Communities Responding to the Challenge of Adolescent Pregnancy Prevention

Building Strong Foundations, Ensuring the Future

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A Series from
Advocates for Youth

Volume II

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Washington, DC
1998

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Advocates for Youth is grateful to Carnegie Corporation of New York, the General Service Foundation, and the Charles Stewart Mott Foundation for their support of *Communities Responding to the Challenge of Adolescent Pregnancy Prevention*. They do not necessarily subscribe to the views expressed therein.

Design by Kensington Heights Design Company

ISBN 0-913843-02-4

Series ISBN 0-913843-00-8

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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 only 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. Principles providing the foundation 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 comprehensive, 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) Acknowledge that effective pregnancy prevention efforts involve major challenges and require taking calculated risks.

A discussion of these principles is included in Volume I, *Mobilizing for Action,* of this series.

Finally, the authors would like to thank the many, dedicated people without whose assistance this series would not have been possible. Special thanks to Cristina W. Ritchie for the determination and enthusiasm she brought to this project and for her skilled writing and research assistance. We would also like to thank Debra Hauser, Barbara Huberman, Michael Dalmat, Kathleen Farrell, Jane Norman, Monique D. Henderson, Ammie Feijoo, Michelle Gilliam, Sabrina Freeman, Tracy A. Kreutzer, Caroline Russell, Karen Enns, Katherine Ornelas, Ilana Nossel, Shelby Pasarell, Erica Uhlmann, and Alison Turoff. The authors are grateful to J.J. Card of Sociometrics Corporation for her important contribution to this volume. Dr. Brindis also wishes to thank the federal Bureau of Maternal and Child Health for its support of this project.

Introduction

The needs and assets assessment (also called resource mapping) is one of the most crucial components in designing a pregnancy prevention strategy or program. The needs assessment provides a demographic and social profile of the community, compares local rates of morbidity and mortality 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.

Coalitions or networks of agencies can use the needs and assets assessment to learn how well the community currently meets teens' overall social, health, and educational needs. Some communities have formal coalitions to assess the community's needs and assets. In other communities, an informal network of agencies can work collaboratively to assess, plan, and implement the goals and objectives. The assessment guides development of the mission statement and the goals and objectives of the program plan. The goals and objectives, in turn, are measured to evaluate progress and impact.

Funding ensures the continuation of programs designed to prevent pregnancy in the community. Adequate, sustained funding is vital to ensuring the success of pregnancy prevention efforts in the community, the outcome of the determination and hard work of building a coalition. Sustained funding is also vital to determining the needs and assets of the community and devising programs to meet those needs and better utilize those assets. However, finding funds can be a difficult task. Figuring out where funds are, whom to ask for funds, and how to ask can be confusing and daunting. This volume provides guidance in finding and requesting funding.

Volume II of this series, *Building Strong Foundations, Ensuring the Future*, addresses various aspects related to the needs assessment, funding strategies, and program evaluation techniques. The first section, "Conducting a Community-Based Needs and Assets Assessment," reviews the importance of a comprehensive assessment and discusses types of data to collect as well as collection methods.

The next section, "Pathways to Prevention," discusses major types of evaluation, methodologies, and techniques; gives guidance on conducting specific evaluations; and provides additional evaluation resources.

Finally, "Ensuring Long-Term Sustainability" discusses developing a solid funding base for programs. The section focuses on working with foundations, developing a successful fundraising campaign, writing grants, and securing funding for teen pregnancy prevention programs.

Section I

Conducting a Community-Based Needs and Assets Assessment

Chapter 1

Significance and Steps to Success

The needs and assets assessment is fundamental to identifying pregnancy prevention programs and interventions, allocating resources, and maximizing effectiveness. The assessment can help create a sense of community ownership, mobilize key stakeholders, and create the impetus for change. The coalition should conduct this fact-gathering thoroughly and early in its effort to respond to the needs of adolescents. A task force or planning group within the coalition may take responsibility for the needs and assets assessment. The length of time needed to conduct an assessment varies according to such factors as staffing and available resources. However, the assessment should take between two and six months. The coalition should update the assessment periodically to assure that its response is shaped by the most current information. (For in-depth information on coalition building and community mobilization, refer to Vol. I of this series.)

The importance of the needs and assets assessment is outlined in the following chart.

The Community-Based Needs and Assets Assessment: Purpose and Significance

Purpose

- Profiles the extent of adolescent pregnancy in the community, including pregnancy, abortion, and birth rates
- Determines level of unmet need (i.e., how many teens lack access to services)
- Identifies how the community perceives adolescent pregnancy
- Assesses the community's social and political climate regarding specific strategies

Significance

- Engages the community in the data gathering process
- Identifies potential resources for and barriers to effective program implementation
- Provides guidance on tailoring model programs to the specific needs and assets of youth in the community
- Facilitates "buy-in" from key stakeholders by eliciting their opinions
- Demonstrates that community-based problems deserve tailored, community-based solutions
- Identifies gaps in services and prevents duplicating existing services
- Enables planners to make strategic alliances and to reassess and redeploy existing funds and resources
- Educates the public and raises community awareness
- Documents project significance for funders
- Provides baseline data for evaluation

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

The following "Steps to Success" may guide the task force or planning group in the initial stages of the community assessment process.

Steps to Success: the Community-Based Needs and Assets Assessment

- Carefully define the parameters of the community. Is the community defined by geographical area (e.g., zip code, neighborhood, city, county, or state) or by non-geographical or demographic characteristics (e.g., culture, language, age, or socioeconomic status)?
- Determine the availability and specificity of baseline data. Is data available for the specific planning area (e.g., health planning area, census tract, school district, or zip code)? If not, can the extent of health needs and services be estimated in other ways?
- Actively engage community members, including formal and informal leaders, adolescents, and their parents, in the needs and assets assessment process. Community members will help to identify the questions that the assessment aims to answer, develop the data collection approach, and gather the information.
- Use a variety of data collection strategies, including existing community data sources as well as complementary qualitative approaches (e.g., focus groups and in-depth interviews) to assure a comprehensive picture of the community.
- Have skilled, trained, and knowledgeable individuals conduct the assessment process and interpret the data.
- Obtain the cooperation of key stakeholders (e.g., parents, schools administrators, or school board) in collecting the information.
- Establish a favorable climate for the needs and assets assessment within the community by demonstrating ways the information will assist the community.
- Be sensitive to the concerns about the confidentiality of information gathered as well as the negative ways the information might be used.
- Ensure that the needs assessment is broad in scope, reaching beyond family planning and sexuality education to youth development and the community context of young peoples' lives.
- Allocate adequate staff time and funding to conduct a thorough needs assessment.

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

Collecting the Appropriate Information on the Needs and Assets of Youth

The goal of the needs and assets assessment is to accumulate enough data to document adolescent needs and assets in the community. It may not be possible to find the answers to every one of the following questions. However, the community profile emerging from the data analysis is particularly important. For example, who in the community is affected by the issue of adolescent pregnancy? Significant areas such as this will help shape the vision for the community's pregnancy prevention effort. Assessing Your Community's Needs and Assets: A Collaborative Approach to Adolescent Pregnancy Prevention (Brindis, Card, Niego, et al., 1996) provides extensive guidance on how to conduct a needs assessment as well as in-depth information on data collection, data sources, methodology, analysis, and presentation. Highlights from the monograph are presented in this volume.

Depending on available resources and its ability to engage the community, the coalition task force will need to prioritize the types of data to be collected. First, review previous needs assessments that have been conducted in the community. Consider how the data was gathered as well as the extent of information now available and knowledge gaps remaining. The next section presents the types of information to collect and provides a detailed discussion of strategies used to collect the information.

Types of Data for a Needs and Assets Assessment

I. Demographic and Socioeconomic Profile

- A. General Demographic and Socioeconomic Profile
- B. Adolescent Sexual Behavior and Fertility
- C. Health, Employment, and Other Factors
- D. School-Related Issues

II. Community Resources

- A. Available Community Resources
- B. School System Resources

III. Reproductive and Sexual Health Services

- A. Availability of 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 Organizations and Social Service Policies

V. Concurrent Local, County, and State Efforts

Source: Brindis, Card, Niego, et. al., 1996; Fawcett, Paine-Andrews, Francisco, et al., 1994

The following questions can help guide collection of the types of data (profiled above) for the needs and assets assessment. Not all questions will be relevant to all communities.

Demographic and Socioeconomic Profile

These questions can help the coalition to gather information about the community as a whole and its adolescents in particular.

General Demographic and Socioeconomic Profile

- How many individuals, by age and ethnic group, live in the target community?
- What are the community's population projections for 10 years and 15 years in the future?
- What is the incidence of poverty in the community?
- What percentage of adolescents and pre-adolescents live in poverty?
- What proportion of adolescents live in households headed by only one parent?

Adolescent Sexual Behavior and Fertility

If at all possible, obtain data for specific ages (e.g., for 15-year-olds, 16, 17, etc.) rather than aggregated totals (e.g., ages 15 to 19), and by race and ethnicity and socioeconomic level. If possible, collect information spanning several years — at a minimum, three— to ascertain trends.

- How many teens have ever had sexual intercourse?
- How many teens are currently sexually active (i.e., have had sex in the previous 30 days)?
- How many sexually active teens have used contraception at most recent intercourse?
- How many teens have ever been diagnosed with a STD?
- How many teens have ever been pregnant or had a partner who became pregnant?
- How many teens have become a parent? How many teens have more than one child?
- How many teens have ever had an abortion or had a partner who had an abortion?

Source: Brindis, Card, Niego, et al., 1996

(Note: Not all communities collect this information, and you may have to rely on the estimates developed for various states by the Centers for Disease Control and Prevention or the Alan Guttmacher Institute. See also Chapter 2 of this volume and Selected Resource Organizations, Appendix A, for sources of statistical data).

Health, Employment, and Other Factors

- How many adolescents have a primary health care provider or private physician in the community?
- How many adolescents use family planning services in the community?
- How many adolescents are covered by private health insurance? How many adolescents are covered by Medicaid? Managed care plans? How many teens receive subsidized health care services other than Medicaid?
- What is the employment rate for young people in the community?
- How many young people do not live with their parents? Where do they live? Are they homeless, in foster care, in the juvenile justice system, residing with other family members?
- How many adolescents are enrolled in substance abuse treatment programs, either in hospital or outpatient services?
- How many adolescents reside in residential treatment facilities for emotionally disturbed adolescents?

School-Related Issues

- How many teens complete each grade level of schooling?
- What is the incidence of school dropout, by age, sex, and race/ethnicity?
- What are primary reasons for teens dropping out of school?
- Which schools in the community have a high academic failure rate?
- How many pregnant and parenting students return to school after they deliver their babies?

Community Resources

Beyond analyzing the statistics, planners also need to examine the community services and opportunities available to young people. What resources already serve youth? Are there gaps in the pregnancy prevention services? Are teens using the services now available? What barriers exist to these services? A review of local social service and health care directories, combined with surveys of teens' parents, school nurses and other providers, will provide a valuable overview of the local situation. While analyzing local needs and the quality and scope of existing services, the task force will gain a sharper vision of the role of the pregnancy prevention coalition in the community. (Brindis, Card, Niego, et al., 1996) The following will provide a range of potential questions for the community's assessment. The available resources, such as staff, will influence the final set of questions. Remember that it is just as important to recognize the community's assets as it is to assess existing gaps.

Available Community Resources

- Do any special programs or activities geared to parents of teenagers already focus on adolescent pregnancy prevention or life planning?
- What kinds of activities do community agencies provide to adolescents and preadolescents in the following areas:
  - Family life education, including communication skills, interpersonal relationships, contraceptive information, and sources for contraceptive care?
  - Family planning services?
  - Life planning and counseling?
  - Mentoring programs?
  - Recreational activities?
  - Job training?
  - Social services?
  - Peer education programs?

Subsequently, for each program available, assess:

- What are the age, race, sex, and number of participants?
- What specific activities are offered?
- What is the professional background of the providers?
- How accessible are services and what eligibility requirements exist?
- What are the hours and location? Is transportation available?
- What policies exist about confidentiality and parental consent?
- What are the costs (if any) of participation and/or services?
- What efforts are made at outreach, including community recruitment?
- What advertising and other techniques are used to encourage participation?

- What funding sources are utilized, including private and public funding?
- What billing systems are used?
- What activities do community-based organizations sponsor to broaden the life opportunities of youth? Vocational training? Mentoring? Tutoring? Recreational opportunities?
- What joint activities between schools and community-based agencies or businesses exist to help young people develop alternatives to childbearing?
- What additional efforts are needed to fill existing gaps?

School System Resources

- Is family life or sexuality education available in the schools?
- Is family life or sexuality education mandated by state law? Is HIV/AIDS prevention education mandated?
- When is family life education provided? How long is the intervention?
- In what grade levels are courses taught and what types of community providers are involved?
- Does sexuality education include abstinence, family life, health, and/or communication skills? Is it behaviorally oriented? Is the curriculum based only on changing knowledge and attitudes?
- Is information available on family planning and other community services?
- Is accurate information on contraceptive methods available?
- Have past family life education efforts been effective in this community?
- How has this effectiveness been measured? What results have been documented by evaluation?
- What techniques have been most effective in reaching which groups of students?
- Are there on-site nurses, social workers, and/or guidance counselors?
- Is school-based or school-linked health care available? What services do the centers provide? Who provides these services?
- What kind of support is available to pregnant and parenting teens, especially to encourage school completion?
- What kinds of programs serve at-risk youth? What percentage of at-risk youth utilize these programs?
- Are tutoring programs available? Vocational training? General Equivalency Diplomas (GED)? Alternative schools? College scholarships?
- What, if any, referrals are made to community agencies?
- Is child care available? How many infant or toddler child care slots are available to students?

Reproductive and Sexual Health Services

Planners will need to know which reproductive health services are currently available in the community and how accessible those services are to teens. Planners also need to know how much adolescents know about these services and their attitudes and perceptions about using the services.

Family Planning Service Availability

- What contraceptive information, counseling, and clinical services are available to adolescents?
- What STD and HIV counseling, testing, and treatment services are available to adolescents?

- How many adolescents, by age, sex, and race/ethnicity, use these services each year?
- Can adolescents receive free or low-cost family planning services in the community?
- Are family planning services confidential for teens?
- Are STD and HIV counseling, testing, and treatment services for teens confidential?
- Are family planning services advertised? If so, how?
- Are adolescents aware of community family planning services?
- Are contraceptives advertised in the community?
- Are condoms and other over-the-counter contraceptive methods clearly marked and easily accessible in local pharmacies, drugstores, and other stores?
- Can adolescents easily purchase condoms at these locations?
- Can adolescents receive free condoms at accessible sites such as clinics, malls, and through other condom availability programs?
- Are special efforts made to provide young people contraceptive information and/or reproductive health care in schools (i.e., through school-based or school-linked health centers), or at recreational settings, job training sites?
- Is family planning provided for adolescents in foster care, in both foster family settings and group facilities?

Community Attitudes and Perceptions

- What are adolescents' knowledge and attitudes regarding contraceptive availability in the community?
- Can adolescents identify specific agencies where they would seek care?
- How do adolescents think family planning providers view adolescents?
- Do adolescents know where they can receive free or reduced cost services in the community?
- Why do adolescents in the community not seek contraceptive services?
- How do parents, health providers, and community leaders perceive teen pregnancy in the community? What do they perceive to be the major contributing factors?

Policies Supporting Adolescent Reproductive Health

Analysis of the policies underlying pregnancy prevention programs is also important. While many of these areas have been touched upon in preceding questions, it is important to assess them separately in terms of responsibility, that is, which key stakeholders and decision makers can and will change policies. While most of these policies require local action, a few require state and/or federal action (e.g., funding for health services). This part of the needs assessment explores what types of changes are required in the community in order for specific policies to be implemented. (This section is adapted from: Working Group on Health Promotion and Community Development, 1994.)

School Policies

- What is the school district's policy regarding balanced, realistic sexuality education for grades K-12? (Balanced, realistic sexuality education includes information about STDs and HIV/AIDS prevention, pregnancy prevention, and abstinence as well as contraception.)
- Who is responsible for developing, monitoring, and enforcing policies related to the content of courses and the number of instruction hours?

- Do local schools have policies which allow or restrict health providers to visit schools, conduct physical examinations, and/or provide prescription contraceptives?
- What current policies make it possible for schools to start school-based health centers? Condom availability programs?
- What policies are needed to support mandatory community service for students?

Business Policies

- What type of policies are needed to permit installation of condom vending machines in all restrooms in health clubs, fast food restaurants, and shopping malls?
- What policies will support having over-the-counter contraceptives at check-out lines in grocery stores and drug stores?
- Have any businesses in the community ever provided financial scholarships to youth for college or vocational training? Or encouraged employees to work with high-risk youth, for example through volunteer mentoring or tutoring opportunities?

Media Policies

- What policies are needed to ensure that television programs and advertisements with sexual content, on between 4:00 - 6:00 p.m., (when adolescents are most likely to watch TV without adult supervision) will include messages about contraceptive use and responsible sexual activity?
- What policy changes will support contraceptive advertising on local television networks?
- What policy changes are needed to ensure that stories and editorial positions support responsible, realistic approaches to adolescent pregnancy?

Health Policies

- What policies are needed to ensure that all male and female adolescents have access to low-cost, confidential health services, including reproductive health services?
- What policies are needed so that all state-funded and independent health organizations participate in the state's department of health reporting system? (Note, data is not collected uniformly and by age in all states for STDs, sexual abuse, and abortions.)
- What types of effective, "teen-friendly" policies do health clinics need to implement? For example, can clinics develop protocols so that pelvic exams are not required at initial gynecological visits to obtain oral contraceptives?
- What policies are needed so that all local and state-funded prevention programs include an evaluation component?

Youth Organizations and Social Service Policies

- What policies support the participation of youth on advisory committees and boards of directors of youth-serving organizations?
- What steps need to be taken to mandate availability of balanced, realistic family life education for all youth in state care and to require their participation?

Concurrent Local, County, and State Efforts

Finally, draw on the support of others who are doing similar work. Obtain as much information as possible about existing programs in the community and about concurrent pregnancy prevention efforts at the local, county, or state levels. Answering the following questions will help identify those who can assist the coalition in its efforts. (Brindis, Pittman, Reyes, et al., 1991; Brindis, Card, Niego, et al., 1996)

- What current initiatives aim at overall adolescent risk reduction and at pregnancy prevention in particular?
- What specific public actions have occurred within the last five years to prevent adolescent pregnancy, such as the creation of a task force to better coordinate services?
- Do any private organizations or advocacy groups actively address the issue of adolescent pregnancy and pregnancy prevention? Who are these groups? What are their activities, target populations, and the outcomes of their efforts?
- Do any multi-service comprehensive programs integrate all the services needed by adolescents (e.g., sites where in- and out-of-school adolescents receive counseling, tutoring, and job skills training as well as recreational opportunities)?
- Does the local, county, or state government fund peer educator programs to encourage youth to adopt behaviors that will protect them from sexually transmitted diseases and pregnancy?
- Does the state help fund alternate schools for students at risk of dropping out?
- What local, state, or national funding sources are available?

Data Collection Methods: Conducting a Community Mapping Process

The needs and assets assessment will provide a comprehensive picture of the life of youth in the community, particularly those aspects relating to the antecedents and consequences of adolescent pregnancy, including school failure, behavioral problems, family distress, and lack of access to education and services. (For more information on the factors related to adolescent sexual behavior, pregnancy, and childbearing, refer to Volume I in this series.)

Knowing what to collect is only the beginning. The next question is how acquire the data. An innovative method to collect information is through community engagement and mapping .(Cornerstone Consulting Group & Philliber Associates, 1995) Using strategies such as focus groups, interviews, surveys, and site visits, it is possible to learn about the sexuality-related attitudes and beliefs of teens, parents, providers, and community residents.

Community mapping involves obtaining information from teen and adult residents of the community, rather than simply relying on traditional pregnancy prevention service providers, in conducting the needs assessment. Community mapping requires assessment of reproductive health needs, but it also examines the ***meaning*** of teen pregnancy in the community and the implications for prevention. Community mapping focuses on needs, deficits, and gaps in the community as well as resources, assets, and strengths. Finally, community mapping engages residents and other key stakeholders in a "community visioning process."

Community visioning can be conducted in the early phases of assessment. It helps communities clarify the types of information needed. In addition, community visioning helps identify shared sets of goals as well as minimum standards — educational, health, and economic — to ensure the well-being of a community's youth. Through the visioning process, communities define what types of services and opportunities ***should*** exist for all young people and what type of services and opportunities ***currently*** exist. Visioning enables a community to set standards for success and provides a baseline measurement by which new efforts can be judged and analyzed. (Cornerstone Consulting & Philliber Associates, 1995)

The Annie E. Casey Foundation has used this strategy in five communities nationwide. The Plain Talk Initiative provides *primary* pregnancy prevention (prevention of first pregnancies) among sexually active teens. Using the community mapping process, residents design their own programs to reflect the unique conditions of their community and to ensure resident "buy-in" or involvement. The Initiative is a model for conducting initial needs assessments using community mapping techniques. Sharon Edwards of Cornerstone Consulting and Susan Philliber, of Philliber Research Associates, have also conducted community mapping processes in a number of communities across the United States. (See Appendix B for additional resource information on developing tools and analyzing data.)

Chapter 2

Conducting a Community Mapping Process

Initial Stages

The first stage in the program planning process is to assemble a core group of community members. Community members, as opposed to service providers, take responsibility for designing the needs and assets assessment and conducting focus groups and interviews. While experts must be available for consultation during the planning process, the residents collect and interpret the data. An initial unpublished report on community mapping in one *Plain Talk* site provides the following description of the process.

> Residents of the Hartford Plain Talk site surveyed community parents' and teens' opinions about sexuality issues, communication between adolescents and adults, and availability and use of contraception. Approximately 350 adults ages 19 - 79 were surveyed, as well as 200 10- to 19-year-olds. Each group (parents and teens) was asked questions such as: Where do teens go for medical care? How many teens have initiated sex by different age levels? How many teenage girls in the area will become pregnant before age 20? What will be the outcome of these pregnancies? How many people can the teens talk to about sexuality issues? Where in the community are contraceptives available? Are teens using contraception? If so, what method? Parents were also asked whether they knew if their teens had initiated sexual intercourse and what they would do if their teens approached them with questions about contraception. Teens' perceptions of their parents' feelings were surveyed; teens were asked if their parents were aware of their sexual activity, how their parents feel about them having intercourse, and how they believe their parents feel about them using birth control, among other questions. The surveys touched on a number of different issues with the aim of revealing the most pressing needs of the community. Answers to many of these questions showed the consistencies and inconsistencies in community perspectives and provided a starting point for program development. (Philliber Research Associates, 1993)

The Centers for Disease Control and Prevention (CDC) has also used this strategy in 13 communities funded by CDC to develop community-based pregnancy prevention action plans. The program in Oklahoma provides an example.

> The Healthy, Empowered and Responsible Teens of Oklahoma Project (HEART of OKC) is developing multi-year teen pregnancy prevention action plans to delay sexual activity among young people, reduce teen birth rates, and improve health education and services. Under the leadership of the Oklahoma Institute for Child Advocacy, the project involves five neighborhoods with high poverty rates in different parts of the city. Neighborhood planning groups include representatives from key community sectors, including, social services, health care, religious, business/commercial, educational, political, law enforcement, and media. Recognizing that service access and utilization can be affected by unique community conditions and/or the background of youth, programs are specifically tailored to

the target population. Three of the five neighborhoods, for example, serve racial and ethnic minorities, including Latinos, Native Americans, and Vietnamese. Through the community engagement process, residents, and other key stakeholders identify needs specific to their neighborhood and design solutions that are applicable to their specific realities. (Heart of OKC, 1995 and 1996)

A variety of data sources and data collection methods can be used to create a comprehensive community needs and resource mapping process. Statistics on adolescent mental and physical health can be obtained from local and state health departments, youth-serving agencies, hospital records, school records, local family planning clinics, local libraries, and municipal or county planning departments. Some national organizations specializing in adolescent reproductive and sexual health can also be of assistance. (Refer to Appendix A, "Selected Resource Organizations.") Using a variety of data sources for the needs and assets assessment will increase the accuracy of the assessment. The following chart provides information on different data sources in the community.

Collecting Data for the Needs Assessment: Sources of Information

Sources of Information	Types of Information to Obtain
CENSUS DATA Available from libraries, universities, and planning agencies, or for purchase from the Superintendent of Documents.	Incidence of poverty, number of single heads of household, unemployment rates, educational attainment, and demographic information. (Drawback: Census data is collected only every 10 years, and there is added time before the data is available to the public. However, information from regional and other studies may be available through local planning agencies and public commissions, the states, and the federal government.)
DEMOGRAPHIC DATA Available from Chambers of Commerce and state, county, and local planning agencies.	Growth of new populations and economic shifts in employment, especially as it affects adolescents and young adults.
HEALTH NEEDS AND SERVICES Available from state, county, and city health departments, adolescent health programs, family planning clinics, medical societies, urban affairs departments, public service institutes, and the National Center for Health Statistics.	Vital statistics, providing information on birth rates for specific populations, and incidence of infant mortality and morbidity, including low birth weight. Reproductive health and other physical and mental health indicators and needs, including substance use, mental health visits and diagnoses, and reported sexual abuse.
EDUCATIONAL NEEDS AND SERVICES Available from school principals, school district superintendents and offices, or state department of education.	School dropout and truancy rates, number of suspensions, number of students visiting the school nurse, and/or number of students on probation.
SOCIAL SERVICE NEEDS AND PROGRAMS Available from local, county, and state departments of social services, juvenile justice programs, and community agencies.	Number of youth from low-income families, in foster care or the juvenile justice system, or in after-school programs.

Source: Brindis, Pittman, Reyes, et al., 1991; Brindis, Card, Niego, et al., 1996

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1988 by the Centers for Disease Control and Prevention to track health risk behaviors of youth, including unprotected sexual intercourse, weapons carrying, tobacco use, alcohol and other drug use, unhealthy dietary habits, and physical inactivity. Data collected from national, state, and local school-based surveys of high school students is included in the YRBSS. (CDC surveillance summaries are available. Refer to Appendix B, Additional References and Sources of Information.) The data can be used to compare differences among adolescents by age, ethnic group, and city or state, as well as to look at relationships between sexual risk taking and other risk behaviors.

Techniques for Collection of Information

The community should use a variety of data collection approaches in conducting the needs and assets assessment. Local statistical information can be complemented with information gathered by surveying parents, teachers, school nurses, and young people. Interviews, surveys, written questionnaires, focus group surveys, and community forums provide a wealth of information and strengthen the needs assessment process. Although these methods all rely on self-reporting, they provide useful information about key health indicators and risk factors among youth in the community. The following pages discuss the most commonly used techniques, including interviews, surveys, focus groups, observation visits, and review of agency records.

Interviews and Surveys

Interviews and surveys are among the most common tools for collecting information. Use interviews to collect sensitive or confidential information from individuals. Use surveys to gather information in a timely and cost-effective manner from large groups.

During interviews, participants respond directly to questions posed by an interviewer. While interviews do not reach as many people as written surveys, they do result in more detailed, complex, and in-depth information. Telephone interviews may provide a time- or resource-saving measure, since they do not require transportation. Telephone interviews are useful for reaching populations that may not otherwise be tapped, such as parents, and for conducting larger-scale studies, for example, to reach all service providers in the community. Both face-to-face and telephone interviews are appropriate for respondents with limited reading and writing skills. Data gathered through telephone interviews may be biased against families lacking phones or having frequent service interruptions.

Written surveys may be used to obtain information in person or by mail from young people, providers, teachers, or other key stakeholders. Surveys are confidential and easy to administer but require reading skills adequate for understanding the questions. For meaningful responses, the questions must be clear and understandable. Unfortunately, with self administered surveys there is little or no opportunity to probe for deeper responses. However they do provide information from a wide spectrum of respondents. (Brindis, Pittman, Reyes, et al., 1991; Brindis, Card, Niego, et al., 1996)

Designing Surveys: Implementation Tips

- **Keep it focused.** Ask only questions relevant to the needs assessment and that provide sufficient baseline information. Resist the temptation to ask every detailed question that comes to mind.
- **Keep it short.** Brevity is a virtue both for the time it takes to complete the survey and the amount of paper required. Respondents are more likely to complete a short survey. Inform respondents at the outset about the average length of time needed to complete the survey.
- **Keep it simple.** Avoid long and complex questions. When providing a list of choices, do not list every possible choice; anticipate those that will be selected by most people. Leave a space for other responses.
- **Keep it visually attractive.** Do not clutter pages trying to squeeze questions into a small amount of space. Leave generous room for answers to open-ended questions. An attractive, pleasing layout encourages completed surveys.
- **Keep it clear.** Use simple language. Avoid questions that ask two things at once, such as "Have you participated in after-school programs, and if so, which ones?" When appropriate, use familiar terms or slang terms to increase understanding. Pre-test with representatives from the target population.
- **Keep it friendly.** Include a welcoming statement at the beginning of the survey. Place instructions in front of each section and use a friendly tone. Thank the participant at the end of the survey.
- **Field test it.** Ask several people, especially from the target community, to fill out a draft survey. Incorporate their feedback and suggestions regarding purpose of survey and clarity of questions, language to be used, time required.
- **Address confidentiality.** Include a clear, written statement about how the survey results will be used. State clearly how confidentiality will be assured. Use an anonymous system of identification (e.g., a number assigned to the respondent rather than the person's name).
- **Consider the setting.** Where possible, conduct the survey in a setting that is comfortable for respondents. For example, survey community residents or parents in their homes. Survey youth at shopping malls, movie theaters, or recreational centers.

Source: Brindis, Pittman, Reyes, et al., 1991; Brindis, Card, Niego, et al., 1996

Agency Records

A review of agency records provides an excellent source of data information. Although record review can be extremely time-consuming, it can provide important insight into information that may not otherwise be available. In family planning clinics, for instance, a record review may document how protocols are implemented, count specific visits, ascertain operational relationships with referring providers, or determine the quality of health center record-keeping.

Observation Visits

Observation visits provide first-hand knowledge of the problems and needs of a population or of available services. There is no better way to get a true "feel" for the community or program than to make a visit. When it is useful for a team of individuals with diverse

expertise to make an observation visit, appoint one member to serve as the team leader. The leader coordinates the site visit with the program administrator, selects other team members, gathers preliminary documents, and prepares an analysis of the visit for future reference. Keep the team small so as not to impose on the agency; three members are usually sufficient.

Focus Groups

Focus groups are exploratory group sessions providing insight into participants' attitudes, beliefs, and perceptions. Focus groups usually comprise eight to 10 people. The participants should not know each other. A skilled moderator leads the group, using a predetermined set of questions to stimulate discussion. The role of the moderator is to keep the discussion flowing and to maintain a focus on the key issues.

When planning focus groups, consider the mix of participants. While it is important to conduct focus groups with a diverse range of community members, the mix of participants in any one group is important. For example, consider segregating adolescent groups by age and sex, to ensure full participation. Teenage girls, for example, are more likely to feel uncomfortable if teenage boys or parents are in the group than if the group is composed entirely of young women. Also, parents and their teenagers may feel more comfortable participating in separate groups, giving them the opportunity to hear the opinions of other parents or teens. (Brindis, Pittman, Reyes, et al., 1991; Brindis, Card, Niego, et al., 1996)

Preparation of the Assessment Report

The needs and assets assessment report summarizes the results of the data collection efforts. At minimum, it should include:

- A statement about the purpose of the needs assessment;
- The methods used to collect information (what, how, when, and with whom the assessment was conducted);
- Findings (trends in sexual behavior, teenage pregnancy, abortion, birth rates, responses to surveys and observations about needs, resources, and barriers).

The findings of the assessment will be used to evaluate the mission statement created by the coalition. Consider the following questions:

- Do the findings validate a need for improved access to reproductive and sexual health information and services for teens, as expressed in the mission statement?
- Do the results point to a community, neighborhood, or school where teenage sexual risk-taking behavior is of particular concern?
- What specific needs were identified? Examples might include no balanced, realistic sexuality education taught in middle school; limited access to contraceptive services for teens in the community; or the misperception that parental notification is the policy followed by the school-based health center.
- What action or program plan can the coalition realistically take to redress these needs? In what order? On what time line?

The needs and assets report provides the basis to create and justify the coalition's action plan. Such an action plan might include introducing an evaluated life planning education curriculum at the local school, improving contraceptive service availability, or strengthening interagency cooperation. The action plan should specify goals and objectives. Together with the needs assessment, it will provide the basis for fund-raising, public education, and advocacy.

Finally, the needs and assets assessment report identifies the baseline data from which evaluation of the success and impact of the program can be measured.

The worksheet, "Taking the Pulse: The Needs and Assets Assessment," that follows will enable the coalition to think about the extent and quality of current programs for youth in the community.

Taking the Pulse: The Needs and Assets Assessment

What does the needs and assets assessment depict about adolescent pregnancy in the community?

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How do youth view early pregnancy and childbearing? How do adults in the community define the issue? How can parents and providers learn about teen perspectives? What common themes emerge?

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How can public awareness about teen pregnancy be raised in the community? Who should be involved?

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If the needs and assets assessment shows that teen pregnancy and early childbearing is concentrated in some areas but not others, how should efforts be focused?

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How can the coalition be sure that multiple and simultaneous pregnancy prevention components are available for youth? How can the coalition reach men? How can the coalition better involve parents?

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If there is a great deal of controversy, how should the coalition proceed? How can the coalition ensure that pregnancy prevention programs in the community reflect the principles of evaluated, effective programs? What unique factors could be explored?

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How can the coalition educate the stakeholders and community about research-based factors without invalidating their personal experiences, if they believe those experiences are at odds with the research findings?

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If the assessment shows that key stakeholders, such as teens, parents, the media, businesses, and faith communities, are not involved, how can their support be gained? How can coalition members apply their perspectives and utilize their strengths?

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What does the assessment indicate about the quality of programs and how to improve that quality? For example, if the assessment shows that most teens in the community begin having sex at age 14, yet family life education in the schools does not begin until age 16, what changes can be made to implement curricula earlier? What types of curricula are necessary?

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What does the assessment show about the range of efforts? For example, have previous teen pregnancy prevention efforts focused primarily on sexuality education and contraceptive access? If so, how can the community prioritize youth development approaches?

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How can the community ensure that youth have expanded and unrestricted opportunities for job training, after-school programs, and recreational activities?

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What does the assessment indicate about service coordination? Is the community aware of how dissimilar groups of young people may respond differently to different interventions? How can programs be better linked to reach underserved youth? For example, can links be strengthened between youth in foster care or juvenile justice and family life education or youth development opportunities?

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What opportunities exist for cross-referrals, cross training, a shared location for staff of more than one agency, placement of one agency's staff within another agency's program , and/or other interagency partnerships?

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The Program Plan

The program, or implementation, plan outlines the specific activities that the coalition or network of agencies proposes to undertake within a certain period of time. The program plan is based on the results of the needs and assets assessment and is described in detail in Volume I of this series. Use the following checklist to help guide the implementation process. The program plan helps guide the implementation process, keeping in view the overall goals and objectives of the coalition and working to garner community-wide support and involvement. The plan includes:

- Statement of the findings of the needs and assets assessment which can mobilize community support. (See Preparation of the Assessment Report, in the section on techniques for collecting information.)
- Formulation of the goals and objectives, including:
  1) Written objectives, with specific time lines, that describe in detail what activities must occur before a goal is attained;
  2) Outlines of activities or strategies to accomplish the stated goals and objectives;
  3) Identification of resources necessary to conduct activities (e.g., funding, personnel, etc.); and

4) Plans to evaluate and monitor progress toward meeting the proposed objectives and goals.

- Strategies to assure widespread community involvement in the plan, including:
  1) Coordination with other community programs to assure better care for teens;
  2) Implementation of a comprehensive range of services and opportunities geared to increasing young people's motivation to delay pregnancy;
  3) Education campaigns to raise awareness within the community as a whole so that all segments of the community commit to teen pregnancy prevention; and
  4) Coordination of funding among agencies.

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

Summary

Once the needs assessment is complete, the coalition can define a plan and reach out to other community members. The program planning process uses the information obtained in the needs and assets assessment to create focused goals and objectives for a program that will respond to identified needs. A comprehensive plan will also include the establishment of standards for the program's plan, a time line, methods of linking the program with existing programs, and the establishment of a referral system so that young people can be referred to appropriate, existing resources outside the program. The needs and assets assessment will yield a massive amount of information which must be categorized both to determine the program focus and to set priorities for that focus. Continue to work closely with the planning group on how to implement the goals and objectives that emerge from the needs and assets assessment.

In this section, we identified the value of conducting a careful needs and assets assessment focusing both on problems facing the community and also on its strengths and existing resources. The next section highlights ways to evaluate the community's efforts and plan for long-term sustainability.

Section II
Pathways to Prevention

Chapter 1

Evaluation of Pregnancy Prevention Programs and Coalition Efforts

Evaluation is an evolutionary process integral to the growth and health of a program. Monitoring and evaluating pregnancy prevention programs are important to assess and improve program effectiveness. An evaluation plan developed early in the life of a program or a coalition helps clarify goals and objectives. Such a plan also helps identify successful and unsuccessful strategies aimed at achieving the goals and objectives. This section reviews the importance of evaluation, discusses different types of evaluation, and provides tips on obtaining technical expertise to assess the community's efforts. (Source: Advocates for Youth, 1995) Please review additional evaluation resources specifically devoted to evaluating adolescent pregnancy prevention efforts. (See Appendix C, Selected Evaluation Resources.)

Why evaluate?

Evaluations can be designed for a variety of purposes and answer a range of questions. Several reasons exist for evaluating coalition efforts, each community-wide strategy, or a single-component program.

Improve services. Increasingly, program planners utilize evaluations to refine programs, track and improve operations, assess effects, and provide feedback to the program personnel. Evaluation helps those involved in direct service to improve the services. Information about program operations can affirm smoothly functioning aspects that are satisfying to users as well as pave the way for improvements in operations. This type of self-evaluation strategy is most appropriate during the first few years of a program, when program staff are adapting models and systems to fit their particular environment. (Brindis, Pittman, Reyes, et al., 1991)

Advocate for increased and/or sustained funding. Proof that a program achieves its goals and objectives strengthens the program's ability to retain and attract additional financial support. As more programs compete for state, local, federal and private dollars, proof that a program has a positive impact on a target population or addresses some of its health needs will help to secure long-term funding through a variety of sources. Solid evaluation findings documenting the effect of the program and weighing gained benefits against costs provide the most compelling evidence to potential funders for support of programs.

Document effectiveness. The most common question asked regarding program effectiveness is whether or not specific interventions "work." One definition of success is the achievement of specified objectives. Another is favorable change in predetermined health or behavioral indicators, such as delayed onset of sexual intercourse, increased rates of contraceptive use, or reduced rates of pregnancy. Both process and rigorous outcome or impact evaluations can be used to document the success or failure of specific aspects of programs. By combining process and impact findings, evaluators can often provide insights into why certain interventions yield positive outcomes while others do not.

Promote pregnancy prevention models. Pregnancy prevention advocates are eager for solid information on how programs function and how they impact target populations. Information should be shared through a wide variety of venues: journals, conferences, newsletters, and electronic communications networks.

Types of evaluation

There are three primary types of evaluations:

- Process
- Outcome
- Impact

Please Note: For purposes of illustrating evaluation, throughout this section the authors use one example of the implementation of family life education in a school setting.

A process evaluation examines the way a program conforms to its originally planned goals and objectives. If the program plan establishes that over 1,000 students will receive a six-part curriculum, the process evaluation helps answer whether all 1,000 students participated, whether each student received the same level of program intervention, and whether all components of the program were in place.

The process evaluation also helps assess (1) the barriers encountered in achieving the planned objectives and (2) ways to overcome these. A process evaluation rarely requires a comparison group. Primarily, it measures program implementation and the quality of the intervention. Implementation of outcome and impact evaluations is premature before a process evaluation has been completed. It is crucial to know that program is adequately in place before proceeding to measure its outcome and its impact.

An outcome evaluation helps to determine whether the program has produced results. For short term outcomes, the emphasis is placed on immediate results of program efforts. For example, did the 1,000 students increase by 30 percent their knowledge and behavioral intentions with regard to reducing their risks of an unplanned pregnancy?

In order to conduct both outcome and impact evaluation, a comparison group that completes parallel pre- and post-tests is necessary. To gauge the effects of the program, data is ideally collected at baseline, immediately following the intervention, and six months after completion of the program. Questions central to an outcome evaluation include whether or not the program produced the desired effect and could the observed effect have occurred in the absence of the program?

Impact evaluation measures the long term effect of the program. Impact evaluation requires the use of a comparison group. For an impact evaluation, participants and the comparison group need to be followed for up to one year or more after the intervention is conducted. An impact evaluation provides strong evidence as to whether the program is effective.

Conducting outcome and impact evaluation is more costly than conducting process evaluation. Each phase of the evaluation spectrum requires more time and expertise to provide an accurate picture of program efforts. A poorly designed evaluation may present incomplete, inaccurate findings or findings that bear little relationship to the stated objectives of the program. However, even the most carefully planned evaluation may encounter problems such as weakening of the original program intervention, quality of data collected, and lack of access to an equivalent comparison group, resulting in an inability to produce statistically significant results. Before deciding on the type of evaluation to conduct, consider the following issues.

Selection of the Evaluation

Evaluation decisions should be based on a number of important issues including available resources, questions that need to be asked, and the stability of the intervention and its audience.

Resources available for the evaluation process. A common rule of thumb is that approximately five to 10 percent of the overall budget should be devoted to conducting adequate evaluation. While this percentage may seem high, program managers must remember that, without a well-substantiated evaluation, obtaining long-term funding for the program is unlikely. Following identification of a potential funding source for the evaluation, consider the following factors as well.

The range of evaluation questions that require exploration. The evaluation questions will determine the amount of resources necessary to devote to the evaluation effort.

Strength of the intervention. If the intervention is relatively short-term (i.e., less than four to six sessions) and not intensive (less than an hour per session), changes are not likely to occur. Many health educators and policy makers hold to dreams that a short-term intervention will be of sufficient strength to make a real, lasting difference. Be sure that the level of evaluation selected is appropriate to the intensity of the intervention.

Stability of the intervention. It is important to ascertain whether the goals and objectives, as well as activities, of the program are being implemented as originally planned. If modifications in the intervention have occurred, these should be reflected in the evaluation instruments. Without assurance that the intervention being evaluated is in actuality the one implemented, there is a danger of evaluating a vastly different intervention to no purpose.

Stability of the program audience. If there is dramatic turnover of participants in the settings where the intervention is provided, relatively few participants will be exposed to the full intervention. Furthermore, both short- and long-term efforts at assessment may be seriously compromised if substantial numbers of students leave the school before participating in the post-test assessments.

Opportunities to follow-up with participants. While post-intervention assessments often show the immediate effects of learning, issues pertaining to long-term retention are important to explore. Longer-term outcomes, for example, at 6 months, 12 months, and 18 months following the intervention, are critical to assessing impact. If too few participants can be tracked over time, data collected on those who remain may present a biased perspective.

Chapter 2

Evaluation Design

Selecting a Comparison Group

A number of evaluation approaches exist. The type of intervention being tested and the resources available influence the level of evaluation one can conduct. To assist with evaluation, seek the assistance of a university-based faculty member, perhaps one who is already involved in the coalition. Traditionally, changes in knowledge, attitudes, and behavior (or behavioral intent) are measured before and after the intervention is completed. However, using this relatively inexpensive design provides little or no information about the knowledge, attitudes, and behavior of adolescents who have not been exposed to the program.

The coalition should work with school and community members to identify a group of comparable students or community adolescents not currently receiving the same educational or service intervention. They will serve as a comparison group. It is unlikely that many adolescents enrolled in school have no exposure to the subject of family life education. Testing the effects of a balanced, realistic model — as compared to either "no intervention" or abstinence-only family life education — provides an excellent opportunity to ascertain the effectiveness of the balanced, realistic model. Thus, the evaluation design is significantly strengthened when a comparison group is identified. The evaluation is further strengthened when a substantial proportion of students or clients in both groups are followed over time. Ideally between 75 percent to 80 percent of both groups at six months, 12 months, and 18 months are followed to ascertain the impact of the intervention.

Alternative options are available if this type of evaluation is not feasible within the particular setting. Choosing an already established and well-evaluated family life education curriculum significantly reduces evaluation tasks, provided the integrity of the original program remains intact. Sociometrics Corporation has produced the Program Archive on Sexuality, Health, and Adolescence (PASHA, see Appendix C), a collection of effective, evaluated teen pregnancy and HIV/AIDS prevention programs for use in schools, communities, and clinics. In addition to a user's guide, the PASHA program package contains a sample student questionnaire and a directory of evaluation consultants. By replicating a PASHA program, the community already has data from the original evaluation that can be used for purposes of comparison with the community's youth. However, if the program audiences are significantly different, the original data may not provide appropriate comparison. Consult with Sociometrics regarding the comparability of the participants in the community's program to the ones enrolled in the original program.

A hybrid model enables the coalition to develop questionnaires that are more aligned with the particular program matter. Sociometrics' Prevention Minimum Evaluation Data Set (PMEDS) tool combines a number of existing, well-tested questionnaires in the field of adolescent pregnancy and HIV/AIDS prevention. (Brindis, Eisen, Card, et al., 1997) Depending upon the program focus (for example, increasing communication skills) a number of items measuring changes in the area are available in the PMEDS communication module. By combining questions corresponding to the content and length of the program, changes that have occurred as a result of the intervention can be measured. Again, the program evaluation design is strengthened if a comparison group of non-program participants is identified who are not exposed to the program but who complete the assessments.

A third option is to gather baseline data on students at each high school grade level to capture information on historical norms in the school or community setting. Traditionally, adolescents engage in more risk behaviors as they age. Thus, it would not be surprising to see that larger proportions of students do, in fact, engage in more risky behaviors over time as they mature from the 10th to the 12th grade. If baseline data of 12th graders not exposed to the program intervention has been successfully gathered within the school, this sample may be compared with the 12th grade students who are exposed to the new intervention. The hypothesis would be that although 12th graders engage in more risk taking behavior than 9th graders, over time their rate of risk taking behavior will be substantially lower than that among 12th graders without the intervention.

Choosing to use this type of comparison group requires monitoring historical factors that may affect patterns of behavior. For example, with the potential risk of HIV/AIDS, the amount of information available to adolescents on the subject of condoms has greatly increased over time. In this case, it will be difficult to attribute the increased condom knowledge only to either a community-based condom education project or to the school-based family life education program. By tracking historical factors, such as asking students what other information they recall hearing regarding HIV/AIDS prevention, the impact of other programs can be considered.

Choosing the Data Collection Method

A number of questionnaire tools are available in the field to evaluate family life curricula. Far fewer have been developed to evaluate community-wide initiatives. In addition, conducting focus groups, holding one-on-one interviews with participants, and conducting observation visits can supplement the classroom or other questionnaire used in the community to collect data. In evaluation of family life education, there are clear advantages for using paper and pencil (or computer) data collection techniques. Questionnaires can be answered anonymously, can be administered to many people simultaneously, and can impose uniformity on the information obtained by requesting the same information from all respondents. On the other hand, written questionnaires do not necessarily provide depth of information, are impersonal, and can be read carelessly or be misunderstood. Following are tips for writing good questionnaires.

Designing Questionnaires

- Be sure the instrument actually measures the stated objectives rather than whether the participants approved of the program.
- Ask questions only on material that has been presented.
- Begin with the least intrusive, or personally threatening, questions. End with the most intrusive.
- Always provide clear instructions.
- Make sure items are clear and precise.
- Make response categories exhaustive and mutually exclusive.
- Use appropriate vocabulary.
- Make questions interesting.
- Make items match the intervention.
- Be prepared to pilot test and revise.

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

Collecting Data

Closely monitor the quality of data being collected, particularly in classroom and community settings. The quality of the evaluation is largely dependent on the quality and completeness of the data collected. Respondents should be protected from emotional discomfort in answering any questions. All information should be kept confidential, for example, by using code numbers instead of names.

In order to collect data in school settings, signed parental consent is usually required, particularly if questions pertaining to sexuality are included. Working with the school principal and staff can assure return of the highest proportion of consent forms and, therefore, that the sample participating in the evaluation is truly representative. Some evaluators work with school teachers and provide incentives for participating, for example, extra credit for consent forms returned, whether or not they permit the student to participate in the study. Designate enough time for the required procedures, including time to have parents return the consent forms.

The purpose and intent of the evaluation may be brought to the attention of parents and teachers at a Parents and Teachers Association (PTA) meeting. Furthermore, the school advisory committee on the curriculum can be actively involved to help ensure that the evaluation is conducted. In identifying comparison schools, meetings with parents and staff can help explain the purpose of the study. Parents should be assured that, if the study finds one of the available curriculum more effective, their children will have the opportunity to participate in the program in the future.

Data Analysis and Report Development

Once data is gathered, consult a researcher or statistician on the best way to analyze the data. For example, data can be key-entered by local graduate students. A local university faculty member may be willing to provide assistance with data analysis. While some of the data will be primarily descriptive in nature, patterns among participants can help ascertain whether specific tailoring of the program is required. If data is to be gathered at follow up times, a system for tracking participants is crucial, whether or not the participants remain in the area.

Developing a brief report on pre-test data and sharing the information with relevant stakeholders, including schools and parents, helps maintain their interest in and commitment to the project. While follow-up data (and comparisons with pre-test data) will help shed light on the progress achieved by the program, preliminary data can be useful in maintaining support for evaluation efforts. A brief, one- to two-page summary of initial findings may be useful. Maintain the confidentiality of students even while providing interpretation of the principal results. Highlight unexpected findings. As follow-up data is gathered and as longer term results accrue, continue providing the findings to the community and supporters.

Next Steps

The ultimate purpose of an evaluation is to provide a basis for decisions. Evaluation is a tool for assessing how well the program meets its objectives and how it can be improved. Because evaluations require a significant commitment of resources and staff, the results must be made as useful as possible to program management and personnel. If the evaluation uncovered program areas in need of revision, work on solving those problems so the next evaluation will show greater progress in meeting the program's stated objectives. Communities can learn much to improve programs from both positive and negative findings. Evaluation is not a punishment, but rather a learning tool to improve reproductive and sexual health programs for young people.

Section III
Ensuring Long-term Sustainability

Chapter 1

Obtaining Funding for Adolescent Pregnancy Prevention Efforts

One of the most challenging tasks of the coalition is to develop funding to ensure the long-term sustainability of community efforts. The coalition should consider how funding sources can be combined to build a strong financial base as well as how to move toward self-sufficiency. Seek private and public funding and negotiate with managed care, as appropriate, to sustain pregnancy prevention efforts. Volume IV, *Improving Contraceptive Access for Teens* offers guidance on linking health providers with managed care organizations. This section addresses developing a solid funding base for pregnancy prevention programs using existing community resources and discusses federal funding sources. Finally, writing grant proposals, working with private foundations, obtaining planning grants, and using diverse techniques for fund-raising are summarized.

Coalitions or networks will also have to think creatively about ways to share existing resources. Consider the following questions while developing funding strategies. Are there better ways to use existing facilities? Can resources be pooled to maximize their potential? Who will donate which resources? How can the coalition encourage direct service providers to share staff or premises? How can the coalition redeploy existing resources more effectively?

Remember that the available funding will determine which types of pregnancy prevention programs or strategies are feasible.

Planning Grants

Many communities seek separate financial support for the planning process. Although planning grants are neither necessary nor easily obtained, they can facilitate the work of the coalition or community network. Local foundations, social service agencies, hospitals, businesses, and social clubs may be willing to support the planning effort. States with pregnancy prevention initiatives or governor's task forces may make planning funds available. Check with state adolescent health coordinators, maternal/child health program managers, or local community clinic administrators. A planning grant may pay a staff person to coordinate the coalition's planning activities. Or the grant can help mobilize the community and serve as a catalyst for more funding.

Coalitions can obtain information on available funding from local, state, and national private foundations and government agencies through a variety of sources. Here, private foundations are discussed. Chapter 2 of this section provides information on public funding streams from federal sources.

Private Foundations

The Foundation Directory, published by the Foundation Center, is the most comprehensive resource on private funding. The directory is indexed by geographical and subject area and by type of support. It includes information on the application process. The directory can be obtained in a local library or ordered by mail. The Foundation Center maintains services in centers throughout the United States. Call 800/424-9836 for the location of the nearest library collection. Foundations may be contacted directly to request annual reports which provide organizational information on funding priorities, grant amounts, and past recipients.

Local foundations are more likely to support planning grants and demonstration projects, while national foundations may be more interested in funding innovative replications or model programs already instituted in other communities. In general, foundations are interested in providing start-up and matching grants, rather than funds for on-going service delivery. Most foundations will give grants only to 501(c)(3) non-profit organizations. The table below offers tips for working with private foundations.

Tips for Approaching Foundations

- **Do not be afraid to ask for funding.** A foundation's purpose is to provide philanthropic support, and foundations expect and, in most cases, want creative and worthwhile ideas presented to them. A letter of intent can sometimes save significant time in finding the right match of a foundation to approach with a proposal.
- **Take time to research a foundation before approaching it.** Find out how and why it was created, its areas of interest, general types and amounts of past grants, and application procedures.
- **Do not circumvent specific application procedures.** They are sometimes burdensome, but there is usually a good reason for the procedures.
- **Be straightforward at all times about the proposed program, its nature, and the amount of funding needed.** Be specific with amounts and reasons for the request.
- **Do not ask for more funds than needed.** It can be hard to justify and may indicate unrealistic and inadequate planning. Do not request amounts clearly beyond the normal range of grants. Be sure the coalition or network can manage the funds appropriately.
- **Be prepared to justify the request, its purpose, and cost as well as the organization's ability to carry out the project in question.** Do not assume that the foundation knows about the coalition or its project. Do not rely on the coalition's past history and reputation to sell the request. Most grants are awarded based on a project's merits.
- **Do not promise unrealistic goals.** Embellishment, exaggeration, or claims to "save the world" usually provoke skepticism. Be reasonable and establish specific criteria by which success may be measured.
- **Use personal contacts with program officers and board members of foundations.** Individuals within the coalition may have a long history of working with a variety of local, state, and national foundations. Use them.
- **Be friendly, but business-like, in communications.** Except with personal friends, avoid being too casual.
- **Do not be discouraged by a refusal.** Do not burn any bridges. Next time the foundation may be able to help.
- **Follow up with the foundation regardless of the request's outcome.** Thank them for funds granted and/or for the time spent considering the request. Courtesy always helps.
- **Above all, remember that foundations want a direct, honest, mutually respectful relationship.** That respect will enhance the success of the project and the foundation's grant program as well.

Source: Huberman, 1993

Other Potential Non-Governmental Funding Sources

Other grant sources include the United Way and the March of Dimes; corporations, such as pharmaceutical companies and local businesses; religious and labor sources; professional associations; civic organizations such as Kiwanis or Junior League; medical societies; PTAs; and anonymous individuals via philanthropic entities. (North Carolina Coalition on Adolescent Pregnancy, 1993) The National Campaign to Prevent Teen Pregnancy has published *Partners in Prevention* which highlights foundations that have a history of funding teen pregnancy prevention efforts. (See Selected Resource Organizations in the appendices.)

Non-grant sources, such as individual solicitation, planned gifts, earned income, and in-kind services should also be tapped. The North Carolina Coalition on Adolescent Pregnancy suggests that individual gifts can be obtained in a number of ways: personal requests, phone-a-thons, telemarketing, mail appeals, mailgrams and electronic mail, radio or TV appeals, payroll deductions, special events, and canvassing. Planned gifts may include bequests in wills; donations of real estate, stocks, and art; and designation as a beneficiary of life insurance.

Sales of products and publications, fees for services, and interest income constitute a coalition's earned income. In addition, coalitions receive non-monetary, less measurable in-kind gifts such as donations of staff time, equipment, space, printing, advertising and public relations, food and transportation, speaker's fees, and construction and renovation. (North Carolina Coalition on Adolescent Pregnancy, 1993; Brindis, Pittman, Reyes, et al., 1991) Examples of some creative and innovative methods to obtain funding are given here.

> The Junior League of Dallas Texas, donated a $500,000 building to Girls Incorporated of Dallas. One of the most well-recognized youth-serving organizations in the country, [Girls Incorporated] serves over 6,000 young women each year. The new building enables them to redirect funding from paying rent and facilities to expanding services and programs for young women. (Davis L, 1996)

> In New York City, the Beacon Schools Initiative has transformed 40 public school buildings into youth centers during after-school hours and weekends. A community-based organization coordinates each Beacon program. A variety of preventive services and developmental programs are offered to both youth and their parents during both school hours and extended hours. (DeWitt Wallace-Reader's Digest Fund, 1996).

The next chapter looks at sources of public funding for adolescent pregnancy prevention efforts.

Chapter 2

Public Sources of Funding for Adolescent Pregnancy Prevention

Public sources of funding are essential to cover the day-to-day operations of pregnancy prevention programs. The section below reviews types of public funding available, provides tips for obtaining funding, and discusses eligibility and grant requirements for specific funding sources. (Adapted from Loxterman, 1996) Traditionally, public funds have been available through federal sources and at the state level through state appropriations for health and social services. Current public funding for programs directly addressing teen pregnancy prevention is fragmented and lacking coordination. For example, school-to-work program funding is not directly linked to balanced, realistic family life education or to family planning services, even though delaying parenthood is a key factor in the success of school-to-work initiatives.

Federal and state support for health and social programs embrace a variety of funding approaches, including block grants, categorical grants, competitive projects and entitlements. Many of these can support a range of teen pregnancy prevention approaches. Some of the major sources of funding for pregnancy prevention programs are highlighted below. In reviewing these sources, consider the following:

1. Investigate grant sources closely, particularly state and regional sources in the coalition's area. Then evaluate where components of current activities may fit the requirements of different funding sources.
2. Look at the coalition's programs and assess the applicability of the grant. Pay particular attention to links with other public and private organizations in the community that can strengthen access to these various funding streams.
3. Get to know the state and regional agencies responsible for allocating the funds, including top and mid-level officials in the agencies. When a funding stream requires that a state plan be submitted, join with other organizations participating in the formulation of the state plan. The goal here is to have the coalition's programs embraced within the state's plan, thereby ensuring a portion of grant funds for the coalition.
4. Find out who has received federal or state funding in the past and who is currently receiving it. Work with these individuals to learn from their successes and to find potential partners to strengthen the coalition's appeal to funding sources.
5. Consider ways to blend funding sources. Even though there are a number of categorical funding streams, seek creative ways to offer a comprehensive set of services drawing funding from a broad range of sources. Consider funding streams related to violence and substance abuse prevention, social services, vocational training, and education that may also be applicable to adolescent pregnancy prevention efforts.

Federal Funding Sources

Federal funding for the full range of services in family planning, reproductive health, and health services are contained in four major sources: Medicaid (Title XIX), Title X (Family Planning), Title XX (Social Services block grant), and Title V (Maternal and Child Health block grant). A number of other sources, including the Preventive Health Services block grant are also important to pregnancy prevention efforts. In 1997, Congress passed legislation to expand health insurance coverage for uninsured low-income children and youth (Title XXI of the Social Security Act). Additionally, there are non-traditional funding sources that may be useful to the field of pregnancy prevention, such as juvenile justice, school-to-work programs, youth-building programs, and substance abuse prevention programs.

Please note: Please remember that federal laws and the regulations that implement those laws change. Consult the most current *Code of Federal Regulations* (C.F.R.), the United States Code (U.S.C.), and the *Federal Register* for changes that may affect eligibility, programs, and funding streams.

■ Title X: Family Planning

Since 1970, Title X has guided the provision of federal funding for comprehensive family planning services. The purpose of the law, among other things, is to make family planning services readily available to anyone desiring such services. No increase in funding for Title X is expected and, in fact, Congress is considering abolishing or radically restructuring the program. In recent years, there has been a focus on more services for adolescents as well as a new initiative to increase male participation in family planning.

While most family planning funds are for contraceptive, reproductive, and other health services in clinics, these funds represent a major source of federal support. Of equal importance, these programs provide funds for other important services such as training, community outreach, prevention education, and data collection.

Title X funds are allocated to ten Department of Health and Human Services (DHHS) Regional Offices which manage a competitive review process, award grant funds, and monitor program performance. Funding decisions by the regional offices are based on factors outlined in Title X regulations. (42 C.F.R. Part 59)

Of the approximately 85 service grantees, almost two-thirds are state health departments. Other grantees include family planning councils, Planned Parenthood affiliates, and other public and private family planning service providers. Money awarded to these grantees may in turn be distributed to sub-grantees. Grants are typically awarded in a three-year renewable cycle.

> **Eligibility and Grant Requirements:** Any public or nonprofit entity in a state may apply for a grant. (45 C.F.R. 59.3) Family planning projects *must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).* (45 C.F.R. 59.5 (a)(1)
>
> The criteria used by DHHS to determine which projects to fund, and in what amounts, are those that will best promote the purposes of Title X, taking into account:
>
> 1) The number of patients, and in particular the number of low-income patients;
> 2) The extent to which family planning services are needed locally;
> 3) The relative need of the applicant;
> 4) The capacity of the applicant to make rapid and effective use of Federal Assistance;

5) The adequacy of the applicant's facilities and staff; and

6) The relative availability of non-Federal resources within the community and the degree to which those sources are committed to the project.(45 C.F.R. 59.11(a))

A number of services mandated by Title X Program Guidelines present opportunities for non-profit educational service providers, including adolescent services — such as family planning counseling or STD counseling (45 C.F.R. 8.7) and to promote programs utilizing community strategies and community education — such as values clarification in family planning and family life and human sexuality. (45 C.F.R. 6.10, 6.11, 6.12)

■ Maternal and Child Health Block Grant

Title V of the Social Security Act (42 U.S.C. 701 et seq.) provides Maternal and Child Health (MCH) block grants to the states to fund a variety of preventive health and primary care activities to improve the health of mothers and children. MCH can be an important funding source for programs which seek to prevent subsequent pregnancies among teen mothers. MCH block grants have a special emphasis on those with low income or with limited access to health services. Much of the funds are committed to outpatient services for maternal health care and for children with special needs. However, 30 percent of a state formula allocation to each state must be committed for primary and preventive health care services to low income children to promote their health and well-being. Funds are allocated directly to states based on an annual plan at a match of three state dollars for every four federal dollars.

As part of the recently passed welfare reform law, the MCH block grant was amended to include an abstinence education component for adolescents. Beginning in FY 1998, $50 million per year for five years will be appropriated to enable states to provide abstinence education, and where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity. The provision of this service should focus on those groups which are most likely to bear children nonmaritally.

In addition to the abstinence education component in the MCH block grant, the new welfare reform law directs the DHHS to establish and implement a strategy to prevent nonmarital teen births and to assure that a least 25 percent of communities have teen pregnancy prevention programs.

To reduce out-of-wedlock births, among all women, not just adolescents, bonuses will be provided to the five states that most successfully reduce nonmarital births, without increasing abortions. The Temporary Assistance for Needy Families (TANF) block grant, which replaces Aid to Families with Dependent Children (AFDC) and other welfare programs, requires the states to submit plans for reducing nonmarital births, with special emphasis on reducing teen pregnancies.

> **Available Funding/Distribution Methods:** In 1989, amendments were adopted to encourage states to develop "systems" for care as opposed to simply providing direct services. States, however, retain wide latitude in developing their state plans and use of funds within the restrictions imposed by the welfare reform law.

When the total funds allocated for MCH block grants exceed $600 million, 15 percent must be set aside for discretionary grants directly from DHHS to the projects known as Special Projects of Regional and National Significance (SPRANS). The funding is broken down into four broad categories: research, training, genetics and hemophilia, and special grants. The SPRANS funding process is typically announced in late spring, although occasionally as early as December.

Eligibility and Kinds of Programs: MCH block grant funds rely heavily on the state plan and reflect federal guidelines. With respect to SPRANS, historic allocations for these grants have been 35 percent for training, and 40 percent for other special grants, with research and genetics and hemophilia sharing the remaining 25 percent. In examining SPRANS opportunities for pregnancy prevention programs, please note a number of distribution requirements. Three areas regarding training may be relevant: consultation, technical assistance, and production of manuals. To apply for these distributions, however, one must have a link to an institution of higher education. The purposes of the special grants are demonstration and innovation in early intervention. The description of the special grants includes a specific reference to development of appropriate health services for adolescents.

■ Adolescent Family Life Program

The abstinence-only educational component of the MCH block grant dovetails with the Adolescent Family Life (AFL) program. Funded through Title XX (see Social Services block grants, below), the AFL program is connected to the MCH block grant and is administered by the Office of Adolescent Pregnancy Programs. AFL funds 17 demonstration projects designed to prevent early adolescent sexual activity, to reduce teen pregnancy, and to help improve adolescent parents' self-sufficiency, parenting skills, and knowledge. Funding falls in four areas: care demonstration projects, prevention demonstration projects, joint prevention and demonstration projects, and research projects.

According to the announcement of availability, the grants are for "planning and development of community-based and community-supported demonstration projects to find effective means of preventing pregnancy by encouraging adolescents to abstain from sexual activity." (Office of Adolescent Pregnancy Program, 1997) The Office of Adolescent Pregnancy Prevention (OAPP), which administers the AFL program, is particularly interested in projects that target youth ages 9 to 14.

Available Funding/Distribution Methods: OAPP makes approximately $1 million available to support an estimated 20 to 40 new prevention demonstration projects. The grant awards will range from $20,000 to $50,000 for a one year period. The grants may not exceed 70 percent of the total cost of the project for the first year.

Eligibility and Kinds of Programs: Public and private nonprofits are eligible to apply for grants. The grants are awarded only to those organizations which are determined to be capable of providing the proposed services and meet the statutory requirements. (Office of Adolescent Pregnancy Programs, 1997)

Title XX authorizes grants for three types of demonstration projects:

1) projects which provide "care services" only — services for the provision of care to pregnant adolescents, adolescent parents and their families;
2) projects which provide "prevention services" only — services to prevent adolescent sexual relations; and
3) projects which provide a combination of care and prevention services. (42 U.S.C. 300-z(2) (1996))

According to the OAPP, the primary purpose of prevention programs "is to find effective means of reaching adolescents, both male and female, before they become sexually active in

order to encourage them to abstain from sexual activity." Applicants for AFL grants must, therefore, provide services that help young people "acquire knowledge and skills that will instill healthy attitudes and encourage and support abstinence from sexual activity." Information provided to adolescents must be medically accurate, and in the context that abstinence is "the best choice and what the project recommends." (Office of Adolescent Pregnancy Programs, 1997)

Non-profit educational service providers may qualify for AFL funds, provided their services are abstinence-only. Under Title XX, educational services may be funded according to the following statutory provisions.

Educational services relating to family life and problems associated with adolescent premarital sexual relations including:

a. Information about adoption;
b. Education on the responsibilities of sexuality and parenting;
c. The development of material to support the role of parents as the providers of sex education; and
d. Assistance to parents, schools, youth agencies and health providers to educate adolescents and preadolescents concerning self-discipline and responsibility in human sexuality. (42 U.S.C. `300z-1(4)(G) 1996)

A nonprofit educational service provider which furnishes programs which meet the statutory requirements of Title XX may qualify for AFL funds. Once again, however, such educational services must be abstinence-only. In this regard, it is important to note that the OAPP guidance for AFL grants has adopted the definition of abstinence education from the Welfare Reform Law. (Office of Adolescent Pregnancy Programs, 1997)

In this usage, "abstinence education" refers to an educational or motivational program which

A. has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
B. teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
C. teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted disease, and other associated health problems;
D. teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexual activity;
E. teaches that sexual activity outside of marriage is likely to have harmful psychological and physical effects;
F. teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
G. teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and
H. teaches the importance of attaining self-sufficiency before engaging in sexual activity. (42 U.S.C. 1397 et seq.)

■ Medicaid (Title XIX), Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, and State Children's Health Insurance Program (Title XXI)

Title XIX is one of the largest entitlement programs of the federal government, providing individual payments to health providers on behalf of individuals meeting a wide range of income and disability criteria. Medicaid is, in effect, the health insurance program for low income children, families, and pregnant women, and along with Medicare, the aged and disabled. It is also the largest source of federal funds for health services for children and adolescents.

The program is operated by the states, which receive funding based on a federal/state match ranging from 50 to 80 percent. Of particular note, also, is the presence within Title XIX of a program known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This program, mandatory for a state's participation in Medicaid, provides for a wide range of medical, health, and social services, including case management, specifically for Medicaid-eligible children up to 21 years of age.

The State Children's Health Insurance Program (Title XXI of the Social Security Act) was enacted by Congress in 1997, to become effective in July 1998. Designed to expand health insurance coverage for uninsured low-income children and youth, the program will provide increased matching federal funds to the states. Each state will be able to utilize the current Medicaid program, create a state-based program, or use a combination of both to expand coverage for youth up through age 18. Although we do not yet know how the program will affect adolescents, it has the potential to reach five to ten million uninsured youth across the nation. Contact individual state health departments for more information.

Available Funding and Distribution Methods: Funding flows through states and, in most cases, from states to certified medical and health service providers on behalf of qualified individuals. Increasingly, states are using managed care systems to deliver or arrange for care in return for a fixed payment.

The rapid expansion of managed care is dramatically altering the face of Medicaid, especially in client's relationship with providers of outpatient services. These changes will affect, in ways both positive and negative, preventive services such as teen pregnancy prevention or counseling.

Eligibility and Kinds of Programs: Certified providers of medical and health services receive payment for providing covered services. The funding streams that support these services are complex and require creativity from programs wanting funding for services like teen pregnancy prevention and adolescent counseling services.

■ Social Services Block Grant (Title XX)

The Social Services block grant program (42 U.S.C. 1397 et seq.) to the states is authorized by the Social Security Act. It provides a broad range of grants with wide discretion for non-medical support services. The Social Services block grant program provides assistance to states for services directed at eliminating dependency; achieving or maintaining self-sufficiency; and preventing neglect, abuse, or exploitation of children and adults.

Most states use major portions of the block grant for child care. Note, however, that although the statute prohibits the use of Social Service block grant funds for medical care, it exempts family planning services from the definition of "medical care." ((42 U.S.C.'1397d(a)(4) ("grants under this subchapter may not be used...for the provision of medical care (other than family planning services...).")

Available Funding and Distribution Methods: Annual funding for the Social Services block grant is $2.38 billion in FYs 1996 - 2002, and $2.8 billion in FY 2003 and each succeeding fiscal year. The funds go directly to states, typically to social services agencies or those which accept Medicaid payments. Funding is based on a population formula. Eligibility for recipient agencies is under the states' broad discretion, and is based on a pre-expenditure state plan filed annually.

■ Preventive Health Services Block Grant; HIV and Pregnancy Prevention

This block grant, administered by the Centers for Disease Control and Prevention (CDC), consolidated earlier preventive health activities. Funds go to state governments, which must have a plan and an advisory committee. Targets in recent years are programs that help achieve the objectives of Healthy People 2000. While a number of states have obligated their funds to long-term grant programs in preventive health, there may be funding available in some states.

Available Funding and Distribution Methods: Funds in the Preventive Health Services block grant have hovered at approximately $140 million, allocated to states under a formula based on 1981 distributions. HIV prevention funding, especially those included here for community-based organizations, are direct grants by CDC for specific grant purposes, both to states and to individual organizations and consortia.

Eligibility and Kinds of Programs: Preventive Health Service block grant programs address the goals of Healthy People 2000. Areas of interest to nonprofit educational service providers include education and community-based programs, HIV prevention, STD prevention, family planning, and mental health. A portion of the funds must be committed by states towards prevention of sexual offenses and services to victims of sexual offenses. The CDC also administers a competitive grant program for community-based teen pregnancy prevention.

Community Coalition Partnership Programs for the Prevention of Teen Pregnancy is a new demonstration program that will provide $6.5 million over two years to enable 13 communities to develop plans for implementing and evaluating community-wide interventions that are innovative, comprehensive, and sustainable.

Of primary interest to nonprofit educational service providers is "Young Women at Risk: Prevention of Unplanned Pregnancies, HIV, and Other Sexually Transmitted Diseases." Under this program, the CDC makes funds available for cooperative agreements for the prevention of unplanned pregnancies, HIV and other STDs among young women ages 15 to 25 years. (Dept. of Health and Human Services, 1997b) The program supports "applied research programs that design, implement, and evaluate interventions to reduce unprotected sexual intercourse among young women and their male partners." The research should focus on factors that affect sexual decision-making, disease and pregnancy prevention behavior, the importance of gender roles, relationship stages, concordance of couples' reproductive desires, the balance of power in the relationship, and the influence of other network, family, and sociocultural factors. (Dept. of Health and Human Services, 1997b)

Public health, family planning, and substance abuse agencies, as well as local governments, nonprofit organizations, academic institutions, and other nonprofit health, family planning, substance abuse, or social service providers are eligible for funds under this program.

■ HIV/AIDS Education

The Centers for Disease Control and Prevention also operates a program called "Cooperative Agreements to Support Comprehensive School Health Programs to Prevent the Spread of HIV and Other Important Health Problems." The act provides for a wide variety of HIV/AIDS prevention services linked to schools, many relating to information collection, training, and development and dissemination of appropriate educational and training materials.

To further the development of this program, the CDC created the School Health Program Finance Project (SHPFP). The purpose of the SHPFP is to share with local school districts information about how they can gain funding for developing and improving school health programs, including HIV/AIDS prevention.

The CDC's Division of Adolescent and School Health also supports the provision of effective HIV/AIDS education within comprehensive school health programs. The division works with 57 state and territorial education agencies and 18 local education agencies, as well as 31 national nongovernmental organizations.

Available Funding and Distribution Methods: All funds are directed towards state health and education agencies. The grants are competitive, but noncompetitive continuing agreements are permitted.

Eligibility and Kinds of Programs: Emphasis has been placed on grants to states to provide central or regional training on HIV/AIDS education. The state and regional entities have been urged to form local coalitions to address high risk populations.

According to the CDC guidance, the educational programs "should assure that young people acquire the knowledge and skills they will need to adopt and maintain the types of behavior that virtually eliminate their risk of becoming infected." (Centers for Disease Control and Prevention, 1992) To this end, school systems should make programs available to encourage young people who have not engaged in sexual intercourse and who have not used illicit drugs to continue to abstain from both. For young people who have engaged in sexual intercourse or who have injected illegal drugs, school programs should enable these young people to stop engaging in sexual intercourse until marriage, and to stop using or injecting drugs. (Centers for Disease Control and Prevention, 1992)

The CDC's adolescent health programs offer funding opportunities for nonprofit educational service providers who can work in coalition with local and state educational authorities. Such nonprofits work with administrators and educators to develop comprehensive HIV/AIDS education programs in the school systems.

■ Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment Block Grant (42 U.S.C. 300x-21 - 300x-64 (1996)) is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under this block grant, states are given funds to provide drug treatment and prevention programs under the guidance of the SAMHSA.

The regulations applicable to the block grant (45 C.F.R. 96.120 et seq.) define a primary prevention program as one that "includes a broad array of prevention strategies directed at individuals not identified to be in need of treatment." (45 C.F.R. 96.125(1)) Among the strategies for primary prevention, the regulations describe education programs that include peer education and education for youth groups. (45 C.F.R. 96.125(2)(2))

Available Funding and Distribution Methods: This fund is administered by SAMHSA, and distributed in a lump sum to each agency or department responsible for substance abuse programs.

Eligibility and Kinds of Programs: SAMHSA provides support for study sites to test prevention/intervention approaches to enable adolescents who engage in high risk behaviors associated with HIV/AIDS transmission to change these behaviors. The primary goal of the program is to:

Identify the key elements/factors/determinants that are both necessary and sufficient conditions in implementing and evaluating a community-focused prevention/ intervention protocol to encourage and enable individuals, specifically, adolescents and women, who are at risk for HIV/AIDS, to reduce the incidence of high-risk behaviors. (Substance Abuse and Mental Health Services Administration, 1997)

One of the two primary target populations covered by the program is adolescents who engage in high-risk behaviors associated with HIV acquisition and transmission. Since some high-risk behaviors associated with HIV transmission also put adolescents at risk of unplanned pregnancies, education or service providers may want to explore funding from this program.

■ Education Funding Statutes

Given recent studies which link dropping out of school with increase risk of teen pregnancy, two important educational funding statutes may provide opportunities for support of pregnancy prevention programs.

The Elementary and Secondary Education Act of 1965 (20 U.S.C. 2701 et seq.(1996)) is the primary source of federal funding for schools throughout the country. The Act was reauthorized by the Improving America's Schools Act of 1994, in which Congress and the President emphasized, among other things, developing prevention and intervention programs for children who are neglected, delinquent, or at risk of dropping out. (Improving America's Schools Act of 1994, Part D, 1401) To this end, the Secretary of Education will make grants to State educational agencies to establish and improve programs for these at-risk youth.

Also important is the Goals 2000 statute, which establishes National Education Goals. (Goals 2000: Educate America Act of 1994, enacted March 31, 1994.) Among the National Education Goals enumerated in the law is to increase the high school graduation rate to at least 90 percent.

Examples of Various Federal Funding Sources

The following are additional examples of various federal funding sources. Though by no means inclusive, the list will provide the coalition with potential funding options. Contact the agency directly to check on qualifications for a particular funding stream prior to investing a great deal of time in proposal development. Sometimes agency representatives will discuss a proposal, prior to its submission, to see whether or not it fits within the funding priorities. Also explore whether or not other agencies in the coalition or network can qualify for funding. For example, while a community clinic may not be eligible for education funds, a school-based program in the coalition may qualify for the funds.

■ Community Schools Youth Services and Supervision Program

These project grants are designed to aid communities in efforts to create resources to meet children's various needs. Projects should work creatively to solve or alleviate the many hard-

ships that children face today. Programs should promote children having a healthy respect for themselves and for their neighbors and communities. These grants may be used for academic and recreational services during non-school hours in communities suffering significant poverty and juvenile delinquency.

Applications are competitively reviewed and approved or denied by the Administration on Children, Youth and Families. Approval is based on criteria published in the Federal Register. A typical grant is $150,000 - $200,000 for a non-profit agency to use toward meeting the goals and objectives stated above.

■ Opportunities for Youth: Youthbuild Program

The Department of Housing and Urban Development, Community Planning and Development, oversees these grants used for a variety of multi-disciplinary activities and services to help impoverished youth. The recipient programs work to improve the educational attainment and employment skills of young adults who have dropped out of high school. These programs also promote participants to be self-sufficient leaders dedicated to assisting low-income communities. Funds may be used for basic skills training, counseling, referral, and support services as well as other program costs.

Applicants are highly encouraged to seek out other sources of financial support so that the Youthbuild grant will augment these other funds. Grants are awarded competitively. Implementation grants last 30 months and are not renewable.

■ TRIO: Upward Bound

The objectives set forth by the Department of Education for this program include generating the skills and motivation necessary for educational success beyond high school. Program participants must be low-income, potential first-generation college students, and/or veterans. Projects may provide academic assistance; personal and academic counseling; career guidance; special instruction for careers; tutoring; and exposure to academic or cultural activities not usually experienced by low-income youth.

Applicants' proposals are evaluated through the use of selection criteria specified in the Code of Federal Regulations. (34 CFR 645.31; and 34 CFR 645.32) Awards range from $190,000 to $610,000 with the average grant equaling $286,000. Grants are awarded on an annual basis and may be renewed for up to five years.

Learn and Serve America School and Community-Based Programs

The Corporation for National and Community Service cites several objectives of this grant. The objectives include encouraging schools and community-based groups to provide service learning opportunities for young people, educating teachers about service learning and how to incorporate opportunities into the classroom, coordinating adult volunteers in schools, and introducing and encouraging young people to various careers and further education and training. Many different activities in support of these objectives may be funded through this grant.

Interested applicants must contact the Corporation for details on the application and award procedures. Awards are based on quality, innovation, replicability, and sustainability of the proposed plans. Awards may be as low as $46,000 and as much as $2,250,000. The average grant is $212,000. Grants are for three years and funding is provided annually. Renewals are subject to the grantee's progress, quality of the renewal plans, and the availability of funds.

■ Community Prevention Coalitions (Partnership) Demonstration Grant

The Substance Abuse and Mental Health Services Administration oversees the distribution of this grant. The objective is to provide funding to build coalitions of local organizations to promote reduction of alcohol and other drug use. The grants are used to develop, promote, and evaluate comprehensive, multi-disciplinary, long-range, community-wide alcohol and other drug use prevention and intervention program models, operated through local coalitions. This grant is concerned only with programs at the local level.

Applicants submit standard public health application forms (PHS 5161-1), Parts 74 and 92. Panels comprised mainly of nonfederal experts review the applications and make recommendations for approval. The Center for Substance Abuse Prevention Advisory Committee further reviews the applications and the director of the Center makes the final decisions. Grants range in value from $150,000 to $450,000 and the average is $300,000. Grants are awarded for 3-5 years but may not be renewed.

■ Other Federal Efforts:

- The previous section identifies a number of important sources of federal funding which may be tapped to support local pregnancy prevention efforts. The list below provides some idea of current pregnancy prevention efforts already receiving federal funding. These examples illustrate how the federal government supports state and community efforts to prevent adolescent pregnancy.
- Healthy Schools, Healthy Communities, funded by the federal Bureau of Primary Care, established 27 new school-based health centers in 20 states and the District of Columbia to serve the health and educational needs of children and youth at high risk for poor health, teenage pregnancy, and other problems.
- Federal/State Partnerships, including the Community Services Block Grant, enables local community agencies to provide low-income populations, including at-risk youth, with job counseling, summer youth employment, GED instruction, crisis hotlines, information and referral to health care, and other services.
- Youth Programs including Runaway and Homeless Youth Programs, the High Risk Youth Program, Community Schools, National Youth Sports, and Youth Violence Prevention Programs, address a wide range of risk factors.
- Healthy Start has demonstration projects in 22 communities nationwide to reduce infant mortality in the highest risk areas and to improve the health and well-being of women, infants, and their families. Among a broad array of services provided, thousands of teenagers participate in prevention programs exclusively designed for adolescents that encourage healthy lifestyles, youth empowerment, sexual responsibility, conflict resolution, goal setting, and the enhancement of self-esteem.
- Empowerment Zones and Enterprise Communities in 105 rural and urban areas across the country have been awarded grants to stimulate economic and human development and to coordinate and expand support services. As they implement their strategic plans, some sites are including a focus on teenage pregnancy prevention and youth development.

- Health Education in Schools supports the efforts of every state and territorial education agency to implement school health programs to prevent the spread of HIV and sexually transmitted diseases (STDs). Assistance is also provided to 13 states to build an infrastructure for school health programs. Efforts are targeted at preventing early sexual activity, STDs, HIV, abuse of alcohol and other drugs, use of tobacco, and unintended injuries.
- Community and Migrant Health Centers, including family and neighborhood health centers, operate in 1600 sites and provide primary and specialized health and related services the medically underserved, including adolescents. Some centers have special hours or clinics for adolescent patients.
- Indian Health Service provides a full range of medical services for Native American and Alaskan Natives. IHS has a special emphasis on youth substance abuse, child abuse, and women's health care, and supports projects targeted at preventing teenage pregnancy.
- Drug treatment and prevention programs include services to prevent first-time and repeat births among teenagers. Sixty-five residential substance abuse treatment programs for pregnant and postpartum women, as well as women with dependent children, receive support to provide family planning, education, and counseling services. In addition, 13 grant demonstration projects offer interventions and outreach to female adolescents ages 12-20 who are at risk for alcohol, tobacco, and other drug use; physical and sexual abuse; and pregnancy. A two-year public information campaign is reaching out to adolescent girls ages 9-14, and to their families and social networks, to educate them about the risks and consequences of drug, alcohol, and tobacco use.
- Resource centers and clearinghouses at both the state and national level provide information and technical assistance to state and community-based health, social service, and youth-serving agencies. Toll-free hotlines also provide guidance on family and youth services, STDs, AIDS, and other issues.

Additional Information on Federal Grants

An excellent guide to federal grants, the *Federal Domestic Assistance Catalog* is published by the General Services Administration. The guide, updated regularly, is available in libraries and in local congressional offices, and describes the full range of programs and grants available from the federal government. (To obtain information, contact the General Services Administration at 300 7th Street, SW, Suite 101, Washington, DC, 20407, or call 202/708-5126.)

There are two new ways to obtain and use the guide and its related documents. The first is the Federal Assistance Programs Retrieval System (FAPRS). For a modest annual fee and with necessary computer equipment, the entire database, the Federal Register and the Federal Domestic Assistance Catalog can be viewed online. Portions of the information can be downloaded. All this information is available on computer diskette or CD-ROM. Call for pricing.

A vast amount of information is available from the administering federal agencies and other organizations through the Internet. Some of these resources include:

Centers for Disease Control and Prevention — www.cdc.gov

CDC Division of HIV/AIDS Prevention — www.cdc.gov/nchstp/hiv_aids/dhop.htm

United States Department of Health and Human Services — www.os.dhhs.gov

United States Department of Education — www.edu.gov

Office of Adolescent Pregnancy Programs — www.dhhs.gov/progorg/opa/oapp.html

Substance Abuse and Mental Health Services Administration — www.samhsa.gov

Chapter 3

The Funding Proposal

Federal agencies have strict application procedures. However, when working with foundations, a planning group or funding committee has great latitude in creating the funding proposal. This chapter provides basic guidance on creating and writing the funding proposal.

While funding proposals for city, state, and federal agencies may look distinctly different from proposals for a foundation, many of the components remain relevant. Study all the required forms carefully and be certain of the eligibility requirements before investing time in the proposal. Remember, too, that foundations' acceptance or rejection of proposals occurs more quickly than does government acceptance or rejection; so plan ahead for what can logically be accomplished with different sources of funding.

Before writing a proposal for funding, consider all possible expenses and develop a budget. Most budgets are comprised of two components: personnel costs and non-personnel costs. Under personnel costs, identify specific staff who will be working on the project, their salaries, time worked, and level of effort. Also include consulting services, both paid and volunteer, under personnel costs.

Non-personnel costs include office space; utilities; maintenance; janitorial services; rental, lease, or purchase of equipment; desk-top supplies; copying expenses; and travel. When developing a budget, include total costs and delineate what funding is being formally requested and what funding is already in hand.

As well as a request for money, a proposal is a persuasion, a promise, and a plan. A proposal is a representation of the program. Make sure that the proposal is accurate and clear and contains no misspelled words or other mistakes. Donors give money to meet their needs and interests rather than the applicant's. Foundations' patterns of giving, geographical restrictions, and areas of interest limit potential grants. A few general rules for writing proposals follows.

General Rules for Proposals

- Set up a personal appointment before writing the proposal. While this is important with foundations, it is especially critical when seeking funds from a corporation.
- Contact each foundation or funding source and obtain guidelines for submitting a proposal.
- Follow the guidelines as precisely as possible.

Write the proposal in simple, clear, brief language so that it is clear and comprehensible.

The following may be used as a guide to the format of a proposal when specific guidelines are not provided by the funder.

Proposal Format

Cover Letter for the Proposal. A cover letter provides a one or two page abstract of your proposal on letterhead briefly explaining the intent of the proposal and the level of funding sought.

Title page.
Program Name
A Proposal Submitted to _____
Date
Signature
Typed Name
Title

Table of Contents. If the proposal is long, it is a good idea to include a table of contents, as well as notebook dividers.

Summary of abstract.

Introduction. In the introduction, be succinct and interesting. Give a general overview of the project, without specifics as to how it will be accomplished. Provide a brief summary of the issue to which the prospective project will respond.

Goals. In a broad statement, include several major goals and explain their potential impact on youth in the community.

Objectives. Explain specifically the plan of action. Include three to ten objectives that are observable and measurable. Use action verbs: "To publish a newsletter quarterly on issues related to adolescent pregnancy prevention."

Need. Give evidence or proof of the need for the program or service and explain how this need was assessed.

Conceptual framework or rationale. Provide the philosophy behind the approach or plan, as well as a synopsis of what has been done before either by the coalition or network or by others in the field.

Program design/work plan. Provide a three column chart outlining objectives, activities, and time line for completion.

Organization chart. In the organization chart, include only those individuals who will be involved in the program (and identify whether this is a request for their support or for in-kind donation).

Staffing plan. Describe the people involved and what they will be doing. Include resumes in the appendix. Sometimes it may be more useful to prepare a narrative description of each key person's training, honors, and professional qualifications.

Timetable. While there may already be a timetable in the work plan, donors often want it included separately as well.

Evaluation. Describe how the project will be measured and evaluated.

Budget. Represent both required and in-kind support.

Capability statement. In this section answer the question, "Why is the coalition or network qualified to implement the project?" Explain in 2-3 paragraphs.

Supporting documents. Include letters of recommendation for example, from community residents who have been involved in the community needs assessment. The rule for supporting documents is quality, not quantity.

Source: Huberman, 1994

When funding is obtained, call and thank the contact immediately and send a letter of thanks. If it is a corporate gift, arrange to pick up the check and have a picture taken for the newspaper.

If funding is not obtained, ask how to improve the proposal for next time, what was missing, when the next funding cycle begins, and if they can also provide other types of support, such as holding a briefing luncheon for other local funders. The four most common reasons that proposals do not get funded are that the funding source does not believe 1) that the applicant understands the problem; 2) in the proposed solution; 3) in the organizations' qualifications; and/or 4) in the proposed budget. (Source: Huberman, 1994)

The financial sustainability of pregnancy prevention programs is affected by a variety of factors, including the extent to which a program addresses the perceived and identified needs in the community, the institutionalization of programs, and the extent to which a program has enough economic resources to sustain it. Thus, funding is only one aspect of long-term sustainability. (Butts, 1996)

What are the funding needs and assets in the community? How do these relate to other factors? Use the "Taking the Pulse Worksheet" below to assess the situation in the community. Consideration of the community's situation should also generate ideas and objectives to ensure the long-term maintenance of coalition and program efforts.

Taking the Pulse

Financing and Long-Term Sustainability

What does the needs and assets assessment tell about financial resources related to adolescent pregnancy prevention in the community?

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_____

How can we identify new private resources through grants, the private sector, or in-kind contributions? What kind of local funding might be available? Can we contact local businesses which may have a budgeted line item for in-kind donations? How can we sell our idea so that it becomes a marketing tool for them?

_____

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How can we ask for in-kind donations, such as computers, printing services or radio spots, rather than for money?

_____

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How can we redeploy existing resources? How can we overlay funding streams? Can we create an adolescent health fund in the community which combines substance abuse prevention money with foster care dollars and Title X funding to meet the needs of different segments of the population? Can we obtain funding from agencies not traditionally associated with teen pregnancy, such as cooperative extension services?

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What kind of policy changes would support service integration across different sectors? Can we share staff or locate services together to maximize available resources?

How can we work with managed care to get reimbursed for services we already provide? What kind of policy changes would support this? Whom do we need to contact?

How can we become more self-sufficient? Can we implement a sliding fee scale? Can we charge for professional services? How can we creatively package and market what we already have and do?

What are realistic fund-raising opportunities in the public (government) and private (foundations) sectors?

What budget is needed for the planning phase, for implementation of the plan, and for sustaining the program?

Funding is vital to support and sustain pregnancy prevention efforts in the community. The important thing to remember is that many sources of financial support exist: public, private, and corporate, federal, state, and local, in support of pregnancy prevention and in support of other issues. Creativity, determination, a willingness to learn from mistakes and successes, and flexibility are necessary ingredients in finding and securing a firm financial basis for the pregnancy prevention coalition's programs.

Conclusion

This volume provides a basis for conducting a needs and assets assessment in the community, for designing evaluation into all the work of the coalition, and for ensuring the long-term viability of the coalition's efforts through funding from multiple sources. Other volumes in the series provide information on building a coalition, designing effective sexuality education programs, providing contraceptive access to adolescents, and helping young people realize their goals and ambitions through youth development programs.

Pregnancy prevention programs are not simple "silver bullet" solutions. The multiple assets and needs of young people in the community must be understood and addressed if these young people are to enjoy healthy, fulfilling, and productive adult lives. Young people need honest and accurate information, services that they can access without fear, training to strengthen their skills, opportunities to use their abilities and to be valued for their contributions, and the clear knowledge that they can build for themselves the future they desire.

Committed communities can make a difference. The goal of this series and of this volume is to help communities work together effectively to make a difference for all their young people and lessen the incidence of adolescent pregnancy in each community.

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Fawcett SB, Paine-Andrews A, Francisco VT, et al. *Preventing Adolescent Pregnancy: an Action Planning Guide for Community-Based Initiatives.* Lawrence, KS: Schiefelbusch Institute for Life Span Studies, 1994.

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Substance Abuse and Mental Health Services Administration. *A Cooperative Agreement for an HIV/AIDS High Risk Behavior Prevention/Intervention Model for Young Adults/Adolescents and Women.* [Guidance for Applications, GFA No. SM 97-003). Washington, DC: Dept. of Health and Human Services, 1997.

Working Group on Health Promotion and Community Development. *Preventing Adolescent Pregnancy: an Action Planning Guide for Community-Based Initiatives.* [s.l.]: University of Kansas, 1994.

Appendices

Appendix A**

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 B

Additional References and Sources of Information

Additional Recommended References:

Advocates for Youth. *Assessing and Evaluating School Health Centers.* [Guide to School-Based and School-Linked Health Centers, v. 4.] Washington, DC: The Advocates, 1995.

Bureau of Community Health Services. *Program Guidelines for Project Grants for Family Planning Services.* Washington, DC: U.S. Dept. of Health and Human Services, Public Health Service, 1992.

Daley D, Gold RB. Public funding for contraceptive, sterilization and abortion services, fiscal year1992. *Family Planning Perspectives* 1993; 25:244-251.

General Services Administration. *Federal Domestic Assistance Catalog.* Washington, DC: The Administration,1995.

Kaeser L, Gold RB, Richards CL. *Title X at 25: Balancing National Family Planning Needs with State Flexibility.* New York, NY: Alan Guttmacher Institute, 1996.

Maternal and Child Health Bureau. *Understanding Title V of the Social Security Act.* Washington, DC: U.S. Dept. of Health and Human Services, 199?

Medicaid Bureau. *EPSDT: A Guide to Educational Programs.* Washington, DC: U.S. Dept. of Health and Human Services, Health Care Financing Administration, 1992.

National Center for Chronic Disease Prevention and Health Promotion. *Briefing Book, Fiscal Year 1995.* Atlanta, GA: Centers for Disease Control and Prevention, 1995.

Steinschneider J. *Potential Sources of Federal Support for School-Based and School-Linked Health Services.* [Guide to School-Based and School-Linked Health Centers, v. 3.] Washington, DC: Advocates for Youth, 1993.

Sullivan CJ. *Advocacy Funding: School Health Programs, a Time for Action.* Washington, DC: National School Health Education Coalition, 1995

Other Sources of Information:

Association of Maternal and Child Health Programs
1350 Connecticut Avenue, NW, Suite 803
Washington, DC 20036
202/775-0436

The Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health
Mailstop K-33
4770 Buford Highway NE
Atlanta, GA 30341-3724
770/488-5330

Appendix C

Selected Evaluation Resources: Learning about Effective Pregnancy Prevention Programs

This series provides information on a variety of evaluated pregnancy prevention programs. The sources listed below offer comparisons of various models, discuss evaluation methodologies and results, and provide important information needed for replication.

Card JJ, Brindis C, Peterson J, Niego S. *Guidebook: Evaluating Teen Pregnancy Prevention Programs.* Los Altos, CA: Sociometrics, forthcoming. For ordering information, contact Sociometrics Corporation, 170 State Street, Suite 260, Los Altos, CA 94022-2812, or call (650) 949-3282.

Card JJ, Niego S, Mallari A, et al. The program archive on sexuality, health and adolescence: promising "prevention programs in a box." *Family Planning Perspectives* 1996; 28:210-220.

Frost JJ, Forrest JD. Understanding the impact of effective teenage pregnancy prevention programs. *Family Planning Perspectives* 1995; 27:188-195.

Institute of Medicine, Committee on Unintended Pregnancy, Brown SS, Eisenberg L, ed. *The Best Intentions:Unintended Pregnancy and the Well-Being of Children and Families*. Washington, DC: National Academy Press, 1995.

Kirby D. *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy, 1997.

Kirby D, Short L, Collins J, et al. School-based programs to reduce sexual risk behaviors: a review of effectiveness. *Public Health Reports* 1994; 109:339-360.

Moore KA, Sugland BW, Blumenthal C, et al. *Adolescent Pregnancy Prevention Programs: Interventions and Evaluations*. Washington, DC: Child Trends, 1995.

Philliber S, Namerow P. *Trying to Maximize the Odds: Using What We Know to Prevent Teen Pregnancy.* Prepared for a technical assistance workshop to support the Teen Pregnancy Prevention Program, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, Atlanta, GA, December, 1995. Accord, NY: Philliber Research Associates, 1995.

In addition, you can receive evaluation information and program replication materials from Sociometrics' Program Archive on Sexuality, Health, and Adolescence, 170 State St. Suite 260 Los Altos, CA 94022-2812. Phone: 650-949-3282. Fax : 650-949-3299; and from Philliber Research Associates, 28 Main Street, Accord, NY 12404. Phone 914-626-2126; Fax 914-626-3206.

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

Shipping Information (No P.O. Boxes)

_____
Name

_____
Organization

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Address

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City State Zip

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Phone Fax

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Payment Information (Pre-payment is required!!)

❑ Check/money order enclosed (Payable to Advocates For Youth)

❑ Signed Purchase Order enclosed

❑ Charge my: ❑ Visa ❑ Mastercard

Expiration Date: _____

Account Number: _____

Name on card: _____

Authorized Signature: _____

Prices subject to change without notice. Code# LM-100

Order

Item	Price	Quantity	Total
Open Up! Listen Up!			
8-13 years old	$30.00 x	_____	_____
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	_____	_____

(Please specify quantity)

Volume I: ____ Volume IV: ____
Volume II: ____ Volume V: ____
Volume III: ____

When I'm Grown			
Three volume set	$125.00 x	_____	_____
Any two volumes	$ 85.00 x	_____	_____
Individual volume	$ 45.00 x	_____	_____

(Please specify quantity)

____ K-2 ____ Grades 3-4 ____ Grades 5-6

Let's Talk Month Planning Guidebook	$30.00 x	_____	_____
National Teen Pregnancy Prevention Month Planning Guidebook	$30.00 x	_____	_____

Subtotal _____

Add 20% Shipping & Handling _____

Total Order _____

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	_____
	_____	User's Guide (if purchased separately)	$15.00	_____

Method of Payment:

❑ Check/Money Order (enclosed) ❑ Purchase Order (enclosed)
❑ Credit Card (please fill out information below)

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Name: _____

Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

For Phone Orders Call:
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OR
Return FAX/ Completed Order Form To:

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170 State Street, Suite 260
Los Altos, CA 94022-2812
tel (800) 846-DISK
fax (650) 949-3299
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URL http://www.socio.com

Subtotal: _____

CA residents add sales tax: _____

GRAND TOTAL: _____

To receive our quarterly newsletter and announcements about other Sociometrics products, check the box below.

❑ Please add my name to the mailing list.

ORDER FORM—Secondary Pregnancy Prevention Programs

Program Name	Qty.	Item Description	Price	Total
A Health Care Program for First-Time Adolescent Mothers and their Infants	_____	PASHA Program Package	$125.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____
Queens Hospital Center's Teenage Program	_____	PASHA Program Package	$125.00	_____
	_____	User's Guide (if purchased separately)	$15.00	_____

Method of Payment:

❑ Check/Money Order (enclosed) ❑ Purchase Order (enclosed)
❑ Credit Card (please fill out information below)

Card Number: _____ Exp. Date: _____

Cardholder's Name (please print): _____

Cardholder's Signature: _____

Ship To:

Name: _____

Organization: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

For Phone Orders Call:
1-800-846-DISK
OR
Return FAX/ Completed Order Form To:

SOCIOMETRICS CORP.
170 State Street, Suite 260
Los Altos, CA 94022-2812
tel (800) 846-DISK
fax (650) 949-3299
e-mail pasha@socio.com
URL http://www.socio.com

Subtotal: _____

CA residents add sales tax: _____

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