### Table 1. Characteristics of community-based teenage pregnancy prevention projects funded by the Washington State Department of Health, 1995–1999

<table>
<thead>
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<th>Objective</th>
<th>Intervention</th>
<th>Setting and staff</th>
<th>Target clients</th>
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</table>
| Site A To enhance protective factors in order to increase resiliency in adolescents, thereby preventing early pregnancy. | • Education and skills-building: School counselors conduct 10–12 group sessions, covering topics related to sexuality, risk behaviors (e.g., substance use), and coping with stress and anger.  
  • Mentorship: Youth are matched with adult mentors according to mutual career interests. The intent is for youth and mentors to meet at least monthly and have at least weekly phone contact.  
  • Case management: Project staff facilitate clients’ relationship with mentors, make referrals to community services (including family planning) as needed and address family issues as needed. | • Setting: Project is administered in middle schools by a local health department.  
  • Staff: Staff include a social worker and school counselors. | Youth in grades 7–8 |
| Site B To provide communication and decision-making skills, as well as abstinence and sexuality education, to at-risk youth in order to deter early sexual activity. | • Education and skills-building: Monthly group sessions are held with school counselors throughout the school year. Topics include pregnancy prevention, HIV and other STD prevention, anger management, suicide, self-esteem, domestic violence and goal-setting. Activities and videos are used to enhance sessions.  
  • Weekly lunch meetings: Project staff meet with youth weekly to discuss and reinforce education topics and provide support.  
  • Social/recreational activities: Youth are invited to participate in activities monthly to foster connections among peers and with project staff. | • Setting: Project is administered in middle schools by a local health department.  
  • Staff: Staff are health and sexuality educators and school counselors. | Youth aged 11–14 |
| Site C To provide structured psychological and educational services to assist youth in delaying the onset of sexual activity and avoiding early pregnancy. | • Education and skills-building: Staff conduct 10 hours of group sessions dealing with issues related to risk for teenage pregnancy. Additionally, youth receive five sessions of the Postponing Sexual Involvement curriculum in school health classes.  
  • Advocacy: Advocates work with youth individually and in groups to provide a mentor relationship as well as counseling services, family support, opportunities for recreation and assistance in making contact with other community services (including family planning). | • Setting: Project is administered by a mental health agency in local middle schools.  
  • Staff: Staff are social workers, social work interns or college students (advocates). | Youth aged 11–14 |
| Site D To provide education and support to girls at risk for early sexual activity. | • Education and skills-building: Weekly groups meet throughout the school year. Topics include pregnancy and STD prevention; dating violence; friendship; self-esteem; where to get help in the community; and communication, decision-making and refusal skills.  
  • Advocacy: Project staff provide support and advocacy in the group setting linking clients with resources and school and community services (including family planning). In addition, youth are offered individualized support on a regular basis throughout the school year. Individual sessions address issues that arise during groups, build relationships between staff and clients, and explore issues of importance to clients.  
  • Social/recreational activities: Several times throughout the year, youth are invited to participate in social/recreational activities, including arts and crafts, cultural activities, outings to the YMCA and family events. | • Setting: Project is administered in middle schools by Planned Parenthood.  
  • Staff: Staff are health and sexuality educators and counselors. | Females in grades 7–8 |
| Site E To provide enhanced family planning services to help teenagers avoid pregnancy. | • Advocacy: Staff provide education and support to teenagers who visit a family planning clinic. Education focuses on ways to avoid STD’s and pregnancy, correct contraceptive use and relationship issues. Support may include counseling and helping teenagers make contact with other community services or reenter school. | • Setting: Project is administered by a local health department in its family planning clinic.  
  • Staff: Staff are nurses, health educators and social workers. | Females aged 14–17 |
| Site F To provide education, support and referrals to young women at risk for early sexual activity or pregnancy. | • Education and skills-building: Weekly groups throughout the school year address self-esteem; sexuality; pregnancy and STD prevention; identifying and avoiding risky behavior; life planning; and communication, decision-making, risk reduction, planning and goal-setting skills.  
  • Advocacy: Support is provided in the group setting and individually. Individual sessions address issues that arise during groups, build relationships between staff and clients, and explore issues of importance to clients. The intensity of individual support varies according to clients’ needs. In addition, staff make referrals and assist clients in accessing other community resources as needed (including family planning).  
  • Social/recreational activities: Clients are invited to participate in periodic social/recreational activities. | • Setting: Project is administered in middle and high schools by Planned Parenthood.  
  • Staff: Staff are health and sexuality educators. | Females aged 14–17 |
| Site G To empower young women, improve their self-esteem and help them avoid early pregnancy by offering support, care and a safe place. | • Support groups: Weekly group sessions throughout the school year address consequences of sexual behavior, family and friendship relationships, healthy and unhealthy intimate relationships, decision-making and stress management. Information is provided via workshops, videos and guest speakers.  
  • Advocacy: Staff provide individual support, including counseling and referrals to community services (including family planning).  
  • Mentorship: Youth are matched with mentors (women aged 18–30) from local colleges, who meet with teenagers at least one hour per week and provide opportunities for recreation and additional support. | • Setting: Project is administered in schools and other community-based settings by a local health department.  
  • Staff: Staff are health and sexuality educators and social workers. | Females aged 14–17 |