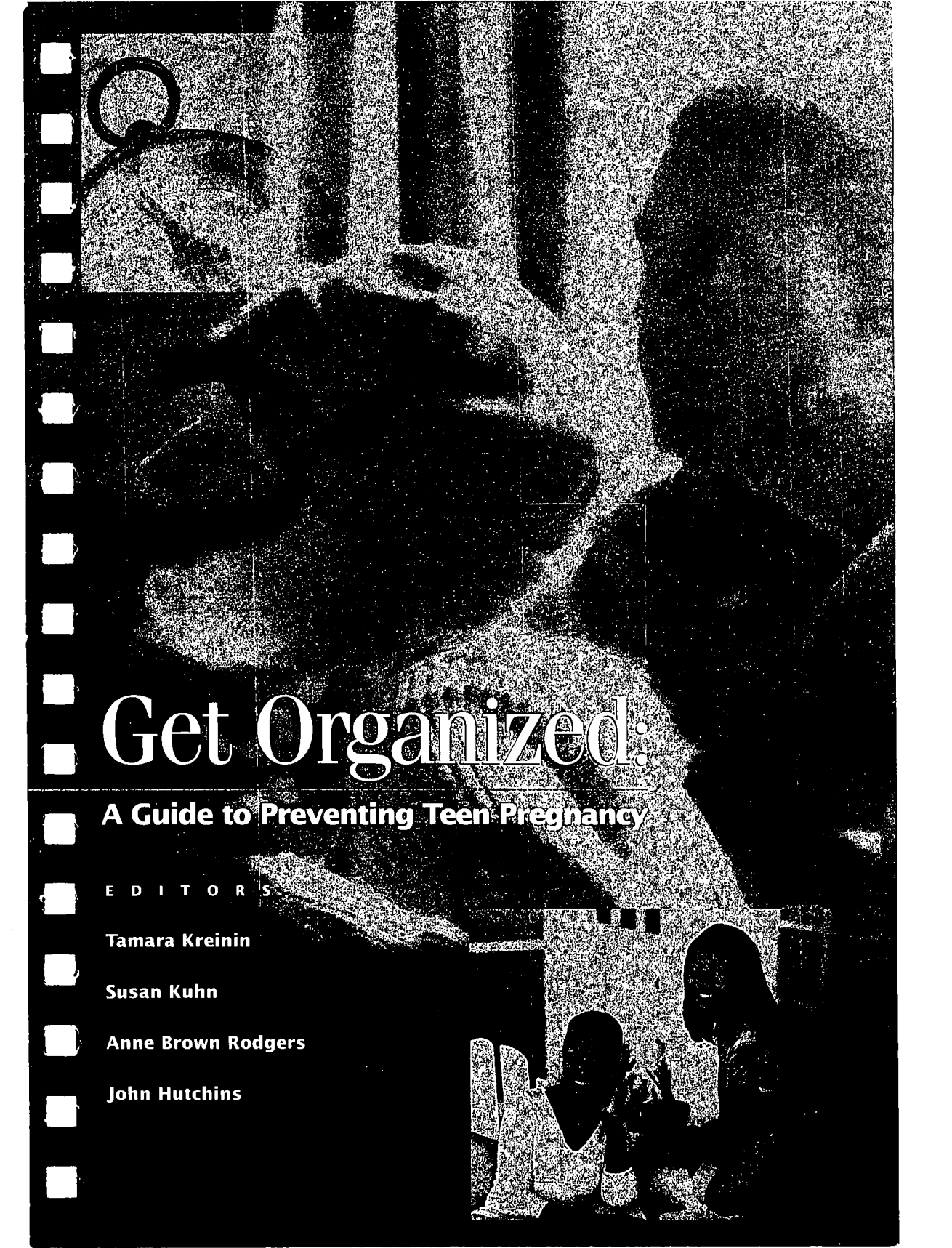




Get Organized:

A Guide to Preventing Teen Pregnancy

EDITORS

Tamara Kreinin

Susan Kuhn

Anne Brown Rodgers

John Hutchins



National Campaign Board Members

Chairman

Thomas H. Kean, former Governor of New Jersey and President, Drew University

President

Isabel V. Sawhill, Senior Fellow, The Brookings Institution

Linda Chavez, President, Center for Equal Opportunity

Annette Cumming, Executive Director and Vice President, The Cumming Foundation

William Galston, School of Public Affairs, University of Maryland

Whoopi Goldberg, actress

Katharine Graham, Chairman of the Executive Committee, The Washington Post Company

David A. Hamburg, M.D., President Emeritus, Carnegie Corporation of New York

Alexine Clement Jackson, National President, YWCA of the USA

Sheila Johnson, Executive Vice President of Corporate Affairs, Black Entertainment Television, Inc.

Judith E. Jones, Clinical Professor, Columbia University School of Public Health

Leslie Kantor, Vice President of Education, Planned Parenthood of New York City, Inc.

Nancy Kassebaum Baker, former U.S. Senator

Douglas Kirby, Senior Research Scientist, ETR Associates

John D. Macomber, Principal, JDM Investment Group

Sister Mary Rose McGeady, President and Chief Executive Officer, Covenant House

Jody Greenstone Miller, former Acting President and Chief Operating Officer, Americast

John E. Pepper, Chairman of the Board, The Procter & Gamble Company

Stephen W. Sanger, Chairman and Chief Executive Officer, General Mills, Inc.

Victoria P. Sant, President, The Summit Foundation

Isabel C. Stewart, National Executive Director, Girls Inc.

Judy Woodruff, Prime Anchor and Senior Correspondent, CNN

Andrew Young, former Ambassador to the U.N. and Co-Chairman, GoodWorks International

Trustees Emeriti

Charlotte Beers, Chairman, J. Walter Thompson

Irving B. Harris, Chairman, The Harris Foundation

Barbara Huberman, Director of Training, Advocates for Youth

C. Everett Koop, M.D., former U.S. Surgeon General

Judy McGrath, President, MTV

Kristin Moore, President, Child Trends, Inc.

Hugh Price, President, National Urban League, Inc.

Warren B. Rudman, former U.S. Senator and Partner, Paul, Weiss, Rifkind, Wharton & Garrison

Campaign Director

Sarah Brown

Get Organized:

A Guide to Preventing Teen Pregnancy

V O L U M E 3

Making It Happen

The National Campaign to Prevent Teen Pregnancy
U.S. Department of Health and Human Services
Johnson & Johnson Family of Companies

September 1999

Acknowledgments

A project the size and scope of *Get Organized: A Guide to Preventing Teen Pregnancy* could not have been accomplished without the hard work and support of many people and organizations. First of all, several offices in the U.S. Department of Health and Human Services (DHHS) provided the principal funding for the project through a sub-contract from the Urban Institute: the Office of the Assistant Secretary for Planning and Evaluation; the Office of Population Affairs; the Maternal and Child Health Bureau; Health Resources and Services Administration; and the Centers for Disease Control and Prevention. In addition, the Johnson & Johnson Family of Companies contributed generous support for the design and printing of *Get Organized*.

The National Campaign expresses its great appreciation to the authors of *Get Organized*. In addition, we thank the DHHS Office of the Assistant Secretary for Planning and Evaluation for their overall guidance of the project and careful review of the manuscript, particularly Margaret Hamburg, M.D., Barbara Broman, Jeanine Smartt, Elisa Koff, Sonia Chesson, Devon Cornical, and Karin Abramson. The DHHS Interdepartmental Workgroup on the National Strategy to Prevent Teen Pregnancy also provided critical support and review.

The National Campaign thanks the past and present members of its State and Local Action Task Force for conceiving the project and reviewing its chapters: Annette Cumming, the Cumming Foundation; Leslie Kantor, Planned Parenthood of New York City; Elayne G. Bennett, Best Friends Foundation; Linda Berne, University of North Carolina at Charlotte College of Nursing; The Hon. Jay Bradford, Arkansas Senate; Claire Brindis, University of California Institute for Health Policy Studies; Donna Butts, Generations United; Sue Cameron, Tillamook County Commissioner; Carol Cassell, Centers for Disease Control and Prevention; Ezra Davidson, M.D., King-Drew Medical Center; The Hon. Frankie Sue Del Papa, State of Nevada Attorney General; Debra Delgado, the Annie E. Casey Foundation; Donna Fishman, Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting; Barbara Huberman, Advocates for Youth; Bernice Humphrey, Girls Inc.; Alexine Jackson, YWCA of the USA; Loretta Sweet Jemmott, University of Pennsylvania School of Nursing; Reneé R. Jenkins, M.D., Howard University Hospital; Chris P. Nelson, Southwest District Health Department; Theodora Ooms, Family Impact Seminar; Aracely Panameño, National Latina Institute for Reproductive Health;

Wayne Pawlowski, Planned Parenthood Federation of America; Sharon Rodine, Oklahoma Institute for Child Advocacy; Hector Sánchez-Flores, California Department of Health Services, Office of Family Planning; John Schlitt, National Assembly on School-Based Health Care; Aaron Shirley, Jackson Medical Mall; Mary Vernon, M.D., Centers for Disease Control and Prevention; Kathleen Walsh, Catholic Social Ministries; Gayle Wilson, Center for Youth Policy and Advocacy; and Susan Wilson, Rutgers University School of Social Work.

In addition, the National Campaign extends its appreciation to the following individuals who reviewed chapters and provided other invaluable assistance: Lorraine Klerman, University of Alabama School of Public Health; Douglas Kirby, ETR Associates; Judith Musick, the Ounce of Prevention Fund; Freya Sonenstein and Laura Duberstein Lindberg, the Urban Institute; Michael Bzdak, Johnson & Johnson Family of Companies; Dominic Cappello; Sharon Adams-Taylor, American Association of School Administrators; Darcy Steinberg and Bill Datema, Association of State and Territorial Health Officials; Bill Shepardson, Shelly Hara, and Nora Howley, Council of Chief State School Officers; Carlos Vega-Matos, Jim Bogden, and Ginny Ehrlich, National Association of State Boards of Education; Paul Sathrum and Moira Cook, National Education Association; Nicole Kendall, National Conference of State Legislatures; Brenda Greene and Cameron Adkison, National School Boards Association; Suzanne M. Jessop and Marisa Nightingale of the National Campaign to Prevent Teen Pregnancy; Wendy Schaezel Lesko, Activism 2000 Project; Ginny Fleming, Mayor's Committee to Reduce Teenage Pregnancies and Out-of-Wedlock Births; Patti Flowers-Coulson, Governor's Council on Adolescent Pregnancy and Governor's Office for Children, Youth and Families; Joe Fay, York City Health Bureau; Sylvia Sterne, Louisiana Department of Health and Hospitals; Jeanne Luckett, Communication Arts Company; Sandra Adams, Louisiana Maternal and Child Health Coalition; Daña Alder, Adolescent Pregnancy Prevention and Services Board; Andrea Rankin, Cortland County Health Department; Deborah Frazier, Arkansas Department of Health; Nancy Wilson, Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting; and Michele Ozumba, Georgia Department of Human Resources.

Finally, the National Campaign extends its thanks to the editors—Tamara Kreinin, Susan Kuhn, Anne Brown Rodgers, and John Hutchins—and to Bill Albert, Christine Flanigan, Carmen Ford, and Brenda Rhodes Miller of the staff of the National Campaign for shepherding the production of these volumes.

Design: Smartteam Communications, Inc., Washington, DC

VOLUME

Making It Happen

	Introduction	1
CHAPTER 11	Getting Your Community Involved in a Teen Pregnancy Prevention Project <i>Claire Brindis</i>	5
CHAPTER 12	Tailoring a Program to Your Community Through Needs Assessment <i>Barbara Sugland</i>	21
CHAPTER 13	Planning and Carrying Out a Teen Pregnancy Prevention Project <i>Claire Brindis</i>	49
CHAPTER 14	Raising Funds for Teen Pregnancy Prevention <i>Donna Butts</i>	73
CHAPTER 15	Working with the Media to Promote Teen Pregnancy Prevention <i>John Hutchins</i>	99
CHAPTER 16	Building Evaluation Into Your Work <i>Susan Philliber</i>	135
CHAPTER 17	Moving Forward in the Face of Conflict <i>Tamara Kreinin and William Smith</i>	169
	CONTRIBUTORS	189
	PUBLICATIONS ORDER FORM	

Introduction

The 1990s have brought some good news regarding teen pregnancy in the United States: after two decades of increasing teen pregnancy and birth rates, the numbers have declined. Overall, the teen birth rate declined by 16 percent from 1991 to 1997, with all states recording a decline in the birth rate of 15- to 19-year-olds. It is the sixth year in a row that the teen birth rate has declined. Nevertheless, 4 out of 10 American girls get pregnant at least once before they turn 20, leading to nearly one million teen pregnancies a year. Clearly, teen pregnancy remains a serious problem, and the economic, social, and personal costs for teens, their children, and society are great. As a nation, we are at a severe competitive disadvantage when our teen pregnancy and birth rates are at least double—even triple—those of other industrialized nations.

Communities around the country increasingly recognize that helping teens avoid pregnancy can't be accomplished by any single program or strategy. Because the causes of teen pregnancy are complicated and overlapping, solutions must have many parts and approaches. This means doing things differently: getting new people and organizations involved, committing for the long term, and measuring carefully the effectiveness of programs. This three-volume publication, *Get Organized: A Guide to Preventing Teen Pregnancy*, is meant to be a practical manual, a toolkit of sorts, for people at the state and local levels who are interested in taking action to prevent teen pregnancy in their communities. It covers a lot of ground—from strategies for collecting basic data and for reaching out to religious leaders to practical advice about how to raise money and conduct program evaluation. Yet it remains easy to read and simple to use, with many examples from promising programs around the country. We hope it will be useful as communities unite to address this issue and to design programs that are right for them.

Get Organized was developed primarily for those creating a state or local coalition or strategy to prevent teen pregnancy, although anyone interested in developing a single, small program to help teens avoid pregnancy should find valuable information in these chapters. Several overarching principles bind these chapters together:

- Multiple, mutually complementary strategies are more likely to make a difference. There are no easy answers to the problem of teen pregnancy.
- Involving new partners, like the business community, or traditional partners in new ways enhances any prevention strategy.
- Preventing teen pregnancy requires long-term, intense effort. One six-week program will not have much lasting effect, nor will a couple of classroom hours. And, because a new crop of teenagers arrives on the scene every year, prevention efforts must be constantly reinvented.
- Communities can unite around the *need* to address teen pregnancy without expecting unanimity about *ways* to prevent it. Different organizations and members of the community can adopt different strategies to reach the same end—fewer pregnant teens. Sometimes strategies even seem to conflict with each other, but that is not necessarily a problem. Teen pregnancy is a complicated—even messy—problem, and “messy” strategies can often be useful.
- Parents are important influences on their children’s decisions about sexual behavior. They should be supported in their roles and included in planning and developing strategies to prevent teen pregnancy. And, needless to say, involving teens themselves—the “target audience”—is always essential.
- Focusing on boys and young men is critical to any effort to prevent teen pregnancy. Girls are indeed the ones who get pregnant, but it takes two to cause a pregnancy.

As the accompanying matrix shows, *Get Organized* is divided into three complementary volumes:

Volume I: Focusing on the Kids opens with an overview of the promising programs that can help prevent teen pregnancy. The other chapters explain how to tailor programs to stages of adolescent development, create interventions for girls, involve boys and young men in prevention efforts, and involve young people themselves in developing and implementing programs.

Volume II: Involving the Key Players focuses on the roles of traditional participants in prevention efforts, like schools and health

Get Organized Matrix

Volume 1: Focusing on the Kids

1. Promising Approaches to Preventing Teen Pregnancy
2. Tailoring Pregnancy Prevention Programs to Stages of Adolescent Development
3. Developing Pregnancy Prevention Programs for Girls and Young Women
4. Involving Teen Boys and Young Men in Teen Pregnancy Prevention
5. Involving Youth in Teen Pregnancy Prevention Programs

Volume 2: Involving the Key Players

6. Involving Parents and Other Adults
7. Involving the Faith Community
8. Involving the Business Community
9. Involving Schools
10. Involving Health Care Professionals

Volume 3: Making It Happen

11. Getting Your Community Involved in a Teen Pregnancy Prevention Project
12. Tailoring a Program to Your Community Through Needs Assessment
13. Planning and Carrying Out a Teen Pregnancy Prevention Project
14. Raising Funds for Teen Pregnancy Prevention
15. Working with the Media to Promote Teen Pregnancy Prevention
16. Building Evaluation into Your Work
17. Moving Forward in the Face of Conflict

care professionals, as well as some often overlooked players, including faith leaders, the business community, and parents.

Volume III: Making It Happen concentrates on the logistics of developing a state or local coalition—or any major effort—to prevent teen pregnancy, including involving the community, assessing the needs of the community, planning, fundraising, working with the media, evaluating initiatives, and dealing with conflict.

Each chapter of *Get Organized* follows a similar format. The tab divider briefly describes how the information is organized and lists a handful of the chapter's key ideas. Throughout the chapters, readers will find easy-to-read boxes, checklists, and nuggets of factual information. Boxes labeled "Research Notes" offer useful findings from published studies. "Field Notes" offer the best advice from practitioners in the field. "Case in Point" boxes illustrate specific issues with real-life examples. Every chapter concludes with a list of helpful references and resources. While the chapters and vol-

umes of *Get Organized* certainly work in tandem, each individual chapter is also meant to stand on its own as a resource.

Many talented people have worked on *Get Organized*, and they are recognized by name in the Acknowledgments, but I would like to thank, in particular, our partners and funders, the U.S. Department of Health and Human Services and the Johnson & Johnson Family of Companies, for their support.

Good work is being done around the country to prevent teen pregnancy. We at the National Campaign hope that *Get Organized* serves both to catalyze new initiatives and reinvigorate existing ones at the state and local levels.

Isabel V. Sawhill
President
National Campaign to Prevent Teen Pregnancy
September 1999



Getting Your Community Involved in a Teen Pregnancy Prevention Project

by Claire Brindis

T H I S C H A P T E R

Describes the importance of establishing a start-up group to help you plan and develop your pregnancy prevention initiative;

Explains the tasks involved in setting up and running a start-up group;

Defines the various types of start-up groups; and

Provides resources for further information.

Key Ideas in this Chapter

The most important step you will ever take is to involve the right people in your work. Engage people with enough influence and power to make your project happen.

If there are any people whose help you will need, include them right from the beginning.

Make sure your plans build on your strengths—the “built-in advantages” of your group.

Focus on limited, but important outcomes—the kind most likely to be achieved and to make a difference.

Keep your sense of humor.

Getting Your Community Involved in a Teen Pregnancy Prevention Project

Introduction

The first step to take in establishing a teen pregnancy program of any size is to identify a start-up group. Why? Because the most promising teen pregnancy prevention programs have intensive contact with teens, conduct a range of activities, obtain secure funding, and are around for a long time. These qualities are virtually impossible to create in a small, isolated program.

A start-up group will give you a structure within which to begin planning your program strategies and components. It also will give you the means to:

- build support for your project among community members;
- listen to the community's concerns and feedback;
- conduct a needs and assets assessment in order to refine your initial idea to fit your community; and
- secure resources for your work.

For many initiatives, a start-up group will be composed of a small group of core supporters who have expertise essential to your program and good links to the broader community—six to

ten people, but not more than twenty. Over time, as the initiative develops, the start-up group will broaden in scope and membership to include a more diverse community membership. It will also begin to focus on long-range planning, program maintenance, and evaluation issues.

Forming and beginning a start-up group involves a series of relatively straightforward tasks, including:

- identifying potential members;
- determining the nature of the group;
- creating the group;
- determining the group's work; and
- launching the group's activity.

In thinking about how you will proceed, consider:

- How much time will you have to devote to the effort? It is better to do something small

Reaching out to partners through a start-up group will help you build a more robust initiative, whether you focus on a single classroom or an entire state.

and successful than to spread yourself too thin. You can build on your successes in the future.

- How long do you think your effort should last? It is perfectly fine to start with a brief project to test the waters before proceeding to a long-term commitment.
- How official do you want your group to be?

- What will be the range of the group's activity? Will you focus on one particular task or take on related tasks that require a different set of partners?
- What financial and in-kind resources are available?

The following sections will take you through the tasks involved in creating a start-up group.

Identify potential members of your start-up group

Anyone starting a teen pregnancy prevention program will first need to identify people who can serve on a start-up group. These individuals should include natural allies as well as those who may have differing perspectives and

positions on teen pregnancy prevention, but who nonetheless could be valuable members of a community initiative on this issue.

Identify natural allies

The following questions can help you identify the individuals and organizations that are your natural allies:

- What kinds of activities do you think can make a difference in preventing teen pregnancy?
- What group of young people will you focus on?
- In what ways are they at risk for teen pregnancy?

HERE'S A WAY TO IDENTIFY NATURAL ALLIES

Think through the logic of the problem you are trying to solve:

- **If you are trying to make a clinic more accessible to teens, and transportation is a barrier, city transportation officials are natural allies.**
- **If you are trying to start a mentoring program in a neighborhood, involve *principals from schools* in the neighborhood.**

FOR MORE INFORMATION ON INVOLVING KEY PLAYERS...

See all the chapters in Volume 2.

- What is missing in their lives and communities that puts them at risk?
- How can your work produce a change in behavior that will lead these young people to a lower risk for teen pregnancy (for example, increasing the number of teenagers who delay sexual activity, and/or who consistently use birth control if they are sexually active)?
- What other youth-focused networks, collaborative efforts, and coalitions already exist in the community? Which of these groups, if any, could take on adolescent pregnancy prevention? Are there ways to collaborate or even combine forces?

Identify less obvious but still important partners

What do your answers tell you about the people you need at the table?

Identify existing organizations working on teen pregnancy

Make sure you are aware of other teen pregnancy prevention activities in the community before you leap in. Avoid reinventing the wheel and stepping on the toes of other organizations. Learn from the successes and failures of other projects. Ask yourself the following questions:

- What is the history of pregnancy prevention activities in the community? What strategies have been tried in the past? What has been learned?
 - Who or what groups or agencies are currently concerned about the issue? Who participated in the past?
- Establish a group that reflects the types of activities that you wish to pursue. For example, if you want to focus on helping teens believe in and prepare for their future, plan on engaging the business sector in your community and select a well-respected businessman or woman to join or chair your group—his or her help in organizing career-centered programs or job training will be invaluable.

Determine the nature of your start-up group

There are a number of different options for organizing your group. The list in the box below shows the range of group structures that states and communities typically create. Consider what makes sense for your own community. You can also create your own structure by combining elements from these options.

Temporary group

This option may be attractive if you feel that you have a relatively small task to accomplish and you want the flexibility to decide later whether the group will become more permanent. For example, a temporary group may come together to conduct a community needs assessment or to sponsor special events to celebrate **Teen Pregnancy Prevention Month** in May as a

means of raising community awareness.

A temporary group may also attract certain members who may be concerned about committing themselves to long timelines or intensive activities, but who are able to provide their skills and talents for at least some time.

Teen Pregnancy Prevention Month activities may include, for example, special school assemblies, community health fairs, television or radio shows, and public service announcements developed by a small group of professionals or volunteers.

Subcommittee of an existing organization

An organization working on a wide set of issues may create a subcommittee on teen pregnancy. For example, a children's advocacy group or a child and family coalition may be a good home for a teen pregnancy prevention initiative. In this arrangement, the parent organization exercises oversight of the teen pregnancy prevention work. The subcommittee may develop activities to be carried out by the larger organization. Being part of a larger organization

TYPES OF START-UP GROUPS

- **temporary group**
- **subcommittee of an existing organization**
- **expansion in scope of an existing group**
- **ongoing ad hoc group (public sector)**
- **agency- or organization-based coalition**
- **independent coalition**
- **government-mandated group**

may give the teen pregnancy initiative additional influence. It may also place limits on the kinds of activities the initiative can undertake.

Children's Alliance of Idaho, which works on a wide range of issues affecting children and youth, has developed a committee on teen pregnancy prevention.

Expansion in the scope of work of an existing organization or coalition

Your community may support an informal network that is already focused on adolescents and wants to expand its activities. For example, a network of groups may have focused on the needs of pregnant and parenting adolescents, and may feel ready to focus on adolescent pregnancy prevention. Perhaps your community already has a logical umbrella group to help sponsor a specific adolescent pregnancy prevention coalition.

A statewide, voluntary coalition in California expanded its focus to include pregnancy prevention as part of its activities to assist pregnant and parenting teenagers.

Ongoing ad hoc group (public sector)

Another type of informal group often found in the public sector may involve a number of similar agencies—health departments and other health programs in

OPPORTUNITIES AND CHALLENGES...

Of a subcommittee

Opportunities: added influence from links with larger organization

Challenges: potential for limits on activities

Of an ongoing ad hoc group

Opportunities: relatively low costs; informal structure; potential for good coordination

Challenges: limited decision-making power

the community, for example—that meet on a monthly or quarterly basis for a specific purpose (such as improving adolescent health clinic services in the community). Or, it may involve a diverse group of agencies, all of which are concerned with adolescents. There is usually less commitment to securing wider community involvement, such as that from teenagers and parents, for example, than with permanent or more formal groups.

The key element of an ongoing ad hoc group is that the structure remains fairly informal. Costs are relatively low, and staff members who come together tend to be agency employees. The group may rotate responsibility for calling and hosting meetings.

While this type of group is helpful in assuring relatively well-coordinated services, its structure tends to have limited decision-making power.

In Austin, Texas, a coalition of several public and private

agencies meets periodically to share information and develop strategies to prevent teen pregnancy.

Agency- or organization-based coalition

A formally designated lead agency within the public sector—a health department or a department of social services, for example—may establish a special coalition whose membership is made up of a diverse group of agencies that serve adolescents. The coalition may have one primary sponsor or may share sponsorship. Their activities may range from joint fundraising so that additional resources are available for youth, to joint development of agency policies. A disadvantage of this structure may be the necessity of requiring individual members to obtain approval from their individual parent organizations to proceed. As each member may have a different governing bureaucracy, it may delay the work of the coalition.

However, the possibility of multiple agencies working together under one structure can ease and encourage the joint planning and development of either new programs and strategies or better coordination of existing efforts.

HEART of OKC, a project of the Oklahoma Institute for Child Advocacy, works with a broad range of community partners that serve various social and ethnic groups in the community. The planners conducted a needs and assets assessment, developed neighborhood youth and adult task forces, and designed a program linking teen pregnancy prevention with a larger focus on youth development.

Independent coalition

An independent, private sector coalition at the local or state level is a more formal structure. It will likely include its own coordinator and other staff to assure that the goals of the coalition emphasize bringing a variety of individuals and community groups together. Funding for an independent coalition often depends on in-kind contributions and other sources of funding to support various activities. This structure, however, does hold promise for accomplishing a great deal by bringing together valuable resources, creating public and private partnerships, and implementing

OPPORTUNITIES AND CHALLENGES...

Of an agency-based coalition

Opportunities: availability of resources from larger organizations; improved coordination of programs/strategies

Challenges: need for members to get approval from parent organizations

Of an independent coalition

Opportunities: potential for big impact

Challenges: dependence on outside sources for funding and support

a variety of strategies that go beyond the purview of only one type of organization or public agency. For example, the states of North Carolina and Georgia have established this type of coalition model.

North Carolina has developed a statewide group, the **Adolescent Pregnancy Prevention Coalition of North Carolina**, as well as local community coalitions to focus on preventing teen pregnancy. As an umbrella, non-governmental group, the statewide coalition sponsors annual conferences, provides special training and consultation to the local coalitions, and serves as a clearinghouse of information.

The Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) works statewide to reduce teen pregnancy. A non-profit agency, G-CAPP employs print, radio,

OPPORTUNITIES AND CHALLENGES...

Of a government-initiated structure

Opportunities: high visibility and clout that can boost potential impact

Challenges: formal structure; strict reporting requirements

and television to reach its audiences of parents, teachers, youth, legislators, advocates, and other groups working to prevent teen pregnancy.

Government-initiated or mandated structure

Sometimes, a legislature or governor decides on the type of group that should be set up. A government-initiated structure tends to be more formal than the other models. It is generally created to carry out a specific set of goals and objectives. A group such as a Governor's Task Force or a County Supervisor's Task Force has specific responsibilities and often needs to report its results to a governing organization, such as a county board of supervisors. Timelines and funding for such efforts are often dependent on the elected

FIELD NOTES

Considerations in creating a start-up group

- Be sure to identify the informal leaders in the community you want to work with. Do not limit yourself to those leaders with official titles.
- Do not pull people together prematurely. Nurture your relationships through one-on-one meetings first.
- Do not let the professionals control a meeting where community residents—including teens and parents—are present.
- Listen to community members. Learn their specific concerns and be responsive to them, so that you and your initiative will be well-regarded.

leadership and often represent a significant commitment. In spite of these potential limitations, the highly visible nature of this type of structure, as well as the public clout it receives because of its sponsorship, greatly enhances the group's ability to gain attention and make major inroads.

In the state of Maryland, the Governor played an important role in establishing the state-wide coalition.

New York City initially established a Mayor's Council on Adolescent

Pregnancy Prevention, which over time has evolved into a broader group, the **Mayor's Council on Children and Youth**. In this case, teen pregnancy prevention is seen as one of a cluster of important issues affecting young people.

Needless to say, there are many ways to get organized, and, regardless of how you start out, your group will undoubtedly change over time. Remain flexible and focused on your goal of assuring that teens have a pregnancy-free adolescence.

Create your start-up group

Select members

Look through your list of potential members. Consider the mix of stakeholders and skills you need to develop and carry out the various components of your program. For example, if you are planning a needs assessment, make sure to include a member with data analysis skills or be prepared to hire a consultant with those skills. Include someone who has media skills if that activity will be part of your work.

Sometimes choices are limited. For example, if a coalition or task force is set up by legislation or executive order, membership

may be spelled out quite specifically. Even then, however, it may be possible to add needed members or set up various committees or groups to provide missing perspectives.

It is important to also consider whose support you need to make the group successful. Remember to reach out to members of the community who may not have been involved in the past, but who can help increase the visibility of teen pregnancy prevention in your community.

This initial group should include representatives from the follow-

ing categories as appropriate. Individuals may fit more than one category:

- teenagers;
- parents;
- teen pregnancy prevention organizations;
- health care and social service providers;
- youth-serving or youth development organizations;
- faith communities;
- educational institutions;
- businesses;
- the philanthropic community;
- media; and
- policymakers, elected officials, and state, city, or county administrators.

Apart from contributing experience and expertise in a range of areas, members of the group should ideally:

- share basic beliefs about the need to reduce adolescent pregnancy in your community; the members can and should, however, vary in the details of *how* they think teen pregnancy should be addressed;
- represent a wide array of community interests;

STEPS IN CREATING A START-UP GROUP

- **select members**
- **match members' skills to tasks**
- **choose a leader**
- **invite members**
- **plan for staff support**
- **set initial meetings**
- **establish ground rules**

- be strongly committed to preventing teen pregnancy and be willing to commit time to the work;
- be influential enough to be able to overcome inevitable obstacles; and
- be willing to provide constructive comments on the proposed program itself and on its implementation.

Once you have compiled a list of members that you will be inviting, consider the overall mix. You want to include a diversity of individuals, backgrounds, and perspectives, but you also want to create a group that will be able to work together effectively. Making wise decisions now

KEY ATTRIBUTES OF A START-UP GROUP

- **shared concerns about teen pregnancy**
- **varied approaches to problem-solving**
- **wide representation of community interests**
- **strong commitment to prevention**
- **ability to be influential**
- **willingness to be constructive**

about the right balance of people within your group will reduce major conflict down the line.

Match individuals' skills to the work

Once you have thought about the mix of people you would like to invite, consider the tasks the group will carry out and the roles of individual members. The planning group can be used to:

- conduct a needs and assets assessment of the community;
- clarify the initiative's goals and objectives;
- develop an organizational structure;
- create strategies and a plan of action;
- build community support; and
- generate resources.

Make sure that members will be able to carry out the work you envision for the type of group you are establishing. For example, if you will be establishing an independent coalition to carry out a media campaign, someone on your list should have fundraising experience and public relations skills. Some members should also have media expertise.

Choose a leader

You should choose a dynamic person to lead your start-up group. A well-connected leader

will raise the visibility of your work and help you attract other participants. Your leader should be well respected by many of the other leaders you want to attract and be available to provide concrete help. Be sure to provide good staff support for your leader.

The leader may head an agency, business, or other organization that wants to take the lead for or otherwise house the project.

Invite members

The way you reach out to potential participants can help build cohesion and commitment. Before you actually issue invitations, be sure to meet one-on-one with potential members to seek their advice and determine their interest in joining. You may choose to request someone well known or prestigious in the community—the mayor, for example—to formally issue an invitation to potential members of the working group. Think carefully about who should invite whom in your community. Make sure everyone gets a formal written invitation to participate.

Create a sense of excitement and energy in your letter of invitation. Explain clearly what the group will attempt to accomplish and why it is being formed now. Provide details about the type of group it will be and explain existing financial and

FOR MORE INFORMATION ON ORGANIZATIONAL ISSUES AND CHOOSING A LEADER...

See Chapter 13 (Volume 3), “Planning and Carrying out a Teen Pregnancy Prevention Project.”

other support. You may also want to include other details, such as information about other members who have agreed to join, or about the leader you have selected.

Plan for staff support

Many of the activities that the group will undertake will require staff support. If a public agency is involved in the start-up group—or perhaps even leading it—public funds might be available to underwrite needed staff. The more formal the structure, the more likely it will be that funding for a coordinator will be needed. Providing appropriate staff support is crucial to the success of your efforts. Without someone to do the nitty-gritty work—making the calls, writing the funding proposals, organizing the meetings—even the most energetic group will founder.

Look for the following qualities in a staff member:

- strong interpersonal skills, including high-level skills in mediating, listening, and leading;
- commitment to a comprehensive and community-oriented adolescent pregnancy prevention strategy;
- an understanding of the challenging nature of the position;

- relevant work experience that provides an understanding of the physical and mental health needs of youth and familiarity with other pregnancy prevention efforts;
- familiarity with the community, its local politics, and its formal and informal leaders;
- enthusiasm for the project and an ability to engage others in the project; and
- proposal writing skills, including how to contact public and private sources, develop grant proposals, and negotiate support from state and private agencies, such as foundations.

Examples of a staff person's main tasks include:

- support the work of the start-up group, including conducting the needs and assets assessment if the group establishes this activity as a priority (strongly recommended);
- maintain liaison with community agencies and other participants; and
- help the group to move forward with its agenda.

Set your initial meeting(s)

You may wish to hold a series of small meetings as the start-up group first gets organized and then convene larger, more inclusive meetings once the group is well-established. Select a time and place that is as convenient as possible for your planning group. For example, if you plan to invite members of the business community, you may choose to begin with a series of breakfast or lunch meetings. If your group includes many parents, you may need to offer a meal and childcare.

Choose a convenient location

Choose a convenient community site in which to hold your meeting. Consider the composition of the group and identify a central location with adequate parking or public transportation. Plan to provide food for the meeting as an additional incentive. Eventually, once membership is established, work with the group to define where it is most convenient for the largest number of members to meet, as well as the best time for meetings.

Develop an agenda

Thoroughly prepare for the group's first meeting. In planning your agenda, consider where you want the group to be at the end of the meeting. Your agenda may include:

- providing an overview of your community's adolescents and the magnitude of the teen pregnancy problem;
- making the case for an intensified effort to reduce teen pregnancy;
- developing a preliminary set of priorities and program ideas for guiding the community's effort to reduce teen pregnancy; and
- agreeing on next steps in order to move forward.

Establish ground rules

Developing a set of ground rules will help assure a successful effort. A small subset of members can draft this set of guidelines. One of the most important ground rules is how your group will make decisions. For example, the group should decide whether to require a majority vote or consensus for every decision, the types of decisions the full group (versus subcommittees) will need to make, and how often the group will meet.

Other issues to decide include:

- who will represent the group to the media and under what circumstances;
- how funds will be raised;
- what spending priorities will be followed;

FOR MORE INFORMATION ON CREATING GROUND RULES...

**See Chapter 17 (Volume 3),
“Moving Forward in the
Face of Conflict.”**

- how long the start-up group will last; and
- terms of office for leaders and members.

The group should set a regular interval, such as once a year, to

revisit the ground rules and evaluate whether they still meet the group's needs.

Determine the group's ongoing work

It is helpful for your group to anticipate the ways you will work together. Have the members discuss the kinds of activities they want to take on.

What follows is a range of typical activities for a teen pregnancy initiative. This list was adapted from one developed by the **Minnesota Organization of Adolescent Pregnancy, Prevention, and Parenting (MOAPPP)**:

- establishment and support of local adolescent pregnancy prevention councils
- research and evaluation
- needs assessment
- publications development
- program development
- training workshops
- facilitation of networking among professionals
- youth involvement
- work in partnership with other prevention efforts
- conferences
- newsletters
- public awareness campaigns
- community events
- public education
- advocacy for youth-oriented public policy
- advocacy for coordinated services and funding
- fundraising

Conclusion

With appropriate planning, clarity about next steps, well-defined activities, and specifically designated individuals to implement efforts, you are now ready to begin. Establishing your start-up group and beginning the planning process are important steps, but do not let them be

your ending point. They are a means to an end for implementing specific actions that will improve the lives of young people in your community.

FIELD NOTES

Mistakes to avoid when organizing a teen pregnancy prevention group

- Neglecting to involve, or at least advise, key people in the community about the group.
- Spending too long (e.g., six months or more) trying to define the group's purpose.
- Beginning with a needs assessment study that takes a year and precludes other decisions or actions from taking place.
- Becoming preoccupied with organizational structure, including by-laws, without working on the actual agenda of the group.
- Developing a beautiful plan, but neglecting to assign responsibility for carrying it out.
- Neglecting to assign deadlines or at least target dates.
- Failing to develop the ability to deal with hard issues, such as group leadership and agency "turf," or the potential controversy of some solutions.
- Turning into a discussion rather than an action group.
- Failing to build in a process for self-evaluation.
- Losing sight of the young people the group is supposed to serve.
- Allowing only a vocal minority to dictate policy or action; in other words, failing to engage all sectors of the community.
- Taking on a highly controversial strategy before developing credibility in the community.
- Allowing one agency to dominate or control the group.
- Failing to rotate members off the board of directors.
- Failing to establish decision-making rules, such as *Roberts' Rules of Order*.
- Trying to achieve a 100 percent agreement on every decision or issue every time.
- Failing to have fun and forgetting to celebrate successes.

Source: Huberman, 1994, Unpublished materials developed for the Adolescent Pregnancy Prevention Coalition of North Carolina.

The next chapter focuses on conducting a needs assessment. Whether you formally conduct an assessment or not, be sure to gather in-depth information about your community. This first-priority task is important to

make certain that your efforts to put your program in place will occur in a manner that is tailored to the needs and characteristics of your community and is acceptable to its members.

Programs mentioned in this chapter

California Alliance Concerned with School Age Parenting and Pregnancy Prevention

5714 Folsom Blvd., #218
Sacramento, CA 95819
(916) 454-1450
Fax: (916) 454-3478
Email: info@caesap.org

HEART of OKC

Oklahoma Institute for Child Advocacy
Sharon Rodine, Project Director
420 NW 13th St., Suite 101
Oklahoma City, OK 73103
(405) 236-5437
Fax: (405) 236-1690
Email: sjrodine@aol.com

Governor's Office for Children, Youth, and Families

301 West Preston St.
Suite 1502
Baltimore, MD 21201
(410) 767-6231
Fax: (410) 333-7492

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP)

Donna Fishman
P.O. Box 40392
St. Paul, MN 55104
(651) 644-1447
Toll Free in MN (800) 657-3697
Fax: (651) 644-1417
www.cyfc.unm.edu/moappp/

Adolescent Pregnancy Prevention Coalition of North Carolina

10001 Main St., Suite D
Southern Village
Chapel Hill, NC 27516
(919) 932-9885
Fax: (919) 932-7223

Teen Pregnancy Prevention Month

National Campaign to Prevent Teen Pregnancy
2100 M St., NW, Suite 300
Washington, DC 20037
(202) 261-5655
Fax: (202) 331-7735
www.teenpregnancy.org

Advocates for Youth

1025 Vermont Ave., NW
Washington, DC 20005
(202) 347-5700

Resources

*Community Empowerment Manual:
Helping Solve the Puzzle of Teen
Pregnancy Prevention for the
Community and Policy Makers*

Minnesota Organization on
Adolescent Pregnancy, Prevention,
and Parenting
P.O. Box 40392
St. Paul, MN 55104
(651) 644-1447
Toll Free in MN (800) 657-3697
Fax: (651) 644-1417
www.cyle.mn.edu/moapp/

This is a how-to manual of community organizing and also includes background information on advocacy and best practices.

See also the resources on community organization and coalition development listed in Chapter 13, "Planning and Carrying Out a Teen Pregnancy Prevention Project" p. 69.



Tailoring a Program to Your Community through Needs Assessment

by Barbara Sugland

T H I S C H A P T E R

Describes the rationale for conducting a community needs assessment before planning or carrying out any effort to prevent teen pregnancy;

Explains the elements involved in conducting a needs assessment; and

Provides references and resources for further information.

Key Ideas in this Chapter

Learn about teen pregnancy in your community before deciding what to do. Find out how extensive the problem is in your area, including which teens and young people are most likely to be involved.

Find out what prevention efforts and services already exist in your community. Determine whether those efforts are sufficient and properly focused.

Involve community residents and leaders in deciding what questions to ask, what data to collect, and how to interpret results. Involvement creates a sense of ownership of the process and a commitment to solving the problem.

Be honest about how much research and number-crunching you can manage. Ask for help. The Internet and your local university or community college are good places to start.

Be sure your program fits the community's values and attitudes about teen pregnancy. Listen to a wide range of voices, especially from groups the program is likely to serve.

Tailoring a Program to Your Community Through Needs Assessment

Introduction

More communities are getting involved in teen pregnancy prevention all the time. It is easy to find inspiring programs from around the country to replicate locally. The more challenging task is learning which approach will be best for your community.

Developing an appropriate prevention program requires a critical first step—understanding teen pregnancy in your community. The process of learning about a health or social problem, like teen pregnancy, and identifying ways to intervene is called a “needs assessment.” A well-done needs assessment can offer more than the basis for creating a new initiative; it can also provide a credible analysis of current public policy and increase public awareness of the problem of teen pregnancy.

The steps described in this chapter will help you understand your community's teen pregnancy problem. Following them will increase the likelihood that you will put a program in place that actually reduces teen pregnancy.

More specifically, this chapter provides an overview of a small-scale needs assessment process,

where the primary goal is to develop a teen pregnancy prevention program. Large-scale assessments (encompassing, for instance, an entire state) are given less attention.

If you are a state agency or a state or local coalition just getting under way, this chapter should be a helpful start. Consult the resource list at the end of the chapter for guidance on conducting a larger needs assessment.

A needs assessment will help your community answer these questions:

**How common is teen pregnancy in the community?
Which teens are most at risk?**

Before jumping into a prevention program, it is important to know how big a problem teen pregnancy is in your community, and which teens are most likely to be affected. Not everyone in your community may feel that

NEEDS ASSESSMENT IS...
the process of learning about a health or social problem and identifying ways to intervene

A NEEDS ASSESSMENT WILL ANSWER THESE QUESTIONS

- **How common is teen pregnancy in the community?**
- **Which teens are most at risk?**
- **What programs and services are currently available to address teen pregnancy?**
- **What are the values, beliefs, and attitudes of the community about teen pregnancy?**

teen pregnancy is a problem. They may hold different opinions about which teens are most at risk, why they are getting pregnant, and how to intervene. Collecting data will help you answer these questions and reach a consensus about both the nature and extent of the problem of teen pregnancy.

What programs and services are currently available to address teen pregnancy?

It is easy to assume that creating a *new* program or *new* services is the only effective strategy. Often a new intervention is indeed the best or only approach, but this is not always the case. Look at what is currently in place in your community. Determine, as best as you can, whether the services and programs available are appropriate and sufficient for the teens most at risk, whether they are located in or near where most at-risk teens live, and, in

particular, whether they seem to get at the underlying causes.

You may find many health, school, and community programs in your community that focus on teen pregnancy. These may be excellent, effective programs. On the other hand, you may also find ineffective, underfunded, poorly targeted, or poorly organized services. Rather than adding a new program, youth may be better served by coordinating existing programs, or improving the ways in which existing services are provided.

What are the values, beliefs, and attitudes of the community (adult and youth) about teen pregnancy?

The design of your prevention program should reflect suggestions from community residents and potential program participants. Determine what community residents believe contributes to teen pregnancy, and identify the strategies they are willing to support. Sexuality and pregnancy are personal issues that are influenced by deeply rooted beliefs and values. Understanding community norms, values, and attitudes will help you determine potential barriers and areas of consensus.

Conducting a needs assessment

The following pages outline each step of the needs assessment process. Before you begin, it is critical to get the right members of the community involved in planning your assessment. Simply put, in order to formulate the right questions to ask, you need to include the people who will help provide the answers—from teens and parents to educators, health care providers, the business sector, and the faith community. This chapter assumes you have already secured participation from key segments of your target community.

Step 1: Determine the size and scope of your needs assessment

A successful needs assessment requires careful planning and preparation. Think about what you *want* to accomplish, but be honest about what you can accomplish realistically, given available money, manpower, and expertise. You will want to consider how big a geographic area you want to target (size), as well as how much detailed information you will collect about the youth and/or adults you target (scope).

Table 1 at the end of this chapter lists considerations that affect the size and scope of a

needs assessment. Review the table to help you determine the appropriate level of effort for your needs assessment.

The three most important things to consider are:

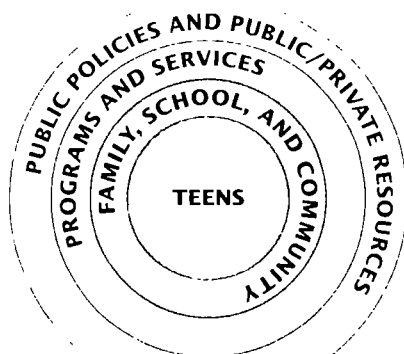
- the purpose of your planning effort—an ambitious goal will require a more intensive planning process;
- the size of your organization—a small needs assessment is appropriate for a small planning group; and
- the amount of financial and human resources available—a large needs assessment requires substantial funding and effort.

If you are collaborating with another organization, or if you belong to a state coalition or state agency, you may be considering a moderate or large planning effort. This guide will help you get started, but undoubtedly you will want assistance from an

**FOR MORE INFORMATION
ON INVOLVING THE KEY
PLAYERS...**

**See all the chapters in Volume 2
(Chapters 6-10) and Chapter 11
(Volume 3), “Getting Your
Community Involved.”**

Teen pregnancy risk factors/ needs assessment topics



outside organization or consultant with expertise in conducting state- or community-wide assessments. Depending upon the goals of your needs assessment, you may also need a more substantial budget and more time (at least a year). However, as the "Case in Point" on the next page shows, a needs assessment does not have to be big or lengthy. An effective small-scale project can be carried out for as little as \$5,000.

Step 2: Identify key topics to study

The resources available for the needs assessment will shape how much information you can collect. However, there are several topics that any community trying to reduce teen pregnancy rates will want to investigate, given their widely recognized influence on teen pregnancy (Moore et al., 1995). As shown in the chart above, these factors include:

The steps of the needs assessment process

- 1. Determine the size and scope of your needs assessment.** Decide how broad an area you will cover and how extensive your research will be.
- 2. Identify key topics to study.** Determine how much attention you will pay to the various areas that a needs assessment can focus on.
- 3. Identify questions you want to answer.** Develop specific questions for the areas you will study.
- 4. Gather the information.** Collect data and conduct research.
- 5. Review the data and draw conclusions.** See what the data tell you about the key questions.
- 6. Report findings to the community.** Share your key findings with key constituents and community residents.
- 7. Use findings to develop an action plan.** Decide what your findings tell you about the best way to proceed.

- characteristics of teens;
- family, school, and community context;
- local norms and values related to teen pregnancy and sexual behavior;
- existing prevention programs and family planning services; and
- public policies and public/private resources.

Studies show that the first two topics—teens' individual

characteristics and attitudes, and the family, school, and community context—are most central in teens' decision-making about sex and pregnancy prevention. In particular, firm connections between teenagers and their parents and their schools have been linked to a reduced risk of teen pregnancy (Moore et al., 1995; Resnick et al., 1997). Health and social service programs, public policy, and public resources also influence the risk of teen pregnancy, but to a smaller degree than most individual or family/community factors.

CASE IN POINT

Ohio's Family and Children First Initiative

In 1995, Ohio redirected money from existing teen pregnancy efforts within the Department of Education to form a Wellness Block Grant. The Governor's office made this \$12 million block grant available to local communities to plan and implement teen pregnancy prevention programs at the local level.

The state conducted basic analyses of the problem and provided county-level data to interested communities and coalitions. It also made available \$5,000 to each selected community for needs assessment. The total amount of money for program implementation was based on an allocation formula. The assessment process took six months on average.

Several communities received technical assistance from local university faculty and students or the United Way to do the assessment. Many used county-level data to do geo-mapping to determine specific areas of need at the local level.

Data collection strategies included:

- focus groups with teens and parents;
- surveys of school youth, teachers, and principals; and
- community or town forums.

Most of the communities that participated in the assessment process are currently implementing their programs.

Linda McCart, Ohio Family and Children First Initiative, 1998.

SHOULD YOU GET HELP?

- **If you are a small-scale planning effort, you *should* get help from an outside expert, particularly if you have never conducted a needs assessment or have limited expertise in data collection and analysis.**
- **Check the local university or community college; a competent graduate student may be looking for credits or experience and may be able to help.**
- **If you use an outside consultant, try to get some of the service donated or raise the money for it.**

Thus, even a small needs assessment should include data on pregnancy and birth rates, as well as information on the characteristics of teens at risk—those teens who are getting pregnant and becoming parents. If money, time, and staff permit, a small-scale planning effort could benefit from information about parental involvement, family values, and community norms and characteristics. Some basic information about existing programs and services is also important.

Moderate-sized assessments should extend their data gathering activities to include richer data on community and family values, health, family planning,

STD/HIV services, and other community-based pregnancy prevention efforts. Large-scale assessments should gather in-depth information across all of these topic areas.

If the goal of your needs assessment is to increase public awareness or to determine the appropriateness of existing policies and programs, you may want to begin with a review of public policies, resources, and health and prevention programs. Be forewarned, though, that government and nonprofits typically don't categorize their spending or number of clients served as "teen pregnancy prevention," but rather under other categories. Such a review, therefore, can be difficult, time consuming, and hard to do for those unfamiliar with such data. However, you can get at such policy questions indirectly, through the data you collect on teen pregnancy and teens who are most affected by it. The teen pregnancy data will help you identify whether existing policies, public resources, and prevention efforts are sufficient, given the nature of the problem in your target community.

FOR MORE DETAIL ON INDIVIDUAL CHARACTERISTICS ASSOCIATED WITH TEEN PREGNANCY...

See Chapter 1 (Volume 1), "Promising Approaches to Preventing Teen Pregnancy."

Characteristics of teens

Begin by finding out who the teens are in your community who get pregnant and give birth. How old are they? Where do they live? What is known about

DATA ON FAMILY AND COMMUNITY VALUES AND PARENT-CHILD INVOLVEMENT ARE OFTEN UNAVAILABLE AT A LOCAL OR STATE LEVEL...

Investigate whether independent research studies have been fielded, or whether you will have to gather new data about community beliefs and values.

their families and partners? What schools do they go to? With such basic information in mind, go on to learn more about the general factors that place teens at risk of pregnancy. For example, studies show adolescents at risk of pregnancy and early parenting are more likely to be doing poorly in school, have lower aspirations for the future, and are more likely to be involved in other problem behaviors. They are also less likely to have positive relationships with their parents or caring adults (Blum & Rinchart, 1997; Miller, 1998; Resnick et al., 1997).

To determine which adolescents are at risk, you can begin by documenting:

- the proportion of teens in your community with various risk factors for early pregnancy and parenting; and
- areas in your community where the proportion of teens at risk is greatest, such as schools or neighborhoods with high drop-out rates, or areas with high rates of pregnancy or high proportion of teen births.

Family, school, and community context—social norms

Teens' attitudes and risk-taking behavior are closely linked to

their family and community life. Teens who grow up in families and communities that have difficulty meeting their financial and emotional needs are more likely to become sexually involved and to become young parents (Miller, 1998). Parental values about sex and childbearing and about education and aspirations for their children affect teens' sexual behavior as well.

Whether you collect new data or use existing data, information on the social and demographic characteristics of your community can be used to shed some light on the quality of life for teens in your area. Useful issues to examine include:

- percent of children in poverty;
- percent of families in poverty;
- percent of single-parent families;
- rates of unemployment among males, females, and youth; and
- educational attainment of adults over 25 years old.

Prevention programs and services

Documenting the range of existing services and prevention programs is important in many needs assessments. If you are planning a moderate or large-scale program, you do not want your program to duplicate the services and efforts of others. If you are interested in assessing the adequacy of programs and services, it will be critical to document the range of services and programs that exist and the nature of services and activities actually provided.

A small-scale needs assessment may count the exact number of existing teen pregnancy prevention programs or services. Knowing about key provider agencies or organizations that have teen pregnancy as a primary goal could prove fruitful for your program down the road. For example, you may be able to refer youth to existing services or collaborate with existing programs. Linking your program with other services can broaden the scope of your prevention effort and increase the chances for success.

When collecting information on prevention and health services, you will want to find out about:

- community-based family planning, STD/HIV, and primary health care provider agencies;

- school-based health centers and school-linked facilities;
- youth development, mentoring, school-to-work, and tutoring programs;
- faith-based programs for young people and their families;
- programs for parents of adolescents; and
- current teen pregnancy prevention initiatives (local, county, or state).

Public policies and public/private resources

Recent changes in public policy and public funding for teen pregnancy prevention reflect certain assumptions about what will solve this problem. For example, the 1996 welfare reform legislation created a new federal block grant, Temporary Assistance for Needy Families (TANF) to replace Aid to Families with Dependent Children (AFDC). States can use TANF monies as a source of funding for their teen pregnancy prevention programs. This legislation also provided new federal monies for programs stressing abstinence through the federal Maternal and Child Health Block Grant.

Knowing about such public policies, as well as public and private resources, provides an important context for your prevention program. This is especially true if you are planning a community or statewide initiative. If your state or local area has restrictive public policies or limited public funding, such factors could significantly limit the type of prevention program you can develop, and influence the level of support you will need to carry out your intervention. Knowing about these policies ahead of time will help you determine the appropriate strategy for securing community support and leadership for your effort. Learning about local policies and resources may also open up other sources of public or private funding that may be appropriate given the nature of your program activities.

When collecting data on public policy and resources, you will want to find out about:

- explicit policies on teen pregnancy, family planning service delivery, health service delivery, funding, or access to services;
- policies that support youth development, achievement, and employment; and
- the level of public and private expenditures on teen pregnancy

prevention, youth programs, and services.

Step 3: Identify questions you want to answer

The next step is to develop specific questions that you want the assessment process to answer. Each of the four key areas outlined above has its own set of relevant questions. You should focus on the topics that fit the size and scope of your planning effort.

Table 2 at the end of the chapter lists examples of the most relevant questions for each key area. Use these sample questions as a guide. Additional questions can be added to cover concerns specific to your community. If you are conducting a small needs assessment, be very selective in the number and scope of questions you identify. Larger needs assessments can choose a broader range of questions to provide a comprehensive profile of a community's needs.

Step 4: Gather the information

After identifying the goals of your needs assessment and your specific questions, you should begin to plan for the data collection. Data collection can be the most time-consuming and costly part of the assessment process. Before you start, revisit the scope of the needs assessment and the resources you have available. Be willing to

reduce the information you collect. Also review whether you should collect data on your own. Finally, make sure that the people who will use the information have been deeply involved in designing the assessment process and questions.

Gather and review existing data

The first stage involves gathering and reviewing existing information from a number of sources:

- public documents;
- other needs assessments;
- reports of community survey data; and
- health and community statistics.

Look first for information that will help you answer the questions identified in Step 3. Table 3 at the end of the chapter lists selected sources of existing data, organized by the four main topic areas.

The following tips will help you to make the most use of existing data.

Know the limitations of existing data. Keep in mind that the data you come across may not have been collected with the intent of understanding the issue of teen pregnancy. Do not expect to find one or two reports that summarize all of the relevant information about teen pregnancy. Be prepared to gather several, very different reports and documents and piece together the information to answer your questions.

You will also encounter other limitations. For example, data may not be available just for your geographic area. Also, existing information may not be completely up to date. For example, there is often a lag of two to three years between the time data are collected and the time they are made available to the general public. Thus, in 1999 you may only be able to get birth statistics as current as 1997. The lag may be even greater in some communities.

Second, you may not be able to get information for the precise categories or groups that interest you the most. For instance, birth rates may be broken down for females under 15, 15 to 17, and 18 to 19 years of age. You may not be able to examine birth rates for 16-year-olds

KEYS TO SUCCESS WHEN COLLECTING DATA

- **Be sure to involve the important community leaders and organizations you identified earlier.**
- **Collect and review data in two stages:**
1st—existing data
2nd—new data (only if necessary)

or for 15- to 16-year-olds, for example, unless birth rates can be provided to you for individual ages.

There is also tremendous variation across agencies in how information is tabulated and reported. Thus, all of your data points may be in different formats (e.g., numbers, percentages, age groups), and may be for different groups of years or points in time.

Gathering and tabulating data that have incompatible information can be frustrating.

Pay close attention to the format of the data you gather, their time frame, and the individual subgroups they represent. Ask whether more current data are available or if data can be broken into different categories to suit your needs. The more you find consistency across data points, the easier it will be for you to interpret the information. You may want to involve an outside consultant to deal with the logistics of data collection and tabulation.

Two final points about existing demographic and fertility data are worth noting:

First, demographic and fertility estimates are not very stable when calculated for a very small group of individuals or across a small geographic area. Such information may not even be

NOTE THE LIMITATIONS OF EXISTING DATA—THEY ARE NOT NECESSARILY...

- **focused specifically on teen pregnancy**
- **current**
- **focused on precise categories or group of interest**
- **consistent in the way they are tabulated and reported**

The more consistency you find across data points, the easier it will be to interpret the information.

available for small areas. Thus, if you are conducting a small-scale needs assessment, or focusing on a small geographic area, you will have to rely on birth estimates for the larger surrounding area.

Second, data on attitudes, values, social norms, and preferences will be very limited, particularly for a small community or neighborhood. Information on attitudes is not gathered on a regular basis. In this instance, you should be prepared to gather additional information on community perspectives and preferences.

Decide in advance how you will use data you gather. It is important to think through what you will do with the data before you spend time and money collecting it. Your advisory or planning committee should decide ahead of time on the goals of data collection. You may determine there are several reasons for

KEYS TO SUCCESS WHEN USING EXISTING DATA

- **know their limitations**
- **decide early on how you will use them**
- **create a tracking system for collection activities**

gathering the information. For example, the data you gather could be used to inform residents of the current state of teen pregnancy in your area. It also could be used to develop a set of action steps and a program plan, and it could serve to stimulate interest from funding agencies for future program efforts. Determine your priorities.

Create a tracking system for data collection. Before contacting various agencies to gather existing information, it is helpful to outline a process for coordinating the data collection and review activities. This process does not have to be detailed or cumbersome, particularly for a

small-scale planning effort. Rather, it may simply be a checklist of assignments and responsibilities to help keep track of who gathered the information, whether the information was identified, and a brief summary of the information or measures identified. You can also keep track of how long it takes to find a particular piece of data, and make decisions about whether it is worth the time and effort to continue searching for the information.

Gather new data

Compare the existing data you uncovered against your priority questions. You may find that needed information is missing and, if so, you must decide whether to collect that informa-

FIELD NOTES

Conducting a needs assessment with the community in mind

- **Tailor your methods** to the community's style of communication. For example, the people you want to interview may not have phones, or may not be familiar with polls.
- **Find out what the community thinks is a problem.** Don't assume they view teen pregnancy as a problem.
- **Be careful with language.** References to a "teen pregnancy problem" can come across as a pejorative judgment

about particular people—daughters, sons, and grandchildren. Adults in the community may also have had children as teenagers.

- **Ask questions rather than make statements.** For example, rather than saying that it is better for teens to stay in school than to start families, you might ask if a child or grandchild is missing some opportunities by being born to a teenager.

tion by conducting new research. You will need to think carefully about how best to do that and what kind of assistance you may need.

New data can be gathered either through quantitative or qualitative methods, and a brief description of these approaches follows. Consult the Resource list for additional information.

Quantitative methods. Telephone, mail, and self-administered surveys require careful question development, interviewer training, and planning. Such surveys are typically anonymous.

- *Telephone interviews* gather information over the phone through a question-and-answer format with an interviewer. Interview questions may focus on opinions or attitudes about teen pregnancy, the adequacy of services provided, and suggestions about what to do to reduce teen pregnancy or how to improve existing services. Questions about self-reported behaviors may also be included.

This is the most appropriate approach for gathering information from a large, randomly selected sample of individuals (e.g., community residents). Telephone surveys require assistance from an outside consulting agency to identify

and select the sample of households to be contacted and to conduct the interviews. Considerable attention must be given to training the interviewers who will gather the information. Interviewers must understand the purpose of the interview and the intent of the specific questions on the survey.

- *Self-administered questionnaires (SAQs)* focus on opinions and self-reported behaviors and attitudes. SAQs may be necessary if information about the sexual and risk behavior of youth in the target area is not available, and you are interested in tabulating estimates of individual risk-taking. However, when involving youth, particularly on sensitive topics, such as sexuality and sexual behavior, confidentiality and informed consent are critical. Parental consent is necessary for minors. It is very important to inform community members about the kinds of questions you want to ask youth and to help them understand the purpose for asking the questions. Active participation from residents in the planning process can help minimize concerns about surveys on sexual issues.

For both methods, you should give careful thought to the questions you would like to ask.

Develop and test a draft survey on a small group of individuals similar to the population you are going to interview (e.g., health care workers or youth). You may benefit from involving parents, health professionals, and youth in developing the surveys.

Generally, when conducting a survey, you identify and select a sample of respondents and give all participants the same survey. Take care to select a representative sample of the population so that you will be comfortable that the results generally reflect

the opinions and behavior of the larger community.

Qualitative methods. Qualitative data can provide important information about the community perspectives that you would miss if you only relied on surveys or demographic information.

- *In-depth interviews* gather information through a question-and-answer format with an interviewer. Interview questions tend to focus on insights about an issue and the respondent's thoughts about the adequacy of services or challenges in providing youth-based services. This is the most appropriate approach for gathering information from community leaders and health or social service providers, as they may have important insights about the issue that would be difficult to gather in a self-administered survey. In addition, these individuals tend to be extremely busy, which may lead to lower response rates on a self-administered survey.

In this method, interviewers must be able to conduct the interview and take accurate notes of the person's comments. Often a two-person interview team is used, in which one person focuses on

QUANTITATIVE METHODS

- **results are expressed in numbers or percentages**
- **representative samples are used so results can be generalized**

Examples:

- **telephone or mail surveys**
- **self-administered surveys or questionnaires**

QUALITATIVE METHODS

- **results describe beliefs and attitudes in their social context**
- **results do not involve representative samples**
- **results cannot be generalized to entire group or population**

Examples:

- **in-depth interviews**
- **focus groups**
- **community forums**

asking the questions and the other transcribes the respondent's comments.

- *Focus groups* are small group discussions led by a moderator. They are designed to gather insights into the group's perceptions and beliefs about a particular topic. A focus group is usually conducted with 8 to 10 individuals. Groups can be held separately for youth, parents, health providers, or community leaders. They may also be held separately for males or females, or for individuals of different racial/ethnic or income groups. Separate group discussions may be advisable when sensitive topics, such as sexuality and teen pregnancy, are involved.

Focus group members are actively recruited. A monetary or other incentive is often provided as an appreciation for the time and opinions offered in the group discussion. The moderator follows a discussion outline prepared in advance. Group members are allowed to talk freely and openly about the topics relevant to the outline. For instance, in a discussion about teen pregnancy, it would be appropriate and reasonable to discuss issues about teen sexuality, contraceptive

FOR A SAMPLE DISCUSSION GUIDE THAT CAN BE USED IN FOCUS GROUPS...

**See Chapter 15 (Volume 3),
"Working With the Media to
Promote Teen Pregnancy
Prevention."**

use, male/female relationships, parental values and supervision, and school norms.

Conducting focus groups generally requires two individuals—the moderator and a person taking notes. Tape recording the discussion is also helpful, as it provides a record of the discussion and ensures that all information can be documented.

- *Community forums* are town meetings or hearings typically sponsored by a public agency or a community group concerned about a particular issue. Public and written testimony constitute a large part of the discussion, although some forums use a panel of individuals to present information, after which those attending respond and discuss the issues presented.

Setting up focus groups and community forums can require a fair amount of time and money. Preparing a summary of the group discussion is also costly; it takes time and care to review the important themes in the groups' conversations.

KEYS TO SUCCESS WHEN REVIEWING DATA

- **organize data by main topics and questions**
- **review data in light of planning needs**
- **determine trends over time, trends in groups of particular interest, and trends in gaps**
- **identify themes and patterns**

Step 5: Review the data and draw conclusions

After collecting the information for your needs assessment, analyze the information to determine answers to your key questions. This is the point at which outside consulting or technical assistance is often essential. Even if you are not actively involved in the data analysis, work with the consultant to develop an analysis plan and determine what information is most important to you. To assist you in that process, this section briefly highlights a few points regarding what to look for in your data analysis.

Analyze your quantitative data

Existing information. The best way to begin your assessment is to organize existing information according to the key areas and questions you identified. Review each area and each key question with your consultant and make note of the information most important for your planning needs. In general, you should expect information to be provided to you in the following ways:

- **Numbers, percentages, proportions**—The number or count of individuals in a particular category (e.g., number of births to teens) is the most fundamental piece of information available. However, it is often inappropriate and misleading to use absolute numbers to determine patterns of need. Thus, percentages or proportions (number per 1,000 persons) are used to provide a standard base of comparison.
- **Measures of change over time**—Changes in the numbers or percentage over time provide trend information and an indication of whether there is improvement or decline in a particular measure.
- **Measures of relative comparison**—The percentage, rate, or ratios for one group can be compared with that of another group (e.g., males vs. females, your community vs. the city as a whole). This will help identify sub-groups or areas that may be most at risk or have a greater need for program activities.

Your consultant will take existing information across your key areas and questions and present it to you primarily in the formats outlined above. Graphs and charts can also be used to help

illustrate patterns and facilitate your planning discussions.

New data. Quantitative analysis of new data is similar to that for existing data. However, you will have greater flexibility in how you can organize, assess, and report the information than with existing data. For instance, analysis of new quantitative data will most likely focus on numbers (frequencies), percentages, and proportions and measures of relative comparison (known as cross-tabulations). You should be able to explore differences in various measures across sub-groups (e.g., age, gender, race, geographic location), so long as the appropriate questions have been included in your survey and your sample size is large enough for statistical comparisons.

Analyze your qualitative data

An analysis of qualitative data focuses on describing common themes or ideas, identifying patterns in the way particular ideas are presented, and specifying for whom those patterns emerge. Qualitative data analysis can also reveal the underlying reasons for the themes observed.

You can analyze qualitative data manually, by taping group discussions and noting key points and issues that arise. Your consultant and community residents

can then review notes from each group and summarize the key points, common themes, or key differences. There are also computer software packages, such as Ethnograph (see Resource list), that can organize qualitative transcripts and pull out the major themes that emerge.

There are two important things to remember when analyzing qualitative data:

First, the process of identifying common themes can be subjective unless a software package is used. Thus, it is important for several people to review and contribute to the analysis to make sure that the interpretation of group discussions remains unbiased.

Second, the content and tone of group discussions can be influenced significantly by the composition of the group, or by one or two vocal group members. It is important to note during the data collection and analysis whether the content or nature of the group discussion was influenced by a few strong opinions in the group, or whether the topics reflect the views generally held by the group as a whole.

Step 6: Report findings to the community

Community residents and community leaders may be anxiously awaiting the results of the

planning process and eager to move ahead to action steps. It is critical that you organize your information around a few key points, presenting the information in a simple format. Graphs, charts, or other visual presentations often make the information more appealing and understandable to the audience. If you have the resources, or have a high-profile planning process, be sure to seek advice from a public relations or policy expert who can provide suggestions about presenting the information clearly.

It is also important to have the right people from your group share the information with outside audiences, particularly if you use several channels to communicate your findings. For example, you may ask community residents involved in the process to take a lead role in a community forum where findings are presented. Your evaluation consultant may be responsible

for presenting the information to members of the city health department or government officials. The head of the organization leading the planning process may be responsible for holding a press conference or providing feedback to the media.

You may well need different types of materials for your different audiences. Before preparing presentation materials, determine the number and type of audiences to whom findings will be presented. Some possible groups include:

- advisory committee;
- community residents;
- potential funders;
- collaborating agencies;
- local media; and
- state/local policymakers.

Determine which audience is most important for the next stage of your work. For example, if the overall goal of your needs assessment is to develop actions for preventing teen pregnancy, then perhaps information should be shared with community residents, collaborating agencies, and your advisory committee. From there, a smaller working group could be established to develop a preliminary set of action steps for discussion by the larger group.

KEYS TO SUCCESS WHEN REPORTING FINDINGS

- **organize information around a few main points**
- **present information simply**
- **choose the right people to present the information, especially if you are using several channels**
- **prepare information and materials to suit the needs and characteristics of audiences**

If the goal of the planning process is to learn more about the issue and to inform community residents, then perhaps a community forum or series of group meetings is all that is required. Recognize that most communities, particularly those where teen pregnancy is considered an important concern, have grown weary, even cynical, of planning processes. The community may be eager for real change. While it is important to consider such views, it is also important not to move forward too quickly. Be honest with yourself and community residents if, for example, relevant data for your community are seriously limited, flawed, or completely missing. You should not develop a program based on insufficient or flawed information. In this case, your action steps may focus on new data collection on teen sexuality and teen pregnancy and on seeking funding to gather such information.

Step 7: Use findings to develop an action plan

Refer back to your overall goals for the planning effort. Participants and community residents may be anxious about the time invested and worried that nothing tangible will result. It is important not to lose the momentum of the planning effort or lose support and credibility by not following through in a tangible way.

REMEMBER

Presenting information to outside groups and leaders—or even to your own planning group—always goes better if such groups are involved in an appropriate way from the outset. People listen more actively to answers if they have a hand in shaping the questions.

In order to move forward with your action steps, organize your data according to the information categories outlined in Step 2 of the planning process:

- characteristics of teens;
- family, school, and community context—social norms;
- prevention programs and services; and
- public policy and public/private resources.

The chart on the next page provides examples of how you can use findings from your needs assessment to determine possible action steps. Use a similar worksheet to organize your key

DOCUMENTING YOUR PLANNING PROCESS, FINDINGS, AND ACTION STEPS IS IMPORTANT BECAUSE IT...

- **allows those who come behind you to build on your work**
- **is essential in justifying the need for a program and leveraging support**
- **is essential in justifying funding requests**
- **helps to keep all players true to agreed-upon plan, especially if players change**

Sample key findings and action steps

Key Findings	Possible Action Steps
Rates of teen childbearing and sexually transmitted diseases have declined slightly, but are still higher than rates in surrounding areas where there are teens of similar background and risk status. Pregnancy prevention programs and STD services are centralized in one or two key areas of the community. Transportation to these areas is limited, making it difficult for teens to consistently access prevention programs.	Expand access to prevention programs and STD services by: • establishing satellite clinics for STD screening and prevention services • establishing satellite or additional program sites for prevention efforts
Rates of teen childbearing are greatest among adolescents at Target School A. Levels of academic achievement and school completion are the lowest at Target School A compared with other schools in the community. Youth have few adult role models and little positive interaction with key adults. The school health center is understaffed and unable to provide contraceptive services or supplies.	Establish an afterschool tutoring and career development program for students, with a strong mentoring component. Coordinate with local health and medical facilities to increase staffing and manpower at the school health center. Work to establish formal ties with a local health agency to provide contraceptive information and supplies for sexually active youth (where appropriate).

findings. Identify the actions steps implied by the data you have gathered. Be sure to focus on the primary goals and objectives of your program and planning effort. You should, by now, have a good sense of the

teens identified as most at risk, the reasons or factors that may be contributing to the levels of pregnancy and birth, and the kind of activities and services most appropriate for the needs identified.

Conclusion

Conducting a needs assessment can be complex, challenging, and expensive. However, a small-scale assessment can be conducted in a relatively short period of time and at a modest cost. Regardless of size, completing the assessment process

successfully requires clear goals, a sound and organized plan, a clear and honest sense of the amount of skill, money, and manpower available, and a willingness to stick with it and be flexible along the way.

Involving community residents, key organizations, and an outside consultant early in the process is critical not only for the success of the planning effort, but for gathering relevant and valid information about the community, its needs, and its points of view.

While there are several steps and many activities, you do not have to conduct all of the tasks described here. It is better to

work within the scope of your resources and goals, even if it means a smaller, less elaborate process. Be sure to get outside help early on if you need it and be willing to document the process and outline a concrete plan of action when you are done. The strength and success of your teen pregnancy prevention effort will only be as strong as the planning process that guided its development.

References

- Academy for Educational Development. (1994). Assessing and setting priorities for community needs. In *Handbook for HIV prevention community planning* (Chapter 5). Washington, DC: Author.
- Bhum, R.W., & Rinehart, P.M. (1997). *Reducing the risk: Connections that make a difference in the lives of youth*. Minneapolis, MN: Division of General Pediatrics and Adolescent Health, University of Minnesota.
- Brindis, C., Card, J.J., Niego, S., & Peterson, J.L. (1996). *Assessing your community's needs and assets: A collaborative approach to adolescent pregnancy prevention*. Los Altos, CA: Sociometrics, Corp.
- Kretzmann, J., & McKnight, J. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Evanston, IL: Center for Urban Affairs and Policy Research, Northwestern University.
- Krueger, R.A. (1988). *Focus groups: A practical guide for applied research*. Beverly Hills: Sage Publications.
- McCart, L. (1998). Personal Communication—Ohio Family and Children First Initiative.
- Miller, B. (1998). *Families matter: A research synthesis of family influences on adolescent pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Moore, K.A., Miller, B.C., Glei, D., & Morrison, D.R. (1995). *Adolescent sex, contraception and childbearing: A review of recent research*. Final report prepared for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Washington, DC: Child Trends, Inc.

Resnick, M.D., Bearman, P.S., Blum, R.W., Bauman, K.E., Harris, K.M., Jones, J., Tabor, J., Beuhring, R., Steing, R.E., Shew, M., Ireland, M., Bearinger, L.H., & Udry, J.R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA* 278(10), 823-832.

Samuels, B., Ahsan, N., & Garcia, J. (1995). *Know your community: A*

step-by-step guide to community needs and resources assessment. Chicago, IL: Family Resource Coalition.

Witkin, B.R., & Altschuld, J.W. (1995). *Planning and conducting needs assessments: A practical guide*. Beverly Hills: Sage Publications.

Useful resources for conducting needs assessments

State or local coalition building

Adolescent Pregnancy Prevention Coalition of North Carolina

10001 Main St., Suite D
Southern Village
Chapel Hill, NC 27516
(919) 932-9885

Health Promotion/Disease Prevention Center for Pediatric Research

Frances D. Butterfoss, Ph.D.,
Assistant Professor
855 W. Brambleton Ave.
Norfolk, VA 23510-1001
(757) 668-6249
fbutterf@chkd.com

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP)

Donna Fishman
P.O. Box 40392
St. Paul, MN 55104
(651) 644-1447
Toll Free in MN (800) 657-3697
Fax: (651) 644-1417
www.cyfc.umn.edu/moappp/

National and state data on teen pregnancy

Centers for Disease Control and Prevention

National Center for Health Statistics
6525 Belcrest Rd.
Hyattsville, MD 20782-2003
(301) 436-8500
nchsquery@cdc.gov
www.cdc.gov/nchswww

The Alan Guttmacher Institute

120 Wall St.
New York, NY 10005
(212) 248-1111
Fax: (212) 248-1951
www.agi-usa.org

Child Trends, Inc.

4301 Connecticut Ave., NW
Suite 100
Washington, DC 20008
(202) 362-5580
Fax: (202) 362-5533
www.childtrends.org

Qualitative data analysis

Ethnograph v5.0™

Scolari-Sage Publications Software
2455 Teller Rd.
Thousand Oaks, CA 91320
(805) 499-1325
www.scolari.com/ethnograph

Needs assessment— size and scope planning grid

Considerations	Small	Moderate	Large
Likely scope of intervention	A single-site teen pregnancy prevention program; 1 or 2 key program components; small number of youth served (<50 teens).	A multisite (2-3 sites) prevention program; 1+ program components. Assess adequacy of existing policies and service capacity. Work to build service capacity.	A multisite (4+) prevention program; multiple service components; large number of youth served (1,000+). Assess adequacy of policies and service capacity. Work to build service capacity.
Geographic target area	Local neighborhood.	2 or 3 neighborhoods or areas within a city/town or county.	1+ cities, counties, or entire state.
Size of planning group	Small community organization or agency (e.g., church or community clinic).	2+ small to medium-sized collaborating agencies; local or state coalition.	City or state health or planning agency; state coalition.
Available staff and expertise	No paid staff; limited expertise in research or data collection.	Modest expertise or contacts in the field.	Professional expertise or paid staff.
Available funding and in-kind support	Available funding for planning: \$0-10,000; some in-kind support.	Some outside funding: \$10,000-50,000; some in-kind support.	Extensive private or state funding: \$50,000-100,000+.
Scope of data collection	Minimum data collection effort (e.g., identify extent of teen pregnancy/parenting, determine teens most at risk); modest community input.	Moderate data collection effort (e.g., determine level of teen pregnancy/parenting, define community values; conduct modest assessment of available services or existing policies); modest to extensive community input.	Extensive data collection effort (e.g., determine youth characteristics, community norms, and values; review available services; review adequacy of services, policy, and funding resources); extensive and visible community input.
Anticipated visibility or potential impact	No media attention; only important to organization members and a few community members.	Modest visibility, local area coverage; modest visibility in community.	High visibility; entire state or community.

Sample questions to guide your needs assessment

Topic: Characteristics of Teens

- ☐ What is the number and proportion of all births to adolescents? (e.g., females < 20)
- ☐ What is the number and proportion of births to adolescents, by age? That is, what is the number and proportion of births to females < 15, to females 15-17, and to females 18-19?
- ☐ What is the number and proportion of births to adolescents, by race?
- ☐ What is the number and proportion of first births and subsequent births to adolescents, by age and by race?
- ☐ What is the proportion of all abortions to adolescents, by age and by race (Note: Not all communities report abortion information. You may have to rely on state estimates prepared by the Centers for Disease Control and Prevention or the Alan Guttmacher Institute – see Resource list)
- ☐ What is the incidence of sexually transmitted diseases (STDs), such as chlamydia, gonorrhea, and HIV, among adolescents, by age, by race, and by gender?
- ☐ What is the total number of adolescents in the community? Is the number of youth expected to grow in the next few years (by the year 2005 or the year 2010)? Is expected growth substantially higher among youth in certain racial/ethnic groups than among other groups?
- ☐ What proportion of youth drop out of school, by gender, race/ethnicity, and age?
- ☐ What are the primary reasons given for dropping out of school?
- ☐ On average, what proportion of youth repeats a grade each year?
- ☐ What schools have a high dropout rate or a high school failure rate?
- ☐ What proportion of youth are considered idle (e.g., not in school, not employed, and not in the armed forces)?
- ☐ What is the prevalence of adolescent alcohol use, drug use, and tobacco use?

Topic: Family, School, and Community Context + Social Norms

- ☐ What proportion of adolescents live in single-parent households?
- ☐ What proportion of families are in poverty? What proportion of adolescents and preadolescents live in poverty?
- ☐ What proportion of births to adult women are nonmarital?
- ☐ What attitudes do adults and adolescents hold about teen pregnancy and parenting?
- ☐ What attitudes exist among adults and adolescents regarding the best age for marriage, childbearing, and childbearing outside of marriage?
- ☐ What attitudes exist among adults and adolescents regarding the importance of education and getting a job or securing a career?
- ☐ To what extent are parents involved in the lives of their adolescent children, and in what way does this involvement manifest itself in the community?
- ☐ What attitudes do adults and youth hold about various pregnancy prevention strategies (e.g., abstinence, contraceptive use, and youth development)?
- ☐ How comfortable are adults in talking with youth about sex, relationships, and pregnancy prevention?

Topic: Prevention Programs and Services

- ☐ What type of and how many health and social services or prevention programs exist in the community? How many have an explicit focus on preventing teen pregnancy?
- ☐ What kind of activities or services are provided to teens as a means of preventing pregnancy?
 - family life education
 - communication and negotiation skills development
 - information on how to handle relationships
 - information about contraception, sources for contraceptive care, or provision of contraceptive methods
 - life planning, job training, mentoring, and recreation
 - family planning and contraceptive services
 - school-based or school-linked clinics
- ☐ How many youth are served by each of these types of programs or services? Approximately what proportion of at-risk youth may be left unserved?
- ☐ In what area(s) of your community are these programs and services located? Are they located in or close to areas where the majority of at-risk youth live?
- ☐ Are there any obstacles or barriers to receiving or participating in these services (e.g., eligibility, hours of operation, parental consent, cost)?
- ☐ To what extent do schools and community-based agencies (including health) collaborate with one another or with other partners on pregnancy prevention activities or programs?
- ☐ What current initiatives, if any, focus on adolescent risk behavior or teen pregnancy prevention?
- ☐ Does the community have a task force or local coalition that was created to study teen pregnancy or to advocate for programs and services?
- ☐ Are there private agencies, community-based organizations, or advocacy groups that are taking an active role in teen pregnancy prevention in the community?

Topic: Public Policies and Public/Private Resources

- ☐ What are the attitudes of community leaders, health providers, educators, and policymakers about teen pregnancy and childbearing? About investing in children and youth?
- ☐ Which of these individuals has a significant influence on funding for programs and/or services for youth, or on whether and how services are coordinated across agencies?
- ☐ Are there formal or informal policies regarding education and access to youth development, health, or family planning services that would affect the nature of activities provided or the extent to which youth participate in available programs, such as
 - school policies about family life education or information?
 - school policies about family planning or contraceptive services?
 - school policies regarding support and services for pregnant or parenting teens?
 - policies regarding the importance of early intervention?
 - other services, including school remediation, mental health, or crisis intervention?
- ☐ What level of resources is currently devoted to teen pregnancy prevention? What proportion of resources is devoted to caring for adolescents once they become pregnant or become teen parents (e.g., social services, health care, job training and placement)?
- ☐ What level of funding goes to developing and carrying out community- or school-based pregnancy prevention programs?
- ☐ What proportion of program funding is from public sources versus private sources (e.g., foundations, United Way, local businesses)? Are there other sources of funding that have not been tapped to help meet current needs?
- ☐ How stable is funding for teen pregnancy prevention activities?
- ☐ Have there been any cost analyses to determine the total dollars spent on teen pregnancy prevention efforts and whether such expenditures have had any positive impact?

Sources of existing data to answer needs assessment questions

Topic: Characteristics of Teens	
Sample Questions	Data Sources
☐ Total number of youth at present. ☐ Number of youth by year 2005 or 2010. ☐ Youth population, by race and by ethnicity. ☐ Proportion of youth considered idle (e.g., not in school, not employed, not in the armed forces).	Census data: Conducted every 10 years for the entire United States. Information includes (but is not limited to) age, gender, racial/ethnic distribution of the population, level of poverty, unemployment, level of education completed, percent households headed by single parent. Totals are available for the U.S. by state, county, zip code, or census tract. Can be obtained from: • the Bureau of the Census (hard copy or downloaded from Census web site at www.census.gov) • the General Social and Economic Characteristics volume at the library • state or country health or planning agencies • Chamber of Commerce (e.g., planning and population statistics)
☐ Number and proportion of births to adolescents, by age and by race/ethnicity.	County and City Vital Records or Office of Maternal and Child Health
☐ Number and proportion of first births and subsequent births to adolescents, by age and by race.	County and City Vital Records or Office of Maternal and Child Health
☐ Proportion of all abortions to adolescents, by age and by race (NOTE these are difficult statistics to collect).	U.S. Centers for Disease Control and Prevention; The Alan Guttmacher Institute
☐ Incidence of sexually transmitted infections, by age, by race, and by gender.	County or City Health Department, Communicable Disease or Surveillance Branch
☐ Prevalence of adolescent alcohol use, drug use, and tobacco use.	County or City Health Department, Substance Abuse
☐ Proportion of youth who drop out of school by gender, by race/ethnicity, and by age.	School District Office, Department of Education, Board of Education
☐ Primary reasons for dropping out of school.	
☐ Proportion of youth who repeat a grade each year.	
☐ Schools with a high dropout rate or high school failure rate.	

Topic: Family, School, and Community Context—Social Norms

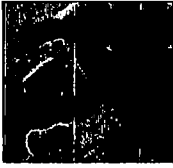
Sample Questions	Data Sources
☐ Proportion of adolescents in single-parent households. Households in poverty.	Census data
☐ Proportion of nonmarital births to adult women.	County and City Vital Records or Office of Maternal and Child Health
☐ Adult and teen attitudes about teen pregnancy and parenting and about various pregnancy prevention strategies.	Local surveys or focus groups with adults and youth <i>[Note: check with the local colleges, universities, coalitions, and health departments for previous surveys, focus groups, or opinion polls done in the community.]</i>
☐ Social norms regarding best age for marriage, childbearing, and childbearing outside of marriage.	
☐ Social norms regarding the importance of education and employment.	
☐ Involvement of parents with children and youth.	

Topic: Prevention Programs and Reproductive/Family Planning Services

Sample Questions	Data Sources
☐ Type and number of health and social services or prevention programs.	State, County, or City Health Department, United Way, local coalitions or task forces
☐ Current initiatives that focus on adolescent risk behavior or teen pregnancy prevention.	
☐ Kind of activities or services provided.	Local health programs, service providers
☐ Number of youth served.	
☐ Location of programs and services relative to need.	
☐ Obstacles or barriers to receiving or participating in these services (e.g., eligibility, hours of operation, parental consent, cost).	Local surveys, planning reports

Topic: Public Policy and Public/Private Resources

Sample Questions	Data Sources
☐ Attitudes of community leaders and providers about teen pregnancy and childbearing and about investing in children and youth.	In-person interviews, legislative policies and voting records, service delivery strategies and priorities
☐ Formal or informal policies regarding education and access to health or family planning	State and local legislation regarding school and health and public policies relevant to youth; interviews with school principals, teachers, and health providers
☐ Level of resources allocated to teen pregnancy and parenting.	State, County, and City Health Departments; Mayor's or Governor's office
☐ Proportion of program funding from public sources vs. private sources (e.g., foundations); other sources of funding that have not been tapped to help meet current needs.	State or local coalitions, local task forces, surveys of programs regarding source of program revenues



Planning and Carrying Out a Teen Pregnancy Prevention Project

by Claire Brindis

T H I S C H A P T E R

Describes the actions involved in moving from an initial planning phase to a more established phase:

Provides guidance on creating a mission statement, developing goals and objectives, drafting a work plan and budget, and making organizational decisions;

Provides worksheets for assessing organizational progress over time; and

Provides references and resources for further information.

Key Ideas in this Chapter

Make taking action—not creating the perfect plan—your top priority. Teens need help now.

Focus on actions that are most likely to reduce teen pregnancy rates in your community. These actions will be those that get teens, families, and communities to change their behavior.

Be careful not to raise a community's expectations too high about what you will do. Take realistic steps.

Give your members tasks that match their capacity, time, and spheres of influence.

Planning and Carrying Out a Teen Pregnancy Prevention Project

Introduction

If you have completed a needs assessment, you have uncovered a host of new information. You now understand more about the teen pregnancy problem in your community, and you have uncovered resources that can contribute to prevention activities. You may have a reasonably good idea of what you want to do and have probably assembled a core group to begin the work.

To accomplish the tasks that lie ahead, your planning group will need to:

- choose a sound strategy;
- write a plan;
- create an organization;
- begin your activity; and
- establish systems of accountability.

The remainder of this chapter describes each of these elements in greater detail.

Choose a sound strategy

Choosing a sound strategy is a crucial, early task for your planning group because it will form the foundation for all of your thinking, decision-making, and activities. By definition, a strategy is the plan devised to achieve a specific goal, in this case preventing teen pregnancy. It is more than just what you will do; it also incorporates the *how*, *when*, *why*, *with whom*, and *to whom* elements as integral components. As you go through this phase of developing a solid work

plan and building your organization, your initial strategy will likely be refined and amended several times.

Your strategy should be one that:

- is based on sound information (including your needs assessment) and a thorough understanding of the issues;
- reaches teens most at risk for early pregnancy;

BE SURE YOU HAVE COMPLETE AND SPECIFIC INFORMATION ABOUT YOUR COMMUNITY

- **See Chapter 1 (Volume 1), “Promising Approaches to Preventing Teen Pregnancy,” for a discussion of why teens get pregnant.**
- **See Chapter 12 (Volume 3), “Tailoring a Program to Your Community Through Needs Assessment,” for a discussion of data that indicate teen pregnancy risk.**

- focuses on reducing at least one risk factor that leads to early pregnancy among those teens;
- is consistent with community values and priorities and is something the community will support;
- inspires passion and engagement in your group;
- draws on your group's comparative advantages;
- has readily identifiable allies who are in a position to make things happen;
- draws on resources that are readily available; and
- is a good candidate for funding.

The following activities will help you develop and refine your strategy.

Agree on the lessons learned from your needs assessment

Your group should use the information gathered from your

needs assessment to come to general agreement on three questions:

- Where are the largest concentrations of teen pregnancy?
- What factors contribute to the high rates among those teens?
- What prevention strategies will the community most readily support?

Where are the largest concentrations of teen pregnancy?

Your prevention effort will be more successful in reducing rates of teen pregnancy if you focus on the teens and young people most at risk. Pay special attention to areas where the teen pregnancy rates are increasing. Look for:

Geographic clusters of teen births. Are there a few neighborhoods with unusually high rates that are driving up your community's overall rates?

Age groups among which teen births are high. Is there an age group that has a particularly high—or increasing—rate of teen pregnancy?

Ethnic/racial groups with high or increasing rates. Are there specific communities whose high rates contribute significantly to the overall rates?

Pockets of poverty connected with high teen pregnancy rates. Teen pregnancy is also related to poverty and social disorganization. Are high rates of teen pregnancy concentrated in communities with a lot of social stress?

Focusing first on areas with the highest level of adolescent births is a good way to reach teens most at risk. As new resources are identified, you can extend your program to other areas within the community.

What factors contribute to the high rates among those teens?

Make sure your strategy addresses the factors that contribute to high rates of teen pregnancy. This can be challenging. The causes of teen pregnancy are complex and interrelated, and many people have their own theories about what will need to happen to bring rates down. Before your group makes a decision on the strategies it will pursue, try to reach agreement about the factors that matter for your target group of teens. Your needs assessment will be of help here. Remember to ask local experts what they think, as well as parents and teens themselves. Many of the resources listed at the end of this chapter discuss contributing factors.

What prevention strategies will the community most readily support?

You will get more support for your work if it taps into deeply held values and clearly expressed needs in the community. For example, in one midwestern neighborhood, the residents clearly felt that parental involvement with their children was a major concern. The teen pregnancy initiative being designed in that neighborhood responded by creating a prevention program that centered on parent-child activities and communication.

Spend some time discussing what you have learned about the community in which your target population of teens resides or attends school. Be sure to focus on four things:

- what teens think;
- what parents think;
- what community residents think; and
- what important local leaders think.

Be honest about whether teen pregnancy is among the community's list of concerns. If there are other major worries (e.g., drugs or gangs), consider how to integrate teen pregnancy prevention into community efforts that address those issues.

The results of your needs assessment may point to several clear goals, but your community may be ready to take only some of the steps needed to reach those goals. Be sensitive to the extent to which the community is willing to act.

Agree on what motivates your group

What is your planning group passionate about? You have a vast range of choices for action. Choose one major theme that excites your group. Your goal is to find something that people will stay with over several years, and that will attract more people to replace members who leave—and that will attract money, too.

Review your strategy to make sure it responds logically to the needs identified in the community. For example, if new immigrants are at greatest risk in your area, be sure your strategies are culturally appropriate and responsive.

Identify your comparative advantage

Consider the unique strengths that you bring to the issue of

adolescent pregnancy prevention. Identify your organizational assets and generate ideas on how to use these assets to carry out your priorities. Brainstorm with members of your planning group to identify the organizational strengths represented by your group. Examples:

- familiarity with adolescents in the community;
- ability to partner with other organizations;
- connections to policymakers;
- involvement of informal leaders in the community;
- ability to raise money;
- in-depth knowledge of the strengths and gaps in services currently existing in the community;
- creativity and commitment to the issue;
- influential organization and leadership;
- participation of local employers;
- participation of local faith communities;
- involvement of the school system;
- financial resources in the form of in-kind contributions, grants, or access to similar sources; and

MAKE YOUR STRATEGY COMPELLING

- **It will increase your chances of creating an effective initiative.**
- **A compelling strategy that is popular with the community insulates itself from controversy.**

- willing volunteers.

Think about what strengths make your group uniquely able to contribute to teen pregnancy prevention in your community. Build your strategy around your strengths.

Find your natural allies

Outside of your planning group, what other support exists for your prevention effort? You may have met—or learned about—school officials, elected representatives, foundation staff, agency staff, civic groups, newspaper editors, business leaders, clergy leaders, parents, and teens who want to work with you. You also have identified programs and existing networks and committees designed to address youth issues. These groups can assist you in putting your prevention program in place.

Depending on the strategy you choose, you may need new or different partners. For example, if you choose to strengthen family life education in the schools, your organizational partners will be different from those you would work with if you chose to focus on the job readiness of teens. Make sure that you have the right mix of allies to support your strategy.

EXAMPLES OF NATURAL ALLIES

- **school officials**
- **elected representatives**
- **foundation staff**
- **agency staff**
- **civic groups**
- **newspaper editors**
- **local businesspersons**
- **clergy leaders**
- **parents**
- **teens**

Identify available community resources

Your needs assessment will have helped document the types of resources, as well as gaps, that exist in the community. For example, you may have found that while schools currently offer education about sexuality, pregnancy, and parenthood, such education is offered only once and relatively late in the school curriculum. Or, you may have found that too few students have the opportunity to participate in community service activities or school-to-career activities.

What have you learned about resources that could be used in your prevention effort? You may have identified potential meeting places or in-kind services. Make a list of all the possible resources that could be put in place for your program.

Identify likely funding sources

Are there immediate sources of funding you can go after? Make a list of what you have learned

FUNDING SOURCES

- **government grants**
- **non-governmental grants**
- **corporate donations**
- **individual donations**

FOR MORE INFORMATION

**See Chapter 14 (Volume 3),
“Raising Funds for Teen
Pregnancy Prevention.”**

in your needs assessment about sources of support.

The community may feel ready to adopt a wide variety of pregnancy prevention strategies, but its funds, including in-kind contributions, may be too limited to work on all fronts at the same time. Assessing the costs required for different interventions may help establish what funding strategies to pursue first. The most financially accessible goal is often the right place to start.

Resource development is key to the success of your community's efforts. Recognize that it can

require substantial time and effort, so be sure that you are working on several funding options simultaneously. You may seek help from foundations that sometimes provide planning grants of between \$10,000-\$25,000 to help groups get started.

Prepare alternatives in case your initial requests for funding are not successful. You may also want to explore ways that your community can better use the resources it already has to reduce teen pregnancy. For example, school-based health clinics originally began because local health providers established services in school settings so that they could best reach the population they were mandated to serve.

You may also want to invite several of the potential funders into the planning process so that their ideas and suggestions can help shape your work.

Be alert for opportunities to link teen pregnancy prevention to other issues and funding streams. For example, some government agencies are beginning to focus on school-to-work and community volunteer service opportunities, many of which can help to reduce teen pregnancy.

In-kind support can provide a bridge as you explore different

KEYS TO SUCCESSFUL RESOURCE DEVELOPMENT

- **recognize that many funding options require substantial time and effort to develop**
- **be sure to devote adequate attention to this issue**
- **pursue several funding options simultaneously**
- **take advantage of in-kind contributions**
- **work on lower-cost initiatives while you are applying for support for other program efforts**

funding options. It also can compensate for restrictions that may exist on the use of grant funds. Together with funds, in-kind contributions can sustain a comprehensive array of services over a long period of time. For example, expenses for food are often not covered by a traditional state or federal grant, yet, without this small incentive, few teenagers may attend an after-school program. Donations of snacks that appeal to teens can help ensure the long-term success of a program.

Agree on your main strategy

After looking at all the angles, choose a main strategy for your group. It could focus primarily on educating teens, their parents, and the community, or improving services, or working to change policies that bear on teen pregnancy prevention. The role you choose will depend on the membership of your planning group and their interests, the needs that emerged from your assessment, the resources available to you, and the extent to which you work in partnership with other groups.

If you are creating a formal community coalition—or even working with partners on a more informal basis—you may want to consider one or more of the following roles typically played by coalitions (Huberman, 1994).

These roles also can be relevant for the work of individual teen pregnancy prevention programs:

Advocate for teen pregnancy prevention. This role involves supporting and encouraging programs and strategies that affect adolescent sexuality, pregnancy, and parenting. You may work for specific policy changes with elected officials, schools, social services, medical providers, community groups, religious organizations, corporations, and the media.

Catalyst for service development. As a catalyst, you could develop pilot programs that are tested by established groups. You could develop materials, such as directories, to provide an overview of all prevention efforts around the community or state. You could also help agencies improve their services by providing case consultation, joint intake and assessments, and co-located services.

Facilitator of communication among service providers. In this role, you could serve as a resource and referral center for the community. For example, you could organize a series of meetings of key providers and community representatives to develop an action plan related to adolescent pregnancy prevention. Sharing program information, enhancing professional networking, and

sharing facilities and other resources are also aspects of this role.

Coordinator of multi-agency efforts. As a coordinator, you could facilitate and assist providers in prevention efforts. For example, you could coordinate educational and service efforts by different youth-serving agencies, family life educators, and health care providers to ensure that adolescents in need of services have access to them. You could monitor activities to assess the progress being made by each group or member. You could also work to establish cross-referral networks where

agency staff can refer clients to other agencies, and develop joint program goals and objectives with partners.

Community educator. Educators provide information concerning adolescent sexuality, pregnancy, and parenting to the community. For example, you could provide information to groups such as religious youth group directors, campus ministries, women's and men's clubs, university or college campuses, medical societies, health care providers, county commissions, city councils, school boards, PTAs, and schools.

Write a plan

Good ideas become good programs through sound planning. Writing a plan will challenge and clarify your thinking. It will transform your general ideas

into a realistic and clear roadmap for action.

Develop a statement of purpose or mission

A mission statement reflects the community's commitment to reducing the incidence of adolescent pregnancy. It should be clear, direct, and motivating. Make it broad enough that a wide group of audiences—adolescents, parents, volunteers, agencies, the business sector, and others—will understand and support your intent.

A MISSION STATEMENT...

- **presents a broad vision of your community's commitment**

GOALS...

- **describe how you will achieve your mission**

OBJECTIVES...

- **explain the "how" in specific, measurable, realistic, and time-framed terms**

From vision to reality: Transforming a mission statement into measurable, time-framed objectives

Mission Statement

To reduce the teen pregnancy rate in our community by providing teens with a greater knowledge of the work and education opportunities available to them and by strengthening policies and programming.

Goals

- To reduce the number of teenagers who are sexually active.
- To increase the number of sexually active teenagers who are able to access family planning care.
- To increase the number of businesses and other community groups who partner with local schools so that students have increased access to mentoring and work experiences, as well as to an increased number of college scholarships.

Objectives

- By January 2000, 500 additional adolescents in need of family planning services will gain access to care through a system of coordinated clinics in the community.
- By January 2000, 350 students will be matched to mentoring and job shadowing opportunities in the community.

Determine your goals

Goals bring your mission down to earth. They describe how you will carry out your mission and address the problems identified in your needs assessment. Goals should be clear and achievable.

Define your objectives

Objectives are the specific ways and means for achieving your goals. They define the activities you will pursue over time. Objectives should be *specific*,

measurable, *realistic*, and *time-framed*. They should be stated in such a way that you can measure and monitor them over time to assess whether you have achieved them.

The example above shows how a group's vision for reducing teen pregnancy rates in its community can be transformed into goals and objectives that are clear and specific enough to effectively guide its activities.

Examples of state coalition mission statements

- "To provide leadership in Washington state to reduce adolescent pregnancy and to promote coordinated services for pregnant and parenting adolescents."
- "To strengthen policies and programming related to adolescent pregnancy, prevention, and parenting in Minnesota."
- "To lower the pregnancy rate in California by providing adolescent pregnancy prevention information and education throughout the state; to serve as the primary source of information for professionals in California working with pregnant and parenting teens and to act as a liaison with similar efforts nationwide; to address the needs of pregnant and parenting teens."

Create a work plan and budget

Once your goals and objectives are clear, you will be ready to develop a work plan and budget. When you start, focus most on a limited number of high priority objectives; include regular milestones and make sure that you can achieve them.

Give adequate attention to your financial resources. Make sure

you have enough to pay for:

- a staff person, if necessary;
- your ongoing work; and
- new plans and activities.

Revisit your work plan and budget on a semi-annual basis to be sure that you are taking the necessary steps to accomplish each of your objectives. The box below provides questions that can help you.

Create an organization

As you develop your plan of action, consider the type of organization, network, or coalition required to implement your plan

Create a governance structure and choose leaders

Review the leadership that brought you to this point. Ask if you need new leaders for the tasks that lie ahead. Consider

what types of individuals and skills you will need to add to your "organizational home" in order to ensure that the individuals in leadership positions best fit this stage of development.

Leadership qualities that are especially important for getting work done include:

- professional expertise;

Assess your work plan

- Is it based on the results of a needs assessment?
- Does the plan have activities geared to specific individuals, agencies, and/or community-wide efforts?
- Does it set out specific steps?
- Does it include age-appropriate activities for the adolescents involved?
- Does it include multiple strategies aimed at pregnancy prevention?
- If it involves a coalition, does it coordinate program activities and encourage joint planning among partners?
- Does it incorporate support from multiple funding streams?

Brindis et al., 1996

FOR MORE ON THE SEVEN MAIN TYPES OF ORGANIZA- TIONAL STRUCTURES...

**See Chapter 11 (Volume 3),
"Getting Your Community
Involved in a Teen Pregnancy
Prevention Project."**

- strong standing in the community;
- expertise in planning and implementation;
- ability to manage and supervise staff; and
- ability to represent the organization to the media, public officials, funders, and other audiences.

Create a list of the various leadership roles and committees you will need to carry out your work. Be sure to set term limits and identify and prepare the next generation of leaders. Make sure that only a few individuals

rotate off your board at any one time as you engage new members. Consider ways to involve former members. For example, use their expertise to plan a special event.

If you are working within a formal coalition, one organization is probably acting as "lead agency" to direct and coordinate the work of the various members. Even in less formal networks, one organization may take a leading role. The checklist on the next page summarizes the qualities needed for a lead agency. Use it as an

FIELD NOTES

Characteristics of a well-organized teen pregnancy initiative

- adequate funding with diversified revenues
- adequate staffing
- clear mission and focus
- long-range (5-10 years) plan in place
- strong board chair
- diverse geographic and cultural representation on staff and board
- strong partnerships with media, business, elected officials, foundations, state agencies, voluntary organizations, religious institutions, and other interested and affected groups
- strong partnerships with other statewide organizations
- working on youth health issues so that the connections among teen pregnancy, alcohol, sexual abuse, and poverty can be recognized and addressed
- strong leadership that provides one voice on teen pregnancy issues and that effectively disseminates facts and dispels myths about teen pregnancy
- good public awareness of organization among youth, citizens, and policy makers
- effective management of controversy and opposition

Donna Fishman, MOAPPP

Checklist for a lead agency or organization

Consider the resources and capabilities of your proposed lead agency against the following criteria. Depending on the results, you may decide that the agency fits the job, or you may want to consider others.

	Yes	No
1. Has skilled staff (or willingness to hire additional staff) to carry out planned work.	☐	☐
2. Includes representatives on its board of directors from the the public and private sectors (e.g., government agencies, businesses, foundations).	☐	☐
3. Can receive and allocate funds from both public and private sectors.	☐	☐
4. Has the support of appropriate levels of government.	☐	☐
5. Has technical expertise, either in-house or through subcontract, to:		
a. conduct research and report findings, as necessary	☐	☐
b. work with community members to establish priorities and action plans based upon findings and community-based consensus-building process	☐	☐
6. Has:		
a. a strong, positive image in the community	☐	☐
b. a positive reputation among all sectors of the community	☐	☐
c. a good track record on adolescent health	☐	☐
d. a history of community involvement	☐	☐
e. expertise in designing and administering a community-wide initiative	☐	☐
7. Is able to:		
a. serve as a liaison to the media	☐	☐
b. help educate all sectors of the community regarding the needs of adolescents in the community	☐	☐
c. mobilize a number of different community sectors in instituting a plan of action	☐	☐

Brindis et al., 1991

objective tool to determine who should lead your efforts.

Revisit your membership policy

Although you have previously dealt with issues pertaining to membership in the coalition, board, or whatever your group structure is, in this phase of your efforts, consider in more detail the skills you need to implement your plan. For example, if media strategies are an important priority, then you will need to recruit individuals who have specific types of media expertise. You may want people who can develop public service announcements, or create media packages and news releases, or buy airtime, or be spokespersons. Be as clear as you can about the skills you need.

At the same time, be flexible. Your needs will change as your effort expands.

Determine staffing needs and how to meet them

Selecting the most appropriate and qualified staff is crucial to the success of all of your efforts. Make sure that you have enough staff support to carry out your plan. Consider what types of staff your group will require. Be sure that the staff mirror the communities in which you are planning to work. Along with professional expertise, it is

IF YOU HAVE LIMITED FUNDS FOR STAFF, CONSIDER...

asking a collaborating agency to provide a individual for a percentage of time as an in-kind contribution.

important that staff be multicultural and multilingual (as appropriate), and experienced with community development and the subject of adolescent pregnancy prevention.

While it may not always be possible to find the ideal individual, it is important to choose staff who feel a personal commitment and passion on the subject of youth, youth development, and the role that postponing having a child can have in influencing young people's future. While limited funding may preclude hiring a full staff, explore the possibility of sharing staff and combining staff from different agencies. Think broadly and creatively about the best ways to match your needs with the skills and interests of staff available to you.

WHEN MATCHING SKILLS TO NEEDS, THINK BROADLY

For example, an agency that focuses on immunization may have staff who could add teen pregnancy prevention to their outreach efforts with young teen parents and their babies.

HEART of OKC (Healthy, Empowered, and Responsible Teens of Oklahoma City) creates a governance structure

A major issue in developing a teen pregnancy prevention initiative in a neighborhood or community involves establishing the type of governance structure(s) that will be appropriate for the initial planning and implementation process. This structure must also be effective in maintaining the effort over time. HEART of OKC is one of 13 Community Partnerships funded by the Centers for Disease Control and Prevention (CDC) as part of their special teenage pregnancy prevention initiative. The project is coordinated through a hub organization, the Oklahoma Institute for Child Advocacy, which works with a variety of partnerships in central city neighborhoods with high needs.

At the outset of the project, HEART of OKC staff held two discussions involving a variety of community leaders and representatives of programs to determine where the project might start, how the program could link with existing programs, and how to structure the group so that "something real would happen for teens" as a result of the activities. The overwhelming response from the community representatives was to:

- focus on changing the attitudes of policymakers and community leaders toward youth from one that focused on punitive perceptions to one

that emphasized positive perspectives; and

- avoid establishing another single-issue coalition.

The community already had a teen pregnancy coalition composed of more than 20 different service providers working with pregnant and parenting teens, sexuality education, and specific prevention curricula. The community was also home to numerous statewide coalitions dealing with issues related to the health and well-being of children and youth, such as child abuse, tobacco use prevention, and substance abuse prevention. Thus, HEART of OKC started by working through a core steering committee representing the hub organization, the university health sciences center, and local agencies to provide project leadership in the selected neighborhoods.

HEART of OKC placed teen pregnancy prevention within a larger picture of youth development and created a Prevention Program Model that promoted an asset-building approach to prevention and linked eight key prevention opportunities with specific activities and various community sectors. A part-time Community Coordinator assisted each of the targeted central city neighborhoods to assess their needs and assets and establish youth and adult task forces that outlined

FOR MORE ON DEALING WITH CONFLICT AND OPPOSITION...

**See Chapter 17 (Volume 3),
"Moving Forward in the Face
of Conflict."**

Begin your activity

You don't need a highly visible launch to get your project underway. Just begin at a logical starting point. If you are having difficulty getting started due to differences of opinion or opposition, find ways to start at least some part of your plan.

The box on the next page gives a dozen tips to help you get started and maintain momentum.

As you build momentum, continue to:

- look for additional opportunities to highlight the needs of adolescents and the importance of pregnancy prevention;
- work on multiple levels simultaneously; meetings alone probably will not affect the population you wish to serve;
- seek the advice and counsel of those who are more experienced in the field in order to avoid approaches that have failed in the past; and
- keep your sense of humor and dedication.
- share your results with others in the community;

neighborhood youth development plans based on the Program Model.

At the community-wide level, HEART of OKC developed a "Network of Opportunities" for teen pregnancy prevention within various community sectors and potential program settings. The "Network of Opportunities" focuses on honoring and building upon what is already available in the community, then linking new allies and resources to fill unmet needs. For example, HEART of OKC is currently working with the OKC Community Council, the College of Public Health, and a substance-abuse coalition (funded by the U.S. Department of Health and Human Services'

Center for Substance Abuse Prevention) to create a formal entity in the city that would operate under the auspices of the Community Council to convene and coordinate youth development activities and initiatives.

The structures and relationships that have evolved through HEART of OKC give the effort a way to involve neighborhood youth and adults in meaningful ways.

Groups and individuals can move in and out of activities as their time and interest permit, and the program can quickly and flexibly respond to new opportunities as they present themselves.

*Sharon Rodine, Project Director,
HEART of OKC*

Establish accountability systems

Your goal is to have a sound prevention program that helps reduce teen pregnancy rates.

Pay close attention to the quality of your work. Make sure that those to whom you are accountable are connected to your work, and that you make sure

they know what you are doing and how it is progressing.

Develop internal and external reporting relationships

In conducting your work, you will need to consider to whom

Tips for maintaining early momentum

1. Pick concrete and "do-able" activities that will help your group accomplish early successes.
2. Be realistic in your timeline and in what you will be able to accomplish within a short period of time.
3. Build in 90-day action plans, action agendas, and ongoing activity reviews to be sure that you are not losing sight of your group's major goals, objectives, and activities.
4. Learn from what has worked along the way. Incorporate those lessons into your future efforts.
5. If you are not making steady progress, stop, look, and listen. Diagnose what is happening and assess if any of the factors responsible are within your control.
6. Continue to educate yourself regarding the issue of adolescent pregnancy prevention so that you can be knowledgeable about the subject.
7. Celebrate your successes.
8. Plan for the future by thinking about strategies to sustain success. For example, find ways that prevention efforts can be incorporated into and coordinated with other community efforts.
9. Be sure that you have defined specific implementation plans and that the individual(s) selected to carry them out are given appropriate support.
10. Schedule opportunities for individuals to report on their current activities and the ways in which they are implementing the objectives for which they are responsible.
11. If several groups are working concurrently on different objectives, be sure that each is aware of what they others are doing in order to prevent duplication of effort and to assure maximum coordination.
12. Twice a year, conduct an in-depth review of the progress being made, whether the objectives are still relevant and appropriate, and whether the timelines are realistic to the task.

**FOR GUIDANCE ON HOW TO
ASSESS YOUR PROGRESS IN
CHANGING BEHAVIORS AND
REDUCING PREGNANCY
RATES...**

**See Chapter 16 (Volume 3),
“Building Evaluation Into
Your Work.”**

you are accountable and who will judge your efforts. Your funders should receive a quarterly or annual report covering the progress you have made. Other community groups, including parents and adolescents living in the community, also will be interested in assessing the progress you are making. Network partners, where applicable, will also be interested, as they will likely need to justify their participation in this effort to their parent agency.

For each of these groups, different types of information will likely be of interest. Keeping everyone informed also will help encourage partners and volunteers to live up to the commitments they've made. However, the bottom line for each will be whether or not your efforts are making a difference in the lives of adolescents.

**Establish milestones for
organizational progress**

Establishing clear milestones and setting up a periodic review

process will help you gauge the progress of your group's efforts, whether you are a large coalition or a small network of agencies working in the health field.

The following chart will help you track whether your organizational efforts are well-balanced and proceeding as planned in the early, middle, and mature stages of your work. Note that components from the early and middle stages remain important as building blocks to sustain a mature organization. Mature organizations should rate themselves on all three scales. Use these milestones to make sure that no one part of the organization lags behind. The following items can be applied to small or large groups. Be careful about the types of expectations and outcomes you expect for a temporary group, in contrast to a larger, more formal coalition.

Milestones for organizational progress

Phase I. Initial Organizing

	(not at all)				(fully)			
1. To what extent are the following aspects of the group in place?								
a. a clear mission statement	1	2	3	4	5			
b. goals, objectives, and activities that are logically connected	1	2	3	4	5			
c. a group or organizational chart	1	2	3	4	5			
d. a system to gather information as needed	1	2	3	4	5			
2. To what extent is there a specifically designated individual who serves as the coordinator or staff for the group?	1	2	3	4	5			
3. To what extent has the group conducted a needs and assets assessment to establish what is needed?	1	2	3	4	5			
4. To what extent has the group established a comprehensive work plan based on relevant information?	1	2	3	4	5			

Score each of the following items on the following scale, with (1) = not at all; (2) = as recipients of information only; (3) = as providers of information and advice; (4) = as implementers of decisions; and (5) = as full participants in the decision-making.

	(not at all)				(full participants)			
5. How much do each of the following community representatives (where relevant) participate in the group's activities?								
a. younger adolescents (ages 10-14)	1	2	3	4	5			
b. older adolescents (ages 15-19)	1	2	3	4	5			
c. parents	1	2	3	4	5			
d. religious leaders	1	2	3	4	5			
e. business leaders	1	2	3	4	5			
f. representatives of youth-serving organizations	1	2	3	4	5			
g. health care providers	1	2	3	4	5			
h. school teachers and administrators	1	2	3	4	5			
i. representatives of the juvenile justice system	1	2	3	4	5			
j. social service providers	1	2	3	4	5			
k. representatives of arts and cultural organizations	1	2	3	4	5			
l. representatives of the news media	1	2	3	4	5			
m. local, county, and state government officials	1	2	3	4	5			

Phase II. Middle Stage

Assess your group's progress on the following milestones, where applicable.

	(not at all)				(fully)
1. To what extent does your group:					
a. serve as a clearinghouse for information and resources?	1	2	3	4	5
b. provide a forum for joint planning and encourage efforts to use existing and/or new resources to prevent teen pregnancy?	1	2	3	4	5
c. identify different funding sources that it combines to allow greater flexibility in meeting goals?	1	2	3	4	5
d. include in-kind contributions from its members, as well as from other community groups as part of its funding plan?	1	2	3	4	5
2. How would you rate the group's commitment to the following:					
a. assisting parents in their roles as primary providers to their children	1	2	3	4	5
b. providing adolescents with the education and skills needed to be sexually responsible	1	2	3	4	5
c. providing an opportunity for different approaches to be heard and accepted within the same community	1	2	3	4	5
d. providing opportunities to work with adolescents and their families in shaping prevention strategies	1	2	3	4	5

Phase III. Established Stage

Rate your group on the following issues.

	(not at all)				(fully)
1. To what extent has the group been able to achieve:					
a. support for its pregnancy prevention mission within the community?	1	2	3	4	5
b. support for its specific pregnancy prevention strategies within the community?	1	2	3	4	5
c. a credible reputation within the community?	1	2	3	4	5
2. Has the group been able to sustain its efforts through:					
a. a diversified funding base?	1	2	3	4	5
b. a diversified membership base?	1	2	3	4	5

Adapted from Brindis and Peterson, 1996

Conclusion

The organization and plan you create will grow and change over time. Remain flexible and make changes as your needs change. The most important thing to focus on is how you

can best reduce teen pregnancy rates in the community by mobilizing a diverse group of individuals and organizations committed to improving the lives of youth.

References

Brindis, C.D., Card, J.L., Niego, S., & Peterson, J.L. (1996). *Assessing your community's needs and assets: A collaborative approach to adolescent pregnancy prevention*. Los Altos, CA: Sociometrics Corporation.

Brindis, C.D., & Peterson, J.L. (1996). *Teen pregnancy prevention coalitions: A tool for assessing progress*. Unpublished tool. San Francisco, CA: Center for Reproductive Health Policy

Research, University of California, San Francisco.

Brindis, C.D., Pittman, K., Reyes, P., & Adams-Taylor, S. (1991). *Adolescent pregnancy prevention: A guidebook for communities*. Palo Alto, CA: Health Promotion Resource Center Distribution Center, Stanford University.

Huberman, B. (1994). *Unpublished materials*. North Carolina: Adolescent Pregnancy Prevention Coalition of North Carolina

Programs mentioned in this chapter

Healthy, Empowered, and Responsible Teens of Oklahoma City (HEART of OKC)

Oklahoma Institute for Child Advocacy
Sharon Rodine, Project Director
420 N.W. 13th St., Suite 101
Oklahoma City, OK 73103
(405) 236-5437
Fax: (405) 236-1690
sjrodine@aol.com

Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting (MOAPPP)

Donna Fishman
P.O. Box 40392
St. Paul, MN 55104
(651) 644-1447
Toll Free in MN (800) 657-3697
Fax: (651) 644-1417
www.cyfc.umn.edu/moappp/

Useful resources on community organization and coalition development

Each of these guides and books provides useful and practical advice on beginning and maintaining a successful group or program. They can be obtained by writing or calling the addresses and telephone numbers provided here. Those without a listed price are available free.

Marketing Workbook for Non-Profit Organizations

Strategic Planning Workbook for Non-Profit Organizations

Amherst A. Wilder Foundation
519 Lafond Ave.
St. Paul, MN 55104
(800) 274-6024

These two guides are excellent resources for use at the state or local level. The workbooks are easy to read and understand and are filled with action-oriented activities for groups. Whether or not your group chooses to use a consultant for marketing and strategic planning, read these resources first so you are familiar with the processes. You will also be more equipped to hire a consultant.

Mobilizing for Action

Brindis, C.D., & Davis, L.
Advocates for Youth
1025 Vermont Ave., NW, Suite 200
Washington, DC 20005
(202) 347-5700

This book is Volume I of a five-volume series entitled *Communities Responding to the Challenge of Adolescent Pregnancy Prevention*. Other volumes, which can be purchased separately (\$25 each) or as part of the whole series (\$115), are:

- "Building Strong Foundations, Ensuring the Future" (Volume II);
- "Designing Effective Family Life Education Programs" (Volume III);
- "Improving Contraceptive Access for Teens" (Volume IV); and
- "Linking Pregnancy Prevention to Youth Development" (Volume V).

Adolescent Pregnancy Prevention: A Guidebook for Communities

Brindis, C.D., Pittman, K., Reyes, P., & Adams-Taylor, S.
Health Promotion Resource Center
Distribution Center, Stanford University
1000 Welch Rd.
Palo Alto, CA 94304-1885
(650) 723-003
Cost: Approximately \$29.00

This 1991 book was written for groups that want to take action, and presents a step-by-step guide to all aspects of a successful program, from coalition-building to fundraising, needs assessment to impact evaluation. It includes a resource directory and many charts/worksheets.

Building and Maintaining Effective Coalitions

Feigherty, E., & Rogers, T.
Health Promotion Resource Center
Distribution Center, Stanford University
1000 Welch Rd.
Palo Alto, CA 94304-1885
(650) 723-003
Cost: Approximately \$7.50

This 8-page "how-to guide," published in January 1990, describes coalitions, reasons for starting one, what functions they can perform, the role of members and recruiting them, how to run and evaluate a coalition, and a helpful section on barriers that can cause coalition failure. It is available as part of the *Community Health Promotion Kit*, Section 5 "Building a Team."

What One Can Do: Resource Manual for Development of a Community Council on Adolescent Pregnancy Prevention

Huberman, B.

Adolescent Pregnancy Prevention
Coalition of North Carolina
1300 Baxter St., Suite 171
Charlotte, NC 25804
(704) 335-1313

This manual is extremely helpful for both local and statewide coalitions. Chapters cover issues such as local council organization, board of directors and board meetings, employees, program planning and evaluation, finance and fundraising, legislation, statistics, and resources.

Building Communities from the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets.

Kretzmann, J.P., & McKnight, J.L.
Center for Urban Affairs and
Policy Research
Neighborhood Innovations Network
Northwestern University
2040 Sheridan Rd
Evanston, IL 60208
(708) 491-3518

Cost: Approximately \$30

This 1993 guide focuses on community assets, rather than problems and deficiencies, and presents ways to identify and best use the gifts, talents, and resources of individuals and organizations for community change.

Community Health Promotion Kit
Division of Health Promotion
and Education

Minnesota Department of Health
717 Delaware St. SE
Minneapolis, MN 55414
(612) 623-5213

The Kit was created to help communities come together to discover ways to promote health and prevent chronic disease, such as cancer or heart disease. It can be easily adapted to adolescent pregnancy prevention. The Kit allows you to pick and choose from a collection of resources, tip sheets, tools, information

sheets, samples, and worksheets that have been developed and used by communities throughout the U.S. It can be used at all stages of health promotion—from organizing your community to locating funding sources.

REACH Resource Guide: Guide to Activating Your Advisory Group
Resources for Enhancing Adolescent
Community Health (REACH)
Resource Center

Colorado Department of Public
Health and Environment
Adolescent Health Program
4300 Cherry Creek Dr. South
Denver, CO 80222-1530
(303) 692-2326

This helpful guide provides step-by-step direction on how to form an advisory group (as applicable to coalition, task force, etc.). The authors drew from experience working with state and local agencies to form such groups. They have also culled information from the literature of several disciplines on this topic. The guide is written broadly and can be easily applied to organizing a community-based adolescent pregnancy prevention effort.

Collaboration Handbook: Creating, Sustaining, and Enjoying the Journey

Winer, M., & Ray, K.
Amherst H. Wilder Foundation
The Wilder Foundation
Publishing Center
919 Lafond Ave.
St. Paul, MN 55104
(800) 274-6024

Cost: Approximately \$30

This 1994 guide/workbook provides details on, and examples of, collaborations and how to make them work successfully.

*Together We Can: A Guide for
Crafting a Pro-Family System of
Education and Human Services*

McLavill, A.L., et al.

Center for the Study of Social Policy
and the Institute for Educational
Leadership

Available from the U.S. Government
Printing Office, Superintendent of
Documents, Mail Stop: SSOP,
Washington, DC 20402-9328 (Stock
No. 065-000-00563-8, \$11).

Developed by a group of researchers,
administrators, and practitioners, this
manual provides a practical guide for
improving the coordination of education,
health, and human services for at-risk
children and families. Divided into three
main sections, the guide leads readers
through a five-stage process of group col-
laboration



Raising Funds for Teen Pregnancy Prevention

by Donna Butts

T H I S C H A P T E R

Describes possible sources of
start-up funds;

Explains strategies for developing and
carrying out a start-up fundraising
effort;

Describes avenues for continuing
and broadening a program's financial
base; and

Provides resources for further
information.

Key Ideas in this Chapter

Fund your work through multiple sources—foundations, government, individuals, businesses, and special events.

Most of the funds you raise will come through relationships your group already has. It is therefore essential that you draw well-connected people into your group.

Engage your group in helping to identify funding sources. Avoid relying only on directories. Get the insights of those who are familiar with the potential donor.

Use peer-to-peer asking as much as possible. People give to *people*, not just to causes.

Use numbers and personal stories to motivate people to give to—and feel connected to—teen pregnancy prevention.

Review the six teen pregnancy prevention strategies in Chapter 1 and find out who funds those kinds of programs in your area.

Raising Funds for Teen Pregnancy Prevention

Introduction

Asking for money is difficult for most people. You may be passionate about your teen pregnancy prevention work, but choke at the thought of “begging” for financial support or going through a formal application procedure. Yet many people and agencies in your community, state, and country also care about teen pregnancy. Your work to prevent teen pregnancy is critical to your community. Therefore, it is vital that the community supports your work financially, as well as in other ways.

This chapter will help you prepare for and conduct a successful fundraising effort. Its primary focus is on researching and pursuing start-up funding. Although the chapter discusses the issue of sustained funding only briefly, these funds are crucial to the long-term effort that preventing teen pregnancy requires. The Resources list at the end of the chapter includes a number of excellent publications and organizations that provide more thorough guidance on all aspects of fundraising.

Getting ready to raise funds

Before you approach anyone for support, you need to prepare carefully. This involves several tasks:

- clearly articulating your case for support;
- developing budgets for the program elements that need support;
- defining an overall fundraising goal;
- assessing your fundraising potential; and

- preparing organizationally to raise funds.

Articulate your case for support

Conducting your needs assessment and developing your program plan have given you much opportunity for detailed thinking about your work. Use the fruits of that thinking to develop a strong case for support that you can use in your fundraising efforts.

FOR MORE ON CONDUCTING A NEEDS ASSESSMENT...

See Chapter 12 (Volume 3), "Tailoring a Program to Your Community Through Needs Assessment."

FOR MORE ON CONDUCTING A PROGRAM...

See Chapter 13 (Volume 3), "Planning and Carrying Out a Teen Pregnancy Prevention Project."

Clearly articulate why your program is unique. Talk with friends and colleagues. Start to log key points and phrases that explain why you believe in your work so strongly. Keep track of which messages seem to be most effective. Then draft a statement that details, in both rational and emotional terms, the reasons why donors should give to your program. Your case statement should include:

- a description and analysis of the teen pregnancy problem in your target area;
- an analysis of the reasons for the problem; and
- a description of your program's mission, goals, objectives, and activities for addressing the problem.

IF YOU WANT YOUR FUNDRAISING TO BE SUCCESSFUL, MAKE THE CASE FOR YOUR PROGRAM...

- **specific**
- **unique**
- **urgent**

To a funder, there are many deserving programs worthy of support. What will set *you* apart is:

- a sound rationale for your work;
- a well-crafted plan; and
- a clear statement of what makes your approach to teen pregnancy different and potentially more successful than past efforts.

Your ability to express why your program deserves support is important. Even more critical will be your ability to express this in the "voice" of your potential donor. When you research possible funders (individuals, foundations, businesses, and others), learn about their concerns, priorities, and values so that you can make your case statement—and any possible proposal or funding request—specific and relevant to them.

For example, in its annual report, a corporation may discuss its concern about the quality of the future work force. Your case statement or request to them should focus on ways in which your program's efforts to reduce early pregnancy and childbearing will increase the educational achievement of young people and better prepare them for the workplace.

Or you may wish to pursue funding from a small national foundation that supports programs that empower young women and help them reach their potential. Highlighting the fact that early motherhood takes away those opportunities—and demonstrating how your program promotes young women in leadership positions and helps them to create new visions for their futures—will resonant with this funder and strengthen your prospects.

Develop budgets for the activities for which you want to raise funds

Make a list of the components or activities of your proposed program and develop budgets for them. Clarify which items are already being supported in some way and which items will require outside funding. Having some resources already in place will enhance your credibility with future funders.

Be sure to identify precisely how much money you need to do your work effectively. A big mistake fundraisers make is not carefully identifying all the components needed to do the proposed work. You do not need “lots” or “more” money—you need a specific amount if you are to deliver on your plan.

Do careful planning when figuring out these budgets and ask for help. Consult with the leaders of

AN EXAMPLE OF CAREFUL BUDGET PLANNING

For a conference:

- **enlist the help of a meeting planner who works in another nonprofit or contact a local hotel or chapter of Meeting Planners International**
- **send your budget around for review to other experienced fundraisers to make sure you have not missed anything**
- **make sure each line item of the budget has a rationale (e.g., price the meals individually and determine what taxes you might have to pay)**

your project as you put the budget together so that your funding side and program side develop in tandem.

Determine your overall fundraising goal

After developing budgets for all parts of your program, come up with a dollar figure that represents your overall fundraising goal. This is the amount of money you will try to raise from all sources.

As part of this step, develop an initial rough estimate of the major categories of support you plan to pursue (e.g., grants, corporate donations, individual donations) and the percentage of your overall goal that will come from each category. Be flexible, however, and recognize that you will need to revise and refine these estimates as you conduct your research and carry out your fundraising strategy.

You may find, for example, that the local health department that you thought would fund your media education campaign won't because it objects to the messages you want to get out. In such a case, look for other funding sources and adjust your plans, if needed, so that you can maintain momentum.

Assess your fundraising potential

The next step is to assess the potential resources for your program, and your capacity to secure them.

Identify your built-in base of support

Start with your board of directors or committees. If you have recruited an influential group from the outset (see Chapters 11 and 13), many members will have contacts that they can and will use on your behalf to gain funding from outside sources. However, the first step is to raise funds internally from these members. Aim to get 100 percent participation, at whatever

level board members can give. Full board participation is important to many funders and they may well ask about it.

Identify others who can help you

You do not need to work alone to raise funds for your work. Several sources can provide significant assistance:

Collaborators. If an advisory board guides your project or you work collaboratively with other organizations, find ways to support each other in fundraising efforts. Partners can help you in many ways, including:

- sharing or reviewing relevant publications, such as *The Chronicle on Philanthropy* or the *Federal Register*, for potential funding opportunities;
- asking their own development department (if they have one) to identify and provide research on possible sources of funding or, perhaps, donating the time of their grant writer to help develop your case for support and to write a proposal;
- holding a special event to raise funds for your program or naming your program as the beneficiary of an existing special event;

HOW TO ASSESS YOUR FUNDRAISING POTENTIAL

- **identify your built-in support**
- **identify others who can help you**
 - **advisory board members**
 - **partners**
 - **young people**
 - **consultants**

See pages 90-91 later in this chapter for information on how to help a young person prepare for a personal solicitation meeting.

- working collaboratively on grant proposals that will support efforts that you conduct jointly; and
- calling for an appointment and going on fundraising visits, especially when the contact is one of their friends or funders.

Young people. Young people whose lives are touched by your pregnancy prevention work can be your most powerful fundraisers—not because they volunteer at a car wash or special event, but because their stories lend credibility to the value of your work. You may want to bring one or more teens when you make a personal solicitation. They can talk persuasively about how the program touched their lives or why such a program would touch them or other youth if it existed. You or another adult can ask for the actual gift.

Fundraising consultants. Consider investing in fundraising training for your staff and volunteers. If you decide you want to hire a fundraising consultant or counsel, be sure to get recommendations from similar organizations. Interview prospects carefully and make clear the expectations you have and the expectations the consultant has.

The National Society of Fund Raising Executives (NSFRE) has

a Certified Fund Raising Executive (CFRE) designation for experienced professionals who have been successful in their fundraising work and passed a rigorous exam. To be certified, they must subscribe to a code of ethics that, among other things, demands they will work for a flat fee, not a percentage of what they raise for you. This helps to ensure that they are cultivating donors for your benefit. Check with NSFRE and the National Association of Fund Raising Counsel for guidance in selecting a consultant.

Certified fundraisers also must perform volunteer service in order to maintain certification. In addition, many local NSFRE chapters choose a cause or an organization each year that they assist with fundraising. Contact NSFRE (see the Resources list) to learn about the chapter closest to you.

Prepare organizationally to raise funds

If you are a 501(c)(3) organization, gather together the following documents, which are typically required by funders:

- the IRS letter confirming your 501(c)(3) status (tax-exempt status);

- your most recent 990 tax document;
- your list of board members;
- your case statement and your specific proposal;
- your budget;
- a list of current funders, including in-kind supporters; and

- letters of recommendation.

If you do not have 501(c)(3) status yourself, you will need to find a fiscal sponsor, a 501(c)(3) organization that will receive funds for you. *Fiscal Sponsorship: Doing it Right*, published by the Foundation Center, is an excellent guide to forming such relationships.

Develop and carry out a start-up fundraising strategy

There are many sources of money, both for start-up purposes and for maintaining and broadening your program in future years.

In general, the funds you raise will either be restricted or unrestricted. Restricted dollars go to a specific program, purpose, or product and must be accounted for separately. Unrestricted dollars usually can be used on any legitimate organizational expenditure. Funders are more likely to provide restricted dollars for particular purposes; unrestricted funding is usually harder to get.

The best sources of start-up funds for your program are those that you can secure easily early in your planning. More complicated funding strategies can be put in place as your program grows.

Look for three to five years of start-up funds.

Research the possibilities

Many funding sources exist, and careful and thorough research to find the ones that suit your program best and that offer the best potential for support is a critically important first step in fundraising. The major categories of funding sources are:

- government grants;
- foundation grants;
- corporate and business donations; and
- personal donations.

Grants (government and foundation) are an excellent way to

fund the start-up phase of a program or project enhancement. As a general matter, look for grantmakers that fund in your geographic area and that make grants large enough to be worth your while. Find out how many grants are made annually and what the average award is.

Government grants

Government support can be a good source of funding for one to five years (depending on the time restrictions). You typically must comply with strict reporting requirements and be able and willing to operate within the program guidelines defined by the agency, which may be quite specific.

Nevertheless, government dollars can provide solid funding for program start-up, giving you a base upon which to build a fundraising program. The government, like other funders, does

SOURCES OF START-UP FUNDS

Government Grants

- **Federal**
- **State and local**

Foundation Grants

- **Private**
- **Community**
- **Corporate**

Corporate & Business Donations

Personal Donations

not want to adopt you. They want to give you a good start from which you can go it alone.

Federal government grants. The federal government issues and posts Request for Proposals (RFPs) or Request for Applications (RFAs) in the *Federal Register*. The *Federal Register* is extensive and expensive. Try to find an agency in your community that monitors it and ask if they will keep an eye on listings that may relate to your program.

Points to consider before seeking government funding

- Does your program comply with the requirements, including definitions of services, that the relevant government agency has outlined?
- Do you have the staff time to complete the required reports on time?
- Do you have the fiscal structure to manage and account for the grant dollars?
- Will you be able to host a successful site visit by representatives of the funding agency?
- If required, do you have the right kind of matching dollars available that some public funders require?
- Do you have the time and expertise to apply for an indirect cost grant to cover the overhead of your program, if it is not included in the current grant?

WHEN THINKING ABOUT APPLYING FOR A FEDERAL GRANT...

Remember that behind every Request for Proposal is a person. Call for advice. You will find a rich resource.

Another source for information on federal government grants is the Grantsmanship Center's web site. They post current listings from the *Federal Register* and the Catalogue of Federal Domestic Assistance (see the Resource list). If you are monitoring a specific federal agency, they probably have a home page on which they will list new funding opportunities and include an application package.

When you review a new posting:

- look carefully at the due date; decide if it is possible for you to write the proposal and meet other requirements in the time given; and
- look at whom they will fund and how many grants they will give; you may not qualify or they may name specifically whom they will be funding.

If you think you may want to apply, ask questions. Many people think of government funders as "faceless bureaucrats operating in windowless rooms." Do not make this mistake. Behind every RFP is one or more people. Call them to seek advice. You will find a rich resource. While the funding recommendations may

come from outside review panels and be completed by department heads, agency staff can be helpful in your fundraising.

The **Office of Adolescent Pregnancy Prevention Programs** is one such potential funding source. Housed in the Office of Population Affairs at the U.S. Department of Health and Human Services (DHHS), it administers the Adolescent Family Life funds.

The **Centers for Disease Control and Prevention**, also a part of DHHS, funds teen pregnancy prevention programs. However, its dollars are primarily committed to 13 community partnerships. These communities may be willing to share excellent program ideas that may be of interest to you.

In addition to more traditional federal sources, think about whether your program might qualify for grants available through less obvious departments.

- Is there an employment component that the Department of Labor could fund?
- Will you be working in low-income housing projects that fit Housing and Urban Development guidelines?
- Would you qualify for pregnancy prevention funding from

the Temporary Assistance to Needy Families (federal welfare) program?

Meet with your congressional Representative's or Senators' local staff and ask about potential federal support. Ask them for names of others to contact.

State and local government grants. Over the last 20 years, more and more money allocated to the states from the federal government has come in the form of block grants, which state governments then give out to groups and programs within their states. Block grants give you a chance to educate your state policymakers and help shape funding priorities.

The **Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting** worked with a statewide coalition to successfully secure funding for a statewide teen pregnancy prevention community grant program known as **Minnesota ENABL** (Education Now And Babies Later).

The **Adolescent Pregnancy Prevention Coalition of North Carolina** used their grassroots network of activists concerned about adolescent pregnancy along with a full-time staff person to secure state funds. They have been able to maintain this funding stream for more than twelve years.

States are currently putting into place "abstinence-only" education dollars to combat adolescent pregnancy (Section 510 of Title V of the Maternal and Child Health Program). Call your state health department and governor's office to determine how your state is distributing these dollars. Find out how you might gain access to this funding.

Think about how your program might qualify for other state and local funding available from such agencies as:

- state or local health, education, or labor departments; and
- local law enforcement agencies or schools.

Two good sources of information on sources of government funds and how to apply for them are state or city youth commissions (for state and local funds) and *The How-To Grants Manual* by

GOOD ADVICE ON IMPROVING FUNDING OPPORTUNITIES FOR TEEN PREGNANCY PREVENTION

"It is really important for statewide coalitions to convince foundation and government funders to fund capacity-building and not just direct services. A coalition needs a good case statement about how it affects work around the state."

Donna Fishman, co-director of the Minnesota Organization on Adolescent Pregnancy, Prevention, and Parenting

David G. Bauer (see the Resources list for ordering information).

Foundation grants

Foundations can also be a good source of support during your program's early years. You will be most successful with any foundation grant when you have a personal contact. Do you or someone you know serve on a foundation board? Are they willing to help open the door for you? Use your research to target prospects and identify those most connected with your service area and activities.

Private foundations. These foundations are endowed by a family, an individual, or a group of individuals. They are usually established with specific areas of interest, such as protecting the environment or improving education. You may have heard of some of the big foundations like the Ford Foundation, the W.K. Kellogg Foundation, or the

David and Lucile Packard Foundation. The larger foundations are the best known and consequently receive the most proposals. They are often national in scope and therefore the requests come in from around the country. If they have an international focus, they also fund proposals from other countries. This means that the competition for their support is intense, which should strengthen your resolve to "think locally." Identify the local private foundations that are most likely to support your program. Generally speaking, you will have more success if you concentrate on local sources that have a commitment to your geographic area rather than large, national funders.

Community foundations. These are currently the fastest growing foundations. Community foundations pool the resources of many donors to support the causes and issues they believe are of most importance. Meet with staff of your community foundation. In addition to being possible funders, they often can suggest other funding sources, assist you with establishing your fiscal structure and reports, and connect you with other programs and people that can help you.

Corporate foundations. A corporation's support may be tied to the communities in which it operates, to its line of

SOURCES OF START-UP FUNDS

Government Grants

- **Federal**
- **State and local**

Foundation Grants

- **Private**
- **Community**
- **Corporate**

Corporate & Business Donations

Personal Donations

business, or, increasingly, to the boards on which its employees serve. With this in mind, recruit representatives from key corporations in your area to serve on your advisory committees or board. Besides resources, the perspective and insight they bring is invaluable.

In general, one good source of information on foundation grants is *The Chronicle of Philanthropy* (see the Resources list). It is an excellent publication that includes profiles of foundations and corporate funders and current grant information.

Another good source is the Foundation Center. Each state has a Foundation Center that provides information about national funders as well as information about funders who only operate in your state or region. Be sure to research the community foundation or foundations that include your

area in their grant making. The box below gives some tips on conducting research at a Foundation Center library.

Corporate and business donations

Not all corporations have foundations. Many distribute money through corporate contributions programs and marketing departments, or directly through the chief executive officer (CEO).

Corporations and businesses can provide cash or noncash contributions. Often called gifts-in-kind, these noncash contributions can include staff support or products the company produces.

Johnson & Johnson contributes cash grants, but gives away even more in products they produce.

You will be more likely to obtain corporate donations if you have a personal contact within the

How to conduct research at the Foundation Center

- Locate the Foundation Center Library closest to you (see Resources for list).
- Call to set up an appointment with a staff librarian or research assistant or attend an orientation session.
- Develop a list of key research words (such as teen pregnancy, youth, education, and operating funds) that can form the basis of a search (usually a computer search) of potential funders.
- Review your list with the librarian or research assistant to fine tune it.
- Using these key words, search for funding sources that will be appropriate for your work. If you have access to the Internet, search for funding sources that have web sites.

organization who can champion your program. With or without this support, target corporations that have operations or headquarters in your service area. Many companies give their local offices autonomy in awarding grants, although the funds come from regional and national levels. Follow these steps:

- Begin by requesting annual reports and corporate giving guidelines, if available. Pay attention to the language they use and their proposal submission process.
- Research what the companies have funded in the past and note what their future priorities will be.
- Determine whether your program fits their stated priorities and think about how your program can add strategic value to the company. Be sure the company's reputation and

values are compatible with your program.

Think also about local business—especially businesses in the community you are targeting—and include these on your prospect list.

Personal donations

Personal solicitation involves asking an individual directly for a gift. It is an effective form of fundraising and can be a good source for start-up funds. However, difficulties can arise if the fundraiser does not feel strongly enough about the mission, does not know enough about what he or she is asking support for, or simply fears rejection.

For most people, personal solicitation is the hardest way to ask for money. Most people would rather give their own check than ask someone else for one. If the thought of asking for money sets butterflies whirling in your stomach, remember that if your prospect says “no,” you are not being rejected personally. It may be the wrong time, the wrong donor, the wrong amount—but it is not because “you” are wrong. Individuals want to give to causes that express their values and beliefs. You may be helping them feel good about themselves by making this possible.

People give for any number of reasons. The most frequently

SOURCES OF START-UP FUNDS

Government Grants

- **Federal**
- **State and local**

Foundation Grants

- **Private**
- **Community**
- **Corporate**

Corporate & Business Donations

Personal Donations

TAKE NOTE...

People say that the number one reason they do not give is because no one asks.

cited is a belief in the mission or work of the organization. Your job is to find the connection between the work of teen pregnancy prevention and that donor. For example, a donor might give because a friend's daughter has become pregnant—the issue has taken on a real, individual face and motivates him to contribute. A business leader might be willing to donate because of the poor quality of many applicants for her firm's entry-level jobs, indicating a need for further emphasis on youth development and school-to-work training. Research, ask questions, and listen. If there is a link, find it.

While the motivation may vary, the results are usually the same. Donors report that giving feels good. Think of your work as helping people feel good about themselves and their connection to an important cause.

Develop an annual plan for fundraising

After researching all reasonable sources of funds (government grants, private foundations, corporations, and individuals), the next step is to put it all together—to develop a clear and concrete plan. Involve your board or committee in designing a 12-month plan to raise unrestricted dollars for your program. It should include all possible sources of funds, except planned

giving and any special, one-time activities. The items in the box on the next page should provide the information you need to create your plan.

An important part of developing the plan will be to look over all the potential sources of funds you identified to decide whether you have a sufficient number of good prospects. Work with your advisory board and other colleagues to fill out the chart on page 87, which will help you create an overall picture of the fundraising tasks ahead. Discuss who knows whom and how. Do not leave volunteers off the list of prospects. They are far more likely to contribute than are nonvolunteers. Unfortunately, we often make excuses for not asking volunteers by saying they are already giving their time. If they are currently giving their time, they may be willing to give financially as well. Also be sure to include organizational partners. They may be willing to donate funds or provide in-kind support.

Carefully review each source for pros and cons. An individual donor may think she or he should run your program. A government grant may have such stringent reporting requirements that its support ends up costing you more to administer than you are able to use for your program.

Elements of an annual fundraising plan

- ☐ Your case for support—the reason people should give to your program—should include answers to these questions:
 - What is the mission of your program?
 - What are the goals of your program?
 - What are the specific, measurable objectives of your program?
- ☐ What activities do you plan to conduct?
- ☐ Your program's fundraising goal.
- ☐ Your choice of fundraising vehicles and reasons for those choices.
- ☐ A list of your current donors.
- ☐ A list of other funders from whom you are seeking support.
- ☐ A list of the people who will help in fundraising, from getting you in the door for personal solicitations to providing clerical help.
- ☐ A plan to recruit assistance from others if your current human resources are inadequate.
- ☐ A list of your major obstacles in fundraising (of any kind) and a plan for how to overcome them.
- ☐ A fundraising budget.
- ☐ A timeline for your fundraising effort, including periodic reviews of progress.

Overview of potential funding sources

	Prospects	Rating*	Possible Amount/ Duration	To Do List
Government Grants				
• Federal • State • Local				
Sample Foundation Grants	<i>Richardson Fund</i>	<i>B</i>	<i>\$5,000/yr for 3 yrs</i>	<i>Initial request letter</i>
• Private • Community • Corporate	<i>Anytown Community Fund</i>	<i>A</i>	<i>\$1,000</i>	<i>Fill in grant form</i>
	<i>General Widget Fund</i>	<i>B</i>	<i>\$3,500-5,000</i>	<i>Get Bob to request meeting</i>
Foundation Grants				
• Private • Community • Corporate				
Corporate Support				
• Cash • In-kind				
Individual Donors				
Board Support				
Volunteer Support				
Partner Support				
• Grants • In-kind				
TOTAL POTENTIAL FUNDING				
(In general, this amount should be at least twice your fund-raising goal.)				

* **Rating:** A= highly likely; B=probable, worth pursuing; C=long shot

Someone may offer to give you a building, but it may require extensive and expensive repairs.

You also need to determine if a funder's values are compatible with your program. Some youth groups have refused contributions from tobacco or liquor companies, for example.

Think also about potential conflicts of interest. Will it be okay to approach a contraceptive company? If certain businesses have poor reputations in your community, is it wise to associate with them? Does your program fit the strict guidelines issued with the new abstinence-only federal dollars? Decide early on what gifts you will and will not accept.

At the end of this process you should have a clear plan to guide your fundraising activities, a short list of your top prospects, and assignments to make an initial contact.

Apply for funding

Once you have completed your research and identified a number of potential funders, you will be ready to begin the application or solicitation process. Do not write one request letter or proposal to send to all your potential funders. Write separate proposals, tailored to each funder's priorities and resources but true to your mission and activities. There are many helpful guides on how

to write grants. David Bauer's grant writing books or the Grantsmanship Center's proposal writing publications are good sources to help you learn more about grant writing (see the Resources list).

The remainder of this section provides guidance for soliciting funds through grants (both private and public), corporate donations, and personal donations. Your initial investigation of funding sources may have provided answers to many of the questions posed, but asking them again is not a bad idea. The actual process of applying for funds can be quite complicated and you need a firm grip on the details.

Grants

Prepare for the application process by requesting the government agency's or foundation's grant guidelines and annual report. Answering the following questions will help you nail down some important specifics:

- What is the funder's grant-giving cycle? When are proposals due?
- Does it accept unsolicited proposals?
- Does it prefer the initial contact to be a letter outlining your idea or a proposal?

- Do you know anyone on the board or staff? Does someone else involved with your program have a personal contact?
- Is the funder located close to you so it would be possible to make a personal visit?

Corporate and business donations

Soliciting contributions from corporations and businesses is more likely to be successful if you follow these steps:

- Write a brief (not more than two pages) initial letter outlining your program and proposal. Be careful to keep your request succinct and to the point. Tell them how your work helps them meet their corporate and philanthropic goals. A company will determine its contributions, in part, based on the potential benefit to their business. How can your program provide the visibility or access to markets they deem important? If the company is interested, they may request a meeting or a full proposal.
- If they request a meeting, find out who in your group has the highest level contact at the corporation. Have that person arrange the meeting.
- Learn what will be required of you if you receive a contribution. For example, if you approach a corporate marketing department, they will be looking at how they can get the company's name out in a positive way. They may support a special event or a vehicle that has their company logo on the side. In recent years, there has been a surge in cause-related marketing. This type of funding may involve co-branding, or putting your logo and theirs on a product or advertisement. The company will give you a percentage of the profits or a contribution for all the product they sell during a campaign that uses your program's name. Unless it is a local product, most national companies prefer to collaborate with established national organizations.

Personal donations

You will be more successful with personal donations if you know the potential donor or have someone with you who knows the individual. The person who joins you may have been willing to help in any way except for explicitly asking for money. In that case, take advantage of his or her willingness to make the initial contact with the potential donor, set up the appointment, and accompany you on the visit.

KEYS TO SUCCESS WHEN SOLICITING CONTRIBUTIONS FROM BUSINESS

- **do your homework**
- **make sure the company's reputation and values are a good fit with your program**
- **make sure they know how your program benefits them**
- **know what is required of you if you receive a contribution**

Your companion can talk about his or her participation in the program and you can provide support and make the actual request for a contribution.

If you choose to bring someone with you on your visit—adult or teen—make sure you prepare them well:

- Review all pertinent background information on the individual being solicited. Most important, why do you think they may be interested in funding the project? What is the match?
- Make sure your colleague can clearly explain the history, mission, goals, and accomplishments of your program.
- Tell your colleague what you are asking the donor to support and how much you are asking for.
- Mention other individuals or organizations who have contributed.

Tips on how to solicit a personal donation successfully

- Confirm how long the potential donor has for the meeting and honor the ending time. Never go over the scheduled time unless the person requests you to stay.
- First meetings are often meet-and-greet meetings. If this is the case, remember that you are determining potential areas for partnership, not asking for a gift.
- Begin by listening. A visit should be about two-thirds listening and one-third talking. The more the donor talks, the more likely he or she is to give.
- Be able to describe your program in simple, compelling terms. Avoid complicated explanations.
- Once you make a request, do not immediately start talking again. Wait for the prospect to respond.
- Remember to check your ego at the door and let your cause walk in. If your request is rejected, it is not a personal rejection of you.
- Depending on the way you structure the meeting, leave materials at the end of the visit, not at the beginning.
- Have fun. Find your own voice. This meeting should not be painful for you or the donor.

- Decide in advance how you will begin the visit, who will respond to questions, who will ask for the gift, and how you will close the visit.

Develop a system to track the fundraising effort

Once you begin to carry out your fundraising plan by applying for grants and soliciting donations, you will need to keep track of your efforts. The

following chart, which builds on the earlier "Overview of Potential Funding Sources" chart, will help you. You may also want to investigate software packages that have a contact management feature or create your own system in a spreadsheet or database package. Generally, customized software packages are very expensive and geared to larger nonprofits, but you may find one that suits your needs.

TABLE 2

Internal fundraising tracking system						
Prospect	Rating*	Contact	Project	Amount	Next Step	Due Date/ Comments
Sample Jane Simmons	B	Our board chair	Statewide conference	\$2,500	Follow up with board chair on initial meeting	Must have funds by 4/1 for this event.

*Rating: A=highly likely; B=probable, worth pursuing; C=long shot

Carry out a strategy for continuing and broadening your financial base

Once you have secured start-up funds, begin thinking about how you will replace that funding when it runs out. Do not make the mistake of assuming that your three-year grant will be renewed or that your initial donors will support you indefinitely. Plan to broaden your funding base by your second year (generally) by adding one or more of the following strategies to your existing plan.

Special events

Special events (fun runs, charity balls, read-a-thons, clothing sales, and so forth) have a place in many communities. Their real value is the publicity they can generate for your teen pregnancy prevention effort. If you have a large enough number of eager, self-motivated volunteers and need to raise the profile of your program, a special event could be just right for you. Interested service clubs or professional

associations in your community may take this on as a project or help in some way.

It's important to note, though, that special events are time consuming, seldom raise large sums of money, and are often unrelated to your group's mission. Special events can take valuable time better spent in delivering the program. The headlines about the half-million dollars raised at a charity ball or walk-a-thons mask the hundreds of volunteers and thousands of hours it takes to pull off such an event. Some special events turn out to be so expensive that the sponsoring group actually loses money in the end.

The market has become so saturated with events vying for people's time and dollars that one of the most successful newcomers has been the "mystery ball," in which supporters buy a ticket to a ball that never takes place. This gives the charity a contribution and the donor a night at home with the family.

Direct mail and membership programs

You need only take a trip to your mailbox to know that the direct mail market is saturated. The

STRATEGIES FOR CONTINUING AND BROADENING YOUR FINANCIAL BASE

- **special events**
- **direct mail and membership programs**
- **telemarketing**
- **tribute, memorial, and planned giving**
- **youth-run businesses**

field is far more competitive and complex than it was when this technique emerged in fundraising many years ago. To be successful today, you must prepare to invest over the long haul and accept the fact that you will probably lose money in the beginning. Direct marketers expect to spend two dollars to get one dollar when beginning a program. If you are considering "getting into the mail," begin collecting any particularly good direct mail that comes to your house. Examine why it appeals to you and keep this in mind as you design your package. There are no new ideas, only revamped ones. Use what already exists to your advantage.

Generally, the direct mail target audience is one you do not know personally. Thus, you will need to buy, trade, or borrow lists of names to build your own list of potential donors. An easier and potentially more successful way to

begin is a direct mail campaign to people you do know. Sometimes called "your holiday card list," this type of campaign may be just as effective. Begin by expanding your personal list of names and those of your advisory panel or board. Mail first to a small number of individuals you have identified as philanthropic and possibly sympathetic toward your teen pregnancy prevention program.

If you are successful and decide to continue, your list will need ongoing attention—continued mailings, renewal notices, and so forth. Even so, you can expect to lose 30 percent or more of your donors each year, so acquiring new names is necessary to keep your direct mail program alive.

Another way to use direct mail is in partnership with a local company. You may be able to find a bank or utility that is willing to

Questions to answer before planning a special event

- Do you really need or want to raise the visibility of your program?
- Do you have the people power (paid and volunteer staff) necessary to pull off a successful special event?
- Can you recruit a volunteer leader experienced in special event planning?
- Do you have seed money available if the proposed event requires an up-front investment, such as renting a hall, contracting with a band or caterer, or purchasing supplies?
- What will be unique about your event that will make people want to attend or contribute?
- Is your event competing with any other well-attended events and activities?

include a mailer about your program in their monthly statements.

The Oregon **4-H Foundation** identified 10,000 former 4-H'ers and potential donors by including their information once in the state's two major banks' monthly mailings. This was possible because of a wealthy individual who had the personal connections to ask the banks to do this.

Your direct mail program may ask for an outright contribution or you may ask people to become members of your organization. If you decide to become a membership organization, you will need to determine what a membership will entitle a person to, such as publications discounts, newsletters, a seat at your annual dinner, and so on. Keep it simple in the beginning.

You may choose to have a tiered membership structure, which

means that members at a certain dollar level get certain benefits and the benefits increase as the membership level increases. Again, keep it simple in the beginning. You will need the infrastructure to process memberships, acknowledge them, and send out annual renewal notices.

Telemarketing

Telephone solicitation—or telemarketing—works when done properly. For example, many colleges and universities run successful telemarketing programs. They use current students and alumni who can talk about their experiences.

Telemarketing is people intensive. Try to find a business that will let your volunteers come in for a few hours in the evening to use their phone bank. Be sure your volunteers have a well-crafted script, but if they can talk about

Tips for increasing your chances of success with direct mail fundraising

- Make your letter personal even if you can not personalize each one.
- Frame your letter through a first-person story that touches the heart.
- Use short paragraphs.
- Determine the length by how long it takes the reader to get emotionally involved and to convey the urgency of your request.
- Include moving quotations to help draw people into the letter.
- Include a P.S. at the end of the letter—it will increase your return.
- Include a reply card that allows people to choose the size of their gift and tells them where to send their contribution.
- Enclose a self-addressed (and, if possible, postage-paid) return envelope to increase the chances you will get a gift.

their personal commitment, they can be even more effective.

The best-organized telemarketing efforts share the following features. They:

- notify the target audience by mail that they will be receiving a call during a specified campaign period;
- provide information on why money is being solicited;
- keep meticulous records of calls completed, not completed, and responses;
- immediately send acknowledgment and pledge cards to donors; and
- end their telephoning by 8:30 PM.

It is very important to have accurate, up-to-date lists of telephone numbers. Where can you begin to get your lists? Again, start with personal lists and those individuals you have identified as potential supporters.

Telephone solicitations to people you already know will be more successful than those to strangers. Ask other groups where they get their lists and see if you can gain access to these as well.

Tribute, memorial, and planned giving

Tribute giving, which is giving in honor of someone else, is easy to promote. Have envelopes printed that explain that people can give a tribute gift to your program to honor a graduation, promotion, wedding, birthday, or other celebration. Distribute these widely and be prepared to send acknowledgments to the donor and the honoree.

Memorial giving is in honor of someone who has passed away. Sometimes a family will request that instead of flowers, contributions be made to a certain charity. Some individuals prefer to contribute to causes they support in honor of someone's life even if the family has not requested them. Again, all

Criteria for undertaking telemarketing

- A location that is free and available during your campaign.
- Enough volunteers to staff the phones during the campaign.
- Lists of potential contributors to call.
- A good, tested script for your phone workers that makes your case quickly.
- An infrastructure to follow up on calls by mailing pledge reminders and thank-you letters.
- The ability to make reminder calls to those who pledge but do not send in their pledge.

FOR MORE INFORMATION ON YOUTH-RUN BUSINESSES...

**See Chapter 5 (Volume 1),
"Involving Youth in Pregnancy
Prevention Programs."**

you need to do is distribute envelopes widely, acknowledge the gifts, and notify the family.

Planned giving is a more complex fundraising vehicle that requires trained professionals. However, you can encourage simple planned gifts through wills and bequests. In all of your publications, such as newsletters and annual reports, include a box or paragraph asking people to remember your program in their will.

The **South Dakota 4-H Foundation** had a creative effort several years ago that encouraged people to "Add Another Paragraph." The brief text went on to ask readers to remember South Dakota 4-H and add another paragraph to their will.

Youth-run businesses

Youth-run businesses can provide a great avenue to teach young people business skills while involving them in a prevention program. The business can also help fund the program.

There are many things to consider in establishing a youth-run business, including the need for venture capital and business experience.

You will also need to consider the potential for concerns about unfair competition. Recently, some for-profit companies have raised legal challenges to non-profits that are earning income from a business that is unrelated to their mission but untaxed because of the organization's nonprofit status. If the venture is not clearly tied to your mission, you may need to pay taxes on the income you receive. Any money-making venture should

Language for a will and bequest program

PLEASE REMEMBER US IN YOUR WILL.

When you write or review your will, please consider leaving a charitable bequest. Ask your attorney to include words such as these:

"I give, devise, or bequeath to _____ for its general purposes all (or state a fraction) of the rest, residue, or remainder of my estate, whether real or personal."

or

"I give to _____ the sum of _____ dollars to be used for their adolescent pregnancy prevention purposes."

be discussed with appropriate legal and accounting advisors well ahead of time. Check also

with your local Chamber of Commerce or Small Business Administration to get guidance.

Conclusion

Fundraising is an ongoing process. Once you receive a contribution, you need to thank the donor and begin again. If you are fortunate to receive a three-year grant, it may seem like a long time. Do not make the mistake of waiting until year three to begin looking for additional support. Start immediately. Long-term, sustained interventions have the most potential to affect the teen pregnancy rate. You need to keep your program going and that means keeping it funded.

Fundraising can be rewarding and even fun. You believe in

your program passionately. Share this passion and invite others to join you. Be targeted in your fundraising efforts. Remember that personal contact increases your chances of success. Accept the fact that development is an on-going process. You are never done. Nurture every donor to ensure his or her continued support; it is much easier to keep a donor than it is to find a new one. Acknowledge that each supporter is a valued partner in your work and you will be successful. Remember, you will not get anything if you do not ask.

Resources

Books and publications

The Fundraising Primer

The How-to Grants Manual

Swiss Cheese for Proposal Development

All by David G. Bauer

To order, contact:

David G. Bauer Associates
(800) 836-0732

www.dgbauer.com

The Raising of Money

James G. Lord

To order, contact:

Third Sector Press

2000 Euclid Avenue

P.O. Box 18044

Cleveland, Ohio 44118

(216) 831-9300

www.lord.org

Designs for Fundraising

Harold J. Seymour
To order, contact:
The Fundraising Institute
c/o The Taft Group
12300 Twinbrook Pkwy., Suite 450
Rockville, MD 20852
(301) 816-0210

Achieving Excellence in Fundraising

Henry A. Rosso and Associates
To order, contact:
Jossey-Bass Inc., Publishers
350 Sansome St.
San Francisco, CA 94104

Raise More Money for Your Non-Profit Organization: A Guide to Evaluating and Improving Your Fundraising

Anne L. New
To order, contact:
The Foundation Center
79 Fifth Ave.
New York, NY 10003
www.fndcenter.org

Periodicals

The Chronicle of Philanthropy
1255 23rd St., NW
Washington, DC 20037
(202) 466-1200
www.philanthropy.com

CD Publications

8204 Fenton St.
Silver Spring, MD 20910
(301) 588-6380

Semi-monthly publications that include government and private funding sources. Titles include *Families in Crisis Funding Report* and *Children and Youth Funding Report*.

Associations

American Association of Fund Raising Counsel
25 W. 43rd Street
New York, NY 10036
(212) 354-5799
www.aafrc.org

The National Society of Fund Raising Executives

1101 King St., Suite 700
Alexandria, VA 22314-2967
(703) 684-0410
www.nsfre.org

Local chapters, training, research library, international conference, youth in philanthropy program.

Research organizations

The Foundation Center
79 Fifth Ave.
New York, NY 10003
(212) 620-4230
www.fndcenter.org

Call or check the web site to locate regional and state libraries. The web site offers links to the web sites of more than 280 foundations

Training organizations

The Grantsmanship Center
1125 West 6th St., Fifth Floor
PO Box 17220
Los Angeles, CA 90017
(213) 482-9860
www.tgci.com

Training, program planning, and proposal writing covered in publications. Web site includes *Federal Register* listings.

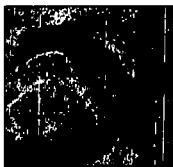
4-H Master Fund Developers Training Manual

Washington State 4-H Foundation
7612 Pioneer Way
Puyallup, WA 98371-4998
(206) 840-4570

Basic training guide and worksheets for those starting a development program.

The Fund Raising School
The Center on Philanthropy
Indiana University-Purdue University Indianapolis
550 West North St., Suite 301
Indianapolis, IN 46202-3162
(317) 274-7063

Training and publications on a wide range of philanthropic topics.



Working with the Media to Promote Teen Pregnancy Prevention

by John Hutchins

T H I S C H A P T E R

Explains the importance of effective media work in preventing teen pregnancy;

Describes the fundamentals upon which any media work must be built—a defined target audience, strong core messages, and the right communication channel;

Discusses the steps involved in developing an effective communications plan;

Discusses in detail two types of communications that state and local initiatives often find challenging—the news media and public service advertising campaigns; and

Provides references and resources for further information.

THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

Key Ideas in this Chapter

Don't let the media "happen" to you. Postpone interacting with the media until you develop a specific goal for your media work and a clear message.

Develop a communications plan that reinforces your other work. To be effective, public service announcements and other media work should be part of a larger initiative to prevent teen pregnancy.

Define your target audience and develop clear core messages. Determine who your key audiences are and what they need to hear. If you are not clear about what you stand for, your participants and potential supporters won't be either.

Repeat your core messages. Everything you do—posters, pamphlets, advertising, speeches, events, fund raising—should convey the core messages you want people to hear.

Build individual relationships with reporters. Developing relationships with reporters is the single most effective way to affect news coverage of teen pregnancy and your initiative.

Start small. You can't do everything in year one. Make a multi-year plan that you can grow into.

Working with the Media to Promote Teen Pregnancy Prevention

Communications and pregnancy prevention

A good media campaign can generate awareness, motivate action, spur funding, and keep a community focused on the bottom line—reducing teen pregnancy. Media can be the activity that makes the rest of your initiative's work come together. Media can even add some sparkle and excitement to your work and make everyone feel that your program is “hot”—on the move and making a difference.

Getting from here to there, however, is challenging. Even with the best planning, media campaigns can be disrupted. Funding can run out, other issues can intrude, or a message may not work as well as research said it would.

Doing media on teen pregnancy calls for a complex balancing act. A program's media effort should advance its own agenda but also respond to new developments. It should control its message but disseminate it broadly. It should generate “buzz” about the message but also exercise enough control to maintain credibility. It should

target specific messages to narrow audiences but not overlook other important segments of the community.

Developing effective media messages about teen pregnancy prevention can be tricky as well. An effective message is clear and one-dimensional, but it is not easy to simplify such a complicated issue. Emphasizing one aspect in the interests of simplicity and clarity risks defining the issue too narrowly. In addition, programs and communities differ. There is no one message that will work for all purposes and in all communities. Messages related to teen sexuality and pregnancy can create controversy. Many communities find they must water down their message in order to get it out into the public arena at all.

Despite these difficulties, the most important step in teen pregnancy media work is finding strong core messages. Because

A good media effort can generate awareness, motivate action, spur funding, and keep a community focused on the bottom line—reducing teen pregnancy.

you will need to repeat them frequently to get them across, getting the message right makes all the difference.

This chapter will help you develop your messages and use the media to get them out to your target audience. The ideas outlined here are meant to inspire, spark ideas, and get you started. The chapter starts with a section

on “Creating a Communication Plan,” which reviews the steps involved in defining a target audience, developing core messages, and choosing the appropriate type of media (or “media channel”) to employ. This is followed by section on working with the two major media that community programs use most: news and public service advertising.

Creating a communications plan

An effective media effort must be based on a concrete plan that reflects strategic thinking about your program’s overall objectives and the ways in which you will achieve them. Developing such a plan consists of these steps:

- determine your desired result;
- define and study your target audience;
- develop your core messages;
- select the most appropriate media channel for each audience and message;
- test and refine your messages with the target audience; and
- monitor your progress.

KEYS TO MEDIA SUCCESS

- **constantly monitor how well your media work is going**
- **be open to change and new ideas**
- **listen to what the audience thinks**
- **keep your goals in mind at all times**
- **use the media as a tool to help achieve those goals effectively**

You should expect to work through these steps several times before you end up with a satisfactory plan. You will likely find that as one part of the plan becomes clearer and more defined, other parts of the plan will fall in place. Don’t force the process—let your plan evolve over time.

Determine your desired result

What do you hope to achieve through your media work? What do you want to accomplish? Do you hope to increase knowledge among community residents of teen pregnancy? Change parental attitudes? Encourage teens to delay sexual activity?

The more specific your desired result, the easier it will be to accomplish. Unsuccessful media campaigns often suffer from ambitious objectives that may work better for a long-term, comprehensive pregnancy prevention program.

Generally, the desired result of a teen pregnancy prevention media initiative falls into one of four categories, though others may also be appropriate:

Increasing community awareness of teen pregnancy as a problem. In many communities, teen pregnancy does not get as much attention as drug use, violence, or school failure. In such a community, you might want to let a target audience know how high its teen pregnancy and birth rates are and what the consequences are.

The first step, though, is to learn what the community thinks. You should never start working in a community without

A DIFFUSE DESIRED RESULT

Reduce teen pregnancy in my county by 25 percent.

A MORE CLEARLY FOCUSED DESIRED RESULT

Reach teens under 15 in our community with a “delay” message and, as a result, raise the age of onset of sexual activity.

first understanding its attitudes and sensitivities.

Changing the behavior of individual teens or adults. The ultimate goal of most prevention initiatives is to influence the behavior of teens, parents, other adults, or public officials. Sometimes the behavior you hope to change is directly related to pregnancy (“never have sex without birth control”); sometimes it is less closely related (“stay in school”). Whatever your goal, it’s important to tell people *exactly* what they should do: “Call for this booklet.” “Talk to your children.” “Mentor a teen—call to find out how.”

Promoting a particular service or program. People can only use a service or get involved with a program if they know about it. For example, the media is one way to let sexually active teens know that a clinic offers teen-friendly services, convenient

THE IMPORTANCE OF DOING YOUR HOMEWORK

Take the temperature of a community or group before crafting a message to them—find out what they think.

hours, confidentiality, and easy-to-get appointments. The media can also help recruit adults to volunteer in your program, or promote special events.

Promoting change on an issue. You may want to promote your point of view on important issues (this is often called media advocacy). For example, you might encourage support for a youth development agenda by publicizing the stories of successful young people who have completed a particular program. (Note: Be aware of federal and state regulations about lobbying activities by non-profits.)

You may find that you would like to work on all these fronts. That is possible, but only over time and only if all four support your overall goal. A better approach is to decide which desired result is your top priority, focus on that, and then work on the others in turn.

The following worksheet may help you figure out a specific desired result.

Define your target audience

Along with determining your desired results, you will need to define your target audience or audiences. These audiences

Desired results worksheet

General Categories	Specific Action or Awareness Desired
<i>Sample:</i> Promote a specific program	<i>Sample:</i> Motivate the business community to support expansion of after-school programs in inner-city neighborhoods.
Promote a specific program	
Increase community awareness of teen pregnancy	
Change the behavior of teens or parents	
Promote youth-oriented public policy	
Other	

consist of those whose behavior or attitudes you want to change. Target audiences may include, among others:

Teens

- sexually active teens
- abstinent teens
- pre-teens and young teens
- older teens
- out-of-school teens

Adults

- parents of teens
- others who influence teens (coaches, youth workers)
- adult volunteers
- young adult men who date younger teenage girls

Organizations that Work with Teens

- agencies that serve teens
- community service groups
- religious/faith organizations
- schools

Potential Partners or Supporters

- business leaders
- community and civic leaders
- public officials

A VAGUE TARGET AUDIENCE

All sexually active teens

A MORE FOCUSED TARGET AUDIENCE

Sexually active teens in the service area of a clinic where teen pregnancy rates are high

WAYS TO DEFINE YOUR TARGET AUDIENCE

- **geography/community environment**
- **demographics**
 - **age**
 - **gender**
 - **cultural background**

As with your desired result, the more specific you can be in describing your target audience, the better. You will need to know the composition of the target audience so that you can develop appropriate messages and test them with all subgroups.

There are many ways to define and refine a general list of audiences:

Geography. Your audience may be made up of urban, suburban, and rural individuals, if the targeted program area is large enough. You should divide them into these segments and refine messages and testing procedures accordingly.

Age. The age of the audience targeted by a pregnancy prevention campaign can range widely. Choosing the right age group is a function of your overall prevention goal. For example, a

campaign to delay sexual initiation may target a different age group than one that seeks increased contraceptive use among sexually active, older teens. The basic message will need to be tested—and may need to be different—with each different age group.

Breaking the Cycle in

Hartford, Connecticut, targets diverse audiences with various messages, though all are consistent: to parents (“talk to your teens about sex and values”), to other adults (“get involved as mentors”), and to teens (“stay abstinent” for young teens and “be responsible” for sexually active teens).

The Montana Department of Health and Human Services’

Don’t Kid Yourself campaign reaches an audience of sexually active 18- to 24-year-olds through radio and newspaper ads, as well as pamphlets and posters, with messages about avoiding unintended pregnancy.

Gender. Teens are not a monolithic block; boys and girls need different messages to motivate their behavior. The choice of boys or girls as your target audience depends on what will best achieve the community’s overall prevention goal.

As part of its comprehensive male and father involvement initiative,

the **California Department of Health Services** has developed a campaign about sexual responsibility targeted to teen boys and adult men.

Cultural background. Being knowledgeable about the culture of the target audience is essential. Subtle differences in the way different cultures think about family, birth control, pregnancy, education, the role of girls, male responsibility, education, careers, and planning for the future can affect how various messages are perceived. Culture can also affect your choice of media. Once messages are selected, you need to know about the newspapers that particular cultures read, the TV stations they watch, and the factors that motivate them to accept a message.

Study your target audience

A certain amount of information about your target audience will emerge during the initial process of audience selection. At some point, though, you’ll need to explore these groups in more detail. For example:

- Whom do they trust? Who would be a credible carrier of the message—a sports figure? Another teen? A community organization or leader?
- What do they already think about teen pregnancy? Boys

may think, “It’s a girl thing.” Parents may think, “It’s someone else’s problem.”

- Where do they get information? Do they watch TV? Listen to the radio? Read periodicals? In what language?

Expand your understanding of your target audience. If a program intends to reach teens, watch the TV shows they like, read their magazines, listen to their music. If parents of teens are the potential audience, you might attend a local PTA meeting or church gathering. If public officials are the target, consult the public affairs staff of an organization with similar interests.

The following tools can further help you study your target audience:

Advisory groups. Many teen pregnancy prevention initiatives create ad hoc or permanent groups of teens or parents to advise them on all aspects of an initiative or campaign. This can be a relatively inexpensive way to learn more about your target audience. It will also draw teens into the program. Choose an advisory panel that is similar to the target audience. Create more than one if there are multiple audiences.

Surveys. Surveys allow a program to assess the views of a

representative number of the potential audience. Large-scale professional surveys or polls can be expensive, but some pollsters may be willing to add teen pregnancy questions to a planned poll. A simple questionnaire to administer to smaller groups is another option.

Focus groups. A focus group is a gathering of 8 to 10 people who are interviewed by a trained moderator using a prepared list of questions. Focus groups are often used to test messages or actual media products, such as posters or radio spots, for acceptability and ease of comprehension. Table 1 at the end of this chapter is a focus group discussion outline that shows how to structure such a conversation.

The worksheet on the next page can help you define specific target audiences.

Develop your core messages

Your core messages contain the most important ideas you want to get across to your audience. They should reflect your initiative’s values and should be the

FOR MORE INFORMATION ON HOW TO CONDUCT A SURVEY

See Chapter 12 (Volume 3), “Tailoring a Program to Your Community Through Needs Assessment.”

kernel from which you create events, slogans, advertising, fundraising, and all the other elements that go into any teen pregnancy prevention effort.

While there may be many possible core messages at this stage, try to whittle the number down to no more than three. Deciding on these few core messages does not mean that they are the only things your program stands for; they just provide a focus for your current media efforts. You need to decide what you want to

say, then find a way to get the word out.

Developing your messages takes time. Think of it as similar to the process a sculptor goes through in transforming a solid block of marble into a finished figure. First, you start with a basic idea of what you want to say. Then, through discussion, revision, testing with potential audiences, and refining, a finished phrase or sentence emerges, couched in such a way that it resonates with the target audience.

Target audience worksheet

Potential Target Audience	Age, Gender, Culture, Location	Other Important Characteristics
<i>Sample:</i> Parents of teen boys	33-35, many single parents, most working, inner city	What they read, listen to, watch; where they shop; what form of transportation they use; who their community leaders are

Here are examples of messages targeted to teens used by the National Campaign to Prevent Teen Pregnancy. Although they sound simple and straightforward, they are the result of considerable discussion, testing, and reworking.

- *For girls:* You don't have to have sex to keep a boyfriend. You don't have to have sex to be popular. You don't have to have sex unless and until you decide to.
- *For boys:* Boys can say no, too. You don't have to have sex to prove anything to your friends or girlfriend. Having sex doesn't make you a man; waiting until you're ready and acting responsibly does.

Table 2 at the end of this chapter provides more details on these National Campaign to Prevent Teen Pregnancy messages. The worksheet on the next page can also help you brainstorm core messages.

Select the most appropriate media channels

Once you have determined your desired result, clearly defined your target audience, and developed your core messages, you will be ready to choose the best vehicle for reaching your audience. Each of the three major media channels described here differs according to the credibil-

THE STARTING POINT FOR A CORE MESSAGE DIRECTED AT TEENS

Delay sexual activity.

THE FINISHED PRODUCT

**"Not everyone is 'doing it.'
It's okay to say no."**

ity it adds to a program's message, the breadth of audience it reaches, and the amount of control a program has in using it.

The news media

News coverage has high credibility (it is written by independent reporters) and a broad reach (TV, newspapers, and radio reach large audiences at the same time). The tradeoff is that you have little control over how your message gets through to the audience. News media work is not expensive, but it sometimes takes long-term, consistent work to pay off.

Public service advertising (PSA)

This strategy involves developing print, radio, or TV ads, billboards, or bus boards to carry a prevention message—a production process that may be costly even if an advertising firm has offered to provide its creative work for free. Messages conveyed through such advertising are typically short (a headline, a 10- or 30-second radio spot, a slogan). If you buy air time or ad space, you can use an advertising campaign to target a precise audience. With donated space, the audience reach is questionable (your TV

Core message worksheet

Desired Result	Specific Core Messages
<i>Sample:</i> Increase community awareness of teen pregnancy	<i>Sample:</i> Most people don't know that one out of every two girls in this city will be pregnant by the time she is 19.
Increase community awareness of teen pregnancy	
Promote a higher profile of a particular prevention program	
Change the behavior of teens or parents	
Promote youth-oriented public policy	
Other	

spot may run free at 2 a.m.). Because the messages are clearly from an organization with a point of view, credibility is only as good as the organization's reputation.

Public affairs work and special events

These vehicles provide programs with an ongoing way to reinforce

their messages and put a human face on what they say in the media and advertising. Both involve direct contact with audiences through activities such as giving speeches to community groups, writing articles for professional and community newsletters, and offering free workshops to schools, businesses, or community organizations. For example, a program could kick off a media campaign with a health fair, and then describe its ongoing work in the resulting news coverage. A successful special event can raise the profile of an initiative. Often the greater value of special events

THE 3 MAIN MEDIA CHANNELS

- news media
- public service announcements (PSAs)
- public affairs work and special events

comes from news coverage of them rather than the event itself.

You have a great deal of control over the message in special events because you are delivering it directly to the audience. Public affairs work and special events do not have to be expensive (though they often are). Both require considerable staff or volunteer time to plan and carry out the activities.

Messages delivered in this way generally have medium credibility—less than news stories (because they are delivered by an advocate with a point of view), but more than advertising (because the message comes directly from a respected organization or a community event). Another attribute of this approach is that public affairs work and special events have a fairly narrow reach; only those who come to the event or read about it receive the message.

The box on the next page summarizes some of the considerations involved in using various media options.

Test and refine your messages

Before you roll out your messages, you need to be sure the audience is ready to listen to them. For example, a mother who is already concerned about her daughter's well-being will be

receptive to a message about talking to her teen about sex. On the other hand, a message about the long-term consequences of unprotected sex might not be the right way to reach teen boys because they often focus only on short-term consequences.

You also need to be sure that the message can be expressed in simple, clear, layperson's language, particularly if TV or radio are involved. For example, the Catawba County Social Services' **Age of Consent Campaign** has a very specific message for older teen males and adult men: Sex with a minor who is at least four years younger is now a crime in North Carolina.

Finally, you need to make sure the message is worded and framed in just the right way to touch your audience. A message may sound good to you, but you must let the target audience's opinion guide your final decision about its suitability and power.

Message testing will help you reach all these objectives. Testing provides a crucial opportunity to refine your messages and make them more memorable, attention-getting, and motivating.

Testing proved invaluable for the **Family Planning Council of Southeast Pennsylvania** when

Selecting a media option

OPTION	CONSIDERATIONS
News media	
Radio	Teens listen.
Television	Advertising is expensive, hard to get coverage, good for saturating the community with a message.
Newspaper	Credible place for program name and ideas to be mentioned in editorials, news stories, advertising.
Magazines	Good for targeting specific audiences.
Specialty publications	Good for targeting specific audiences, may be interested in articles written by program.
Public service advertising	
Radio	Teens listen, advertising is inexpensive, audience reach is questionable with donated air time.
Television	Good for targeting a large audience, production is expensive, audience reach is questionable with donated air time.
Internet	Hard to measure impact, but popular with teens.
Bus boards	Highly visible way to reach teens who use public transportation, diffuse reach.
Billboards	Highly visible.
Public affairs work and special events	
Speeches	Great way to reach audiences in person.
Direct mail	Expensive, low credibility for message work.
Public workshops	Great way to reach parents.
Organizational workshops	Great way to reach parents.
Flyers	Inexpensive, little impact, best for specific events.
Events	Take a great deal of work with uncertain payoff.
Promotional items	If cleverly done, can be useful in getting the message out.

the slogan, "Pregnancy: It's Not for Me," tested poorly among parents, but was very popular with teens. Abstinent teens interpreted it as a supportive message, and sexually active teens believed it was a credible reminder to practice effective contraception.

Testing can also help you figure out how to reach multiple target

audiences with variants on the same core message.

In Maryland, **Campaign for Our Children** has distinct messages for parents ("talk to your teens about sex before they make you a grandparent") and teens ("you can go farther when you do not go all the way"), which reinforce the same

prevention goal of reducing teen sexual activity.

Some campaigns use focus groups to test messages. Participants give immediate feedback on potential messages, offer suggestions for changes, and even suggest where to run it or who would make a good spokesperson. Other programs use surveys, which can be more expensive. Still others have ongoing advisors.

Not Me, Not Now, in Monroe County, New York, maintains a teen panel for message testing.

Commercial marketers know that people remember messages that meet their needs or support their values. Experts on teens suggest that young people are more receptive to positive messages. However, fear appeals are a staple of public health PSAs—particularly in relation to AIDS, drugs, and drunk driving. While there is some disagreement about the use of fear appeals, research shows that they are effective in limited circumstances and when done very carefully (DeJong & Winsten, 1998).

Create a system for ongoing monitoring

Successful media initiatives include ways to track their progress, evaluate whether they have successfully reached their ultimate goal, and find out when

FOR MORE INFORMATION ON EVALUATION...

See Chapter 16 (Volume 3), "Building Evaluation into Your Work."

they need to make corrections along the way. Formal evaluation of media campaigns can be very challenging, especially if you want to measure behavior change, but there are less expensive ways to track progress, including:

- collecting press clips, listing the audiences for presentations, and keeping track of the number of times a PSA has run and where;
- continuously testing the validity of messages with teen advisory panels; and
- conducting audience surveys to measure how far the message has reached, or whether, for example, parents are talking with their children about sex more since the campaign began.

HOW TO BE AN EFFECTIVE TEEN PREGNANCY PREVENTION COMMUNICATOR

- **create a buzz**
- **keep the message out there**
- **always have something new to say**
- **convey a sense of urgency**
- **inspire action**

Working with the news media

The most efficient way to reach the general public is through the news media: newspapers, radio, and television. Reporters and editors—especially on the local level—are always looking for stories to fill their pages and newscasts, and teen pregnancy prevention initiatives have important stories to tell. Seeking news coverage, however, should not be a one-shot deal; you should develop relationships with reporters and keep your initiatives prominent in their Rolodexes.

What is news?

To generate coverage, a program must create a news “hook”—that is, a reason for a reporter to tell a story. Reporters look for:

- new information (statistics or trends);
- conflict (disagreement and controversy);
- personal stories (reporters tell stories through the lives of individuals);
- local angles to national stories;
- counter-intuitive information (“teens want to hear from their parents about sex”); and
- quotable people.

Creating a media list

The first step in creating successful, ongoing relationships with the news media is to identify and develop the right media contacts. In some communities, the local library will stock a media guide with detailed information about newspapers and broadcast stations and their personnel. Many United Way organizations publish media guides as well. Another way to identify likely reporters is by reading local papers and magazines and finding out who covers youth, education, health, and social policy.

Potential sources of names for a media list:

- newspapers (from major dailies to suburban weeklies)—city, health, and editorial page editors; health, education, lifestyle, and political reporters;
- television—news assignment editors; news directors; health, education, lifestyle, and political reporters; segment and show producers;
- radio—news directors, talk show producers, radio personalities;

- wire services—bureau chiefs, daybook editors (the daybook lists events taking place each day in the community), reporters; and
- other news outlets—community and faith-based publications, high school or college newspapers, and special interest and professional newsletters.

You may also want to develop a list of nonmedia individuals and groups whom it may be useful to inform or influence. These might include funders, policymakers, community leaders, and collaborating agencies and institutions.

Making contact with local news media

Your goal should be to become the first person a reporter or editor thinks to call when doing a story on teen pregnancy. Some ideas for becoming a credible source for local news media (National Campaign, 1997a):

- introduce yourself, your organization, and your issue to the producer of a local talk radio or TV show;
- send reports, updates, and notice of upcoming events or publications; always send items to a specific person, not to a title (John Jones, not “News Editor”);
- offer to do a briefing for the editorial board of your local paper;
- get to know the community affairs liaisons for local news media outlets whose job is to stay abreast of community issues and concerns;
- when national stories break about teen pregnancy, give reporters a local angle to work with—offer data, a statement, visuals, or access to a successful local program, if possible;
- when a local story runs that is related to teen pregnancy, offer the reporter additional information that would enhance or provide context for the story; and
- develop a group of credible spokespersons who can discuss different aspects of teen pregnancy with reporters, including school teachers, parents of teens, teens themselves, and health officials.

USE THESE SOURCES TO PUT TOGETHER YOUR MEDIA LIST

- **newspapers**
- **television**
- **radio**
- **wire services**
- **other news outlets**

Using the tools of the trade

Reporters expect story ideas and messages to be packaged in particular ways. Each of these tools has particular uses:

Press releases. A short description of the story you want to tell, a press or news release describes the who, what, when, where, how, and why right up front. Never more than one double-sided sheet of paper, double-spaced, a release uses simple, nonjargony language, short sentences, and short paragraphs. It should be written in a news style so that it can be printed in smaller papers as is. Press or news releases follow a standard format.

Media advisories. Similar to a news release, a media advisory announces the particulars of a press event in bullet form. It often is sent a few weeks before an event so that it can be added to reporter's coverage schedules; in contrast, a press release appears on a reporter's desk much closer to the actual event. See Table 3 at the end of this chapter for a sample media advisory.

Press conferences and media briefings. Press conferences and briefings offer a visual event around which to organize a news story you are pitching. It is essential, however, that you have something newsworthy to

announce and an effective spokesperson to announce it. There is nothing worse than holding a press conference in an empty room—and it does happen. Here are a few guidelines:

- Choose a convenient site for the media. Get a room that will just accommodate the number of people you expect (or even a few less) so that the event will not look under-attended.
- Make sure you have the necessary equipment—microphones, podium, chairs for reporters, a banner or poster for a backdrop.
- Time your event carefully. Give reporters time to attend your event, do additional reporting, and file their stories before deadlines—10 or 11 a.m. is often ideal. Connect your event to a related hook—like National Teen Pregnancy Prevention Month in May.
- Hand out press kits and have a sign-in sheet for the press.

Press kits. For distribution to reporters at a press event, a press kit usually includes a press release, an event agenda, a fact sheet about your organization, brief biographies of event participants, and supporting documents (reports, statistics,

FOR MORE ON WRITING A FACTS AND STATS SHEET

See Table 4 at the end of this chapter for an example.

lists of story ideas, and expert contacts).

"One-pager." A one-page description of the basics on your initiative or program:

- name, address, phone, fax, and email
- program description
- funding sources and sponsors
- brief program history including start date and purpose
- leaders and participants

Facts and stats sheet. Reporters like to be able to cite the latest teen pregnancy data available. If possible, get community statistics from your health department. National and state data are available from several agencies and organizations listed in the Resources section. Be sure to list your organization as a contact. See Table 4 at the end of this chapter for an example of a facts and stats sheet.

Story ideas. Although most reporters do not like to be told how to cover a story, they do appreciate leads on potential angles, sources, and interviews. Look at your initiative with a reporter's eye. Tell a personal story. Locate a good visual for a TV crew or print photographer. Describe how this issue affects viewers or readers. Tell them

how much teen pregnancy costs your community.

Editorial board meetings. Make an appointment to offer a background briefing to your local paper's editorial writers on teen pregnancy, your initiative, or a new report. Explain to them how important this issue is to their readers.

Opinion pieces (op-eds) and letters to the editor. Op-eds are usually written by experts in their field—like you!—or by prominent people in the community. Most op-eds are between 500 and 1,000 words long. Check with your local paper about how to submit an opinion piece. Send your op-ed to the opinion page editor at least two weeks before any related event. Letters to the editor, which are much shorter (less than 200 words), must usually be written in response to something that has already appeared in the paper. Submit them as soon as possible following the original article.

Reactions to events. Depending on what kind of news you want to make, you should consider providing reactions to teen pregnancy-related news: legislative briefings, governmental proclamations, and similar events. Do so by crafting a three- to four-sentence commentary and faxing it to your local paper.

Getting professional help with media work

Public relations and advertising firms can be invaluable. If you plan to launch a long-term media effort, select a firm early on and stick with it over time. Its resources, relationships, and advice will be very helpful. To make the relationship productive, however, you must know what you want from them before you begin working together. These tips can help.

1. Write down exactly what you need *before* you talk with a public relations firm. This can be formal (a "Request for Proposal" or RFP) or an informal memo. Include:

- your goals for public relations and media work
- the amount of money you have available to spend (choose a number less than the true maximum).
- your desire to have donated creative services and a discount on production costs
- the time frame in which you want the work to be done
- the person at your organization who will be the liaison with the firm
- key deadlines that are non-negotiable

2. Take your RFP or list of needs to two or three firms and see what they can offer you. Ask to see samples of past work—for both paying and *pro bono* (non-paying) clients.

3. Ask the firms to send you a brief proposal of what they would be able to do for you. Be sure it responds to the needs you have identified.

4. Ask to meet with several firms in their offices to get a feel for the way they work and their mix of clients. Consider the

following to help you know which firm is right for you.

- Do you like the style that they have used with other clients?
 - Do you trust that the people you have met understand your message and your goals?
 - Did they seem eager to win your business?
 - What benefit might they draw from working with you (e.g., added exposure, creative challenge)? It's better to work with a firm that might get something out of the relationship, too.
 - Small firms may be more eager to get exposure and make a name for themselves, so they may view working for you as a chance to make a splash on a compelling issue. However, small firms need to pay the bills, so you may end up as a lower priority at deadline time.
 - Larger firms may have more staff to devote to your work, and might assign a junior person to take charge of your account. This can benefit you because they may bring added enthusiasm and rigor to the work. Larger firms also have access to databases, clip services, and a host of other resources that they can tap for your project. However, *pro bono* projects can get lost at larger firms, so be sure to invest time in staying on top of the work.
5. Ask other nonprofits in your community about their experiences with local firms, and get suggestions from them on things to watch out for.

WHEN YOU'RE DEALING WITH REPORTERS, REMEMBER...

**You're selling, the
reporters are buying.**

Dealing with reporters

The following tips will help you deal smoothly with reporters. The bottom line is that when you are working with reporters, you will always have different agendas: you are selling, the reporter is buying. Make sure reporters feel as though they are getting value for their time and effort. Some advice from the experts:

- Respond immediately. Return reporters' phone calls right away; they may be on a deadline. If you cannot talk, tell them when you can or suggest others who are available. If you promise to get them more information, deliver it on time. If you are helpful, reporters will call you again and again.
 - Anticipate questions. Prepare talking points so that you are not caught off guard.
 - Choose three main points you want to get across in your press event, press release, or interview, and then repeat them. For television, focus on only one or two simple points.
 - Do not raise subjects with the press unless you have answers. If you say there's a teen pregnancy problem in your community, be prepared to offer simple numbers and solutions, or explain why they are hard to find.
 - Personalize the story. Make statistics come alive with examples of real people, preferably people the reporter can interview.
 - Stay on your message. Do not let a reporter get you to say something you do not want to say.
6. Once you select a firm, work together on a plan that will meet your needs. Specifics may change over time, as the firm comes up with new ideas for you.
 7. Be open to new ideas, but be vigilant about your budget. If you cannot afford a great idea, perhaps the firm can help you find ways to cover costs, or other funders may be willing to support the idea.
 8. Most firms can donate "creative"—ideas, slogans, artwork—but they must charge for the cost of paper, printing, mailing, and other services. To save money, ask them for a list of reporters and ideas for what to send, then do the mailing yourself.
 9. Think of this work as starting a long-term relationship. Over time, the firm can get to know your organization and your goals, and can continue to think of creative public relations strategies beyond the limits of a single campaign or project.

- Do not go “off the record.” Do not say anything you would not want quoted. You cannot control what reporters write or air, only what you say to them.
- Do not be pushy. Make your best pitch and let reporters make their own decision. If you make them an enemy, they will not be likely to cover future stories for you.

Making the most of your success

The value of news coverage is hard to measure precisely, though collecting news clips and

video highlights is one good way to keep track of your success. Professional clipping services are available (for a price), but following your own media appearances is not too difficult, particularly in smaller communities. A stack of positive newspaper clippings can be very influential with funders, politicians, and other groups that you are trying to impress.

It is not quite true that “any coverage is good coverage,” so make sure your public image is what you want it to be. Change your tactics if it is not.

Public service advertising

A public service advertising campaign is a high-profile, expensive communications strategy. A good PSA campaign can reach your target audience very effectively. A poorly designed and executed campaign can damage your cause and organization. The following strategies can help ensure a successful campaign.

Be sure public service advertising is right for your message

Do not try to convey complex messages using PSAs. If you cannot reduce your message to a

slogan or sound bite that you can use over a long period of time, a PSA is not the right strategy.

Make a long-term commitment

You and your funders must be willing and able to make a long-term commitment—measured over several years—to the PSA campaign. One PSA, no matter how good, is not worth the expense.

Get adequate funding and in-kind support

PSA campaigns are expensive. Besides production costs, you

must pay or negotiate for air time or print space. Print and radio campaigns are less expensive than television. For example, a radio announcer could read a brief announcement about your nonprofit initiative for free. On the other hand, TV PSAs can cost tens or hundreds of thousands of dollars to produce and air.

The **California Department of Health Services** has budgeted \$29 million over three years for its total media/public information campaign about responsible parenting and teen pregnancy.

The more than 40 states and communities that are developing or planning to develop a teen pregnancy prevention media campaign have been very resourceful in seeking public and private grants, as well as in-kind and pro bono support, including:

- Public funds—federal and state government offices, including adolescent pregnancy prevention, maternal and child health, public health programs, general funds, welfare reform, labor and employment security, education, and juvenile justice; commingled state agency funds; county and city funds.
- Private funds—national, state, and local foundations,

the March of Dimes, corporate foundations, insurance companies,

- Pro bono and in-kind contributions—free and discounted air time from local broadcasters, pro bono services from ad agencies, donated PSAs from other communities, partnerships with the Ad Council.

Putting together a mixed portfolio of funding sources and in-kind support is the best hedge against inconstant funding. Some suggest that there are fewer strings attached to private money, although all funders expect to have some oversight of campaign messages and tactics.

Set specific goals for your PSA campaign

A PSA campaign must have a clearly stated, *specific* communications goal. For example:

KEYS TO PSA SUCCESS

- **a good fit with your message**
- **a long-term commitment**
- **adequate funding and in-kind support**
- **specific goals**
- **coordination with other prevention activities**
- **audience research**
- **a persuasive message**
- **the right media channel**
- **cooperation with local broadcasters and ad managers**
- **support from other activities**

Florida's six-year **Education Now and Babies Later** campaign seeks to promote abstinence among fifth and sixth graders through TV and radio ads, along with other activities.

The Idaho Governor's Council on Adolescent Pregnancy Prevention runs a campaign, **Sex Lasts a Moment, Being a Parent Lasts Your Whole Life**. They want to reach 95 percent of Idaho teens ages 12-17 with a message to delay sexual activity.

Other campaigns have linked their goals to those of related health promotion campaigns:

The **Michigan Abstinence Partnership** targets 9- to 15-year-olds and their parents with a message of abstinence from sex, alcohol, tobacco, and drugs.

The Mississippi State Department of Health's **Take Care Campaign** seeks to reduce teen pregnancy and infant mortality rates by encouraging teens, especially sexually active teens, to take care of their health by protecting themselves from the consequences of unprotected sex.

Because behavior change—the ultimate goal of many PSA campaigns—is so hard to achieve, it is a good idea to set interim goals, as well. These may be related to the process of creating the PSA campaign or may be

measures of how widely and well your messages reach the target audience.

The interim goal for Idaho's Sex Lasts a Moment, Being a Parent Lasts Your Whole Life campaign is to achieve a better than 70 percent message recall rate among the target audience.

Coordinate your PSA campaign with other prevention activities

Your PSA campaign should be part of a larger, integrated initiative. Campaigns are most effective when they are combined with other programs at the local level. If you want your PSAs to motivate your audience to do something, you must offer them opportunities, support, or more information if they are to take the next step.

Invest in audience research

Investing the time and resources to learn about your target audience and to test your messages with them is absolutely critical. The material earlier in this chapter can help you plan ways to carry out this task.

Craft a persuasive message

A PSA campaign is like any other ad campaign: you are selling something. However, selling a change in behavior (social marketing) is much harder than

getting someone to change his or her brand of toothpaste (commercial marketing). Social marketing has the great challenge of changing deeply ingrained attitudes and behaviors. Behaviors related to teen pregnancy are influenced by many factors, too many to be greatly affected by media messages alone. If your goal is to change your audience's long-term behavior, commercial marketing techniques suggest you follow these steps in crafting your message (DeJong & Winsten, 1998):

- Highlight the seriousness of the problem and get the audience to reevaluate their own risk. For example, make it clear to lawmakers that the high rate of teen pregnancy contributes to all kinds of

social problems, or that it means teens will likely remain poor as adults.

- Anticipate the audience's resistance to the message and present the advantages of the changed behavior. Tell boys that being sexually responsible is what makes them men.
- Teach behavior skills. It is not enough to tell teens to "say no." Show them behaviors to emulate.
- Build the audience's self-confidence about being able to make the change. Convince teens that talking to their partners about condoms is not too embarrassing.
- Show them that their peers are adopting the behavior. Use teen voices or actors or cite survey results.

FIELD NOTES

Message DOs and DON'Ts for PSA campaigns

Practitioners who have worked with teens on message development offer these tips:

- Scare tactics and negative images can backfire.
- Teens do not like to think of themselves as teens. Teens and preteens are more receptive to messages from people two or three years older than themselves.
- Use images that are visually similar to what teens usually

watch (music videos and action movies).

- Immediate consequences (tonight, tomorrow) are far more real to some teens than long-term ones.

Reprinted with permission from the National Campaign to Prevent Teen Pregnancy. (1997a). Sending the message: State-based media campaigns for teen pregnancy prevention. Washington, DC: Author.

- Create a buzz. Use complementary strategies (focus groups, previews, T-shirts, etc.) to stimulate conversation among your target audience so that your message will find a larger audience.

Select the type of media for your PSA

Consider a number of factors, including the type of message (Does it lend itself to visual expression?), the audience's preferences (Do they listen to a lot of radio? Will they see the billboards?), the resources available (Has a graphic designer offered free services?), and cost (Can you afford a sustained TV campaign?). Each medium has its advantages and its limitations.

Television

TV is great for expressing clear, uncomplicated, and visual messages. A well-placed ad can reach a large and broad audience quickly. However, it can be expensive to produce TV PSAs and even more expensive to secure *quality* air time, because broadcasters offer free time at odd hours and charge high rates for prime spots.

The Family Health Council's **Break the Silence** campaign in Pittsburgh has negotiated a good mix of paid and free radio and TV air time, as well as reduced fees from a professional ad agency.

Radio

Because radio enjoys a disproportionately large youth audience, it is a particularly good way to reach teens. Radio audiences are often highly segmented by age, race, culture, and geography, which can be a benefit if you want to reach a very specific group. Radio time is much cheaper than TV time, and a campaign can submit a 15- or 30-second script to be read by a radio personality.

Print

Although they often command less attention, print advertisements are good for reaching policymakers and community opinion leaders. They are better suited for delivering more complicated and detailed messages. Other forms of print materials—pamphlets, feature articles in community newspapers, and posters—offer similar advantages and provide opportunities for the audience to reread and reflect on your messages.

Nontraditional media

Campaigns have found other creative and cost-efficient venues. Billboards, bus boards, videotapes, newsletters, community-access cable, promotional items, comic books, photo-novellas, and the Internet are among the many other ways to get a message out.

The Kansas **Children's Service League** runs PSAs in Topeka-area movie theaters using messages created by teen focus groups.

Work with local broadcasters and advertising managers

Getting your PSA accepted involves negotiating free or reduced rates with those people who decide what to print or air. As business people, local broadcasters are unlikely to air controversial spots. They like PSAs with a tie-in to a community institution or event. Many of them welcome the opportunity to contribute to the development of the campaign messages, PSAs, and related products and events. Consider asking one station in your area to sponsor your campaign. That way your message will be assured good air time, and the station will reap the benefit of community recognition.

Bolster your PSA campaign with other activities

Because PSA campaigns are more likely to be effective if they are supported by complementary activities, teen pregnancy prevention initiatives have integrated their media strategies with other programs and events at the community level.

PSAs developed by the **Scott County Teen Pregnancy Prevention Campaign** in

Eastern Iowa offer a hotline number and a resource packet to help parents and teens talk about sexual issues.

Nevada Public Health

Foundation's abstinence-based campaign encourages parent and teen involvement in Community Action Teams throughout the state.

The Pregnancy: It's Not for Me

campaign by the Family Planning Council of Southeast Pennsylvania is supported by extensive programs in local high schools and middle schools.

The Ohio Family and Children

First Initiative is launching a state-wide abstinence-based campaign and encouraging counties to develop their own local campaigns using Wellness Block Grants from the state.

Iowa's Adolescent Pregnancy Prevention Campaign

kicks off a new ad campaign each May during Teen Pregnancy Prevention Month.

The Lincoln-Lancaster (NE) Teenage Pregnancy

Prevention Coalition gives state legislators cardboard "Remember Me" Dolls with representative stories about teen mothers.

Conclusion

Media campaigns designed to change behavior require a long-term commitment: Cutting the smoking rate in half among adults took nearly 40 years of intense media and nonmedia work. Your work can keep a

teen pregnancy prevention message in the air and on the minds of teens and adults, and, over time, help make a difference in your community's teen pregnancy rates.

References

- Advocates for Youth. (1997). *National teen pregnancy prevention month planning guidebook*. Washington, DC: Author.
- Campbell, J., & Nelson-Weaver, J. (1997). *Public awareness for adolescent pregnancy prevention: A guide for involving communities*. Columbia, SC: South Carolina Council on Adolescent Pregnancy Prevention.
- DeJong, W., & Winsten, J. (1998). *The media and the message: Lessons learned from past public service campaigns*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Kirby, D. (1997). *No easy answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Media Campaign Resource Center, Office on Smoking and Health, U.S. Centers for Disease Control and Prevention. (1995). *Media campaign resource book for tobacco control*. Rockville, MD: Author.
- National Campaign to Prevent Teen Pregnancy. (1993). *Adults on teen pregnancy: A focus group report*. Washington, DC: Author.
- National Campaign to Prevent Teen Pregnancy. (1997a). *Sending the message: State-based media campaigns for teen pregnancy prevention*. Washington, DC: Author.
- National Campaign to Prevent Teen Pregnancy. (1997b). *Partners in prevention: How national organizations assist state and local teen pregnancy prevention efforts*. Washington, DC: Author.
- National Campaign to Prevent Teen Pregnancy. (1997c). *Snapshots from the front-line: Lessons about teen pregnancy prevention from states and communities*. Washington, DC: Author.
- Schlitt, J., & Jennings, P. (1993). *Creating public awareness for adolescent pregnancy prevention: A manual for state and community campaigns*. Washington, DC: Southern Regional Project on Infant Mortality.

Programs and resources mentioned in this chapter

Age of Consent Campaign

Catawba County Social Services
PO Box 669
Newton, NC 28658
(828) 326-5636
Fax: (828) 322-2497

Break the Silence

Center for Adolescent Pregnancy
Prevention
Family Health Council, Inc.
960 Penn Avenue, Suite 600
Pittsburgh, PA 15222
(412) 288-2130
Fax: (412) 288-9036

Campaign for Our Children

Hal Donofrio, Executive Director
Campaign for Our Children
120 W. Lafayette St.
Suite 1200
Baltimore, MD 21201
(410) 576-9000
Fax: (410) 528-8809

Don't Kid Yourself

Montana Department of Health and
Human Services
Family Planning
1400 Broadway
Cogswell Building
Helena, MT 59620
(406) 444-7334
Fax: (406) 444-2606

Kansas Children's Service League

3616 SW Topeka Boulevard
Topeka, KS 66611
(785) 274-3100
Fax: (785) 274-3181

Lincoln-Lancaster (NE) Teenage Pregnancy Prevention Coalition

PO Box 5009
Lincoln, NE 68505
(402) 441-7716
Fax: (402) 441-6824

Nevada Public Health Foundation

One East First Street, Suite 806
Reno, NV 89501
(702) 323-3325
Fax: (702) 323-3378

Not Me, Not Now

John Riley, Director
Monroe County Department of
Communications and Special Events
39 West Main St.
Suite 204
Rochester, NY 14614
(716) 428-2380
Fax: (716) 428-3268
www.notmecnolnow.org

Ohio Family and Children First Initiative

65 East State Street, 9th Floor
Columbus, OH 43215-0011
(614) 466-1822
Fax: (614) 728-3504

Pregnancy: It's Not for Me

Family Planning Council of
Southeast Pennsylvania
260 South Broad Street, Suite 1000
Philadelphia, PA 19102
(215) 985-2619
Fax: (215) 732-1252

Scott County Teen Pregnancy Prevention Campaign

Maternal Health Center
852 Middle Road, #11369
Bettendorf, IA 52722
(319) 359-6633
Fax: (319) 359-5261

Sex Lasts a Moment, Being a Parent Lasts Your Whole Life

Idaho Governor's Council on
Adolescent Pregnancy Prevention
Idaho Department of Health and
Welfare

450 West State
P.O. Box 83720
Boise, ID 83720
(208) 334-5957
Fax: (208) 334-6573

Take Care

Department of Reproductive Health
Mississippi State Department of
Health
2423 North State Street
Jackson, MS 39215

Teen Pregnancy Prevention Initiative

The California Wellness Foundation
6320 Canoga Ave., Suite 1700
Woodland Hills, CA 91367
(818) 593-6600
Fax: (818) 593-6614
www.cwf.org

Partnership for Responsible Parenting

Julie B. Linderman, Public Health
Education Consultant
California Department of Human
Services
714 P St., Room 440
Sacramento, CA 95814
(916) 657-2949
Fax: (916) 657-1608

The National Campaign to Prevent Teen Pregnancy

2100 M St., N.W., Suite 300
Washington DC 20037
(202) 261-5655
www.teenpregnancy.org

Other useful resources

Center for Substance Abuse
Prevention's Technical Assistance
Bulletins:

- *Identifying the Target Audience*, June 1997
- *Urban Youth Public Education for the African American Community*, June 1997
- *Developing Effective Messages and Materials for Hispanic/Latino Audiences*, June 1997

- *Communicating Appropriately with Asian and Pacific Islander Audiences*, June 1997
- *You Can Increase Your Media Coverage*, September 1994

Available from the National
Clearinghouse for Alcohol and Drug
Information
P.O. Box 2345
Rockville, MD 20852
(800) 729-6686

Sample discussion outline for a focus group with teens

DISCUSSION GUIDE

I. Introductions, Explanation, Ground Rules (5 minutes)

- A. Moderator introduces her/himself and explains project's purpose. *We are working with an organization in Washington, D.C., and some folks there are interested in hearing your thoughts and opinions about some issues that teenagers face, deal with, or are concerned about. More of the topic will unfold.*
- B. Explain focus group process. *A research method for collecting data similar to surveys, except that rather than asking and answering questions on a one-on-one basis, questions are posed to the whole group and all are asked to respond and talk to each other. Ask respondents to explain why they are here and what is expected; define "opinion;" it's what you think or feel.*
- C. Explain ground rules.

Audio- and video-taping: review and summarize your thoughts in a report; consent forms: "what you say is very important to us."

Assure confidentiality and stress importance of honest opinions - relax and be comfortable.

Pace of discussion is controlled: move from topics, and allow all an opportunity to speak.

This is not school and we are not teachers.

No rules about appropriate language.

Do not need to raise hands, but need to speak loudly, clearly, and one at a time.

Agree/Disagree: speak up; no right or wrong answers.

One-way mirror and observers.
- D. Respondent introductions. *Names, grades/ages, school attending, what enjoy doing for fun, and icebreaker as appropriate.*

II. Saliency of Teen Pregnancy as a Problem (Group Formation) (10 minutes)

- A. What types of things are important to you in your life right now - things that you think a lot about or are concerned about?

LISTEN FOR: school/education, drugs, family problems, poverty, violence, finances

PROBE: Try and think of what the number-one issue that you most worry about is.

PROBE FOR: sexual pressures and associated problems, i.e., pregnancy, STDs, AIDS.
- B. [IF IT EMERGES IN DISCUSSION:] Some people mentioned thinking about or worrying about sex or things related to sex, like pregnancy or AIDS. What worries you about sex? How much does it worry you - a lot, somewhat, or just a little? Why?

PROBE FOR: getting pregnant, doing it because someone wants you to, not doing it and feeling left out, getting STDs/AIDS, getting a reputation.

III. Attitudes, Beliefs, and Behaviors about Preventing Teen Pregnancy (15 minutes)

- A. So... [IF MENTIONED] some of you consider teen pregnancy something that is pretty important - something that concerns you or that you worry about. I am curious... How much of a "problem" is teen pregnancy in your school? ...in your family? ...in your life?
- PROBE: Does anyone have friends who have babies?
- PROBE: Do you know anyone around your age who has a baby?
- B. Why do you think some teens get pregnant? What are the reasons they might give? Do you think there are some teenagers who *want* to get pregnant? Why is that do you think? What are the reasons to *not* get pregnant as a teenager?
- C. How concerned are you about *teen pregnancy* compared with some of the other issues people mentioned? How much does it worry you - a lot, somewhat, or just a little? Why? How do you think pregnancy is related to or similar to these other issues? How is it different from the other issues?
- D. Where do you go, or whom do you talk to, about some of these things you have mentioned - some of the things that are related to sex and pregnancy?
- LISTEN FOR: friends, parents, siblings, teachers, coaches, et al.
- PROBE: How do teens talk about teen pregnancy? What kinds of words do you use? What kinds of things do you say?
- PROBE: Whom do you listen to about this issue? Who influences your attitudes or your opinions? ...Peers? ...Parents? ...Teachers? ...Other adults? ...Music and media?
- E. Has anyone heard or read about a recent study that found teen pregnancy is down in the United States - that it has fallen to the lowest levels in 20 years? If so, what do you remember thinking about that? Do you think it's true? Why or why not?
- F. Would you agree or disagree that teen pregnancy is something that can be *prevented*? If so, how? Why do you believe that? What do you think can be done about it? How would you go about trying to stop it? What do you think it will take to solve the problem of teen pregnancy?

IV. Barriers to and Motivations for Preventing Teen Pregnancy (20 minutes)

- A. What are the most common ways teenagers can prevent teen pregnancy? Which are most effective?
- LISTEN FOR: contraceptive methods and abstinence.
- PROBE: What words do you use to describe contraceptive methods and abstinence?
- B. [FOR CONTRACEPTIVES:] Some of you mentioned various kinds of pregnancy prevention methods that people use. What are some of the most popular contraceptives, do you think? Why do you think some teenagers use contraceptives? Why do you think some teenagers do not use contraceptives?
- C. [FOR ABSTINENCE:] Some of you mentioned not having sex as a way to prevent pregnancy. Why do you think some teens choose to not have sex? Why do some teens choose to have sex? Do you think this is an easy choice to make? Why or why not?

FOR SEXUALLY-EXPERIENCED GROUPS:

- D. Do you know if many of your friends are having sex? How do you know that they are having sex? How do you feel about that?
- E. We know that at your age, some teenagers choose to have sex and others choose to not have sex. Without necessarily telling your personal story here today, could you tell me why teens like you have sex? For example, what reasons would your friends give?
- F. Do you think a typical teenager who has sex *always* uses a contraceptive method, such as [NAME SOME MENTIONED]? What do you think can get in the way for someone who *wants* to use a contraceptive method, but doesn't always? Have you ever used any of these contraceptive methods? If so, why did you use it? If not, why didn't you use it?

FOR SEXUALLY-INEXPERIENCED GROUPS:

- D. Do you think most of our friends are currently having sex or not having sex? Why do you think that? How do you feel about that? What age do you feel most teenagers first have sex?
- E. We know that at your age, some teenagers choose to have sex and others choose to not have sex. The people in this room told the person who invited them to attend this group interview that they have not had sex. Without necessarily telling your personal story here today, could you tell me some reasons why teens like you have chosen to not have sex?
- F. Which do you think is an easier decision to make - to have sex or to postpone sex? Why? What kinds of things do you think can make it difficult for someone who has made a decision - either way - to stick with it?

FOR MIXED SEXUALLY-EXPERIENCED GROUPS:

- D. Do you think most of our friends are currently having sex or not having sex? Why do you think that? How do you feel about that? What age do you feel most teens first have sex?
- E. We know that at your age, some teenagers choose to have sex and others choose to not have sex. Some people in this room told the person who invited them to attend this group interview that they have not had sex and some indicated that they did have sex. If you feel comfortable talking about it, can you talk a little bit about that? Try and explain what some of the reasons are why you have chosen to either have sex or not have sex.
- F. Which do you think is an easier decision to make - to have sex or to postpone sex? Why? What kinds of things do you think can make it difficult for someone who has made a decision - either way - to stick with it?

V. Ten Things about Teen Pregnancy

(15 minutes)

[ASK ONLY IF NOT ELICITED WELL ENOUGH THROUGHOUT INTERVIEW]

- A. Imagine that you are talking to a group of other teenagers who are around your age. What is the one most important thing you would want to say to them about teen pregnancy and teen pregnancy prevention?

ACTION: Go around the room and ask each participant to respond.

- B. OK. Now imagine that you are talking to a group of adults - parents, teachers, and other adults you interact with. What is the one most important thing you would want to say to them about teen pregnancy and teen pregnancy prevention?

ACTION: Go around the room and ask each participant to respond.

VI. Acknowledgements and ConclusionsACTION: Provide NCPTP www address: www.teenpregnancy.org.

Sample media messages for a teen pregnancy prevention initiative

Here are 9 messages developed by the National Campaign to Prevent Teen Pregnancy that can help to reduce teen pregnancy. Some are directed to teens and others to parents and other adults. Each message suggests a specific action, conveys an important idea, or encourages a particular point of view. Based on sound research and data, these messages emanate from two ideas that are at the heart of the entire National Campaign

- **Teen pregnancy is not "okay."** Adolescence is for education and growing up, not pregnancy and parenthood. Children need adult parents, not parents who are children themselves.
- **There are only two ways to avoid pregnancy: either do not have sex at all, or use contraception very carefully. Teens must actively choose one or the other.** Public opinion overwhelmingly supports abstinence as the desired standard for teens still in school; there is also strong support for sexually active teens having access to contraception.

Building on these two core ideas, here are the messages:

1. Teens want to know what adults think about sex, love, and what the difference is. Take a position, be specific, and start early. Talk with teens about values, not just body parts. Research shows that parents and other adults have more influence on teens' sexual decision-making than they think. Teens say in surveys that they want to hear from their parents about sex, love, and relationships.

2. Talk to boys as well as girls. The one million teen girls who got pregnant last year didn't do it alone. We have to talk to our boys as well as our girls about consequences, responsibility, sex, love, and values.

3. Not everyone is "doing it." It is okay to delay, and many teens do just that. Only about half of teens under 20 have had intercourse, and the majority report that they wish they had waited longer to begin having sex. In fact, recent data show a slight but important decline in the percentage of teens who report ever having had sex.

4. Younger girls should not date boys who are much older. Among mothers aged 15-17, about one in four (27 percent) has a partner who is at least 5 years older. Teen girls who date much older boys are less likely to use contraception and are more likely to have unwanted first sex.

5. Have a plan. Know what you are going to do "in the moment." Finding yourself in a sexually charged situation is not unusual; you need to think about how you'll handle it in advance—and how to avoid difficult situations altogether. The vast majority of teens report that their first sexual intercourse was unanticipated and unplanned. More than 80 percent of pregnancies among girls aged 15-17 are unplanned.

6. It only takes once. A big myth among teens is that pregnancy cannot happen the "first time." In fact, 20 percent of teen pregnancies happen in the *first month* of sexual activity, and 50 percent happen in the first six months of sexual activity. Communication between the partners is often poor; sex is almost always unplanned and sporadic; denial and guilt may impede using protection; and the mechanics of securing protection may be unfamiliar. The message is: **use protection every time.**

7. Do not be afraid of contraception. A recent Kaiser Foundation survey confirmed what many professionals who work with young people have always suspected: that a basic distrust of contraception lies behind a lot of teen pregnancy. Young people eagerly spread rumors about terrible contraceptive side-effects, while those who use contraception with no ill effects remain silent.

8. You do not have to have sex to keep a boyfriend. You do not have to have sex to be popular. You do not have to have sex unless and until you decide to. A recent Ms. Magazine poll found that 3 out of 4 teenaged girls said they had sex "because my boyfriend wants me to." Girls need help to resist the pervasive pressure to have sex.

9. Having a baby does not make you a man. Acting responsibly does. Many teen boys feel pressure to have sex and get girlfriends pregnant. They need encouragement and support to abstain from sex or use protection every time.

Sample media advisory

THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

Media Advisory
April 13, 1999

Contact: Bill Albert, 202-261-5655
Director of Communications

SEX AND TEENS: ARE PEERS GETTING A BAD RAP?

New research, polling data, and advice for teens and parents to be released

Winners of *Teen People* Public Service Campaign Contest Also Announced

What: **New research and polling data**—released by the National Campaign to Prevent Teen Pregnancy—on the *surprising* ways peers affect adolescent sexual debut and pregnancy will be discussed at a press conference to kick off May as National Teen Pregnancy Prevention Month. New analysis of peer-led and peer-support groups will also be discussed.

New national and state-by-state teen pregnancy and birth data—released the same day by the U.S. Department of Health and Human Services and the Alan Guttmacher Institute, an independent research organization—will also be discussed.

Two new consumer pamphlets—ten things teens want parents to know and ten things teens want other teens to know about teen pregnancy—will be released.

Winning entries will be unveiled in the “Take a Stand Against Teen Pregnancy” contest, which challenged teens to create their own teen pregnancy prevention media ads.

When: **10:30 am, Thursday, April 29, 1999**

Where: 2222 Rayburn House Office Building, Washington, DC

Speakers: Reps. Michael Castle (R-DE) and Nita Lowey (D-NY), Co-Chairs of the National Campaign’s House Advisory Panel.

National Campaign Chairman, and former New Jersey Governor, Tom Kean

National Campaign President Isabel Sawhill

National Campaign Director Sarah Brown

Teen People Executive Editor Amy Paulsen

Researchers Peter Bearman, Ph.D., Susan Philliber, Ph.D., and B. Bradford Brown, Ph.D.

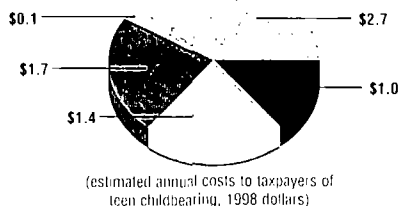
About the National Campaign To Prevent Teen Pregnancy

Founded in 1996, the National Campaign is a nonprofit, nonpartisan organization whose goal is to reduce the teen pregnancy rate by one-third between 1996 and 2005.

Sample facts and stats sheet

Taxpayers pay a high price for teen childbearing

Total: \$6.9 billion (\$2,831 per teen parent)



* Lost Tax Revenues

Public Assistance Expenditures

■ Health Care Costs for the Children of Teen Mothers

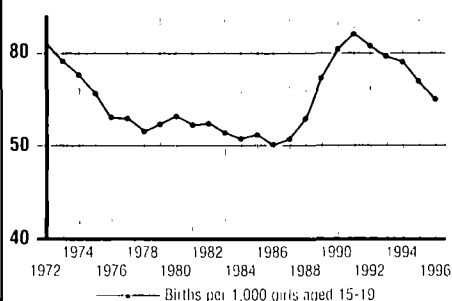
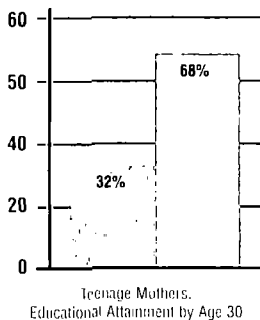
□ Foster Care Costs

■ Criminal Justice Costs

- The teen birth rate has declined slowly but steadily for 6 years. In 1986, the birth rate reached 50.2 births per 1,000 females ages 15-19, its lowest point in more than half a century. Between 1986 and 1991, the teen birth rate rose by one-fourth, peaking at 62.1 per 1,000 females in 1991. Since 1991, the rate has declined by approximately 16 percent, to 52.3 per 1,000 in 1997.
- The younger a sexually experienced teenaged girl is, the more likely she is to have had unwanted or non-voluntary sex. Close to four in ten girls who had first intercourse at 13 or 14 report it was either non-voluntary or unwanted.⁵

How bad is the problem?

- The United States has the highest rates of teen pregnancy and births in the western industrialized world. Teen pregnancy costs the United States at least \$7 billion annually.¹
- More than 4 out of 10 young women become pregnant at least once before they reach the age of 20—nearly one million a year.² Eight in ten of these pregnancies are unintended³ and 80 percent are to unmarried teens.⁴

Teen birth rates are dropping but remain high**Teen mothers are less likely to complete high school**

Teenage Mothers.

Educational Attainment by Age 30

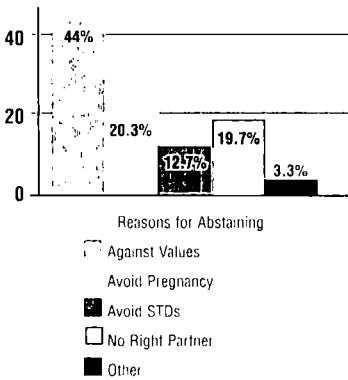
■ High School Diploma

□ No High School Diploma

Who suffers the consequences?

- Teen mothers are less likely to complete high school (only one-third receive a high school diploma)⁶ and more likely to end up on welfare (nearly 80 percent of unmarried teen mothers end up on welfare).⁷ The children of teenage mothers have lower birth weights,⁸ are more likely to perform poorly in school,⁹ and are at greater risk of abuse and neglect.¹⁰ The sons of teen mothers are 13 percent more likely to end up in prison while teen daughters are 22 percent more likely to become teen mothers themselves.¹¹

Teen girls' main reasons for abstaining from sex

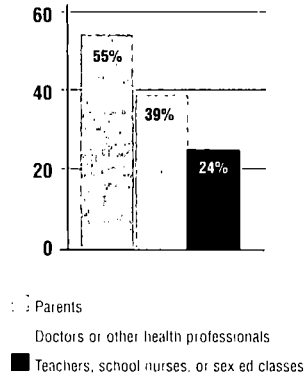


- Contraceptive use among sexually active teens has increased but remains inconsistent. Two-thirds of teens use some method of contraception (usually a condom) the first time they have sex.¹⁵ A sexually active teen who does not use contraception has a 90 percent chance of pregnancy within one year.¹⁶
- Parents rate high among many teens as trustworthy and preferred information sources on birth control. One in two teens say they "trust" their parents most for reliable and complete information about birth control, only 12 percent say a friend.¹⁷
- Teens who have been raised by both parents (biological or adoptive) from birth have lower probabilities of having sex than teens who grew up in any other family situation. At age 16, 22 percent of girls from intact families and 44 percent of other girls have had sex at least once.¹⁸ Similarly, teens from intact, two-parent families are less likely to give birth in their teens than girls from other family backgrounds.¹⁹

What helps prevent teen pregnancy?

- The primary reason that teenage girls who have never had intercourse give for abstaining from sex is that having sex would be against their religious or moral values. Other reasons cited include desire to avoid pregnancy, fear of contracting a sexually transmitted disease (STD), and not having met the appropriate partner.¹²
- Teenagers who have strong emotional attachments to their parents are much less likely to become sexually active at an early age.¹³
- Most people say teens should remain abstinent but should have access to contraception. Ninety-five percent of adults in the United States and 85 percent of teenagers think it important that school-aged children and teenagers be given a strong message from society that they should abstain from sex until they are out of high school. Almost 60 percent of adults also think that sexually active teenagers should have access to contraception.¹⁴

Teens' most trusted information sources about birth control



ENDNOTES

1 National Campaign to Prevent Teen Pregnancy (1997). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. Washington, DC: Author.

2 Analysis of Henshaw, S.K., *U.S. Teenage Pregnancy Statistics*. New York: Alan Guttmacher Institute, May, 1996; and Forest, J.D., *Proportion of U.S. Women Ever Pregnant Before Age 20*. New York: Alan Guttmacher Institute, 1986, unpublished.

3 Henshaw, S.K. (1998). Unintended Pregnancy in the United States. *Family Planning Perspectives*, 30(1):24-29, 46. Based on data from the 1982, 1988, and 1995 cycles of the National Survey of Family Growth, supplemented by data from other sources.

4 National Campaign to Prevent Teen Pregnancy. (1997). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. Washington, DC: Author.

5 Moore, K.A., & Driscoll, A. (1997) Partners, Predators, Peers, Protectors: Males and Teen Pregnancy. In *Not Just for Girls: The Roles of Men and Boys in Teen Pregnancy* (pp. 5-10). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

6 Maynard, R.A. (Ed.). (1996) *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. New York: Robin Hood Foundation.

7 Calculations based on the National Longitudinal Survey of Youth (1979-1985) in Congressional Budget Office. (1990, September). *Sources of Support for Adolescent Mothers*. Washington, DC: Author.

8 Wolfe, B., & Perozek, M. (1997). Teen Children's Health and Health Care Use. In R.A. Maynard (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 181-203). Washington, DC: The Urban Institute Press.

9 Maynard, R.A. (Ed.). (1996). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. New York: Robin Hood Foundation.

10 George, R.M., & Lee, B.J. (1997). Abuse and Neglect of Children. In R.A. Maynard (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 205-230). Washington, DC: The Urban Institute Press.

11 Maynard, R.A. (Ed.). (1996). *Kids Having Kids: A Robin Hood Foundation Special Report On the Costs of Adolescent Childbearing*. New York: Robin Hood Foundation. See also Haveman, R.H., Wolfe, B., & Peterson, E. (1997). Children of Early Childbearers as Young Adults. In R.A. Maynard (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 257-284). Washington, DC: The Urban Institute Press.

12 Moore, K.A., Driscoll, A.K., & Lindberg, L.D. (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

13 Blum, R.W., & Rinehart, P.M. (1997). *Reducing the Risk: Connections That Make a Difference in the Lives of Youth*. Minneapolis, MN: Division of General Pediatrics and Adolescent Health, University of Minnesota.

14 Princeton Survey Research Associates for the Association of Reproductive Health Professionals and the National Campaign to Prevent Teen Pregnancy. (1997, May). *National Omnibus Survey Questions About Teen Pregnancy*. Washington, DC: Author.

15 National Campaign to Prevent Teen Pregnancy (1997). *Whatever Happened to Childhood? The Problem of Teen Pregnancy in the United States*. Washington, DC: Author.

16 Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York and Washington, DC: Author.

17 Princeton Survey Research Associates for the Henry J. Kaiser Family Foundation. (1996, June). *The 1996 Kaiser Family Foundation Survey on Teens and Sex: What Teens Today Say They Need to Know, and Who They Listen To*. Menlo Park, CA: Author.

18 Moore, K.A., Driscoll, A.K., & Lindberg, L.D. (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

19 Moore, K.A., Driscoll, A.K., & Lindberg, L.D. (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy.



Building Evaluation Into Your Work

by Susan Philliber

T H I S C H A P T E R

Explains the importance of incorporating evaluation into any teen pregnancy prevention effort;

Provides suggestions for selecting an evaluator to help with this activity;

Explains the issues involved in preparing a program for evaluation, developing an evaluation plan, collecting data, analyzing findings, and reporting results; and

Provides references for further information.

Key Ideas

in this Chapter

Be sure to include evaluation in your program to improve your program management, increase your likelihood of good results, and help to build a base of scientific knowledge for the field.

Choose an evaluator with experience doing program evaluation and enough time to work on your program. Make sure all concerned have a clear understanding about costs, who will do the work, and who owns the data.

Create a pregnancy prevention program model that is clear about what will be provided to whom by when, and what short- and long-term outcomes you expect.

Develop an evaluation plan and include both “process” and “outcome” evaluation. Use process evaluation to ensure that your interventions are really occurring as planned and you are reaching your intended targets. Use outcome evaluation to monitor whether there were any changes among clients, and whether your program caused those changes.

Use established or tested instruments to measure results. Use questionnaires, interviews, or other tools to gather data, making sure you have used sound data collection techniques to ensure honest responses.

Make sure your program and comparison or control groups match. Look at whether your program group makes more positive changes than your comparison or control group, and examine subgroup differences in results.

Present your findings in community-friendly formats, including both positive and negative findings, and tailor your presentations to suit different audiences.

Building Evaluation Into Your Work

Why evaluation is important in the field of teen pregnancy prevention

How could we have worked so hard on teen pregnancy prevention and yet know so little about how to solve this problem? We have lots of good ideas, "best bets," and promising programs but little unassailable data on what effects they have. One of the reasons for this is our failure to document the results or even the content of most programs. Satisfied with good intentions or a few stories about program successes, many efforts are continuously funded without

any strong evidence that shows they work.

Several authors have recently summarized what we have learned about how to prevent teen pregnancy (see box). Each of them has found few documented successful programs and has lamented the sparse and fragile state of available research. Neglect of evaluation in teen pregnancy prevention has left dedicated program directors with little on which to

The state of program evaluation in the teen pregnancy field

"Although many attempts have been made to alter adolescent sexual and childbearing behavior...most of these undertakings have not been accompanied by rigorously conducted evaluations. Thus, anecdotes describing 'successful' programs are often followed by unpublished reports that may or may not confirm that a 'significant' change occurred in the behavior of program participants....Moreover, the paucity of information...[has] led to an unwarranted sense of pessimism..." (Frost & Forrest, 1995, p. 188).

"The fact that only 23 evaluated programs surfaced for detailed

review merits comment....many obstacles stand in the way of conducting strong program evaluation: (1) cost, (2) methodological difficulties, and (3) a social environment in which research on fertility-related topics may be seen as controversial" (Brown & Eisenberg, 1995, p. 228-229).

"Regrettably, aside from a few well-designed, well-implemented, and well-evaluated studies, most of the programs that have been implemented to affect teenage childbearing have been small, ad hoc, and poorly designed short-term projects lacking a useful evaluation strategy" (Moore et al., 1995, p. viii).

pattern their own efforts. This has consequences, in turn, because repeated failures to

curb teen pregnancy can give an impatient nation the impression that nothing works.

Why you should evaluate your prevention program

There are three main reasons why you should consistently incorporate evaluation into your program planning and budgeting:

Good evaluation leads to good program management. A program director can better direct a program when it is clear exactly

what is being delivered, whether it is reaching the intended targets, and what results are occurring. A regular flow of data on these vital topics can enhance the impact and smooth functioning of a program.

RESEARCH NOTES

The hallmarks of good evaluation

Measure behavior, not just attitudes and beliefs—especially because attitudes and intentions about sexual issues are often unrelated to actual sexual and contraceptive behavior.

Conduct long-term follow-up (of at least one year). Short-term results do not necessarily translate into long-term results, and some effects are not apparent in the short-term.

Conduct proper statistical analyses—which means, among other things, stating the hypothesis you are testing before collecting the data.

Include a sufficiently large sample size. While adequate sample sizes may vary, experience suggests that a sample

of at least 1,000 subjects may be advisable, especially if the intervention has a modest effect. However, programs with fewer subjects can still learn from evaluation.

Share both positive and negative results. When negative evaluations are not shared, the meaning of positive results are compromised.

Replicate studies of successful programs. A single positive evaluation may be the result of a particular instructor, a particularly successful group of youths, or other factors in the community. Replication and evaluation in other communities and settings must be done.

Adapted from Kirby, 1997

Good evaluation prevents resources from being wasted on things that do not work. The history of efforts to reduce teen pregnancy prevention is littered with interventions that were too little, too late, too brief, and too weak. While we decry the lack of resources for teen pregnancy prevention, many dollars can be wasted on programs that cannot succeed and that, unknown and undocumented, fail.

Good evaluation helps to build the scientific knowledge base for the field of teen pregnancy prevention. Before a new drug becomes available to the public, it is carefully tested using the highest scientific standards. Indeed, the American public expects no less. In teen preg-

3 GOOD REASONS TO EVALUATE YOUR PROGRAM

- **it leads to good program management**
- **it prevents resources from being wasted on things that don't work**
- **it helps build a strong scientific base for the field**

nancy prevention and in other human service programs, by contrast, we have let untested programs occupy valuable school hours and critical after-school time. Without any data to show that what we are doing works, or even that it does no harm, we dispense untested interventions. Surely we can find data-based, well-tested solutions to this problem if we evaluate what we are doing, discard what is ineffective, and put our collective will and our resources behind what does work.

Getting help with evaluation

If at all possible, involve a trained evaluator in your program when you are in the planning stages. Even if the program has existed for some time, an evaluator can help.

Choosing an evaluator

There are four primary sources for professional evaluators:

- consultants who are skilled in evaluation;
 - evaluation firms; and
 - in-house evaluators who become employees of your program or agency.
- Regardless of which source you use for your evaluator, look for
- colleges and universities;

Involve an evaluator early—in the program planning stages.

someone who is trained in research methodology and statistics. At colleges or universities, try the sociology or psychology department, the school of public health, or a research institute that studies social issues. University faculty may have consultant days they can use to do your work or they may ask you to buy some portion of their time. There are also individual consultants and firms who do evaluation work. The difference in these two is whether there are other staff (a firm) or just an individual consultant doing this work.

Larger programs sometimes hire full-time employees to take care of their evaluation work. While very senior people are usually not available for this

role, master's level researchers often are. Some people would argue that outside, independent evaluations have greater credibility than those done by employees, but others would say that there is no reason to suspect the integrity of an in-house evaluator. If evaluators can be swayed by program staff to shade the outcomes in a report, why not suspect that they could also be swayed by funders who want their programs to have positive results? Most evaluation reports are read not only by program audiences but by other evaluators as well, and published evaluations usually undergo careful review by well-trained experts. These safeguards keep most evaluators objective, regardless of who pays them.

One of the most important things to consider in hiring an evaluator is experience with program evaluation. This work differs from academic research, not in its methods, but often in its pace, its real-world context, and in how "pure" it can be. Make sure your evaluator has done research in the program world in which you work.

Ask to see a potential evaluator's resume as well as a recent evaluation report in which he or she has had a major role. Can you understand it? If not, perhaps this is not your person. Make sure this evaluator can

KEYS TO SUCCESS IN HIRING AN EVALUATOR

- **look for experience with program evaluation—preferably with teen pregnancy prevention programs**
- **make sure that the evaluator can write readable reports**
- **check on the evaluator's time availability**
- **ask about costs, including overhead costs**
- **ask who will do which tasks of the evaluation**
- **agree on ownership of the data and publication rights and conditions**

write a report that will be useful for audiences who lack technical training.

Find out about the time your potential evaluator has available for your project and who will actually do your work. Is a professor going to hand off the work to a student? Is a consultant going to give the work to junior staff? Both of these strategies may be okay, but it is best if you are not surprised. If you are hiring an individual rather than a firm, it is especially important to know who will do the clerical tasks associated with the evaluation. Volunteers, students, or clerical personnel can often collect data, make telephone calls, or enter data into a computer. You do not want to pay Ph.D. rates for this kind of work.

Make a clear agreement with your evaluator about the confidentiality and ownership of data. The media or your funder may call to ask your evaluator about your results. Be sure that your evaluator understands that your data are not to be discussed with anyone without your permission. If you are hiring an evaluator who is interested in publishing your results, agree in advance on how this will be handled. Who will be the co-authors? Do you want to review and approve reports or articles before they are submitted? Remember you are not hiring a public

THE BOTTOM LINE...

Never accept an evaluation design that you do not understand or that does not feel right to you, no matter who suggests it.

relations firm. You are hiring an evaluator and there is always the chance that the results will not be what you had hoped.

Whether your evaluator must be located in your community depends on several things. If the evaluation design will require frequent on-site presence of the evaluator, travel costs may become prohibitive if your evaluator is far away. On the other hand, you should also consider "best capacity" as well as "local capacity." Some evaluators in the teen pregnancy area have vast national experience. They have existing instruments and procedures that may be useful to you and they have seen many teen pregnancy programs. The travel costs may be worth what you get back in expertise.

Evaluation doesn't have to be scary and threatening. It becomes less so when you choose an evaluator whom you like and trust. It is good to look for an evaluator who has good interpersonal as well as research skills. Remember, never accept an evaluation design that you do not understand or that does not feel right to you, no matter who suggests it.

REMEMBER...

the program that adds relatively small amounts of evaluation money to each proposal soon has a good-sized nest egg.

Budgeting for evaluation

The demand for evaluation is perhaps a little ahead of the understanding of its costs, but many requests for program proposals now require a detailed evaluation budget, and most funders asking for this work also pay for it. Programs often add dollars to their program proposals to pay for their rent, their accountants, their personnel managers, and other standard expenses. It is easy to make the case that evaluation is one such cost. The program that adds relatively small amounts of evaluation money to each proposal soon has a good-sized nest egg.

Each evaluation carries its own costs, so there is no simple formula for deciding how much to spend. It all depends on what you plan to do. If you plan to track program clients over the long-term, particularly if these clients are highly mobile, your costs will go up. If your program needs monthly rather than annual reports, the costs will go up. Senior level evaluators are more expensive than are less experienced evaluators. The table on the opposite page shows items that generally appear in evaluation budgets and some variations in their cost ranges. Of course, your evaluation spending will have to fit within your overall budget.

Designing your evaluation plan

Many requests for program proposals now require a detailed evaluation plan. Evaluators can help you create this plan and some will do this without charge, if you make a commitment to hire them as your evaluator if the project is funded. Find an evaluator who will work with you this way so that you can consider the appropriate design and costs for this work right at the beginning of your project. You should find that the concrete thinking habits of evaluators and

their experience with other programs like yours will be helpful to your program design.

Your plan should include two types of evaluation:

- process evaluation; and
- outcome evaluation.

Most programs routinely collect information that can be used for process evaluation. Outcome evaluation is more demanding

Components of an evaluation budget

Evaluation Line Item	Range of Costs
The evaluator	
This person plans your overall design and takes responsibility for the product.	Costs range from about \$300 to \$1,000 per day.
Data collection costs or incentives	
Sometimes there are costs for paying interviewers or for buying incentives, such as movie passes to give to young people.	Interviewers are usually paid by the hour (usually \$10-12 per hour) or by the completed interview; calculate incentive costs per head.
Data entry	
Input of data to computer, if you are not doing this yourself. Number of forms per hour x cost per hour.	Costs range from about \$5 to \$15 per hour.
Data analysis	
The person who does the actual "number crunching"; could be the senior evaluator or could be another person (be sure to ask because it affects costs).	Costs per hour or day ranges are very broad, from graduate student to full-time employee wages, but estimate \$10 to \$30 per hour.
Supplies	
Computer supplies, paper, report covers, and the like.	Varies.
Copying	
	Costs range from 5 cents to 20 cents per page.
Telephone/fax/e-mail	
	Nonlocal evaluators will increase these costs. Include any costs for telephone interviews or surveys.
Postage	
Normal postage costs, plus costs for mail surveys, if you conduct them.	Varies. If you are gathering any data by mail, do not forget to add enough for return postage.
Travel	
Both local and nonlocal evaluators have some travel associated with work on your project.	Nonlocal evaluators cost more in this category, especially if you need a lot of meetings.
TOTAL DIRECT COSTS	SUM OF ABOVE
Administrative Costs (or overhead)	This pays for a portion of the evaluator's rent, heat, etc. It is sometimes figured on total budget, sometimes on salary and wages only, and sometimes it is hidden in the budget. It is a legitimate expense, regardless of how it is presented. If the evaluator is already on staff, remember that you still need to account for these costs.
TOTAL COSTS	DIRECT PLUS ADMINISTRATIVE

and requires a different type of expertise, so fewer programs conduct this type of evaluation. However, both are important if you are to get a true picture of

whether your program is achieving what it set out to do. Both of these types of evaluation are described more fully later in this chapter.

Preparing your program for evaluation

Once you have developed a plan for evaluating your program that takes into account your available staff and budgetary resources, you will need to complete at least two important tasks before you actually begin evaluation activities:

- decide on your target population; and
- create a program model.

Decide on your target population

Early sexual activity, non-use of contraception, and early pregnancy are more likely to occur among some youth than among others. One of the most important predictors of these behaviors, for example, is poverty (Kirby, 1997). The most efficient programs serve those young people most at risk of pregnancy

and do not expend resources on young people who are the least likely to get pregnant. Indeed, one of the most basic evaluation questions to be asked is whether the program reaches those who are most at risk.

Create a program model

A truck driver who sets off for a destination has a road map. She does not drive aimlessly around for several days, expecting to suddenly arrive at her destination. Instead, using her map as a guide, she follows road signs and expects that two right turns, 500 miles on the Interstate, and exit 32 will lead her right where she wants to go. Program personnel would do well to emulate this model, preparing the equivalent of a roadmap to their destinations

In evaluation terms, this roadmap is a "program model," also called a logic model or a theory of change. A program model specifies:

- *your planned strategies, activities, or interventions —*

BEFORE BEGINNING ANY EVALUATION, COMPLETE TWO IMPORTANT TASKS

- **decide on your target population**
- **create a program model**

sometimes called process goals by evaluators, this portion of the model should state exactly what will be delivered to whom and by when:

- *the short-term results expected* from these activities or interventions; these outcome or results goals should state exactly what will happen in the relative short term to young people, their parents, the community, service providers, or others you plan to reach; and
- *the longer-term outcomes expected* as a result of both the program's activities and its short-term outcomes.

A program model moves program staff from "vague-speak" to a clear statement of what they are going to do and what their actions will produce. Here are some examples of "vague-speak" that do *not* lend themselves to good evaluation:

- We are going to develop youth to their fullest potential.
- We are going to provide quality care for all our patients.

Why are these goals so frustrating to evaluators? Because they lack concrete definition and thus allow wide interpretations. How would we know one of these fully developed youths if

THE 3 COMPONENTS OF A PROGRAM MODEL

- **strategies, activities, interventions**
- **anticipated short-term results**
- **anticipated long-term results**

PROGRAM MODELS ARE ALSO CALLED

- **logic models**
- **theories of change**

we saw one? What exactly do we mean by quality care?

While some can describe what they really mean by this kind of talk, it may also mask confusion or disagreement about program goals. Do youth developed to their fullest potential do well in school? Do they use drugs? Do they use contraception if they have sexual intercourse?

Creating a program model has several immediate benefits:

It makes the interventions and outcomes very clear. A changing list of funders and the normally high staff turnover in human services make it easy for a program to lose its way. Every program should have a clear program model, posted where everyone can see it, so that new employees, the press of day-to-day work, and tempting but tangential offers from potential funders do not blur its focus.

It protects your program from inappropriate or excessive expectations. A program with such a model is not likely to be

BENEFITS OF A PROGRAM MODEL

- **it makes the interventions and outcomes very clear**
- **it protects your program from inappropriate or excessive expectations**
- **it enables you to define measurable outcomes**
- **it checks the logic of your assumptions**

held accountable for inappropriate outcomes by its funders, its board, outside evaluators, or any other group. When a program takes the initiative to define its own intended results, it is less vulnerable to misunderstanding.

It enables you to define measurable results. With clarity comes

measurability. Programs with such models can more easily talk to evaluators about exactly what measures will be appropriate.

It checks the logic of your assumptions. So often in teen pregnancy prevention programs, we have designed interventions that are not equal to the task. Programs plan to undo 15 years of poverty, lack of aspirations, and poor role modeling with a 45-minute curriculum. Programs provide contraceptive services or abstinence education in only one of five high schools but expect a drop in the county

Sample program model

Program Processes, Activities, Strategies, or Interventions	Expected Short-term Outcomes or Results	Expected Longer-term Outcomes or Results
<i>By June of this school year, 150 teens aged 13 to 15 in the local community will have:</i> • received after-school tutoring and homework help; • participated in a career education program; • taken part in a group entrepreneurial program to produce and sell a product; • been explicitly encouraged to delay sexual activity; • received contraceptive services if sexually active; • taken part in community service; and • taken part in a recreational program, including field trips to college campuses and other destinations designed to expand their horizons	<i>These young people will show an increase in:</i> • homework completion; • school attendance; • later ages of first intercourse; • contraceptive use; and • career aspirations.	<i>By the end of the program's second year, these young people will show:</i> • lower rates of pregnancy. NOTE: This program may well have additional longer-term results related to education, careers, and youth development, but the outcomes of greatest interest to you will be those that help you achieve your overall goal—reducing teen pregnancy.

pregnancy rate. A clear program model enables us to check the underlying reasoning and perhaps avoid these costly errors.

The chart on the opposite page shows a sample program model for a teen pregnancy prevention

program, including program activities and expected results. The long-term outcomes are usually the project's major objectives and depend on the success of the program's activities and any short-term changes made by clients that result from them.

Designing your process evaluation

Process evaluation measures what your program provides and the characteristics of those who receive it. It has several important purposes:

To ensure that services are delivered as planned. There are many ways for services to be derailed. Staff become too busy to spend as much time mentoring as was planned. Some portion of the curriculum is never delivered because teachers feel untrained on a topic. Home visits do not occur because the neighborhood appears too dangerous. Staff avoid the subject of sexual behavior because they are uncomfortable discussing this subject with teens.

A good process evaluation would discover these problems early and function like a smoke detector. The "Field Notes" on the following page tell the story of a program that was not really

happening, and thus, was doomed to fail. A simple process evaluation discovered this problem and allowed the program to correct itself.

To document whether the program is reaching its target population. Young people are not at equal risk of having intercourse, of not using contraception, or of getting pregnant or causing a pregnancy. Programs sometimes deliver their interventions to any available group and may thus reach only those at a relatively low risk of these behaviors or some group other than those initially targeted for attention.

To detect and monitor variations in effectiveness within the program. Programs often have higher success rates with some young people than others. Perhaps younger teens have higher attendance rates than older ones. Perhaps the boys hear

and act on certain messages but the girls do not. Data on attendance and characteristics of young people can be combined with outcome data to explore with whom the program is most and least successful. Such information can be used to adjust the program or to limit its outreach

to those with whom it is most successful.

There are many tools to collect process evaluation data, including clinic intake forms and attendance sheets. These tools are discussed in detail later in this chapter.

FIELD NOTES

Process evaluation saves the day

A school-based clinic gathered information on all its new patients, including whether they had ever had intercourse and the age at first intercourse. After these data were collected for some time, the following findings emerged:

- 183 students had reported that they had had sexual intercourse;
- 108 of these had their date of first intercourse recorded in the database.

Why were some of the data missing? Did the young people not know the answer to the question? Did they not understand the question? Did staff always ask the question? A further investigation showed that:

- 704 young people had been into the clinic three or more times and had not yet been

asked whether they had ever had sexual intercourse.

How could this be? An initial meeting of the clinic staff to discuss this resulted in an argument. The pediatric nurse practitioner said it was the social worker who did not ask questions properly, while the social worker believed it was the medical staff causing this problem.

After some time, one staff member said, "But they are so young. They will be embarrassed if I ask them about sex." If this teen pregnancy prevention program had staff members who were reluctant to talk about sex, what chance did it have for success?

Group work and staff training were chosen as the solutions for this problem, but the problem never would have been discovered if it had not been for the process evaluation.

Designing your outcome evaluation

An outcome evaluation answers two questions:

- Were there any changes among those served?
- Did the program cause those changes?

These are not easy questions to answer, and some oft-used strategies do not provide these

answers. For example, client testimonials about how much they like the program, staff reports of how many hours they work, poignant vignettes about high-profile clients, and even counts of successes and failures are not enough to answer both of these questions. The chart below shows examples of what not to do in evaluating outcomes.

Strategies that, by themselves, do not answer outcome questions

Client testimonials about how much they like program staff or their services

Someone asks a program director if her program works. "Why, yes," she replies. "Over 90 percent of our clients say they are very satisfied with our services."

We dislike so many things that are good for us and we love so many things that are not. If they also like you or your program, does that really tell us anything about what *impact* you are having?

Staff reports about how hard they work

Someone else asks a program director if her program works. "Why yes," she replies. "How do you know?" her questioner persists. "Why we come over here and start work at 6 a.m. Often we do not leave until 10 at night!" Does that say anything about program results?

Unfortunately, it does not.

Perhaps the sad truth is that this staff is inefficient or spending too much time on the wrong things.

The poignant vignette

Yet another curious person says, "Does your program work?" "Oh yes," replies the eager program director. "How do you know?" her questioner persists.

"Well, let me tell you about Jennifer. She was a school dropout and having sex with numerous partners without any protection. We worked with her for six months and now she is enrolled in college and has given up having sex for the moment!"

These are good stories and you should collect them. But the real question for a good outcome evaluation is how many such stories there are. No one will ever say that a program is not working and illustrate it with a story about a client who failed.

It is important to add that not all programs are ready or able to do outcome evaluation. Some, for example, are too new and small; others are unstable, constantly changing their approach, making it almost impossible to define the precise intervention or figure out its effects. And some programs cannot afford to spend what it takes to do top-flight outcome evaluation. In fact, some have suggested that *funders* only require *some* of the programs they support to do outcome evaluation—those that are sufficiently large, stable, and well-managed. Nevertheless, measuring the results of a program remains enormously important, even if done on a very modest level.

There are a number of ways to approach outcome evaluation.

Several are given below, starting with the most rigorous.

True experiments with random assignment

Random assignment is a research design with a long history in science. In essence, it means setting up two groups by dividing all possible clients on a random basis: one group gets the program intervention and the other does not. It is the technique that will answer the question of whether there were any changes in the group served, and whether the program caused these changes. It is the strongest design available for getting at cause and effect. The table below shows what this classic experimental design looks like.

The classic experimental design

Randomly assign individuals into two groups:

<i>The Program Group</i>	Take a “before” or baseline measure of outcomes	Give the group the program, treatment, medicine, or whatever is being tested (the “intervention”)	Take an “after” or follow-up measure of outcomes
<i>The Control Group</i>	Take a “before” or baseline measure of outcomes	Do not give these people the intervention	Take an “after” or follow-up measure of outcomes

Compute the effect of the program as equal to:

Changes made by program group minus changes made in the control group.

Subtracting changes made by the control group takes away changes that would have occurred anyway because clients got older, wiser, or healthier, changed their habits, or because of anything else that might have happened without the intervention.

In a teen pregnancy program, you would plan to carry out such a design as follows:

Randomly assign the pool of those recruited, assigned to, or wanting to be part of your program to one of the two groups. You could put their names in a hat and draw out half of them to be assigned to the program. Those whose names remain in the hat become "the control group." Another way to assign clients randomly is to alphabetize all the names of the applicants and choose every other name on the list for the program and control groups.

The point of this procedure is to ensure that the young people in the two groups are as much alike as possible, differing only in their receipt of the program. If you let the most motivated or the most needy youth join the program and use those left over for the control group, the two groups are different from the outset. If you later find that the program is getting good results, it may be because of the kind of kids who joined in the first place, not because of the program itself.

Some may wonder whether this procedure is unethical. Certainly it is when the intervention is something that we already know works. For example, we would not want to give a random half of clinic patients seeking

STEPS IN THE CLASSIC EXPERIMENTAL DESIGN

- **randomly assign individuals into one of the two groups**
- **take baseline measures of both groups before intervention starts**
- **monitor both groups**
- **take follow-up measures of both groups after intervention ends**
- **compare outcomes for both groups**

contraception a birth control pill and the other half a sugar pill. The experiments on birth control pills have already been done and we know they work when used properly and consistently. Immunization is another well-tested intervention.

How does this general idea apply to your program? Do you know that what you are doing works because it has been rigorously tested? If not, you may be enrolling young people into a program that is not helping them and, perhaps, keeping them from participating in other activities that are more effective. In fact, you could be doing harm. The point is that you should probably not rule out this strong research design without carefully considering its use.

Some programs use random assignment to test variations on their programs. For example, half of the young people may get one kind of counseling, while a random other half get another. Perhaps half of the young people

may receive “business as usual” while the other half receive a new program. In these designs, none of the young people is denied services.

There is no need for the program and control groups to be the same size. If you have a large pool of young people from which to assemble your evaluation groups, more of them could go into the program group, provided that you have enough in each group to detect significant outcomes, should they occur. An evaluator or statistician can help you figure out the minimum numbers necessarily. The calculation has to take into account how much change your program can be expected to produce.

Take baseline measures in your program and control groups during the first few weeks of the program. To measure whether your program has any impact on particular behaviors, it is important to first assess the behaviors *before* you begin work with your program clients. Therefore, you are likely to want so-called “baseline measures” of, for example, whether teens are having intercourse, at what age this began, whether, how often, and what kind of contraception they are using, whether they have ever been pregnant or caused a pregnancy, and what their knowledge, attitudes, and skills are (see the next section of this chapter for more

on measuring these behaviors and attributes). Of course, if your program is focused on different outcomes, like parent-child communication rather than sexual behavior, the factors measured at baseline will be very different.

Besides getting these measures, ask the young people in the control group whether they are part of any other programs in your community. Unless you are the only teen pregnancy prevention in town, some of your control group members may be getting services or interventions like those you offer. You may find that you end up testing how strong your program is compared to other programs rather than the effectiveness of your program compared to no services at all.

Keep track of participation in your program. The reasons for doing this for process evaluation purposes has been discussed already. In an experimental design, this information is valuable because you might want to later look at results for young people who participated more regularly and for those who participated less.

Take follow-up measures from your program and control groups. The follow-up measures of outcome are usually identical to the baseline measures. After young people have been in your program for a year or longer, how many

are having intercourse, how many are using contraception, and how many have been pregnant or caused a pregnancy? If you are testing a short-term intervention, such as a program to change teens' knowledge, the baseline and follow-up measures may occur close together, being only weeks or even days apart. Still, we would expect the changes in knowledge to be greater and, of course, more positive among the program group than among the control group.

Look at your post-program results for both the program and control groups. The appropriate analysis for most of these outcomes is to take into account where each group began or their baseline measures, and then compare where they were at the end of the program. This is not the same as comparing only the post-test or follow-up levels of these outcomes between the two groups.

There are some outcomes, such as one-time events, for which "before" measures are not possible. Examples of such outcomes are age at first intercourse and dropping out of school. For these outcomes, it is appropriate to compare just the follow-up measures or program exit measures between your program and control group youth.

WHAT IS THE APPROPRIATE ANALYSIS FOR OUTCOME MEASURES?

Compare the before-to-after changes between the two groups, not just the difference in "after" levels between the two groups.

Whenever changes occur among program clients, you will need some way to decide whether those changes are important. What if a group of young people raised their knowledge scores by 10 percent? Is that change significant or important? To decide the answer to this question, researchers use tests of "significance." These tests determine when a particular change is likely to be due to something *other than* chance. For example, if we flipped a coin 100 times and we got 90 heads, we would suspect that we did not have a fair coin and that something else is operating here besides chance. Tests of significance help us make these decisions for findings about change or about differences.

You should know that statistical significance is strongly affected by sample size. In very small samples, changes will have to be very large to be significant. In large samples, very small changes will be statistically significant, even if these changes are not practically important. This is one of the reasons that small programs sometimes decline to do outcome evaluation; they simply do not have enough participants to generate

WHEN IS A BEHAVIOR
CHANGE SIGNIFICANT?
THE ANSWER DEPENDS
ON SAMPLE SIZE.

- in very small samples, changes have to be very large to be significant
- in large samples, very small changes will be statistically significant, even if these changes are not practically important

changes large enough, or common enough, to show up in statistical analyses.

The following table shows a simplified way to calculate relative change in outcomes. Your evaluator or a statistician can provide help in using more sophisticated techniques, such as regression analysis, for this purpose.

Other designs

The classic experimental design outlined in the previous section is the most powerful strategy available for answering the two outcome evaluation questions: Were there any changes among those served? Did the program cause those changes?

Some programs, however, lack the resources to carry out such a demanding design. Sometimes it is premature to use a random assignment experiment if a program has not yet done any evaluation at all. In these circumstances, a program may choose an alternative approach to evaluation. Although all have less ability to assure that a given program was the *cause* of any change, programs will be able to learn at least something about their program's impact.

Using a comparison group

If random assignment is not feasible, perhaps an evaluation can at least find another similar group of young people to serve as comparisons. Of course, unless these young people tried to get into the program being evaluated, they are likely to be different in some way from those who did apply. If they are about the same age, ethnicity, gender, and socio-economic status as those in the program,

Hypothetical data from a classical experimental design

Group	PRE-TEST knowledge scores was:	POST-TEST knowledge scores was:
Program group	20 percent correct	60 percent correct
Control group	20 percent correct	40 percent correct

To determine the NET effect of the program ..

compute the changes made by the program group MINUS the changes made by the control group, or:

The Program Effect = (60 - 20) - (40 - 20) = 40 - 20 = 20, or a 20 percentage point knowledge gain. Tests of significance could then be used.

though, they might make a good comparison group.

Sometimes, other schools, other communities, other neighborhoods, or even other programs can provide a comparison group of young people for your evaluation. The important thing is for your comparison group to match your program group in as many ways as possible. Those who drop out of your program do not make good comparisons since they are clearly different from those who stay in.

If you use a comparison group, the steps are the same:

- take baseline measures;
- keep track of what services are received; and
- take follow-up measures and look at changes in your program group versus changes in your comparison group.

Using available data

Some programs will find it difficult to follow either control or comparison groups because they lack the staff or funds to pay for this activity. If this applies to your program, you might at least secure some printed or available data on behaviors with which to compare your program group. For example, what is the teen birth rate in your county? Do your program teens have a lower rate?

Although teen birth data are relatively easy to come by, teen pregnancy data can be harder to get because a true pregnancy rate includes births, abortions, and miscarriages and counts of the latter two are sometimes inaccurate (see below). Comparison data for knowledge, attitude, or skill changes are less available, but a search of research literature might produce data from another evaluated program. A good project for a graduate student would be to assemble relevant comparison data (preferably local data) that you might use for comparison purposes in your program's evaluation. This compendium could then be updated every three years or so.

Be careful to choose a comparison number that comes from a population as close to yours as possible. If you are serving very high-risk young people, for example, the overall teen pregnancy rate for the United States may not be a good comparison because that rate includes

WHAT'S THE DIFFERENCE BETWEEN A CONTROL GROUP AND A COMPARISON GROUP?

- **A *control group* is one produced by random assignment.**
- **A *comparison group* is similar to the intervention group, but not created by random assignment.**

advantaged children who are at less risk than those you may serve. Of course, if your program clients have lower pregnancy rates than do national teenagers, your program looks good. If their rates are higher, this comparison is less useful.

This strategy is not, of course, as credible as the other designs

described here. It is easy to choose an inappropriate comparison standard or to not know how appropriate an available number might be. Still, having some comparison data can show that a program looks promising and thus make it easier to attract funding for a more credible evaluation. Again, a trained evaluator can help a lot.

Measuring outcomes and variables

Teen pregnancy prevention programs are interested in one major outcome—lower rates of pregnancy. Variations or changes in two behaviors can lead to this outcome:

- sexual intercourse; and
- contraceptive use (or lack thereof).

These behaviors can be considered direct influences (often called “proximal variables”) upon the principal outcome of pregnancy. In turn, proximal variables may be influenced by other factors (often called “antecedent variables”), including socioeconomic status, knowledge, attitudes, skills, and personality characteristics. Most teen pregnancy prevention programs focus on changing antecedent variables (particularly knowl-

edge, skills, and attitudes)—with the ultimate goal of reducing sexual activity and/or increasing contraceptive use among teens, thereby reducing teen pregnancy rates.

The baseline and follow-up measures that you take during the course of your program will allow you to track changes in antecedent and proximal variables. In addition, some programs also measure related indicators, including school behavior, drug use, and involvement in the juvenile justice system.

Measuring the major outcome variable—teen pregnancy

Teen pregnancy is generally measured either by using available data for an area or by asking program clients about their

pregnancy histories. Available data on pregnancies usually lag some years behind their actual occurrence because they require combining counts of births, abortions, miscarriages, and stillbirths. Counts of these events are kept by different agencies and institutions. Data on teen births are much easier to get than data on teen pregnancies. In general, data for smaller geographic areas, such as zip codes, are harder to obtain than data for larger areas, such as states. Still, this information is available.

Asking young clients about their pregnancies is straightforward, though typically requires tact, sensitivity, and confidentiality. Girls can be asked if they have ever been pregnant and boys can be asked if they have ever caused a pregnancy. It is also possible to ask when each pregnancy ended and how it ended (live birth, miscarriage, abortion, or stillbirth). If you are gathering data to evaluate the impact of your program on pregnancies, be careful to get the date of each pregnancy so you can tell if it occurred before or after enrollment in your program. At baseline, you might ask young people if they have ever been pregnant and then, at each subsequent follow-up assessment, ask about pregnancies for that interval (e.g., within the last six months, during this school year).

Measuring proximal variables

Each of pregnancy's proximal variables—sexual intercourse and contraceptive use (or lack thereof)—has several dimensions that can be measured to help you determine the short- and long-term results of your program.

Behaviors related to *sexual intercourse* include:

- whether young people have ever had intercourse;
- the age at first intercourse;
- frequency of intercourse; and
- the number of sexual partners in some defined time period.

The box on the next page shows how you might phrase questions to learn about these behaviors.

Contraceptive use, too, has several dimensions that you can measure, including:

- how regularly young people attend clinic appointments (this is called “clinic continuation”), if using a method that requires such visits;
- whether teens continue to use the same method of protection (this is called “method continuation”);

- contraceptive continuation, regardless of the method used;
- use of contraception at first intercourse or at last intercourse;
- frequency of sex without contraceptive use; and
- use effectiveness, or whether any method is used correctly.

The box on the next page shows sample questions you could ask to learn about these behaviors.

Measuring antecedent variables

Changes in *knowledge* are easy to achieve and can often be pro-

duced rather quickly. It is important to remember, however, that knowledge change is not behavior change. The proof of this is our own bad behaviors. How many of us smoke or do not wear seat belts? Do we know better?

There are plenty of available questionnaires—or “scales”—that measure knowledge of physiology, contraceptives, sexuality, conception, and other topics relevant to teen pregnancy prevention. It is best to secure a scale that already exists because they are more difficult to construct than may be apparent.

If you can find one that others

Some questions to measure sexual activity in teen pregnancy prevention programs

Have you ever had sexual intercourse?

1 yes

2 no

If no, stop here.

How old were you the first time?

____ years old

OR

In what month and year did you have intercourse the first time?

____/____
month year

In the last 30 days, how many times have you had sexual intercourse?

____times

During the last year, with how many different people have you had intercourse?

____sexual partners

Some questions to measure contraceptive-related behavior in teen pregnancy prevention programs

Clinic continuation, method continuation, and contraceptive continuation are often measured by clinic or medical records, but you can also ask:

How many different places have you been to for contraceptive services in the past year?

_____ places

How many different methods of contraception have you used in the past year?

_____ methods: Check all you have used:

- ☐ condom ☐ pills ☐ Norplant ☐ Depo-Provera or a shot
☐ diaphragm ☐ foam or jelly ☐ something else: _____

How many clinic appointments for contraceptive services did you have last year? _____ How many did you go to? _____

When you have sexual intercourse, have you ever used anything or done anything to keep from getting pregnancy or causing a pregnancy?

1 yes

2 no

Did you use or do anything to prevent pregnancy the first time you had intercourse?

1 yes

2 no

Did you use or do anything to prevent pregnancy the last time you had intercourse?

1 yes

2 no

During the past year when you have had sexual intercourse, how often have you used or done anything to prevent pregnancy?

1 all the time

2 most of the time

3 some of the time

4 none of the time

During the last three months, how many times have you had sexual intercourse without using any kind of contraception or protection?

Effectiveness questions about the use of contraceptive methods need to be specific to each method. For example, questions about the correct use of pills should ask about how often pills are taken and what the client does when a pill is missed.

have used, you will get the benefit of their experience.

The most important factor in selecting a scale is to make sure it adequately measures knowledge of the facts you are trying to convey in your program. Some other general rules for scales to measure knowledge include:

- keep them as short as you can, including only the key facts that you want young people or others to know;
- always include a “do not know” response to each question and tell your clients not to guess;
- try to lessen anxiety among your test takers by telling them not to worry about answers they do not know and assuring them that you will tell them the answers later.

Program staff often believe that changes in *attitudes* are difficult

to measure. In fact, attitudes are easy to measure but they are often stubbornly resistant to change. There are many available attitude scales relevant to teen pregnancy prevention, including attitudes toward abstinence, contraceptive use, pregnancy, and pregnancy resolution. Again, find an existing scale if you can.

Here are a few other tips:

- Keep the answers symmetrical or all on one dimension (see the table below for an example);
- unlike knowledge scales, do not include a “do not know” response on attitude questions—everyone has attitudes;
- unless you want to allow neutrality, use an even number of responses rather than an odd number to prevent respondents from picking the middle or neutral position.

Creating good attitude questions

Not: How did you like the workshop? 1 excellent 2 pretty interesting 3 a little boring 4 it was awful	But: How interesting was the workshop? 1 very interesting 2 pretty interesting 3 not very interesting 4 not interesting at all
<i>The responses to this question change dimensions (excellent, interesting, boring, awful)</i>	<i>The responses to this question stay on one dimension—the degree to which it was interesting—and responses match the dimension asked about in the question.</i>

Remember that attitudes are not behavior either. Even questions about intent to behave do not measure behavior.

Teen pregnancy prevention programs often seek to develop various *skills*. Popular ones include decision-making skills, assertiveness skills, and problem-solving skills. There are measuring devices to capture each of these skills but many of them are less than satisfying. Still, because the research in teen

pregnancy prevention suggests that a skills-based approach is much more successful than an information-giving approach, you should try to measure these skills more accurately.

Skills measurement is improved when you are clear on exactly what a desired skill looks like when it is mastered. A good skills-building curriculum clearly shows or explains the skill for young people, gives them a chance to practice it, takes measures of how well the skill is demonstrated, and then gives additional opportunities to

FIELD NOTES

Avoid arbitrary numbers in your outcome goals

Some programs write outcome goals that sound like this:

50 percent of the parents in the workshop will get 80 percent of the knowledge items correct.

This goal is specific and it certainly sounds like the program has committed to a clear outcome. However, goals like this are arbitrary. At worst, these numbers are plucked out of the air; at best, they are based on some past group of clients.

The real question is how these parents would have done without the program. You should measure success against that standard. As we discussed above, a true control group answers this question. Its achievements represent what would have happened without your program. Without a control

or even a comparison group, it is best to write this goal as:

Parents in the workshop will make a statistically significant improvement in their knowledge scores.

Remember that statistical significance means "greater than would be expected by chance" and that it is affected by sample size. In very small samples, changes in knowledge would have to be very large to be significant. In large samples, very small changes in knowledge will be statistically significant, even if these changes are not practically important. Overall then, this strategy is short of the random assignment ideal, but does allow you to invoke a less arbitrary standard to decide which of your results is meaningful.

practice based on feedback. If all curricula were this clearly constructed, it is likely that our skills measurements would improve.

Some teen pregnancy prevention programs believe that the key to preventing teen pregnancy is changing some *personality characteristic*. Perhaps the most popular one of these is self-esteem, although data to show that this is a cause of any pregnancy-related behavior are almost nonexistent. The difficulty with choosing this as an outcome variable is not in its measurement but in how difficult it is to change. Self-esteem is a relatively stable personality characteristic and often requires long-term therapy to be changed significantly. Still, many scales exist to measure self-esteem, and program staff who are determined to measure this variable will find many choices.

Measuring other youth behaviors

Some programs see teen pregnancy prevention as only one of a number of general youth development goals. They may also seek to improve school attendance and performance, prevent drug use, and prevent delinquent behavior leading to involvement with the juvenile justice system. These behaviors too can be assessed by simple questions to young people. School records can also be used to track attendance, grades, or test scores. When young people enroll in your program, get written permission from their parents to gain access to such records.

The chart opposite lists common questions that can measure other youth behaviors besides sexuality or pregnancy.

Collecting your data

The heart of any evaluation is the data you collect in your process and outcome evaluations. You will use them to see whether your program accomplished what it set out to do and whether your program had any significant or lasting impact on your target population. Both

process and outcome evaluations have their own data-gathering tools.

Tools for process evaluation

Most teen pregnancy programs take attendance at their various activities and record individual

encounters with their clients. These records are a primary tool of process evaluation. Following are abbreviated versions of various attendance or contact forms.

The forms you choose to use depend on the flow of clients and the convenience of program staff. For example, if a staff member sees many young people individually in a single day, the form for recording contacts with multiple participants over a single day or week is best. If a staff member runs a group activity for the same 15 young

people every Tuesday, the attendance sheet is the best choice.

In addition to attendance information, you will also want a way to gather data on the characteristics of teens participating in your program. Program intake forms, like the one on page 163, can be used to gather such data. This example shows how to gather a minimum set of such data, including gender, race/ethnicity, age, and living situation. Program staff will want these critical measures so that they can see if their program is more effective with one subgroup of

Ways to measure other youth behaviors

On delinquent behavior:

Have you ever (or, in some specified time period):

- taken a gun or knife to school?
- taken something from a store without paying for it?
- done anything violent, such as hitting someone, attacking someone with a weapon, been in a fight?
- used a weapon to take things?
- been picked up or cited by the police?
- been arrested?
- done anything to get in trouble, such as set a fire, stolen things, destroyed property, sold drugs?
- carried a weapon?

On drug use:

Have you ever (or, in some specified time period):

- used marijuana?
- used alcohol?
- smoked cigarettes?
- used hard drugs such as crack, crack, cocaine, or pills?
- sniffed or inhaled anything to get high?

You can also ask about the frequencies of these behaviors.

On school performance and attendance:

Have you ever (or, in some most recent specified time period):

- cut school classes without permission?
- been expelled or suspended?
- received any failing grades in courses?
- received honors or awards at school?

Forms for gathering service and attendance data

Recording multiple contacts with a single participant			
Name of participant _____			
Date of encounter	Kind of contact 1 in person 2 telephone	Codes for Services Provided (listed separately)	Number of Minutes
____/____/____		_____	
____/____/____		_____	

Recording contacts with multiple participants over a single day or week			
Staff name _____		Date ____/____/____	
Name	Kind of contact 1 in person 2 telephone	Codes for Services Provided (listed separately)	Number of Minutes

Attendance sheet for repeating groups or other events with same participants			
Name	Date of Event	Date of Event	Date of Event
✓ if present	____/____/____	____/____/____	____/____/____
Allen, Joe			
Brian, Kelley			

Group Sign-in Sheet for Events with Different or Unknown Participants		
Date of Event ____/____/____		Type of Event _____
First Name	Last Name	Birth Date
		____/____/____
		____/____/____

young people than another. If you wish to, you can add other measures of interest to the form. For example, programs might wish to obtain a measure of socioeconomic status, Mother's education, eligibility for free or reduced lunch at school, and employment of parents are some of these measures.

Tools for outcome evaluation

Two of the most commonly used instruments for collecting outcome data are:

- *questionnaires*, which have written questions to which those responding give written answers; and

A brief intake form

1. Are you...

- 1 male
- 2 female

2. What is your race/ethnicity?

- 1 African American
- 2 white or Caucasian
- 3 Hispanic or Latino
- 4 Asian
- 5 Native American
- 6 Other _____?

(The categories in Question 2 should be adjusted to be most appropriate for your community.)

3. What is your birth date?

____/____/____
month day year

4. With whom do you live?
(check all that apply)

- ☐ mother
- ☐ father
- ☐ stepmother or stepfather
- ☐ guardian or foster parent
- ☐ brothers
- ☐ sisters
- ☐ grandparent
- ☐ someone else _____

(specify)

- *interviews*, which have written questions that are read aloud to those responding and to which verbal replies are given.

Questionnaires

Questionnaires can be mailed, administered to a group by reading them aloud, or given out one at a time as clients enroll in your program.

In many programs, the most efficient strategy is to administer questionnaires in groups, provided that you try to minimize anxiety and maximize candid response. Young people must be assured of confidentiality.

Many program staff believe that young people will not be honest about their sexual behaviors. In fact, young people will be quite forthcoming if they know the answers to some important questions. These include:

Who wants to know? This question is about the credibility and trustworthiness of the asker. If young people can trust those gathering data, they will be much more candid.

Why do you want to know? The right answer to this question is that you care about each young person and you want to get to know him or her better as you begin to work together. Tell young people that they are enrolling in a program that will talk about some very adult matters in a mature way and that you hope they will begin today to be candid with you.

What will happen to me if I tell you honestly? Young people need to know that neither their chances for program enrollment, your feelings about them, nor your treatment of them will be affected by their answers to any questions you ask them.

Who else will you tell? Teens care whether their friends, and most especially their parents, find out about their sexual behavior. They are also sometimes worried that their teachers will find out about these behaviors. Gather your data anonymously when you can, but always gather it with assurances of confidentiality. You may want your baseline and follow-up measures to include some kind of ID number so that you can match them for the same person (this does not have to be a young person's name).

reduce teen pregnancy, questions must be asked about pregnancy (at a minimum), as well as the proximal variables discussed earlier—that is, whether the young person has ever had sexual intercourse or used contraception. Of course, if the program serves very young children, then these direct questions about sex may be inappropriate. But, remember, a program cannot claim to have affected teen pregnancy rates—or intercourse or contraceptive use—if questions are not asked about these matters.

It is important to stress here that if a program is trying to

FIELD NOTES

Tips for gathering sensitive data from young people

Very soon after enrollment, each young person should complete your program entry or intake assessment. Here is how to make that work:

- assign each student an ID number, which you keep on a master sheet next to his or her name;
- write the ID number on the form, making sure that you hand the form to the person it belongs to;
- assemble all your program enrollees, spreading them apart in a large room so that they will have privacy;
- explain what a survey is about, telling them that this is not like a test in school;
- emphasize confidentiality, explaining that their parents or guardians will never see their surveys;
- tell young people that the survey asks them some questions about private issues and that you hope they will be honest and mature in answering the questions;
- ask young people to guess what the private issues are about; they will guess "sex" and "drugs" so tell them they are correct and that you hope they will be straight with you about these issues;
- read the questions aloud, in case some of the young people have literacy problems;
- get helpers to walk around the room, answering questions when students raise their hands but not letting them ask questions out loud.

Analyzing your findings

You are likely to need some help from a professional evaluator to get your process and outcome data analyzed so that you can draw conclusions about the success of your program. However, the logic that underlies the statistical analysis is relatively simple.

You might want to begin by examining your process evaluation data:

- How many clients of various types did you serve?
- What characteristics did those clients have?
- What kinds and amounts of services or interventions did they receive?

This information can be presented against a backdrop of your intended targets and service delivery strategies. Did you reach those you intended and did you deliver what you planned?

Then, you might turn to your outcome analysis. If you have a control or comparison group, you will want to make sure that it does indeed match the program group as closely as possible:

- Do the two groups include about the same percentage of males and females?

- Are they similar in race/ethnicity?
- Are they of the same average age?

Your evaluator will want to use tests of significance to make sure that any differences are greater than would be expected by chance alone. He or she will use your baseline data to answer these questions so that you are sure that the comparison or control group can be fairly compared with the program group.

With this assurance, you can begin to examine whether the changes in your program group are greater and more positive than the changes in your control group. You may also want to examine whether the positive changes you find in your program group occurred among all subgroups:

- Did the males make as much progress as the females?
- Did the younger teens learn as much as the older ones?

Again, you will need some help from an evaluator to know which particular statistical tests will help answer these questions. The chart on the next page will help you understand the principles behind the statistical analyses your evaluator will conduct.

The essential steps in data analysis

1. Compare those lost to follow-up with those you kept up with for the whole period of the evaluation.

You will lose some clients and you need to find out whether they are different from those from whom you have complete data; use your baseline data to answer this question. Remember that one measure of program success is your retention rate. If you are losing many clients who do not really get the intervention, you need to know that and know who they are.

WHAT YOU HOPE TO FIND: Few losses and no apparent difference between those who stay and those who drop out.

2. Compare your clients with those in the comparison group.

Use baseline data again to see if you really got a good comparison. Are your clients the same as the comparison or control group? Were they the same when you first measured them?

WHAT YOU HOPE TO FIND: No difference

3. Compare changes between your baseline and post-program measures of outcomes and impacts for both your program clients and their comparisons.

Did your program group change more than your comparison group? We hope so. It is not enough for them to be different in the end. They must have different rates of change. Sometimes when baseline is not appropriate or possible then only post-program measures are enough (like school dropout rates).

WHAT YOU HOPE TO FIND: More changes in your program group than among comparisons.

4. Introduce necessary controls and do subgroup analysis.

Here you can begin to ask things such as whether your findings hold for all clients and whether these findings persist when you introduce controls for baseline or other differences between the comparison group and your program group.

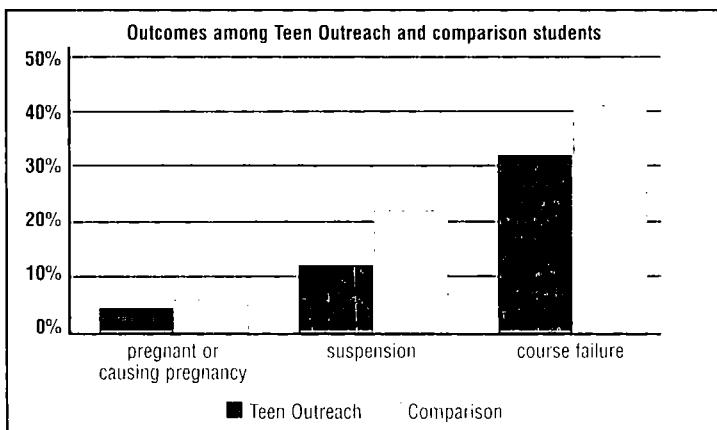
WHAT YOU HOPE TO FIND: The advantages of your program group persist in all subgroups and even after controls.

Conclusion: Presenting your findings

After completing the data analysis, you and your evaluator will want to present your results in a simple and compelling format. Because many people have low tolerance for lots of tables and numbers, it is sometimes wise to use such devices as bar

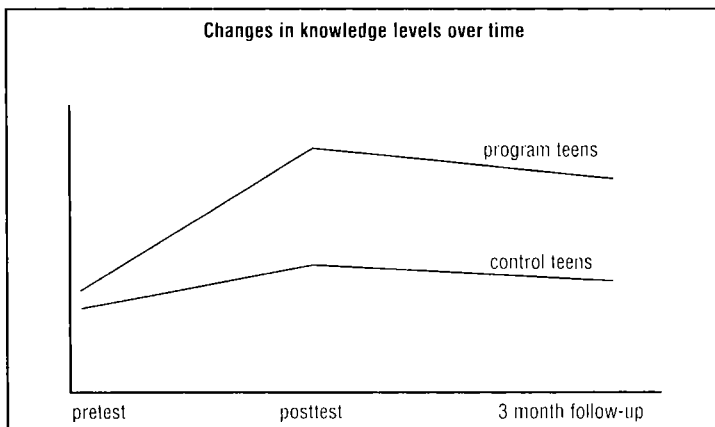
graphs, line charts, or other devices for showing your results.

The chart below shows some outcome results from the Teen Outreach Program (Philliber & Allen, 1992). Notice how easy it is to understand these results.



The following graph illustrates another simple way to present outcome data, this time from a

knowledge change program. Notice how easily you can see that the knowledge of those in



the program group went up over time while the knowledge of the control group did not.

Your evaluation report is likely to have many different audiences, so remember that it should be written (either by you or your evaluator) so that those without technical training can understand and learn from your findings. It is possible to learn from both positive and negative findings, so the report should

present both. If findings are positive there is always rejoicing and funders may have renewed confidence in your work. If the findings are negative, present your hypotheses about why this happened and outline a plan to change the program for the better. Even these negative findings, as embarrassing as they may be for you, can help build a better science base for how to prevent teen pregnancy.

References

- Brown, S.S., & Eisenberg, L. (Eds.). (1995). *The best intentions: Unintended pregnancy and the well-being of children and families*. Washington, DC: National Academy Press.
- Card, J.L. (Ed.). (1993). *Handbook of adolescent sexuality and pregnancy research and evaluation instruments*. Newbury Park, CA: Sage Publications.
- Frost, J., & Forrest, J.D. (1995). Understanding the impact of effective teenage pregnancy prevention programs. *Family Planning Perspectives*, 27, 133-195.
- Kirby, D. (1997). *No easy answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Moore, K., Sugland, B., Blumenthal, C., Gleit, D., & Snyder, N. (1995). *Adolescent pregnancy prevention programs: Interventions and evaluations*. Washington, DC: Child Trends, National Center for Health Statistics. (May 1997). *Fertility, family planning and women's health: New data from the 1995 National Survey of Family Growth*. Washington, DC: Author.
- Philliber, S., & Allen, J. (1992). Life options and community service: Teen Outreach Program. In Miller, B., Card, J.L., Paikoff, R., & Peterson, J. (Eds.), *Preventing adolescent pregnancy*. Newbury Park, CA: Sage Publications.



Moving Forward in the Face of Conflict

by Tamara Kreinin and William Smith

T H I S C H A P T E R

Describes guiding principles for minimizing conflict when programs are just beginning or starting over;

Explains strategies that programs can use on an ongoing basis to reduce the chances of conflict;

Provides suggestions for addressing conflict when it does arise; and

Provides resources for further information.

Key Ideas in this Chapter

Do not let conflict stop you from moving forward.

Compromise if you must and move ahead.

Stay focused on preventing teen pregnancy and helping young people lead productive lives.

Be vigorous in communicating your project's successes. It is hard to create controversy about something that many people understand and find compelling.

Let your effort be a “big tent” that embraces many different approaches to preventing teen pregnancy. Having many prevention efforts active at the same time is itself a good prevention strategy. Don't worry too much if seemingly incompatible activities are included under your overall program.

Do not spend precious time and energy fighting others' efforts. If you get stuck in an argument, either find an activity that is less controversial, upon which everyone can agree, or agree to disagree.

A youth development approach that gives teens motivation for delaying pregnancy is quite promising. This less controversial approach provides diverse groups with a wide range of options and helps opponents find common ground for action.

Moving Forward in the Face of Conflict

Introduction

As someone who works on the issue of adolescent pregnancy prevention in your state or community, you hardly need to be told that disagreements exist on this issue. In many states and communities, preventing teen pregnancy has become a lightning rod for controversy.

Quite often, people argue over specifics, such as the existence of a teens-only clinic in the local health center or the content of family life education curricula in school. But these specific arguments usually tap into deeper questions of personal values and, often, religious belief. What begins as a focused argument over whether contraception should be discussed in a classroom, for example, often reveals strongly felt concerns over the proper role of parents versus schools as sexuality educators, the sexual standards we want our children to follow, and similarly important topics.

The issues become even more explosive when communities approach teen pregnancy prevention as though there were only one magic solution. If you ask five pregnant young women or five different teen fathers, each can give a set of different reasons for the pregnancy. Yet, often, one single program is highlighted as *the* way to solve the problem for the community as a whole.

Obviously, not all controversy can be avoided or resolved. But helping our young people avoid pregnancy demands that every effort be made to do so. This chapter will assist those who are just starting out, starting all over again, or are in the midst of what seems like an impossible battle. It articulates a number of guiding principles and strategies for preventing, minimizing, or resolving conflict. These principles and strategies are summarized in the following matrix.

Principles and strategies for handling conflict

Guiding Principles to Minimize Conflict	Community Organizing Strategies to Minimize Conflict	Addressing Conflict When It Arises
Unite around teen pregnancy prevention as a goal	Form a broad-based and inclusive organization	Clarify the areas of disagreement
Avoid the abortion controversy	Select leadership thoughtfully	Agree to disagree about strategy
Take a "big tent" approach	Establish clear ground rules	Find common ground
Base your decisions on sound research	Develop organizational rules and policies early on	Work on mutually agreeable projects
Note that teens need a wide variety of preventive strategies to avoid pregnancy	Learn about the issues together	
Choose strategies with the greatest yield in reducing teen pregnancy	Take early, successful action	
Be in it for the long term	Build ongoing support for your work	
Be open to reevaluation		
Respect deeply felt beliefs and refrain from trying to change others' values		

Guiding principles to minimize conflict

A few years ago, a particular community's well-organized effort to prevent teen pregnancy was dismantled because of arguments over whether or not to have a health center in a high school. A new effort has since been launched, but this time, community members are working hard to develop a broad-based coalition with strong leadership. The hope is to minimize controversy and actually reduce the community's high rates of adolescent pregnancy. The specific

issue of the school-based health center has taken a back seat to other strategies with broader support.

You can structure your efforts to minimize conflict right from the beginning. Some conflict can be avoided or resolved by planning ahead and laying positive groundwork in your state or community. The following principles have helped teen pregnancy initiatives around the country get their work off to a good start.

Unite around teen pregnancy prevention as a goal

Keeping this as the focus of your efforts will help you avoid being sidetracked by other issues, such as abortion and premarital sex, that can cause controversy. It is important to help people understand that one of the most compelling reasons to support your work to reduce teen pregnancy is that it helps to reduce persistent child poverty and builds strong families and communities. All children deserve to be born to families who eagerly anticipate their arrival and are able to provide adequate care and nurturing. By reducing teen pregnancy, we increase the chances that all children will get a good start in life. Defining a program to reduce teen pregnancy as a step toward child and family well-being is often less divisive than framing it as a "reproductive health" or "healthy sexuality" program.

Avoid the abortion controversy

Your goal is to help teens not become pregnant in the first place. Keeping this goal in mind can help you avoid contentious arguments over abortion.

Take a "big tent" approach

Include a wide range of perspectives and approaches to preventing teen pregnancy. This can help dilute extreme

SLOGANS SERVE A USEFUL PURPOSE

They keep the issue of teen pregnancy in focus:

- "While the adults are arguing, the teens are getting pregnant."
- "'X' number of teens get pregnant every week in our community."

They articulate the "big tent" principle:

- "Unity of purpose, diversity of means."

positions and offer the option of de-emphasizing any one program area or focus that is causing intense conflict.

Base your decisions on sound research

Having a scientific basis for your approach shifts the focus from opinions about the best way to go or about the consequences of taking a particular action toward the firmer ground of facts and validated experiences. A scientific grounding will help make your decisions more compelling and your program more effective. At the same time, recognize that people make decisions about tough social problems on the basis of more than just facts and data. Values and beliefs are often more central.

Note that teens need a wide variety of preventive strategies to avoid pregnancy

Teens need different messages and programs at different times in

FOR MORE ON NEEDS ASSESSMENT...

See Chapter 12 (Volume 3), "Tailoring a Program to Your Community Through Needs Assessment."

their development. No *one* right way to proceed exists. In fact, some researchers believe that it is a high level of intensity of activity, rather than any one program approach, that reduces teen pregnancy rates most effectively.

Choose strategies with the greatest yield in reducing teen pregnancy

If you have done a needs assessment, you understand the teen pregnancy problem in your area and can choose strategies that are well suited to your community. Programs that can be defended with logic and data will strengthen your case and can dampen controversy.

Be in it for the long term

Teen pregnancy is not a problem that can be solved with a one-year

or even a three-year strategy. Patterns of early pregnancy and childbearing can be very hard to change, so take the long view. Do not abandon your efforts in the face of conflict.

Be open to reevaluation

You may start with a strategy that you are certain is the best possible approach and then find that you lack support for the strategy or that it generates controversy. Look for ways you can move forward anyway. Consider shelving your initial idea for the time being and re-evaluating it later. Or, think about finding another way to get to the same end. Experience teaches that it is eventually possible for community coalitions to embark on relatively controversial initiatives, but only after a long start-up period of building trust and learning to work together. Be patient and flexible.

Community organizing strategies to minimize conflict

Creating and maintaining a successful "big tent" approach—where many points of view are entertained but in which conflict is minimized—requires some careful thought about the nuts and bolts of running meetings, making decisions, and building

support. Here are some strategies that can help.

Form a broad-based and inclusive organization

A broadly representative group of people and organizations helps most people feel that they

have a voice in shaping the work. Such a group can more easily come to centrist positions, thereby marginalizing extreme opinions and defusing the power of any single voice. Be thoughtful about how you approach your community and think strategically about whom to involve and in what capacity.

As you build your inclusive organization, pay particular attention to the following to help reduce conflict:

Invite a wide range of people and ask them who else should be involved. Make sure the people they refer are reasonable, willing to compromise, committed to the issue, and willing to work.

Hold one-on-one meetings ahead of time with people whose perspectives you would like included. Be sure to get their suggestions and ideas and encourage them to participate.

Have "peers" approach their "peers" to become involved. For example, a minister is more

likely to get involved if asked by a fellow minister.

Do not worry about who is not participating. Make a good faith effort to get them involved and then move forward. As your efforts become successful, they may decide to join. Perhaps there may be other ways to build bridges to those who stay away.

Build strong personal relationships within the coalition. The greater the level of trust, the greater the likelihood of preventing or successfully resolving conflict.

Be sure to invite participants who can make a difference in reducing conflict. These include:

Young people themselves. Youth voices are compelling and can help keep the group focused on its mission. Be sure to involve them in a significant and meaningful way from the very beginning.

FIELD NOTES

The Michigan Abstinence Partnership

The Michigan Abstinence Partnership is a coalition of over 70 organizations from around the state that is working to help youth aged 9-14 abstain from sexual activity. It attributes its

success to the diverse and broad base of its membership, which includes people with various and often differing perspectives on how to prevent teen pregnancy.

Parents of school-aged children and youth. Parents from a range of communities, neighborhoods, and schools are often actively involved in local civic issues. These voices can either make or break a group's efforts. Make a special effort to meet with parent leaders, such as those involved in the local Parent-Teacher Association (PTA).

Faith community leaders, members, and representatives of area religious groups. Faith community leaders have a significant influence, not only with the members of their own congregations, but also with other community leaders. Their perspectives, often crisply focused on values and ethics, need to be part of any core group.

Business leaders from large and small businesses and business

associations. Business leaders are often powerful and effective voices in a community and, by nature, are primarily concerned with action and results.

Social service organizations and professionals working with youth in schools and in other youth-serving organizations. These professionals can provide a window into the lives of youth at risk of teenage pregnancy, and many are in touch with young people directly through their programs.

Health organizations, including hospitals and community clinics. They can provide relevant data so that discussion and decisions are informed by facts. They also provide health services, including family planning, that are part of many programs to reduce teen pregnancy. And finally, their leaders—often doctors and nurses—are well respected leaders who often know young people well and can speak eloquently on their behalf.

FOR MORE ON...

involving youth, see Chapter 5 (Volume 1)

involving parents, see Chapter 6 (Volume 2)

involving the faith community, see Chapter 7 (Volume 2)

involving the business community, see Chapter 8 (Volume 2)

involving schools, see Chapter 9 (Volume 2)

involving health professionals, see Chapter 10 (Volume 2)

Select leadership thoughtfully

Choose leaders carefully and clearly define their responsibilities. Consistent leadership by one or two highly regarded people is important in forestalling conflict and defusing it when it does occur. At times of disagreement or conflict, it also may be helpful to bring in an outside, neutral

facilitator, whose expertise is not teen pregnancy but group process. This person can do a lot to reinforce the efforts of your leaders.

While your initial leaders are in place, cultivate the next generation. It is important to know who will take over when current leaders move on.

Establish clear ground rules

Ground rules prevent disruption because they encourage people to listen respectfully during meetings. Group members will be more willing to follow the rules if they set them. At your first meeting, have group members develop a list of ground rules together. Ask everyone to sign the agreed-upon list. The document can be used as a reminder if someone becomes unreasonable or attempts to obstruct the work of the group. If you are experiencing conflict,

A LEADER SHOULD...

- **be well respected in the community or state**
- **have skills to lead a group and stimulate action**
- **be focused on the goal of preventing teen pregnancy**
- **be knowledgeable about the community**
- **be able to unite people with multiple opinions**
- **be open to the diverse approaches needed to prevent teen pregnancy**

the list may help guide you. Reevaluate your ground rules as your members gain experience working together.

Develop organizational rules and policies early on

One of the first orders of business should be to determine the way in which you will make decisions. The two major methods are:

Consensus. Consensus decision-making requires 100 percent agreement. If you select consensus and at some point are unable to reach it, agree that you will seek additional view-

CASE IN POINT

The Wisconsin Adolescent Pregnancy Prevention and Services Board

This 13-year-old statewide board was established through a piece of legislation fashioned from compromise. It has six voting members appointed by the Governor and six appointed by the state's Women's Council. The Board found that having strong leadership at the beginning of

their effort helped establish important policies still in effect today. Its comprehensive teen pregnancy prevention programs were based on sound research. Board members have devoted significant time to talking issues through until they find common ground.

points. Decide what information you need to reach a decision and when you will revisit the issue, then move on to the next issue.

Majority vote. This method may upset those who end up in the minority after a vote, but may make it easier for the whole group to move forward. Decide ahead of time what you will do if there is a strong minority view. For example, you may allow this group to express its opinion formally in writing as part of the record.

You will also need to consider other policies early on in your work, such as:

How to handle media inquiries.

Determine how you will decide who talks to the media on behalf of the group. It is helpful to specify a procedure for authorizing someone to represent the organization to the media.

How to integrate new members so they can participate fully.

Deciding this in advance can save time by not having to

FIELD NOTES

Sample ground rules for a teen pregnancy coalition

The following ground rules come from teen pregnancy prevention coalitions around the country:

- Start and end meetings on time.
- Each group member has an equal voice/vote.
- Each person gets a turn to speak if he or she wants one and can also pass if desired.
- No one is permitted to monopolize the discussion.
- No one can interrupt except for the person leading the meeting, who can interrupt to keep discussion on task.
- Because of the focus on pregnancy prevention, there will be no discussion of abortion.
- Listen respectfully.
- Respect others' opinions and do not try directly to change the values and heart-felt beliefs of others.
- Be open to new and different points of view.
- Be open to ideas/suggestions.
- No put-downs are allowed.
- Where appropriate, agree to disagree.
- In order to present a unified voice, no one may talk to the press until the group decides to do so.
- Make every attempt to attend meetings; take them seriously.
- What individuals say at meetings is confidential.
- The way decisions are made is agreed upon at the outset, understood by all members of the group, and binding.
- Concerns about meeting process are to be raised in a timely manner with the chair or the group and not be allowed to fester.

spend meetings revisiting past discussions and decisions. Some groups appoint a mentor for each new member.

How to handle people who cannot attend many meetings. Many options exist. You may consider requiring a certain level of attendance of all members. Another approach is to allow people to attend periodically, but ask that they express opinions in writing when they cannot attend. You do not want the people who are able to come regularly to lose patience, nor do you want to lose potentially important ideas from someone not yet as involved or not able to attend regularly due to scheduling difficulties. Some groups are exploring listservs, web pages, and other electronic means of keeping groups connected.

Learn about the issues together

The process of learning together as a group can help defuse conflict by creating a shared understanding of key information.

CASE IN POINT

New York State Teen Pregnancy Task Force

In New York State, the Governor established a task force of pro-choice and pro-life members to address out-of-wedlock pregnancy and poverty. One reason

The dynamic of learning together builds relationships and develops cohesiveness. Do not assume everyone in your group is an expert on teen pregnancy. Even those who are knowledgeable may not be aware of some of the attitudes and values in your state or community. Decide together what information you would like to learn and from whom.

There are many ways to learn together. Invite experts as well as people from similar communities or states to share their ideas about preventing teen pregnancy.

Together, examine the data for your community or state. Examine trends in adolescent pregnancy and select a few motivating numbers to share widely.

Make site visits together to programs serving youth. Include schools and recreation facilities to better understand the environment of the youth in your state or community.

Commission polls and hold focus groups. Learn about the

they have been able to work together is that they established ground rules early on, including "no discussion of abortion."

attitudes, values, and views toward various approaches to teen pregnancy prevention in your state or community.

Publicize the results. A community foundation or group of them around the state might be an underwriter. Avoid using a pollster identified with any particular ideology or point of view.

Survey youth in your state or community. Or, use existing surveys, such as the Centers for Disease Control and Prevention's Youth Risk Behavior Survey, which is used widely and can provide valuable information.

Hold meetings to share your findings. Consider holding community forums in strategic locations across the state or community. These will not only provide an opportunity for you to widely describe your findings, but will also allow you to learn together about the community's reactions, attitudes, and ideas. Try these approaches for such a meeting:

- involve teens;
- have a local, state, or national leader discuss issues related to adolescent pregnancy;
- have a one-page sheet summarizing the issues in one column and concrete actions to deal with them in another column; and

- provide an opportunity for discussion and invite participants to get involved in your organization.

Take early, successful action

If one strategy is causing conflict and impeding action, be flexible and move on. Find and implement an activity that nearly everyone can support and that is likely to be successful in some visible way. Action and success motivate people to stay involved. Here are two possible approaches:

Assess community readiness for more complex strategies. If the support for a particular intervention does not yet exist, do something else and work instead to build support.

Be flexible about locations of programs. If there is conflict over placing a program in a school, look for another location to reach young people. For example, rather than arguing over school-based health clinics, some communities have located adolescent clinics in a mall near the school.

Build ongoing support for your work

Once you have established a strong base of support, it is important to build recognition and support for your program or coalition. A good communications effort will tell the community

what you are doing, help it better understand your activities, and diminish opportunities for misunderstanding and mistrust. Be sure to include the following strategies.

Widely publicize and explain your work. Controversy often arises when people do not fully understand a program, and supporters do not have the knowledge to counter misinformation. Actively explaining your work as widely as possible can defuse misinformation and provide people with the facts.

Develop a communications plan. To make sure that various audiences are continuously—and accurately—hearing about your work, think about developing a communications plan that links your overall mission, goals, and activities to publicity efforts.

Create a positive image of your work through the media. Invite reporters to visit your offices and programs and give them relevant story ideas to help educate them and the community about your services and strategies. Train teens and parents to work with the media so you have many varied, effective spokespeople.

Focus your messages broadly on the health and well-being of children and youth, rather than narrowly on teen pregnancy

CREATE SIMPLE MATERIALS TO DESCRIBE YOUR WORK

Make them:

- **brief and easy to read and reproduce**
- **targeted for different audiences—parents, funders, elected officials, teens**

Consider creating:

- **a fact sheet on your program**
- **an information packet with letters of support from people who know your programs first-hand—ministers, parents, teachers**

prevention. Everyone should work to get the word out about the project or coalition and its successes. It is harder to create controversy around something that many people understand and find exciting and compelling.

Train staff and coalition members to field questions and ward off conflict. Everyone involved with your effort should understand the basis for your program or approach. They should know your research on the needs and concerns of youth in your state or community. If anyone is uncomfortable answering a particular question, they should politely refer it to someone else. Identify spokespersons who can field questions. Provide training for all staff and coalition members in internal and external public relations, as well as in how to work with the media.

Possible places for media training include your local United Way, advertising agencies,

FOR MORE ON DEVELOPING A COMMUNICATIONS PLAN AND WORKING WITH THE MEDIA

See Chapter 15 (Volume 3), "Working with the Media to Promote Teen Pregnancy Prevention."

political consultants, local media outlets, or university communications departments.

Use community or statewide resources to broaden your base of support. Involve (preferably on a pro bono basis or at a discounted rate) people from across your state or community, such as graphic designers, video producers, radio and TV stations, newspapers, universities, and businesses. Using these resources can provide opportunities to involve additional partners and make them aware of the issue and your work.

Expand involvement on an ongoing basis. Bringing in new voices can broaden your base of support as well as enhance your ability to sustain your program over the long term. Invite "less-likely partners" to join you on site

visits or for forums. Alternatively, ask to present to their groups. Consider including representatives of religious groups, health centers and nursing homes, local businesses such as barber shops and fast-food restaurants, social groups, and business associations such as the state or local chamber of commerce.

Have visitors attend your events and visit programs. First-hand contact with programs makes it easier for others to support your work. Bring community members such as elected officials (e.g., state legislators, school board members, superintendents of schools, mayor, governor, sheriff) and leaders from the medical, business, and faith communities to visit your program, meet with your coalition, or join you on a site visit or for a conversation with teens. If you are including elected officials, have people from their city or district invite them.

CASE IN POINT

Louisiana succeeds in minimizing controversy

The **Louisiana Adolescent School Health Initiative** is a statewide program that focuses on middle and high schools. It provides funding, collaboration, and quality control for comprehensive mental and physical health care. Coalition members

throughout the state work to educate the public and elected officials about the scope and impact of their services. The broad base of interest and support they have created has muted much potential for conflict over teen pregnancy issues.

Conduct research. Make sure you are aware of the pulse of your state or community. Continue to conduct community-wide polls

and focus groups to gauge attitudes and interests as well as to test messages for target audiences.

Addressing conflict when it arises

We know that you often cannot completely prevent conflict in a teen pregnancy initiative. Rather than abandoning efforts in the face of difficulty, however, find some strategies to move forward in spite of controversy. Here are several promising strategies.

Clarify the area(s) of disagreement

It may be helpful to categorize the issues that are causing controversy. Disagreements tend to fit into two broad categories.

Programmatic disagreements

This is the arena in which most communities seem to have the greatest difficulty. For example, people argue over whether to implement abstinence-only or more comprehensive curricula in schools or whether to establish a school-based health center. If you are arguing over one specific program, it may be useful to delay implementation and establish a program that is more broadly supported. Alternatively, if you can identify and address the root of the argument, you may be able to defuse the

conflict. For example, if the basis for a conflict over school-based health is parental consent and control over health care, it may be that agreeing to require parental consent forms will allow you to move forward.

Another typical example of this type of disagreement is when an organization struggles over whether or not to apply for funding for a particular program.

Public policy and budget disagreements

Communities often argue over whether to use public funds for teen pregnancy prevention. For example, disagreement often occurs over which curricula to use in a public school. Frequently, this argument occurs without learning about the students and their needs and with little parental involvement. Therefore, it may be prudent to begin your activities with work that is not publicly funded. At the same time, the group can survey students and parents about their values and attitudes.

Most of the controversies you face fit into these categories. Spend some time trying to categorize the controversies that are present.

Agree to disagree about strategy

People with differing views on how to prevent teen pregnancy can move forward on their own projects and agree not to interfere with the work of *others*. Rather than arguing over the ideal strategy to prevent teen pregnancy, agree that many strategies can co-exist, even ones that may seem to be in conflict with one another. The concept here is unity of purpose, diversity of means. Focus your work on the activity that excites you the most instead of spending energy defeating another program or approach.

Here are some ways to move forward if you are disagreeing over strategy:

Remind people that the goal is to prevent teen pregnancy. There is likely to be no one sure path to get there. In fact, multiple

efforts are more useful than any single strategy.

Bring in an outside, neutral facilitator. Involve someone interested in the issue but who is not wholly invested in—or identified with—any one perspective. Choose a facilitation approach that suits your situation.

Reexamining the data together. Look again at local data on rates of adolescent pregnancy. For states, look at your ranking (if it is compelling) in comparison to other states. For communities, look at your ranking within your state. In some communities, looking at rates of sexual activity among local teens has jarred people to action. Review again the diversity of opinions and values in your state/community. Sometimes tolerance for diverse approaches increases when all concerned realize that their fellow citizens hold many different ideas about the causes of—and solutions to—teen pregnancy.

CASE IN POINT

Wisconsin resolves conflict over family life curricula

In Eau Claire, Wisconsin, the school district was in conflict over discussing contraception in their family life education program. After much discussion and

examination of the reasons behind the conflict, people agreed to teach contraception within the context of marriage. The conflict was defused.

Do not get deadlocked. At some point, when it is clear that no work is being done because of disputes, someone must suggest that members each undertake the strategy they think is most likely to reduce teen pregnancy. This person could be an outside facilitator, a group member of high regard, or perhaps an elected official, such as a mayor, governor, or state legislator.

Work on mutually agreeable projects

Sometimes, communities experiencing conflict need a formal intervention, such as the "structured community dialogue" model described on the next page, to help them find areas of agreement. Often, though, com-

munities can move forward by agreeing to put aside the activities that are causing disagreements. In their place, they identify mutually agreeable projects. The key point here is to select an activity, not to debate extensively the nature of the activity. Early action equals early success.

Hold a youth forum. The authenticity of youth voices often helps a group in conflict refocus their energies on what holds it together: helping young people. Quite often, those in disagreement with one another find that the young people in their community have entirely different (and usually less divisive) concerns.

CASE IN POINT

Agreeing to disagree makes a difference in Tillamook, Oregon

In 1990, data showed that the rural county of Tillamook, Oregon, had one of the highest teen pregnancy rates in the state. In response, the county health department proposed creating a school-based clinic that would provide contraception. This provoked intense community conflict.

While the proposal was defeated by the school board, the community agreed that something had to be done to bring down the high rates of teen pregnancy. Various segments of the community developed intensive

initiatives—ranging from creating new church-based abstinence education programs, to improving access to family planning clinics, to expanding YMCA programs for girls—and agreed not to fight each other's efforts.

By 1994, the county teen pregnancy rate had dropped by 70 percent, becoming the lowest in the state. This decrease may have been due to the high intensity of adolescent pregnancy prevention activities, not to any one effort alone.

Building common ground through structured community dialogue

Communities have found that one effective way to find common ground is through an approach called "structured community dialogue." This approach was developed by The Common Ground Network for Life and Choice and The National Campaign to Prevent Teen Pregnancy for use in teen pregnancy prevention. A state or community initiates the process by issuing an invitation for a Structured Community Dialogue. Staff, as neutral parties, visit and are introduced to the community. Initial meetings are designed to clarify the issues causing conflict and to build trust between the neutral convener and community members. Once the neutral party has met with many key people, a two-day formal dialogue is planned. The dialogue is held in a neutral location. Approximately 30-80 people participate, attending as individuals, not as representatives of organizations. Strict ground rules, which insist on mutual respect and open mindedness, are agreed to by all participants. The goal is for people of differing perspectives to come together to explore possible areas of agreement.

In **Buffalo, New York**, the Common Ground Network was invited to hold a forum because of conflict over curriculum in the schools and adolescent pregnancy prevention services in the community. As a result of the dialogue, building after-school programs became a community-wide priority. Another significant result was the opportunity to learn about the work of other participants

and how it interrelated. One year later, there continues to be less conflict among service providers, and many have found that there has been a marked increase in referrals between programs. In addition, the Buffalo Coalition for Common Ground is currently developing a funding proposal for a widely supported program on working with young males.

San Bernardino County, California, held its first structured community dialogue on March 12-13, 1998. The dialogue was a broad-based collaboration consisting of two local coalitions, a county-wide agency, and a development committee made up of local leaders. Even among the Development Committee members, there was a broad representation of perspectives on how best to prevent teen pregnancy. This diversity was also present among the nearly 60 participants involved. After a carefully structured and facilitated dialogue over two days, the communities involved were able to define a common ground action agenda. Among the items discussed were allowing students in the public schools to evaluate the sexuality education curriculum after they have taken the course, conducting parent/child communication workshops, and developing a community-based youth advisory board that would help translate the needs of young people into local public policy.

Work with the faith community.

Whether at the outset or in the midst of challenges, faith leaders can bring a new perspective to teen pregnancy prevention work. Consider holding a prayer breakfast on teen pregnancy to capture their interest. Approach them with a range of ideas they are comfortable with, such as:

- holding youth forums at their church;
- inviting church members to find youth summer jobs;
- holding seminars on parent-child-communication (not necessarily about sexuality); or
- organizing a particular day of worship during which all clergy talk about teen pregnancy and the well-being of youth.

Reach out to new and less likely partners.

Community members not traditionally involved in adolescent pregnancy prevention can offer new perspectives, energy, and ideas. For example, business leaders might be compelled by economic arguments, or the police and judicial community may see a link to crime. In one community, a retired judge helped mobilize a community by making compelling arguments about all the cases he had seen that were connected to adolescent pregnancy.

Talk less about teen pregnancy and more about youth development. Youth development activities are a promising approach to preventing teen pregnancy. Most youth development activities are not controversial. These programs address the activities and ambitions that motivate teens to avoid pregnancy. Youth development approaches include mentoring, tutoring, community service, employment, and recreational activities.

Choose a popular project.

Certain issues or projects can bring adversaries together. For example, in one county, many community members found they were all offended by the same sexually explicit billboard. This was a great opportunity to unite the group around a petition drive to have it removed. Careful listening can bring these issues to your attention.

Focus on working with parents.

Most people agree that parents should be the primary sexuality educators of their children. Recent research affirms that children want their parents to talk with them about values and relationships, and where sexuality fits in that context. Parents need to be assured that, even though they may feel in competition with their children's friends, music, and television, they are very much needed by their teens.

Increase public awareness of teen pregnancy. Most people can agree that teen pregnancy is a problem. Develop activities to raise awareness across your

state or community. Use May, which is National Teen Pregnancy Prevention Month, as a rallying point.

Conclusion

Many people have worked tirelessly to reduce teen pregnancy in this country, and although rates of both teen pregnancy and births are steadily decreasing, more needs to be done.

There are many speculations as to why this is the case. One theory is that the potential divisiveness of the issue limits bold action. Because programs to reduce teen pregnancy can cause controversy, leaders and people at the grassroots level frequently avoid the topic. The arguments that do arise distract communities from carrying out effective prevention activities

Too often adults do what is most comfortable for them, not what teens need or what research suggests could work.

Dealing with controversy is not simple. This chapter has offered strategies that have worked in other states and communities. Figuring out how best to address disagreements has to happen on a case-by-case basis, depending on the issues at hand and the people involved. Ultimately, it is important to move forward and get programs and activities in place that can help prevent teen pregnancy and enhance the well-being of our nation's children and youth.

Programs mentioned in this chapter

Buffalo Coalition for Common Ground

1272 Delaware Ave.
Buffalo, NY 14209
(716) 882-4793
Fax: (716) 882-7671

San Bernardino Structured Community Dialogue Children's Network

imPACCT Program
385 N. Arrowhead, 2nd Floor
San Bernardino, CA 92415
(909) 387-5361
Fax: (909) 387-4656

Louisiana Adolescent Health Initiative

Office of Public Health
325 Loyola Ave., Room 610
New Orleans, LA 70112
(504) 568-6636
Fax: (504) 568-3786

Michigan Abstinence Partnership

Michigan Department of Community Health
3423 N. Martin Luther King Blvd.
Lansing, MI 48909
(517) 335-8909
Fax: (517) 335-9222

Sue Cameron

County Commissioner
Tillamook County Courthouse
201 Laurel
Tillamook, OR 97141
(503) 842-3403
Fax: (503) 842-1384
scameron@co.tillamook.or.us

Other useful resources

Conflict resolution organizations with a teen pregnancy prevention focus**Common Ground Network for Life and Choice**

1601 Connecticut Ave., NW
Suite 200
Washington, DC 20009
(202) 265-4300

Public Conversations

Project 46
Kondazian St.
Watertown, MA 02172
(617) 923-1216

National Campaign to Prevent Teen Pregnancy

2100 M St., NW
Suite 300
Washington, DC 20037
(202) 261-5655
www.teenpregnancy.org

General conflict resolution organizations**Program for Community Problem Solving**

1319 F St., NW
Suite 204
Washington, DC 20004
(202) 783-2961

Study Circles Resource Center

P.O. Box 203
Rt. 169
Pomfret, CT 06258
(860) 928-2616

Mediator/facilitator resources**National Association for Community Mediation**

1726 M St., NW
Suite 500
Washington, DC 20036
(202) 467-6226

Contributors—Volume 3

Claire D. Brindis

Claire D. Brindis, Dr.P.H., is Professor of Pediatrics, Division of Adolescent Medicine, at the University of California, San Francisco, and Executive Director of the National Adolescent Health Information Center, funded by the federal Maternal and Child Health Bureau (MCHB). She is also Associate Director of the MCHB-funded Information and Analysis Center for Middle Childhood and Adolescence, as well as Director of the Center for Reproductive Health Policy Research at the University's Institute for Health Policy Studies.

Donna Butts

Donna Butts is the Executive Director of Generations United, the only national organization working to foster intergenerational cooperation and support in public policy initiatives and programs. For more than 25 years she has held leadership positions in the nonprofit world working with and on behalf of children and youth. She is the author of numerous articles and is a strong national advocate for children, youth, and the elderly. She is also a Certified Fund Raising Executive (CFRE).

John Hutchins

John Hutchins is Senior Editor for the National Campaign to

Prevent Teen Pregnancy. He has worked for the past twelve years as a writer, editor, policy analyst, and public relations professional for health care associations and public policy organizations in Washington, DC.

Tamara Kreinin

Tamara Kreinin, M.H.S.A., has worked extensively in health care and human services for over twenty years. Kreinin holds a master's degree in Health Services Administration from the University of Michigan. She is currently the Director of State and Local Affairs at the National Campaign to Prevent Teen Pregnancy. Kreinin started and served as Executive Director of The New Orleans Council For Young Children. She is a spokesperson and resource for the press on issues of importance to children and families. Kreinin lectures and conducts workshops frequently on a variety of topics.

Susan Philliber

Susan Philliber, Ph.D., is Senior Partner at Philliber Research Associates. She received her doctorate in sociology from Florida State University and has held faculty positions at the University of Utah, the University of Cincinnati, and Columbia University. She is extensively published and is widely recognized for her experience in pro-

gram evaluation, which includes teen pregnancy, school-improvement, school-linked collaboratives, school dropout programs, programs for the homeless, programs for those living with HIV and AIDS, as well as many youth development programs.

William Smith

William Smith is Manager of the National Campaign to Prevent Teen Pregnancy's Program on Religion and Public Values. In this role, Smith conducts the Campaign's conflict reduction work and faith community outreach, and manages the Campaign's Advisory Panels in both the U.S. Senate and House of Representatives. Smith is a doctoral student at the Catholic University of America in politics and has done graduate work at Villanova University, the University of Notre Dame, and Georgetown University. A recipient of a number of academic honors and scholarships, Smith also has published articles on politics and American government.

Barbara Sugland

Barbara Sugland, M.P.H., Sc.D., is a Senior Research Associate and the Area Director for Research on Adolescent Childbearing at Child Trends. With training in behavioral science research and public health service delivery practice, Sugland's expertise is in identifying research and collaborative

strategies that bridge the gap between theory and practice in the area of adolescent reproductive health. She is the author of several reports and articles on adolescent childbearing and pregnancy prevention. She also provides technical assistance to community-based organizations seeking to develop teen pregnancy prevention programs.

Susan M. Kuhn

Susan M. Kuhn is a Washington-based consultant who helps non-profit organizations launch new activities and products. A 20-year veteran of the nonprofit and philanthropy fields, she has started new organizations, created new publications, authored and edited books, and designed and implemented new organizational strategies and structures. Kuhn's background is in development, editorial work, and strategic planning.

Anne Brown Rodgers

Anne Brown Rodgers has been a writer and editor for more than twenty years, working on publications for technical as well as lay audiences. Her primary focus is on health-related issues, and she has covered a broad range of topics, including women's health, prenatal care, HIV/AIDS, cancer, rural health care delivery, nutrition, and managed care. Since 1992, she has run her own writing and editorial services business.

ORDERING *GET ORGANIZED: A GUIDE
TO PREVENTING TEEN PREGNANCY*

Get Organized is a three-volume set:

- Volume 1: Focusing on the Kids
- Volume 2: Involving the Key Players
- Volume 3: Making It Happen

The entire set can be purchased for \$19.95. To order copies, return a check and the completed form below to the National Campaign to Prevent Teen Pregnancy, Department #6021, Washington, DC 20042-6021. Make checks payable to the National Campaign to Prevent Teen Pregnancy. Credit card orders are accepted on the Campaign's website: www.teenpregnancy.org

Please be certain to include the title on your check.

Name _____

Organization _____

Address _____

Telephone Number (_____) _____

	Quantity	Price	Subtotal
<i>Get Organized,</i>			
<i>A Guide to Preventing Teen Pregnancy</i>	_____	× \$19.95	_____
		15% Shipping and Handling Costs	_____
		DC Tax (5.75%)*	_____
		TOTAL	_____

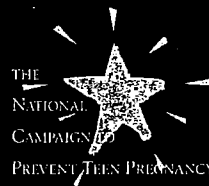
* DC residents must add 5.75% sales tax or submit copy of DC tax-exemption certificate.

VOLUME 3

Making It Happen

Get Organized: A Guide to Preventing Teen Pregnancy

VOLUME 3: Making It Happen



The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative supported almost entirely by private donations. The Campaign's two-part strategy involves (1) changing the culture by working with the entertainment media, parents, teens, and others, and (2) building a more coordinated and effective grassroots movement by working with local communities. Both components of our strategy are anchored in strong research on effective approaches and respect for the role of religion and values in shaping solutions.

The National Campaign to Prevent Teen Pregnancy
2100 M Street, NW, Suite 300
Washington, DC 20037
www.teenpregnancy.org



Johnson & Johnson

Made possible in part by a generous
grant from the Johnson & Johnson