Henderson and Nancy Armstrong, MD</p> <p>Orders over 10 can be placed through Amazon.com www.amazon.com/Questions-Youd-Never-Your-Parents/dp/0615165184</p>	English	
	<p>Family Planning Benefit Program (FPBP) brochures</p> <p>Information about FPBP, a free New York State program that provides family planning services to teens, women and men who meet certain income and residency requirements, and who are not enrolled in Medicaid or Family Health Plus.</p> <p>PDF available here: www.nyc.gov/html/hia/downloads/pdf/family_planning_benefit_brochure.pdf</p>	English	
	<p>"Teen's Health Care Bill of Rights" brochures</p> <p>Orders over 100 can be placed by calling the American Academy of Pediatrics at 516.326.0310</p>	English	
	<p>"Do My Parents Have to Know?" palm cards</p> <p>Orders over 100 or for other languages can be placed through the NYCLU: www.nyclu.org/files/nyclu_publications_order_form.pdf</p> <p>PDFs in several languages available here: www.nyclu.org/publications/palm-card-your-rights-sexual-health-services-english-spanish-chinese-korean-2006</p>	English	
	<p>"Your Rights as a Pregnant or Parenting Teen" palm cards</p> <p>Orders over 100 can be placed through the NYCLU: www.nyclu.org/files/nyclu_publications_order_form.pdf</p> <p>PDF available here: www.nyclu.org/publications/palm-card-your-rights-pregnant-or-parenting-teen-2007</p>	English	
	<p>"Know Your Rights: LGBTQ Rights in Schools" palm cards</p> <p>Orders over 100 can be placed through the NYCLU: www.nyclu.org/files/nyclu_publications_order_form.pdf</p> <p>PDF available here: www.nyclu.org/publications/palm-card-know-your-rights-lgbtq-rights-schools-2011</p>	English	

Appendix 9

Electronic Resources

	<p>Sexual and Reproductive Health Care for Adolescents Providers Website Includes information on Best Practices and Teens in NYC Web-based Portal www.nyc.gov/html/doh/html/living/adolescent-sexual-health.shtml</p>
	<p>Teens in NYC Mobile App (Apple and Android)</p> <ul style="list-style-type: none"> Where to go – Search providers by sexual and reproductive health service, birth control method, and location What to get – Brief condom and birth control information What to expect – Videos about what to expect at a clinic visit (See more information on videos under NYC Teen Website) <p>Search for “Teens in NYC” on Apple or Android mobile phones</p>
	<p>NYC Teen Website – www.nyc.gov/teen</p> <ul style="list-style-type: none"> Teens in NYC Online Clinic Locator – Search providers by sexual and reproductive health service, birth control method, and location www.nyc.gov/html/doh/teen/html/sexual-health-pregnancy/clinics.shtml Clinic Visit Videos depicting teens making sexual health decisions and choosing dual protection: <ul style="list-style-type: none"> Jennifer & Jonathan’s Story – Choose IUD and condoms, also featuring the Ring which Jen uses until her follow up appointment for the IUD Samantha’s Story – Choose birth control pills and condoms Anaya’s Story – Choose emergency contraception, birth control pills and condoms Chris’ Story – Choose the shot and condoms, and featuring STD testing
	<p>Teens in NYC Facebook Page Get info, videos and updates on what’s important to teens today! Comment and share.</p> <p>www.facebook.com/teensinnyc</p>
	<p>Tips for Parents: How to Talk to Your Children About Sex Suggestions, Key Points and Resources for adults to speak with children and teens about sex.</p> <p>www.nyc.gov/health/yourtalk</p>

Appendix 10

Subject: CAT Weekly Check-In & Resources

Good afternoon community leaders,

Please remember, our 2nd Program Year 5 (PY5) CAT meeting, will be held **This Friday, November 21st from 10:00AM to 11:30AM.**

Our meeting will be hosted by **Morris Heights Health Center** at their **Walton Clinic located at 25 E. 183rd Street Between Jerome and Walton; Conference Board Room.**

If you will be attending our meeting please email me to RSVP. I look forward to seeing many of you this Friday. We are hoping that together we can finalize our CAT action plans for this year.

Also, I am attaching our **Sex Ed Materials Order form**. If your agency would like any of the materials on the form to be *brought to this Friday's CAT meeting for your pick-up*, please **email me the form no later than Thursday, Nov. 20th by COB.**

Below are some action items and resources. *I'd like to call attention to some of the time-sensitive items, including our last YLT recruitment, scholarship/grant application deadlines and paid focus groups for parents and men.*

Action Items:

- ❖ Please sign and email me the **Program Year 5 CAT (PY5) Agreement** (attached) **ASAP**, if you haven't yet done so but want to continue as a partner on the Community Action Team for program year 5.- **Due: No Later than December 2014**
- ❖ **Please begin updating your monthly CAT community engagement and awareness efforts for October & November** with the new **PY5 Survey Monkey** link:
<https://www.surveymonkey.com/r/N5YNCNT> - **Due Every Month**
- ❖ **The Youth Leadership Team (YLT): Male Youth Leadership Team Member (1 position open)** Please pass this on to any male teens 15-18 years of age who live or attend high school in the South Bronx that you think would be great for the YLT. Please pass along the one-pager and the "about me form" (attached). Applications can be emailed to Yvette Perez at cperez1@health.nyc.gov - **DUE: ASAP TO YVETTE.**

RESOURCES: *Please do share these with other community leaders who can get these resources to our community members. Please note some of the resources are time-sensitive. All flyers are attached.*

- ❖ **DOHMH RESOURCES:**

Appendix 10

- **"Ebola: Am I At Risk?" Palm card: Now in 10 languages.** PDF images can be found at the following link: <http://www.nyc.gov/html/doh/html/diseases/ebola.shtml>
 - **To order for distribution to your clients, dial 311. If you have any trouble, contact me and I will follow up.**
- ❖ **EDUCATION RESOURCES:**
 - **Historically Black College Tour – Omega Psi Phi Fraternity, Inc.:** Application for selection to attend a college tour to visit 15 historically Black Colleges across the country.
Note there are fees attached to this application process as well as to the trip, if the youth is selected. – **Application Due Nov. 30th**
- ❖ **YOUTH Resources:**
 - **Young Men's Group:** Teen Health Center's young men's group will meet weekly on Wednesdays through June 2015 to support our young men(12-24 years old) on issues/ topics they find most relevant. – **Wednesdays at 4pm**
 - **Young Women's Group:** Teen Health Center's young women's group will meet weekly on Wednesdays through June 2015 to support our young women(12-24 years old) on issues/ topics they find most relevant. – **Wednesdays at 4pm**
 - **LGBTQ Youth Group:** Teen Health Center's LGBTQ youth group will meet weekly on Thursdays through June 2015 to support our LGBTQ youth (12-24 years old) and their allies. – **Thursdays at 4pm**
- ❖ **PAID FOCUS GROUPS:**
 - **CALLING Foster Parents, Grandparents with Custody of a child/children age 0-2 :** 90 minute focus group that pays \$100.00. **Anyone interested call 212-244-3960 – ASAP**
 - **CALLING HISPANIC MARRIED MEN WHO ARE Bronx Residents:** All day discussion that pays \$250. **Anyone interested call 212-244-3960 – ASAP**

Sincerely,

Vivian Cortés, MPH, MCCHES
Senior Community Partner Coordinator
Bronx Teens Connection
Bronx District Public Health Office/Center for Health Equity
NYC Department of Health & Mental Hygiene
1826 Arthur Avenue
Bronx, NY 10457
Phone: 718-299-0169 x306
Email: vcortes@health.nyc.gov

To find **confidential** and **free** sexual health services –
Download the free ***Teens in NYC*** mobile app!

Bronx Teens Connection – Community Action Team Meeting
DATE:

Community Leader Sign-in sheet

Organization	Name & Title	Phone #	Email	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				



Bronx Teens Connection – Community Action Team Feedback Report

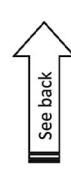
October 29, 2014 – Training on Family Planning Benefit Program & Extension Programs

10 CAT Members Completed this Feedback Form for the October 29th Training.

What type of agency do you represent? : Adolescent clinics, CBOs, Fatherhood Initiative, Community Health Center, FPBP

What populations does your agency serve? : Youth, HIV+, LGBTQ, Adults, Fathers 25+yo, Fathers, primary care (infants to elderly),foster care birth to 24yo, FPBP

Survey Question	Mean Score	CAT Coordinator Notes
1. I found this training interesting.	3.7	60% of survey respondents agreed that the training was interesting.
2. I learned additional information about Family Planning Benefits Program (FPBP) that I did not know before.	3.9	Majority of respondents (70%) agreed that they learned additional FPBP info.
3. I learned additional information about the Family Planning Extension Program (FPEP) that I did not know before.	3.9	Majority of respondents (70%) agreed that they learned additional FPEP info.
4. Time was sufficient to allow learning and sharing of ideas.	3.7	50% of respondents agreed that the time was sufficient to allow for learning and sharing of ideas.
5. The atmosphere was conducive to a collegial professional exchange.	4.1	70% of respondents agreed that the atmosphere was conducive.
6. The presenter(s) were knowledgeable on the material.	4.1	Majority of respondents (70%) agreed that presenters were knowledgeable on topic.
7. The training content will be useful in my work.	3.9	Majority of respondents (70%) agreed that the training content will be useful in their work
8. I would recommend this training to colleagues.	3.9	60% of survey respondents would recommend this training.



Appendix 12

Survey Question	Mean Score	CAT Coordinator Notes
9. The tools/resources shared are relevant to my work.	3.7	50% of respondents agreed that the tools/resources shared are relevant to their work.
10. I will put the tools/ resources shared today to use within the next month.	3.8	60% of respondents agreed they would put the tools/resources shared today to use in the next month.
11. I now better understand the FPBP eligibility criteria.	4.0	70% of respondents agreed that they now better understand the FPBP eligibility criteria.
12. I now better understand the FPEP eligibility criteria.	3.9	70% of respondents agreed that they now better understand the FPEP eligibility criteria.
13. The Bronx locations provided for FPBP application are useful in my work.	3.67	Of the 9 respondents who answered this question, 5 said the Bronx locations provided would be useful in their work.
14. This content is important to the populations my agency serves.	4.3	80% of respondents agreed that this content is important to the populations their agencies serve.
15. I am considering visiting the New York Health Insurance Link for more information on FPBP.	3.9	70% of respondents agreed they are considering visiting the New York Health Insurance link for more information.

What did you most enjoy about today's training/presentation? Or What did you learn that stood out the most?

“Great info! I learned that FPBP covers PEP!”

“Undocumented youth can qualify for the extended program.”

“I received clarification on the FPBP program and it was beneficial to the target group that I work with.”

“Straight and to the point.”

“Insurance to assist undocumented women.”

What suggestions do you have for making future trainings more useful?

“None. Great Trainer & Training!”

“Making sure that the room is set up and prepared for training and participant size.”

“I think the trainings should be a bit more longer.”

Appendix 12

<p>Do you believe other members of your organization should participate in this type of training? Who?</p> <p>“Yes, Medical Providers” “My Teen Choice Team and Residence.” “Yes. Every staff member from director to front line workers.” “All staff would benefit.”</p>	<p>What support or follow-up would you like from BxTC regarding this training/topic?</p> <p>“Link to brochure.” “Providing the booklets once received.”</p>	<p>Please share any other feedback regarding the training with us.</p> <p>“Thank You!” “Great training with helpful information.”</p>	<p><i>Thank you for completing our feedback form!</i></p>
--	--	--	---



Bronx Teens Connection

Community-Wide, Multi-Component Initiative to Improve Teen Sexual & Reproductive Health

Sign In Sheet- Community Outreach/Engagement Events

Event _____	Location of Event _____
Date _____	Activities at Event _____
Staff Names _____	Contact Name and Number _____
_____	_____

Appendix 13

Check all that Pertain		Race/Ethnicity (Check most appropriate box)						Please Check if you are							
#	NAME	ZIP CODE	M	F	T	African American	Latina/o	Asian	Caucasian	Other	Youth (1-12)	Teen (13-19)	Adult (20+)	Parent	Professional
1															
2															
3															
4															
5															



Appendix 14

CAT PY5 Monthly Community Engagement Survey

Dear Community Leaders and Partners,

We request that you take a few minutes (15-20 minutes, tops!) to fill out the following CAT Program Year 5 community engagement survey. In order to gauge our collaborative adolescent sexual and reproductive health efforts in the South Bronx as a Community Action Team (CAT), your consistent and accurate reporting of your organization's education & awareness raising efforts is integral.

Please do try to fill the survey out at the end of each month to more consistently reflect your efforts.

We thank you in advance for all you do. It is our hope that better reporting will highlight the power in collaborative community efforts for programs like yours.

Thank you,
Bronx Teens Connection

Appendix 14

***1. Please tell us the Name of the Organization you represent.**

***2. Please tell us the name and title of the person completing this form.**

***3. Date this form is being completed**

***4. Which month's efforts are you reporting on?**

Appendix 14

***5. Below is a list of schools or community-based organizations where CAT partners have engaged community members in the past.**

Please check the names of each school OR community-based organization where your work was conducted. If a school/organization is not listed, please include it under "Other."

- Banana Kelly
- Bronx Careers College Preparatory High School
- Bronx Latin High School
- Crotona International High School
- East Bronx Academy Middle School
- Envisions High School
- Explorations High School
- Fannie Lou Hamer High School
- Fannie Lou Hamer Middle School
- Grace Dodge High School
- High School for Energy and Technology
- Holcombe Rucker
- Hyde Leadership Charter School
- JHS 145 (Arturo Toscanini)
- MS 244
- MS 3
- MS 390
- MS 391
- South Bronx Academy for Applied Media
- Other (please specify)

Appendix 14

*6. Where in the above locations were education/awareness materials distributed?

- Assembly
- Gym Class
- Health Education Class
- Health Resource Room
- School-Based Health Center
- Other (please specify)

*7. How many of the following materials were distributed?

- 101 Questions You Would Never Ask Your Parents Book
- Family Planning Benefit Program brochures
- "My birth control + his condoms" condom wrappers
- NYCLU 'Do My Parents Have To Know?' ASRH Rights cards
- NYCLU Pregnant and Parenting Teens Rights cards
- NYCLU LGBTQ Rights in Schools cards
- Teen Health Care Bill of Rights
- TeenSpeak on Sexual Health
- Teens in NYC Clinic Locator Guide
- Teens in NYC Mobile App Palm Card
- Your Talk Postcards - Bilingual (Eng/Span)
- OTHER? (see Question 8)

*8. If other in Question 7, please write name(s) of the material(s) and amount distributed.

*9. Along with the materials distribution, have you/your organization conducted discussions/ presentations on teen sexual and reproductive health at the previously mentioned schools/organizations?

- Yes
- No

Appendix 14

***10. How many presentations to YOUTH did you conduct? (Approximate if necessary)**

***11. How many YOUTH in total were present? (Approximate if necessary)**

***12. What topics have you covered during your discussions/presentations with YOUTH?**

Check all that apply.

- Clinic Access/Services
- Contraception
- Evidence-based/Evidence-informed Strategies
- Importance of Parent/Caring Adult – Youth Communication on Sexual health
- Minor's Rights to Sexual Health Services
- STIs/HIV
- Teens in NYC mobile phone app
- Other (please specify)

***13. How many presentations have you done with PARENTS/CARING ADULTS?**

(Approximate if necessary)

- None
- Other (please specify)

Appendix 14

***14. How many ADULTS were present in total? (Approximate if necessary)**

***15. What topics have you covered during your discussions/presentations with PARENTS/CARING ADULTS? Check all that apply.**

- Clinic Access/Services
- Contraception
- Evidence-based/Evidence-informed Strategies
- Importance of Parent/Caring Adult – Youth Communication on Sexual health
- Minor's Rights to Sexual Health Services
- STIs/HIV
- Teens in NYC mobile phone app
- Other (please specify)

***16. Please share any information you can about parents' reactions to the "Your Talk" materials below.**

***17. Please share any other activities you have conducted below.**

Appendix 14

THANK YOU!

We deeply value all you do to engage our community members.

Appendix 15

CAT Monthly Meeting Tracking for Program Year 5

		Please fill in accordingly.										Write the total number of representatives in attendance at each meeting for each organization.						
#	Organization Represented	Representatives Throughout Previous Years		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May Conf	Jun	Jul	Aug	Sep	# of Mtgs Attend. by Org/Yr	% of Mtgs Attend. by Org/Year	Month Hosted
1	Organization 1	Attendee A		0	0	0	0	0	0	1	0	0	0	0	0	1	0.08	
2	Organization 2	Attendees A, B, C		0	0	0	1	0	1	12	0	0	0	0	0	4	0.33	
3	Organization 3	Attendees A, B, C		1	0	1	0	1	1	0	1	0	0	1	0	6	0.50	
4	Organization 4	Attendees A, B, C		1	1	1	1	1	1	0	1	1	1	2	1	11	0.92	Dec
5	Organization 5	Attendees A, B		1	1	0	1	1	1	1	1	0	1	0	0	7	0.58	
6	Organization 6	Attendees A, B, C, D		0	1	0	1	1	1	2	1	0	0	1	8	0.67		
7	Organization 7	Attendees A, B		2	0	0	1	0	1	0	1	0	0	0	0	4	0.33	
8	Organization 8	Attendee A		1	0	1	1	1	0	1	1	1	0	1	1	9	0.75	
9	Organization 9	Attendees A, B, C, D, E		1	2	3	2	1	2	1	2	1	1	2	2	12	1.00	Nov, Jan, Apr
10	Organization 10	Attendees A, B		0	0	0	1	0	0	1	1	0	0	0	4	0.33		
11	Organization 11	Attendees A, B		1	0	0	1	0	1	1	1	0	0	1	1	7	0.58	
12	Organization 12	Attendees A, B, C, D, E		2	0	1	1	1	6	0	1	1	1	4	0	9	0.75	Oct, Mar, Aug
13	Organization 13	Attendees A, B		0	0	0	0	0	0	1	0	0	0	1	1	3	0.25	
14	Organization 14	Attendees A, B		0	0	0	1	0	0	1	1	0	0	0	4	0.33		
15	BxTC -CEM/SE Leadership	VC, YP, MJW, DW, RM		4	3	3	4	4	2	4	7	3	3	2	5			
		Totals:		10	5	7	12	8	15	7	26	7	5	11	7			
		Please note: BxTC staff not included in total counts.																

Appendix 16

Bronx Teens Connection (BxTC)
Community Action Team (CAT)
Summary Report Back
for

Program Year 5 (PY5) through the 4th Quarter: October 1, 2014 – September 15, 2015

Focus of PY5: Minors & Adolescent Sexual and Reproductive Rights Awareness in both Youth and Adults
(As of September 25, 2015)

COMMUNITY AWARENESS AND EDUCATION ACTIVITY REACH

In Program Year 5 (PY5), CAT partner organizations continued the community awareness and education work begun in PY4. The focus of PY5 continues to be minors and adolescent sexual and reproductive rights. However, PY5 has incorporated new tracking tools to more accurately assess the work done with both youth and caring adults.

I. SCHOOLS/ORGANIZATIONS REACHED:

Reporting for this year indicates that CAT members reached 38 schools in program year 5.

- These included **16 middle schools**.
- **21** of these schools are located in CDs **2 & 3**, though partners also reached community districts **1, 4, 6, 7, 8 & 12**.
- The majority of the schools reached by the CAT (**35**) continue to be those with no official BxTC partnerships.
- *Community School for Social Justice, Health Opportunities High School, International Community High School and Cardinal McCloskey Foster Service Agency, already partnered with BxTC, were also reached.*
- The following community based organizations were also reached this year:
 - **Caldwell AME Zion Church**
 - **Claremont Neighborhood Centers, Inc.**
 - **SoBro**
 - **South Bronx United Soccer Program**

Non-Official Partner School List Reached by the CAT

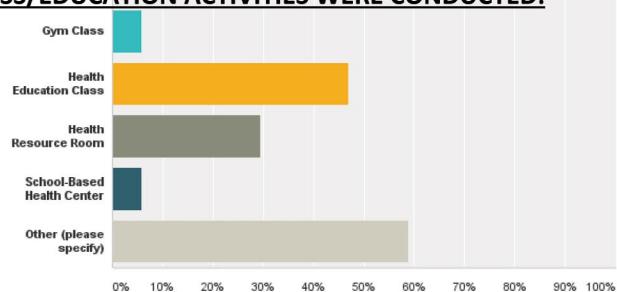
- Academy for Scholarship and Entrepreneurship
- Banana Kelly High School
- Bronx Academy for Software Engineering
- Bronx Careers College Preparatory High School
- Bronx Haven High School
- Bronx Health Sciences High School
- Bronx Latin Middle School
- Bronx Latin High School
- Bronxwood Preparatory Academy
- Crotona International High School
- Dr. Richard Izquierdo: Health & Science Charter HS
- East Bronx Academy Middle School
- Envisions High School
- Explorations High School
- Fannie Lou Hamer Middle School
- Fannie Lou Hamer High School
- Grace Dodge High School
- Harriet Tubman Charter School
- Harry S. Truman High School
- Holcombe Rucker School of Community Research
- Hyde Leadership Charter School
- JHS 145 – Arturo Toscanini
- Kappa MS 215
- Mott Hall III
- Mott Haven Community High School
- MS 3/PS 3
- MS 224 (PS/IS 224)
- MS 244 – The New School for Leadership & Journalism
- MS 328 – New Millennium Business Academy
- MS 343 – Academy of Applied Math. & Tech.
- MS 363 – Academy for Personal Leadership and Excellence
- MS 390
- MS 391 – The Angelo Patri Middle School
- New World High School
- South Bronx Academy for Applied Media

For more information: Vivian Cortés, Senior Community Partner Coordinator: vcortes@health.nyc.gov • 718-299-0169, x306

Appendix 16

II. LOCATIONS WITHIN SCHOOL/ORGANIZATION WHERE AWARENESS/EDUCATION ACTIVITIES WERE CONDUCTED:

CAT partners were able to conduct this work in a number of locations. Health education classes were a popular venue. Other educational venues included: *Advisory, Family Engagement Centers, Changing the Odds Clubs, Lunch Rooms, Parent Meetings/Orientations, and Foster Youth Programming.*



III. TOTAL NUMBER OF YOUTH REACHED THROUGH CAT EDUCATIONAL PRESENTATIONS:

In PY5, over **210** presentations were conducted reaching approximately **2742 Youth**. Most of the education and awareness raising efforts with youth reportedly incorporated the following topics:

- Clinic Access/Services
- Contraception
- Evidence Based/Evidence Informed Strategies
- Important of Parent/Youth Communication
- Minor's Rights to SRH
- STIs/HIV
- Teens in NYC mobile phone app
- **Other topics included:**
 - **Puberty & Anatomy**
 - **Condom Knowledge**

IV. TOTAL NUMBER OF PARENTS AND/OR CARING ADULTS REACHED THROUGH CAT EDUCATIONAL PRESENTATIONS:

A few CAT partners have also worked to reach parents and other caring adults, including teachers. In PY5, over **35** presentations were conducted reaching approximately **251 Adults**. All the education and awareness- raising efforts with adults reportedly incorporated the following topics:

- Clinic Access/Services
- Contraception
- Important of Parent/Youth Communication
- Minor's Rights to SRH
- STIs/HIV
- Teens in NYC mobile phone app

V. MATERIALS DISTRIBUTED:

CAT partners have distributed 11,966 pieces of educational literature in this program year. They used the following literature in their education and awareness raising work.

Educational Piece Title	Amount of Total Distributed	Estimated % of Total
100 Questions You Would Never Ask Your Parents Book	586	4.9
Dual Protection Condom Wrappers	807	6.74
Family Planning Benefit Program brochures	870	7.27
NYCLU 'Do My Parents Have to Know?' ASRH Rights cards	746	6.23
NYCLU LGBTQ Rights in Schools cards	497	4.15
NYCLU Pregnant and Parenting Teens Rights cards	497	4.15
Teen Health Care Bill of Rights	1801	15.05
TeenSpeak on Sexual Health Guide	1180	9.86
Teens in NYC Clinic Guide	2331	19.48
Teens in NYC App Palm Card	1956	16.35
Your "Talk" Post Cards (parents/caring adults)	314	2.62
Other (Includes organization specific literature)	381	3.18

Thank you for your participation in our community engagement and mobilization work. You have provided education and brought awareness to important issues of sexual and reproductive health in South Bronx youth. None of our work could be done without the help of partners like you. If there is any way that Bronx Teens Connection staff can help you strengthen your efforts or access other resources, please do reach out to me. Your input is always welcomed.

For more information: Vivian Cortés, Senior Community Partner Coordinator: vcortes@health.nyc.gov • 718-299-0169, x306

Appendix 17

**Bronx Teens Connection
Community Action Team
Organization Report Back
for
Program Year 5 (PY5) - October 1, 2014 – September 30, 2015
Focus of PY5: Minors & Adolescent Sexual and Reproductive Rights Awareness
Quarter 3: October 1, 2014 – June 30, 2015
(As of September 2, 2015)**

CAT Partner Organization: Inwood House

CAT Representatives: Sabrina Cabello-Murray, Program Coordinator

COMMUNITY AWARENESS AND EDUCATION ACTIVITY REACH

I. **CAT COMMITMENT – AT A GLANCE:**

As per the CAT agreement all community partners should have signed at the beginning of the program year, CAT partners are expected to show their commitment and contributions in several ways. Some of these include:

- Attend at least 9 of the 12 monthly meetings held in a program year.
- Host at least 1 of the 12 monthly meetings held in a program year.
- Attend at least 75% of all training/technical assistance sessions provided.

So far this program year, your organization has:

- Attended 6 of the monthly CAT meetings held through Quarter 3 of PY5.
 - Your organization also supported the **BxTC 3rd Annual Conference** in May. (*Replaced May meeting*)
- Hosted 0 CAT meetings this year.
- Attended 2 of 3 training/technical assistance sessions held so far in PY5.

II. **MONTHS OF ACTIVITY BASED ON DATES OF SURVEY COMPLETION:**

Through Quarter 3 of Program Year 5, your organization was involved in community awareness and education work for **9 months out of the year; October – June**

(Survey Completion Dates: 11/13/14, 12/17/14, 1/27/15, 2/24/15, 4/1/15, 6/18/15)

III. **SCHOOLS/ORGANIZATIONS REACHED:**

Your organization's community work reached **2 schools**.

- Bronx Latin High School
- Dr. Richard Izquierdo - Health and Science Charter School

As a whole, CAT members reached 34 schools through Quarter 3 of PY5.

IV. **LOCATIONS WITHIN SCHOOL/ORGANIZATION WHERE AWARENESS/EDUCATION WORK CONDUCTED:**

You were able to conduct this work in the following locations at these schools/organizations:

- | | | |
|--------------------------|------------------|--------------------|
| • Advisory Class | • Health Fair | • Resource Room |
| • Family Engagement | • Lunch Room | • Technology Class |
| Center | • Parent Teacher | |
| • Health Education Class | Conference | |

Appendix 17

V. MATERIALS DISTRIBUTED:

You used the following literature in your education and awareness raising work.

Educational Piece Title	Amount Distributed
101 Questions You'd Never Ask Your Parents	126
Family Planning Benefit Program brochures	206
NYCLU LGBTQ Rights in Schools cards	10
Teen Health Care Bill of Rights	266
Teens In NYC App Palm cards	390
Teens in NYC Guide	381
TeenSpeak on Sexual Health Guide	168
Your "Talk" Postcards for Parents & Caring Adults	141
Condom Holders	84

CAT members distributed 9,552 pieces of educational literature including 665 condom holders through Quarter 3 of PY5.

VI. TOTAL PRESENTATIONS CONDUCTED:

Your organization conducted **29** Total Presentations = **18** with Youth + **11** with Parents/Caring Adults

CAT members collectively conducted over 157 presentations with youth & over 25 presentations with parents/adults.

VII. TOTAL NUMBER OF YOUTH AND ADULTS REACHED THROUGH EDUCATIONAL PRESENTATIONS:

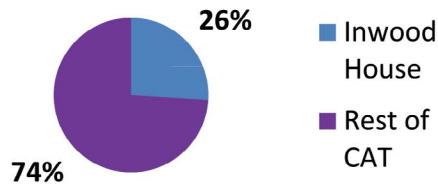
In an effort to increase education and awareness of minor's sexual and reproductive health rights, your organization reached:

556 youth + **79** adults

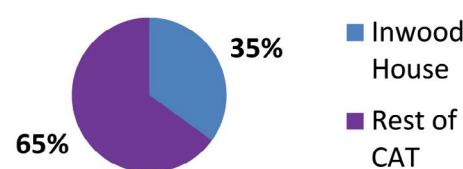
Through Quarter 3 of PY5, your awareness and education presentations reached:

- **26%** of **2138** youth reached through the CAT.
- **35%** of **226** adults reached through the CAT.

Number of Youth Reached through Quarter 3 of PY5



Number of Adults Reached through Quarter 3 of PY5



VIII. TOPICS ADDRESSED IN PRESENTATIONS:

You focused on the following topics in your education and awareness raising presentations:

- Clinic Access/Services
- Contraception
- Evidence-based/Evidence-informed Strategies
- Minor's Rights to Sexual Health Services
- Importance of Condom Use
- Importance of Parent-Youth Communication
- STIs/HIV
- Teens in NYC
- OTHER: Puberty & Anatomy

For more information: Vivian Cortés, Senior Community Partner Coordinator: vcortes@health.nyc.gov • 718-299-0169, x306

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We thank you for your participation in this united community engagement and mobilization work. We know that it is not always easy to do the very important work of community engagement to both raise awareness and provide education on adolescent sexual and reproductive health issues. Still, these efforts are crucial to the overall health and well-being of South Bronx youth. None of this work could be done without the help of partners like you. So, if there is any way that Bronx Teens Connection staff can help you in strengthening your efforts or accessing other resources, please do reach out to our office. Your feedback is always welcomed and appreciated.

For more information: Vivian Cortés, Senior Community Partner Coordinator: vcortes@health.nyc.gov • 718-299-0169, x306

Appendix 18

BxTC Youth Leadership Team Pre-Assessment

Instructions: Please complete this short voluntary survey to help BxTC improve the YLT experience for future members.

Part I is to help us get to know you. Your honest responses are greatly appreciated. We understand that the year has just begun and you may not feel comfortable sharing all this information. To help ease any concern, we ask that you place the completed Part I in an envelope, seal it and sign your name across the seal. We promise we will not look at your responses until the end of this project year—probably sometime in the summer of 2015—after we ask you the same questions again. You can always leave a question blank if you really do not want to answer, but we appreciate all the information you can provide.

Part II is to test your knowledge of a range of sexual health topics. We will grade it and share your scores back with you.

Thank you for your cooperation!

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BxTC Youth Leadership Team Pre-Assessment Part I

Section I: Tell us about yourself

1. How old are you? _____ years

2. What is your grade in school or other educational level? _____

3. What is your gender? Male Female

4. What is your home zip code? _____

5. Are you new to the YLT? Yes No

To help us understand how to make the YLT experience better for future members, please answer the following questions:

6. How did you learn about the YLT?

7. Why did you decide to join the YLT?

8. What do you hope to get out of your experience as a YLT member?

9. What about being a YLT member do you think you will find easy?

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10. What about being a YLT member do you think you will find harder?

10a. What do you think might help you with this (e.g. learning specific skills, training, assistance, etc.)?

Below are some statements that may or may not apply to you. Please read each carefully and tell us how strongly you agree or disagree with each statement.

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
11. I believe I will go to college	<input type="checkbox"/>				
12. I am confident I will be able to get a good job after high school	<input type="checkbox"/>				
13. I feel in control of my health	<input type="checkbox"/>				
14. I know how to prevent STIs and pregnancy	<input type="checkbox"/>				
15. I see myself as a leader for other youth in my community	<input type="checkbox"/>				
16. I am confident speaking with teens and adults in my community about sexual health	<input type="checkbox"/>				

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BxTC Youth Leadership Team Pre-Assessment Part II: Test of Sexual Health Knowledge

YLT Member Name: _____ Today's Date: ____/____/_____

Instructions: The following questions are on topics related to sexual health. Some things you may have already learned, but all will be covered in upcoming YLT sessions. Please answer the questions honestly by placing a check next to the response you would like to choose. E.g.

1. In New York, do teens need a parent's permission to receive sexual health services such as (pregnancy testing, HIV/STI testing, treatment, birth control, GYN exams, etc.)?

- Yes
- No
- Not Sure

2. Have you received instruction in school on HIV and AIDS since you began school this year?

- Yes
- No
- Not Sure

3. Have you received sex education instruction (other than HIV/AIDS lessons) in school since you began school this year?

- Yes
- No
- Not sure

4. In a boy's body, where are sperm made?

- Penis
- Prostate Gland
- Scrotum
- Testicles
- Not Sure

5. In a girl's body, where are the eggs produced and stored?

- Fallopian Tubes
- Ovaries
- Uterus
- Cervix
- Vagina
- Not Sure

6. What is ovulation?

- When the sperm leaves the penis
- When an egg leaves the ovary
- Not sure

7. Can a girl get pregnant the first time she has sex?

- Yes
- No
- Not sure

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8. Can a person who has had sex return to abstinence (decide to stop having sex)?

- Yes
- No
- Not Sure

9. Which of the following methods is 100% effective at preventing pregnancy AND sexually transmitted diseases?

- Condoms
- Choosing not to have sex (abstinence)
- The shot (Depo-Provera)
- Not Sure

10. Birth control methods like the pill, the ring, or the Depo injection protect a female from getting pregnant by:

- Killing sperm in her system.
- Not letting her ovaries release any eggs.
- Not letting her uterus release any eggs.
- Not letting the male testicles release sperm.
- Not sure

11. Which birth control method can last 5 years?

- The Pill
- The Patch
- The Ring
- The IUD
- Not sure

12. When is the best time to use the Emergency Contraceptive pill?

- Within 7 days after unprotected sex
- Within 3 days after unprotected sex
- Within 2 weeks after unprotected sex
- Within 1 month after unprotected sex
- None of the above
- Not sure

13. Does Plan B cause an abortion?

- Yes
- No
- Not sure

14. Can all sexually transmitted infections (STIs) be cured by taking medicine?

- Yes
- No
- Not sure

15. Can some people have an STI and not know it?

- Yes
- No
- Not sure

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16. Can some STIs put you at higher risk of getting infected with HIV?

- Yes
- No
- Not Sure

17. Below is a list of STIs. For each, tell us if you think it can be **cured** (i.e. you DO NOT have it anymore) by choosing **Yes**, **No** or **Not sure**.

	Yes	No	Not Sure
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crabs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scabies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Below is a list of bodily fluids. For each, tell us if they can spread HIV by choosing **Yes**, **No** or **Not sure**.

	Yes	No	Not Sure
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feces (poop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semen (cum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine (pee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-seminal fluid (pre-cum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Which of these can be symptoms of an STI?

- Itching
- Discharge in men
- No Symptoms
- All of the above
- None of the above

20. Do you know where you can go for STI testing and treatment?

- Yes
- No
- Not sure

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21. Condoms made of which of the following material(s) will NOT protect you against STIs like HIV:

- Latex
- Animal Skin
- Polyurethane
- Latex and Polyurethane
- Not sure

22. Which of the following 3 boxes lists, *in the right order*, the correct steps to putting on a condom?

Check one below

A

1. take condom from wrapper
2. roll condom on penis
3. have erection
4. intercourse
5. ejaculation
6. withdraw penis from partner, holding condom on at the base
7. remove condom from penis
8. throw condom away in trash
9. check expiration date

B

1. check expiration date
2. have erection
3. take condom from wrapper
4. roll condom on penis
5. intercourse
6. ejaculation
7. withdraw penis from partner, holding condom on at the base
8. remove condom from penis
9. throw condom away in trash

C

1. roll condom on penis
2. have erection
3. take condom from wrapper
4. check expiration date
5. intercourse
6. ejaculation
7. remove condom from penis
8. withdraw penis from partner, holding condom on at the base
9. throw condom away in trash

23. For each of the following statements, please choose whether you think it is **True** or **False**.

	True	False
a. Untreated gonorrhea could cause a woman to not be able to have babies in the future.	<input type="checkbox"/>	<input type="checkbox"/>
b. You can get a sexually transmitted infection from oral sex.	<input type="checkbox"/>	<input type="checkbox"/>
c. Anal sex has a higher risk of infection with HIV than vaginal sex	<input type="checkbox"/>	<input type="checkbox"/>
d. There is a vaccine to protect you against HIV, the virus that causes AIDS.	<input type="checkbox"/>	<input type="checkbox"/>
e. You have to be 18 years old to get condoms at the pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>
f. Wearing two condoms at a time offers more protection than wearing just one.	<input type="checkbox"/>	<input type="checkbox"/>
g. Oil based lubricant is not safe to use with latex condoms.	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 19

- 24.** What are some key characteristics of a healthy relationship? Please list at least 2 below, but feel free to write as much as you like.

- 25.** Our project works with schools to help them provide sexual health education programs that are evidence-based like “Reducing the Risk” or RTR. Please tell us, what do you think an evidence-based program is?
