| **Clinic Partner:**Please indicate where in the “process” each clinic partner is in implementation of the “clinic specific” WDC strategies guided by best practice(strategies # 27-37) by scoring the strategy (1= implemented; 0=not fully implemented, not selected, or not applicable). If a strategy was effectively implemented prior to the CDC TPP project, please include it as “already implemented prior to TPP project”. Part A grantees will use this information to inform the selection of WDC strategies to be included in their Part A Work and Evaluation plans and subsequently included in the Performance Measure Reporting Tool.  |
| --- |
| **WDC Strategy Guided by Best Practice** | **Performance indicator** |
|  | **Clinic Partners** |
|

|  |  |
| --- | --- |
| **Score** | **Description** |
| 1 | **Already implemented prior TPP project--**Strategy is already effectively implemented prior to CDC TPP project |
| 1 | **Implemented with High Quality--**Strategy is selected and has successfully been implemented with high quality\* as a result of CDC TPP project (\*Note: Quality of implementation of selected strategies can be determined by individualized TA by JSI for each Part A grantee). |
| 1 | **Implemented Satisfactorily--**Strategy is selected and has been implemented with noted area(s) to improve |
| 0 | **Partially Implemented (In process)--** Strategy is selected and steps have been made to accomplish the adoption and/or implementation of the strategy, but strategy is not fully implemented |
| 0 | **Not selected--**Strategy not selected  |
| 0 | **Not applicable—**Strategy is not applicable to work plan (e.g., clinic partner is not implementing an evidence-based program) |

 | **Clinic 1** | **Clinic 2** | **Clinic 3** | **Clinic 4** | **Clinic 5** |
|  |
| **Subset 1:** ***Strategies to engage diverse youth***  |
| 1. Develop respectful relationships with youth and the community to be served.
 |  |  |  |  |  |
| 1. Increase youth and community awareness about health equity and the root causes of teen pregnancy.
 |  |  |  |  |  |
| 1. Create a dialogue among youth and the community about health equity and the root causes of teen pregnancy.
 |  |  |  |  |  |
| 1. Involve youth and community leaders in strategic planning.
 |  |  |  |  |  |
| 1. Involve youth and community leaders in program planning and delivery.
 |  |  |  |  |  |
| 1. Establish alliances with community groups that are working to improve conditions (e.g., housing and economic development) that influence adolescent’s health status.
 |  |  |  |  |  |
| 1. Arrange meetings that are welcoming to youth and community members (location, physical environment, time).
 |  |  |  |  |  |
| Subset 1 TOTAL |  |  |  |  |  |
|  |
| **Subset 2:** ***Strategies that utilize participatory approaches for COMMUNITY MOBILIZATION to include diverse youth*** |
| 1. Identify and engage a cross-section of community partners (i.e., ethnically, culturally, and linguistically representative of the community) that are committed to youth issues.
 |  |  |  |  |  |
| 1. Increase awareness of teen pregnancy in the community and identify feasible strategies to address the social determinant of teen pregnancy (e.g., address transportation barrier to clinical access; ensure prevention materials available for different languages/literacy levels; educate about the importance of policies that support pregnant and parenting teens in schools).
 |  |  |  |  |  |
| 1. Include youth from diverse backgrounds in teen pregnancy prevention project development, implementation, and evaluation efforts (i.e., recruitment and retention strategies, project strategies; communication strategies; participation in YLT).
 |  |  |  |  |  |
| 1. Conduct Root Cause Analysis with diverse community partners to identify social determinants that impact teen pregnancy.
 |  |  |  |  |  |
| 1. Ensure that messages, materials and strategies used are culturally and linguistically appropriate (e.g., community presentations and communications acknowledge social determinants and ‘proxies that capture ‘social determinants’ ion accessible language are used; recruitment materials appeal to youth from diverse backgrounds).
 |  |  |  |  |  |
| 1. Identify and engage a cross-section of diverse youth who are at increased risk for teen pregnancy (i.e., hard to reach, marginalized) to participate in teen pregnancy prevention programs and services.
 |  |  |  |  |  |
| 1. Encourage shared leadership among stakeholders (i.e., decision making; meeting facilitation; balance of responsibility and accountability).
 |  |  |  |  |  |
| 1. Encourage shared leadership among stakeholders (i.e., decision making; meeting facilitation; balance of responsibility and accountability).
 |  |  |  |  |  |
|  |
| **Subset 3: *Strategies to engage a diverse group of partners to participate in teen pregnancy prevention efforts – EDUCATING/ ENGAGING STAKEHOLDERS*** |
| 1. Educate traditional and nontraditional stakeholders and community members on the root causes of teen pregnancy and how social determinants of health affect teen pregnancy by using data to identify populations with high pregnancy and birth rates, who lack access to reproductive and contraceptive health services and prevention programming and who experience health inequities; synthesize and translate data into information that describes the heath disparities related to teen pregnancy in the target community; and make data available and accessible to the public.
 |  |  |  |  |  |
| 1. Educate local civic groups and faith-based groups about teen pregnancy and youth development.
 |  |  |  |  |  |
| 1. Engage a wide variety of community partners by using suitable language, frameworks and methods to encourage communities to work across their differences and participate in actions that unite them in their efforts to reduce teen pregnancy.
 |  |  |  |  |  |
| Subset 3 TOTAL |  |  |  |  |  |
| **Subset 4: Strategies to support implementation partners’ programmatic practices-- *EVIDENCE-BASED AND EVIDENCE-INFORMED PREVENTION PROGRAM Implementation*** |
| 1. Select evidence-based intervention(s) that demonstrate nest fit and reflect the diversity of each priority population.
 |  |  |  |  |  |
| 1. Adapt evidence-based interventions as necessary to reflect the target population and community.
 |  |  |  |  |  |
| 1. Incorporate youth development principles and practices into evidence-based program implementation.
 |  |  |  |  |  |
| 1. Assess the logistical needs of youth who attend programs (e.g., transportation, food) and address gaps.
 |  |  |  |  |  |
| 1. Implement programs in venues that are frequented by and accessible to diverse youth and in close proximity to youth in communities at risk.
 |  |  |  |  |  |
| 1. Develop recruitment and retention plans in collaboration with diverse youth.
 |  |  |  |  |  |
| 1. Develop outreach and recruitment strategies for young males in collaboration with other males.
 |  |  |  |  |  |
| 1. Provide diversity and cultural competence training to health educators, facilitators and trainers as needed (e.g., respect for youth culture, how to demonstrate cultural humility, how to appreciate diverse perspectives and roles, how to communicate and share data effectively across cultures).
 |  |  |  |  |  |
| Subset 4 TOTAL |  |  |  |  |  |
|  |
| ***Subset 5: Strategies to support CLINICAL PARTNERS to develop culturally competent clinical services*** |
| 1. Provide clinical staff with trainings and materials to ensure they have the necessary skills, knowledge, and attitude to provide youth with patient-centered reproductive health services which are culturally and linguistically appropriate.
 |  |  |  |  |  |
| 1. Use care coordinators to link youth to other community resources as needed (beyond sexual and reproductive health services) and assist with linkages to Medicaid, violence prevention, and other health care programs or services.
 |  |  |  |  |  |
| 1. Develop clinic linkage and referral mechanisms and resources for youth from diverse backgrounds (both genders) to receive care and support not provided by the organization (e.g., mental health services, food pantry, employment agency).
 |  |  |  |  |  |
| 1. Develop and/or translate patient instructions, registration, consent and history forms, and questionnaires to meet the language needs of youth from diverse backgrounds.
 |  |  |  |  |  |
| 1. Provide trained interpreters and translators and avoid using family members as translators/interpreters (e.g., minors).
 |  |  |  |  |  |
| 1. Display sexual and reproductive health information in the clinic (e.g., pictures, posters, fact sheets, and flyers) that is representative of the client population.
 |  |  |  |  |  |
| 1. Create and promote the use of a standardized health risk assessment for each patient that goes beyond conventional physical or behavioral health conditions to include social determinants of health that affect teen pregnancy.
 |  |  |  |  |  |
| Subset 5 TOTAL |  |  |  |  |  |
|  |
| **Subset 6: *Strategies to support COMMUNITY OUTREACH PRACTICES*** |
| 1. Establish youth-serving health centers or satellite clinics in close proximity to youth in disenfranchised communities or in locations accessible to diverse youth (e.g., on bus line, near youth organization).
 |  |  |  |  |  |
| 1. Include community members, who are representative of the populations served, in clinic advisory boards, continuous quality monitoring, and materials review.
 |  |  |  |  |  |
| 1. Develop outreach strategies to engage males in clinical care, create a male-friendly environment, and provide male-inclusive services.
 |  |  |  |  |  |
| 1. Identify, engage, and retain community health workers/community lay health outreach workers (e.g., promotoras) to serve as liaisons between patients and clinicians.
 |  |  |  |  |  |
| Subset 6 TOTAL |  |  |  |  |  |
| **WDC PERFORMANCE MEASURES:** |  |  |  |  |  |
| Total number of WDC strategies guided by best practice implemented to date |  |  |  |  |  |
| Percentage of WDC strategies guided by best practice implemented to date |  |  |  |  |  |
| Percentage of WDC strategies guided by best practice implemented to date |  |  |  |  |  |