Communities Responding to the Challenge of Adolescent Pregnancy Prevention

Mobilizing for Action

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A Series from
Advocates for Youth

Volume I

Mobilizing for Action

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Preface

Welcome to a new resource, *Communities Responding to the Challenge of Adolescent Pregnancy Prevention,* for program planners, service providers, health and sexuality educators, community leaders, and youth advocates. This series provides resources and information to address the multifaceted nature of teenage pregnancy, using lessons learned from research and promising programs across the United States.

The adolescent pregnancy rate in the United States continues to be among the highest of all industrialized countries, and its reduction is a primary concern for policy makers and community members alike. Early pregnancy affects not only adolescents but also families, communities, and the nation as a whole. Factors linked to teenage pregnancy are complex and range from poverty, school failure, and behavioral problems to family distress and restricted access to health services. Preventing these pregnancies, therefore, is no easy task.

All pregnancy prevention programs need to take into account that teens exhibit different levels of risk. Some teens need fewer or less intensive interventions, while others need more comprehensive and sustained services. At a minimum, all teens require accurate, age-appropriate, balanced, and on-going sexuality education. For teens who are sexually active, access to contraceptive services is necessary to prevent pregnancy or sexually transmitted diseases (STDs). For teens who have had one or more births, extensive family planning counseling and services are needed to help delay or reduce subsequent teenage births. However, for most teens, family life education and services must be linked with the motivation to delay pregnancy and early childbearing, as well as viable alternatives to early childbearing.

In addition, it is important to recognize that individual teens need different interventions at different points during adolescence. Thus, during the early years of puberty, teens are most likely to benefit from clear and consistent messages about abstinence. As they progress through adolescence, teens are more likely to become sexually active and will need clear, consistent, and medically accurate messages about effective contraceptive use and protection from STDs and HIV infection, as well as information on the benefits of abstinence. For those who become pregnant, a range of interventions, from pregnancy options counseling to abortion, adoption, and prenatal care services, are necessary. Teen parents require yet another set of interventions, including child care, social services, and job training.

Given the strong personal beliefs and political sensitivities surrounding the issues both of teen sexual activity and teen pregnancy, many communities focus their pregnancy prevention efforts either on abstinence or on services for pregnant and parenting teens. These narrow approaches ignore the needs of many teens. Abstinence-only education ignores the information and service needs of sexually active teens as well as of abstinent teens who will almost certainly become sexually active at some point in their lives. Services for pregnant and parenting teens ignore the needs of all teens who are not already pregnant and/or parenting.

These volumes encourage communities to address adolescent sexuality in a balanced and realistic manner. The series outlines new strategies for reaching youth, especially those at highest risk for early pregnancy. These strategies challenge traditional efforts that have

often been too late, too little, too narrow, and too confusing. The series sheds light on why young people are at risk and addresses the complex components of implementing or expanding teen pregnancy prevention programs. The series is organized as follows:

Volume I. Mobilizing for Action examines ways to increase public awareness and generate support for community-wide pregnancy prevention initiatives. The volume reviews recent research on adolescent pregnancy; examines key ingredients for organizing and operating a community-wide coalition; outlines steps for planning, conducting, and evaluating advocacy and public education campaigns; and provides tips for working with the media, policy makers, and other key stakeholders.

Volume II. Building Strong Foundations, Ensuring the Future provides step-by-step guidance on how to assess the needs and assets of youth in the community, how to develop a strong funding base for programs, and how to plan for evaluation of pregnancy prevention programs.

Volume III. Designing Effective Family Life Education Programs explains the components of effective family life education and provides guidance in planning and implementing family life and sexuality education programs. This volume relies on knowledge amassed from existing, effective efforts.

Volume IV. Improving Contraceptive Access for Teens examines the barriers and obstacles which restrict contraceptive use among young people. The volume discusses key strategies for planning and implementing contraceptive availability programs, based on models that have been shown to be effective.

Volume V. Linking Pregnancy Prevention to Youth Development addresses the value of motivating teens to delay childbearing and expand their educational and economic goals. The volume explores critical components of these programs and identifies successful strategies. Models demonstrate linking adolescent health programs and services, including family life education and contraceptive services, to youth development.

Program effectiveness does not rest solely on content. The design, development, delivery, quality, and evaluation of a program are equally vital for achieving success. Also important are the people providing the programs. Underlying principles of successful adolescent pregnancy prevention efforts are identified below.

Principles for Successful Pregnancy Prevention Programs

1) Acknowledge that teen sexual behavior is a complex issue that is often uncomfortable and difficult for adults to deal with.
2) Create strategies based on the latest research in teen pregnancy.
3) Start programs at early ages and provide interventions that reach young people through childhood, adolescence, and young adulthood.
4) Emphasize primary pregnancy prevention for both males and females.
5) Recognize that preventing first pregnancies requires different strategies than does reducing subsequent pregnancies.
6) Assess the effectiveness and quality of programs and build on existing foundations.
7) Ensure that programs are balanced, realistic, integrated, and multi-faceted.
8) Involve community members and teens in program planning, service delivery, and evaluation.
9) Collaborate with other community sectors, including business, religious organizations, and the media.
10) Set realistic goals based on available resources, definite time frames, and reachable objectives.
11) Realize that effective pregnancy prevention involves a sequential, though not necessarily linear, developmental process.
12) Recognize that long-term sustainability requires a significant investment of time, money, and committed individuals.
13) Recognize that effective pregnancy prevention efforts involve major changes and challenges and often require taking calculated risks.

A full discussion of these principles appears later in this volume.

Teen pregnancy and early childbearing are not new concerns, however complexities surrounding these issues challenge us to find different strategies and solutions that help our young people stay sexually healthy throughout adolescence and into adulthood. The new generation of programs and policies presented in these volumes encourages us to renew our commitment to young people, to help youth identify their needs, and to chart new directions. We hope this series will provide the information and motivation to meet these challenges.

Finally, the authors would like to thank the many, dedicated people without whose assistance this series would not have been possible. Special thanks to Christina Ritchie for her integrity and determination and many long hours of writing and skilled research assistance. We would also like to thank Debra Hauser, Barbara Huberman, Kathleen Farrell, Adam Shannon, Monique D. Henderson, Tracy A. Kreutzer, Michael Dalmat, Caroline Russell, Karen Enns, Katherine Ornelas, Ilana Nossel, Shelby Pasarell, Erica Uhlmann, and Alison Turoff. Dr. Brindis also wishes to thank the federal Maternal and Child Health Bureau for supporting her work on this project.

Introduction

At the dawn of the 21st century, we sound a new call to action to address pregnancy and sexual risk taking among adolescents. Early pregnancy, childbearing, abortion, and sexually transmitted diseases (STDs) affect not only adolescents and their children, but also families, communities, and the nation as a whole. Most young people are not prepared psychologically, emotionally, or financially to take on the strenuous demands of parenting. Most teenage mothers are poor, and early childbearing often compounds difficulties already present at home, in school, and in neighborhoods. STDs can involve serious medical complications, especially if they go undetected or untreated.

The factors related to teen pregnancy are complex —ranging from poverty, school failure, behavioral problems, and family distress to restricted access to health services. Prevention is even more complex. We know that some interventions have worked for some youth, and we should strengthen these. But strategies for reaching youth at highest risk are also needed. We should end traditional efforts that are "too late" (after sexual intercourse has already been initiated), "too little" (a six-hour sexuality education module or one family planning visit), "too narrow" (sexuality education and family planning exclusively), and "too confusing" (multiple and often conflicting messages from diverse sources including parents, peers, teachers, religious leaders, and the media).

This first volume of *Communities Responding to the Challenge of Adolescent Pregnancy Prevention* discusses why teen pregnancy prevention should be a priority issue. The first section, "The Changing Context of Adolescent Pregnancy Prevention," reviews the consequences of adolescent pregnancy and the latest research on teen pregnancy and early childbearing. It also outlines principles for program development, formulated on the basis of lessons learned from previous efforts.

The second section, "Underlying Principles for New Approaches to Adolescent Pregnancy Prevention", highlights principles for effective pregnancy prevention programs including discussion on program design, development, content, quality, and evaluation of programs.

The third section, "Pathways to Prevention", provides step-by-step guidance on how to mobilize the community. This section focuses on four areas: building coalitions, advocating for programs, dealing with conflict, and evaluating community-wide efforts. "Building an Adolescent Pregnancy Prevention Coalition" is designed primarily for those who have not worked with a formal coalition in the past, specifically focusing on ways to organize and establish a community coalition with the involvement of key stakeholders. "Advocating for Adolescent Pregnancy Prevention Programs" addresses ways to increase public awareness and identify effective methods to work with the media, policy makers, and other key decision makers. "Dealing with Conflict in Community Coalitions" discusses typical sources of conflict and barriers to effective teen pregnancy prevention coalitions and provides strategies to address these problems. "Planning for Evaluation of Community-Wide Adolescent Pregnancy Prevention Efforts" discusses techniques for assessing the success of collaboration and community action.

The process of implementing or expanding adolescent pregnancy prevention efforts in your community can be challenging, especially in the early stages. If the foundation is carefully built, however, your community efforts may not only succeed, but can be enhanced, expanded, and sustained.

Section I

The Changing Context of Adolescent Pregnancy Prevention

Chapter 1

The Consequences of Sexual Risk Taking for Adolescents

Researchers, program planners, and policy makers continually seek to understand adolescent sexual behavior and sexual risk taking. Unfortunately, adolescent sexual risk taking is often described in "problem" terms. At various times, teen pregnancy has been described as an "epidemic" and a "crisis." The following discussion identifies the consequences of sexual risk taking among adolescents, including those related to pregnancy, abortion, early childbearing, and sexually transmitted diseases (STDs). In considering the consequences of sexual risk taking for teens in the community, it is important to keep the statistics in perspective. It is also important to remember that many young people are considerably more responsible about reproductive and sexual health issues than the public believes.

Adolescent Pregnancy, Abortion, and Early Childbearing Among Teens in the United States

Among teenage women, approximately nine percent of 14-year-olds, 18 percent of 15- to 17-year-olds, and 22 percent of 18- to 19-year-olds experience a pregnancy each year. (Alan Guttmacher Institute, 1994)

Almost two-thirds of all adolescent pregnancies occur to women ages 18 to 19. (Alan Guttmacher Institute, 1994)

- Nearly 82 percent of teenagers report that their pregnancies are unintended. However, about 25 percent of all unintended pregnancies occur among teenage women. Women over 40 are almost as likely as adolescents to say that their pregnancies were unintended. (Institute of Medicine, 1995)

The abortion rate among teens has declined over the past two decades.

- Adolescents obtain about 20 percent of all abortions performed in the United States each year. (Centers for Disease Control and Prevention, 1997a)
- Since 1980, both the numbers of abortions and the abortion rate (abortions per 1,000 females) among teens ages 15 to 19 have decreased. The adolescent abortion rate in 1980 for this age group was 42.8 per 1,000 (Child Trends, 1996) compared to 25 per 1,000 in 1993. (Koonin, Smith, Ramick, et al., 1997)
- Between 1980 and 1990, the abortion rate decreased by 24 percent among sexually experienced women ages 15 to 19. This decline may be related to the recent trend indicating that fewer teens are becoming pregnant. It is also possible, however, that more restrictive laws, limited availability and accessibility of abortion providers, and decreased public funding for abortion have limited the ability of teens to choose abortion. (Moore, Miller, Glei, et al., 1995)

Teen mothers are less likely to seek prenatal care, which may affect the health of the child.

- One-third of pregnant teens receive inadequate prenatal care. When compared to all pregnant women, pregnant teenagers are twice as likely to receive inadequate prenatal care. The younger the woman, the less likely she is to receive prenatal care in the first trimester of pregnancy. (Alan Guttmacher Institute, 1994)

Children born to teenagers experience more health and social problems, including an increased risk of teenage pregnancy.

- Children born to teens are more likely than those born to older mothers to be of low birth weight, a significant contributor to infant mortality and morbidity. (Alan Guttmacher Institute, 1994) They are also more likely to experience reduced cognitive development, difficulty in school, and behavioral problems than children born to adult women. (Nord, Moore, Morrison, et al., 1992)
- Children of teen mothers are more likely to experience an early pregnancy themselves. (Moore, Miller, Glei, et al., 1995) Daughters of adolescent mothers are 83 percent more likely to become teenage mothers than are their peers born to older women. (Maynard, 1996)

Early childbearing influences a teen parent's ability to complete high school and often leads to increased poverty, affecting teen mothers and teen fathers.

- Early childbearing can negatively influence teen parents' level of social and economic attainment and is linked to reduced marital stability and higher welfare dependency. (Nord, Moore, Morrison, et al., 1992) Furthermore, poor and low-income teenagers account for over 80 percent of those giving birth. (Alan Guttmacher Institute, 1994)
- For teenage mothers, having a second birth within a few years of the first birth affects life opportunities, including completing high school. (Alan Guttmacher Institute, 1994) Recent research shows that adolescent fathers will average 11.3 years of school by the time they are 27, compared with nearly 13 years for those who delay fatherhood until age 21. (Maynard, 1996)
- Of teen mothers, approximately 19 percent of those ages 15 to 17 and 25 percent of those ages 18 to 19 will have a second child within two years. (Alan Guttmacher Institute, 1994)

Early childbearing involves financial costs to society.

- Many of our debates about teen pregnancy concern the public financial costs of early childbearing. Given that teen parents tend to have greater social, economic, and health needs and have less income and earning potential, they are more likely to rely on welfare benefits and other social support services than are their peers who delay childbearing. A recent report by the Robin Hood Foundation estimates that adolescent childbearing costs taxpayers between $6.9 and $18.6 billion each year for public assistance, health care for children, foster care, criminal justice expenses, and lost tax revenue. The report also estimates the social cost of teenage pregnancy — loss of productivity, diversion of resources into health care and foster care, and other costs associated with early childbearing — at between $8.9 and $28.8 billion per year. (Maynard, 1996)

Sexually Transmitted Diseases

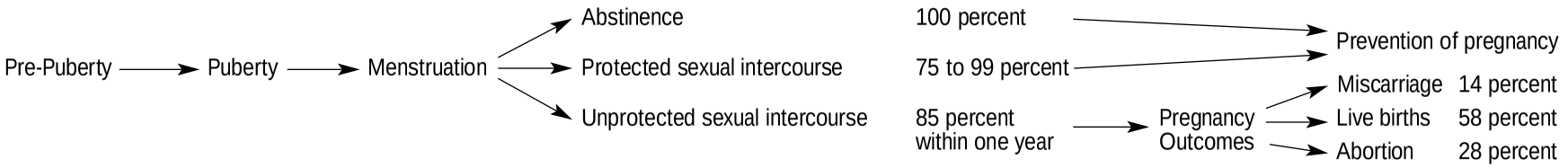
Compared to older adults, adolescents (ages 10 to 19) and young adults (ages 20 to 24) are at higher risk for acquiring STDs. (Division of STD Prevention, 1997)

Sexually transmitted diseases may have severe consequences for adolescents.

- In 1996, the highest age-specific gonorrhea rates among women and the second highest rates among men were in adolescents, ages 15 to 19. (Division of STD Prevention, 1997)
- Chlamydia infection has been consistently high among adolescents; in some studies, up to 30- 40 percent of sexually active adolescent females studied have been infected. (Institute of Medicine, 1997; Division of STD Prevention, 1997)
- In a recent study of ethnically diverse urban adolescent women, 15.6 percent were infected with human papilloma virus (HPV), 11 percent were infected with chlamydia, 7.1 percent with gonorrhea, and 5.4 percent with trichomoniasis. The study confirmed that cervical HPV is acquired predominately by sexual contact, and often soon after the onset of sexual activity. (Jamison, Kaplan, Hamman, et al., 1995)
- By June 1997, 2,953 cases of AIDS among 13- to 19-year-olds in the U.S. were reported to CDC. Among 20- to 24-year-olds, 22,070 AIDS cases were reported. Because of the long incubation period between infection with HIV and AIDS diagnosis, most 20- to 24-year-olds were infected during their teens. Of all cases of AIDS among U.S. adolescents, the percentage occurring among female teens has risen from 14 percent in 1987 to 37 percent through 1995. (Centers for Disease Control and Prevention, 1997c)
- Cervical infection with oncogenic types of human papilloma virus (HPV) is associated with at least 80 percent of invasive cervical cancer cases, and women with HPV infection of the cervix are 10 times more likely to develop invasive cervical cancer than are women without such infection. (Institute of Medicine, 1997)
- Each year more than one million U.S. women experience an episode of pelvic inflammatory disease because of a sexually transmitted disease. At least one-quarter of women with acute pelvic inflammatory disease experience serious long-term sequelae, including ectopic pregnancy and tubal factor infertility. (Institute of Medicine, 1997)
- One in 50 pregnancies is estimated to be an ectopic pregnancy. In 1992, approximately nine percent of pregnancy related deaths were attributed to ectopic pregnancy. (Institute of Medicine, 1997)
- STDs are associated with multiple, acute complications for pregnant women and their infants, including spontaneous abortion, stillbirth, premature rupture of membranes, and pre-term delivery. Pre-term delivery accounts for approximately 75 percent of neonatal deaths. (Institute of Medicine, 1997)

Given the severe consequences associated with sexual risk taking, a range of interventions must be available to all teens. The graph below provides a picture of the reproductive pathways for young teenage women. The following chart, A Continuum of Community Interventions in Adolescent Reproductive Health, identifies various intervention points and provides examples of key strategies for each intervention point.

Reproductive Pathways of Adolescent Women



A Continuum of Community Interventions in Adolescent Reproductive Health

Prior to Intercourse

The Question

How can we postpone sexual activity among young people?

Examples of Strategies

- STD/HIV prevention education for both males & females
- age-appropriate, skill-based, balanced, realistic sexuality education
- parent-child communication about sexuality
- life opportunities/youth development
- academics
- self-esteem enhancement
- communication skills
- teen-friendly, readily available contraceptive services

Among Sexually Active Teens

The Question

How can we encourage contraceptive use?

Examples of Strategies

- STD/HIV prevention education for both males & females
- age-appropriate, skill-based, balanced, realistic sexuality education
- parent-child communication about sexuality
- life opportunities/youth development
- academics
- self-esteem enhancement
- communication skills
- teen-friendly, readily available contraceptive services

Among Pregnant Teens

The Question

What services do pregnant teens need?

Examples of Strategies

- STD/HIV prevention education for both males & females
- age-appropriate, skill-based, balanced, realistic sexuality education
- parent-child communication about sexuality
- life opportunities/youth development
- academics
- self-esteem enhancement
- communication skills
- teen-friendly, readily available contraceptive services

Plus

- pregnancy options counseling
- prompt, safe, confidential abortion services
- prenatal care
- post-partum contraceptive services
- adoption services

Among Teen Parents

The Question

How can we ensure the best outcomes for young parents and the children they choose to raise?

Examples of Strategies

- STD/HIV prevention education for both males & females
- age-appropriate, skill-based, balanced, realistic sexuality education
- parent-child communication about sexuality
- life opportunities/youth development
- academics
- self-esteem enhancement
- communication skills
- teen-friendly, readily available contraceptive services

Plus

- parenting classes
- social services
- GED
- job/vocational training
- employment
- child care

Chapter 2

Socio-Cultural Factors Affecting Adolescent Pregnancy Prevention: Important Lessons for Program Planners

The social context of adolescent pregnancy has important implications for today's prevention efforts. Program planners must understand how changes in family structure and the economy have influenced both teen sexual behavior and the public's perception of teen pregnancy and parenting. New strategies should be shaped with a clear understanding of expected demographic shifts in the adolescent population. Planners should be aware of changes in teen sexual and reproductive behavior, as well as of the increasingly complex factors related to teen pregnancy. Today's efforts must also recognize the impact of broad cultural changes, such as the influence of mass media and the climate of violence in which many adolescents are raised. Finally, programs must incorporate "lessons learned" from previous policies and efforts.

Historical Changes in Family Structure and the Economy

Historical changes in family structure and the economy influence teen sexual behavior. Adolescent pregnancy and early childbearing are not new phenomena. Young women have always become pregnant and given birth during the teen years. In fact, the adolescent birth rate was the highest ever in the late 1950's and early 1960's. During that time, unlike today, teen pregnancy was not considered a social problem. Young people of that era tended to marry young (often following a premarital conception) and expected to have relatively large families. A single wage earner, even without a high school diploma, could find work to support a two-parent household with children. (Clark, 1996)

The contemporary view of teen pregnancy as a social and moral problem is closely related to changes in family structure and the economy. Today's adolescents, like today's adult women, are more likely to have children outside of marriage, compared to women of earlier decades. In 1960, 15 percent of all teen births occurred outside of marriage. In 1995, 76 percent of teen births occurred to single women. (Ventura, Martin, Curtin, et al., 1997) Despite an increasing number of single-parent households, families today often need two incomes to support children adequately. Further, a college education is often required for young people to find employment in today's highly technological job market. Given these sweeping changes, adolescents should consider delaying marriage and parenthood until they have completed school and have well established jobs. Some assume that we can return to the social values of the 1950's, but they do not acknowledge the changes that have occurred in our population, technology, and economy.

Demographic Shifts in the Adolescent Population and Changes in Adolescent Reproductive Behavior

The demography of today's adolescent population is shifting. Program planners must recognize the implications of these shifts and be aware of changes in adolescent reproductive and sexual behavior. The number of adolescents in the United States is increasing and the racial and ethnic composition of the population is changing. These shifts, along with changes in adolescent reproductive and sexual behavior, have significant implications for how program planners tailor their interventions.

The number of adolescents, especially younger adolescents, in the United States is increasing. In 1993, there were 36 million people between the ages of 10 and 19 years; by the year 2000, these numbers will reach 40 million. In 1990, 49 percent of adolescents were 10 to 14 years old and 51 percent were 15 to 19. (Ozer, Brindis, Millstein, et al.,1997) In 1996, there were 37.6 million people ages 10 to 19, 50 percent 10 to 14 years old and 50 percent 15 to 19. (Dept. of Commerce, 1997)

The number of adolescents representing multiple ethnic groups is increasing, calling for initiatives that address different cultural needs and realities. In 1996, one third of American teenagers were adolescents of color, and this percentage will continue to increase. While African Americans comprise the largest minority group, the proportions of Latino/Hispanic, Native American, and Asian and Pacific Islander adolescents have increased significantly. Since 1985, the percent of adolescents who are Latino/Hispanic increased from nine percent to 13 percent. (Ozer, Brindis, Millstein, et al., 1997; Dept. of Commerce, 1997)

Adolescents enter puberty at younger ages today compared to their earlier counterparts. Although young people in the United States and in other industrialized countries are expected to delay taking on "adult" roles, they actually enter puberty at earlier ages now than in the past. The age of menarche has dropped, from age 15 in the late 19th century to age 12.6 in the late 20th century. (Harari, Vinovskis, 1993; Stattin, Magnusson, 1990) Program planners need to recognize that earlier physical maturation, in combination with other social forces, has led to earlier age at sexual initiation and higher rates of sexual activity among teens.

Teens are initiating sexual activity at earlier ages. More than 50 percent of women and over 75 percent of men have had intercourse before their 18th birthday compared to 35 percent of women and 55 percent of men in 1968. (Alan Guttmacher Institute, 1994) The CDC's 1995 Youth Risk Behavior Survey found that 66 percent of women and 67 percent of men have had intercourse by 12th grade. (Kann, Warren, Harris, et al., 1996)

The age of marriage has increased and more women are separated or divorced, resulting in a greater number of non-marital pregnancies among women of all ages. In 1995, 32 percent of all births in the United States were non-marital; 29.9 percent of all non-marital births occurred among teens.(Ventura, Martin, Curtin, et al., 1997)

Far too many teens do not use contraception consistently, although the use of contraception, particularly condoms, increased considerably during the last decade. For young women whose first intercourse occurred between 1990 and 1995, 76 percent reported using a method of contraception during their first intercourse, up from 45 percent in 1982. (National Center for Health Statistics, 1997; Forrest, Singh, 1990) Contraceptive use among young men has also increased. More young men currently than in the past are reporting condom use at most recent intercourse. (Kann, Warren, Harris, et al., 1996; Pleck, Sonenstein, Ku, 1993) These patterns are particularly significant given the importance of condoms in protecting sexually active adolescents and men from HIV and other STDs.

Pregnancy and birth rates have decreased in recent years, in part due to increased contraceptive use among teens. The birth rate for adolescents, ages 15 to 19, increased 24 percent between 1986 and 1991; however, from 1991 to 1996, the rate declined 12 percent. In 1996, the birth rate for adolescents was 54.7 births per 1000 females ages 15 to 19. (Centers for Disease Control and Prevention, 1997d)

Birth rates dropped in all adolescent subgroups between 1991 and 1996. There was a decrease of 14 percent in those ages 10 to 14, 12 percent for those ages 15 to 17 years, and eight percent for those ages 18 to 19. (Centers for Disease Control and Prevention, 1997d)

The recent declines in both birth and abortion rates suggest a sustained decline in overall teen pregnancy rates. (Centers for Disease Control and Prevention, 1997d)

Factors Related to Teen Pregnancy

Program planners must recognize that the factors related to adolescent sexual behavior, pregnancy, and childbearing are complex and interrelated. Young people face different — and often more severe — problems in the 1990's than teens did in the past. Research and experience tell us that factors contributing to teen childbearing — such as poverty, family distress, violence, homelessness, and alcohol and substance abuse — have increased, are complex and interrelated, and have significant implications for pregnancy prevention efforts. In addition, although many young people today have access to reproductive health information and services, a significant number do not. Moreover for many at-risk and under-served youth, the lack of motivation to delay parenthood often stems from young people's perception of few opportunities for their future.

Family poverty is correlated with increased sexual risk taking, pregnancy, and early childbearing. Up to 83 percent of all teen mothers are from poor or low-income families. In 1988, 56 percent of women ages 15 to 19 who gave birth came from poor families, 27 percent from low-income families, and 17 percent from higher income families. While sexual activity is similar for teens across class background, teens from poorer families are more likely to initiate sexual intercourse at a younger age and are less likely to use contraception than are teens from higher income families. (Alan Guttmacher Institute, 1994)

Teens who do poorly in school, fail classes, or drop out of school are at increased risk of early pregnancy and childbearing. Over 20 percent of teen mothers drop out of school before they become pregnant. Over 70 percent of teen mothers graduate from high school by age 25, compared to 89 percent of those who postpone childbearing. (Alan Guttmacher Institute, 1994)

Family-related factors also influence teen pregnancy. Children of teen mothers are more likely to become adolescent parents than are children of older women. Siblings of teen mothers also are significantly more likely to have a child. (East, Felice, 1996) Family disruptions, such as divorce, are also related to increased sexual risk taking among teens. (Moore, Miller, Glei, et al., 1995)

Children from single-parent families are also more likely to become pregnant than are those from two-parent families. Between 1970 and 1993, the proportion of adolescents living with two parents decreased from 85 percent to 71 percent. Although most single parents are white, the rate of single-headed households is greater among African-Americans and Latinos. Seventy-six percent of white adolescents are raised in two-parent households, compared to 38 percent of African American and 63 percent of Hispanic/Latino adolescents. (Ozer, Brindis, Millstein, et al., 1997) Living in a single parent household does not, by itself, place adolescents at greater risk of pregnancy. However, single parent families are more likely to live in poverty and have fewer financial resources available to assist teenagers.

There is also some evidence that positive parent-teen communication and religious involvement may be important variables in reducing sexual risk taking among youth. Teens who have positive communication with their parents are more likely to postpone childbearing than are those teens whose communication with parents is negative or nearly non-existent. (Leland, Barth, 1993) Teen involvement with religious institutions is also correlated with a decrease in sexual behavior. (Moore, Miller, Glei, et al., 1995)

Teenagers who have experienced childhood sexual abuse are far more likely to become sexually active earlier, to have more sexual partners, and to become pregnant at earlier

ages. Up to one-quarter of all young women experience some form of sexual abuse or sexual coercion before age 18; (Moore, Miller, Glei, et al., 1995) but, up to two-thirds of adolescent mothers have experienced child sexual abuse. (Ounce of Prevention Fund, 1987; Boyer, Fine, 1992)

Recent research focusing on the role of adult men in early childbearing demonstrates the need for a better understanding of how gender-based power dynamics shape relationships. The 1987 National Survey of Children showed that about 74 percent of women whose first intercourse was at age 13 or younger and 60 percent of those who had sex before age 15 report having had involuntary intercourse. (Alan Guttmacher Institute, 1994) Another study documents that approximately 27 percent of mothers ages 15 to 17 have partners who are five years older. (Lindbergh, Sonenstein, Ku, et al., 1997)

Teenage alcohol and substance use is on the rise, is linked with other risk behaviors, and may complicate the ability of adolescents to act in a sexually responsible manner. National studies show that more than 40 percent of adolescents ages 12 to 17 have drunk alcohol, 35 percent have smoked cigarettes, and 12 percent have tried marijuana. Over 12 percent of adolescents report that they first tried alcohol in the 4th grade. Adolescents whose first sexual intercourse is unplanned are more likely to report prior use of alcohol than other teens; those who drink immediately before first intercourse are also less likely to use contraception. (Fortenberry, 1995)

Research indicates that, among teens who experienced an unintended pregnancy, almost one-third had been drinking or using drugs before the act of intercourse that resulted in the pregnancy. (Flanigan, McLean, Hall, et al., 1990) Researchers have found that teens with the most sexual partners also report the highest levels of substance use, delinquent behaviors, and peers using alcohol and illicit substances. (Tubman, Windle, Windle, 1996) Substance use among family members is also correlated with teen sexual risk taking. Eleven percent of pregnant adolescent substance users in one study reported their parents used marijuana. (Sarvela, Ford, 1992)

Young people who are in foster care, incarcerated, homeless, runaway, or throwaway are particularly vulnerable to early pregnancy and childbearing. Among the most underserved, these youth experience higher rates of chronic physical and mental health problems, substance use, family problems, and sexual risk taking behaviors. One study found that over 30 percent of homeless girls in federally funded shelters were pregnant. Twenty-six percent of these homeless youth had a history of physical and sexual abuse, while 50 percent of those over age 16 had left school. (National Adolescent Health Information Center, 1996)

Teens often lack the appropriate knowledge, skills, and motivation to protect themselves when they become sexually active. Clearly, sexually active teens who do not use contraception are at great risk of pregnancy. Research indicates that a sexually active adolescent woman who uses no method of contraception over a one-year period has a 90 percent chance of becoming pregnant. (Alan Guttmacher Institute, 1994) Three-quarters of all unintended teenage pregnancies occur to adolescents who do not use contraception. (Westoff, 1988) Many teens report that their first intercourse experience was unplanned. (Moore, Miller, Glei, et al., 1995) They often initiate intercourse because they felt "swept away." (Institute of Medicine, 1995) Because many teens have unplanned or sporadic intercourse, they are not prepared to use contraception.

Teens experience many barriers to contraceptive access. Many teens are afraid that their parents will discover they are using contraception and, thus, that they are sexually active. Other barriers include restricted transportation to clinics, the cost of services, fear about the pelvic exam and blood work, and fears about contraceptive side effects. (Zabin, Hayward, 1993; Armstrong, Stover, 1994.) While many sexually-active adolescents do not use contraceptives, a substantial number in fact do use contraception. (Forrest, Singh, 1990)

Teens often feel pressure to become sexually active. Up to 30 percent of teenagers feel pressured by their peers to have sex. (Moore, Miller, Glei, et al., 1995) Pregnant teens cite pressure from their partners as the most common reason for initiating sexual activity. (Musick, 1993) Poor African-American teen women are more likely to experience sexual pressure and pressure to have children than are white and Hispanic teens. African American and Hispanic women tend to experience greater pressure from peers to carry their pregnancies to term and to keep their children. (Musick, 1993) Peer influence is a significant factor in teens' perceived ability to say no to sex. One study found that as peer influence increased, teens' confidence in their ability to say no to unwanted sexual advances decreased. (Zimmerman, Sprecher, Langer, et al., 1995)

FACTS

Teen Pregnancy Factors at a Glance

- **Poverty.** Most teen parents are from low-income families. Many poor teens become parents because they are not motivated to delay pregnancy and parenthood.
- **School performance.** Poor academic performance is often a precursor to teen pregnancy. Many teens drop out of school before they become pregnant.
- **Family background.** Family history of early pregnancy, family dysfunction, and/or living in a single-parent household are associated with early childbearing.
- **Sexual abuse and victimization.** Teen pregnancy and childbearing are often linked to sexual abuse, sexual pressure, and sexual coercion.
- **Substance use.** Teen use of alcohol, drugs, and tobacco is associated with sexual risk taking.
- **Homelessness or in-state care.** Youth who experience behavioral problems, and those who are homeless, incarcerated, or in foster care have high rates of early pregnancy and childbearing.
- **Lack of knowledge and access to contraceptive services.** Teens often do not have the information, skills, or support systems to delay sexual activity, abstain from sexual intercourse, or use contraceptives effectively when they are sexually active.
- **Peer pressure.** Many teens feel pressured by their friends and peers to become sexually active.

Sources: Moore, Miller, Glei, et al., 1995; Kirby, 1997

The following chart, "Antecedents of Early Sexual Intercourse, Nonuse of Contraception, and Early Childbearing" addresses some antecedents to early sexual initiation, contraceptive nonuse, and early childbearing in relation to specific sub-populations of teens. Planners should use caution in generalizing the information to all teens. Different sub-populations of teens are likely to experience similar antecedents. However, factors differ significantly among individual teens.

Antecedents of Early Sexual Intercourse, Nonuse of Contraception, and Early Childbearing

Antecedent	Early Sexual Intercourse	Nonuse of Contraception	Early Childbearing
Demographic			
Age		Early sex	Early sex
Pubertal development	Males		
Sex	Males		
Race/ethnicity	Blacks	Hispanics	Blacks
Personal			
Expectations for education	Low	Low	Low
Perception of life options	Poor prospects	Poor prospects	Poor prospects
School grades	Low	Low	Low
Conduct, general behavior	Truancy		Delinquency
Religiosity	Low attendance		Low attendance
Peer influence	Heavy influence		Peer attitudes
Peer use		Emulate peers	
Conformity-rebelliousness	Nonconformity		
Beliefs about risk		Unconcerned	
Involvement in other high-risk behaviors	Early delinquency Substance use		
Psychological factors		Impulsive	
Self-esteem		Lack locus of control	
Relationship to partner		Uncommitted	
Family			
Household composition	Single headed		Single headed
Income, poverty status	Low income		Low income
Parental education	Low level	Low level	Low level
Parental role, bonding	Lack of support and communication	No communication	Lack of support and monitoring
Parental practice of high-risk behaviors	Permissive parents		Mother was teen mom
Culture in home			Lack resources
Siblings	Large family		Unmarried sisters are teen moms
Community			
Neighborhood quality	Poverty area		Poverty area
Segregation	Blacks in segregated schools		Blacks in segregated schools
Employment situation	High unemployment		High unemployment

Addressing the needs of a changing adolescent population is more challenging than ever. New approaches are necessary to meet the needs of a culturally diverse and growing population of adolescents who face many risk factors. While adolescents share many similarities, they are by no means a homogeneous group. New pregnancy prevention efforts must take into account their differences as described above. Programs must tailor services for different age, ethnic, and income groups, and must also address the other important differences that affect risk factors and service access for adolescents.

Cultural Changes and Influences

Program efforts must take into account the influence of broad cultural changes on adolescents. Today's pregnancy prevention planners also need to know how significant cultural forces influence teen behavior, such as the impact of the media and the climate of violence within which many teens are raised. Teens are regularly bombarded with marketing and entertainment messages using casual, irresponsible, and even violent sex, while messages about healthy, safe sexual expression are rare. In the media, especially in movies and television, very little attention is paid to the consequences of this sexual activity. The topics of contraception, pregnancy, and STDs are seldom raised. Sexual violence seems to be condoned. In a society whose messages are simultaneously prudish and sexually permissive, it is no wonder that adolescents are confused about dealing with their development, sexuality, and reproduction.

The media depict much violence and may influence young people's attitudes about violence and violent sexual activity. By age 16, the average U.S. teenager will have viewed 200,000 acts of violence, 33,000 of which were murders. (Strasburger, 1993) Another study associates regular viewing of violence on television with increased aggressive and antisocial behavior. (American Psychological Association, 1993) Other research shows that exposure to sexual violence in the media leads to greater acceptance of violent sexual acts. (Huston, Donnerstein, Fairchild, et al., 1992)

FACTS

Sexuality and the Media

- Young people spend more time watching TV than they do at school or with friends and family. The average American teen spends 23 hours a week watching television. (American Psychological Association, 1993)
- Television is often a surrogate educator. In the absence of effective sex education at home and school, television has become the leading sexuality educator in the United States. (Strasburger, 1993)
- In an examination of daytime serials, 50 hours of selected programming included 156 references to acts of sexual intercourse, with only five references to contraception or safer sex. (Greenberg, Busselle, 1994)

Unfortunately, violence is all too often a reality for many teens. According to two recent national surveys, 30 percent of high school males and eight percent of females reported carrying a weapon, such as a gun, knife, or club in the month prior to the survey. Approximately 40 percent reported having been in a physical fight within the 30 days prior to being surveyed. (Ozer, Brindis, Millstein, et al., 1997; Kann, Warren, Harris, et al., 1996)

Street and neighborhood violence, as well as sexual violence, take a toll on teens' ability to protect themselves. Violence also colors their view of the future. Teens who feel that they have small chance of living to the age of 30 are unlikely to feel motivated to delay parenthood. Teens who are surrounded and threatened by violence are unlikely to see contraceptive choices as important to their future. Teens who face imprisonment may even feel a need to leave a legacy in the form of child. For all these reasons, giving young people hope for their own futures is vital to the success of teen pregnancy prevention efforts.

Federal Investments in Teen Pregnancy Prevention

Today's efforts must incorporate "lessons learned" from past policies. A great deal more is known now about teen pregnancy and early childbearing than was known 30 years ago. Some of the best intentioned policies and programs have had mixed results. A number of policies related to housing, welfare, and reproductive health have influenced teen pregnancy, childbearing, and parenting. While expecting adolescents to be motivated to protect themselves, Americans have, at the same time, decreased support for programs and legislation that protect them.

Policies have inadvertently contributed to teen pregnancy. Federal housing policies, for example, have secured subsidized housing for millions of families. But by concentrating and isolating low-income people, these policies have also contributed to the marginalization of young people, isolating them from jobs and the wider society. These policies have unintentionally created an environment where early childbearing has become acceptable. (Wilson, 1996)

Policies have overlooked the important role of men in pregnancy prevention. The Aid to Families with Dependent Children (AFDC) program provides an example of how policies and programs have unwittingly promoted single teen parenting. Designed as a safety net for low-income women and children, AFDC benefits could not be received if the children's father lived at home. This policy discouraged the establishment of two-parent families and instead encouraged the absence of men. Faced with financial difficulties in supporting their families, many young males often were unable to fulfill fiscal responsibilities to their families. Federal funding for family planning under Title V and Title X has historically targeted women, and, at one time in the past, only mothers. By focusing exclusively on women, these programs have inadvertently placed the responsibility of family planning entirely on women.

Policies have overlooked research about effective pregnancy prevention programs. The 1996 welfare reform law, Temporary Assistance for Needy Families, is an example of a federal initiative which is likely to have tremendous implications for pregnancy prevention. The law contains a number of provisions affecting teen pregnancy. The law:

- Eliminates the federal mandate requiring states to make family planning available to welfare recipients. However, most states will wisely opt to continue coverage.
- Denies eligibility for any federal means-tested benefits (benefits fixed to income) to legal immigrants for five years beginning on the date of the immigrant's entry. Undocumented residents will be ineligible for these benefits.
- Adds $50 million a year (for five years) to the Maternal and Child Health block grant program to fund abstinence-until-marriage-only education.
- Requires the Secretary of Health and Human Services to establish and implement a strategy to prevent non-marital teen births and to assure that at least 25 percent of communities have teen pregnancy prevention programs.

- Requires state welfare plans to address how the state intends to establish goals and take action to reduce non-marital pregnancies, with special emphasis on teen pregnancy and early childbearing. The five states with the highest reduction in out-of-wedlock births (without a corresponding increase in abortion rates) will be eligible to share a $25 million bonus.

The abstinence-until-marriage component of the welfare reform law is an example of a misdirected policy driven by morality rather than research. Research shows that comprehensive, realistic, and balanced sexuality education is an important component of effective pregnancy prevention. Many states encourage or mandate that schools provide sexuality education or HIV/AIDS prevention education. While abstinence education is an important element of comprehensive programs, it is ineffective alone. Programs eligible for funding under the new law must teach that sexual activity outside of marriage is likely to have harmful psychological and physical effects. (Dept. of Health and Human Services, 1997) When censored abstinence messages such as these are the only ones provided, adolescents will be reluctant to seek contraceptive protection once they become sexually active. Moreover, previous evaluations of abstinence-only programs (including programs funded under the federal Adolescent Family Life Act) have shown limited success. While some abstinence-only programs have short-term effects on attitudes, there is no evidence of long-term effects on attitudes, timing of sexual initiation, frequency of sexual intercourse, or other behavioral outcomes. (Kirby, 1992/93; Kirby, 1997)

Policies often have focused on adult women, overlooking the special needs of adolescents. Federal family planning programs are essential for teens. Since 1970, subsidized family planning services have been available to women through federally funded family planning clinics (Title X) and Medicaid (Title XIX). (Forrest, Samara, 1996) Of all women in the United States who use a reversible method of contraception, 24 percent each year obtain family planning services through a public source. Among teens ages 15 to 19, approximately 63 percent obtain services through a public source, although teens are only 30 percent of all Title X clients. (Forrest, Samara, 1996) Despite the importance of Title X clinics in preventing unintended pregnancy among teens, federal legislators often seek to decrease funding levels or to restrict adolescent access by requiring parental notification or consent for services.

While access to reproductive health information and services is a key component of effective pregnancy prevention programs, adolescents and young adults are more likely to be uninsured or underinsured than any other age group. Approximately 15 percent of all adolescents ages 10 to 18 do not have health insurance; one-third of adolescents who live below the poverty line do not have health coverage. Among white adolescents, 11 percent are uninsured, compared to 16 percent of African American and 28 percent of Hispanic/Latino, adolescents. (Ozer, Brindis, Millstein, et al., 1997) With current changes in the financing and delivery of health services through managed care, even more young people may be left with inadequate health coverage or no benefits at all. With the recent implementation of the federal State Child Health Insurance Program, a number of currently uninsured adolescents will likely gain access to health care coverage. However, without close monitoring and advocacy, adolescents may still lack the care that they need.

These examples demonstrate how policies can either support or restrict the ability of adolescents to prevent pregnancy. Recent changes in health care financing and in welfare will require program planners to position strategically the next generation of pregnancy prevention programs. Program planners must carefully review both the positive and

negative "lessons learned" from the past, as well as to consider the potential repercussions of their efforts. In addition, as the next section suggests, planners can also learn valuable lessons from evaluated prevention programs.

Pregnancy Prevention Programs

During the last two decades many pregnancy prevention programs and approaches have been evaluated so that we now have better knowledge of what works and does not work. Many thorough reviews and evaluations clearly show that there is no magic formula. No single approach has demonstrated a clear and consistent impact on sexual activity, contraceptive use, or teen pregnancy rates. Few evaluations of model program replications clearly indicate which components are most effective or which conditions contribute to effectiveness. Some general lessons have been learned, however, and should be considered when designing pregnancy prevention programs and community-wide initiatives.

Perhaps one of the most important lessons is that programs must incorporate a variety of approaches to help young people "postpone, prepare, protect, and plan" their reproductive lives. The most successful programs combine a number of strategies, summarized below. For information on specific teen pregnancy prevention programs, see other volumes in this series and Appendix E in this volume.

Lessons Learned from Successful Pregnancy Prevention Strategies

- **Family life education** helps teens postpone and/or prepare for sexual activity. The most effective curricula offer opportunities for adolescents to learn accurate information on reproduction, anatomy, and contraceptive services, clarify beliefs and build values related to responsible sexual behavior, and develop skills in communication, negotiation, and assertiveness. Several evaluated programs have been successful in helping teens to postpone or decrease the frequency of sexual intercourse, reduce the number of partners, and increase the use of contraception. Programs that focus only on abstinence do not significantly change behavior or prevent teen pregnancy. The most successful abstinence-only programs delay the onset of sexual intercourse for only a few months. (See Volume III of this series on designing effective family life education.)
- **Contraceptive services** help young people protect themselves from unintended pregnancy and STDs and HIV. Teens need to be made aware of available and confidential family planning services to prevent adolescent pregnancy. Services need to affordable, convenient, and easily accessible for teens, both male and female. (See Volume IV of this series on improving access to contraceptive services.)
- **Youth development programs** help motivate young people to delay pregnancy by expanding their educational and economic goals and opportunities. These programs are most effective when they also ensure teens' access to sexuality education and contraceptive services. (See Volume V of this series on linking youth development and pregnancy prevention.)

Programs that fully combine all these strategies and receive ongoing evaluation have a greater likelihood of success than those using a single approach.

Source: Philliber, Namerow, 1995

The field of adolescent pregnancy prevention has advanced significantly over the last three decades. More is known about causes and consequences. The impact of previous policies and programs on teen childbearing is also better understood. While the economic consequences of teen pregnancy are staggering, the recent national obsession with the social and financial costs tends to overlook the strong links between poverty (and other antecedents) and early childbearing. Few of the new wave of adolescent pregnancy prevention efforts respond to the economic antecedents of teen pregnancy, failing to directly address the issue of poverty and the need for economic development. Planners must recognize the complex factors leading to early pregnancy. Investing in adolescent pregnancy prevention is a cost effective strategy to improve the health, welfare, and productivity of a growing sector of our population.

Today, health and economic needs increase while resources shrink, and current political efforts do not necessarily support primary prevention. Program planners must be creative to maximize the impact of efforts to address a variety of needs in a rapidly changing and often unpredictable environment. Section II of this volume looks at important philosophical principles underpinning a new generation of strategies and approaches. Program planners should also refer to *No Easy Answers* (Kirby, 1997), a study commissioned by the National Campaign to Prevent Teen Pregnancy, which provides an in-depth review of evaluated pregnancy prevention programs and summarizes key components. In addition, Sociometrics' recently established Program Archive on Sexuality, Health, and Adolescence (PASHA) has extensive information on selected evaluated teen pregnancy and STD/HIV/AIDS prevention programs. Each program package in the collection contains a set of materials (for example, training manuals, curriculum guidebook, workbooks, videos, and board games) to assist program planners to replicate, adapt, and evaluate the program. For more information on the PASHA program, refer to Appendix E.

Section II
Underlying Principles for New Approaches to Adolescent Pregnancy Prevention

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Underlying Principles for New Approaches to Adolescent Pregnancy Prevention

Pregnancy prevention programming is a process with different phases and components. Effectiveness is not based merely on content. Design, development, delivery, quality, and evaluation of programs are equally important. Whether implementing a new community-wide teenage pregnancy prevention initiative or expanding an existing program, the planning process needs to be participatory and should establish clear goals and measurable objectives for preventing pregnancy. A carefully conducted needs and assets assessment will help ensure that the program is appropriate for the audience. Staff training, a strong base of financial resources, and solid evaluation plans will help ensure long-term sustainability and effectiveness.

The following underlying principles of effective pregnancy prevention programs encompass these and other important considerations.

Acknowledge that teen sexual behavior is a complex issue that is often uncomfortable and difficult for adults to deal with. Unfortunately, teen pregnancy prevention triggers controversy which, when not addressed, can sabotage even the most promising approaches. Conflicting values about sexuality can be acknowledged in a way that compromises neither the right of teens to receive adequate education and services nor the responsibility of communities to provide those services. While heated community conflicts can bring a program to a standstill, they can also generate innovative responses and proposals. Sexuality is a normal, healthy part of human development; but, teens need guidance to make responsible decisions about their sexual behavior. The political will of the community must be recognized and dealt with realistically. For example, establishing a school-based health center in some communities may be divisive, despite an identified need. In this community, an alternative approach may be to strengthen referrals to a school-linked health center located nearby to the school, expand tutoring and mentoring programs to keep students in school, and enhance mental health services through individual counseling and support groups, preferably on the school site.

Create strategies based on the latest research in teen pregnancy. Pregnancy prevention strategies are often developed in a vacuum. The driving force behind interventions varies. The commitment made by a legislator, priorities set by a funder, or the philosophical attitudes of a program planner often influence and determine the types of activities implemented. Program strategies are frequently developed without a strong theoretical basis or solid grounding in research. Program evaluations provide key guidance to effective strategies. Although there is still much to be learned, the field of teen pregnancy can benefit from existing research. Communities will be most effective if they replicate and/or adapt programs which have been successful in their impact on teen pregnancy. (Kirby, 1997)

Start programs at early ages and provide interventions that reach young people through childhood, adolescence, and young adulthood. Most initiatives dealing with youth have addressed problems that have already occurred. Much research underscores the value of early intervention. Programs must be longitudinal and must provide developmentally appropriate messages throughout childhood, adolescence, and young adulthood. Programs are most likely to succeed if they include primary prevention from the outset.

Emphasize primary pregnancy prevention for both males and females. Programs for pregnant and parenting teens historically have had more funding, been better coordinated, and generated less controversy than those aimed at preventing first pregnancies. This problem-focused approach not only dismisses the value of prevention, but also serves young people only when they are in trouble. Further, pregnancy prevention programs have historically focused only on young women. Realistic programs will address young men equally, meeting their needs and promoting their futures as well as their reproductive and sexual health.

Recognize that preventing first pregnancies requires different strategies than does reducing subsequent pregnancies. To prevent subsequent pregnancies among pregnant and parenting teens, services must be intensive and well-coordinated and must focus on the individual needs of the parenting teen. These services must include health and social services, child care, transportation, educational support, and job training. By contrast, primary prevention programs need to include balanced, age-appropriate family life education, contraceptive education and services, and youth development components, including mentoring and academic programs. For each of these groups, there is a greater likelihood of success if efforts are well-coordinated and intensive enough to make a difference.

Assess the effectiveness and quality of programs and build on existing foundations. Creative thinking can strengthen and enhance current efforts, generate new programs, and/or allow application of programs to targeted audiences which may not previously been reached. The community may need an entirely new generation of strategies. Or, based on new program information, new research findings, or updated needs assessment information, it may be easier to focus on strengthening existing programs rather than beginning something new.

Ensure that programs are balanced, realistic, integrated, and multi-faceted. Teen pregnancy is a highly complex issue, and disconnected strategies will not work. Too many programs apply categorical approaches to solve the myriad problems facing teenagers. For example, family planning clinics focus primarily on reproductive health care and often overlook the academic or psycho-social antecedents of pregnancy. Schools, which focus on academic progress, generally do not consider that a student's reproductive or other health needs may affect academic performance. Pregnancy prevention programs must strive to bridge the separate spheres of traditional youth-serving institutions.

Many youth have sufficient support from their families, schools, and neighborhoods and do not need a vast array of services. Youth who are particularly at-risk or under-served, however, require a variety of health, social, and educational interventions. Some communities offer comprehensive services under one roof; others establish formal referral networks to ensure that all teens have access to needed services. Comprehensive programs must ensure sufficient strength and intensity of services to meet the needs of individual teens.

Involve community members and teens in program planning, service delivery, and evaluation. Community-based programs which have genuine youth involvement provide the most effective, long-term, and powerful approaches to real, sustained behavior changes among teens. Youth, as well as adult community residents, should be involved in conducting the needs and assets assessment, implementing the program, and evaluating its success. Acknowledging pluralism and diversity within the community is important. Ensuring local control also ensures the active involvement of key community players. Although funding may come from outside the community, leadership of the project should, whenever possible, include members of the community itself. Such leadership will ensure communi-

ty ownership of both the problem and the solution. To succeed, the community must prioritize needs and capabilities as well as employ strategies consistent with perceptions of teen pregnancy within various sectors of the community.

Collaborate with other community sectors, including business, religious organizations, and the media. Community collaboration has contributed to the success of many public health campaigns and can be applied to pregnancy prevention efforts as well. Organizations working together across different sectors and sending parallel messages to teens can bring about changes in social norms around both sexual behavior and teen pregnancy. Formal and informal collaboration can ensure that multiple, simultaneous, and reinforcing pregnancy prevention components are available across sectors of the community. For example, mentoring, tutoring, and academic enrichment opportunities need to be widely available to young people in the community along with opportunities for access to health education services. Interagency partnerships, cross-referrals, and staff reallocation are important strategies to leverage community resources.

Those who share vision and commitment can join together, even in non-traditional partnerships. For example, family planning, juvenile justice, vocational training, and foster care programs can link in order to create a more comprehensive array of services. Partners must be selected carefully. It is important to recognize that community partnerships take time to build, nurture, and sustain.

Set realistic goals based on available resources, definite time frames, and reachable objectives. Communities sometimes set themselves up for failure by developing far-reaching goals to match high expectations, without dedicating the necessary time and resources or creating the multi-pronged interventions that increase the likelihood of successful outcomes. Both short- and long-range goals should be carefully developed and related to the specific interventions being implemented. To expect changes in the pregnancy rate in a few years, without a massive infusion of community action and related resources, is unrealistic. In the beginning, short-term risk reduction goals, such as a delay in sexual initiation, increase in condom use, and/or decrease in the number of sexual partners, may be better goals than long-term demographic indicators, such as change in birth or pregnancy rates. Goals and objectives must be ones that can be accurately measured.

Realize that effective pregnancy prevention involves a sequential, though not necessarily linear, developmental process. Teen pregnancy prevention programs evolve and mature. Communities must allow adequate time to plan, implement, pilot test, and refine strategies to assure that they are appropriate to the community's needs and values as well as ready for wide-scale implementation. The implementation process itself often involves managing a complex range of strategies and time lines. The planning route may take many detours. Previous experiences, levels of resources, quality of leadership, and political commitment determine the ease of the journey. Some communities go through a lengthy, seemingly successful developmental process, then suddenly lose their momentum. Others find that their sequence has tremendous gaps and that little progress can be achieved within the desired time frame. Still others find that their process needs stabilizing before the program moves on. No matter what pattern a community's program develops, continuing commitment and work are vital to on-going success.

Recognize that long-term sustainability requires a significant investment of time, money, and committed individuals. Allocating sufficient time, support, and resources, including adequate training and technical assistance, is vital. Creative ways can be found to redeploy existing resources, prioritize activities, and concentrate on activities that yield a high return. For example, in the first year, outside help may be brought in to "train the trainers". In subsequent years, the trainers can disseminate their knowledge by training others through cross-training opportunities, in-service workshops, or through mentor relationships.

Recognize that effective pregnancy prevention efforts involve major changes and challenges and often require taking calculated risks. Pregnancy prevention cannot be approached as "business as usual." Communities must search for new ways of thinking, planning, and doing. Pilot testing different approaches will show which are most effective. Keeping a sense of humor, finding optimism in the process of creativity, and continually seeking innovation will energize the process and the program. If the community process stalls, revisit previous steps and engage in a self-diagnostic process to find new ways to proceed and perhaps identify who else to engage in the process. The commitment to work through conflicts, an ability to create security in insecure situations, and the willingness to take calculated risks lie at the core of successful pregnancy prevention programs.

Today's pregnancy prevention efforts must take into account numerous complex factors related to adolescent sexual risk taking. Planners must recognize that adolescent behavior is influenced not only by individual factors, but also by larger social and environmental forces, including family background, peer pressure, and the media. Planners also must recognize that the context within which today's adolescents are raised is very different from that of previous generations. Policies and programs are most likely to succeed if they build on lessons learned from the past. Chapters in the next section, "Building an Adolescent Pregnancy Prevention Coalition," "Dealing with Conflict in Community Coalitions," "Advocating for Adolescent Pregnancy Prevention Programs," and "Planning for Evaluation of Community-Wide Adolescent Pregnancy Prevention Efforts," offer techniques and strategies to mobilize communities to take action on this important issue.

Section III
Pathways to Prevention

Chapter 1

Building an Adolescent Pregnancy Prevention Coalition

Pregnancy prevention policies and programs are often developed with little or no input from those whose lives they directly affect. Community leaders, community residents, key organizations, and teens themselves are all too often absent from important discussions and debates about teen pregnancy. Prevention efforts will be most effective if they involve diverse players, including adolescents, parents and other family members, service providers, religious organizations, the media, businesses, and policy makers.

Based on partnerships across agencies and community sectors, collaborative relationships require a shift in traditional ways of thinking and acting.

Thinking and Acting Towards Collaboration

Non-Collaborative Work	Collaborative Work
■ Competing agencies and groups.	■ Moving to build consensus.
■ Working alone.	■ Working to include others from diverse cultures, fields, and sectors.
■ Thinking mostly about activities.	■ Thinking about larger results and services and cross-cutting programs and strategies.
■ Focusing on the short-term.	■ Focusing on long term results and outcomes.

Source: Winer, Ray, 1994

Community-level coalitions may have numerous goals including the following:

- To raise the priority of pregnancy prevention in a community;
- To improve the ability of key stakeholders, such as parents, to help adolescents delay pregnancy and childbearing;
- To elicit the involvement of non-traditional stakeholders, such as businesses, the media, and faith organizations in pregnancy prevention;
- To maximize community resources and coordinate complementary strategies, such as sexuality education, contraceptive access, and youth development programs;
- To institute favorable policies which support the ability of adolescents to make a safe and healthy transition to adulthood; and,
- To strengthen social norms and values supporting pregnancy-free adolescence for all teens.

Community coalitions play a vital role in raising public awareness, advocating for pregnancy prevention, addressing opposition, coordinating services, and identifying funding sources. Roles of community coalitions include:

- Providing visible signs of community support to policy makers;
- Bringing people and resources together from all sectors of the community;
- Allowing people and groups to contribute unique and individual expertise;

- Educating and mobilizing the community;
- Providing services and resources for programs; and,
- Allowing participants to identify their concerns and engage in problem-solving as groups.

(Hauser, 1993)

To work effectively, coalitions need clear goals, objectives, activities, and time lines. These improve coalition formation and help the coalition to achieve its wider pregnancy prevention goals. This section examines types of coalitions, gives organizing tips, and provides guidance on dealing with conflict.

Types of Coalitions

Some coalitions are formally organized and highly structured, while others are simple networks. In some communities, coalitions are mostly member agencies, often service providers. In other communities, coalitions are themselves independent, non-profit organizations. The community-based Pregnancy Prevention Councils in North Carolina follow this model. Coalitions may also represent public-private partnerships. For example, in Hartford, CT, a management consulting firm is the lead agency for a city-wide initiative, funded in part by the Annie E. Casey Foundation.

Legislative initiatives may spark teen pregnancy prevention coalitions, for example, those housed in a mayor's or governor's office. Such government-led coalitions can be highly effective in conducting needs assessments and in raising visibility because they benefit from public funding, the commitment of public officials, and favorable policies. Changes in government or political parties in power, however, can negatively affect, and even destroy, such groups. Members of government-based coalitions may also be unable to speak out when they disagree with the policy maker or policy-making body which created the coalition.

The chart below identifies various types of collaborative relationships.

Types of Collaborative Relationships

Informal: Participants work together; formal structures do not exist.

Network: Participants work together on a limited basis. While formal structures do not exist, referrals and cross-agency discussions occur both formally and informally.

Information and Exchange: Participants get together and share program information. They discuss issues and problems in the community, however they do not take action as a body.

Agency-Based Coalition: Agencies, individuals, and organizations come together to work on joint projects. A formal structure may be defined. A lead agency (often a service provider) plays a key role in the structure and functioning of the coalition. There is active participation of community members. Projects may be time limited (for example, conducting a community needs assessment) or long-term (for example, on-going coordination of case management services). This type of coalition is considered in this chapter as **Model A**.

Council: An independent, non-profit organization is established. The organization may have developed out of a service provider coalition. However, the board is comprised primarily, not of service providers, but of representatives

from powerful, influential, and diverse sections of the community. A formal structure and staff exists. The council has a permanent address and legal status. This type of coalition is considered in the following text as **Model B**.

Source: Huberman, 1994.

This volume proposes two different types of institutional structures for pregnancy prevention coalitions. The agency-based coalition, Model A, requires a lead agency (often a service provider) to actively direct the coalition's efforts. The council, Model B, requires the establishment of a non-profit, 501(c)(3), independent organization. The following questions may help determine which institutional structure will work best in a particular community.

What is the history of pregnancy prevention in the community? What coalitions or collaborative efforts already exist in the community? Who has been active in the past? Which community collaborative strategies worked or didn't work? Can new efforts be incorporated into an existing system or structure? For the lead agency model, what type of reputation does the potential lead agency have in the community? Will a new organization be viewed as a threat to existing efforts? Does the community have a strong history of working on pregnancy prevention issues, with active participation from different community agencies? What are the benefits of starting an altogether new organization?

How can the involvement of key players in the community be ensured? Can the support of non-traditional players such as teens, parents, businesses, the media, and religious organizations be elicited? Will these stakeholders want to be associated or involved with existing organizations? How can such key players be recruited and retained?

How can a solid funding base for pregnancy prevention efforts be ensured? How will funding priorities be determined? If the coalition is based out of a lead agency, how will projects from other participating agencies be funded? What types of resources exist to develop a new organization? How can long-term sustained efforts be ensured, even when funding is scarce?

How can a strong advocacy component for adolescent pregnancy prevention be ensured? What type of agency or organization is best equipped to take an active role in the policy arena? What type of controversy may arise in the community? How will opposition be handled? In an agency-based coalition, are members willing to put their reputations and/or funding on the line to take an active stand for comprehensive pregnancy prevention?

Each model provides opportunities and challenges. For example, an agency-based coalition may have difficulty obtaining community "buy-in," especially if most members are service providers. The lead agency may be perceived as self-serving, particularly if it seeks to obtain more program money from city councils or state legislatures. On the other hand, a lead agency shoulders many of the burdens of the pregnancy prevention effort. An independent council may take more time to develop than an agency-based coalition and may have less experience to rely upon. Yet, the independent council has a stronger voice to advocate for favorable policies and programs than does an agency-based coalition.

Establishing a Planning/Steering Committee

Regardless of which model is chosen, there are a number of steps to take in initiating community action. Both models involve a planning or steering committee to provide initial leadership, oversight, and direction.

A planning committee is key in the initial stages of defining goals, developing organizational structure, and gaining community support. Experience in the field of pregnancy prevention suggests that a small planning group is best suited to these initial tasks, given the

strong potential for conflict within pregnancy prevention coalitions. A small, inclusive planning committee can lay the groundwork by creating a mission statement, developing goals and objectives, and identifying potentially effective strategies. These strategies can later be adapted or changed, depending on the findings of the needs assessment, the interests and expertise of coalition members, and the resources available. However, the philosophy that initially drew the leadership together should be maintained.

Begin by organizing a working group of six to ten, but no more than 20, individuals who can analyze community health needs, assess local awareness of those needs, and determine the levels and sources of community support or opposition. If the initial group is too diverse in its approach to adolescent reproductive health, it may take too long to establish a mission and goals, or it may end with a mission so vague that effective pregnancy prevention goals cannot be established. The group should, at minimum, share basic philosophical beliefs about 1) abstinence, 2) sexual activity, and 3) adolescent access to reproductive health education and services. The group should also be willing to advocate for evaluated, research-based pregnancy prevention strategies. Finally, the initial group should be representative of the community; strongly committed to effort; willing to commit substantial time to the work; able to assist in reducing logistical barriers; and, willing to provide constructive feedback on program plan development and implementation.

The initial group should include at least one representative from each of the nine groups listed below who also share a basic philosophical approach to teenage pregnancy. (Note: Individuals may fit more than one category.)

- Teenagers can be valuable advocates, trainers, researchers, and media spokespersons. They should be involved in every stage of the coalition's work, from needs assessment and program planning to implementation and evaluation. Youth involvement is a key component in any adolescent pregnancy prevention program. Adolescents must be involved as more than token additions to the group.
- Parents are important and credible advocates for pregnancy prevention in the community. They help decide what services should be available to their children. They can speak out in many venues — schools, religious institutions, legislative hearings, and to the media.
- Health care and social service providers include professionals from family planning clinics, health departments, community-based clinics, health maintenance organizations, hospitals, private medical practices, social service agencies, foster care agencies, child welfare organizations, and juvenile justice systems. These professionals can provide leadership for implementing controversial services, such as contraceptive access for teens, and can help coordinate services. High level administrators and health agency directors can be effective members of the initial group.
- Youth-serving or youth development organizations provide excellent settings for pregnancy prevention activities. Representatives should be included from youth-serving organizations (YSOs) that provide after-school or out-of-school care and recreation to youth. Usually non-governmental, YSOs are receptive to prevention strategies and open to working with youth who have multiple difficulties, such as school dropout, substance abuse, and family problems. YSOs often already operate prevention programs and can provide perspectives critical to the community-wide effort.

- Religious organizations can provide a moral and ethical voice to the debate on teen pregnancy prevention. Tapping into the strengths and resources of religious communities will encourage more creative, realistic, and productive responses to adolescent pregnancy prevention.
- Educational institutions, including schools, colleges, junior colleges, and vocational training centers, have experts that can contribute largely to pregnancy prevention activities. School personnel, including teachers, nurses, guidance counselors, and coaches, can offer expertise on training, service delivery, and evaluation. A university-based teaching hospital may be willing to link with a local school to create a school-based or school-linked health clinic. Intern programs offer a way to involve college students in service delivery. In addition, academic researchers and their students can provide important guidance, direction, and expertise in conducting needs assessments and program evaluation.
- Both philanthropic and business communities have joined with government agencies in public/private partnerships for pregnancy prevention. While foundations may provide start-up funds, the business community is a largely untapped resource for financial or material support, such as office space or equipment, as well as for endorsements. Business leaders can also open other doors as well as involve their employees in community efforts.
- The media can play a critical role in creating new norms around teen sexuality, pregnancy, and childbearing. The media should be included from the very start as media can create widespread support by launching public awareness campaigns for teens and families. Media can present teen perspectives, shape images regarding youth, and educate audiences, especially teens themselves, who learn much about sexuality from all forms of electronic and print media.
- Policy makers, elected officials, and government agencies can promote and strengthen pregnancy prevention efforts. Key decision makers, such as state governors, legislators, city and county officials, school board members, and their staff, can keep coalition members informed about pending legislation. Involving policy makers ensures both political commitment and a voicing of their concerns and opinions. Moreover, officials can help coordinate services, ensure funding, and collect relevant data. Coalitions can and should create long-term alliances between community leaders and policy makers.

The steering committee may use the following questions to assess community readiness — the willingness, openness, and capacity — to address teen pregnancy prevention and advance the agenda.

Taking the Pulse Worksheet

- Is the community aware of how teen pregnancy affects it?

_____

_____

- What is the magnitude of teen pregnancy and early childbearing in the community?

_____

_____

- Is there a nucleus of individuals concerned about the problem who are sufficiently motivated and committed to addressing teen pregnancy efforts?

_____

_____

- What kinds of synergy can be created and fostered around the issue of teen pregnancy?

_____

_____

- What resources and efforts are currently available upon which to build? Could additional new or existing resources be channeled into teen pregnancy prevention?

_____

_____

- How can the community mobilize its resources?

_____

_____

- Is the community sufficiently aware of how teen pregnancy affects young people? Can the issue be raised to a priority?

_____

_____

- How much "buy-in" exists from key stakeholders to develop and implement a strategic plan of action?

_____

_____

- What are the potential barriers to advancing an adolescent pregnancy prevention agenda?

_____

_____

- How can common ground be developed so that the plan of action reflects the best research in the field, and also incorporates the diverse viewpoints found in the community?

_____

_____

- How can community organizations work with researchers, policy makers, and the media to create a new social norm related to reducing adolescents' risk for early childbearing?

_____

_____

- What potential pathways to prevention is the community ready to explore and test?

_____

_____

- What is the community's vision for the situation of its teens next year? in five years? in ten years?

_____

_____

One of the first tasks of the core group will be to decide which type of organizational structure will best suit the community. The discussion below addresses two models, the agency-based and the council, in greater detail.

Model A: Starting an Agency-based Coalition

A lead agency plays a key role in agency-based coalitions. The coalition selects a lead agency and hires a coordinator. The lead agency must be chosen with care. The lead agency will play an important role in establishing and maintaining advisory boards or task forces, developing the needs assessment, identifying and obtaining funding, negotiating contracts with service providers, hiring or lending staff, and developing a working relationship with key community leaders. The following chart is an example of how an agency-based coalition may be structured.

Organization of an Agency-Based Coalition

Planning or Steering Committee (This may evolve into Board of Directors or Advisory Committee.)

- Sets mission;
- Helps establish goals and objectives;
- Invites key stakeholders to participate in coalition;
- Engages key community members;
- Designates lead agency and coordinator;
- Oversees work of coordinator;
- Designates committees and chairs to work on specific issues;
- Oversees work of committees;
- Monitors progress in implementing community strategies;
- Oversees development of an evaluation plan; and,
- Develops funding base.

Community-Wide Coalition

- Helps design programs;
- Helps identify financial and other resources and obtain funding;
- Monitors progress on goals and objectives;
- Serves as community advocate for action strategies; and,
- Actively participates in the implementation of community strategies.

Lead Agency

- Conducts needs assessment and coalition planning activities;
- Coordinates work committees;
- Performs the work of the steering committee and of the coalition;
- Facilitates functioning of the steering committee;
- Helps to implement the evaluation process; and,
- Develops the funding base and coordinates financing strategies.

Coordinator

- Carries out the lead agency functions;
- Supervises staff; and,
- Maintains liaison with community agencies.

Source: Brindis, Pittman, Reyes, et al., 1991.

Selecting a Lead Agency

In a lead agency, the ability to provide or coordinate resources for the coalition is important. Possible lead agencies include local health departments, hospitals and medical schools, community health centers, mental health agencies, family planning clinics, community-based organizations, and school systems. Funding will also be a major consideration when choosing a lead agency. Public health departments, for example, have access to maternal and child health block grant money. Community health centers have access to community and migrant health funds. Family planning clinics have access to Title X funds. Youth development organizations often have access to United Way funds.

The following are characteristics and roles of an ideal lead agency:

- Has skilled staff, or hires additional staff, to conduct the background work, plan meetings and the needs assessment, and join in developing and implementing strategies.
- Includes representatives on its board of directors from both the public and private sectors (i.e., government agencies, businesses, and foundations).
- Can both receive and allocate funds from both public and private sectors.
- Has the support of appropriate levels of government.
- Has technical expertise, in-house or through subcontract, to organize data gathering, design survey instruments, produce maps, conduct analysis, and prepare preliminary reports.
- Has a strong, positive image in the community, a good track record on adolescent health, a history of community involvement, and the expertise to design and administer a community-wide initiative.

- Is acceptable to the community and demonstrates sensitivity to the needs of disadvantaged families.
- Takes the lead in reviewing preliminary plans and facilitating a consensus-building process.
- Serves as liaison to the media, educates media representatives about the purpose of the community plan, and convinces media leaders to take an active role in its implementation. (Brindis, Pittman, Reyes, et al., 1991)

Selecting a Coordinator for an Agency-Based Coalition

The coordinator of the coalition will play the most important role in planning and implementing the pregnancy prevention initiative. He or she should bring a number of key qualities to the process.

- Strong interpersonal skills, including abilities to mediate, to listen, and to lead.
- Commitment to a comprehensive and community-oriented adolescent pregnancy prevention strategy.
- An understanding of the challenging nature of the position.
- Relevant work experience, an understanding of the physical and mental health needs of youth and familiarity with other pregnancy prevention efforts.
- Familiarity with the community and its local politics and power mechanisms as well as with the leaders of public, private, and educational agencies.
- Enthusiasm for the project and an ability to engage others in the project.
- Development and proposal writing skills, including how to contact public and private sources, develop grant proposals, and negotiate support from state agencies.

Maintaining an Agency-Based Coalition

Using a lead agency to house the coalition has distinct advantages, particularly in the early stages, as well as disadvantages. The lead agency can often provide support — financial, administrative, structural, and spatial — to the new coalition, the importance of which should not be overlooked. The disadvantages, on the other hand, include disaffection and dissension among other members of the coalition who may perceive the lead agency as "owning" the project as well as the gradual disappearance of the coalition as its work is absorbed by the lead agency. Maintaining an agency-based coalition takes planning and hard work. The results, however, are usually worth the effort. The following are some guidelines for maintaining an effective coalition.

Obtain authority from member organizations for representatives to participate in the coalition. Determine whether these representatives will be considered individual members or agents of the organizations that are the members. Too often, members of the coalition do not have power and authority to act on behalf of their respective organizations. (Winer, Ray, 1994)

Encourage each member organization to clarify its commitment to the coalition. Each organizational member needs to be a "responsible partner." Each member organization needs to clarify how its mission and goals fit with those of the coalition, clearly define its expectations for the collaboration, identify how it expects to benefit from participation, agree to the time commitment required for coalition work, be aware of the other members of the coalition and their commitment and capabilities, and be willing to modify its own policies and procedures to facilitate the coalition's work. (Winer, Ray, 1994)

Secure letters of commitment. Letters of commitment from each participating agency is a way to formalize the relationship between member organizations and the coalition. The letters provide details about: 1) the organization's commitment to the mission, objectives, and strategies of the coalition; 2) what the organization expects in return for its participation; 3) how much time the organization's representative may commit to the collaborative as well as recognition that this commitment is part of the representative's job; and 4) the level of authority of the representative to commit the organization to work, provide in-kind or other types of funds, etc. (Winer, Ray, 1994)

Establish roles. It is important to delineate roles for coalition members. In addition to the steering committee and coordinator, many coalitions develop special task forces or sub-committees to carry out the actual work. For example, subcommittees might include those on media or public relations, membership, resources, direct services, or public affairs. Each sub-committee should be represented on the steering committee and should have goals, objectives, and specific tasks established for it. Whether each sub-committee is necessary, what its accomplishments have been, and measurable benchmarks for its goals should be revisited periodically.

Model B: Starting a Local Council on Adolescent Pregnancy

The chart below identifies a variety of functions of local councils. Below each function is a sample list of projects conducted by the North Carolina Coalition on Adolescent Pregnancy.

The Role of the Local Council

Advocate. The Council advocates for, supports, and encourages programs and strategies that affect adolescent sexuality, pregnancy, and parenting.

- Advocates for teens' appointment to boards of youth-serving agencies.
- Promotes Teen Pregnancy Prevention Month in May
- Sponsors poster campaign to promote "It's okay to say No Way!"
- Supports school-based health care.
- Promotes day care programs for children of teen parents.
- Seeks funding to create comprehensive programs for pregnant and parenting students.

Catalyst. The Council plans, implements, and evaluates programs pilot tested by established service providers at appropriate times.

- Actively involves teens in establishing priorities and strategies.
- Creates teen hot-lines.
- Sponsors junior high school health fairs.
- Establishes peer counseling training.
- Holds "Parents, It's Time to Talk" workshops for parents.

Facilitator. The Council serves as a resource and referral center for the community.

- Develops and distributes pocket referral cards for teens to community services.
- Publishes a local resource directory.
- Develops a resource library for the community.

- Organizes a summit conference of key providers to share long range plans.

Coordinator. The Council facilitates and assists providers in prevention efforts.

- Coordinates quarterly agency-to-agency round tables.
- Serves as an advisory board for local family life education groups.
- Coordinates seminars on adolescent health with area agencies.
- Implements activities for Let's Talk Month.

Educator. The Council provides information concerning adolescent sexuality, pregnancy, and parenting to the community.

- Collects statistics on adolescent pregnancy.
- Compiles cost study data on adolescent pregnancy.
- Organizes an annual meeting.
- Prints a quarterly newsletter with information and services regarding adolescent pregnancy prevention.
- Provides information and awareness presentations to groups such as religious youth group directors, campus ministers, women's and men's clubs, university or college campuses, medical societies, health care providers, county commissions, city councils, school boards, PTA, and elementary or junior high schools.
- Holds media awareness luncheons for radio and TV executives and directors of community relations.
- Develops public service announcements (PSAs) using local teens.
- Writes articles and editorials for papers.

Source: Huberman, 1994

In organizing a local council, the following strategies from the North Carolina Coalition on Adolescent Pregnancy can be helpful. (Huberman, 1994)

Find a catalyst. It takes more than a dreamer, a committed individual who is willing to motivate and lead the council for the year or more it takes to strongly establish the council. From the experiences of a number of local councils, volunteer leadership must be quickly found. When the catalyst remains a key service provider alone, the community and other interested individuals and groups may continue to see teenage pregnancy as "the health department's problem" or "the school's problem." Service agencies need to be involved, but if the council is to survive and work long term, it must have volunteer community leadership. In most communities, local councils must not compete with existing agencies as new service providers.

Gather supportive people. The catalyst must get together a few people (6-10), not all service providers, to talk about teenage pregnancy in the community and discuss the idea of organizing to implement community-wide prevention strategies. Since prevention is a long-term process, the group will need to think far beyond one month, one activity, one program, or one agency.

Identify board officers. The initial group should create a slate of board members. This should not be done at a public meeting. The initial group can begin with the names of people whose commitment to teen pregnancy prevention can be explored. In this way, a strong board can be developed.

Select representative board members. Refer to the list of groups for potential representatives given at the beginning of Section II. The first board should have two or more representatives from each category and should number no more than 20. Most non-profit organizations begin with a self-selected board of directors.

Develop by-laws. By-laws are vital and should be developed by the initial group in private meetings. Operating with by-laws can help avoid problems and unfair actions from the beginning. The council planning group should remain small until a board, officers, and by-laws are in existence.

Schedule consistent meetings at a neutral site. Once board, officers, and by-laws are in place, regular meetings can be scheduled for the first year. The meetings should be kept in the same place, if possible. A neutral site, such as a church, the United Way, a library, or a business meeting room should be chosen. To meet at a provider's building can signal "ownership" of the council which is why holding a meeting in a non-vested site works well.

Form committees. The first committee to be formed should be the program planning committee. When meetings are partly dedicated to conducting the business of the coalition and partly dedicated to education and information-sharing, people will attend regularly. A speaker, video, panel discussion, or educational program will keep people involved and interested. The program planning committee should act quickly to brainstorm projects for the council to do during the first year. Focusing on awareness and education lays the foundation for bigger and better strategies in the future and gains credibility for the coalition with the community, while allowing time to plan and implement more direct strategies.

Assess community assets and needs. The first large project should be assessment of the community to define existing services, identify gaps or lack of services, and gather different views about what should be done. (See needs assessment information in Volume II).

Hold a community forum. Often, as part of the needs assessment process, communities hold a forum such as "Teen Pregnancy in our Community." Although the community is invited to the forum, the board is the decision making body for the council. Public meetings, such as a community forum, are not about voting. Public meetings should be kept separate from board meetings. Public meetings are to educate, interest, and mobilize the community.

Planning the First Community Meeting

The planning group should prepare thoroughly for the first community meeting, developing materials to encourage those chosen to attend, holding the meeting at a convenient time and location, and asking those invited to confirm their attendance.

The purposes of the first community meeting include:

- Educating the group about the needs of the community and of adolescents, including their academic, economic, and reproductive health needs;
- Introducing the need for an expanded approach to community-based pregnancy prevention efforts; and
- Developing a broad community coalition to advocate for and support the development and implementation of expanded comprehensive pregnancy prevention services.

An example of the agenda for a one-day conference follows.

Community Forum

9:30 - 12:00 PM

Welcome - Given by mayor or important elected official (5 minutes)

Overview of Teen Pregnancy in Our County (Local Statistics) - Local physician or health educator (15 minutes)

Panel Discussion (1 hour)

Medical consequences - physician or nurse

Social consequences - counselor or therapist

Educational consequences - principal or superintendent

Break (10 minutes)

Existing Programs & Resources in Our County: Review of Needs Assessment (1 hour)

Lunch (1 hour)

1:00-2:30 PM

Task Force Meetings (1 hour)

During this time a facilitator will lead small groups in brainstorming ideas and strategies for task forces to do in the community. This is a time for creative thinking, not worrying about money, personalities, or opposition. Each group needs a facilitator and a recorder.

Conclusions and Recommendations (30 minutes)

Select members to participate in council task forces.

Appoint a chair for each task force who in turn will invite at least 20 people representing different areas of the community, such as media and religious institutions.

(Note: Groups should choose three ideas that could be worked on in the first year, as well as three that may be more appropriate for the second year.)

2:30 - 3:30 PM

Task Force Summation (1 hour)

All groups reconvene in general session.

Each task force chooses a spokesperson that shares the group's recommendations for Year I and Year II with all groups. Community members are given the opportunity to commit to an activity. (Note: Commitment cards, such as the example following, will provide a volunteer base and program support data.)

3:30 - 4:00 PM

Closing - Speaker to motivate and energize the group to form a local council and develop community prevention plan implementing task force recommendations.

(Note: All recommendations from the task force groups can be given to the Council Board which will use them to develop prevention plans for Years I and II. Many ideas and needs will emerge from the process.)

While some individuals will actively participate in implementation, others may choose to become friends, volunteers, or supporters of the coalition, but will not have time to work consistently on each of the needed tasks. They may be willing to take on less time-consuming, yet equally important, activities, such as contacting funders or functioning as media spokespersons. Some of the groups and individuals invited may not attend. Meeting with each person who did not attend can still generate support. The objective is to demonstrate broad-based support for the project by signing on as many stakeholders or key players as possible. The commitment card (sample below) is a tool to encourage commitment and identify areas of interest and expertise.

Commitment Card for Starting a Local Council

Name: _____Agency: _____
Address: _____
City: _____
State: _____Zip: _____
Phone: (H) _____(W)_____(Fax) _____
E-Mail:_____

_____I am interested in serving on the board of the council.
_____I am interested in the leadership role of
_____President _____Treasurer
_____Vice President _____Committee chair
_____Secretary _____Speaker's bureau
_____I would like to help the council and have an interest in the following areas:
_____Schools/education _____Medical/health providers
_____Churches/religious groups _____Businesses
_____Media _____Agencies/non-profits
_____Community/neighborhood _____Elected officials/public policy
_____I support the need for prevention in our county and here is my contribution:
___$10 ___$20 ___$30 ___$40 ___$50 ___$100 ___$Other
_____I support the need for prevention in our county, but can't be actively involved at this time.
I support the following prevention strategies in our community:
(Please check all that apply)
_____Realistic, balanced sexuality education in ___Schools ___Religious communities
_____School-based health care in ___Sr. high ___Jr. high
_____Offering family planning education
_____Offering family planning counseling
_____Offering family planning services
_____Offering all health care except family planning
_____Sexuality education training for parents
_____Media campaigns to promote prevention
_____Incentives for teens not to get pregnant
_____Sexuality education training for clergy
_____Alternative school/support services for pregnant and parenting teens
_____Teen health centers located in shopping centers
_____Life skills education in schools and community organizations
_____Free day care for teen parents in school
_____Abstinence-until-marriage education in __ Schools ___Religious communities
_____Abstinence-only education in __ Schools ___Religious communities

Source: Huberman B, 1994

Once the coalition core membership is developed, the coalition needs to consider how it will successfully maintain its efforts.

Ensuring Successful Collaboration Among Members and Maintaining the Momentum

The Wilder Research Center has identified a number of factors influencing successful collaborations. (Mattessich, 1994) The chart below, Factors for Successful Coalitions, can help identify potential sources of strength and/or barriers which may enhance or impede success.

Factors for Successful Coalitions

Factors related to the environment

- History of collaboration or cooperation in the community.
- Collaborative group seen as a leader in the community.
- Favorable political and/or social climate.

Factors related to membership characteristics

- Mutual respect, understanding, and trust.
- Appropriate cross-section of members.
- Collaboration seen in members' self-interest.
- Ability to compromise.

Factors related to process/structure

- Shared stake in both process and outcome.
- Multiple layers of decision making.
- Flexibility.
- Development of clear roles and policy guidelines.
- Adaptability.

Factors related to communication

- Open and frequent communication.
- Established informal and formal communication links.

Factors related to purpose

- Concrete, attainable goals and objectives.
- Shared vision.
- Unique purpose.

Factors related to resources

- Sufficient funds.
- Skilled convener.

If some factors are present in the coalition, but others are not, an assessment will help to identify strengths and needs. In addition, consider the following tips.

Continually focus on ways to maintain momentum. During the early phase of building a coalition, there is often a great deal of excitement and enthusiasm. However, many coalitions disintegrate after periods of "burnout" and low momentum. It is important to assess the source of low energy before the coalition splinters. Consider, for example, what has changed since the coalition was established. Has leadership changed? Is there appropriate "ownership" by all members? Can systems be instituted to prepare for inevitable turnover?

How can shared leadership roles (for example, co-chairs, teams, subcommittees) be strengthened so that if change does occur, it will not affect the entire foundation? Also, consider ways to build on past successes. In thinking of ways to energize and motivate members, for example, coalition leaders can meet with individual members to assure them that their skills are being adequately tapped and utilized. Or, perhaps an organizational development retreat will allow members to reassess the goals and vision of the coalition.

Develop a network of supporters, rather than a traditional membership base. In the beginning especially, only members of the coalition should be part of the board of directors. Community participants in the council can be "friends", or volunteers, for example. People can still contribute time and money, be involved, and support the council.

Establish legal status as a non-profit. When a coalition begins collecting contributions, it will have to have a bank account and will need to consider becoming a non-profit, 501(c)(3), tax exempt organization. Otherwise, it will have to pay taxes on the money contributed. Non-profits also need to be registered as organizations. Foundations, government bodies, and community funders will not contribute financially to organizations lacking IRS and state non-profit status.

Be prepared for controversy. Remember that some individuals may want to be involved, but will support only abstinence-until-marriage programs and nothing else. Experience from a number of councils shows that people and organizations who cannot support multiple, realistic, and balanced prevention strategies are likely to create dissension and decisiveness and stall action. Eventually, they sabotage and oppose the council's efforts.

(Huberman, 1994)

The following chart identifies a number of potential challenges for local councils. More information on potential areas of difficulty and conflict is provided later in this volume.

Developing a Local Council: Pitfalls to Avoid

1. Neglecting to involve, or at least advise, key people in the community about the council.
2. Spending six months or more trying to define the council's purpose.
3. Beginning with a study or survey that takes a year and precludes other decisions or actions until its completion.
4. Becoming preoccupied with organization structure, including by-laws.
5. Developing beautiful plans, but neglecting to assign responsibility for carrying them out.
6. Neglecting to assign deadlines or at least target dates.
7. Failing to develop the ability to deal with hard issues, such as group leadership and agency "turf", or local conservative or liberal attitudes.
8. Turning into a discussion group, rather than an action group.
9. Failing to build in a process for self-evaluation.
10. Losing sight of the young people the council is supposed to be serving.
11. Allowing a vocal minority to dictate policy or action.
12. Taking on highly controversial strategies before developing council credibility in the community.
13. Allowing one agency to dominate or control the council.

14. Assuming everyone knows about the problem.
15. Having designated seats on the board of directors for specific groups or agencies.
16. Failing to rotate members off the board of directors.
17. Failing to establish decision making rules, such as Roberts' Rules of Order.
18. Failing to use the democratic process when stuck.
19. Trying to achieve 100 percent agreement on every decision or issue every time.
20. Failing to have fun and forgetting to celebrate successes.

Source: Huberman, 1994

Garnering Support for Local Coalitions from State-Based Organizations

Early in the planning process, identify potential sources of support for the local collaborative effort. Many states have statewide coalitions in place for this purpose. Below, are two examples of state alliances which provide in-depth technical assistance to local coalitions. The types of technical assistance provided includes information dissemination, data collection, community organizing, advocacy, and fundraising. (Schlitt, Neslek, Galiano, 1992)

The North Carolina Coalition on Adolescent Pregnancy

The North Carolina Coalition on Adolescent Pregnancy is a statewide United Way Agency established to create awareness about the need for prevention, to advocate for prevention funds and policies, to help local communities develop prevention councils, and to serve as a statewide clearinghouse and network for prevention providers and administrators. Comprised of representatives from North Carolina's public and private sectors, the Coalition is staffed with an executive director, office manager, director of public education, and two community organization specialists.

Information Network

Making A Difference is a compilation of adolescent pregnancy prevention programs published by the coalition to share information about prevention efforts around the state. The goal is to encourage similar programs in more communities. The directory provides an overview of each project, including information on eligibility, objectives, and local contacts.

Epidemiological Expert

10 Years, 100 Counties: Adolescent Pregnancy in North Carolina provides a county by county look at adolescent pregnancy, birth, and abortion statistics. Other pertinent data include ten year trends, high school dropout rates, STD rates, and poor birth outcomes to teen mothers.

Public Educator

Make A Baby, Make A Lifetime Commitment is the coalition's awareness campaign promoting male involvement in adolescent pregnancy prevention. Posters, pamphlets, and television public service announcements alert young men to the financial responsibilities of fatherhood.

Community Organizer

An integral part of the North Carolina Coalition's mission is to facilitate the formation of local coalitions. The Coalition conducts local coalition development workshops four times a year, as well as on demand, and publishes the *Local Council Resource Manual.* The manual provides step-by-step directions to organizing a coalition.

Technical Assistance

The North Carolina Coalition provides training, conferences, and technical assistance on subjects such as sexuality education, program evaluation, fundraising, essentials of successful boards, leadership skills in volunteer development, school-based health care, ecumenical involvement, infant mortality prevention, and advocacy.

Public Policy Advocate

The North Carolina Coalition, through an extensive data collection and input process involving a state advisory panel, a service provider survey, teen focus groups, and regional task force meetings, produced a broad mandate for public policy development, outlining recommendations for elected officials, schools, social service agencies, medical providers, community groups, religious organizations, corporations, and the media. The recommendations present a direction for funders and program administrators and a blueprint for legislative action.

Fundraiser

Through advocacy efforts headed by the North Carolina Coalition, the State Division of Maternal and Child Health provides state funds to local community agencies for the purpose of preventing adolescent pregnancies and supporting pregnant and parenting teens.

Monitor

After the adolescent pregnancy prevention grants program was initiated, the Coalition became aware of two weaknesses within the implementation process. Little was being required of community programs to evaluate and monitor initiative outcomes, and few proposals demonstrated broad community support making difficult a response to adversaries. To ensure that a strong evaluation component was included in new projects, Coalition members worked with the legislature the following legislative session to amend the language to include an external evaluation and to enable the state to compile data on effective programs. Additional language required proof of community support for grant applicants, such as public hearings and endorsements.

The Maryland Governor's Council on Adolescent Pregnancy

The Maryland Governor's Council on Adolescent Pregnancy was established in 1987 by the Maryland Legislature. Its mandate is to reduce adolescent pregnancy in Maryland through the mobilization of public and private resources. The Council coordinates program and policy development and service delivery for pregnancy prevention and promotes positive outcomes for parenting adolescents and their children.

Information Network

The Governor's Council quarterly newsletter, *Prevention,* is distributed to 4,000 people and agencies across the state providing information on community prevention projects and research resources, program funding opportunities, state and local data, and Council policy recommendations. Its local Interdepartmental Committees on Teen Pregnancy and Parenting serve as a network for the newsletter and other informational services of the Council.

Epidemiological Expert

The Facts About Teen Pregnancy in Maryland handbook provides a comprehensive look at the problem of teen pregnancy in Maryland, its costs and consequences, the state's initiatives to address the problem, and a county-by-county look at teen births and abortions.

Public Educator

Campaign for Our Children, Inc. is Maryland's $5 million multimedia campaign aimed at reducing sexual activity among young people and encouraging family communication

about sexuality issues. Spearheaded by the Council, the project is a cooperative venture between a Baltimore-based advertising agency and the Maryland Departments of Education, Human Resources, and Health & Mental Hygiene. Campaign materials are distributed to schools and other youth-serving agencies. Prime-time television and radio spots ensure reaching a broad audience. In addition, the Council has implemented a state-wide, toll-free, taped message service on adolescent sexuality concerns called COPE-LINE that provides teens accurate, confidential information.

Community Organizer

The council, with a $250,000 appropriation from the state legislature, administers a community incentive grants program to provide financial assistance to community organizations interested in coordinating teen pregnancy prevention activities. The primary goal is to bring local public and private organizations together to strengthen links and identify strategies for community-based prevention efforts. The effectiveness of these projects is evaluated by the Council.

Technical Assistance

The Maryland Council offers technical assistance to the 24 community coalitions in the state and provides training to a variety of groups interested in adolescent sexuality issues, such as family life educators, school nurses, public health nurses, parents, and professionals working with adolescents. It also produces handbooks to assist community groups.

Public Policy Advocate

The Maryland Council conducted a family planning services survey in 1989 to measure accessibility, outreach, counseling, and confidentiality of services for teens across the state. Results from the survey led the Council to make several recommendations, including increased state funding for family planning, accessible hours and free services for teens, and an outreach campaign to bring teens in earlier. The recommendations resulted in a $2 million state appropriation for family planning demonstration projects, described further below.

Fundraiser

Based on a recommendation from the Council, Maryland awarded the state family planning agency a $2 million grant to establish seven model prevention programs in three counties with the highest adolescent pregnancy and infant mortality rates. Healthy Teens and Young Adults, a five-year grant initiative, includes outreach to males to educate them about the responsibilities and risks of sexual behavior, to non-sexually active adolescents to support them in their decision to postpone sex, and to parents to assist in their efforts to teach their values to their children. To increase accessibility, health care services are offered during extended evening and Saturday hours, in innovative locations such as shopping malls. Compared to the 50 percent no-show rate for public family planning clinics, the model programs are already boasting no-show rates of 20 to 30 percent, and most clients reschedule follow-up appointments.

Monitor

To assess the use of Campaign for Our Children classroom materials, the Council conducted a survey to determine if and how materials were being used. For those communities that are not implementing campaign activities, Council staff will be working directly with community family life education boards to encourage their use.

Reprinted with permission, Schlitt, Neslek, Galiano, 1992.

The previous examples highlight two successful state coalitions. Once a functioning organization is established, it can begin the day-to-day work. Early in the process, the coalition will need to conduct a needs assessment and begin outreach to a broad constituency.

Conducting a Needs and Assets Assessment

One of the most important initial activities of the planning process is to conduct a needs and assets assessment to build a body of knowledge about youth in the community. An assessment, or resource mapping, provides a comprehensive profile of the physical and mental health of the youth in the community, and depicts how well the community currently meets their health, educational, and social needs. The needs assessment provides a demographic and social profile of the community, compares local rates of morbidity with state and national averages, assesses available community resources, such as educational and health services and economic opportunities, and identifies gaps and barriers in those services and opportunities. It is also important in fostering community ownership, bringing together and mobilizing key stakeholders, and creating the impetus for change. *Volume II: Building Strong Foundations, Ensuring the Future* discusses the assets and needs assessment in more detail. However, the table below reviews the types of information provided by the needs assessment.

Types of Data From the Needs and Assets Assessment

I. Demographic and Socioeconomic Profile
- A. General demographic and socioeconomic profile of the community
- B. Adolescent sexual behavior and fertility rates
- C. Health factors
- D. School-related data
- E. Information on out-of-school and other populations of youth

II. Available Community Resources
- A. Community resources
- B. School system resources
- C. Life options (youth development) resources

III. Reproductive and Sexual Health Services
- A. Family planning services
- B. Community attitudes and perceptions

IV. Policies Supporting Adolescent Reproductive Health
- A. School policies
- B. Business policies
- C. Media policies
- D. Health policies
- E. Youth-serving organizations and social services policies

V. Concurrent Local, County, and State Efforts

Source: Brindis, Peterson, 1996

Designing the Community-Wide Plan

The community-wide plan involves several important components.

The Problem. The assets and needs assessment identifies the nature of adolescent risk taking in the community. The assessment should also identify potential resources that can be mobilized to address gaps and/or enhance existing efforts. Statistics may show high rates of substance abuse, juvenile incarceration, or school failure, for example. Existing health services for adolescents may be ineffective, underutilized, uncoordinated, fragmented or inaccessible.

The Statement of Purpose or Mission. The statement of purpose summarizes the community's commitment to teen pregnancy prevention, as identified by the needs assessment. It should be broad enough so that as many groups and individuals as possible can endorse it without being so vague that goals and objectives cannot be defined.

Goals. The goals state the explicit ways that the coalition intends to address the problems identified in the needs assessment. For example, the coalition may decide that the goal is to establish a school-linked health center to provide reproductive health care for both in- and out-of-school youth within two years.

Objectives. Objectives are activities carried out in pursuit of the goal. For instance, to establish a school-linked health center, a group might identify a public awareness objective, a funding objective, and a policy objective. Objectives should be specific, measurable, achievable, realistic, and time framed (referred to as the SMART model).

Developing Goals and Objectives: Keys to Success

Successful goals and objectives will include the following:

- **Ensure that goals and objectives are achievable and realistic.** For example, a sexuality education program alone will not impact the pregnancy rate of a community. To change pregnancy rates, multiple, simultaneous, and intensive program strategies must be used over a significant period of time.
- **Be specific.** For example, goals and interventions should be developed for specific planning areas, or for age, racial or ethnic groups. The goals should correspond to the interventions. For example, culturally-specific goals should be accompanied by culturally-specific interventions.
- **Specify sub-populations.** Specific goals may be relevant to specific groups. For example, some states and communities do not set pregnancy reduction goals for women ages 18 to 19 because these young women are likely to have completed high school, to want the child, and to be married, and may not experience the same repercussions as younger women.
- **Put priority on limited, but important goals and outcomes.** For example, the Mecklenberg Council on Adolescent Pregnancy (MCAP) in Charlotte, NC, identified four primary objectives. These included postponing sexual activity among teens who were not yet sexually active; increasing contraceptive use among sexually active teens; decreasing first pregnancies among non-parenting teens; and decreasing second pregnancies among teen parents.
- **Recognize the implications of particular goals.** Goals related to sexual activity, teen pregnancy, childbearing, abortion, and marital status can be made achievable or impossible to achieve depending on how they are framed. Following are examples of goals and their implications.
  - Sexual Activity. Selecting the broad goal, *To prevent sexual activity among teens*, is unrealistic and difficult to measure. A more appropriate goal is, *To delay/postpone initiation of sexual intercourse* or *To reduce unprotected sexual intercourse.* For younger teens who are not yet sexually active, achievable goals are related to changes in knowledge, attitudes, beliefs, or intentions, rather than behavior. For older teens, sexual risk-reduction goals are appropriate and achievable.
  - Teen Pregnancy. Selecting the broad goal, *To reduce teen pregnancy rates in the community,* requires developing corresponding interventions for both non-

parenting and parenting teens. Because the high rate of subsequent pregnancies among teen mothers is a major contributor to overall teen pregnancy rates in a community, changes in overall pregnancy rates are unlikely without reducing repeat pregnancies. In focusing on primary prevention, the goal, *To reduce the incidence of first pregnancies among teens*, is useful. However, pregnant and parenting teens must also be considered.

- Teen Childbearing and Abortion. Selecting the broad goal, *To reduce teen births in the community* or *To reduce teen abortions in the community* may imply less concern with overall pregnancy rates and more concern about teen birth and abortion rates. The birth- and abortion-related goals may imply the coalition feels that becoming pregnant is okay, but that a particular pregnancy outcome is not acceptable. It is more appropriate to focus on preventing first adolescent pregnancies (primary prevention) rather than to focus on teen births or abortion. Concurrently, it may be appropriate to develop different sets of goals for parenting and non-parenting teens.
- Marital Status. Selecting the goal, *To reduce non-marital teen births in the community*, may imply that a primary aim is to increase the marriage rate among teen mothers rather than to prevent unintended pregnancy. Encouraging teens to marry in response to a pregnancy or birth may not be an appropriate solution. Research has documented that teens who marry in response to a pregnancy are less likely to finish school and are more likely to have a subsequent pregnancy than teens who do not marry. Further, teen marriages are more likely than other marriages to end in divorce. (Nord, Moore, Morrison, et al., 1992; Moore, Miller, Glei, et al., 1995)

■ **Consider the timing.** In the early phases of a project, the first two to three years, risk reduction objectives, such as a delay in the onset of first intercourse, increase in contraceptive use, or reduction in number of partners, can be set. Building on the accomplishments in the risk-reduction objectives will work toward accomplishing broader health status objectives which take far longer to achieve. However, challenges inherent in reducing risk taking behaviors should be recognized.

■ **Set process objectives.** In the early stages of coalition building, process objectives may be related to the work of the coalition, rather than to its pregnancy-related goals. However, staying focused only on coalition-building objectives will frustrate many members of the coalition. Realistic objectives and benchmarks for coalition work and project activities will allow members to measure real progress over time.

■ **Stagger realistic reduction rates over a period of time.** Realistic rate reduction could include such goals as reducing the pregnancy rate by five percent in the first five years and by 15 percent in the first 10 years. The goal of reducing adolescent pregnancy by 50 percent within one or two years is highly unrealistic. Furthermore, reduction in pregnancy rates is especially difficult to measure. Adolescents may not be aware that they are pregnant, states have different abortion reporting requirements, and miscarriage and spontaneous abortion are not tracked. Without establishing a baseline of what birth rates or pregnancy rates have been over several points in time (for example, for each of the past three to five years) realistic reduction rates cannot be ascertained.

- **Make sure that funders and program planners agree on expected outcomes.** Inform funders about specific goals and outcomes as well as the expected time line. It is important to help educate funders regarding realistic expectations, especially in light of the underlying antecedent causes of adolescent pregnancy, such as poverty, which prevention programs have a limited ability to impact.

Once appropriate goals and objectives have been established, consider the activities required to accomplish the objectives. Activities may include fostering community support, raising public awareness, establishing new funding sources, and hiring staff. There should be a logical connection between the planned goals and objectives, and the types of activities which are used to accomplish the objectives. In developing the community-wide plan, consider the following essential characteristics.

Characteristics of an Effective Community-Wide Plan

- Based on the results of a community-wide needs assessment.
- Reflects research in the field of teen pregnancy and incorporates findings from evaluated pregnancy prevention programs.
- Sets out a sequence of implementation steps.
- Includes age-appropriate activities for the adolescents involved.
- Includes four or more reinforcing strategies aimed at pregnancy prevention.
- Designed to be compatible with the cultural backgrounds of the participants.
- Includes extensive educational and skills-building components.
- Provides youth with access to confidential health care services, including contraceptive services.
- Provides activities which help youth prepare for adulthood, including tutoring, mentoring, employment training, and life options programs.
- Coordinates program activities of four or more organizations in the coalition and encourages joint planning among partners.
- Encourages cooperation between public and private institutions.
- Provides guidelines for the establishment of new services.
- Provides mechanisms for increasing the effectiveness of existing resources.
- Combines funding from two or more sources.
- Encourages coalition partners to redeploy resources to improve the efficiency of the coalition.

Source: Brindis, Peterson, 1996

Other volumes in this series provide in-depth information on these vital characteristics.

Community Members of the Coalition

Upon completion of its plan of action, the steering committee is ready to reach out to other community members. Community involvement can raise the priority of pregnancy prevention, assure and strengthen common social values, and help ensure stronger, continuous, and more intensive pregnancy prevention messages throughout the community. Community organization theory emphasizes the importance of extensive community involvement. The chart below demonstrates ways to apply the theory to ensure community ownership and involvement.

Community Organization Theory

Concept and Definition	Application
Empowerment People need to feel a sense of mastery and the power to create change in their communities.	Engage individuals and community members, providing them the opportunity to develop skills and responsibility for the decisions that affect their environment.
Community Competence Communities work best when they have the ability to engage in effective problem solving and feel change is possible.	Work with the community to identify problems, to create consensus regarding priorities and solutions, and to reach common goals.
Participation and Relevance Learners should be active participants. Work should 'start where the people and/or community are.'	Help the community set goals within the context of pre-existing goals and encourage active participation across all sectors.
Issue Selection Community members are more likely to 'buy in' to an issue if they can identify specific concerns as the focus for action and can help to create meaningful, achievable solutions that are culturally relevant to their community.	Assist community members in examining how they can communicate their concerns and whether success is likely in the solutions they select.
Critical Consciousness Communities are best mobilized when they develop an understanding of the root causes of the problems, as well as the solutions.	Guide consideration of health, educational, and economic concerns, as well as solutions, within a broad perspective that considers social problems affecting the community as a whole.

Source: Glanz, Rimer, 1995

Ideal coalition members should be diverse, energetic, and multi-talented and display the following qualities:

- **Commitment,** a willingness to devote time and energy to the efforts of the coalition.
- **Unity,** a shared concern for adolescents, their health, their families, and their education.
- **Influence,** grassroots leadership in the community, access to power, and financial resources.
- **Expertise,** experience in relevant fields, such as adolescent medicine, social work, or substance abuse, or knowledge of community-based, grassroots groups and non-governmental organizations.
- **Variety,** blending specific knowledge and tangible resources.
- **Diversity,** residents and professionals, teens and adults representing the cultural and ethnic populations within the community. (Hauser, 1993)

A broad group of those affected by teen pregnancy, as well as those who are able to contribute to the success of the initiative is important, as is representing the ethnic, professional, and cultural sectors of the community. Members should be those who are committed or have a specific expertise, as well as those who are influential. By drawing on the resources and expertise of a wide range of people, the community can make a strong investment in pregnancy prevention.

The following guidelines for maintaining an effective coalition are adapted from several sources. (Flinn, 1997; Clark, Haughton-Denniston, Flinn, et al., 1993; and, Winer, Ray, 1994)

Appoint liaisons. A liaison can play an important role in representing the coalition to the larger community. For example, the coalition could identify media, business, and school board liaisons. Each liaison should be a member of the respective sub-committee. One individual should be identified for each role.

Decide how the group will make decisions. Many coalitions strive to make decisions by consensus. It is not necessary that the whole group agree on everything, but it is vital that no individual feels so strongly opposed to an action that he or she might publicly oppose the coalition's efforts. Decide in advance which decisions should be made by the coalition and which should rest with the steering committee with alternative mechanisms to use when the group cannot reach consensus.

Hold regular meetings. Meetings should be held frequently enough to respond to current situations at times and a location convenient for all. Starting and ending on time is important. Sub-committees may need to meet more frequently than the larger coalition.

Establish coalition identity and cohesion. Coalition identity and cohesion are useful for motivating members to work towards the goal. Members need to see how they fit into the organization. Generate membership lists, letterhead stationary, and/or a logo.

Track carefully the work the coalition accomplishes and get the information out. Success motivates. Coalition members are more likely to work if they feel useful and successful and are kept informed.

Keep coalition members informed and up-to-date. Accurate mail/phone/fax/E-mail lists of members are vital, as is sending members minutes from meetings, updates, relevant articles, and information on future events.

Begin to define which agencies will sponsor various activities. The coalition may include a number of agencies willing to sponsor or contribute to the implementation of a community-wide strategy. An advertising agency may offer to create pro-bono public service

announcements. A school and a health department may co-sponsor a school-linked health center and may be willing to donate clinical staff, medical equipment, billing services, laboratory work, or medical malpractice insurance to the coalition's effort. Identifying these resources early is important. There are advantages and drawbacks to each potential sponsor. Nurturing the interest in the project of each agency director will contribute substantially to the success of the coalition.

Expand the membership base. The stronger and more diverse the membership, the more powerful the group becomes, so it is important to continue recruiting new members to the coalition. Funders and policy makers will want to know who is and is not represented.

Despite their best intentions and efforts, coalitions often face conflict. The next section offers tips on how to deal with internal conflict within coalitions. Coalitions' strong points can be used to address conflict. Other coalitions or experts in the community can provide technical assistance. Great resources can be found within most communities and can be nurtured and successfully used by coalitions.

Chapter 2

Dealing With Conflict In Community Coalitions

Coalitions often encounter tensions, given members' diverse experiences and philosophies as well as possible disagreements about issues related to adolescent sexuality. Participants may have difficulty reaching consensus on approaches, strategies, and interventions to teen pregnancy prevention. Members can be caught up in raging debates about teen sexual activity, abstinence, contraception, non-marital childbearing, and abortion. In the attempt to reach consensus, coalitions may dilute, pare, or altogether discard effective program strategies. Well-intentioned efforts to engage all sectors of a community, the so-called "big tent" approach, can inadvertently undermine efforts so much that the coalition's work comes to a stop. Well-intentioned compromises can drain programs and strategies until they lack substance and become ineffective. (Adapted from Flinn, 1997)

Responding to Opposition and Criticism Within the Community

> When the Family Planning Council of Southeastern Pennsylvania decided to open a mall-based Health Resource Center (HRC), they knew they had to prepare for potential controversy. The purpose of the Center was to offer free condoms and educational materials to teens at a convenient location during the summer months. The management held a meeting to develop a plan of action in case they faced opposition. A number of procedures were developed. They decided to offer condoms to both adults and teens, rather than to teens only. Those under age 12 were not offered condoms, but instead were given a referral to the local clinic. Staff were asked to refrain from wearing confrontational dress. An emergency contact system was instituted, and staff were expected to wear beepers at all times. Planned Parenthood was called in to train staff on how to deal effectively with picketers and demonstrators. And finally, a media spokesperson was identified and a media plan developed. *(Davis, 1996)*

Both internal and external conflict can affect a community coalition and are discussed in the following section. An important component of advocacy is the ability to deal with those who oppose balanced, realistic prevention programs or community-wide initiatives. Every program has its critics, and coalitions must be prepared to address objections and opposition. Despite the challenges, conflict provides an opportunity to educate and communicate with the public. Responding to critics through open discussion allows everyone to be heard, competing ideas to be tested, and the integrity of a program to be maintained, while building the broadest possible support. Addressing opposition effectively involves listening to many different interests and conflicting views and then working towards identifying areas of common ground in order to achieve agreement. Understand that on many issues related to teen pregnancy, as in other areas, there will rarely be consensus. Work on finding common ground.

The coalition should know who opposes the program, for what reason, and what strategies and arguments these critics will use. Opposition can arise from many sources. Some opponents are concerned about what is being proposed, what will be accomplished, and how the plan will be implemented. These critics can often be won over by clear explanations of the need for the program, its goals and components, and how it will be funded

and evaluated. Others object because they feel left out of the developmental process. To avoid this kind of opposition, program planners should make every effort to involve representatives from all areas of the community throughout the process. It is particularly important to involve supportive members of the religious community, as well as parents. Documenting widespread and diverse support is one way to assure those who might have felt ignored are involved in creating the program plan.

Other critics may think teen reproductive and sexual health programs are simply unnecessary. A broad public education campaign is an effective way to build public awareness about teen health issues. (See the section in this volume on public awareness events.) By highlighting local health indicators and describing how they will be improved by the proposed program, proponents can persuade many uncommitted people to support the proposed program. Some people view school-based reproductive and sexual health programs as interfering with education. Facts about how school-based health programs can improve young people's health and about the correlation between health and improved school performance may convince many of these people. Additional information about the long history of partnerships between public health and education to reduce smoking, driving under the influence of alcohol, and drug abuse can be effective.

Some people will never change their minds to become supporters of a proposed program. However, many others will listen to and benefit from an information campaign; so, concentrate on this audience.

The best way to fight for a program is with clear, concise information about the need and expected results of the proposed program. Encourage communication and anticipate and plan for controversy.

Be prepared for opposition. Know in advance that there may be objections to the activities of the coalition, and watch for them. Know who the opposition is and anticipate what objections will be raised. Read opposition materials, study the newspapers, watch and listen to talk shows, and learn about organizations that will oppose your program.

Explain the program to the public. Often, information about pregnancy prevention programs is misrepresented. Explain clearly why the proposed programs reinforce the role of families, will not harm children, and address problems in the community. Use descriptive and accurate language: "contraceptive availability" is preferable to "contraceptive distribution," since these programs do not force contraception on anybody, but rather make it available to those who desire to prevent an unintended pregnancy.

Defend your program. Prepare to answer criticism with data, statistics, anecdotes, and other information. Ignoring opposition statements increases their legitimacy and permits distortions. Check opposition statements and publicize any distortions. When terms are unclear, or misinterpreted, ask for explanations. Write letters or op-eds for newspapers, speak out at meetings, call radio talk shows, and offer to speak on TV or radio stations covering pregnancy prevention.

Encourage open and civilized debate. Communication is the only way to address the fears of the general population and the objections of the opposition. Participate in school and other public organizations' meetings to address questions. Decrease confrontations by ensuring that all public meetings encourage order; asking the press to sign in and show credentials; requiring speakers to sign up with their name, address and affiliation; setting time limits; and selecting a moderator to control personal attacks. Some communities hold hearings for specific groups, such as parents, health care workers, teachers, and students.

Don't be afraid of threats. Urge policy makers not to be intimidated when confronted with demands that programs be abandoned. Threats of lawsuits are common when communities consider programs, such as contraceptive availability, but few are carried out and fewer are successful. Holding community meetings in response to criticism can help generate broad discussion and answer the public's concerns. In order to assure and retain the support of policy makers, demonstrate support for your position, and let policymakers know they will have your support as well.

Follow the debate. Watch for media coverage of teen pregnancy prevention, and participate in the debate by contacting sources with information, objections, and clarifications. Sometimes opposition groups spread misinformation about programs and policies through leaflets and flyers. If this happens, respond with correct information through the press or through community and religious groups.

Be active in your campaign. Provide information and a framework for discussion so that the real facts are made public and all have a chance to get involved. Set the tone of the debate by taking the lead. Aim to establish different options within a community, remembering that youth have various needs throughout adolescence. Offer support for young people who opt to abstain, as well as for those who are sexually active.

The following chart identifies typical sources of conflict and other barriers which hamper collaboration and provides guidance on how to address such barriers.

Typical Sources of Conflict and Barriers to Effective Teen Pregnancy Prevention Coalitions

Conflicts and Barriers	Ways to Address Barriers
Diverse philosophical positions in coalitions ■ Conflicting attitudes about appropriate teen sexual behavior. ■ Conflicting beliefs about strategies for prevention including sexuality education and contraceptive availability. ■ Conflicting attitudes about abortion.	Address philosophical differences ■ Determine at the outset how the coalition will deal with conflict around issues related to sexuality education, contraceptive availability, and abortion. Create a menu of prevention programs and strategies for potential application to the community. Agree that stakeholders do not have to agree on all components. ■ Choose membership carefully to ensure that core philosophies regarding adolescent reproductive health are similar, but representative of the community. ■ Ask members to clearly commit to the coalition's mission, goals, and objectives. ■ Focus on public health issues related to teen pregnancy. ■ Educate members of the coalition about previous research and evaluation on teen pregnancy prevention strategies. Develop strategies consistent with the research. ■ Assess community perceptions about teen pregnancy. Implement strategies that are consistent with community norms and beliefs. ■ Develop community-wide standards of care, outlining minimum levels of service provision that are acceptable to the coalition, regardless of philosophical differences. ■ Focus on areas of shared belief rather than on differences. Decide which projects can be undertaken by the coalition and which projects are better left to other organizations.
Vocal opposition from outside coalition ■ Strong opposition arises to derail coalition efforts.	Assess the social and political climate and reevaluate strategies
Lack of knowledge about what works ■ Frequent debates about how little research has been conducted in the field of teen pregnancy and, therefore, that certain approaches should not be attempted.	Utilize existing research ■ Conduct research on successful approaches used in other communities. Focus on what is known to work. ■ Combine research conducted in other fields, such as violence prevention, with teen pregnancy prevention research to create hybrid models. ■ Take risks to try different approaches. Use program evaluation data to improve programs. ■ Determine the appropriate timing for programs. Set short-term and long-range goals to test various approaches.
Power struggles within the coalition ■ Conflict exists about who should belong and who should lead the effort.	Address power needs ■ Look for underlying issues, such as history of conflict, fearing loss of control or autonomy, and need to obtain funding. ■ Take time to review the customs of the members, define frequently used terminology, acknowledge different decision-making and communication styles, and decide which will be used.
Low levels of trust and lack of clear authority within the coalition ■ The meeting convener lacks needed skills. ■ Meetings ineffective, boring; accomplish little. ■ Self-interests are not being disclosed. ■ Communication is poor. ■ People attend infrequently, or representation from organizational members changes so that new people continually have to be updated. ■ Demands are placed on members to work for the coalition and simultaneously fulfill all job-related duties and responsibilities.	Evaluate membership, enhance trust, and clarify authority ■ Examine whether various members of the coalition should be members and whether members can accept the need to find common ground. ■ Review the selection criteria. Ask people to choose replacement individuals or organizations as necessary to ensure the presence of attributes needed by the coalition. ■ Institute a rotation of leaders. ■ Chose a convener for coalition meetings; ask the group to share responsibility for conducting the meetings. ■ Practice communication skills; review how communication is managed within the home organizations. ■ Ask those with authority in the member organizations to commit to consistent representation. Request that member organizations reduce workload for staff with coalition assignments. ■ Establish clear, manageable benchmarks and outcomes to measure the coalition's efforts. ■ Ensure that conflict of interest is acknowledged.
Vague vision and focus and incomplete results and strategies ■ Individual and organizational members call the vision and focus into question. ■ Desired results and strategies are frequently debated.	Strengthen vision, review desired results and strategies ■ Review mission, goals, and project objectives. Remember that some people will want specific, readily achieved results, while others prefer larger, more complex efforts. ■ Review desired results for specificity and strategies for attainability. People 'burn out' when they cannot see concrete accomplishments. ■ Set realistic goals with both short-term and long-term objectives.
Pressure to complete projects arises without adequate time or funds ■ Member organizations pressure the coalition for quick action.	Dedicate adequate time and money to planning and implementation ■ Affirm process and planning. Recognize that the coalition must stay focused initially on process and planning in order to accomplish real results in the long term. Projects often collapse when careful planning time is not allowed. ■ Recognize that collaborative projects will not, at first, save money or time. ■ Expect the collaboration to take longer to get off the ground.

The planning group can do a number of things to reduce the potential for opposition and conflict among coalition members. The following tips may help reduce conflict while ensuring that comprehensive sexuality education, contraceptive access, and youth development activities are all adequately addressed.

Develop a well-defined mission statement. Such a statement summarizes the purpose of the coalition and may include specific strategies. The Annie E. Casey Foundation's mission for its *Plain Talk Initiative* comes across clearly in the following statement:

> Because we believe it is critical to address the needs of adolescents in the context of their families and communities, Plain Talk builds upon and nurtures strong relationships between youth and the other important adults in their lives—particularly adults in their own family.
>
> Because we believe that collaboration is a powerful tool for effective reform, Plain Talk requires that community residents work in conjunction with representatives of public and private agencies to craft the initiative's messages and activities.
>
> Because we believe that community residents should have the opportunity, authority and resources to make their own decisions, Plain Talk mobilizes community residents, together with community-based organizations, to develop their own multi-year strategy for implementing the initiative.
>
> Because we believe that communities should base their decisions about programs and policies on real data about real kids and real services, Plain Talk requires each site to conduct its own community survey, designed to gather information about local beliefs, attitudes and knowledge about adolescent sexual behaviors, and the provision and accessibility of community services in the area of pregnancy and disease prevention. (Source: Kotloff, Roaf, Gambone, 1995)

Once the coalition has articulated its vision, that vision will be expressed through specific goals, objectives, and activities. Although not all members of the community will adopt the mission, nevertheless, if there is a shared vision, the coalition will be able to move ahead more effectively.

A goal-oriented, outcome-based planning and implementation process will powerfully express the vision. Objectives should spell out the importance of sexuality education and contraceptive access for young people. For example, the Plain Talk Initiative's goal addresses the significance of community mobilization, parental involvement, and contraceptive use as pregnancy prevention strategies. The goal is stated as follows:

To address the problems of teenage pregnancy and sexually transmitted disease among a community's youth by organizing and mobilizing community residents to change the attitudes and practices of adults, teenagers, and service providers in ways that directly support wider use of contraception. (Kotloff, Roaf, Gambone, 1995)

Creating milestones and realistic time lines are essential. Pregnancy prevention coalitions often get stuck in the planning process and have difficulty implementing actual projects.

> The Plain Talk sites have, for the most part, avoided one of the pitfalls experienced by other resident-driven initiatives — becoming so enmeshed in the process of forming a group that concrete progress toward the goals of the initiative is significantly impeded. This appeared to be primarily due to the fact that the Casey model is activity-oriented, with a time line built around concrete milestones and tasks. This approach helped prevent communities from getting bogged down in

> process and personalities. The first-year milestones gave residents opportunities to be involved in concrete activities, and thus created both opportunities for developing residents' leadership and a way to channel their enthusiasm and need to 'do something' right away. (Kotloff, Roaf, Gambone, 1995)

Allow sufficient time for implementation. Along with a two year planning process, the Minnesota Teen Pregnancy Prevention Project recommends a five to seven year implementation period. Again, the keys to successful implementation lie in the planning process.

> The first step for the pilot project communities was to build collaborative groups and community support. This often took one to two years of planning and outreach before teen pregnancy prevention strategies could be implemented. The evaluations found that early planning by the pilots significantly affected the attitudes and support in their communities and these elements were keys to later success in implementing programs. (Teen Pregnancy Prevention Project, 1996)

Allow adequate time for raising community awareness. Many communities jump into pregnancy prevention activities without sufficiently educating the community. Communities without a history of collaboration will need more time for building the coalition and raising public awareness. The Minnesota Teen Pregnancy Prevention Project recognized that it needed to focus more attention on collaborative planning and coalition-building before it could move to the implementation phase:

> ...many of the pilot project communities had no previously existing teen pregnancy prevention programming and little or no community discussion and mutual understanding about the issue; therefore, developing the collaborative groups and achieving consensus took more time than expected, leaving less time for the actual implementation of prevention strategies.
>
> (Teen Pregnancy Prevention Project, 1996)

Educate members about the importance of consensus and provide a menu of model approaches. The planning group should anticipate some conflict about its mission and strategies once the broader coalition is formed. It should, therefore, take steps to prevent tensions by carefully selecting coalition members who support realistic, reasonable, and responsible interventions — that is, programs that are based on science and research. The coalition may choose to establish a menu of evaluated services for potential implementation in the community. The Minnesota Teen Pregnancy Prevention Project did not use such a process and consequently faced extreme challenges.

> Several community-based coalitions funded by the Teen Pregnancy Prevention Project of Minnesota experienced substantial conflict and opposition around specific strategies. The Teen Pregnancy Prevention Project did not prescribe a process of collaborative groups or the types of strategies they could use. While it did provide guidelines and information on teen pregnancy prevention, the groups chose their own strategies so they would reflect the community's values and diversity. ... Unfortunately, many of the pilot projects developed teen pregnancy prevention strategies that were inconsistent with those that research shows have the best chance of producing reductions in teen sexual activity and pregnancies or that were not comprehensive in approach. (Teen Pregnancy Prevention Project, 1996)

Sometimes planning groups, lead agencies, or funders prescribe the menu. The Annie E. Casey Foundation, for example, set careful parameters for the Plain Talk Initiative by

requiring specific community-oriented strategies and messages. Like the Minnesota Teen Pregnancy Prevention Project, the Foundation wanted to facilitate collaboration in different communities. However, unlike the Minnesota project, it prescribed methods and goals.

> The process of consensus-building is at the heart of the Plain Talk Initiative. To ensure that community projects do not sidestep their primary purpose, the Casey Foundation set clear parameters and goals with the expectation that each community would demonstrate solid support for this philosophy. Because the Casey Foundation requires the sites to disseminate contraceptive messages, the focus is on how to disseminate these messages, not whether to disseminate them. Different communities have responded to this fundamental philosophy of Plain Talk in various ways. As expected, several Plain Talk communities have struggled fiercely to find consensus concerning the type of sexuality-related messages to send to young people. (Kotloff, Roaf, Gambone, 1995)

Both the Minnesota and the Plain Talk experiences underscore the value of offering a variety of services to meet the needs of different teens in the community. Planning groups, lead agencies, and funders can provide guidance and direction by developing a predetermined, but flexible, menu of effective services and program strategies for participating projects. This strategy may help address conflict and lack of community support regarding sexuality education and contraceptive access.

Develop a "Call to Action" and acknowledge potential controversy in the coalition's written reports. The Mecklenburg Council on Adolescent Pregnancy in North Carolina squarely addressed potential controversy in its action plan, while also reflecting state-of-the-art research and recommendations. A statement, such as this, can underscore the coalition's commitment to comprehensive programming, even in the face of opposition.

> In reviewing efforts of other communities, the drafting team found some well-crafted plans that were never effectively enacted because of conflict or an unwillingness to make institutions accountable. To make this plan a reality, the existence of conflict cannot become an excuse for inaction. Every segment of our community, including businesses, the religious and medical communities, parents, schools, youth-serving agencies, neighborhoods, media, teens and our government can commit to some aspects of this plan. Success does not depend on every institution agreeing to every strategy in this plan, but on a combination of effort resulting in the plan being implemented in a timely manner and in its entirety.
>
> Nowhere have we seen such unprecedented commitment of an entire community's elected officials to address this issue and nowhere have we seen a plan which embodies the combined, coordinated, comprehensive and aggressive approach recommended here. If the governmental units that requested creation of this plan can diligently move forward on its implementation, we will all look forward to a community that is a model for preventing pregnancy and sexually transmitted disease among adolescents. (Mecklenburg Council on Adolescent Pregnancy, 1993)

Maximize partnerships and inter-organizational relationships. One strategy to prevent controversy in agency-based coalitions is to assess the perspectives of each partner organization during the planning stage, well before implementation. Coalition members often have different views about teen pregnancy, and, therefore, have different solutions.

Balancing these perspectives is a key conflict prevention strategy. It is important to plan strategies carefully, because a coalition's ability to coordinate concurrent efforts, create workable linkages and develop joint partnerships is so central to its success.

Seek technical and training support. Adequate training and technical assistance are important elements of the planning process. Coalitions can alleviate unnecessary conflict by dedicating adequate resources and time to training staff and participants. Non-traditional providers, such as parents, community residents, and teens, while often lacking the needed technical skills and confidence to participate in collaborative work, have energy, valuable experience, and practical knowledge and skills to contribute. Acknowledging these differences and spending the time to train and support them allows them to participate actively and to contribute extensively to the project. The Plain Talk Initiative is unique in that it is led by residents who live in the target community rather than service providers. Plain Talk offered extensive training throughout the collaborative process:

> In most sites, residents initially had no experience working as partners with professionals from public or nonprofit agencies, and lacked the confidence to exercise active leadership. Project managers used a variety of strategies to promote the development of skills and confidence within the group so that the residents could interact on a more equal basis with the agency representatives. These strategies included: training workshops (in communication, group process, and leadership skills), provided by the Casey Foundation, to increase the residents' skills in working in groups and blending consensus-building with timely and effective decision-making; continuous mentoring, guidance and encouragement from Foundation staff and technical advisors; establishment of separate teams of residents in which they learned management techniques, developed confidence and gradually assumed project leadership. (Kotloff, Roaf, Gambone, 1995)

Local communities often have sources that can provide this assistance, and attempts should be made to include trainers and people with technical expertise on the planning or steering committee.

Many states and communities want to address their high rates of teen pregnancy. Some states, including North Carolina, New Jersey, Georgia, South Carolina, and Minnesota, among others, have set up successful agency-based coalitions and/or independent councils to ensure sustained support for adolescent pregnancy prevention efforts and policies. They also provide models on how to advocate for, fund, and coordinate policies and programs in other communities.

Given what you have read in this section, what have you learned about your own community? How strong is the foundation of existing coalitions? What resources and potential barriers exist? The Taking the Pulse worksheet in the section "Building an Adolescent Pregnancy Prevention Coalition" of this volume will help you gauge your community's readiness to tackle teen pregnancy prevention or to expand current efforts. These questions can be the basis for the coalition's efforts to create a comprehensive strategy. Remember that establishing a coalition takes commitment, creativity, and hard work, but the results are well worth the effort.

Chapter 3

Advocating for Adolescent Pregnancy Prevention Programs

A key role of the coalition is to advocate for adolescent reproductive and sexual health programs and to ensure that they are enacted, funded, implemented and maintained. Advocacy means making a case for pregnancy prevention, using skillful persuasion and strategic action. This section reviews basic steps for conducting an advocacy campaign in the community: how to create public education materials, work with the media, and lobby key decision makers. (This section is adapted from Flinn, 1997.)

Advocacy means actively supporting a cause and trying to get others to support it as well. Advocates not only promote causes, but also oppose any unacceptable or inappropriate proposals. Advocacy takes many forms. A priority target for advocacy campaigns is the public, since public interest affects political decisions and shapes community support. Public information campaigns can be aimed at the whole community or to groups, such as parents, or to specific neighborhoods. A comprehensive advocacy campaign will also educate policy makers, including national, state, and local legislators; county or city council members; school board members; or anyone else in a position to promote or reject proposals.

The only prerequisite for being an advocate is being committed to the issue. Too often, people working with youth do not see themselves as advocates, because they are not paid lobbyists for organizations. In fact, staff of youth-serving and community-based agencies, teachers, health care professionals, parents and teenagers can be compelling advocates for teen health programs precisely because of their first-hand experience .

Preparing materials for advocacy. Advocacy is more effective if the coalition has prepared persuasive information to solicit support. Materials should explain the need for a comprehensive prevention strategy and for specific program components and describe the components and their intended effects. Educational materials should respond to questions, concerns and misinformation about the issue of adolescent pregnancy and the underlying causes of too-early childbearing, as well as successful prevention strategies. Materials should be concise and easy to read and should address specific audiences. Remember that parents, the press, legislators, business people, and teens will be interested in different aspects of adolescent pregnancy and suggested solutions. The following box offers suggestions for the type of information contained in a standard educational packet.

Educational Materials for Advocacy

- Information about the coalition, including a list of members and statement of purpose and goals.
- National, state, and/or local statistics on adolescent pregnancy and childbearing, especially as they relate to the proposed program or policy.
- Factual information describing the local situation, explaining why the proposed strategies or policies are necessary, and describing the intended effects. This can also include information on similar programs implemented elsewhere.
- Research and other facts that rebut expected criticisms from people who are opposed to the programs or policies. Include examples of supportive media coverage on pregnancy prevention issues, such as newspaper clippings or editorials.

Source: Flinn, 1997

Designing a Public Awareness Campaign

Some communities and state coalitions have developed media campaigns to raise awareness of adolescent pregnancy or to promote prevention messages. The campaigns can be simple — using posters and radio spots — or more elaborate — using public transit ads and television. What is important is that they display consistent messages developed by the coalition.

To increase public awareness of particular issues, national organizations sometimes designate particular days, weeks, or months to intensify a message about their issue. The entertainment community has also become actively involved in a number of public awareness campaigns. Local communities are usually encouraged to join as partners with national organizations to plan coordinated events that will have a multiplied strength and effect. The local media is more likely to be interested in an awareness campaign if they feel it is part of a larger effort, at the state or national level. Using the national event as leverage, the local coalition may be able to convince local television and radio shows to run more stories.

The national sponsor may be able to obtain the endorsement of a high level public official. In turn, local officials are encouraged to provide proclamations or to hold public hearings about the issue. Sometimes national sponsors develop standardized public service announcements (PSAs) or other materials which may be used by the media and personalized for use in local communities. This type of national support can add energy and visibility to the local or statewide efforts. It can also assure community members that other people in other communities share their concerns about teen pregnancy. Consider ways to localize and tap into national public education efforts. Find ways to celebrate national awareness events in your community. (See Appendix C).

Conducting an Education Campaign and Using the Media

A successful education campaign on pregnancy prevention should target policy makers, the public, and the media. Without public support, policy makers are often reluctant to back potentially controversial programs. Media coverage educates the public about the need for pregnancy prevention programs, and an educated public is more likely to press for the political support needed for the program to succeed.

The media is one of the best means to educate the public. People who oppose adolescent pregnancy prevention programs use the media, and program proponents must also. Many coalitions establish a media committee and a spokesperson very early in their development. The following tips are important to consider when developing a media campaign.

Tips for Conducting Education and Media Campaigns

- Get the facts out in clear language, before the public sees misinformation about a proposed program. State why the programs, coalition, and other related strategies are needed. Declare what the goals are, how teens will benefit from the efforts, and how the public can participate in the program or coalition.
- Use the media to respond to concerns about the program. Write letters to the editor or op ed columns.
- Challenge misrepresentation and ask for clarification from the media. Never allow misinformation about a proposed program to stand unchallenged.
- Write articles for the local paper and promote coalition members for interviews on television and talk radio.

- Use press releases and news advisories to keep the media informed about the state of teen health in your community and how the coalition goals will help improve the situation.
- Train staff to be comfortable with the media. Designate one major spokesperson for the coalition to assure a consistent message. Do not let the media play off one part of the coalition against another.

Source: Flinn, 1997

Coalitions dealing with adolescent sexuality will undoubtedly attract press attention, but too often coverage is irresponsible and superficial. Mirroring our society's discomfort with adolescent sexuality, media coverage often fails to explore the complicated and interrelated aspects of teen health and early pregnancy.

However, media has a vital role to play. Media coverage can carry your message to a large number of people. A carefully planned media strategy can help identify supporters, answer people's concerns and persuade those who are undecided. The media can also diffuse criticism by providing a forum to explain a program. Successful media plans usually follow a four-step process.

Planning Steps for Media Campaigns

- Define the role of the media in outreach efforts. Be aware of media coverage of related issues, such as sexuality, HIV, and adolescence, and provide copies of past coverage in briefing packets. Get to know your media representatives. Keep records on local and national press, both those who have been contacted and potential contacts. Keep accurate mailing, phone, and fax lists of the press in your area.
- Create an action plan. Determine what press activities to hold and which materials to have on hand as background information. Consider sending out press releases, creating a press packet, holding a press conference, or using a variety of other techniques.
- Prepare for controversy. Be aware of the leading spokespeople for opposing groups and the media strategies they employ. Be prepared to respond.
- Evaluate your press campaign. Keep track of stories. Determine how the stories were presented, who was quoted, and what kind of follow-up is appropriate.

Source: Flinn, 1997

The National Campaign to Prevent Teen Pregnancy has compiled information on campaigns throughout the country. Several examples are summarized below.

The Georgia Campaign for Adolescent Pregnancy Prevention (G-CAPP) works to reduce teen pregnancy statewide by 1) encouraging youth to abstain from sexual activity or to practice safe sex by using contraception, 2) implementing positive youth development programs, 3) encouraging parent-teen communication about sexuality, and 4) promoting programs that enhance economic opportunities for parents and families. A statewide non-profit agency, G-CAPP employs print, radio, and television to reach its audience of parents, teachers, youth, legislators, advocates, and other teen pregnancy prevention organizations.

The Partnership for Responsible Parenting is publicly funded through the California Department of Health Services. Goals of the project include 1) reducing the teen pregnancy rate, 2) recruiting mentors for at-risk adolescents, 3) increasing male involvement in teen pregnancy prevention, and 4) reducing statutory rape. In addition to posters, billboards, broadcast, pamphlets, etc., for the target audience of caring, responsible adults and males ages 18 to 34, non-media components include technical support to over 100 community grant programs.

The Alliance for Adolescent Pregnancy Prevention in Delaware, launched in 1996, is an education and public awareness campaign using television, radio, transit and billboard advertising, movie theater trailers, and posters with workbooks for schools and community centers. The campaign promotes abstinence among 10- to 17-year-olds and also provides education messages regarding smart, informed decisions and choices about sexuality.

The Teen Futures Media Network, run by the Washington State Department of Health, uses youth-driven media projects to educate and raise awareness about teen pregnancy. The campaign supports parent-child communication and provides local communities with technical assistance on media relations, opportunities for local tag lines on radio spots, and promotional assistance. Community meetings, conferences, and media literacy training are also used to get the message out.

Source: National Campaign to Prevent Teen Pregnancy, 1997

Once the coalition has planned the media campaign, the designated committee or task force should compile press information packets and designate a spokesperson to work with the media. The procedures for putting together press packets, working with the media, and evaluating press relations are discussed below. This section also provides a review of the different media activities that the coalition can use for a more comprehensive campaign.

The Press Information Packet. One of the most important items for a media campaign is the press information packet. It contains basic background material on the issues, describes the coalition and includes a collection of press releases, advisories for conferences, briefings and other relevant materials. These packets should be widely distributed to all media channels in the community. Keep several packets on hand to distribute whenever the occasion warrants. A standard packet includes: 1) Information about the coalition, 2) contact information for the press spokesperson, including phone number, 3) background data on adolescents and AIDS, STDs, sexual activity, and pregnancy, birth, and abortion rates, 4) information on model programs and similar prevention programs around the country, 5) favorable press coverage, 6) specific recommendations, including how the program will address a need in the community, and 7) materials for a press conference, such as news advisories, news releases, statements from coalition leaders, and copies of their testimony or speeches. (Flinn, 1997)

The Role of the Spokesperson. Press calls should be routed to a designated spokesperson(s) to establish a regular point of contact for reporters. The spokesperson should be articulate, well-versed on adolescent health and pregnancy prevention issues, and capable of addressing different audiences.

Prepare the story. It is crucial that the spokesperson plan in advance what points to make and how to make them succinctly. Anticipate difficult questions and practice answering them before interviews. Focus on two to three points to stress in interviews. Short, snappy sen-

tences, 15 to 20 words that stand alone as "sound bites," improve the chances of being quoted and being quoted accurately. Bridging can ensure that the important points are made; that is, if the interviewer asks an irrelevant question, bridge it with "I think the real issue is...."

When you don't know. If the spokesperson does not know the answer to a question, it is important to say so. The spokesperson has the right to refuse to be drawn into inappropriate or irrelevant issues. Remember, ANY remarks made to the media may be used, so don't say what you don't want to later read in print or hear on the news. Do not be drawn into criticism of colleagues or other organizations. Reserve criticism for real adversaries or for motivating public officials.

Responding to the Press. Calls should be directed to a spokesperson who will either respond to the inquiry or refer the reporter to an appropriate source. It is important to respond to all media calls. Failing to respond may arouse suspicion. Responding quickly will increase the chances of being quoted and cited in the final story.

Be aware of, and very cautious in dealing with, "sensationalist" journalists, those who have stated their opposition, and those who work for newspapers with an opposing editorial position. Plan in advance how to work with these journalists before they call.

Contacting the Media. Develop a press list that includes contacts and information - focus, deadlines, target audience - about the sources to deal with. The press list should contain local television, radio and newspaper outlets, including university papers, community newspapers and radio stations, regional magazines, and military press officers. To be most effective in dealing with the press, know the media. The following are suggestions for where to begin.

Suggestions for Contacting the Media

- Newspapers and magazines. Contact the assignment editor or the assignment desk. Ask for the names of journalists and departments concerned with teen pregnancy prevention. Often, teen pregnancy topics are covered in the "women's column" of newspapers. Be creative in giving the topic an appropriate "spin" for coverage in other sections, including the sports, economic, and media sections.
- Television. Start with the assignment desk. TV public service directors and editorial directors also are good contacts, particularly for public affairs programming. Some correspondents also take part in deciding which stories are covered.
- Radio. Identify news directors and talk show producers to whom the interview may be suggested. Shows whose primary audience are teens are particularly good for coverage.

Source: Flinn, 1997

Tapping Media Activities. The coalition and its spokesperson should be aware of the media channels that exist in the community and use as many as possible for the broadest outreach.

News Releases. A news release is a one-to-two page (500-800 words) description of an event, program, or activity. It can stand alone or include other materials and resources. News releases should be distributed with sufficient lead time and should include one or two quotes from spokespeople; date on which the information can be released; facts: who, what, where, when, why and how; contact name and telephone number. Make the point in the first paragraph. Distribute news releases by mail, e-mail, fax, messenger, and at conferences and press briefings. If members of the local media use a day book, be sure the press release gets into it.

News Advisories. A news advisory announces an event or specific news. It is a simple

one-page document inviting coverage. Include a description of what is happening, when, why, where and who is participating. Fax the advisory 1-2 days prior to the event or day book assignment. Observe due dates if alerting a weekly publication.

News Briefings and Press Conferences. Briefings should be reserved for announcements that cannot be communicated well in a press release, such as new findings on the program or the coalition's efforts. When possible, schedule the briefing for 30 minutes or less, between 12:00-2:00 PM, at a location convenient to the reporters such as a press club or downtown site. Have press kits available at the event, and designate a coalition member to welcome attendees.

Public Service Announcements (PSAs). PSAs are a good way to publicize events. For radio, write a 15-to-20 second statement or announcement and submit it by fax or mail to a PSA contact. Television PSAs will entail production, but no distribution costs. Many newspapers will print information from PSAs in their community calendars and announcement sections.

Local Cable Access Programming. Cable access channels offer free or low-cost use of equipment, air time and consulting, and are an excellent venue for PSAs, panel discussions, public forums, debates, or other programs. Contact the local cable company for more information.

Buying Space or Time. Buy space for a prepared advertisement in local newspapers or magazines. Newspapers and magazines have rate cards that explain ad sizes and prices. Buying time for radio advertisements is relatively inexpensive. Check with local stations for rates, audience, and technical requirements for advertisements. Some stations allow radio personalities to read ad copy on the air; others use only advertisements that are produced on tape.

Letters to the Editor. Newspapers frequently print letters to the editor that address a current issue. The letters to the editor section is widely read by policy makers and community leaders, and an ideal place to respond to criticism or concerns. Letters should be persuasive and brief, using a few statistics from reputable sources. A prominent member of the coalition or community can write a letter or sign a letter drafted by a coalition member.

Guest Editorials. Guest editorials, or op-eds, are brief opinion pieces or essays on topics in the news. Op-op-eds should be approximately 500-700 words in length and make one major point, backed up with reputable statistics and compelling stories. As with letters, a prominent member of the community can be asked to write the editorial or to sign one drafted by another coalition member.

Letters to Media Professionals. Maintain press contacts through letters or e-mails to reporters, editors, talk show producers, and editorial boards. Suggest interviews or topics for press consideration. Acknowledge good coverage of an issue and praise a reporter or editor for their efforts to present a balanced picture.

TV or Radio Appearances. TV and radio stations often look for community members to comment on current events. The coalition can suggest its spokesperson as a guest. Once invited onto a show, research the other guests' views. Use stories supported by facts to illustrate the important points and make the case more compelling. Speak in short, crisp sentences. It's harder to provide background here, so assume no prior audience knowledge when making the case. For television appearances, wear bright solid colors and avoid wearing glasses.

Web page. The coalition can construct a web page that contains information about its membership and goals, the teen pregnancy situation in the community, coalition achievements, contact information, press coverage, and other points of interest. Reporters and community members can refer to the site for information, progress and communication.

Other Activities For Educating The Public

The coalition should always be on the alert for opportunities to educate the public about adolescent reproductive health and to elicit possible community solutions. Use a variety of public venues to answer questions or respond to concerns, and encourage broader participation in the coalition. The following are a few suggested activities:

- Give a presentation at the board or membership meetings of civic, professional, or advocacy groups. Ask them to endorse the coalition's goals.
- Create and distribute materials targeted for a specific audience, such as parents. Materials can include question-and-answer sheets, reports, and fact sheets.
- Hold, or participate in, community forums or briefings for such civic groups as the PTA, and neighborhood associations.
- Testify at meetings of policy making bodies such as school boards, city councils, or county commissions.
- Organize coalition members' constituencies to engage in letter writing campaigns to policy makers and/or the media. Write letters to school boards, departments of education or health, and other government agencies concerned with the issue.
- Conduct a petition drive among the general population or among specific groups such as students. Hold a press conference and present these petitions to policy makers.
- Conduct polls or surveys to gauge or illustrate community support.
- Write articles about the program for organizational newsletters.
- Hold speak-outs, protests, or rallies to illustrate support for the program.

Sponsoring Public Meetings

When working with the media to communicate the importance of adolescent pregnancy prevention, the coalition should consider which methods are most effective to transmit messages and key issues. Public meetings may be an appropriate strategy, although careful consideration should be given to the format of those meetings.

Consider the purpose and goals when planning community meetings. A public meeting may be appropriate to educate the community about the need for prevention programs, answer questions and concerns, enhance support, and address criticism. The main purpose of this type of meeting is to engage and educate unbiased members of the public rather than to engage in debate. Listen to concerns and objections, however, and make a genuine effort to address them. Be sure to take these concerns into account as planning proceeds.

Carefully prepare for community meetings. Prepare for such meetings by research aimed at anticipating and addressing probable concerns. Identify the most articulate and knowledgeable speakers. Invite coalition members to be in the audience at these events and then make sure they attend. Pay attention to what coalition materials should be available for handouts. Use press contacts to ensure both a good turnout and a public record of the event.

Utilize appropriate methods for educating the public. If the goal is to gauge the climate of the community, a town meeting may be best. If the coalition wishes to educate the community about teen health and the effectiveness of a particular program, a panel discussion with a question and answer session may be more appropriate. If opposition is strong or vocal, a mediated forum can diffuse tension. In this case, set up ground rules for participation and use an impartial moderator. Keep the meetings non-argumentative, but solicit a diversity of opinions.

Invite key stakeholders. Invite teachers, policy makers, school administrators, parents, community leaders, students, and the press. Advertise the event by sending invitations, making public service announcements, and placing notices or posters on community bulletin boards. If a panel presentation is planned, schedule speakers well in advance.

Dealing with opposition at public meetings. Since the purpose of these meetings is not to provide opposition forces with a forum for debate, some communities have found it helpful to limit the discussion to local residents. This ensures that their voices are the ones heard. Opponents to comprehensive pregnancy prevention efforts are often a small, but vocal group of people who do not live in the community or have no children enrolled in the schools. The conservative right often mobilizes outsiders to attend public forums in order to disrupt community debate. This is especially true of school board debates on whether to include comprehensive sexuality education in public schools. One strategy to minimize potential disruption from outsiders is to ask speakers their address and their children's school.

If the coalition faces opposition during a public forum, it is important not to get too involved in arguments about morality. Such debates are a waste of energy. Instead, assert the coalition's concerns, such as need for access to services and information, and ask opponents for suggestions to remedy these concerns.

Tips for Conducting a Public Information Meeting

1. Select a Moderator. Meeting management is important. Recruit a strong, objective moderator who is not an active member of the coalition. The moderator's role is to keep to the agenda and the ground rules, to keep discussion moving, and to keep order.
2. Draft an Agenda. Develop and circulate an agenda in advance of the meeting. Ideally, it will allow time for the chair of the coalition to present coalition findings as well as time for questions from the floor. Post the agenda in the meeting room or have copies available for people attending.
3. Set Ground Rules. Establish ground rules in advance and ensure that the moderator will strictly enforce them. Consider not only matters of common courtesy, such as the length of time any individual may have the floor, but also whether participants must be parents, members of the community, etc. Should speakers be required to register before the meeting begins? Should proponents and opponents alternate turns at the microphone? Should individuals be required to represent themselves, or is this a forum in which organized special interest groups are allowed to present their support or objections? There is no single correct answer to these questions, but the coalition should make the decisions to announce in advance of the meeting.
4. Prepare Handouts. Prepare materials to distribute. Consider fact sheets that summarize the results of the needs assessment, articles from local papers or about programs in other areas, and lists of supporters (both local individuals and groups as well as national groups). Give thought to translating or adapting some or all of the material into languages representative of the community.
5. Invite the Press. Include members of the press in your outreach. Local newspapers not only help to publicize the event, but also provide an objective summary of what was discussed.

Source: Clark, Haughton-Denniston, Flinn, et al., 1993

Influencing Policy Makers to Support Adolescent Pregnancy Prevention Programs and Policies

Voting for supportive officials is the best way to ensure that pregnancy prevention will be a policy and funding priority, but there are other ways to influence decision-makers, such as visiting, calling, or writing legislators or presenting testimony in favor of your cause. Such efforts are referred to as lobbying.

Lobbying policy makers is especially relevant if the coalition's goal is to affect policy and funding, or when pregnancy prevention efforts are to be incorporated into public organizations. Lobbying for support for pregnancy prevention policies involves preparation and targeting as well as creativity and perseverance. The coalition should define a plan to lobby policy makers for this support. Such a strategy entails knowing the legislative process and the representatives of the areas that stand to gain most from pregnancy prevention efforts.

General Tips For Lobbying

Target your efforts. Survey the policy makers involved in approving, funding and implementing your pregnancy prevention policy or program. Decide whom to approach, and in what order. Befriend policy makers that have supported these policies in the past. Lobby for increased funding or for incorporation of more effective components, such as comprehensive sexuality education, into existing programs. Coalitions can play an important role in drafting bills for legislators to consider.

From firm supporters, move on to the moderately supportive and undecided policy makers. Focus on members of the committee that will first hear the bill, as well as on members of friendly caucuses. Be certain that all coalition members contact their representatives regarding their position on the bill.

Be gracious. Always begin by thanking the legislator for providing the opportunity to hear your ideas and opinions. Legislators who support adolescent pregnancy prevention programs receive a lot of flack from the opposition and will appreciate sincere thanks.

Be professional. Be professional in dress, manner and speech. Do not say negative things about other legislators or public figures.

Be focused. Stick with one issue per call, letter, or visit. Information about more than one topic will only confuse the message and dilute your point.

Do your homework. As part of your preparation, research legislators' position on adolescent pregnancy prevention through voting records, speeches, newspaper articles, and debates. The legislature's research office and advocacy organizations, particularly those with political action committees, often track legislators' votes and can provide voting guides. Explore legislators' personal connections with the issue. Does the legislator have teenagers or live in areas with high teen pregnancy rates? For maximum effectiveness, frame your presentation based on your knowledge about the legislator's constituency, views, background, interests. Role play what you want to say at the meeting, and practice responses to possible comments and questions.

Make a personal connection. Let the legislator know that you and other members of the coalition are constituents. No matter how insignificant you may feel it is, if you have friends, relatives, and colleagues in common, let the legislator know! The legislative process can be very informal and such information may make a difference in your effectiveness.

Consider yourself an information source. Legislators have limited time, staff and interest for knowing about any one issue. They may not be well informed on the issues, such as adolescent pregnancy and its prevention. Educate them.

Tell the truth. There is no faster way to lose credibility than to give false or misleading information to a legislator.

Don't be afraid to admit you don't know something. If a legislator wants information you don't have or asks something you don't know, tell them. Offer to find or procure the information the legislator is looking for. Be sure to provide the information as quickly as possible.

Know who else is on your side. It is helpful for a legislator to know what other groups, individuals, state agencies, and legislators are working with you on an issue. Providing this information also illustrates that the coalition represents many voters. Be sure to include young people, as well as other allies in the community, so that lobbying efforts are coordinated and relevant information is shared.

Know the opposition. Anticipate what type of opposition you may face. Tell the legislator likely opposition arguments and provide clarification and rebuttals. The ability to anticipate criticism and defend the position will make a difference.

Be specific. Whether you want a vote, information, answers to a question, or signature on a petition, be sure to ask for it specifically.

Follow up. Send a thank you letter, restating your position. It is very important to find out if the legislator did what he/she committed to doing. It is also very important to thank the legislator for a supportive vote or request an explanation for a non-supportive vote.

Stay informed. Legislation changes quickly and often. Amendments or other committee actions can radically change the effect of a bill while receiving little publicity. The sponsor or the legislature's research office can help identify where the bill is in the process and what its current language is.

Don't burn bridges. It is easy to get emotional over issues you feel strongly about, but be sure to leave relationships with legislators intact so that you can continue to work with them. Do not get into heated arguments with legislators and never threaten them. The strongest opponent on one issue may be a great proponent on another!

Remember, you're the boss. Your tax dollars pay legislators' salaries, the paper they write on, and the telephones they use. Be courteous, but don't be intimidated. They are responsible to you and, nine times out of ten, legislators are grateful for your input.

Getting The Point Across

Coalition members can communicate their views about teen pregnancy to legislators in a variety of ways. The time and resources available, as well as urgency of the issue at hand, will determine the means used to communicate. The following section offers some tips for communication.

Tips for Working with Legislators

By Letter or E-mail. Letters are a low cost way to get your point across. They also provide contact records and, with responses, can be included in press packets or used as op-eds. Most legislators use e-mail to receive and respond to information.

- **Identify your target.** Send a letter or E-mail to your own representatives, to all members of a committee dealing with your issue, to the entire legislative body, or to school board or city council members.
- **Mention a specific issue and/or bill.** Your letter will be more effective if it concentrates on a specific issue or a particular bill. When referring to a bill, cite the sponsor, bill title, and number. If possible, include the bill's status: what committee it has been referred to, when the public hearing was held.

- **Be brief and succinct.** A short letter or E-mail has more impact than a ten-page letter. Outline the main point in the first paragraph, covering only one issue per letter. Specify clearly what you want. Include a newspaper clipping or fact sheet for more information.
- **Make it personal.** Policy makers and their staff are more likely to pay attention and remember letters that include real life experiences. Explain why the issue is important and how the legislation will affect you and others in your area. Describe a personal experience to illustrate your point or, better yet, include letters by teens. Organized campaigns do not impress legislators as much as heart-felt constituent communication. Do not appear to be part of an organized lobbying effort.
- **Identify your relationship with the policy maker.** If you are a constituent or have another connection with the policy maker, say so at the beginning. Include your name and address and indicate your voting district. This gives the legislator an extra incentive to pay attention.
- **Ensure that they received the letter/E-mail.** When the legislature is in session, send letters to the state house. When the legislature is out of session, use the district (or home) address. Send council members letters to their offices. Target school board members at their homes.
- **Follow up.** Make a quick call to confirm receipt of the letter, leaving your name and phone number. Call or write until your letter is acknowledged.
- **Send a final reminder about the bill.** Find out when bill or agenda item of importance will be voted on and, right before the vote, send a postcard or leave a phone message about your position. Be sure to include the bill number and title. This will let the policy maker know you are following this issue, and that the vote is still important to you.
- **Thank the policy maker if he or she voted with your position.** Follow-up to find out why a vote was contrary to your position.

Through Face-to-Face Visits. Personal visits are an excellent way for policy makers to get to know coalition members and their program.

- **Schedule a meeting.** Call the policy maker's office and schedule a meeting. Make appointments far enough in advance to allow preparation, confirm the meeting, and invite other people working on pregnancy prevention to join you. Keep a record of who attended, what information was shared, and what actions were promised. Invite school board members out for lunch or coffee.
- **Be flexible.** Expect interruptions and changes in scheduling or in staff availability. If you can't meet with a policy maker, try to meet with an appropriate staff member or reschedule for another time. Staff people are extremely important and are more accessible. They can influence a legislator's views about teen pregnancy.
- **Be prompt.** Do not be late! It sets a bad tone for the meeting before it has even started. If running late, call ahead and let the legislator's office know.
- **Be prepared.** Make the most of your visit. Plan the presentation with clear written and visual materials. Divide up tasks among attending members. Plan a 5- to 10-minute presentation and expect to spend no more than 15 minutes with the legislator. Make the important points in a clear and succinct manner.

- **Take advantage of opportunities.** Meetings with policy makers may take place anywhere — in the state house hallways, the district office, or the local grocery store. Take advantage of unexpected opportunities to speak with policy makers.
- **Leave something behind.** Develop a handout packet to leave behind. It should include a short, one-page description of the coalition, key issues, and requested actions. Also, provide background information about the extent of teen pregnancy with a special focus on the legislator's home base. In addition, provide press clippings, either of the coalition's efforts or that support your position. Follow up with a thank-you note.

By Telephone. If there is no time to meet personally, a brief telephone call can be effective.

- **Identify yourself using your name and address.** If you are a constituent, say so.
- **Identify the issue you want to talk about.** When referring to a bill, use its number and title.
- **State your position. State how you would like the policy maker to vote.**
- **Ask for the policy maker's position on the bill or issue.** If supportive, ask for a commitment to vote for your position. If opposing or undecided, thank them for the information. Do not argue on the phone. Ask what information would be helpful in making the legislator a proponent.
- **Leave a message.** If the policy maker is unavailable, leave a detailed message with a staff member. The staff member may be able to describe the policy maker's position.
- **Follow up.** Follow up by sending a note thanking the policy maker for his or her time. Include any information that policy makers can use to solidify their position or which may move them to support your position.

By Testimony. When committees and sub-committees hear views from constituents on a certain topic, it is called "testimony." Arrangements for presenting testimony vary by state. The state legislative research office or individual legislator will be able to describe the procedure in the state. In most areas, arrange to present testimony by calling the bill's sponsor, the chair of the committee to which the bill was referred, or the legislator's office.

- **Draft a five minute speech on the bill.** Begin by thanking the committee. Make the testimony interesting, personal, and compelling.
- **Include information about the potential effects of the bill,** as well as a few compelling statistics about the situation the bill is designed to address.
- **Print your testimony.** Include name, address, organizational affiliation and the bill number at the top of the first page. Ask the committee staff how many copies of testimony to bring.
- **Attach easy-to-read background information** (such as a fact sheet or newspaper article) to each copy of testimony.
- **Practice delivering the testimony.** Time the delivery to stay within the allotted time.
- **Expect questions from the legislators,** particularly from those opposing your viewpoint, and be prepared to address their concerns.

Source: Flinn, 1997

While legislators are an important target for advocacy efforts, do not overlook the powerful decisions made by school board members. Consider the following tips for working with them.

Tips for Working with School Boards

- **Do your homework.** Learn how curriculum changes are best handled. Consider school politics. Enlist key players such as the curriculum committee chair to help sort out school policies and procedures.
- **Garner the support of the principal.** Try to discern whether he/she supports comprehensive sexuality education. If so, enlist the principal's help to approach the superintendent and the school board. If the principal is not supportive, find ways to lobby for support.
- **Find out about the history of comprehensive sexuality education at the school.** Have previous efforts failed? Who has introduced the issue in the past? What happened?
- **Find out the best way to approach school board members.** Ascertain who best can introduce the issue and who should make policy recommendations to the board. Cautiously approach school board members and the superintendent. Use parent surveys and student polls to demonstrate support for the proposed changes.
- **Find out who is influential on the board and enlist his or her support.** Meet with those who are sympathetic and explain the planning group's concerns. Seek advice on how to proceed.
- **Identify who on the board opposes comprehensive sexuality education.** Try to find out why. Plan strategies ways to minimize opposition.
- **Make contacts with the presidents of the PTA and the student association.**
- **Offer to speak at forums and meetings.**
- **Offer to accompany school board members to community meetings relating to the issue.**
- **Demonstrate parent and student support.**

Source: Clark, Haughton-Denniston, Flinn, et al., 1993

The Value of Synergy

Through advocacy, coalitions can create a synergistic effect to change the community climate and norms regarding pregnancy prevention. Working at various levels, with different decision makers, and through multiple channels, advocates can strengthen the overall intensity of pregnancy prevention messages in the community, reinforce these messages with multiple service delivery sites, and sustain them with a base of political and financial support. A number of other public health campaigns, namely anti-tobacco, anti-drunk driving, and seat belt campaigns, have benefited tremendously from the synergy created when many parallel but consistent messages are provided from multiple sources to many audiences across time. These campaigns present important lessons for communities. The following case study demonstrates how anti-tobacco campaigns used a variety of channels directed at changing social norms around smoking. As a result, the anti-tobacco message has become institutionalized.

Learning from other Public Health Campaigns

The anti-smoking movement initially relied on widespread public education campaigns to alert people to the dangers of smoking. While these public awareness efforts laid the foundation for mass mobilization, the real "wake-up call" came when new research documented the effects of secondary smoke. This new research, combined with the recognition that fear-based messages are not effective in changing behavior, spurred a change in the focus of the campaign. Within a relatively short period of time, the anti-tobacco movement changed, from scare tactics aimed at the individual, to larger public health concerns. Smoking was banned in public spaces, including government buildings, restaurants, and airlines; public service announcements in the media sent very strong, yet creative messages to encourage viewers to quit smoking; and pharmaceutical companies, advertising companies, and physicians worked in concert to make prescription drugs widely available to help people quit smoking. Some states levied higher taxes on cigarettes to fund public education campaigns. Affiliates of national organizations such as the American Lung Association and the American Heart Association sponsored support groups to teach people how to quit smoking and provided the skills to remain tobacco-free through stress reduction and exercise.

Clearly, teen pregnancy prevention raises different concerns in the public's eye than does smoking prevention for youth. While most agree on the need to stop or prevent teen cigarette use, there is no clear consensus regarding teen sexual activity. However, there are important lessons to be learned. 1) The movement made a long-term investment in the issue. 2) It did not expect changes to occur overnight. 3) The movement capitalized on research. 4) It drew in various sectors, including the media, health experts, policy makers, researchers, and smokers. In concert, these various sectors contributed to changes in the social norms. Unfortunately, despite significant progress, recent trends demonstrate that many younger adolescents are beginning to smoke, in part as a response to billions of dollars being spent by tobacco companies. Anti-tobacco proponents, similar to adolescent pregnancy prevention advocates, must remain committed to a long-term, ongoing campaign.

This case study underscores the need for coalitions to work strategically to create public awareness, gain community support, and involve policy makers and other key decision-makers in the issue of teen pregnancy. Program planners can find ways to advocate for and support local programs and efforts using data from the needs and assets assessment.

Chapter 4

Planning for Evaluation of Community-Wide Adolescent Pregnancy Prevention Efforts

Community coalitions must continually monitor their progress towards accomplishing overall goals and objectives. Coalitions often have a variety of tasks that they want to accomplish, but often fail to establish clear benchmarks to assess the progress that they have made. Although the successful establishment of the coalition is, in and of itself, an important mark of success, the coalition will only be able to sustain its efforts with a clear agenda that can be measured to ascertain success.

Successful programs will coordinate direct interventions, such as family life education, contraceptive access, and youth development programs. Successful programs will also account for contextual factors, such as cultural and societal values, economic issues, family, and community support. Some coalitions will not succeed in this challenging task, and the unfortunate alternative is an uncoordinated patchwork approach that meets only some needs, in some areas, to varying degrees. This patchwork approach is likely to have limited impact on the incidence of adolescent pregnancy.

The coalition must measure each effort so that the impact of its efforts can be evaluated. Volume II of this series, *Building Strong Foundations, Ensuring the Future,* contains general information on how to plan for evaluating pregnancy prevention programs. This chapter focuses on evaluating the work and progress of the coalition itself.

Before the coalition creates an evaluation plan, coalition members must ascertain the overall purposes of the coalition. Answers may include fund development, raising awareness of the issue of adolescent pregnancy prevention, mobilizing different sectors of the population to generate strong community attention to the issue, and public policy changes. Many coalitions have as their overall goal the reduction of adolescent pregnancy in their communities. They anticipate that pursuing each of the aforementioned purposes will successfully achieve the overall goal. However, coalitions can meet all their purposes and still fail to meet their overall goal because the underlying causes of adolescent pregnancy and childbearing remain unresolved.

Community-based coalitions may be more appropriately evaluated in terms of their ability to serve as successful catalysts. Their major role may be to help counteract or improve public attitudes about the problems faced by many young people and their families today. Ascertaining whether a coalition has actually been successful in mobilizing the community for effective action requires a targeted evaluation effort.

Coalitions need to use information from their community needs assessment in designing their activity and evaluation plans. For example, if the coalition finds that adolescents have limited after-school activities, with limited adult supervision, and have few meaningful educational opportunities available in their future, the coalition may want to join other youth development organizations to focus on improving the community environment for youth. As factors, such as limited educational opportunities and little adult contact, have been shown to be related to early childbearing, the coalition may wish to focus on youth

development as part of the overall campaign. The goal and its related objectives and activities then become part of the overall evaluation of the impact of the coalition. In addition, individual components, such as short- and long-term outcomes related to youth development, can be evaluated without focusing on the role of the coalition. This will likely require additional resources for an independent evaluation.

If a formal evaluation is conducted, the specific goals, objectives, and activities of the coalition should be linked to a series of short- and long-term outcomes logically connected to the coalition's proposed activities. Both steering committee and coalition members need to be involved in establishing the goals and objectives as well as the indicators of success. The coalition can learn as much from unsuccessful, as from successful, efforts. The coalition also needs to assess whether the strategy selected was appropriate and, if the strategy was appropriate, whether the timing was premature.

Coalitions should carefully document whether the intended objectives and activities were implemented, and whether the proposed interventions were fully in place and functioning, before any attempt is made to measure even minimal, short-term outcomes. For example, if a coalition intends to implement comprehensive family life education in the schools at the 10th grade in order to increase the number of adolescents who consciously intend either to delay sexual activity or to use contraceptives responsibly each time they are sexually active, a number of different factors will need to be measured.

It will be important to assess first whether consensus has been reached regarding the type of family life education curriculum to implement and whether funds to purchase or develop the curriculum have been generated. Then the coalition will need to assess whether the teachers implementing the family life curriculum have been adequately trained and whether the family life education has been fully implemented in the 10th grade. Only then can the coalition focus attention on whether students actually have gained the skills to make a personal commitment. Each step may be challenging to implement, let alone evaluate.

Process outcomes, such as how many teens participated in the program and whether each program component was implemented as originally planned, may represent a realistic focus for coalitions in their first efforts. After assessing the process measures, coalitions can begin to evaluate whether desired short-term outcomes, such as an increase in the number of adolescents committed to abstinence, were reached and can later measure longer-term outcomes, such as a reduction in the number of unintended pregnancies among adolescents. The coalition cannot solve all the problems underlying adolescent pregnancy, nor can one coalition eliminate all underlying problems within a relatively short period of time. It is also important to explore what evaluation resources exist in the community and to delegate this responsibility to professionally trained individuals. A local university may be able to help with the evaluation.

The impact of coalitions on adolescent pregnancy prevention has not yet been fully evaluated. Given this lack of empirical evidence, it is important to focus on factors which contribute to successful coalitions. The ability of a coalition to help reduce adolescent pregnancy rates will depend on the ability of the coalition to:

- Raise community awareness about social problems.
- Move the community to understand and define the issue as a problem and political priority.
- Create unity and arouse the political will necessary to address the problem.
- Target high risk areas and populations with limited resources.
- Link programs and resources effectively.
- Achieve policy changes that will help reduce adolescent pregnancy.

Each of the above lends itself to assessing the effectiveness of the coalition. For example, if one of the goals of the coalition is to help develop policies aimed at the reduction of adolescent pregnancy, then an evaluation can monitor what policy changes occurred, if any, as a result of the coalition's efforts. Establishing realistic time lines and benchmarks can help the coalition ascertain whether or not it is on target. For example, while a new policy initiative may not be formally developed in the first three years of the coalition, other types of policies may be targeted for action. For example, state Title V Maternal and Child Health Directors and state adolescent health coordinators may select adolescent pregnancy as a priority for funding allocation, helping to generate a substantial increase in the state funds devoted to this area.

Evaluating the Developmental Stages of the Coalition

The developmental growth of the coalition should also be considered. Coalitions appear to undergo a sequence of developmental stages as they evolve. At any given time, being able to identify the coalition's organizational stage will help establish which types of activities and outcomes are likely to occur, as well as the potential magnitude of their impact. During its initial stages of development, the major focus of the coalition will most likely be somewhat inward and toward its own establishment. Once established, it can shift the focus outward toward achievement of its prevention objectives. Thus, one would not anticipate dramatic policy changes from a coalition just getting off the ground. A mature organization is more likely to successful impact the policy arena.

The following taxonomy may be used by a coalition to ascertain its stage of development and help it create a realistic set of outcome measures. (Kegler, 1995; Kumpfer, Turner, Hopkins, et al., 1993; Rogers, Howard-Piney, Feighery, et al., 1993; Prestby, Wandersman, Florin, et al., 1990) It may take the coalition a substantial amount of time to evolve from early to later stages, where it is more likely to achieve community objectives. Thus, the coalition must establish realistic time lines for growth and maturation. Otherwise, establishing a viable coalition becomes the end, rather than a means of reducing adolescent pregnancy.

Phase I. Early Stage

a. Initial Mobilization

b. Establishment of Organizational Structure

Phase II. Middle Stages

a. Building Capacity for Action

b. Implementation of Strategies

Phase III. Later Stages

a. Refinement of Strategies

b. Institutionalization of the Coalition

Once the development phase of the coalition has been ascertained, the Assessing Coalition Effectiveness Worksheet in Appendix A can be used to assess coalition effectiveness. The coalition is rated by a sample of coalition members. Members should rate each of the dimensions on a five-point scale, with the highest score of five given to those dimensions that appear to function most effectively. By adding and reviewing each of the ratings anonymously, the coalition can be gauge its progress. This reflective review should be conducted on a semi-annual basis, with feedback provided to each of the participating members. The evaluation data should be used to fine tune strategies, revamp overall activities, and guide future directions.

In addition to rating the efforts of the coalition, the evaluation should also focus on rating the specific accomplishments of the coalition. The following adolescent pregnancy-related indicators, measuring short- and long-term outcomes, can help gauge coalition effectiveness. (Additional information on evaluation can be found in the other volumes of the series, as well as in the Selected Resource Organizations in Appendix C.)

Adolescent Pregnancy Prevention Related Short-Term Outcomes

- Increased numbers of adolescents, parents, professionals, and other stakeholders involved in the issue of adolescent pregnancy prevention.
- Increased public awareness of the prevalence of adolescent pregnancy and its social, health, and personal costs.
- Increased level of funding for adolescent pregnancy prevention interventions, including family life education, family planning services, and youth development activities.
- Reduced fragmentation and improved coordination among service agencies that provide services to youth and their families, ensuring more effective utilization of available resources.
- Implementation of proven, skills-based adolescent pregnancy prevention curriculum.
- Increased numbers of adolescents receiving skills-based family life education.

Adolescent Pregnancy Prevention Related Longer-Term Outcomes

- Increased numbers of adolescents who choose to delay onset of sexual activity.
- Increased numbers of sexually active adolescents receiving family planning services.
- Increased numbers of adolescents participating in youth development activities aimed at providing them with viable alternatives to early childbearing, and resulting in more youth participating in community activities, graduating from high school, and enrolling in college or vocational training programs.

Coalitions can utilize this list as a starting point to establish a viable set of dimensions that best relate to the goals and objectives of the coalition. For example, if the coalition's focus is on the role of parents, the coalition should rate how many parents have been involved as members of the coalition. Other dimensions in relation to parents might include, for example, providing programs aimed at increasing their role as the family life educators of their children (a process measure). A short-term outcome would be an increased number of parents involved each year as family life educators in their homes.

Evaluating collaborative efforts is important for measuring the success of the coalition. Evaluating the achievement of the coalition's goals and objectives will likely be modified over time as the coalition evolves from its original focus. However, it is important to lay the groundwork in the initial stages of planning.

(Sources used for this chapter include: Kegler, 1995; Kumpfer, Turner, Hopkins, et al., 1993; Rogers, Howard-Pitney, Feighery, 1993; Butterfoss, Goodman, Wandersman, 1993; Gottlieb, Brink, Gingiss, 1993; Giamartino, Wandersman, 1983; Prestby, Wandersman, 1985; and, Prestby, Wandersman, Florin, et al., 1990.)

Conclusion

The conflicting and changing values of society today, as well as the historical, social, and economic transformations of the 20th century, are evident in pregnancy prevention program strategies, research priorities, and public policy decisions. Teen pregnancy and early childbearing are not new problems, but increased awareness exists of the complexities related to their causes and prevention. This volume demonstrates why teen pregnancy continues to be a concern and why new responses are needed. Numerous evaluated approaches have provided the information and impetus for a new generation of programs focusing on the needs of teens, involving the community, and incorporating multi-faceted approaches. Creating a climate of widespread community support and advocating for comprehensive programs and favorable policies are first steps in responding to the challenge of teen pregnancy prevention. This volume and its companion volumes provide the information and skills needed to respond successfully to these challenges.

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Appendices

Appendix A

Assessing Coalition Effectiveness Worksheet

To measure the effectiveness of the coalition, a number of factors can be reviewed on a semi-annual basis to track changes over time (Brindis, Peterson, 1996). Ideally, all members of the coalition will have an opportunity to rate each of the following items and ascertain the progress that is being made.

Collaborative Structure and Community Context

1. To what extent has a functioning community-wide coalition for coordinating adolescent pregnancy prevention activities been established?
   1. Neither planned nor established.
   2. Planned, but not yet established.
   3. Being implemented, but not fully functioning yet.
   4. Fully functioning.
2. How do each of the following community representatives participate in the coalition activities? Please score each of the following items on the following scale:
   1. Not at all.
   2. As recipients of information only.
   3. As providers of information and advice.
   4. As implementors of decisions.
   5. As participants in the decision making.

	NOT AT ALL				AS PARTICIPANTS
a. Older adolescents (ages 15-19)	1	2	3	4	5
b. Younger adolescents (ages 10-14)	1	2	3	4	5
c. Parents	1	2	3	4	5
d. School teachers and administrators	1	2	3	4	5
e. Religious leaders	1	2	3	4	5
f. Business leaders	1	2	3	4	5
g. Representatives of youth-serving organizations	1	2	3	4	5
h. Health care providers	1	2	3	4	5
i. Representatives of juvenile justice	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

For the following questions, please rate the items on a scale of 1-5:

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent

	POOR				EXCELLENT
3. How would you rate the coalition's ability to achieve political support at the community level?	1	2	3	4	5
4. How would you rate the coalition's ability to offset opposition to adolescent pregnancy prevention?	1	2	3	4	5
5. Does funding for the coalition include in-kind contribution from its members and the broader community?	1	2	3	4	5
6. How would you rate the coalition's commitment to the following?					
a. provide adolescents with the education and skills needed to be sexually responsible.	1	2	3	4	5
b. Assisting parents in their roles as primary care givers?	1	2	3	4	5
c. Providing an opportunity for different points of view to be heard and accepted within the same community?	1	2	3	4	5
7. How would you rate the coalition's credibility within the community?	1	2	3	4	5
8. How would you rate the coalition's ability to achieve political support for its pregnancy prevention mission at the community level?	1	2	3	4	5

Collaborative Staffing and Functioning

Please score each of the following items on the following scale:

1. Not at all
2. To a limited extent
3. To a good extent
4. To a very good extent
5. To an outstanding extent

	NOT AT ALL				OUTSTANDING
9. To what extent is there a specifically designated individual who serves as the coordinator of the coalition?	1	2	3	4	5
10. To what extent does the coordinator work with adolescents and their families in shaping prevention strategies?	1	2	3	4	5
11. To what extent does the coalition engage the community (especially adolescents and parents) as partners with decision making power?	1	2	3	4	5
12. To what extent are community partners involved in the following aspects of the coalition's work?					
a. the creation of a clear mission statement	1	2	3	4	5
b. the development of goals, objectives, activities, and outcomes that are clear and logically linked.	1	2	3	4	5
c. development of the coalition infrastructure	1	2	3	4	5
d. the development of a data collection system to gather process data indicators and outcome data indicators	1	2	3	4	5
e. assurance of alignment and consistency between stated goals, objectives, and activities?	1	2	3	4	5
f. implementation of specific coalition strategies	1	2	3	4	5
13. To what extent does the coalition conduct a needs assessment/ resource mapping to establish areas of need?	1	2	3	4	5
14. To what extent does it establish a formal comprehensive plan of action?	1	2	3	4	5

	NOT AT ALL				OUTSTANDING
15. To what extent does the following describe the coalition?					
a. The coalition identifies different funding streams that it combines to allow organizations greater flexibility in using existing resources.	1	2	3	4	5
b. The coalition provides a forum for joint planning and encourages negotiations for redeploying existing and/or new resources in a more effective manner.	1	2	3	4	5
c. The coalition serves as a clearinghouse for information and resources.	1	2	3	4	5
16. To what extent has the coalition monitored outcomes achieved, including, for example (Note: list of outcomes will depend upon those prioritized by the coalition)					
a. reduction in adolescent births by zip codes or census area?	1	2	3	4	5
b. increased knowledge by teens of user-friendly family planning services?	1	2	3	4	5
c. increases in the number of sexually active adolescents seeking and receiving effective contraceptive care?	1	2	3	4	5
d. increases in the number of adolescents who choose to abstain?	1	2	3	4	5
e. increases in the number of adolescents who graduate from high school?	1	2	3	4	5
f. increases in the number of adolescents who are enrolled in a training or education program following high school?	1	2	3	4	5
g. increased numbers of community members involved in reducing adolescent pregnancy?	1	2	3	4	5

Note: More specific short and longer term outcomes can be developed and rated by the coalition members, depending upon the coalition's primary focus. For example, if fund development if a major area of concern, specific items can be used to gauge the coalition's level of success in obtaining funding support for the coalition and its community goals. By tallying and summing all of the numbers across each of the items, you will be able to calculate an average rating for each item. By reviewing both the strengths and the limitations of the coalition, you will be able to re-assess whether the goals, objectives, and activities of the coalition are on track with the overall arching goal of reducing the incidence of adolescent pregnancy.

Appendix B**

Selected Resource Organizations

Advocates for Youth
2000 M Street, N.W., Suite 750
Washington, DC 20036
Telephone: (202) 419-3420
Fax: (202) 419-1448
E-mail: info@advocatesforyouth.org
Executive Director: James Wagoner, President
Contact Person: Susan Pagliaro, Pregnancy Prevention Associate

Advocates for Youth (formerly known as The Center for Population Options) seeks to enhance the quality of life for adolescents by working to prevent unintended pregnancy and high-risk sexual behavior. Advocates' national and international programs seek to improve adolescent decision making (through life planning and other educational programs), improve access to reproductive health care, promote the development of school-based clinics, and prevent the spread of HIV and other sexually transmitted diseases among adolescents. The organization houses the Teen Pregnancy Prevention Clearinghouse which provides a national database of public and private programs, a hotline for technical assistance in program planning, and information and guidance on policy issues. The organization publishes newsletters and provides trainings. A publications catalog is available.

Alan Guttmacher Institute
120 Wall Street, 21st Floor
New York, NY 10005
Telephone: (212) 248-1111
Fax: (212) 248-1951
E-mail: info@agi-usa.org
Executive Director: Jeannie I. Rosoff, President
Contact Person: Susan Tew, Deputy Director of Communications

The Alan Guttmacher Institute (AGI) is a nonprofit corporation for research, policy analysis, and public education in the field of reproductive health. The institute publishes two journals, *Family Planning Perspectives* and *International Family Planning Perspectives,* and a biweekly newsletter, Washington Memo. A publications catalog is available.

Association of Reproductive Health Professionals
National Adolescent Reproductive Health Partnership
2401 Pennsylvania Avenue, N.W., Suite 350
Washington, DC 20037
Telephone: (202) 466-3825
Fax: (202) 466-3826
E-mail: arhp@aol.com
World Wide Web site: www.arhp.org
Executive Director: Dennis J. Barbour, President
Contact: Johanna Chapin, Legislative Associate

***Adapted from Healthy Mothers Healthy Babies Coalition. Adolescent Pregnancy Prevention: a Compendium of Programs. Washington, DC: The Coalition, 1995.*

The Association of Reproductive Health Professionals (ARHP) National Adolescent Reproductive Health Partnership provides information on programs, strategies, and resources that work to effectively address the problems of adolescent pregnancy and sexually transmitted diseases. The clearinghouse provides information regarding primary prevention of adolescent pregnancy, pregnant and parenting adolescents, sexuality education, and research and evaluation in the field of adolescent pregnancy. Fact sheets, brochures (some in Spanish), and a publications catalog are available.

Child Trends
4301 Connecticut Avenue, N.W., Suite 100
Washington, DC 20008
Telephone: (202) 362-5580
Fax: (202) 362-5533
Executive Director: Kristin A. Moore, Ph.D.
Contact Person: Lauren Connon, Executive Research Assistant

Child Trends is a nonprofit charitable and educational organization that works to improve the quality, scope, and use of statistical information on children and adolescents. The research and public information activities of Child Trends are supported by grants from government agendas and foundations and by contributions from the public. Statistics regarding child and adolescent health indicators, including data on adolescent pregnancy and childbearing, are available on request. Publications include a newsletter, Facts at a Glance, that reports data on U.S. adolescent fertility.

ETR Associates (Education, Training, and Research)
P.O. Box 1830
Santa Cruz, CA 95061-1830
Telephone: (408) 438-4060, (800) 321-4407 (for publications)
Fax: (408) 438-3618
E-mail: bonnie@etr-associates.org (for training and technical assistance)
Contact Person: Nancy Calvin, Research

ETR Associates provides curricula, videotapes, pamphlets, and photo tabloids on a variety of health education topics including family life education, abstinence, birth control, reproductive health, sexual responsibility, self-esteem, drug use, and sexually transmitted diseases.

Girls Incorporated
30 East 33rd Street, Seventh Floor
New York, NY 10016
Telephone: (212) 689-3700, (317) 634-7546 Resource Center
Fax: (212) 683-1253
E-mail: HN3579@handsnet.org
Executive Director: Isabel Stewart, National Executive Director
Contact Person: Amy Sutnick Plotch, Director of Communications

Girls Incorporated has developed several programs and curricula to promote adolescent health, including *Friendly PEERsuasion* and *Preventing Adolescent Pregnancy.* The Girls Incorporated National Resource Center furnishes research materials to organizations, individuals, and the media. The resource center is located at 441West Michigan Street, Indianapolis, IN 46202.

Healthy Mothers, Healthy Babies Coalition
409 12th Street, SW
Washington, DC 20024-2188
Telephone: (202) 863-2458, (800) 673-8444, ext. 2458
Fax: (202) 554-4346
Executive Director: Lori Cooper
Contact Person: Leslie Dunne, Membership Director

The Healthy Mothers, Healthy Babies Coalition (HMHB) is an association of more than 100 national professional, voluntary and governmental organizations with a common interest in maternal, infant, and child health. The coalition fosters education efforts for pregnant women through collaborative activities and sharing of information and resources, conducts outreach and legislative advocacy activities, and sponsors a biennial fall conference. Publications include the quarterly newsletter *Healthy Mothers, Healthy Babies.*

Institute of Medicine
2101 Constitution Ave, NW
Washington, DC 20418
Telephone: (202) 334-2169
Fax: (202) 334-1412
Executive Director: Kenneth I. Shine, M.D., President
Contact Person: Mike Eddington, Managing Editor

The Institute of Medicine, a component of the National Academy of Sciences, is committed to the advancement of the health sciences and education and to the improvement of health care. Studies by the Institute of Medicine are conducted on contracts from government or grants from private organizations. The Institute has issued numerous studies, policy statements, and other publications. The report *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* examines how unintended pregnancies—both mistimed and unwanted—affect the health and well-being of children, youth, and adults.

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
Telephone: (914) 428-7100
Fax: (914) 428-8203
World Wide Web site: www.modimes.org
Executive Director: Jennifer L. Howse, Ph.D., President
Contact Person: Resource Center 888-MODIMES (888-663-4637)

The March of Dimes (MOD) works to prevent birth defects and infant mortality through its Campaign for Healthier Babies, which funds research, community service, education, and advocacy programs. The Birth Defects Foundation produces educational materials for health care professionals and the public; topics include genetics and gene therapy, birth defects, preconception education, prenatal and postnatal care, nutrition, healthy behaviors, and adolescent pregnancy. A publications catalog is available.

National Adolescent Health Information Center
Division of Adolescent Medicine and
Institute for Health Policy Studies
University of California, San Francisco
400 Parnassus Avenue, Room AC-01, Box 0503
San Francisco, CA 94143-0503
Telephone: (415) 476-2184
Fax: (415) 476-6106
Executive Director: Charles E. Irwin Jr., M.D., Center Director
Claire Brindis, Dr.P.H., Executive Director

The National Adolescent Health Information Center (NAHIC) was established to develop policy and programs in the area of adolescent health. The center works to improve the capacity of professionals, communities, states, and the nation to plan and improve the delivery of health care for adolescents. It also conducts policy analyses of legislative changes that will affect the adolescent population. The center helps to identify and disseminate information about exemplary adolescent health programs, research and evaluation findings, and related data profiles.

National Assembly on School-Based Health Care
1522 K Street, NW, Suite 600
Washington, DC 20005
Telephone: (202) 289-5400
Fax: (202) 289-0776

The National Assembly on School-Based Health Care provides technical assistance and support to program providers and advocates of school-based health care. A membership organization, the Assembly holds an annual conference for school-based health care professionals.

The National Campaign to Prevent Teen Pregnancy
2100 M St., N.W.
Suite 300
Washington, DC 20037
Telephone: (202) 857-8655
Fax: (202) 331-7735
Executive Director: Sarah Brown, Director
Contact Person: Tamara Kreinin, Director of State and Local Affairs

The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative, founded in February 1996. The Campaign's goal is to reduce the teenage pregnancy rate by one-third by the year 2005. The work of the Campaign is being led by four task forces: Media Task Force, Religion and Public Values Task Force, State and Local Action Task Force, and Effective Programs and Research Task Force. Publications include *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy, Partners in Prevention: How National Organizations Can Assist State and Local Pregnancy Prevention Efforts,* and *Using the Media to Reduce Teen Pregnancy: State Experience and Lessons from Research*.

National Coalition of Hispanic Health and Human Services Organizations
1501 16th Street, N.W.
Washington, DC 20036-1401
Telephone: (202) 387-5000, Maternal and Child Health Division (202) 797-4348
Fax: (202) 797-4353
Executive Director: Jane L. Delgado, Ph.D., President and CEO
Contact Person: Mary Thorngren, Director

The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO) is a private nonprofit organization that works to improve the health and psychosocial well-being of the nation's Hispanic population. The coalition coordinates research, conducts national demonstration programs, contributes to the education and training of health professionals, and serves as a source of information, technical assistance, and policy analysis. Targets for national programs include alcohol and other substance abuse, juvenile delinquency, child abuse and sexual abuse, parenting, strengthening families, maternal and child health, adolescent pregnancy, AIDS, and chronic diseases. Publications include a quarterly newsletter, COSSMHO Reporter. A catalog of publications and products is available.

National Council for Adoption
1930 17th Street, N.W.
Washington, DC 20009-6207
Telephone: (202) 328-1200
Fax: (202) 332-0935
World Wide Web site: www.ncfa-usa.org
Executive Director: William Pierce, President
Contact Person: Mara Duffy, Director of Professional Practice

The National Council for Adoption (NCFA) represents voluntary agencies, adoptive parents, adoptees, and birth parents who wish to protect all parties involved in the adoption process as well as the institution of adoption itself. The council promotes ethical adoption practice to legislators, policymakers, human service agencies, and the public. A publications catalog is available.

National Council of La Raza
1111 19th Street, N.W., Suite 1000
Washington, DC 20036
Telephone: (202) 785-1670
Fax: (202) 776-1792
Executive Director: Raul Yzaguirre, President
Contact Person: Stephanie Avila, Health Specialist

The National Council of La Raza (NCLR), a nonprofit constituency-based Hispanic organization, brings together more than 200 formally affiliated community-based organizations. Activities include assistance to community-based Hispanic organizations, public information efforts to present accurate, positive images of Hispanics, and applied research, public policy analysis, and advocacy to influence policies and programs so that they equitably address the needs of the Hispanic community. The council's Center for Health Promotion manages Maternal and Child Health, the HIV/STD/TB Prevention Project, and the Hispanic Health Liaison Project. Publications include *Reducing Hispanic Teenage Pregnancy and Family Poverty*, a replication guide for community-based organizations interested in developing and implementing a teen pregnancy and/or parenting program targeted to Hispanic youth. A publications guide is available.

National Council on Family Relations
3989 Central Avenue NE, Suite 550
Minneapolis, MN 55421
Telephone: (612) 781-9331
Fax: (613) 781-9348
E-mail: ncfr3989@ncfr.com
Executive Director: Mary Jo Czaplewski

The National Council on Family Relations (NCFR) is a nonprofit organization of family professionals in education, social work, counseling, psychology, sociology, psychotherapy, home economics, anthropology, and health. It provides information on cross-cultural families, family violence, adolescent issues, working families, and other related concerns, sponsors a national program to certify family life educators, and holds an annual conference in late fall. Publications include *Family Relations, Journal of Marriage and the Family,* and *NCFR Newsletter.* A publications and products catalog is available.

National Family Planning and Reproductive Health Association
122 C Street, N.W., Suite 380
Washington, DC 20001-2109
Telephone: (202) 628-3535
Fax: (202) 737-2690
E-mail: info@nfprha@.org
Executive Director: Judith M. DeSarno, President
Contact Person: Marilyn Keefe, Director of Service Delivery

The National Family Planning and Reproductive Health Association (NFPRHA) is a coalition of more than 1,000 family planning providers, hospital-based and independent clinics, Planned Parenthood Federation of America affiliates, family planning councils, health care professionals, consumers, and state, county, and local health departments. The association works to improve and expand the delivery of family planning and reproductive health services and programs throughout the nation. Publications include *NFPRHA Alert* and *NFPRHA Report.*

National Organization on Adolescent Pregnancy, Parenting, and Prevention
1319 F St. N.W.
Suite 401
Washington, DC 20004
Telephone: (202) 783-5770
Fax: (202) 783-5775
E-mail: noappp@aol.com
President of the Board of Directors: Patricia Canessa
Coordinator: Regina W. Malatt

The National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP) is a national resource network of individuals and organizations focused on solving problems related to adolescent pregnancy prevention, sexuality, pregnancy, and parenting. The organization serves as a resource sharing and communication network to inform service providers and others about available resources and successful program models. It publishes a quarterly newsletter, *NOAPPP Network.*

National Training Center for Adolescent Sexuality and Family Life Education
Children's Aid Society
350 East 88th Street
New York, NY 10128
Telephone: (212) 876-9716
Fax: (212) 876-1482
Executive Director: Philip Coltoff
Contact Person: Michael Carrera, M.D., Director

The National Training Center for Adolescent Sexuality and Family Life Education, sponsored by the Children's Aid Society with support from Bernice and Milton Stern, has developed a primary pregnancy prevention model designed to train community agencies and youth service providers in adolescent pregnancy prevention issues. Three times a year, the center publishes a newsletter for youth service providers, policymakers, and legislators on adolescent sexuality and family life issues.

Office of Population Affairs Clearinghouse
P.O. Box 30686
Bethesda, MD 20824-0686
Telephone: (301) 654-6190
Fax: (301) 215-7731
Executive Director: Mark Edwards, Project Director

The Office of Population Affairs Clearinghouse (formerly the Family Life Information Exchange) distributes various federal publications on family planning, contraception, adolescent pregnancy, and adoption through technical assistance, referrals, and online search services. Available materials include newsletters, directories, fact sheets, monographs, bibliographies, and pamphlets.

Philliber Research Associates
28 Main Street
Accord, NY 12404
Telephone: (914) 626-2126
Fax: (914) 626-3206
Contact: Susan or William Philliber, Senior Partners

Philliber Research Associates specializes in evaluation of human services programs and provides technical assistance and training.

Planned Parenthood Federation of America
810 Seventh Avenue
New York, NY 10019
Telephone: (212) 541-7800 or (800) 829-7732
Fax: (212) 245-1845
World Wide Web site: www.ppfa.prg/ppfa
Executive Director: Gloria Feldt, President
Contact Person: Gloria A. Roberts, Head Librarian

Planned Parenthood Federation of America (PPFA) is dedicated to the principle that every person has the fundamental right to choose whether or when to have children. The federation works to ensure access to sexuality education and family planning services. A computerized database includes more than 15,000 books, brochures, programs, curricula, and audiovisual materials on sexuality education. Publications include the bimonthly *Educator's Update*. A publications catalog is available.

Sexuality Information and Education Council of the United States
130 West 42nd Street, Suite 350
New York, NY 10036-7901
Telephone: (212) 819-9770
Fax: (212) 819-9776
E-mail: siecus@siecus.org
Executive Director: Debra Haffner, M.P.H., President
Contact Person: Monica Rodriguez, School Health Coordinator

The Sexuality Information and Education Council of the United States (SIECUS) believes that accurate information, comprehensive education, and positive attitudes toward sexuality enhance physical and mental health and promote greater communication and caring within society. Through services and programs, SIECUS works to promote the concept that sexuality is an important and natural part of life. The Mary S. Calderone Library houses an extensive collection of sexuality information and educational materials. Publications include SIECUS Report, a bimonthly journal of human sexuality, and *Guidelines for Comprehensive Sexuality Education, K-12*. A publications catalog is available.

Sociometrics Corporation
Data Archive on Adolescent Pregnancy and Pregnancy Prevention
170 State Street, Suite 260
Los Altos, CA 94022-2812
Telephone: (650) 949-3282
Fax: (650) 949-3299
E-mail: socio@socio.com
Executive Director: Josefina J. Card, Ph.D.
Contact Person: Jane Park, Research Associate

The Data Archive on Adolescent Pregnancy and Pregnancy Prevention (DAAPPP) at Sociometrics Corporation provides large-scale data on adolescent pregnancy, pregnancy prevention, and family planning to researchers, practitioners, and policy makers. Publications include *The DAAPPP Catalog* and a quarterly newsletter. The Program Archive on Sexuality, Health, and Adolescence (PASHA) is a collection of effective teen pregnancy and STD/HIV/AIDS prevention programs which may be replicated by program planners. See Appendix E of *Mobilizing for Action*.

Urban Institute
The Population Studies Center
2100 M St., N.W., 5th Floor
Washington, DC 20037
Telephone: (202) 833-7200
Fax: (202) 331-9747
E-mail: paffairs@ui.urban.org
Executive Director: Craig Coelen
Contact Person: Freya Sonenstein, Director of Population Studies Center

The Population Studies Center tracks U.S. social and economic trends. In the 1990's, this policy research center has focused on both the impact of increasing immigration and the changing composition of families. *Involving Males in Preventing Teen Pregnancy* is a guidebook for program planners which looks at male involvement in teen pregnancy prevention based on 25 male involvement programs.

Appendix C

Selected National Awareness Events

The following are examples of national efforts which a local coalition may want to link with to promote awareness of the events and educate those in the community. The organizations provide a variety of materials and resources to assist planning and implementing activities and events.

Let's Talk Month

Let's Talk Month in October promotes and supports better parent-child communication about sexuality issues. Promoting this initiative on a local level can help mobilize community members to commit to teen pregnancy prevention programs. To assist you in coordinating and implementing this initiative a planning guidebook is available. For more information, contact the Teen Pregnancy Prevention Initiative of Advocates for Youth at (202) 419-3420.

National Child Abuse Prevention Month

The National Committee to Prevent Child Abuse sponsors this campaign in April to emphasize the importance of child abuse prevention. For more information, contact The National Committee to Prevent Child Abuse at (312) 663-3520.

National Teen Pregnancy Prevention Month

National Teen Pregnancy Prevention Month (NTPPM) in May involves communities in promoting and supporting effective teen pregnancy prevention initiatives. The initiative was supported by President Clinton and co-sponsored by Advocates for Youth, the National Organization on Adolescent Pregnancy, Parenting, and Prevention (NOAPPP), and the National Campaign to Prevent Teen Pregnancy in 1997. The NTPPM Planning Guidebook is available to assist you in planning activities and enlisting others in the community to participate. For more information, contact the Teen Pregnancy Prevention Initiative of Advocates for Youth at (202) 419-3420.

World AIDS Day

Sponsored by the American Association for World Health, this initiative takes place yearly in December. Contact the American Association for World Health at (202) 466-5883 for more information.

Appendix D

Advocates for Youth Publication Information

Exceptional resources for youth-serving professionals, policy makers, advocates and the media!

Open Up! Listen Up!

Family communication about sexual health

Open Up! Listen Up! is a packet of educational materials, pamphlets, resources, and activities which helps parents, care givers, and teachers answer children's questions about sexuality and use "teachable moments" to convey values and beliefs. One packet has been developed for parents of 8- to 13- year olds and another for parents of 14- to 18- year olds. Excellent resource for professionals, including members of faith communities, who plan and offer sexuality education for adults. (1997)

$30.00 each (Please specify age level.)

Advocacy Kit

Adolescent reproductive and sexual health

This publication provides in-depth information on how to improve adolescent reproductive and sexual health programs and policies by organizing at the state and local levels. The Advocacy Kit includes information on building coalitions, conducting needs assessments, planning public education campaigns, working with the media, educating policy makers, and responding to opposition. Specific sections address sexuality education, HIV prevention, school-based health, pregnancy prevention, and abortion. 100 pp. (1997)

$30.00 each

Guide to Programs for SBHC/SLHCs

A comprehensive, five-volume resource for advocates or administrators on planning or expanding SBHC/SLHCs

Volume I: Advocating for School-Based and School-Linked Health Centers. 58 pp. (1993)

Volume II: Designing and Implementing School-Based and School-Linked Health Centers. 96 pp. (1993)

Volume III: Potential Sources of Federal Support for School-Linked Health Services. 144 pp. (1993)

Volume IV: Assessing and Evaluating School-Based and School-Linked Health Centers. 100 pp. (1994)

Volume V: Introduction to Legal Issues. 35 pp. (1997)

$85.00 for five volume set; $20.00 for individual volumes.

When I'm Grown

This three-volume resource for young children offers an innovative approach to "life-skills." It covers sexuality, HIV prevention, and health information within a comprehensive framework of self-esteem development, problem solving, healthy peer and family communications, values clarification, goals achievement, and career awareness. Nearly 300 activities mix large and small groups, hands-on discussion exercises, and role playing to stimulate self-reflection and critical thinking skills. Soft covers with perforated pages. Grades K-2, 170 pp. (1 993); Grades 3-4, 320 pp. (1 992); Grades 5-6, 390 pp. (1 992).

Individual volumes $45.00 each; two volume set $85.00; three volume set $125.00.

Order form on back

Let's Talk Month Planning Guidebook

October is Let's Talk Month (LTM). The purpose of Let's Talk Month is to encourage individuals, community organizations, and institutions to plan and implement special events, programs, and services which support adults in their efforts to give youth accurate and healthy information about sexuality. *The Let's Talk Month Planning Guidebook* contain organizing tips, selected innovative activities, funding ideas, a suggested time line, sample forms and materials, and much, much more to help you plan and implement Let's Talk Month in your community.

$30.00 each

National Teen Pregnancy Prevention Month Planning Guidebook

May is designated National Teen Pregnancy Prevention (NTPPM), and is designed to raise awareness about teen pregnancy so communities will commit to teen pregnancy prevention efforts. Advocates' planning guidebook helps local communities plan and coordinate public awareness activities. This "must have" manual contains strategic organizing tips and examples from NTPPM campaigns across the country, including sample proclamations, editorials, public service announcements, flyers, pamphlets, and forms to engage participation.

$30.00 each

Three easy ways to order!	Mail: Advocates for Youth 2000 M Street NW Suite 750 Washington, DC 20036	Fax us: (202) 419-1448	Call us: (202) 419-3420

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Item	Price	Quantity	Total
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14-18 years old	$30.00 x	_____	_____
Advocacy Kit	$30.00 x	_____	_____
Guide to Programs for SBHC/SLHCs			
Five volume series	$85.00 x	_____	_____
Individual volumes	$20.00 x	_____	_____

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Volume II: ____ Volume V: ____
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When I'm Grown			
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National Teen Pregnancy Prevention Month Planning Guidebook	$30.00 x	_____	_____

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Appendix E

ORDER FORM—Primary Pregnancy Prevention Programs

Program Name	Qty.	Item Description	Price	Total
Human Sexuality—Values & Choices	_____	PASHA Program Package	$315.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
	_____	Values Cards (set of 5, if purchased separately)	$1.25	_____
	_____	A Guide for Parents (set of 5, if purchased separately)	$17.50	_____
	_____	My Values, My Choices: A Student's Thoughtbook (set of 5, if purchased separately)	$14.95	_____
Project TAKING CHARGE	_____	PASHA Program Package	$960.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
Reducing the Risk	_____	PASHA Program Package	$125.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
Reproductive Health Counseling for Young Men	_____	PASHA Program Package	$195.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
School/Community Program for Sexual Risk Reduction Among Teens	_____	PASHA Program Package	$195.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
School-Linked Reproductive Health Services (The Self Center)	_____	PASHA Program Package	$195.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
Tailoring Family Planning Services	_____	PASHA Program Package	$195.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
Teen Talk	_____	PASHA Program Package	$195.00	_____
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Program Name	Qty.	Item Description	Price	Total
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	_____	User's Guide (if purchased separately)	$15.00	_____
Queens Hospital Center's Teenage Program	_____	PASHA Program Package	$125.00	_____
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