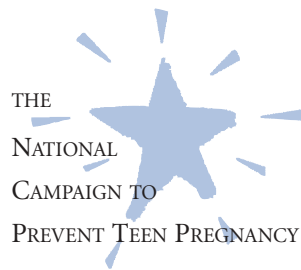# BREAKING GROUND:

Lessons Learned From The Centers for Disease Control and Prevention's Community Coalition Partnership Programs for the Prevention of Teen Pregnancy

December 2003

THE

NATIONAL

CAMPAIGN TO

PREVENT TEEN PREGNANCY

BREAKING GROUND:

Lessons Learned From The Centers for Disease Control and Prevention's Community Coalition Partnership Programs for the Prevention of Teen Pregnancy

December 2003

Acknowledgments

TABLE OF CONTENTS

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

iii

INTRODUCTION

During the l990s, there was good news and bad news with respect to teen pregnancy rates: Between 1990 and 1999, the pregnancy rate for girls between 15 and 19 decreased; on the other hand, by the end of the decade, 35 percent of girls still became pregnant before age 20. For over 80 percent of these girls, the pregnancies were unintended.

For girls who have children during adolescence, the consequences are significant and long lasting. Teen mothers are less likely than teens without children to finish high school and to find steady employment. And compared with children born to adult mothers, children of teen mothers are more likely to be poor, to have health problems, and to experience problems in school. They are also more likely to become teen parents themselves.

Recognizing the continued need for government support of effective programs to prevent teen pregnancy, in 1995 the Centers for Disease Control and Prevention (CDC) launched a groundbreaking initiative called the Community Coalition Partnership Programs for the Prevention of Teen Pregnancy (CCPP). The CCPP's central goal was to

demonstrate that community partners could mobilize and organize community resources in support of teen pregnancy prevention programs that were community-wide, comprehensive, effective, and sustainable.

Under the auspices of the CCPP, CDC provided funding on a competitive basis to 13 communities across the country with higher-than-average teen birth rates. During the first phase of CCPP—from October 1995 to September 1997—these 13 communities undertook several activities. Each site:

- Mobilized its community through the development of broad-based partnerships;

- Worked to determine the needs of youth in the community as well as the assets and resources available to meet those needs; and

- Prepared a community action plan to translate the information identified in the assessment of needs and assets into action steps for establishing programs to prevent initial and subsequent pregnancies.

The second phase of CCPP built on the foundation laid during the first two years of

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

I

this project. From October 1997 until September 2002, the 13 sites acted on their community action plans, putting in place a variety of programs and projects and evaluating their effectiveness.

The University of South Carolina (USC) was commissioned in 1997 to document the important lessons learned from this first two years of the project. USC produced both a lengthy report and an executive summary. While these documents were very informative, they were written for an academic audience and not designed for broad circulation. The interest in the lessons learned of this project warranted broader circulation. Consequently, the National Campaign to Prevent Teen Pregnancy was commissioned to create a "lessons-learned document" based on findings from the USC report as well as other sources of information at its discretion. A companion manual, designed to be a guide for community programs, was also commissioned and should be published in 2003 (from Battelle, Inc., Arlington, VA).

Breaking Ground spotlights the approaches that worked and the challenges encountered during the first two years of CCPP. First a background section lays out the origins and evolution of the initiative as well as the methodology pursued by the report's authors in gathering information and data. Part One summarizes how the sites went about mobilizing their communities. Part Two presents the approaches they took to develop and use assessments of needs and assets. Part Three highlights the processes undertaken to prepare community action plans. Although each of these activities is described separately, phases one and two were not mutually exclusive.

---

1   This list includes the original hubs for Phase One of this project, and the original names for their projects. Some of the projects changed their names over the course of the project. Three sites eventually changed hubs: Chicago, Orlando, and San Antonio. The current hubs are University of Illinois (Chicago), Orange County Health Department (Orlando), and The Children's Shelter (San Antonio).

The monograph concludes with a summary of the overarching lessons learned from phase one of CCPP (its first two years). Specific action "tips" and community "snap-shots" are included throughout the report to assist local leaders, advocates, and others interested in launching broad-based coalition efforts to prevent teen pregnancy in their communities.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

3

Background

In l995, CCPP granted cooperative agreements to hub agencies in 13 communities with (1) a population of 200,000 or more, and (2) a teen birth rate at least 1.5 times higher than the national average. This initiative broke new ground in several ways. The first was an emphasis on community mobilization; rather than funding direct services, CDC encouraged sites to develop partnerships with a variety of health and social service organizations as well as more unlikely partners such as business, labor, faith, communities and policymakers. The expectation was that involving a cross-section of the community would lead to broad-based support for preventing teen pregnancy. The target for change was the community itself.

The second innovation was the selection of hub organizations to spearhead the community mobilization process. CDC selected hubs with a track record, directing them to work with current partner organizations and to involve new partners to broaden community support for preventing teen pregnancy. Hub agencies served as fiscal agents for the projects and hired a director to manage the project and an evaluator to assess the project.

Key Terms

The hub organization was the lead organization for an existing community coalition to prevent teen pregnancy that had three or more private nonprofit and/or local public organizations. CDC provided funding to hub agencies to act as fiscal agents, to manage the projects, and to hire project directors, other staff, and evaluators. Eligible hubs included local public nonprofit, private social service, professional, or voluntary organizations that provided services to youth.

The community was a specific area in which the hub organization and its partners focused their efforts on preventing teen pregnancy. The community was defined by one or more contiguous neighborhoods, school districts, zip codes, or census tracts.

The community coalition partnerships were groups of organizations that worked together to prevent teen pregnancy. Partners included teen pregnancy prevention organizations as well as businesses, the faith community, and parents of teens.

The CCPP's emphasis on "youth development" was also innovative. When CDC launched this project in l995, the youth development approach was still quite new. It was much more common for programs

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

5

aimed at reducing teen pregnancy to use a "problem-based" or "deficit" approach. The youth development approach, rather than defining adolescents in terms of "risky" behaviors—such as sexual activity, drug and alcohol abuse, crime, and violence—focused on strengthening the positive influences and factors in adolescents' lives, such as adult role models, academic support, and community service opportunities.

Finally, CDC provided considerable resources for evaluation, including funds for each site to hire an evaluator. During the first two years of the initiative, the evaluator's role was to provide guidance on the assessment of needs and assets and to ensure that evaluation criteria were built into the community action plans. CDC also fostered learning and collaboration among the 13

Youth Development Philosophy

"Problem-free" does not mean fully prepared. There must be an equal commitment to helping young people understand life's challenges and responsibilities and to developing the necessary skills to succeed as adults. What is needed is a massive conceptual shift—from thinking that youth problems are merely the principal barrier to youth development, to thinking that youth development serves as the most effective strategy for the prevention of youth problems.

—Karen Pittman, Senior Vice President, the International Youth Foundation.

---

sites through national meetings that brought together site representatives and CDC program staff and evaluators hired to assess the overall effort.

METHODOLOGY

The data and information for *Breaking Ground* came from several sources. First it drew extensively on several process evaluations commissioned by CDC that documented lessons learned from the first two years of CCPP. In particular, the authors relied on a process evaluation conducted by Dr. Belinda Reininger and her colleagues at USC, entitled *Technical Report CDC Special Interest Project Preventing Teen Pregnancy: Sharing Lessons Learned* (see University of South Carolina School of Public Health l999). Other evaluations and reports commissioned by CDC provided important data and information for this monograph: *Training Manual for Community Organizing, Assessment of Needs, and Planning for Teen Pregnancy Prevention* (Butler 2002); *Report on the Cross-Site Process Indicators for Adolescent Pregnancy Prevention: Needs and Assets*

Assessment (Hollerbach 2000); *Lessons Learned from the Community Coalition Partnership Programs for the Prevention of Teen Pregnancy* (Klerman, Geiger, and Shearer 2000); and *Experience with Youth Development as a Strategy for the Prevention of Teen Pregnancy* (Gallagher and Staudenmaier 2002).

The authors gathered additional information about specific CCPP through extensive interviews with Mary Schauer and Carol Cassell of the Division of Reproductive Health at CDC. Numerous project directors, hub directors, and evaluators in several of the 13 sites also provided valuable insights. Telephone conversations with 10 persons from the 13 communities funded by CCPP provided the basis of the case studies profiled in this monograph.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

7

PART 1: MOBILIZING THE COMMUNITY

Teen pregnancy is a sensitive issue that often generates controversy within communities, and differences of opinion about how best to reduce adolescent pregnancy have threatened to derail even the best-intentioned efforts at prevention. A central goal of CCPP was to expand the base of organizations committed to preventing teen pregnancy, thereby producing greater support and resources for addressing the issue.

It was the responsibility of the hub to secure support for teen pregnancy prevention from both traditional and nontraditional partners, including youth. Gwen Chaplin, Director of Planned Parenthood (the hub organization for Yakima, Washington), described the value of selecting an agency with a track record on the issue:

> It was important that CDC select an established agency to take the lead on this initiative—otherwise, funds would have been wasted. From our perspective, the first two years were wonderful. The strength of the CCPP approach was it gave us two years to do detailed planning and assessment. We were able to involve lots of people

and we developed a broad picture of the community. One of the exciting things about the project was the buy-in from youth working with us. That part of the work was fantastic!

Many of the sites found that the development of a broad-based coalition was a long-term process that required several steps:

- Laying the groundwork;

- Recruiting new partners;

- Retaining partners' participation;

- Developing flexible organizational structures;

- Exercising strong leadership; and

- Developing effective communication strategies.

Laying the Groundwork

Before hubs could recruit individuals and organizations to the coalition, it was necessary to lay the groundwork by defining the boundaries of the community, framing the approach to teen pregnancy prevention, and giving the coalition a name.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

9

Defining the Boundaries of the Community

CCPP was designed to target neighborhoods and population groups with high teen pregnancy rates. Several hubs discovered that defining the boundaries of target neighborhoods was more complex than they expected. Most started by using census tract data to identify the areas with high teen pregnancy or birth rates. Wherever possible, hubs also broke out this data for particular population groups, such as African Americans, Hispanics, and Native Americans.

Several of the sites found that relying exclusively on census tract data, which were divided by zip codes, sometimes produced boundaries that did not correspond to actual neighborhoods. True neighborhoods often crossed zip codes, and sometimes several neighborhoods coexisted within one zip code area. Also, real neighborhoods were typically defined by socioeconomic and racial/ethnic boundaries as well as by physical boundaries

such as bridges, roads, rivers, and train tracks. The solution adopted by several hubs was to use census tract data as well as physical boundaries and socioeconomic factors to define target neighborhoods.

Framing the Approach to Teen Pregnancy Prevention

Hubs learned that it was critical to first identify the community's priorities and views regarding teen pregnancy prevention, and then frame the coalition's approach accordingly. For many communities, issues like crime, unemployment, and substance abuse were higher on the agenda than preventing teen pregnancy. In addition, hubs discovered that a community could be polarized by its opinions with some favoring an abstinence-only approach and others wanting to include information about contraception as well.

In most cases, framing the issue of preventing teen pregnancy within a broader youth development philosophy provided a "big tent" that paved the way for recruiting new partners to the coalition, and it helped bring together advocates of an abstinence-only approach with those wanting more comprehensive approaches.

Organizations and constituencies focused on other issues could join a coalition with a broader agenda that included their priorities, too. Confident that their concerns would be addressed, organizations were motivated to join the coalition. And groups with strong

The HEART of OKC Project took seriously the CDC mandate of partnering with our community to "find out what works." Starting at the neighborhood level in racially and ethnically diverse areas of the central city, we reframed the dialogue to link teen pregnancy prevention with youth development in positive, creative, yet practical ways. We involved both youth and adults, understanding that both needed to be part of the process from the very beginning. We also focused as much on giving to members of the community—sharing information, ideas, and resources—as we did on taking from them by gathering data and conducting surveys.

In addition, we started with a positive vision of inner city youth and their potential, promoting an asset-building approach to youth development as our overarching prevention strategy. Through our needs- and assets-assessment, the youth and adults identified a set of key protective factors, called "9 Key Assets for a Healthy Teen," which formed the framework for our planning, intervention design, and entire community engagement process.

By design, the HEART of OKC Project was both neighborhood and population based. Our approach to the planning process was respectful of the diversity found in our inner city neighborhoods, and we selected neighborhood coordinators to reflect that diversity and to honor what was already there.

To avoid a negative, "youth-are-the-problem" perspective, we brought together over 40 community leaders early on to share information about our project and to ask for guidance. They stated two things very clearly: 1) "Do not set up one more single-issue coalition in this city; and 2) "Change the attitude of policy makers and community leaders so they understand that young people are potential to be nurtured, not problems to be fixed." Their advice was instrumental in shaping the direction and structure of our project.

Understanding that positive, trusting relationships would be the foundation for our success, we worked to include all interested groups in our efforts. We promoted coordination, communication, innovation, and mutual respect among the various groups but did not require consensus before something could be done. We viewed our entire community as a 'Network of Opportunities' where everyone could become a partner in prevention. Basically, we said, "There is a role for everyone. Find your place, find your passion for improving the lives and health of young people in our central city neighborhoods, and we will help provide the motivation and find the resources that will enable you to achieve your goals."

—Sharon Rodine, Director, HEART of OKC Project
(Healthy, Empowered And Responsible Teens of OKC)

views about the issue were reassured that the coalition would not promote a single approach but instead would encourage a diversity of strategies for curbing teen pregnancy. For instance, the Teen Pregnancy Prevention Program in Orlando found that adopting a youth development approach helped to bridge differences of opinion among coalition participants that included Catholic Charities as well as Planned Parenthood (see box on following page).

For several sites, framing the issue was a process that developed as organizations worked together to develop a prevention agenda. The goal was to define the prevention of teen pregnancy in such a way that the broad-est cross-section of potential coalition members could embrace the effort. Typically, in the beginning, project staff developed a "first cut" of how to frame the issue of teen pregnancy prevention. As members joined the coalition, and discussion ensued about the initiative, the approach was often redefined. Then, as sites undertook the needs assessment and learned the community's views, the issue was often reframed once again.

Naming the Initiative

Adopting a coalition name associated with youth development helped coalitions to "sell" their agenda and recruit new members to the effort. Those coalitions that were just

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

11

getting off the ground found it easier to create a brand name associated with youth development than was the case for coalitions that decided to change their names. Still, those established coalitions that changed their name from a "teen pregnancy prevention" theme to a "youth development" theme reported that it was worth the effort. In contrast, coalitions that retained "teen pregnancy prevention" in their name reported that the community assumed their focus was "single issue," even if this was not the case.

What's in a Name?

HEART of OKC stands for Healthy, Empowered, and Responsible Teens of Oklahoma

MCTP stands for Metro Council for Teen Potential (Rochester, NY)

KC-WAIT stands for Kansas City Working with Adolescents in Time

---

Recruiting New Partners

Hubs sought to broaden the reach of their work by forging new partnerships with groups, organizations, institutions, and individuals not typically involved in preventing teen pregnancy. Several strategies proved effective in broadening these partnerships: making personal and direct contact with prospective partners, building on preexisting relationships, reaching out to new groups, and involving youth and parents.

Making Personal and Direct Contact

Direct and personal contact was critical to the success of recruiting new partners. It was necessary to talk to people face to face to learn about their values and priorities. Especially with an issue as controversial as preventing teen pregnancy, potential partners were more likely to say "yes" if given the opportunity to voice their concerns and express their views.

Project staff from the CCPP site in Yakima, Washington, stressed the importance of reaching out to the right individuals for the coalition. They emphasized the importance of recruiting the "movers and shakers" in the community who could help drive the coalition and provide valuable insights. Finding those people in positions of authority who had credibility, and nurturing them and getting them on board, gave the coalition broad-based support.

Tip: Groups to Include in a Broad-Based Coalition

- Teenagers
- Parents
- Teen pregnancy prevention organizations
- Health care and social service providers
- Youth-serving or youth development organizations
- Law Enforcement
- Faith communities
- Educational institutions
- School-affiliated organizations and programs (e.g., PTA)
- Businesses
- Private and public funders
- Media
- Policymakers, elected officials, and state, city, or county administrators

---

Building on Pre-existing Relationships

Building on preexisting relationships was an effective recruitment strategy. People who were already well connected and trusted in the community provided legitimacy and helped to attract others to the coalition. Often, these persons had important qualities for effective membership:

- A strong commitment to teen pregnancy prevention;

- A cooperative approach to problem solving;

- An ability to influence their peers; and

- A willingness to be constructive.

Reaching Out to New Groups

Having multiple groups involved in the coalitions was not the only goal of CCPP; diversity of participation across sectors and cultures was equally important. The assumption was that the broader the coalition's representation in the planning phase, the greater the chances for success later on. In addition, involvement of the constituencies directly affected by teen pregnancy—youth and parents—was considered central to the coalition's success.

Hubs encountered barriers to recruiting partners from new sectors. For example, local clergy and businesses sometimes were hesitant to get involved because of the controversies that often accompany teen pregnancy prevention efforts. Those hubs that were successful in attracting the faith community took steps to communicate the youth development philosophy and to build trust—encouraging clergy to develop strategies for preventing teen pregnancy that matched their faith traditions. Although a few sites secured business support for general planning efforts, others found it more effective to ask businesses to sponsor specific programs or to make in-kind contributions to particular projects or activities.

Involving Youth and Parents

Youth and parent involvement was important to keeping the project on track. Simply put, without youth involvement, coalitions would not know what young people were thinking and doing. Communities recruited teenagers at schools, community centers, youth groups, and churches. Inviting their parents reassured them of the coalition's purpose

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

13

Case In Point: Reaching Out to the Faith Community

The Metro Council for Teen Potential (MCTP) believes that all community institutions have a role to play in preparing youth for adulthood. In the early years of the CDC project, we tried to reach out to the faith community; we held a lot of meetings, but we were not very successful. We learned from our mistakes.

Under the leadership of Arlene Wilson of our staff, we created a Faith Networking Project, which brings urban faith groups together to promote youth assets and to help young people make decisions. Youth ministers are on the front lines in engaging and supporting young people in a host of creative ways. MCTP has sponsored a series of luncheons to connect church groups to opportunities for their youth groups (e.g., museum passes, scouting, grant opportunities) and to encourage faith groups to share ideas on what has worked for them. MCTP also developed a library of materials that youth ministers could use to raise questions and spark discussions in youth retreats.

When we take our message to the churches, we do not say that we are the "condom ladies." Rather, we say that we are the "assets" and "health education ladies" and we are there to help increase the opportunities for the teens in their churches so that they will have a bright future. We need to first establish trust and acknowledge that we respect young people. Then the church community might say, "One issue we could use help with is teen pregnancy." But this comes after we have done workshops on decision making and attitudes and values.

—Sheila Driscoll, Project Director, MCTP, Rochester, NY

Case In Point: Involving the Business Community

The business community initially did not want to get involved in regulating sex, condom issues, teen pregnancy, etc. We responded by using a broad youth development approach.

Our efforts to involve the business community started out okay. We had one committee member who was president of a businesswomen's group. This group already had a summer camp for young ladies to assist them with career planning and business development. The business community approached things differently, however; they were not interested in "touchy-feely" stuff. The businesses kept saying, "If you have a project, bring it to us."

They did not want to sit down and develop ideas and projects. They were too busy for this, but the business community did bring resources and cash to projects. For example, the African-American Chamber of Commerce and several other business organizations provided training for teens so that they could plan a teen summit.

—Thomas Bryant III, Former Project Director, Adolescent Pregnancy Prevention Program/ Jacksonville Alliance, Jacksonville, FL

and helped to solve the problem of transporting teens to coalition activities.

Youth were integrated in the coalitions in a variety of ways. In several communities, teenagers played pivotal roles in carrying out the needs assessment and presenting the results to the community. Several sites established youth advisory panels to provide feedback and to advise the coalition on strategy and direction. By engaging youth in the process, coalitions learned what teenagers really thought, and what strategies might resonate with their peers.

To encourage youth involvement, several coalitions offered material incentives, such as gas coupons, money, movie tickets, or food. Many teenagers joined the effort for less tangible rewards such as the opportunity to form new friendships, to express their views, and to develop leadership, teaching, training, and other related skills. The sites that were most effective in attracting youth made their participation fun and challenging.

Retaining Partners' Participation

Attracting new partners to the coalition was only the first step; the next, equally challenging and important step was keeping them involved. One common difficulty was attrition—people attended coalition meetings for a while and then dropped out. Some turn-over is healthy, because goals often change over time and central tasks and activities shift, but attrition can weaken a coalition. In several coalitions, staff turnover and being overly committed to other projects were the primary reasons for attrition. Hubs found that forming a strong relationship with an agency helped to cement the agency's commitment to the coalition when a particular staff person could no longer participate. Regularly contacting community organizations to remind and inform them of coalition activities helped to secure their support.

Tip: To Retain Coalition Partners

- Develop strong relationships with organizations and agencies through regular communication about the coalition's activities;

- Keep partners actively involved at every stage of the planning process; and

- Make participation worthwhile by offering benefits.

Coalitions learned that partners could become impatient with the time required to attend meetings, to undertake an assessment of needs and assets, and to develop a community action plan. One of the most effective methods for retaining coalition partners during the first two years was to keep them actively involved at every stage of the process. The formation of task forces organized for particular purposes—such as the design of the needs assessment and the crafting of the community action plan—helped to reinforce partners' commitment. Concrete accomplishments, such as the completion of the needs assessment, were critical to maintaining coalition membership because partners could see the fruits of their labor.

Viewpoint: Making Relationships Reciprocal

It is important that relationships with partners be reciprocal from the beginning. People need information on applying for grants, inviting speakers to their youth group, and finding games they can use at their next youth retreat. Coalitions need to be trading resources with partners from the start.

—Sheila Driscoll, Project Director, MCTP, Rochester, NY

Adopting a reciprocal approach to working with coalition partners was another important strategy for retaining membership. In exchange for their involvement in the coalition, partners received help from project directors and evaluators in applying for grants, training their staff, and designing their programs. Seeing the benefits of participation encouraged community partners to stick with the coalition.

Developing a Flexible Organizational Structure

An important task for the coalitions during the first two years was establishing an organi-

---

Tip: When Developing an Organizational Structure

- Be flexible—the structure may need to change as the coalition grows and evolves;

- In the beginning, think small and simple; a working group is often enough to get a coalition off the ground;

- As the coalition grows, form smaller task forces to make decisions and take action; and

- Have realistic, time-limited expectations for task forces.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

15

zational structure for making decisions and carrying out major planning activities. Coalitions needed to decide how best to work with the hub agency and whether a centralized coalition or small task forces would be more appropriate for their work. It also was important that coalitions be flexible and willing to adapt their structure as organizational needs changed.

In three sites, the hub agency changed over the course of the project. Typically, this decision was prompted by an assessment that the hub could not provide the technical expertise and support services necessary for the coalition to thrive. In these communities, another agency emerged that was a better match for the requirements of this project.

Case in Point: Restructuring a Coalition

Initially, we had a loose-knit coalition. With the CDC funding, we hired staff and tried to have the coalition steer the effort. It never gathered momentum, and in the first year the project almost died. In the second year, we shifted to having very strong staff involvement. Our intent was to rebuild the coalition. We restructured the coalition so that the executive board made all the decisions about what to do, with input from the community and youth. The staff oversaw the reorganization around this new structure. Now, the coalition functions well.

—Michael Dey, Project Director, Teenage Pregnancy Prevention Program, Orlando, FL

Coalitions learned that a flexible organizational structure was important in the planning phase. Several sites started with a small working committee, which grew into a broader coalition as new partners joined. As the coalitions evolved, it often was necessary to restructure the organization. For example, many sites formed smaller task forces to facilitate the input of members into the decision-making process.

Several coalitions established task forces in the neighborhoods targeted for youth development and teen pregnancy prevention activities. Usually staffed by volunteers, these task forces included individuals from the neighborhoods where poverty, unemployment, crime, and other challenges were widespread. Although interested in coming together to accomplish a specific goal, task force members often had limited tolerance for a long planning process. Typically, these neighborhood task forces disbanded after a year or two.

In some cases, task forces decided to pursue another issue. In San Bernardino, for example, a clergy-led neighborhood group initially organized around the issue of gang violence and later adopted a broader youth development approach. The lesson is that inviting people to define their own priorities within a broad youth development approach may lead to an agenda focused on issues other than teen pregnancy prevention.

Exercising Strong Leadership

Strong leadership is critical to the success of a broad-based coalition effort to prevent teen pregnancy. Effective leaders must have a vision for the coalition, communicate that vision to the community, and motivate staff to carry out the critical tasks required in building an effective, long-lasting coalition.

During phase one of CCPP, project directors played a pivotal role in leading the coalition through the planning stages. In the process, they faced myriad challenges, including communities that did not define preventing teen pregnancy as a high priority because of competing concerns (e.g., poverty, crime, unemployment) and disagreements over strategies (e.g., abstinence only versus comprehensive sex education).

The most effective project directors were strong leaders who were able to:

Representatives from social service agencies were nervous about involving community residents in the Alliance. They thought they already "knew" what was going on in the community—the needs, the problems, and what should be done to fix them.

Part of the issue is that in the South a lot of distinctions are made between those who have an education and those who do not. We have high drop-out rates in our schools. Also, the neighborhoods with high teen pregnancy rates are also African American neighborhoods. There are tensions around race in the city.

We did have community residents on the Alliance board, and we had problems scheduling meetings. Representatives from social service agencies wanted meetings around lunchtime, and community residents needed babysitters or evening meetings.

I pushed and pushed and made it clear that this project required collaboration, and this meant the involvement of the community. I talked to board members so that they would see my perspective. I lobbied them—talking over the phone, having lunch, and getting them to understand why we needed the participation of community residents. When we met one-on-one, I could persuade them.

It really wasn't in our interest to force it to work at the board level. But at the committee level, it did work. People became involved. We started having meetings in the community. Initially, the Alliance board was predominately white. Now the board is 50 percent white and 50 percent African American and much more representative of the community as a whole.

—Thomas Bryant III, Former Project Director, Adolescent Pregnancy
Prevention Program/Jacksonville Alliance, Jacksonville, FL

- Communicate a clear vision for the project to the community;

- Work cooperatively with a broad range of organizations and constituencies;

- Respect the diversity of opinions about teen pregnancy;

- Manage conflict and find common ground among competing views;

- Demonstrate flexibility in seeking solutions and forging strategies;

- Communicate clearly to coalition members and the community at large;

- Build trust within the coalition and the community;

- Guide the coalition process through the planning tasks;

- Demonstrate political savvy;

- Serve as an advocate for creating a positive environment for youth development; and

- Train staff on the range of skills needed for a successful planning effort.

Developing Effective Communication Strategies

Communication was critical to keeping the coalitions on track and the community engaged. Sites developed both internal and external communication strategies to build their coalitions and mobilize their communities.

Within coalitions, a team approach to decision-making was an effective strategy for building trust across diverse constituencies. During the first two years, tensions often surfaced among participants, which were often attributable to differences in opinions, language, terminology, education, and age. For example, sometimes the adults were not receptive to the opinions of youth. Strong facilitation skills were critical for bridging these differences. Although not always easy

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

17

to obtain, the results were often worthwhile, as coalition members developed trust and a common language for discussing difficult issues.

Open, two-way communication between the coalition and the community was critical during the planning phase. The coalition needed opportunities to test the waters with the community about goals and strategy. It was equally important that the community be able to discuss its priorities and views with coalition members.

Over the first two years, coalitions used a variety of strategies to communicate with their communities, including forums, one-on-one discussions, small group discussions, fliers, sidewalk conversations with parents, phone conversations, and personal visits. Especially valuable were the forums, which gave the community a chance to learn about CCPP while providing the coalition with opportunities to hear from neighborhood leaders. Those sites that were the most successful in taking their message to the community used straightforward language when explaining the coalition and its work.

Lessons Learned

During the first two years of CCPP, the 13 sites learned numerous lessons from their efforts to establish broad-based partnerships.

First, they learned that coalition building was time-consuming; developing trust with potential partners was a process that required many contacts, conversations, and meetings. They also learned that strong leadership and communication skills were necessary to enlist community leaders who were uncomfortable with the issue of teen pregnancy. In addition, they found an aptitude for community organizing was important for recruiting neighborhood residents with other priorities, as was strong rapport with youth and parents for attracting these groups to the coalition.

A second lesson from phase one of CCPP was the importance of reciprocity as a guiding principle in building community partnerships. People were more likely to join the coalition and to stay involved when they could see how they or their organizations would benefit. This was as true for youth and neighborhood residents as it was for community leaders and representatives of social service, education, and business organizations.

A third lesson was recognizing the importance of providing a "big tent philosophy" that enabled partners from differing perspectives to identify with the coalition. The controversies surrounding teen pregnancy prevention made it difficult to recruit and retain diverse partners. Most of the sites found that a youth development approach helped to bridge differences and secure new partners.

PART TWO: TAKING STOCK—
ASSESSING NEEDS AND ASSETS

Groups interested in mobilizing their communities to prevent teen pregnancy can find many promising programs across the country; the challenge is to determine which approach can be replicated to fit a particular community. To design programs that will work, it is important to assess the needs and characteristics of the youth in the community and the resources available to meet those needs.

CDC asked the sites to conduct a needs- and assets-assessment that included several elements:

■ The numbers and rates of teen pregnancies and associated demographic and economic characteristics;

■ Explanations as to why some teens were getting pregnant and others were not;

■ The perceived needs of teens;

■ The extent to which the community was meeting these needs;

■ The extent to which program gaps existed;

■ The extent to which social norms supported postponing teen pregnancy; and

Key Terms

Decennial census: Conducted every 10 years for the entire United States, the decennial census includes information on age, gender, racial/ethnic distribution of the population, level of poverty, level of education completed, and family structure (e.g., the percent of households headed by single parents).

Ethnography: In an ethnographic study, professional ethnographers and trained field workers observe and directly assess activity, human behavior, and needs in the natural setting. Ethnographers can reach groups (e.g., school drop outs) who are difficult to identify through other means. Findings can be used to plan outreach efforts for specific populations considered to be high risk.

Focus Group: A focus group is a gathering of 9 or 10 people brought together to discuss a common issue (e.g., preventing teen pregnancy). A trained moderator leads a discussion, using the internal dynamics of the group to probe their attitudes, values, and feelings.

Windshield survey: As they drive or walk through a community, observers conduct short-term, physical inspections of neighborhoods (a windshield survey). The physical, geographical, and economic chararacteristics observed by different persons are then compiled into reports describing each neighborhood.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

19

■ The extent to which teen services, assistance, and opportunities were sufficient and appealing.

Coalitions had to undertake two tasks before they could begin their needs- and assets-assessments. The first was recruiting the right partners to plan the assessment. It was important to make sure that the people who would use the information from the assessment were involved in designing and carrying it out.

Second, an evaluator with the right skills for the job had to be hired. It was crucial that these evaluators be skilled at communicating with diverse audiences and presenting their work in clear, straightforward language. The best evaluators were experienced in both quantitative and qualitative research and had a prior track record with community-based research projects. It was also a plus if the evaluator had excellent grant-writing skills.

CDC hoped that each community would hire an evaluator who would remain with the community for the seven years of the project. The evaluator's role was critical in providing guidance during the needs- and assets-assessment process. It was equally important that the evaluator participate in the development of the community action plan—helping communities design evaluation criteria that

Tip: When Hiring an Evaluator

■ Look for experience with program evaluation—preferably with teen pregnancy prevention or other youth programs;

■ Make sure the evaluator can communicate clearly and write readable reports;

■ Check on the evaluator's time availability;

■ Ask about costs, including overhead costs;

■ Clarify who will do which evaluation tasks; and

■ Agree on ownership of the data and publication rights and conditions.

could be used to assess the success of interventions during phase two of CCPP.

In most of the sites, evaluators worked with project staff and coalition members to plan and carry out a needs- and assets-assessment at both the community-wide and neighborhood levels. The makeup of the team charged with carrying out the research varied from coalition to coalition. Where evaluators were university based, graduate students sometimes conducted much of the research and analysis. Community residents and youth drawn from the target neighborhoods were integrated into the research teams in several sites.

Gathering the Data

The evaluation teams used a range of methods to gather data and information, including neighborhood and community-wide profiles, interviews with community leaders, windshield surveys, focus groups, and other surveys.

Neighborhood profiles: All the communities used the decennial census and other sources of secondary data to develop a statistical profile of the target neighborhoods with high teen birth or pregnancy rates. Data were compiled on the quality of housing and the incidence of crime as well as on income, employment, education, and other social and economic indicators of well-being. The availability of the decennial census data allowed communities to examine trends in teen pregnancy rates.

The information gathered for these neighborhood profiles provided project staff and coalition members with an in-depth understanding of the factors surrounding teen pregnancy in different neighborhoods and within different racial/ethnic groups. In Chicago, the site compiled three neighborhood profiles using census and birth data as well as other health data. That site also

Case in Point: Using a Grassroots Approach

We (the San Bernardino project team) hired 12 adults (who were transitioning from welfare to work) and eight high school youth and trained them to develop interview outlines, do qualitative interviews, transcribe the interviews, and collect data. These "community advocates" helped us to use qualitative data to develop youth and adult surveys. We further refined the survey questions through focus feedback groups (conducted mostly by our advocates), and then the team conducted adult and youth surveys in the community.

To be on the team, a person had to be willing to be trained, to have lived in the community for 2 to 3 years, and to feel comfortable in the community. We trained all team members in data entry and involved them in the data interpretation (the data analysis was done by us). Then the advocates worked with us to develop the dissemination of products and the grassroots coalition.

One of the challenges was that many of the adults who came from the welfare-to-work program needed new skills. We trained them on how to dress, how to be on time, and how to approach people in a professional way. We taught them to be empathetic without taking other peoples' problems home.

Sometimes both the adults and teen advocates wanted to act spontaneously, which at times appeared irresponsible. Thus, it was up to us to tightly supervise the adults and teen advocates and to give them opportunities for debriefing and brainstorming on potential responses to their work. We needed to provide lots of structure without taking away their creativity. We walked a fine line because we didn't want to squelch their enthusiasm. We had regular meetings, and the adults kept the younger ones in check. They worked in teams. All of the teens graduated from high school and went on to college.

This approach also provided us with an avenue for creating a grassroots coalition. Our advocates during the needs assessment process talked to adults and youth in the community about the program and its goals. When it came time to develop neighborhood coalitions, we had a number of people who knew about us and wanted to participate. We had already developed trust in the neighborhoods.

We did run into some difficulties with the research. For instance, the teams had a hard time keeping track of the incentives (e.g., movie tickets) that were offered to those who participated in the surveys. Despite the training, the surveys were not always administered in a systematic manner. There was a general lack of appreciation for record keeping on such issues as response or refusal rates. This placed limitations on our ability to publish the data in the professional literature. The important issue, however, was that the information gathered was relevant and reflected community sentiments. In the end, this information helped us to attract new funding and to identify and design new program directions.

Our approach to involving adults and youth in the assessment was very successful but far more work intensive than I had ever imagined. It was worth it, but the scales were pretty close in terms of how much work it took and the payoff. I had to give up a tremendous amount of control. We had to jeopardize some of the quality of the research but in the end we had a level of grassroots participation that was unique.

—Susanne Montgomery, Evaluator, People and Communities
Changing Tomorrow, San Bernardino, CA

prepared maps that showed births by race in each neighborhood, which were particularly useful.

Sites often shared the data they obtained with interested partners in their coalitions. Typically, this phase of the data collection process was relatively straightforward because so much information was available in-house or through city agencies, such as the bureau of planning.

Community-wide profiles: The sites typically developed a profile of the larger community where the target neighborhoods were situated. Drawing on decennial census and other secondary sources of data, sites described the demographic, social, and

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

21

economic characteristics of their communities. These community-wide profiles also drew on interviews with community leaders and residents, observations from windshield surveys (see discussion below), and published reports to describe the community's social and health problems as well as its history of dealing with teen pregnancy prevention.

Three of the communities conducted ethnographies: Jacksonville, Milwaukee, and San Bernardino. These ethnographies complemented the statistical data gathered by the sites. The intensive findings from these ethnographies were valuable in planning interventions targeted at particular population groups. In Jacksonville, the ethnographers investigated the motivations behind teen sexual behavior in an effort to identify additional areas for assessment and possible intervention.

Interviews with community leaders: Interviews with influential persons in the community provided valuable information about the range of views regarding teen pregnancy prevention. Among those interviewed were leaders from state and local health departments, business organizations, civic organizations, religious entities, and social service agencies. In some cases, unofficial neighborhood leaders, youth leaders, and even gang leaders were interviewed to cover the full range of perspectives in the community.

These interviews provided coalitions with important feedback about the dimension of the teen pregnancy problem; the context in which it occurs; the resources, assets, and services available to address the problem; and recommendations for action. Conducting these interviews also helped increase understanding of diverse views, establish relationships within the community, enhance community awareness of the project, and recruit new participants to the coalition.

Windshield surveys: Windshield surveys offered coalitions and project staff an opportunity to get a hands-on view of the target neighborhoods. By driving or walking through neighborhoods, observers could inspect the physical, geographic, social, and economic characteristics of an area. Windshield surveys helped coalitions to identify problems and resources in the community and to recognize new details about neighborhoods, such as the places where youth congregated. The windshield survey process also provided an opportunity to discuss the project with residents and to recruit people to neighborhood coalitions.

An important issue in windshield surveys was personal safety; evaluators needed to be careful to protect both the youth and adults who were conducting observations at night. Another concern was linguistic and cultural barriers, which were sometimes an issue when observers' backgrounds differed from those of neighborhood residents.

Focus groups: In 12 of the 13 sites, focus groups were conducted, mostly with youth and adult residents. A smaller number of sites conducted focus groups with service providers, clergy, members of the business community, and teachers and other school representatives. The focus groups enhanced the coalition's understanding of what different groups thought about addressing teen sexual activity and pregnancy.

Several sites encountered barriers to carrying out focus groups. Difficulties were encountered with recruitment and scheduling, obtaining parental permission, and analyzing the data. A lesson learned from this experience is that communities need to think carefully about the costs and benefits of focus groups. Such groups are sometimes difficult to set up and facilitate, and once completed, transcribing the tapes and examining the data for relevant themes can be time

consuming. Still, focus groups can produce information not available from other sources.

Other Surveys: Most of the sites conducted surveys of one or more of the following groups: service providers, adult residents, youth, members of the clergy and business community, teachers and other school representatives, and other community leaders. In six communities—Boston, Kansas City, Milwaukee, Orlando, Rochester, and San Bernardino—youth were surveyed extensively.

Typically, the evaluation teams distributed surveys at street fairs and community events, on streets corners, and at schools and clinics. In addition, interviews were conducted door to door in some neighborhoods and housing projects. These surveys provided important information about the:

■ Capability of community residents and agencies to address teen pregnancy;

■ Knowledge and attitudes about teen pregnancy within the community;

■ Teen pregnancy prevention and youth programs currently being provided; and

■ Potential interest of individuals in joining the coalition.

Analyzing and Presenting Results

Having gathered considerable data from different sources, the coalitions analyzed and organized the data; prepared the results for presentation to project staff, coalition members, and the community at large; and used the results to develop a community action plan. See Part Three for discussion of community action plans.

Some of the coalitions wrote one major report, while others prepared several smaller documents based on specific components of the research (e.g., focus groups, community

profiles.) Whichever approach they took, it was necessary for the sites to:

■ Organize the data by main topics and questions;

■ Review the data with their planning needs in mind;

■ Determine trends among population groups, services, and resources; and

■ Identify themes and patterns in the data.

Sharing the results of the needs- and assets-assessment with various audiences was important. Providing information to project staff as it became available provided an opportunity to identify other areas that needed research. Presenting data at coalition meetings kept partners abreast of the findings and involved in the project's activities. In addition, partners' reactions and recommendations gave project staff and evaluators valuable feedback about what additional information was needed.

In most cases, results were shared with the professional community (e.g. service providers/social service agencies, teachers, public health personnel, police), adults, teens, and the media. Findings were also disseminated to politicians as well as to members of the clergy and business community. The most common methods for disseminating findings were briefings, group events, and reports. For example, HEART of OKC (Oklahoma City) worked with neighborhood task forces to repackage the needs- and assets-assessment into user-friendly documents that were presented at neighborhood briefings.

Several of the reports summarized and highlighted the results of the needs-and assets-assessment, used graphs and charts to illustrate the findings, and included the following information:

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

23

- Prevalence rates for teen pregnancies and births, broken out by zip codes and, in some cases, by race and ethnicity;

- Neighborhood and community profiles;

- A catalogue of existing programs, services, and resources in the community;

- Gaps in community programs, services, and resources;

- Prioritized needs; and

- Recommendations for meeting those needs.

Sharing the results of the needs- and assets-assessment with the community helped to meet several important goals. It raised awareness about the issue of teen pregnancy, helped to sustain the involvement of existing partners and recruit new members to the coalition, and built trust within the community.

Lessons Learned

The coalitions learned several lessons from their needs- and assets-assessments. *First, they discovered that the assessment could provide valuable data about the populations at greatest risk for teen pregnancy; determine the attitudes of community leaders, residents, and youth: reveal the resources available to address youth needs; and uncover gaps in resources and services.* Together, this information provided a compass for moving forward.

Second, the assessment gave coalitions a vehicle for expanding contacts and for delivering a message about teen pregnancy prevention to the community. As the assessment teams conducted focus groups, interviews, and surveys, they came into contact with influential leaders, youth, and members of the clergy and business community. In numerous sites, people initially contacted through the assessment joined the coalition's future efforts by becoming partners, providing resources, or offering to host a program or event. Thus,

the needs- and assets-assessment became an important community mobilization tool in itself.

Third, the assessment provided a concrete focus for coalition members, community residents, and youth who might otherwise have become discouraged by the lengthy planning process. Those communities that engaged partners in the design and execution of the assessment helped to secure their support and commitment to the coalition's work. In addition, involvement of local leaders in the assessment lent credibility to the project in the wider community. Finally, those sites that involved community residents and youth in the assessment helped to legitimize the coalition at the neighborhood level.

Lessons also were learned from the challenges and barriers that communities encountered as they planned and carried out their needs- and assets-assessments. Assessments of the size and scope undertaken by these communities require a broad array of research skills but some sites lacked staff with appropriate training. Skills are needed in:

- Designing effective surveys, interview protocols, and focus group questions;

- Designing the samples for surveys, interviews, and focus groups;

- Facilitating focus groups;

- Analyzing both quantitative and qualitative data; and

- Writing clear, concise reports based on the data.

Community coalitions typically do not require, nor can they afford, a fully trained professional research team with these skills. Yet, for an assessment to be of the greatest value, it must generate accurate and reliable data. One alternative is for a skilled evaluator to closely oversee all aspects of the data

Case in Point: Involving Youth in the Process

We recruited teen panels to be involved in the project, and we trained them to do surveys and focus groups. We paid them a stipend and set half of it aside in a savings plan. We used the youth to gather information for the needs assessment and to feed back that information to the community. Teenagers did many of the key informant interviews as well as focus groups and community mapping and windshield tours. Quite importantly, the teen panels advised the coalition on what their peers thought and how they made decisions. We have since used youth to do trainings and presentations in the community.

Keeping youth engaged was a challenge. Over the years, the teen panel has diminished in numbers. Finding funds for youth incentives (such as t-shirts) presented a challenge. It was sometimes difficult to meet the teenagers' needs, such as scheduling meetings when they wanted to meet. Integrating teenagers in the project gave us a youth perspective. The youth brought a fresh approach to the problem of teen pregnancy. Using young people to explore problems with adults was very effective.

From our initial needs assessment, we conducted another survey of 900 sexually active youth. We asked them how they would design a prevention program if they had the power. We learned that youth don't like the school system approach to sex education. They think that teachers lie to them. They want really clear messages, e.g., they want to know about the reality and fatality of HIV. Young people want to know that their lives are at risk with sex.

Health classes in schools can't discuss condoms unless kids bring up the topic; youth are very critical about the materials provided through approved vehicles in schools. We learned through this survey of sexually active youth that they want easy access to condoms and they want media messages that are fresh and linked to "their" music.

—*Michael Dey, Project Director, Teenage Pregnancy Prevention Program, Orlando, FL*

gathering, analysis, and write-up, and to train volunteers to carry out the research tasks.

Several other challenges arose during the needs- and assets-assessment. A few sites found the data collection and analysis process both time-consuming and expensive. A comprehensive assessment that includes multiple methodologies—such as interviews, focus groups, windshield tours, and neighborhood and community profiles—takes considerable time to complete. When many people are carrying out the assessment, time must also be allotted for training.

Expenses include the costs involved in hiring an evaluator and conducting the analysis as well as the costs of staff assigned to the effort and any incentives offered to youth and community residents for participating. If needed, the needs- and assets-assessment can be rather small in scope, which lowers the costs considerably.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

25

PART 3: MOVING FORWARD—DEVELOPING A COMMUNITY ACTION PLAN (CAP)

Coalitions uncovered a great deal of information through the needs- and assets-assessments. The next step was to use these assessments as the foundation for developing a community action plan (CAP) that was acceptable and appropriate for the community. Some of the coalitions were quite successful in developing their CAPs and involving the communities in the process, while others confronted significant barriers. The quality of the plans, and the capacity of sites to enlist community participation in their development, varied considerably. This section begins with a brief description of the elements in a typical CAP, followed by a discussion of the lessons learned from the experiences of these sites.

What is a CAP?

A CAP can be simple or elaborate. Either way, an effective CAP is grounded in a needs- and assets-assessment and includes several elements:

- A clearly defined mission statement;

- Clearly defined goals;

- Attainable objectives with timelines; and

- Strategies to carry out those objectives.

Crafting a Clear Mission Statement

A mission statement describes the community's commitment to reducing teen pregnancy rates and promoting the healthy development of youth. It should be clear and broad enough that different audiences, such as youth, parents, volunteers, agencies, the business sector, clergy, and public officials, can understand and support it.

Developing Goals and Defining Objectives

Goals ground the coalition's mission. They describe how the coalition will carry out its mission and address the problems identified in the needs- and assets- assessment. Goals need to be clear, achievable, and concise— one sentence is typically sufficient for each goal.

Objectives define the activities a community will pursue to achieve its goals. They need to be specific, realistic, and time framed. Objectives should be stated in a manner that allows them to be measured and monitored over time so that a community can assess its progress. The box on the following page describes one of the goals, and its associated objectives, developed by the Teenage

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

27

Pregnancy Prevention Program of Orlando, Florida.

Short-Term Goal	Objectives
Develop and put in place asset-based youth programs.	1. Implement Smart Moves, Smart Girls, and Girl Power in centers where requested.
	2. Develop center-specific programs, such as chess, drama, photography, and journalism.

Developing Intervention Strategies

Once objectives have been established, the next step is to develop strategies for achieving these objectives. A strategy describes how a coalition will go about carrying out its objectives. Effective strategies reflect the values and priorities of the community regarding teen pregnancy prevention and youth development. In addition, they build on existing resources, opportunities, and programs in the community.

Strategies describe specific steps that will be undertaken over time. The following questions can serve as a guide to developing strategies:

- What needs to be done?
- Who will take action?
- When will the action be completed?
- What resources are available?
- Who needs to be informed of the steps to be taken?
- Are there any barriers that need to be addressed?
- What individuals and organizations should be informed about the strategic actions?
- How shall success be measured and evaluated?

Lessons Learned

Numerous sites faced challenges in developing their CAPS. Out of their experiences came several lessons, including the importance of:

- Grounding the CAP in a needs- and assets-assessment;
- Developing a framework for the CAP;
- Defining the roles of staff, the coalition, and the community at large in developing the CAP; and
- Establishing small-scale projects as part of the planning process.

Grounding the CAP in the Needs- and Assets-Assessment

Those coalitions with strong needs- and assets-assessments had an advantage in developing their CAPs. They had already identified the critical needs of youth in their communities, specified the available resources and programs, and developed a good sense of the community's values, opinions, and priorities. Even so, several coalitions with weaker needs- and assets-assessments were able to take what they had learned and develop goals, objectives, and work plans. One key to their success was a strong coalition with partners willing to commit themselves to different strategies.

Developing a Framework for the CAP

One reason that some coalitions floundered at this stage of the planning process was that they lacked a framework. Community-based organizations and grassroots representatives struggled to articulate their thoughts and, without a template for their thinking, some of the plans lacked focus. Conversely, coalitions that had a framework for developing their plan had an easier time. HEART of OKC developed action plan worksheets that guided the development of their CAP (see Appendix One.)

Defining the Roles of Staff, Coalition Partners, and the Community at Large

Coalitions were expected to involve the community in the development and implementation of the CAP, but how they did so was up to them. In some cases, the coalition developed the CAP and then held community forums to invite input. Others went directly to the neighborhoods to develop neighborhood CAPs. Several coalitions developed overall CAPs as well as neighborhood-based ones. At one site, community, staff rewrote

Case in Point: Using a Framework to Develop Community Action Plans (CAPS)

HEART of OKC selected an asset-based approach to youth development as its overarching prevention strategy, with the goal of reducing teen births by increasing the asset base in families, neighborhoods, schools, and the central city as a whole. During the needs assessment phase, nine key assets were identified by youth and adults as critical to prevention: aspirations for the future, constructive use of time, respect for culture, skills for meaningful employment, decision-making skills to promote good health, healthy family communication, positive peer role models, positive relationships with non parent adults, and service to others.

As the evaluator, I helped to craft the first goals for discussion and worked as part of a team with the project staff and community to develop a program model based on the assets identified in the needs- and assets-assessment. The program model identified eight areas for prevention opportunities: life skills, positive relationships with adults, educational achievement, employment, primary pregnancy prevention, community involvement, positive peer influences, and health promotion. This program model provided the basis for community participants to develop a set of activities to develop or strengthen prevention opportunities for youth.

Then we worked with the neighborhoods to develop action plans. We developed a format (Action Plan worksheets) to use with the neighborhoods that included the intervention name, related HEART of OKC goal, relationships to program model and targeted assets, rationale underlying the intervention, intervention-specific objective(s), organizations to involve, number of youth to reach, and a detailed listing of tasks, deadlines, and responsible parties. Evaluation staff then held a series of meetings with neighborhood coordinators, both in groups and individually, to complete the worksheets. This process was repeated annually and provided the basic framework for assessing program implementation (see Appendix One).

—Michelle Kegler, excerpted and adapted from "Process Evaluation of an Asset-Based Teen Pregnancy Prevention Project: Healthy, Empowered and Responsible Teens of Oklahoma City."

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

29

the CAP after a community effort produced a poor-quality one (see Appendix Two).

One discovery was that it was difficult, if not impossible, for the community as a whole to "write" a community action plan. Several coalitions reported that it made more sense for the evaluator, together with project staff, to develop the CAP and then share it with neighborhood and community residents at small meetings. Others believed it best for a small working group—perhaps selected from coalition members—to develop the CAP and then present it for discussion at community forums.

Streamlining the Process

One of the lessons learned was that neighborhood residents often had limited toler-

---

Viewpoint: Using Work Groups to Develop Community Action Plan

It is difficult to involve community residents in the actual development of a CAP. Chicago is very urban, and it is also organization rich and program rich. We do not have residents participating in the same way as you would in a much smaller town. I believe that one needs to be realistic about how you ask residents to come to the table. Using community forums is one good way.

If I were to go about developing a community action plan again, I would work through a work group rather than a large coalition. I would have the evaluation team produce a report based on the needs- and assets-assessment. Then I would pull together a group of individuals who were key players in the community who had expertise in youth development. I would present the needs- and assets-assessment to them and guide them through the process of developing a CAP. We would include this team in recruiting community residents to be in strategic positions to further integrate the CAP objectives throughout the community.

—Nancy Tartt, Project Director, Communities Reducing Adolescent Pregnancies (Communities RAP), Chicago

---

Case in Point: Streamlining the Planning Process

Our three neighborhood coalitions came up with their own CAPs through a visioning process that we facilitated in local libraries. We developed short-term, medium-term, and long-term outcomes along with proposed activities and evaluation plans. It was a time-consuming process, which required people to sit for three to four hours at the first meeting and then two to three hours at follow-up meetings. We had strong representation from advocates and from the neighborhood coalitions and these individuals presented the results of the visioning process back to their neighborhood coalitions for feedback.

We asked these representatives to fill out a grid, which we then developed into an action plan. If I had it to do it again, I would still come up with parameters for the community to address, but I would streamline the process to make it easier for community residents to participate. It is good to come up with goals but I would simplify and abbreviate the approach.

—Susanne Montgomery, Evaluator, People and Communities Changing Tomorrow, San Bernardino CA

---

ance for a long planning process. As some of the residents were working multiple jobs, this was not surprising. In addition, many of these persons were anxious to do something right away to help youth in their neighborhoods. One answer was to streamline and shorten the planning process.

Implementing Small-Scale Projects as Part of the Planning Process

The importance of striking a balance between planning and action was one of the central lessons from the first two years of CCPP. Coalition partners, as well as community youth and adults, sometimes lost interest in a long-term planning effort that lacked tangible services, programs, or activities. Several sites concluded that planning should be "action oriented."

Creating small-scale programs or trainings based on the assessment information was one way to keep partners engaged. In Chicago, for example, several programs were piloted and evaluated early on in the assessment process. These pilots demonstrated to the community the seriousness of the coalition's intentions. Involving community residents and youth in the data collection was another strategy for combining planning and action. In several sites, youth were invited to present the findings to the media, their school peers, or the community. This helped to keep youth engaged and gave them opportunities to develop new skills.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

31

CONCLUSION: LESSONS LEARNED

The 13 sites funded by CCPP were pioneers. In the first phase of this initiative, these communities experienced successes as well as difficulties. The lessons learned from phase one can assist other communities interested in expanding their base of support for preventing teen pregnancy.

The first lesson learned was that one size does not fit all. The partnerships grew out of the unique characteristics that defined each community. The ways in which sites went about developing coalitions, preparing needs- and assets-assessments, and developing CAPS were as diverse as the communities themselves.

Second, every site faced significant challenges in laying the groundwork for it's broad-based mobilization efforts. Communities with considerable experience in preventing teen pregnancy as well as those with less experience encountered barriers. The target neighborhoods had many competing problems, and preventing teen pregnancy was sometimes a low priority. And the fact that the issue was controversial made it difficult to recruit partners from such sectors as the business and faith communities.

> **Lessons Learned:**
>
> - One size does not fit all.
> - Barriers are par for the course.
> - Coalition building is a long-term process.
> - The youth development approach can bring a community together.
> - Be realistic in planning a needs- and assets-assessment.
> - Develop a framework for the community action plan.
> - Strike a balance between planning and action.

Third, in most cases, a youth development philosophy was an attractive approach for recruiting diverse partners. Hub agencies knew that teen pregnancy prevention was an emotionally charged, controversial topic that could easily polarize the coalitions. Fortunately, the adoption of a youth development approach helped to bridge strong differences of opinion. The challenge was to make sure that the goal of preventing teen pregnancy did not get lost in the broader youth development agenda.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

33

Fourth, developing an effective coalition with strong participation from diverse constituencies takes leadership and time. The establishment of trust among individuals and organizations with different views about preventing teen pregnancy requires leaders with consensus-building skills. In addition, building broad-based partnerships is an incremental process. As partners experience success in defining a common agenda and in carrying out discrete projects such as the needs- and assets-assessment, a coalition begins to solidify. This makes it possible to attract new organizations and individuals to the effort.

Fourth, the experience of these sites in carrying out needs- and assets-assessments revealed other important lessons. Coalitions discovered that assessments could provide valuable data and information to ground strategies and activities. They also learned, however, that it was easy for a coalition to "bite off more than it could chew." Before starting an assessment, it is advisable to carefully define the scope, budget, staff, and resources available for the effort. It is also important to recognize that involving coalition partners, residents, and youth in a needs assessment may compromise some of the research goals, but wider community buy-in will probably result as well.

Fifth, some of the toughest challenges faced by these coalitions arose from the process of crafting their CAPs. A major lesson here is the importance of clearly defining the approach to developing the CAP and the appropriate roles for staff, coalition partners, neighborhood residents, and the larger community. It is also critical to have a clear framework for the plan from the outset.

Sixth, another central lesson from phase one is the importance of striking a balance between planning and action. For busy community leaders, business representatives, and neighborhood residents, a little bit of planning is probably all they want; this is probably even truer for youth. To stay engaged, partners need concrete activities. Seeing tangible results from programs, even small ones, can encourage partners to build on that momentum and to stick with a comprehensive planning effort.

In most cases, by casting a wider net and bringing new partners to their coalitions, the sites were able to expand the base of support for preventing teen pregnancy in their communities. The establishment of new partnerships helped to secure support to a broad youth development approach and in some cases provided new avenues for supporting programs and services. The needs- and assets-assessment told communities which teenagers needed assistance and where they might go for resources to fund responsive programs. And the community action plan provided a blueprint for goals, objectives, and strategies.

The mobilization and planning processes undertaken during phase one were critical to the ability of the 13 sites to put in place new initiatives during phase two. Starting in October 1997, the sites began to build on the foundation established during the first phase of CCPP. Over the next five years, these coalitions launched a broad array of programs and services designed to build adolescents' self-esteem, self-sufficiency, and belief in themselves and their futures. Examples included community service projects, job skills programs, and parent-teen communication activities. CDC and the 13 sites are in the process of evaluating phase two of CCPP so that other communities around the country can benefit from these experiences as well.

REFERENCES

C. Brindis (1999a). "Getting Your Community Involved in a Teen Pregnancy Prevention Project." In *Get Organized: A Guide to Preventing Teen Pregnancy. Volume 3: Making It Happen* (edited by T. Kreinin, S. Kuhn, A.B. Rodgers, and J. Hutchins). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

Brindis, C. (1999b). "Planning and Carrying Out a Teen Pregnancy Prevention Project." In *Get Organized: A Guide to Preventing Teen Pregnancy. Volume 3: Making It Happen* (edited by T. Kreinin, S. Kuhn, A.B. Rodgers, and J. Hutchins). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

Butler, M. O. (2002). *Training Manual for Community Organizing, Assessment of Needs and Planning for Teen Pregnancy Prevention*. Arlington, VA: BATTELLE. Report prepared for the Centers for Disease Control and Prevention.

Gallagher, K., and A. Staudenmaier (2002). *Experience with Youth Development as a Strategy for the Prevention of Teen Pregnancy: Lessons Learned from the Community Coalition Partnership Program for the Prevention of Teen Pregnancy.* Denver, CO: Center for Research Strategies. Prepared for the Centers for Disease Control and Prevention.

Hollerbach, P. E. (2000). *Report on the Cross-Site Process Indicators for Adolescent Pregnancy Prevention 1997: Needs and Assets Assessment.*

Washington, DC: Academy for Education Development. Report Prepared for the Centers for Disease Control and Prevention.

Kegler M., S. Rodine, L. Marhsall, R. Oman, and K. McLeroy. An Asset-Based Youth Development Model for Preventing Teen Pregnancy: Illustrations from the HEART of OKC project. *Health Education*, 103(3):131-144, 2003.

Kegler M and V. H. Wyatt. A Multiple Case Study of Neighborhood Partnerships for Positive Youth Development. *American Journal of Health Behavior*, 27(2):156-169, 2003.

Kegler, M.C., R.H. Wyatt, and S. Rodine. "Process Evaluation of an Asset-Based Teen Pregnancy Prevention Project: Healthy, Empowered, and Responsible Teens of Oklahoma City." In Stechler, A., and L. Linnan. *Process Evaluation in Public Health Interventions*, San Francisco: Jossey-Bass/Wiley, in press.

Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy.

Klerman, L. V., B. Geiger, and D. Shearer (2000). *Lessons Learned from the Community Coalition Partnership Programs for the Prevention of Teen Pregnancy.* Birmingham, AL: University of Alabama at Birmingham. Report prepared for the Centers for Disease Control and Prevention.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

35

Kreinin, T., S. Kuhn, A.B. Rodgers, and J. Hutchins (eds.) (1999). *Get Organized: A Guide to Preventing Teen Pregnancy. Volume 3: Making It Happen*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

National Campaign to Prevent Teen Pregnancy (2001). *Snapshots from the Frontline III: Lessons from Faith-based Efforts to Prevent Teen Pregnancy*. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy (2002a). *Not Just Another Single Issue: Teen Pregnancy Prevention's Link to Other Critical Social Issues*. Washington, DC: Author.

National Campaign to Prevent Teen Pregnancy (2002b). *Campaign Update*. Washington, DC: Author.

S. Philliber (1999). "Building Evaluation into Your Work." *In Get Organized: A Guide to Preventing Teen Pregnancy. Volume 3: Making It Happen* (edited by T. Kreinin, S. Kuhn, A.B.

Rodgers, and J. Hutchins). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

B. Sugland (1999). "Tailoring a Program to Your Community Through Needs Assessment." In *Get Organized: A Guide to Preventing Teen Pregnancy. Volume 3: Making It Happen* (edited by T. Kreinin, S. Kuhn, A.B. Rodgers, and J. Hutchins). Washington, DC: The National Campaign to Prevent Teen Pregnancy.

University of South Carolina School of Public Health (USC), Department of Health, Promotion and Education (1999). *Technical Report: CDC Special Interest Project Preventing Teen Pregnancy: Sharing Lessons Learned*. Columbia, SC: USC. Prepared for the Centers for Disease Control and Prevention.

Whitehead, B., B. L. Wilcox, and S. S. Rostosky (2001). *Keeping the Faith: The Role of Religion and Faith Communities in Preventing Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

USEFUL RESOURCES

Adolescent Pregnancy Prevention:
A Guidebook for Communities
C.D. Brindis, K. Pittman, P. Reyes, and S.
Adams-Taylor
Health Promotion Resource Center
Stanford University
1000 Welch Rd.
Palo Alto, CA 94304-1885
(650)-723-0003

Assessing Your Community's Needs and Assets:
A Collaborative Approach to Adolescent
Pregnancy Prevention
C. Brindis, J. Card, S. Niego, and J.L. Peterson
Sociometrics Corporation
170 State St., Suite 260
Los Altos, CA 94022
(415) 949-3282

Building Strong Foundations, Ensuring the Future
C. Brindis and L. Davis
Advocates for Youth
1025 Vermont Ave., NW, Suite 200
Washington, DC 20005
(202) 347-5700

Building and Maintaining Effective Coalitions
E. Feigherty and T. Rogers
Health Promotion Resource Center
Distribution Center
Stanford University
1000 Welch Rd.
Palo Alto, CA 94304-1885
(650) 723-0003

Designing Effective Family Life Education
Programs
C.D. Brindis and L. Davis
Advocates for Youth
1025 Vermont Ave., NW, Suite 200
Washington, DC 20005
(202) 347-5700

From the Ground Up!
A Workbook on Coalition-Building and
Community Development
G. Kaye and T. Wolff (editors)
AHEC/Community Partners
24 S. Prospect St.
Amherst, MA 01002
(413) 253-4283

Get Organized: A Guide to Preventing
Teen Pregnancy
T. Kreinin, S. Kuhn A.B. Rodgers,
J. Hutchins (editors)
The National Campaign to Prevent
Teen Pregnancy
1776 Massachusetts Ave., NW
Suite 200
Washington, DC 20036
(202) 478-8500

How to Create and Maintain Interorganizational
Collaborations and Coalitions
B. Rosenthal and T. Mizrahi
Education Center for Community Organizing
Hunter College School of Social Work
129 E. 79th St.
NY, NY 10021
(212) 452-7112

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

37

Improving Contraceptive Access for Teens
C. Brindis and L. Davis
Advocates for Youth
1025 Vermont Ave., NW, Suite 200
Washington, DC 20005
(202) 347-5700

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

Reconnecting Youth & Community
A Youth Development Approach
Administration for Children and Families
U.S. Department of Health and Human Services
National Clearinghouse on Families & Youth
P.O. Box 13505
Silver Spring, MD 20911-3505
(301) 608-8098

Agencies and Organizations Mentioned

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention
and Health Promotion
Division of Reproductive Health
Unintended and Teen Pregnancy Prevention
  Program
4770 Buford Highway NE, Mail Stop K-22
Atlanta, GA 30341-3717
www.cdc.gov/nccdphp/drh
Ph: (770) 488-6260

**The National Campaign to Prevent
Teen Pregnancy**
1776 Massachusetts Ave.
Suite 200
Washington, DC 20036
Ph: (202) 478-8500
Fax: (202) 478-8588
www.teenpregnancy.org

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

39

APPENDICES

Appendix One

Sample Action Plan Worksheet from HEART of OKC

Intervention: Teen Outreach Program (TOP)

Related HEART of OKC Goals:

Goal 1: Decrease teen births and related risk behaviors to enable central OKC youth to increase their chances for good health, school completion, and economic self-sufficiency as adults.

Goal 2: Increase the proportion of youth in central OKC who report having assets that are related to the avoidance of teen pregnancy.

Program Model Strategy and Associated Assets:

Prime pregnancy prevention
Health promotion
Positive peer influences
Community involvement
Decision making related to good health
Positive peer role models
Service to others

Rationale:

In terms of teen pregnancy prevention programs, the Teen Outreach Program (TOP) is one of the most evaluated programs in the country. TOP has a 12-year evaluation record that shows significant outcomes in terms of fewer school course failures, suspensions, dropouts, and teen pregnancies. The best results are in the high school grades. It can be used in school or commu-

nity settings and offers an interaction format for youth at varying academic and development levels. The St. Louis Junior League developed the original program. The OKC Junior League is an active community partner with the HEART of OKC project and will be implementing the program in two inner city high schools. The volunteer service components are a match with the school district's plan to include service-learning experiences as part of the regular curriculum.

Intervention/Activity Specific Objective:

To integrate TOP at High School 1 and High School 2 during the academic school year under the program coordination and sponsorship of the OKC Junior League. The initial program will be designed to involve at least 100 male and female students. The curriculum will be integrated into the Life Skills classes at both schools.

Organizations to Involve:

HEART of OKC
OKC Public Schools
Junior League of OKC
Other community partners

Number of youth to reach:

Participants: 100 male and female students (50 per school), with a comparison group of 100 male and female students

Tasks:

- TOP classroom and community service components implemented at two high schools

- Junior League planning meetings

- Classroom parties

- Planning for end-of-year banquet

- Planning for next year's implementation

- New TOP class begins

- TOP classroom and community service components implemented at high schools 1 and 2

Source: Adapted from M.C. Kegler, R.H. Wyatt, and S. Rodine. "Process Evaluation of an Asset-Based Teen Pregnancy Prevention Project: Healthy, Empowered, and Responsible Teens of Oklahoma City." In A. Stechler and L. Linnan, *Process Evaluation in Public Health Interventions*, San Francisco: Jossey-Bass/Wiley, in press.
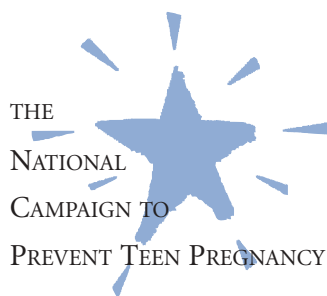
Appendix Two

The Orange County Teen Pregnancy Prevention Coalition Community Action Plan

Long-and Short-Term Goals and Objectives

Long-Term Goals 1998–2002	Short-Term Goals	Objectives 1998–1999	Monitoring and Evaluation
Reduce teen pregnancy in Orange County.	Increase teen involvement in community activities.	Develop a written curriculum to train new teen panel members. Develop 4 new teen panels. Develop a speakers bureau for teens. Develop a community service project. Send 4 teens to leadership training.	Develop and implement an evaluation plan to determine if objectives increased teen involvement in community activities.
	Develop and implement asset-based youth programs.	Implement Smart Moves, Smart Girls, and Girl Power in the centers where requested. Develop center-specific programs such as chess, drama, photography, and journalism.	Develop and implement an evaluation plan to determine the effectiveness of implemented programs.
	Develop and implement programs to increase parent-child communication.	Implement Plain Talk for Parents (10 sessions). Implement other programs to increase parent-child communication.	Develop and implement evaluation plan to determine effectiveness of Plain Talk for parents and other curricula to increase parent-child communication.
	Implement successful youth development programs in targeted areas.	Implement successful models at Ivey Lane. Implement successful models at Griffin Park. Implement successful models at Murchinson Terrace. Implement successful model at Lake Mann. Implement successful model at Mt. Olive AME Church.	Develop and implement evaluation plan to determine effectiveness of implemented programs.
	Make contraceptive services available and accessible for youth.	Open a Teen Friendly Clinic. Develop training model for Teen Friendly Clinic staff.	Develop and implement evaluation plan to determine the effectiveness of the Teen Friendly Clinic in providing services and information.

Long-Term Goals 1998–2002	Short-Term Goals	Objectives 1998–1999	Monitoring and Evaluation
Increase community awareness about teen pregnancy issues.	Increase awareness about teen pregnancy issues.	Develop a public relations campaign.	Develop and implement research activities to update information on current community needs and assets. Develop and implement an evaluation plan to determine the public relations campaign's effectiveness in increasing community awareness about teen pregnancy issues.
		Develop and host community activities such as male summits, teen summits, and faith breakfasts. Develop a TAPP newsletter. Develop community center newsletters.	Develop and implement an evaluation plan to determine the effectiveness of the community activities in increasing community awareness about teen pregnancy issues.
	Establish community-based coalitions.	Meet with community members. Establish community coalitions.	Develop and implement an evaluation plan to determine the effectiveness of the community coalitions in decision making and in developing new initiatives at each center.

Breaking Gound: Lessons Learned from the Centers for Disease Control and Prevention's
Community Coalition Partnership Programs for the Preventions of Teen Pregnancy

43

THE
NATIONAL
CAMPAIGN TO
PREVENT TEEN PREGNANCY

The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan initiative supported almost entirely by private donations. The Campaign's mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. Our goal is to reduce the rate of teen pregnancy by one-third between 1996 and 2005.