

COMPREHENSIVE COMMUNITY-BASED TEENAGE PREGNANCY PREVENTION

Case Studies and Effective Practices

Report produced on behalf of the United Way of Greater Battle Creek and the Coordinating Council of Greater Battle Creek by:



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Comprehensive Community-Based Teenage Pregnancy Prevention

This report, developed for community members in Battle Creek (Calhoun County), Michigan, is intended to provide examples and suggestions for a comprehensive, community-based approach to preventing teenage pregnancies. While the rate of teen pregnancies has recently been on the decline throughout the U.S, the national rate of 98.7 per 1000 girls ages 15-19 is still much higher than most other Western countries, and many communities are troubled by rates that far exceed this national average.¹

The effects of teen pregnancy on the young parents, the babies, and society at large cannot be taken lightly. Teen mothers are more likely to live in poverty and to experience less success in their lives than women who delay motherhood until a little later in life. Their babies are more likely to be born at a lower birth weight, more likely to have problems in school, and more likely to parent a child while still a teenager. For local communities, teen pregnancies require more contributions of government and charitable resources to ensure adequate health care, nutrition, child care, and family income.²

Community concern over high rates of teen pregnancies has led to a variety of interventions and efforts to lower these rates. Until the last decade, however, most of these efforts have been in the form of discrete programs—a school curriculum here, a self-esteem building event there, a new health clinic somewhere else. While these programs have often been effective in reaching their specific goals, contemporary research and experience indicates that preventing teen pregnancies requires multi-component models that involve multiple stakeholders in the process. The factors that contribute to teen pregnancy are simply too varied and complexly woven (as well as controversial) for a single intervention or organization to solve the problem.³

As a result, the latest approaches are taking a more comprehensive look at teen pregnancy and the need for broad community involvement and an integrated set of prevention strategies. Such cutting-edge efforts are emerging across the country and reflect a general trend toward greater community collaboration and coordinated services to address a whole host of social concerns. The Collaboratory for Community Support is committed to promoting and establishing the value of collaborative, integrated approaches to solving social problems at the community level, and we are eager to share stories from communities that are using these methods. When we began to study the issue of teen pregnancy, it became clear that foundation dollars, research efforts, and local leadership are all moving in the direction of comprehensive, community-based teenage pregnancy prevention.

Overview of This Report

This report is based on an extensive review of the literature on teen pregnancy, organizations and resources targeted at preventing teen pregnancy, and a variety of communities working to address the problem in their local environment. Library research, Web research, and interviews with community leaders throughout the U.S. were used to develop this information. The report has four major sections:

1. Community Case Studies

The bulk of this document uses case studies from selected communities to describe four comprehensive, community-based approaches to preventing teen pregnancy. Some community-based approaches are specific only to one community, while others are being implemented in several locations through a grant program.

Each case study is described with an introduction and then a discussion of four key elements:

Community Engagement—This is the initial process of involving multiple stakeholders in gathering information about community needs, discussing the community’s desired approach to the problem, developing a shared sense of ownership of the effort, and planning a multifaceted response. Community engagement may involve interviewing or surveying residents, organizational leaders, and service providers; holding community-wide meetings and brainstorming sessions; developing collaborative relationships across the nonprofit, business, and government sectors; and seeking ways to minimize conflict. Ensuring that the process embraces the diverse norms and values of different racial groups, cultures, faiths, and age groups (including teens) is critical for successful community engagement.

Multiple Strategies—Comprehensive, community-based approaches implement a wide variety of programs (preferably ones that have been shown to be effective elsewhere) to simultaneously address the many factors associated with whether or not teens become sexually active and risk pregnancy. Multiple strategies allow a community to respond to different perspectives and concerns about the problem in a holistic way. For example, some programs might focus on youth development while others focus on making reproductive health services available to teens. Coordination across strategies is also helpful to ensure that all needs are being met and that services are effective.

Sustainability—Preventing teen pregnancy is obviously an ongoing concern for communities. If a community experiences success with its approach, it needs to commit to continual effort, or the teenage pregnancy rate will simply rise again with the next group of young people coming of age. Therefore, comprehensive approaches must look at how to sustain the community’s work, even after an intensive community engagement process or grant cycle is completed. This may involve instituting structures that oversee work across the community as well as a new community mind-set focused on valuing youth and taking community-wide responsibility for healthy youth development.

Evaluation—Comprehensive approaches need a strong feedback component to continue to strive for excellence and to maintain community engagement by demonstrating the value of the effort. While evaluating the effect of the whole approach on teen pregnancy rates is critical, evaluating the usefulness of discrete elements of the approach—the community engagement process and each of the programs and strategies—is also necessary for understanding what is working, changing what is not working, and responding quickly to new trends.

Through our research, we found that all four of these elements must be considered in a community-based approach and that each element informs the others. For example, the process of community engagement leads to decisions about appropriate strategies, while ongoing evaluation informs plans for sustaining the effort over the long term.

Two of the four case studies presented in this report specifically demonstrate effectiveness through a decrease in the teen pregnancy rate. The other two case studies are too new to demonstrate such results, but are promising approaches based on research about how to create an effective comprehensive, community-based effort. Because comprehensive models represent the state-of-the-art in addressing teen pregnancy, many existing community efforts have not been in place long enough yet for their full impact to be realized.

The primary value of these case studies is in the stories they reveal about how to undertake a community-based approach as well as who and what should be included in a multi-strategy prevention model. The lessons one can draw from these stories are consistent with the challenges and values of any coordinated approach to social problem solving and represent the wave of the future for successful work in communities.

2. Effective Programs

In addition to the case studies, this report offers a selection of rigorously evaluated programs that could be implemented as part of a multi-component teen pregnancy prevention effort. As previously mentioned, the field of pregnancy prevention is replete with curriculum programs and other singular interventions, many of which have been shown to be effective in accomplishing their particular goals. As Battle Creek embarks on a comprehensive, community-based approach, it will still need to choose strategies that schools, nonprofits, churches, youth programs, and others can implement to create a complementary set of prevention strategies. The effective programs described here (along with contact information) may provide helpful guidance for these decisions.

3. Recommendations for Battle Creek to Consider

This section brings together an analysis of the case studies and other research we have conducted on this issue to provide the Battle Creek community with some suggestions and major points to keep in mind as they begin to address teen pregnancy in their own comprehensive, community-based ways.

4. Resources for More Information

Finally, we have identified several organizations, publications, and Web sites that we think would be helpful to Battle Creek's efforts. These are described, along with information about how to find them.

Some of the Issues Involved with Teenage Pregnancy

Before turning to the community case studies, readers who are relatively new to the field of teenage pregnancy prevention may benefit from a brief discussion of some of the major issues involved. This will not only help the case studies make more sense but will also summarize the latest research findings on the relationship of various issues to the overall problem of teen

pregnancy. This list of issues also demonstrates the complexity of teen pregnancy and why a solution necessitates the coordination of multiple strategies and broad community engagement.

Youth Development: Self-Esteem and Life Opportunities

Bolstering self-esteem and fostering decision-making skills in young adolescents can be an effective deterrent to early sexual activity. Increased self-confidence may also prevent youth from feeling pressured into consenting to unwanted sex. In addition, helping youth plan for their future and explore career opportunities can help them see the undesirability of an early pregnancy. Predictors of teenage pregnancy include poverty, early school failure, early behavior problems, and family dysfunction.⁴ Many pregnancy prevention strategies, therefore, address the broader issue of youth development, such as through recreational activities, after-school programs, and self-esteem building workshops.

Teen Involvement

Community-based efforts recognize that understanding the perspectives and interests of adolescent residents is central to developing strategies that will address their needs and in which they will participate. A community that shows respect for its youth by including them in decision-making and program implementation reinforces the confidence and self-esteem that reduce risky behaviors.

Parent/Child Communication

Most communities using a comprehensive approach include the parents of children and teenagers in the planning process, and then implement programs intended to increase parent/child communication. These programs may focus on helping parents become more comfortable talking about sexual matters with their children and/or on helping children become more comfortable talking with their parents. Thus, emphasis is placed on the important role that parents have in helping their children learn about sex, understand the family's values, and make wise choices.

Sex and Sexuality Education

Children and teens need basic education about sex and sexuality that uses age-appropriate topics and teaching methods. Research indicates that communicating full information to youth empowers them to make healthy choices, and studies in the field of adolescent sexuality conclusively find that teaching adolescents about sex and sexuality does not increase the likelihood that they will have sex.⁵ Accurate information about reproduction and sexuality relates to adolescent health, emotional development, pregnancy prevention, and prevention of sexually transmitted diseases (STDs).

Abstinence

For younger children and adolescents, abstinence education can be effective in increasing knowledge and values associated with delaying sexual activity. While an abstinence message (with such tools as "refusal skills") is an important component of a multi-strategy approach, abstinence-only programs (which promote abstinence as the only appropriate choice for youth) have not been shown to delay sexual activity.⁶ It is important to note, however, that abstinence education is the preferred strategy by many parents, members of the faith community, and some recent federal grant programs.

Sexually Active Youth

Sexually active teens have different needs than not sexually active teens, including reproductive health services and access to contraceptives. While controversy abounds on how communities should respond to sexually active youth, most comprehensive programs recognize that some youth are sexually active and need programs to prevent their behaviors from leading to pregnancy or STDs.

The Role of Males

The distinct perspective and roles of males in the problem of teen pregnancy has often been overlooked but must be addressed. Some programs have been created that target adolescent males to discuss self-esteem, responsibility, and sexuality; unfortunately, most male-oriented programs have generally not been evaluated for their effectiveness. At the same time, many communities worry about the role of older men in impregnating teenage girls; while this factor is generally not addressed as part of a community's program planning for pregnancy prevention, it is discussed as an issue for prosecution (for child abuse, rape, or statutory rape) in some locations.

Culturally Relevant Approaches

Research suggests that the effectiveness of certain interventions is somewhat dependent on the use of culturally relevant approaches for particular teen populations (e.g., Afrocentric educational programs for Black teens). While community efforts emphasize ownership of the problem across the community and the need to implement services for teens from all racial/ethnic/class backgrounds and in all neighborhoods, programs may need to be tailored to the outlook and cultural beliefs (and sometimes languages) of the particular teens involved.

Abortion

Most communities seem to take the hot-button issue of abortion out of the conversation by focusing the full community on preventing pregnancies, not preventing births. While abortion is certainly an issue when considering how to deal with pregnant teens, our look at prevention efforts in communities found little or no attention being paid to abortion.

Pregnant/Parenting Teens

The community approaches highlighted in this report focus on how to prevent teen pregnancy; for the most part, these efforts do not address the needs of teens who have become pregnant. Therefore, this report does not discuss health care for pregnant teens or programs for parenting teens. However, one program highlighted on page 23 addresses the prevention of second pregnancies.

As conversations arise in the Battle Creek community about what to do about teen pregnancy, all of the above issues will inevitably arise. While they are distinct issues, they are by no means separate in the lives of teens, and they should be examined in the context of creating a coordinated set of services and strategies. The following case studies provide examples of how to do this.

Community Case Studies

Each of the following communities is currently engaged in a comprehensive, community-based effort to prevent teenage pregnancy. Each case study discusses the community's approach to community engagement, multiple strategies, sustainability, and evaluation. As with any selection of community experiences, each location has its strengths and its challenges, leading to insights which can help other communities, such as Battle Creek, prepare for the work of teen pregnancy prevention.

Hartford, Connecticut

When Hartford began a concerted, community-wide effort to address teen pregnancy, it was embarrassed by having the second highest teen pregnancy rate in the nation (second only to Detroit and Gary, Indiana, which were tied). In response, Hartford turned to two, complimentary efforts to successfully reduce this rate. The first, Plain Talk, was a foundation-funded, community mobilization effort started in 1993. Plain Talk informed the subsequent creation and guiding principles of Breaking the Cycle, a partnership of the City of Hartford, the Hartford Public Schools, and the Hartford Action Plan on Infant Health (HAP), which was the local lead agency of Plain Talk.⁷ Geographically, Hartford's Plain Talk initiative was limited to Stowe Village, a community of about 600 housing units in the central city area, while Breaking the Cycle is city-wide. (Hartford is the second largest city in Connecticut with 135,000 people; 30.5% white, 35.9% Black, 31.6% Hispanic).

Plain Talk was a four-year intervention funded by the Annie E. Casey Foundation in five communities at a total cost of \$5 million. The purpose was to help parents and community leaders develop skills and tools to communicate effectively with young people about reducing adolescent sexual risk-taking. Casey Foundation staff completed extremely thorough research regarding teen pregnancy prevention before funding this program. Plain Talk's core values included community residents as the center of any effort, a consensus action model, the community's right to accurate information, and the acceptance that some teens are sexually active. These values influenced the community process, the interventions chosen, and the evaluation process. Much of the Plain Talk effort centered around leadership development, data gathering, and community networking within the targeted neighborhoods.

As the Plain Talk initiative was winding down, HAP initiated Breaking the Cycle in 1995 to maintain a community focus on reducing teen pregnancy. Breaking the Cycle is a five-year, \$8 million effort funded through public grants and private and corporate foundations. While it is organized under HAP, it has its own governance board of diverse community leaders, and it is physically housed at a local consulting firm called The Parisky Group, which provides some administrative and management assistance.

Hartford has experienced a decline in teen pregnancy since the implementation of the Breaking the Cycle interventions. In 1994, the year before Breaking the Cycle's programs were enacted, the percent of births to teens in the city was 28%. By 1999, this percent declined to 22%. Births to adolescents under age 15 declined from 29 in 1994 to 11 in 1999. Births also declined

significantly to 15-17 year olds but increased for older (18-19 years) teens. Hartford is still fully committed to the efforts of Breaking the Cycle, and rates are expected to continue to decline.

Community Engagement

Community engagement was key to the Plain Talk initiative, which convened two planning groups to conduct community mapping. The first group consisted of representatives from six local agencies, and the second group involved community residents. The mapping process trained community volunteers to interview other community residents about local needs. A primary concern they identified was the inability of parents to converse with children and adolescents about sex.

After gathering this information, the project manager and volunteers developed interventions that responded to these needs. Activities in general focused on creating dialogue within families and the community regarding sex and sexuality. The slogan of the project was “It’s just a conversation.” Plain Talk’s most significant contribution to Hartford was creating awareness and dialogue regarding teen pregnancy prevention through working with residents and organizations.

Breaking the Cycle has continued community engagement activities for the entire Hartford community. In addition to regular meetings of its community board, many of its programs are centered around community involvement, information gathering, and regular communication of its progress.

Multiple Strategies

Breaking the Cycle has implemented a variety of strategies to prevent teen pregnancy, focusing on programs that research has shown to be effective:

- Postponing Sexual Involvement (PSI) – A major collaborative effort, involving the Hartford Public Schools, HAP, and two area hospitals, PSI is a school-based health education curriculum presented by high school students to 5th graders. PSI has been nationally recognized. (For a description of PSI, see page 19).
- Always on Saturday Youth Program – This nationally acclaimed program offers Saturday morning, facilitated youth meetings throughout the school year to youth ages 9-18 at several locations in the city. Topics for meetings include skill-building exercises, self-esteem development, and discussion about healthy relationships and responsibility.
- Public Service Announcements and Advertisements – Using television, radio, and public buses, a public awareness campaign disseminates clear information on the undesirability of teen pregnancy and steps everyone can take to prevent it, as well as the phone number for a toll-free information hotline.
- Adult Advisors Academy – This program trains adult volunteers in skills to provide support and information about adolescent sexuality; roughly 150 adults are trained every 6 months.
- Parent/Adult Leadership Development and Parent/Child Sexuality Communication Program – These efforts work to increase parent/child communication through parent-led adult discussion groups on how to talk with teens about the risks of becoming sexually active. These programs also disseminate the latest national research findings on the importance of parent/child communication to preventing teen pregnancy.

- Passport to Success – This project is documenting the array of youth development opportunities available in the community, such as health information and services, career development, group activities and teams, and skill-building and hobby programs. Feedback from teens about these opportunities is also being sought.
- Aiming for Best Practices – A work group defined a “code” of best practices for successful teen pregnancy prevention programs; community organizations are now being assessed as to whether these practices are in place.

Sustainability

Hartford’s commitment to Breaking the Cycle is impressive. The collaboration among participating organizations, and the representation on the boards of HAP and Breaking the Cycle, are such that the effort permeates the community. Also, affiliating it with a long-standing community organization gives it a permanent presence. Further, Hartford has managed to obtain the institutional support of schools, which is a key component to implementing necessary education curricula. Given the existing collaborative structure and the fact that many programs have been institutionalized within community organizations, Breaking the Cycle’s programs have excellent prospects for remaining a vital part of the community, even after the first five years of the project are over.

Breaking the Cycle is also engaged in a “Long Term Financing Project” which uses data on health expenditures for teen births, needs assessments on teen reproductive health care, and recommendations for health care interventions to spur public financing for the health care components of teen pregnancy prevention. A Roundtable Discussion of Health Providers brought together providers, funders, and policy makers to discuss these issues.

Evaluation

In addition to tracking the rate of teen births, Hartford evaluates its efforts in several ways. First, program strategies are selected on the basis of their proven efficacy in other communities. Second, individual program strategies are evaluated, such as the pre- and post-tests given to high school leaders of PSI to determine the usefulness of the program. Third, the Best Practices project is looking at whether agencies are incorporating identified best practices into their programs. Fourth, participants in the 1998 health care roundtable (discussed above) have been surveyed to evaluate whether they have changed their procedures or added new activities as a result of the recommendations made at the roundtable. Hartford is currently seeking funding to expand their program evaluations and conduct more surveys of youth’s perspectives on the effort.

Tillamook County, Oregon

In 1990, Tillamook County discovered it had the second highest teen pregnancy rate in Oregon.⁸ As an isolated coastal community with 23,800 (primarily white) residents, Tillamook found it unacceptable to have so many teenagers getting pregnant. The community's effort to lower the rate was initiated through a cooperative state and federal program entitled Oregon Options, which was designed to help Oregon communities identify local problems and plan to overcome them through coordinated, outcomes-based strategies. Several community-wide forums were held in Tillamook to discuss its future, and one of the county's target goals became to lower the teen pregnancy rate.

Tillamook's teen pregnancy rate in 1990 was 24/1000 girls age 10-17. Every year after 1990, the rate decreased until 1995, when the rate was 7/1000 girls age 10-17. Since 1995, Tillamook's rate of teen pregnancy has fluctuated in tandem with their efforts to achieve sustainability. While the current teen pregnancy rate has risen above the 1995 low, it still remains below the state average, and many programs offered through community organizations remain vital and effective.

Community Engagement

The Tillamook County Health Department initially functioned as the lead agency in the effort to address teenage pregnancy on the community level. They organized community-wide gatherings to develop consensus regarding community aspirations and encourage new programs and activities for adolescents. Every organization that worked with adolescents was invited to participate, as well as interested community residents. With a professional facilitator, participants attended two full days of consciousness-raising activities and planning, and a community brainstorming session yielded many ideas about how to encourage adolescents to avoid pregnancy.

A primary early desire was to preempt controversy associated with working on teenage pregnancy prevention. The community made the presumption that all the organizations and perspectives at the meeting would play a positive role in Tillamook's ability to address the issue. For example, when concern arose that faith-based institutions would resist some efforts, Tillamook's response was to invite all the churches to the community process meetings. Through an inclusive and welcoming approach, Tillamook fostered collaboration and cohesion. Participants agreed to disagree, stayed focused on the goal, and encouraged each other to implement those ideas and programs that best fit each organization's perspective, capabilities, and mission. For instance, the local YMCA Director promised to provide more, and a greater variety of, recreational activities specifically for adolescents.

The Health Department also learned from this approach. Formerly the only organization offering specific pregnancy prevention services to adolescents, they learned to accept that their methods, although helpful, were not the only useful strategies. This realization helped county leaders be open to encouraging new approaches.

Multiple Strategies

Following the community meetings, Tillamook’s leaders began a variety of new programs in the community:

- Faith-based groups organized two types of programs—Bible study and adolescent church education—as well as recreational activities supervised by adult role models. They also ensured that transportation to church activities was available to teens.
- Local nonprofits volunteered to provide new and more varied programs for adolescents, including team sports for adolescent girls and Saturday “teen nights” at the YMCA.
- All three public school districts instituted the STARS program (Students Today Aren’t Ready for Sex) which involves older teens working with fifth and sixth grade classrooms by modeling behaviors, such as refusal skills, that reduce risky behaviors.
- The County Health Department continued to offer confidential reproductive health services to adolescents, while a new program focused on making contraceptives more available to teens.
- An Americorps volunteer was designated to assist organizations in implementing pregnancy prevention interventions.

Sustainability

Tillamook has struggled to achieve a sustainable approach to the problem. Initially, a community board was created to oversee teenage pregnancy prevention efforts and help secure needed funding. After the local teen pregnancy rate decreased significantly, and the issue no longer appeared urgent, the board became less effective, as evidenced by poor participation. The board then folded into an existing County Health Department board that has many other responsibilities. Therefore, the community does not maintain documentation on its varied teen programs, and no organizing body now takes responsibility for convening stakeholders or following up on new opportunities. While organizations are still offering programs, no community-wide evaluation is taking place to indicate how the needs are being met today. One study, commissioned by Tillamook and conducted by the University of Oregon, suggested that turnover of staff in local agencies may account for a diminishing focus on teen pregnancy prevention, because new staff did not participate in the consciousness-raising effort that led to the original commitment to a community-wide effort.

Evaluation

Tillamook’s evaluation process generally consists of monitoring the county teenage pregnancy rate. The lack of a coordinated effort to evaluate existing programs and outcomes for adolescents is problematic for this community. A representative of the County Health Department indicated that the lack of a cohesive history of their process and programs is a major detriment to maintaining prevention efforts.

Grant County, Kansas

Grant County, Kansas, is currently implementing a carefully designed response to teen pregnancy called the School/Community Program for Sexual Risk Reduction Among Teens.⁹ This program was originally designed in Bamberg County, South Carolina, in the early 1980s, and was found to be effective by independent evaluators in South Carolina in 1982 and 1992.

Since then, six counties in Kansas have successfully applied for Kansas Health Foundation funds to put in place the School/Community Program. Grant County (population 7,100, 35% of whom are under 18, and 21% of whom are of Hispanic origin) began implementing the program in January 1999 in the county seat of Ulysses. The Ulysses community named their project R.R.I.S.K. (Risk Reduction Involving Sexuality of Kids), and hired four full-time staff. R.R.I.S.K. also has a 15-member board made up of parents, clergy, business people, and other professionals.

The School/Community Program for Sexual Risk Reduction Among Teens requires community engagement, implementation of multiple strategies using community and school resources, and ongoing evaluation. The major elements are collaboration among local organizations in all sectors, enhancing sexuality education, improving access to health services, implementing peer support and education, providing alternative activities for youth, working with school officials, and utilizing the mass media to educate the general public. The Kansas Health Foundation grants provide for technical assistance and the services of an outside evaluator, to help problem-solve and provide supportive services.

Because the program has been in place in Grant County for only 18 months, its impact on the teen pregnancy rate cannot yet be measured. However, statistics from Bamberg County suggest that the program has great potential to help Grant County lower its rate. During the 1980s, the teen pregnancy rate for teens targeted by Bamberg's program dropped from 61.7% to 25.1% (37 fewer pregnancies per 1000 females than before the program).

Community Engagement

Ulysses's community engagement strategy was innovative and thorough. The project manager, staff, and volunteers individually interviewed every single local public official, health department worker, and pastor in the community. One-on-one interviews were also held with librarians, parent board members, school administrators, and many other residents. For three months at the beginning of this project, interviewing was the constant occupation of staff, as they worked to understand the feelings of community leaders and residents and began to get their buy-in to the program. Meetings among community members were then held in faith-based institutions within the community.

Youth involvement has also been important to the process. Youth Liaisons for the project have been identified, youth have been invited to local prayer breakfasts, and staff have asked for teens' suggestions regarding prevention. The Project Director, Anita Mason, has indicated that following up on feedback is essential to gaining community trust and involvement. For example, to demonstrate her commitment to youth suggestions, she worked with the Recreation Department to hold midnight intramural sports events.

Community engagement is maintained by continuing one-on-one interviews throughout each year of the grant. In addition, R.R.I.S.K. organized a community-wide conference in March 2000 to share information with participants about the progress of the project and to seek their input on improving each of the strategies outlined below.

Multiple Strategies

Ulysses is working through multiple channels to implement this program:

- The mass media, including radio and television advertisements, are used to educate residents about R.R.I.S.K. and the issues of teen sexuality and pregnancy prevention.
- Alternative activities for youth are provided and enhanced, including summer and after-school programs, mentoring, and career development activities.
- A comprehensive and developmentally appropriate sexuality education curriculum was created by community leaders (including religious leaders, school officials, project staff, and other community residents) and implemented at all grade levels.
- Peer support and education is enhanced by working with schools, youth organizations, and the faith community to improve networks among pre-teens, teens, teen parents, and adult parents.
- Girl Power!—a program initiated to support girls and encourage healthy self-esteem—was implemented. (Ulysses moved the timeline of the project up by almost a year in response to adolescent girls' feedback to the advisory board.)
- Abstinence peer support groups are held in the middle and high schools.
- In the summer of 2000, high school students held presentations about good health for younger adolescents in an effort to model healthy behavior and self-esteem.
- Easier access to contraceptives has been ensured through:
 - evening clinic hours for adolescents only
 - encouraging local businesses to place contraceptives in brown bags for adolescents, and allowing youth to call businesses and request a brown bag for pickup.

Sustainability

Ulysses attempts to ensure future sustainability in two ways:

1. R.R.I.S.K. never works on a project without collaboration from an existing institution, hoping that these organizations will maintain the interventions after R.R.I.S.K.'s grant is complete.
2. Two of the four full-time staff will be funded by the school district after the completion of the grant, in order to continue their work with schools and other organizations in the community.

In addition, the advisory board meets monthly and is considering strategies for sustaining the effort beyond the grant period.

Evaluation

Dr. Murray Vincent of the University of South Carolina—the originator of School/Community Program—is assisting a comprehensive evaluation team from the University of Kansas.

R.R.I.S.K. staff are required to send a variety of documentation every month to be carefully reviewed by the evaluators. Final conclusions regarding the first years of the project are not being made yet, because the evaluators emphasize that teenage pregnancy prevention programs take several years to take root in the community and impact youth. However, feedback from participants in programs and from the community conference have influenced staff efforts to improve strategies and prioritize their focus on various aspects of the program.

Richmond and West Modesto, California

The California Wellness Foundation (TCWF) is currently funding several California communities that have high rates of teen pregnancy and are implementing comprehensive prevention efforts. TCWF is a private charitable organization that makes grants to promote health. Richmond and West Modesto, California, each received a Community Action Program grant to demonstrate that reductions in teen pregnancy rates can result from community organizing and promoting health and effective contraceptive use.¹⁰

The structure of the grant includes an 18-month planning phase followed by a 3 1/2-year implementation and evaluation phase, with a final 3-year grant contingent upon progress. The projects function as programs under a local lead agency that serves as a fiduciary host. Each community receives technical assistance from Cornerstone Consulting Group. In addition, Philliber Research Associates, Inc., is responsible for the evaluation component, including facilitating an information loop between TCWF and the communities regarding the progress of initiatives and suggestions for improvement.

The grants are founded on the need for teenage pregnancy to be addressed as a community issue, and on the perspective that healthy adolescent sexuality must be respected. Delaying the onset of sexual activity and increasing effective use of contraceptives are the goals of the programs. For a community to receive the final three years of grant money, they must demonstrate an increase in reproductive health and sexuality information and education, a greater engagement of adults in the community, expanded life opportunities for youth, and an infrastructure to ensure sustainability.

Every three months, TCWF brings together each community's program staff to share experiences and gain insights and new ideas from the other projects. This coordination—and the fact that the grant dictates a particular structure and emphasis—has led to some similar initiatives among the communities. Unfortunately, it is too soon to determine the extent to which this effort has or will reduce the rate of teenage pregnancy in these communities, but the approach they are taking is consistent with other community approaches that have been shown to work.

Community Engagement

The varied ways in which Richmond and West Modesto each engaged their community are instructive:

Richmond

The Amandela Project is Richmond's program, named for the South African word for power. This title reflects the residents' commitment to exert power over teenage pregnancy and related issues in their community. Richmond (population 94,400, with a teen pregnancy rate double the national average) began their engagement process in January of 1998. While their mission is to serve the whole community of Richmond, the focus of much of their efforts has been a particular low-income, African American neighborhood within the city. The project leaders include a project manager and a community organizer. The project manager is a lifetime resident of the neighborhood, and the organizer has brought specific engagement skills to the program. The staff work out of an apartment within the Housing Authority, central to the neighborhood.

The first community engagement effort was for a task force to develop a survey of community residents. Fliers were posted throughout the area to encourage participation. The survey was piloted with a few community residents first, and their feedback was used to improve the survey. Community residents were then recruited to administer the survey. (Since the planning phase, the project has hired residents for temporary positions on several different occasions, and staff feel that they have maintained community respect and engagement because of their efforts to follow through on promises made during the planning phase.)

The information gathered from the surveys was presented on the first day of a two-day “Community Fun Day” event organized by the project staff. On the second day, staff elicited responses from community members regarding the survey results, the common themes that emerged, and their visions of their community without teen pregnancy. Breakout groups then brainstormed to determine ten objectives for the community. A central question that came out of this process is *how can youth be respected in the community?* These discussions were used as the building blocks of the Amandela Project’s subsequent activities. Antonia Jackson, the Project Manager, notes that they were pleased with the “rich information” resulting from this community engagement process, but admitted that it required a lot of effort, saying “You have to pay for these outcomes in *time*.”

West Modesto

West Modesto’s Teen Life Challenge (TLC) program grew out of an existing community effort. (West Modesto is 35% Hispanic, 30% white, 25% Asian, and 8% African-American; it is a section of the city of Modesto, whose population is 180,000.) Early in the 1990s, the West Modesto community began organizing around health service delivery issues for minority populations. Through outreach efforts conducted by volunteers and county health workers in this multi-lingual community, residents discovered that issues were common across lines of race and ethnicity. Based on this work, the community successfully applied for a Healthy Families Grant. With this grant, health issues, communication between school and home, and teenage pregnancy prevention were examined. Then in 1998, West Modesto secured the California Wellness Foundation grant. Thus, their community engagement process and planning for teen pregnancy prevention were almost completed before they began TLC.

As the community effort is moving from a general focus on health issues to a more specific look at teen pregnancy, West Modesto is beginning to deal with some resistance from the faith community, particularly as it is represented on the school board and by individuals within some schools. For example, the school curriculum is permitted to present abstinence as the best way to avoid unwanted pregnancies, but also to present information about contraceptives. However, in practice, many schools only teach abstinence. Community residents involved with TLC are currently considering strategies for working with the schools through such activities as curriculum meetings.

Multiple Strategies

Each community’s intervention strategies respond to needs that were identified during the community engagement process.

Richmond's programs and activities to lower teenage pregnancy include:

- Parent education programs – Local parents are trained to become “teenage sexuality educators” to other community parents. Through this, community members have the opportunity to gain information from other parents about strategies for talking to adolescents about sex and sexuality.
- Parent advocacy – Parents meet twice per month to talk about their children and the problems within their community (e.g., issues that parents have with the schools).
- Dialogue meetings to promote youth and adult interaction are held once every three months. Topics covered include such questions as whether teens are using condoms effectively. Monetary incentives are offered to ensure participation.
- Teen Outreach Programs – 6-8th grade adolescent discussion groups are facilitated by project staff and focus on building community skills, such as community service. (For a description of this program, see page 19.)
- After school programs are held for all children in the community, and they are invited to the bi-monthly community dialogue meetings.
- Contraceptive Outreach Peer Educators (COPE) – This is a condom disbursement initiative that operates at bus stops, near the subway system, at the local clinic, and at neighborhood stores. 1000 condoms are distributed every three months. The local Planned Parenthood clinic's adolescent clientele has increased by 400 since the initiation of this program.

West Modesto's Teen Life Challenge program also offers a variety of interventions for youth, in collaboration with existing projects. Some of these are:

- Condom distribution sites within neighborhood stores to make contraception available for teens. Each bag contains six condoms, instructions for use, a phone number to call for help, and information about sexually transmitted diseases.
- The local Women's Auxiliary, in partnership with TLC, offers mentoring to area girls regarding issues such as self-esteem and career development.
- Free Spirit, a men's basketball club, encourages adolescent boys to participate and has invited representatives from TLC to present pregnancy prevention information at Free Spirit's basketball clinics.

Sustainability

One of the goals of TCWF's grant program is to ensure sustainability through local collaboration and through finding permanent homes in community organizations for particular strategies. For example, TLC has been partnering with two local Healthy Start programs to continue neighborhood outreach work.

Evaluation

Philliber Research Associates has been hired to complete the evaluation process, including review of regularly submitted activity reports and data. Based on analysis of these data, suggestions are made to the community regarding improvements. Technical assistance for such improvements is provided by Philliber and Cornerstone Consulting. The full evaluation will be completed at the end of the grant period.

Contact Information for Community Case Studies

Hartford

Jack W. Cullin
Director of Operations and Chief Information Officer
Breaking the Cycle – The Parisky Group
30 Arbor Street
Hartford, CT 06106-1209
Ph: 860-236-4872
Fax: 860-232-8321

Tillamook County

Diana Barnes, Case Manager
Tillamook County Health Department
P.O. Box 489
Tillamook, OR 97141
Ph: 800-528-2938

Grant County

Anita Mason, Project Manager
R.R.I.S.K.
111 S. Baughman
Ulysses, KS 67880
Ph: 316-356-5181
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rrisk@ulysses.org

Richmond

Antonia Jackson
Amandela Project
2429 MacDonald Avenue
Richmond, CA 94804
Ph: 510-215-4690
Fax: 510-215-4694

West Modesto

Barbara Anderson
West Modesto King Kennedy Collaborative
607 California Avenue
Modesto, CA 95351
Ph: 209-522-1042
Fax: 209-557-0863

Effective Programs

Each of the following programs was designed in response to concerns about teenage pregnancy. The programs have all been implemented in particular organizations and rigorously evaluated for effectiveness in reaching their program goals. Maximizing their effect on the overall goal of reducing teen pregnancy, however, requires combining multiple programs and activities with other aspects of community-based efforts.

Education and Youth Development (for Use in Schools or Community Organizations)

Teen Talk

A school- and community-based educational and decision-making skills curriculum, this program consists of six sessions for large and small groups. Results from rural and urban communities in California and Texas indicate males delay onset of sexual activity, and sexually active males use more effective contraception.

For more information, contact:

Jane Park, Research Associate

Sociometrics Corporation

Program Archive on Sexuality, Health and Adolescence (Information Center)

170 State Street, Suite 260

Los Altos, CA 94022-2812

Ph: 800-846-DISK

Ph: 650-949-3282, ext. 236

Fax: 650-949-3299

email: pasha@socio.com

See also: *The PASHA Program Sourcebook: Promising Teen Pregnancy and STD/HIV/AIDS Prevention Programs*. (1998). Los Altos, CA: The Program Archive on Sexuality, Health and Adolescence.

Reducing the Risk

This is a 16-session high school-based educational initiative that requires students to speak with their parents about sexuality. This program effectively reduced the onset of sexual activity among the treatment group by as much as 24%. The program also effectively increased the dialogue between children and their parents immediately.

For more information, see *The PASHA Program Sourcebook* (citation above).

In Your Face

This school-based program surveyed students, screening for sexual activity or related characteristics. Selected students met with the health educator and were asked to participate in this program, which offered group discussion and individual counseling. The *Reducing the Risk* curriculum, noted above, was modified and presented to these students. Reproductive health

referrals for contraception were provided, in addition to comprehensive sexuality education. The rate of teenage pregnancy declined by 34% between 1992 and 1996 within participating schools.

For more information, see Tiezzi, L., Lipshutz, J., Wroblewski, N., Vaughan, R. D, McCarthy, J. F. (1997). Pregnancy Prevention among Urban Adolescents Younger than 15: Results of the 'In Your Face' Program. *Family Planning Perspectives*, 29(4), 173-180.

Focus on Kids

This is an 8-session community-based HIV/STD prevention program that presents topics and skills central to preventing teenage pregnancy, such as refusal and decision-making skills, correct use of condoms, and role playing. This program is geared toward African Americans. It has been shown to increase adolescents' use of condoms as well as change participants' perceptions of individual vulnerability to unplanned outcomes of sexual activity.

For more information, see: Resource Center for Adolescent Pregnancy Prevention: Programs that Work: www.etr.org/recapp/programs/focuskids.htm

Becoming a Responsible Teen

This community-based HIV prevention program focuses on African American youth ages 14-18. The program entails eight sessions of about two hours each through which teens learn refusal skills, clarify their values, and learn about a variety of other life skills. The program outcomes include delaying sexual intercourse for virgins and declining sexual activity for sexually experienced adolescents. Teens had an active role in developing the entire curriculum.

For more information, see: Resource Center for Adolescent Pregnancy Prevention: Programs that Work: www.etr.org/recapp/programs/teen.htm

Teen Outreach Program (TOP)

This youth development program focuses on individuals' strengths through a combination of structured small group discussions and "Changing Scenes," a comprehensive youth development curriculum. TOP is typically school-based, and the duration is 6 to 9 months. In a four-year research study, TOP participants had a 57% lower pregnancy rate than the comparison group.

For more information, see: The Promising Practices Network: www.promisingpractices.net

Postponing Sexual Involvement (PSI)

This program is used in schools as well as youth-serving agencies and churches. There are three different versions of this program that have developed over time to address sexual behavioral changes. A curriculum for 5th and 6th grade students and their parents focuses on human sexuality information and resisting peer pressure. A similar program presents information to 7th and 8th grade students. A third component uses 10th to 12th grade students as leaders for the 7th and 8th grade strategy. This program has been successfully adapted to the needs of particular communities. Evaluations of this program indicate that participants are significantly less likely to become sexually involved in 8th or 9th grade, are more likely to limit their sexual involvement and use protection if they have already initiated sex, and are less likely to become pregnant in high school than comparison groups.

For more information, contact:
Marion Howard, Ph.D., Director
Adolescent Reproductive Health Center
Box 26158, Grady Health System
80 Butler Street, SE
Atlanta, GA 30335-3801
Ph: 404-616-3513
Fax: 404-616-2457
Mhowa01@emory.edu

See also: The Promising Practices Network: www.promisingpractices.net

Be Proud! Be Responsible!

This educational and youth development program is divided into 6 fifty-minute modules in which topics such as the risks associated with unprotected sexual intercourse are evaluated and personal skills are developed. Program participants reported less risky behavior, fewer incidents of sexual intercourse, more use of contraceptives, and fewer sexual partners.

For more information, contact:
Ben Pihlgren
Select Media, Inc.
60 Warren Street, 5th Floor
New York, NY 10007
Ph: 800-707-6334
Fax: 212-732-4439

See also: The Promising Practices Network: www.promisingpractices.net

Safer Choices

This is a school-based, multi-component curriculum for high school students that addresses pregnancy, HIV, and STD prevention. The five components of this program include: (1) a committee composed of school officials, parents, teachers, and community representatives to oversee the program; (2) curriculum and staff development, (3) use of peer groups to sponsor activities, (4) parent education, and (5) school-community linkages. Ninth grade participants had more positive perspectives about their willingness to use condoms, higher levels of perceived risks, and greater communication with parents. This program was administered to a diverse population.

For more information, see: Coyle, K., Basen-Engquist, K., Kirby, D., Parcel, G., Banspach, S., Harrist, R., Baumler, E., & Weil, M. (1999). Short-term Impact of Safer Choices: A Multicomponent, School-based HIV, other STD, and Pregnancy Prevention Program. *Journal of School Health*, 69, 181-188. Article summary available at:
www.etr.org/recapp/research/journal0899.htm

Health Services

School-Based Clinics

School-based clinics provide health service, including varying degrees of reproductive health services, to students. They have been found to increase access to reproductive care, especially when all services are available on-site. Referral services for contraceptives are less well utilized.

For more information about school-based clinics, see: “Contraceptive Access at School-Based Health Centers: Three Case Studies” at Advocates for Youth:
www.advocatesforyouth.org/IAG/CNTRCPTV.HTM

The Self Center (School-Linked Reproductive Health Services)

This program model offers contraceptive and reproductive health services and education to middle and high school students. The program was only funded from 1982-1984 but was very effective. Students in participating schools were more likely to attend a clinic before or shortly after initiation of sexual intercourse. Adolescent girls from participating schools were more likely to delay sexual intercourse, and used more contraception. By the third year of the program, the pregnancy rate decreased by 30% for program schools while the rate increased by over 50% for non-participating schools.

For more information about the Self Center, contact:

Dr. Laurie Schwab Zabin
School of Hygiene and Public Health
Johns Hopkins University
4503 Hygiene
615 N. Wolfe Street
Baltimore, MD 21205
Ph: 410-955-5753
Fax: 410-955-0792

See also: The Promising Practices Network: www.promisingpractices.net

Corner Health Center (Ypsilanti, Michigan)

This organization offers medical care, prevention education, family planning, and prenatal care. In addition, theatre is used as a tool for prevention education. The federal Women, Infants, and Children Supplemental Food Program (WIC) is offered on site, HIV/AIDS counseling and testing is offered, and parenting skills classes and educational booklets are available for low-literacy parents. Care is provided by University of Michigan hospital and medical staff. Given the huge cost-effectiveness of preventative care versus post-pregnancy or illness care, the Corner estimates they saved the state government over \$350,000 in fiscal year 1996 because of their extensive preventative services.

For more information, see: www.comnet.org/local/orgs/corner/index.html

Male Involvement

Young Men's Clinic (Washington Heights, NYC)

This program successfully provides reproductive health service delivery with a male-specific focus. It was developed in response to interviews and focus groups with young men who felt uncomfortable with traditional reproductive health clinics they perceived as “women-only” centers. The clinics operate one night and one weekend day each week, and have a continually full caseload.

For more information, call:

Young Men's Clinic

Ph: 212-304-5247

See also: www.etr.org/recapp/theories/mip/index2a.htm

Male Involvement Program (Nassau County, NY)

This program successfully educates adolescent men ages 12 through college-age about sexuality, contraception, STDs, and date rape. The project reaches over 7,500 men each year, with participants being 50% White and 50% African American. Most of the participants are low-income and also considered at-risk for creating a pregnancy or contracting STDs. The program addresses gender stereotypes and myths while clarifying values and attitudes around sexuality. Skill-building in sexual decision-making, communication, abstinence, and condom use are emphasized throughout the workshops. This program has been implemented in a wide variety of settings.

For more information, contact:

Ph: 516-483-3193, x3018

See also: www.etr.org/recapp/theories/mip/index2b.htm

Circle of Men

Part of the Plain Talk initiative in Hartford, this program successfully engaged and involved men in activities to discuss risky behaviors and encourage healthy behavior.

For more information, contact:

Flora Parisky

Hartford Action Plan on Infant Health

30 Arbor Street

Hartford, CT 06106

Ph: 860-236-4872

Fax: 860-232-8321

Second Pregnancy Prevention

Queen's Hospital Center's Teenage Program

This program is intended to prevent teen mothers from becoming pregnant again. Program components include providing adolescent mothers and their partners with health care information regarding prevention, treating and counseling adolescents, enabling teens to become more responsible by staying in school and learning marketable skills, increasing teen mom's return rate to school, increasing participation of pregnant teens in preparing for/obtaining care for their children, involving partners and families in complete care of teens and their babies, and discussing foster homes/adoption options. Participants were more likely to attend clinics regularly, use contraception more frequently, and attend and graduate high school than the comparison group. Both teens and their children were more likely to experience better health outcomes than the comparison group. Only 9% of participating mothers had a repeat pregnancy, compared to 70% in comparison group.

For more information, see: *The PASHA Program Sourcebook* (citation above).

Recommendations for Battle Creek to Consider

A comprehensive, community-based approach to teenage pregnancy prevention involves a complex set of issues, tasks, and participants. For Battle Creek to succeed at this work, the community will need to value not only reducing the rate of teen pregnancy but also investing in youth development for the long haul. In order to achieve a collaborative system of services with the resources to reach these goals, Battle Creek will need a shared commitment to a comprehensive vision, community planning, conscientious outreach, a continuum of services, and methods to ensure sustainability. The community should consider the following:

Decide Who is “Your Community”

The community examples researched for this report have demonstrated that the size of the “community” that can come together to address teen pregnancy can vary from a single neighborhood to a city or an entire county. Population is a consideration here, but many other factors may impact the decision of where to implement the community-based approach: where are the rates particularly high, who is willing to collaborate, what geographic area do teens consider their “community,” what will grant opportunities support, what are the school district boundaries, and so on. Researchers caution, however, that community members should not target a particular neighborhood if that neighborhood is not fully represented in the initial planning (which may indicate that planners consider teen pregnancy a problem that “they” have, rather than a problem that “we” have).

Get Everybody’s Take on the Issues and Needs

One of the primary purposes of community engagement is to find out how parents and teens, service providers, and community leaders feel about the issues surrounding teen pregnancy and about the community’s present response to the problem. The use of interviews, surveys, community meetings, and events reveal information about gaps in services, desired new initiatives, concerns of teens, and issues that will likely lead to conflict in the community. This process also allows for a critical period of consciousness raising which begins to get residents involved in thinking about the lives of youth, the values portrayed by the community, and the support everyone will need to provide to an ongoing teenage pregnancy prevention effort.

Build Buy-In and Community Spirit

In order to have a genuine community-based approach, residents must believe in and support the effort. Programs that operate without the buy-in of the community are less effective: organizations find it harder to collaborate, teens often cannot participate in programs if their parents are not in support, and adolescents will likely receive contradictory messages and information as they move from school, to home, to youth events, to hanging out with friends. Community members can, of course, agree to disagree, but everyone—especially teens—must understand that such an agreement has been made and that multiple perspectives on this issue are acceptable. A truly community-based effort will reflect the many components and values within the community while presenting a united front of commitment and dialogue. Through meetings, events, collaborative programs, media campaigns, and lots of talking, community members can begin to build a shared vision for where they want to go with this effort and what they want their teenage residents to feel about the community—that it respects and values youth and fosters hope for the future of all its young residents.

Put Teens at the Center

Success is experienced when communities are not only delivering a multifaceted set of teenage pregnancy prevention initiatives, but are implementing those ideas and components that the relevant population deems necessary. Ongoing feedback from teens should be sought through surveys, focus groups, and program evaluations; teens should be invited to volunteer for data gathering and event planning; and teen representatives should serve on all advisory bodies and planning groups. Teens will also want to see that their ideas are being heard and acted upon; quick turnaround between getting teens' feedback and starting new programs will foster support and participation by teens. (For instance, implementing recreational programs which are relatively inexpensive and can draw on existing community resources may be perceived as immediately responsive.)

Anticipate and Respond Proactively to Resistance

Given the need for broad community support as well as a wide variety of initiatives, resistance from within the community can be confounding. For example, while some communities we examined seemed to have no problem acting on the statement that “some teens are sexually active” (a point that many grant programs require communities to accept), others faced immediate barriers to making this part of the conversation.

Successful communities have uniformly attempted to foster support from those groups and individuals that challenge aspects of teenage pregnancy prevention. Tillamook, Ulysses, and West Modesto, for example, perceived resistance to certain initiatives—particularly making contraception available to teens—from the faith community. The way that these communities have navigated this issue is through inviting leaders and members of the faith community to every meeting and forum, and encouraging faith-based organizations to implement initiatives that become part of the comprehensive approach.

Instead of arguing over ideology, each successful community has agreed to disagree about belief systems and accept that every approach has something to offer. By demonstrating that working toward the best life opportunities for all children is the community's highest value, successful communities have been able to move forward, beyond differences.

Attend to Diversity at Every Step

While a comprehensive approach must serve the whole community, culturally relevant strategies to preventing teenage pregnancy can improve effectiveness with diverse populations. Pregnancy prevention programs address sensitive issues for youth, which heightens the need to be alert to gender, culture, and ethnic differences. One method of ensuring attention to diversity is to gather detailed information during the community engagement process about what environment makes parents and teens most comfortable for learning and working with others. If teens indicate they are more comfortable learning with a same-gender peer group or a same-race facilitator, then this should be built into plans for particular programs. In addition, media campaigns, announcements, parent workshops, and evaluation tools may all need to be tailored to different cultures, world views, and languages.

Create a Continuum of Youth Services

When choosing and implementing multiple strategies to address the complexity of this issue, communities should consider creating a continuum of services that addresses youth at various points in their development—from the information needs of pre-adolescents, to the value- and skill-building needs of non-sexually-active teens, to the health and education needs of sexually active teens. Most communities work to delay sexual activity while disseminating information about contraception. This approach implicitly accepts the reality that some teens are sexually active, while trying to instill strong decision-making skills and a sense of a hopeful future for all adolescents. A continuum of services is the most likely to reach the needs of all teens before pregnancies occur (which require a whole different, and more expensive, continuum of services).

Aim for Quick Results but Plan for Long-Term Engagement

The stories in this report leave mixed messages as to the time required to reach results for teen pregnancy prevention. While Tillamook's timeline from initial engagement to a drop in pregnancy rates was relatively quick (within one year, and significantly lower inside of five years), other communities take much longer to move through the community engagement and planning processes, before they even get to strategy implementation and possible results. In fact, foundation grants for communities to reduce teenage pregnancy (including those from the Annie E. Casey Foundation, The California Wellness Foundation, and the Kansas Health Foundation) build in at least 18 months of required planning. In addition, evaluators of pregnancy prevention programs emphasize that the issues surrounding teen pregnancy are entrenched in long-held belief systems and behaviors; new information and ways of thinking take time for teens and adults to absorb, reflect upon, and integrate into their life choices. With this in mind, the Centers for Disease Control is not deriving conclusions about the effectiveness of its community-based programs until about year ten of their initiative (see page 30). Dedicated, focused effort, involving multiple stakeholders coordinating their work, may collapse the usual time that it takes to address a community problem, but participants should be prepared to sustain the effort, even if the outcomes take several years to be fully realized.

Make the Effort Last Forever

A major weakness with past and current community-based programs is that they are often designed without mechanisms to ensure sustainability, but preventing teen pregnancy can have no end date. Even communities that successfully reduce their rate of teenage pregnancy do not systematically plan for the ongoing commitment needed to keep the rate low. In fact, when rates decrease, the sense of urgency decreases as well, and efforts begin to diminish, to the detriment of the next generation of adolescents.

While successful communities have worked to institutionalize programs—finding various permanent organizations within which to house strategies—most communities do not have a lasting structure to monitor programs or new issues in the community that impact teenage pregnancy. The most successful communities, such as Hartford, Tillamook, and Ulysses, have used advisory or governance boards to oversee some aspects of the community effort, but these boards are not designed to last indefinitely.

A long-term commitment to comprehensive, community-based teen pregnancy prevention requires ongoing oversight at the community level, whether that means a permanent governing

body, a few permanent staff, a regularly updated report of trends and program evaluations, and/or a community historian to maintain records of past and current progress.

One suggestion for sustainability arising from our research is for the community to recognize and act upon the issue of teen pregnancy within the larger issues of which teen pregnancy is a part—adolescent health and youth development. While concerted attention to teen pregnancy rates and relevant strategies will always be needed, long-term governance and funding of teen pregnancy prevention may be more readily obtained by attaching this community effort to other existing efforts in the community. As indicated by the types of effective programs, teenage pregnancy is not only about sex and sexuality education—although those are critical components—but also about youth development in general, including decision-making skills, career development opportunities, alternative activities, and strong relationships with parents. In addition, sex and health strategies relevant to teen pregnancy are also relevant to other concerns, including HIV/STDs and sexual abuse.

Keep Track of What’s Working and What’s Needed

Without adequate, ongoing evaluation, it is not possible for the community to know which programs are working, or what additional needs exist. Based on the experiences of other communities, two realms of evaluation are advisable: (1) a program-level feedback loop, where participants’ responses to programs are solicited and outcomes are documented; (2) a system-level meta-analysis of the community’s response that addresses issues such as emerging gaps in service, changes in the teenage pregnancy rate, and efforts to sustain funding and community engagement.

Such evaluation services can be contracted out to professional consultants or monitored from within an oversight structure. The most common, and perhaps effective, method seems to be use of an outside consultant for two reasons. First, outside evaluators hold program staff accountable for a certain amount of feedback and information, which enhances motivation and, thus, outcomes. Second, consultants from outside the service delivery system can offer new perspectives, insight, and expertise to the issue.

Establish the Infrastructure to Accomplish These Recommendations

A comprehensive, community-based approach to teen pregnancy—or any other social problem in your community—is going to require a supportive infrastructure to get the work done and make the effort last. From our research on teen pregnancy and on many other issues, we strongly recommend the creation of a “community support organization” to coordinate and sustain the teen pregnancy effort and then to serve other comprehensive efforts to address social problems in the community.

As a neutral, intermediary body with permanent staff, the community support organization would be able to convene the community meetings about teen pregnancy, recruit parents and teens to participate, facilitate discussions, develop agency networks, help raise money, ensure ongoing evaluation, and hold the community to high aspirations throughout the process. Permanent staff would be dedicated to keeping the effort progressing, sustaining it over the long term, and connecting it to other systemic issues in the community such as youth development and health. With a community support organization, Battle Creek would have a permanent location in which

to house the local advisory body on teen pregnancy (which might also be an advisory body for other issues, further reducing duplication) as well as the long-term attention that this issue necessitates. In addition, the learning and networks resulting from the teen pregnancy effort would not be lost over time, and could feed into other issues that also require coordinated, community-wide attention.

However Battle Creek decides to proceed, you should not be afraid to admit that comprehensive approaches to teenage pregnancy prevention are challenging on many levels—from the sensitivity of the problem, to the complexity of the issue, to the conflicts that can arise, to the logistical challenges of bringing together so many people and programs. A community support organization can help minimize these challenges, while allowing your community and its youth to experience the benefits of success.

Resources for More Information

The following organizations, Web sites, publications, and projects may be helpful to Battle Creek's comprehensive, community-based teen pregnancy prevention effort. These resources are organized according to the four elements of successful approaches—community engagement, multiple strategies, sustainability, and evaluation—depending on the particular strengths of each resource.

Community Engagement—Resources

The National Campaign to Prevent Teenage Pregnancy

This is an excellent source of information about teenage pregnancy. They offer comprehensive reference materials for communities that are designing and implementing strategies to lower teenage pregnancy rates.

For more information, see: www.teenpregnancy.org. In particular, click on the link for *Get Organized: A Guide to Preventing Teen Pregnancy*. This three volume manual can assist communities in developing their own intervention strategies.

The Annie E. Casey Foundation

As part of their Plain Talk initiative, the Casey Foundation completed thorough research on teenage pregnancy prevention, and has published a variety of useful documents about the experiences of six different communities that attempted to address teenage pregnancy.

For more information, see: www.aecf.org. A kit for communities to begin to design a Plain Talk-type program can be found at: www.aecf.org/publications/starter.pdf.

Multiple Strategies—Resources

The Resource Center for Adolescent Pregnancy Prevention (ReCAPP)

This Web-based resource offers extensive information about useful programs and the components of successful programs. They have a helpful list of effective youth development programs at: www.etr.org/recapp/research/journal0199.htm.

In addition, they offer a review of interventions and programs that support community-based interventions at: www.etr.org/recapp/research/journal200002.htm.

A discussion of the need for a multi-component intervention model can be found within ReCapp as well, at: www.etr.org/recapp/practice/beyondcurricula.htm.

Advocates for Youth

Advocates for Youth's Website is full of factual information about teenage pregnancy, and the efficacy of culturally relevant approaches to reducing the rate of teen pregnancy. In addition, Advocates for Youth publishes a five-volume practical guide entitled "Communities Responding to the Challenge of Adolescent Pregnancy Prevention." They also have a guidebook that offers

tips for organizing activities to increase parent-child communication about sexuality, and they publish a useful newsletter entitled “Transitions.”

For more information, see: www.advocatesforyouth.org, or contact:

Advocates for Youth

1025 Vermont Avenue NW, Suite 200

Washington, DC 20005

Ph: 202-347-5700

Fax: 202-347-2263

The Community Toolbox

This Website offers many links to tips and other information for communities attempting to address teenage pregnancy. The information includes strategies for reviewing sexuality curricula, promoting financial sustainability, building relationships, recruiting volunteers, and many others. This can be found at:

<http://ctb.lsi.ukans.edu/initiatives/SchoolCommunity/frames/CBTools.html>

The National Organization on Adolescent Pregnancy, Parenting and Prevention, Inc.

This membership organization focuses entirely on teenage pregnancy prevention and parenting issues. They offer a newsletter and opportunities to link with professionals and others dealing with this issue. Their annual conference emphasizes opportunities for participants to network and learn from each other.

For more information, see: www.noapp.org

The Carrera Model

This project is looking at youth development initiatives that show promise for effectiveness. The Carrera Model focuses on helping youth through job programs, creative activities, sports, college preparation, and medical and mental health services. The C. S. Mott Foundation is currently funding Philliber Research Associates (see page 31) to rigorously evaluate, monitor, and complete the technical assistance for this effort in several different sites nation-wide. Typically, this approach has included a small number of participants.

For more information, see The Mott Foundation at: www.mott.org

Talking With Kids

This Website provides tips for successfully communicating with children and adolescents about sex.

For more information, see: www.talkingwithkids.org/sex.html

Child Trends

This organization produces important research about adolescent pregnancy prevention. *Next Steps and Best Bets: Approaches to Preventing Adolescent Childbearing* by Kristin A. Moore and Barbara W. Sugland (1996) is an excellent discussion of the necessary components of

effective interventions of all types. It condenses the work of researchers and practitioners into a comprehensive and clear document.

For more information, see: www.childtrends.org

“Reducing Adolescent Pregnancy: Approaches that Work”

This article was written by Douglas Kirby, a leading expert in the field of adolescent pregnancy. It offers strong background information about successful interventions and is a thorough examination of the contemporary status of interventions.

For more information, see: Kirby, Douglas. (1999). Reducing Adolescent Pregnancy: Approaches that Work. *Contemporary Pediatrics*, 16(1), 83-90.

Sustainability—Resources

Centers for Disease Control and Prevention (CDC), Teenage Pregnancy Prevention Program

The CDC offers a variety of information about teen pregnancy and is currently overseeing a 13-community teenage pregnancy prevention project. The two priorities of this effort are (1) reducing teen pregnancy by ensuring that youth are experiencing success in their lives, and (2) ensuring sustainability. This project is particularly concerned about how to sustain teen pregnancy prevention efforts in communities over the long term. The CDC is providing limited funding to prevent their own role from getting in the way of communities building an independent, long-term system of services; the CDC requires participating communities to actively seek their own sources of funding. This project is half way through a seven-year cycle, which included two years of planning. The CDC has built technical assistance and professional evaluation into the grant cycle. Each community is using a variety of strategies (similar to the community examples in this report), but the CDC will also administer community surveys and other tools to gauge the outlook of the community after the intervention period. This program will use extensive data to plan for the future and encourage the sustainable mechanisms identified by each community. Results of this program’s outcomes are expected in 2003.

For more information, contact:

Rosie Bretthauer-Mueller, Health Communications Specialist
Teen Pregnancy Prevention Program
Division of Reproductive Health
Centers for Disease Control and Prevention
Atlanta, GA 30341-3724

Comprehensive information can also be found at: Centers for Disease Control and Prevention, Adolescent and School Health: www.cdc.gov/nccdphp/dash rtc/curric3.htm

Evaluation—Resources

Philliber Research Associates

This firm has conducted numerous evaluations on community-based teenage pregnancy prevention projects, including with California Wellness Foundation and Carrera programs.

For more information, contact:

Philliber Research Associates

16 Main Street,

Accord, New York 12404

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accordpra@compuserve.com

The University of Kansas

Staff in the UK Work Group on Health Promotion and Community Development have provided evaluation services to the six Kansas communities utilizing the School/Community Program, including Grant County that is profiled in this report.

For more information, contact:

University of Kansas

Work Group on Health Promotion and Community Development

4082 Dole Center

Lawrence, KS 66045

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Notes

¹ Research suggests that the rate of teenage pregnancy has been declining primarily because of the increased importance placed on education, the motivation of young people to achieve education, and the development of goals other than motherhood and family for adolescent women. Also, note that the teen pregnancy rate is an estimated figure based on the number of teen births, estimated miscarriages, and reported abortions. Most communities prefer to use this estimated figure to address the issue of teen pregnancy, instead of the teen birth rate.

For sources related to the rate of teen pregnancy and explanations for its decrease, see:

The National Campaign to Reduce Teen Pregnancy, 2000, www.teenpregnancy.org/genlfact.htm.

Singh, S. & Darroch, J. E. (2000). Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries. *Family Planning Perspectives*, 32(1):14-23.

² Sources of information about the effects of teenage pregnancies include:

The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York: The Alan Guttmacher Institute.

The National Campaign to Reduce Teen Pregnancy, 2000. www.teenpregnancy.org/genlfact.htm.

Wolfe, B., & Perozek, M. (1997). Teen Children's Health and Health Care Use. In R.A. Maynard (Ed.), *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (pp. 181-203). Washington, DC: The Urban Institute Press.

³ For sources regarding the efficacy of multiple strategy interventions and community approaches, see:

Resource Center for Adolescent Pregnancy Prevention. www.etr.org/recapp/ within the "Effective Practices" and "Current Research" links.

Moore, K. A. & Sugland, B. W. (1996). *Next Steps and Best Bets: Approaches to Preventing Adolescent Childbearing*. Washington, DC: Child Trends. Prepared for the Manpower Demonstration Research Corporation. *The PASHA Program Sourcebook: Promising Teen Pregnancy and STD/HIV/AIDS Prevention Programs*. (1998). Los Altos, CA: The Program Archive on Sexuality, Health and Adolescence.

⁴ Moore, K. A. & Sugland, B. W. (1996). *Next Steps and Best Bets: Approaches to Preventing Adolescent Childbearing*. Washington, DC: Child Trends. Prepared for the Manpower Demonstration Research Corporation.

⁵ Jaccard, J. & Dodge, T. (2000). Knowledge, Meta-Knowledge and Adolescent Pregnancy. *Pregnancy Prevention for Youth*, 3(2), 3.

⁶ Kirby, D., Barth, R. P.; Leland, N., & Fretro, J. V. (1991). Reducing the Risk: Impact of a New Curriculum on Sexual Risk Taking. *Family Planning Perspectives*, 23(6) 253-263.

Kirby, D. (2000). The Impact of Abstinence-Only Programs: Journal Summary. Resource Center for Adolescent Pregnancy Prevention. www.etr.org/recappresearch/journal200003.htm

⁷ Sources for Plain Talk and Breaking the Cycle include:

Walker, K. and Kotloff, L. J. (1999). *Plain Talk: Addressing Adolescent Sexuality Through a Community Initiative. A Final Evaluation Report Prepared for The Annie E. Casey Foundation*. Philadelphia: Public/Private Ventures. *Plain Talk: The Story of a Community-Based Strategy to Reduce Teen Pregnancy*. (1998). Baltimore: The Annie E. Casey Foundation.

Interview with Jack Cullin, Director of Operations and Chief Information Officer, The Parisky Group, June 29, 2000.

Breaking the Cycle Website: www.teenpregnancyhartford.org as of June 29, 2000.

Various locally produced documents on Breaking the Cycle, received from Jack Cullin on July 5, 2000.

⁸ For Tillamook's community profile, sources include:

Interview with Diana Barnes, Case Manager, Tillamook County Health Department, June 28, 2000.

Center for Health Statistics. (2000). *Oregon Health Trends*. Portland: State of Oregon, Health Division, Department of Human Resources. Series No. 55.

County Data for Community Action. 1996 Status of Oregon's Children. (1996). Portland: Children First for Oregon.

⁹ Sources for Grant County's profile include:

Paine-Andrews, A., Harris, K. J., Fisher, J. L., Lewis, R. K., et al. (1999). Effects of a replication of a multi-component model for preventing adolescent pregnancy in three Kansas communities. *Family Planning Perspectives*, 31(4), 182-189.

Kansas School/Community Sexual Risk Reduction Initiative, Phase II Website:

<http://ctb.lsi.ukans.edu/initiatives/SchoolCommunity/frames/VisitSites.shtml>.

Promising Practices Network Website: www.promisingpractices.org/.

Interview with Anita Mason, Project Manager, R.R.I.S.K, July 20, 2000.

¹⁰ Sources for the profiles of Richmond's and West Modesto's projects include:

Interview with Antonia Jackson, Project Manager, The Amandela Project, Richmond, California, July 19, 2000.

Interview with Barbara Anderson, Project Manager, West Modesto King Kennedy Collaborative Teen Life Challenge, Modesto, California, July 19, 2000. Both projects funded by the California Wellness Foundation.

Information on website--www.letsgetreal.org