June 2007

Evaluation Findings from The California Wellness Foundation's

Teen Pregnancy Prevention Initiative (TPPI)

Funded by a grant from The California Wellness Foundation.

ACKNOWLEDGMENTS

An evaluation as ambitious as that of the Teen Pregnancy Prevention Initiative is, of course, a team effort. The authors wish to express their sincere thanks to the many people, past and present, associated with TPPI:

- To Gary L. Yates, Fatima Angeles, Ruth Brousseau, Pauline Daniels, Nicole J. Jones, Cristina Regalado, Mercy Siordia, and others at The California Wellness Foundation, for their support and guidance in many aspects of the evaluation.
- To the many support staff at PRA, SRI, and UCSF whose careful, responsive, and competent handling of the tasks associated with this study have made the project manageable.
- To the grantees of all TPPI components who generously provided input to the evaluation, and contributed information and shared ideas during data collection. Your cooperation, time, energy, and insights were invaluable to the evaluation.

And especially to the teens, parents and guardians, and program staff whose efforts and activities have been our focus, for their willingness to share with us their experiences and opinions.

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INTRODUCTION

The California Wellness Foundation (TCWF) was founded in 1992 with the mission of improving the health of the people of California by making grants for health promotion, wellness education, and disease prevention. That year, the pregnancy rate among 15- to 19-year-old women in the nation was 111 per 1,000. In California, the rate was the highest in the nation, at 157 per 1,000, or 41% higher than the national average (Guttmacher Institute, 2004).

In 1995, the Board of Directors of TCWF approved a 10-year, $60-million grant-making program—the Teen Pregnancy Prevention Initiative (TPPI). TPPI's goal was to decrease the incidence of teen pregnancies in California by:

- defining teen pregnancy as not only an individual and family problem, but also an adult and societal problem;
- reinforcing community norms that value healthy adolescent sexuality instead of rewarding pregnancies and high-risk sexual behaviors; and
- increasing the proportion of teens who delay the initiation of sexual activity and/or effectively use contraception.

Taken together, these strategies were intended to create change in knowledge, attitudes, and behaviors at the individual, family, organizational, community, and broad societal levels. To do so, a multipronged effort was undertaken, organized into four components:

- The **Research** component was intended to fill gaps in knowledge about sexual development and adolescent pregnancy, as a foundation for effective action in the other components.
- The **Public Education Program and Policy Advocacy Program** component addressed primarily the societal level by working to develop public policies and institutional changes that promoted sexuality education, increased access to contraception, and reduced teen pregnancies. The Public Education Program created messages and communication channels for a variety of audiences to help shape social norms in support of TPPI's goal. The Policy Advocacy Program focused on informing policymakers and other leaders about effective policies to promote healthy adolescent sexuality and prevent teen pregnancy.
- The **Professional Development and Leadership Recognition** component focused on the organizational level. The Professional Development Program was designed to increase knowledge, skills, and action among health care workers, social service providers, educators, and other youth service workers so they could better support the teens with whom they worked in making healthy choices. The Leadership Recognition Program intended to raise the visibility of the teen pregnancy prevention issue and efforts to address it by recognizing youth working toward that goal and providing scholarship assistance to selected youth to pursue health-related careers in medically underserved areas in California.
- The **Community Grants** component focused on the individual, family, and community levels by supporting the development and implementation of programs and services that would increase the capacity of communities to address adolescent sexual health and teen pregnancy. Three programs comprised this component. The Community Action Program funded community agencies to design and implement a combination of direct service and community mobilization activities to create unique and effective responses to teen pregnancy in their communities. These communities also had a technical assistance provider to guide and coordinate their work. The Community Support Program provided grants to communities that were considered not ready for a major teen pregnancy prevention effort but that could benefit from support for community

development to promote healthy adolescent sexuality and effective contraceptive use. The Community Access Program supported expansion of the Peer Provider Program model developed by the California Family Health Council. The Foundation also supported an extensive program of technical assistance for the Community Action Program grantees.

An evaluation of each component and of the TPPI as a whole also was included in the Initiative to serve both formative and summative evaluation purposes. The evaluation team, comprised of staff from Philliber Research Associates, the University of California at San Francisco, and SRI International, documented both implementation activities and outcomes over the life of the Initiative and provided findings and insights to the Foundation to help shape its oversight of each program and the overall Initiative strategy.[1]

This report highlights the findings from the evaluation during the period 1995 through 2006. Each of the following eight sections addresses one of the TPPI programs. Each section briefly describes the program, the activities of the grantees funded through it, the implementation lessons learned as the program evolved over time, and the outcomes achieved. A ninth section addresses lessons learned about evaluating a multifaceted initiative such as the TPPI, and a final section discusses the important issue of sustainability of Initiative activities and accomplishments.

[1] See ending section for a summary of evaluation data sources.

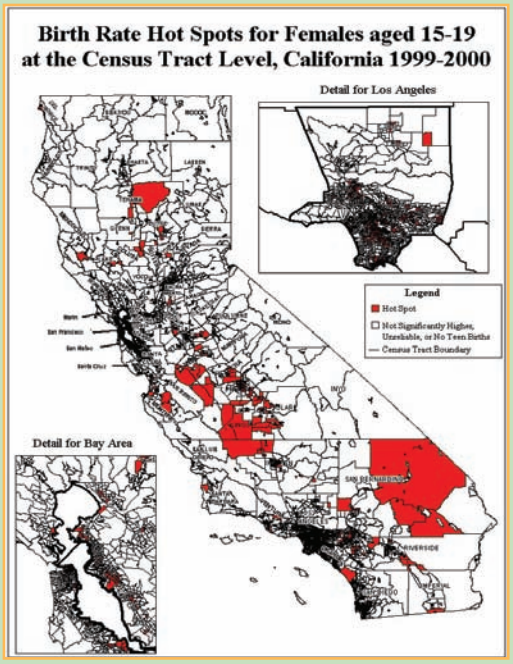
THE RESEARCH COMPONENT

The TPPI Research component was the first to begin, consistent with its intent of informing other Initiative components. The component had two stages: (1) issue identification and background research and (2) competitively awarded research grants. In Stage 1, a series of planning meetings, attended by established authorities in adolescent sexuality and teen pregnancy prevention, were held to identify and prioritize needed research that would support the Community Grants component as well as contribute to knowledge in the field of teen pregnancy prevention. As a result of these meetings, four key issues were identified for further study:

- **Identifying communities where the risk of adolescent pregnancy is greatest.** The Center for Health Training at the University of California, Berkeley, School of Public Health, in conjunction with the California Department of Human Services' Office of Family Planning (OFP), was asked to analyze birth rates among 15- to 17-year-olds between 1992 and 1994 for all California zip code areas; the 82 areas that were in the upper quartile were identified as "hot spot" communities (Gould, 1996, 1998). The "hot spot" analyses continue to be a major legacy piece of this Initiative as it continues to shape statewide funding by the California Department of Health Services (DHS), Office of Family Planning. Furthermore, the methodology has been integrated within the DHS Maternal, Child and Adolescent Health Branch, with analyses being conducted by state epidemiologists.
- **Selecting communities, organizations, youth, and families to participate in teen pregnancy prevention programs.** Staff of Philliber Research Associates were asked to compile criteria for choosing communities, organizations, and individuals to be served in teen pregnancy prevention programs and to suggest methods to determine if those criteria were met (Philliber & Namerow, 1995).
- **Involving males in adolescent pregnancy prevention.** An Urban Institute team was asked to prepare a guide to inform program planners about the characteristics of the sexual behavior of males who have sexual intercourse with adolescent women and about promising programs that address the needs of those males (Sonenstein et al., 1997), drawing on analyses of data from the 1995 National Survey of Adolescent Males.
- **Understanding policy.** A grant was provided to the University of California, San Francisco, Center for Reproductive Health Research and Policy to review California's policies related to teen pregnancy and their impacts to provide background on the relevant policy landscape in California and to recommend local and state policy directions (Brindis et al., 1997). A separately funded policy analysis estimated the number of pregnancies averted by the use of contraceptives among "responsible" adolescents (Kahn et al., 1999).

After identifying these issues and conducting the related background research, findings were used to shape the direction for further research in Stage 2 and a Request for Proposals (RFP) was distributed nationally in August 1995 to solicit ideas for additional research projects that would help inform the Initiative. Six projects were funded, initially for 18 months:

- A grant to the Guttmacher Institute funded research on factors affecting pregnant teens' decisions to give birth (Frost & Oslak, 1999).
- Understanding the behavior of young Latino males as sexual partners in teen pregnancy was the focus of research conducted by staff of the East Valley Community Health Center (Abreu et al., 2000; Goodyear, 2002; Goodyear et al., 2000a; Goodyear et al., 2000b; Goodyear et al., 2002).



- A grant to the University of California, Irvine, supported research on the biological, psychological, social, and risk behavior correlates of the initiation of sexual activity and nonuse of contraception.[2]
- Characteristics of communities and youth programs that reduced sexual risk taking among adolescents were addressed in research conducted at ETR Associates (Denner et al., 2000; Denner et al., 2001; Kirby, 1999; Kirby et al., 2000; Kirby et al., 2001).
- Differences between low-income African-American and Latina girls in their responses to community violence in terms of psychological stresses and sexual and contraceptive behaviors were investigated through a grant to the Public Health Institute (Sanders-Phillips, 2001).
- A grant to the University of California, Los Angeles, funded research on the role of community, socioeconomic status, and ethnicity in explaining the timing of first intercourse (Upchurch et al., 1997, 1998, 1999).

Evaluation Approach

To assess the implementation and evaluation of the Research Component, the evaluation team collected and reviewed grantee's proposals and products, interviewed grantees regarding dissemination of grant-funded work, and interviewed and surveyed grantee staff in other TPPI components to identify their awareness and use of Research Component materials.

Implementation

Little was thought to be involved in implementation of the Research Component beyond awarding the grants. However, monitoring the progress of grantees so that findings were generated and disseminated in a timely way was challenging. All of the research funded by the Initiative, but especially the Stage 2 competitively funded research, took longer than anticipated. Extensions were given to each of the grantees to complete their work. The unanticipated delays hampered the ability of the Research Component to fulfill its purpose of informing the work of other components of the Initiative. Dissemination efforts, such as those required to publish findings in peer-reviewed journals, further extended the time required for research to "go public" in such venues and to have an impact outside the Initiative.

Outcomes

The desired outcome of this component of TPPI was the use of research findings to inform other components of the Initiative and the broader field of teen pregnancy prevention policy, practice, and research. In fact, despite the delays in implementation, Research Component findings found multiple outlets and uses.

Stage 1. Results from the issue identification stage were important in selecting geographic areas of the state where the TPPI focused its efforts to actively recruit and engage communities. Additionally, the background research on the California policy context and estimates of the number of pregnancies averted by adolescents' use of contraceptives were used in preparing materials for the TPPI Public Education Program campaign. Community surveys and client assessments that were suggested as ways to determine if targeted adolescents and families were served by the Community Grants Component ultimately were incorporated into community surveys of random samples of adolescents and their parents in each Community Action Program community.

Efforts outside the Initiative also were influenced by the TPPI background research. The OFP used the findings in choosing communities for its 116 Community Challenge Grants and subsequently in the selection of 21 Male Involvement

[2] The findings do not appear to have been published.

Programs and 28 Information and Education Programs. Estimates of the number of pregnancies averted in California by adolescents' use of contraceptives also were used in the state of Georgia to successfully advocate for additional family planning funding.

Stage 2. As results of the competitively funded research grants emerged, the Foundation also made a concerted effort to put them into the hands of other grantees. The research was summarized and published as *New Research You Can Use* (Human Interaction Research Institute, 2000), and was distributed to each of the grantees. At the annual Initiative conference in 2000, each researcher hosted a roundtable to discuss his or her findings and their application to the work of the grantees.

However, grantees appear to have made limited use of the research findings. When surveyed, only half of the grantees remembered seeing *New Research You Can Use*, and fewer than one-quarter read the publication. Only three-quarters of the grantees attended the conference roundtables, and fewer than half reported finding them useful. There is little to suggest the research findings influenced the approach grantees took to teen pregnancy prevention. One exception is that research documenting the differences in pregnancy-related antecedents and behaviors for youth of different racial/ethnic backgrounds supported the development of ethnic-specific messages as part of the Public Education Program campaign.

Although use of research results by Initiative grantees appears limited, many of the researchers funded as part of this component were more productive within the professional research community than their original grants required. In addition to reports to the Foundation, at least 11 articles had appeared in journals or other peer-reviewed venues as of spring 2001, several other manuscripts were under review for publication, and presentations had been made in multiple professional venues.

These findings suggest the following regarding the impacts of the Research component:

- **To be useful to an initiative's participants and stakeholders, research must be completed before other aspects of the initiative begin.** For example, it was possible to use the information on teen pregnancy hot spots because the underlying Stage 1 background research was available before the Community Action Program grantees were selected. But when grantees were informed in 2000 of the additional research findings from the Stage 2 grants, their strategies already had been set in motion—proposals had been written and funded, staff had been hired, and programs were in place. Although grantees reported finding some of the research interesting, it was at that time difficult to incorporate it into their work. It is during the planning stages that research is most useful.
- **It is easier to produce research that informs a field than research that informs an initiative.** Each researcher produced findings that were useful and informative. The quality of this research is evident from the dozen-and-a-half publications and professional papers produced. However, the impact appears to have been greater among professional colleagues than among Initiative grantees, underscoring the significant challenges posed by the classic research-to-practice gap. A number of the publications went on to influence products distributed through extensive national diffusion networks, indicating that the research has had a greater reach than just within the state.

The impact (of the Research component) appears to have been greater among professional colleagues...

Exhibit 1. Products Resulting from the TPPI Research Component

Abreu, J. M., Goodyear, R. K., Campos, A., & Newcomb, M. D. (2000). Ethnic belonging and traditional masculinity ideology among African-Americans, European Americans, and Latinos. *Psychology of Men and Masculinity, 2*, 75-86.

Brindis, C. D., Peterson, S. A., Brown, S., & Snider, S. (1997). *Complex terrain: Charting a course of action to prevent adolescent pregnancy*. San Francisco: Center for Reproductive Health Policy Research, Institute for Health Policy Studies, University of California, San Francisco.

Denner, J., Kirby, D., Coyle, K., & Brindis, C. (2001). The protective role of social capital and cultural norms in Latino communities: A study of adolescent birth. *Hispanic Journal of Behavioral Sciences, 23*, 3-21.

Denner, J., Kirby, D., & Coyle, K. (2000). How communities can promote positive youth development: Responses from 49 professionals. *Community Youth Development, 1*, 31-35.

Frost, J. J., & Oslak, S. (1999). *Teenagers' pregnancy intentions and decisions: A study of young women in California choosing to give birth*. New York: The Alan Guttmacher Institute.

Goodyear, R. K. (2002). A concept map of male partners in teenage pregnancy: Implications for school counselors. *Professional School Counseling Journal, 5*, 186-193.

Goodyear, R. K., Getzelman, M. A., & Archinue, F. (2000a). *Male partners in teen pregnancy: Lessons from their stories*. Paper presented at the annual meeting of the American Education Research Association, New Orleans, LA.

Goodyear, R. K., Newcomb, M. D., & Allison, R. D. (2000b). Predictors of Latino men's paternity in teen pregnancy: Test of a mediational model of childhood experiences, gender role attitudes, and behaviors. *Journal of Counseling Psychology, 47*, 116-128.

Goodyear, R. K., Newcomb, M. D., & Locke, T. F. (2002). Pregnant Latina teenagers: Psychosocial and developmental determinants of how they select and perceive the men who father their children. *Journal of Counseling Psychology, 49*, 187-201.

Gould, J., Herrchen, B., Pham, T., Bera, S., Goshi, J., & Yoder, R. (1996). *California potential project areas for adolescent pregnancy prevention programs*. University of California, Berkeley, School of Public Health.

Gould, J., Herrchen, B., Pham, T., Bera, S., & Brindis, C. (1998). Small-area analysis: Targeting high-risk areas for adolescent pregnancy prevention programs. *Family Planning Perspectives, 30*, 173-176.

Kahn, J. G., Brindis, C. D., & Glei, D. A. (1999). Pregnancies averted among U.S. teenagers by the use of contraceptives. *Family Planning Perspectives, 31*, 29-34.

Exhibit 1. concluded

Kirby, D. (1999). *Looking for reasons why: The antecedents of adolescent sexual risk-taking, pregnancy, and childbearing*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Kirby, D., Coyle, K., & Gould, J. (2001). Manifestations of poverty and birth rates among young teenagers in California ZIP code areas. *Family Planning Perspectives, 33*, 63-69.

Kirby, D., Denver, J., & Coyle, K. (2000). *Building the ideal community or youth program: An expert panel rates the key characteristics for reducing teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Marsiglio, W., Ries, A.V., Sonenstein, F.L., Troccoli, K., & Whitehead, M. (2006). *It's a guy thing: Boys, young men, and teen pregnancy prevention*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Philliber, S., & Namerow, P. B. (1995). *Right on target: Choosing communities, organizations, youth and families for teen pregnancy prevention programs*. Accord, NY: Philliber Research Associates.

Sanders-Phillips, K. (2001). *Health promotion in ethnic minority families: The impact of exposure to violence*. In M. S. Jamner & D. Stokols (eds.) Promoting Human Wellness. Berkeley: University of California Press.

Sonenstein, F. L., Stewart, K., Lindberg, L. D., Pernas, M., & Williams, S. (1997). *Involving males in preventing teen pregnancy: A guide for program planners*. Washington, DC: Urban Institute.

Sonenstein, F. L. (2000a). *Young men's sexual and reproductive health: Toward a national strategy (framework and recommendations)*. Washington, DC: Urban Institute.

Sonenstein, F. L. (2000b). *Young men's sexual and reproductive health: Toward a national strategy (getting started)*. Washington, DC: Urban Institute.

Upchurch, D. M., Aneshensel, C. S., Sucoff, C. A., & Levy-Storms, L. (1997). *The influences of neighborhood and familial contexts on the timing of onset of sexual activity*. Paper presented at the Annual Meeting of the Population Association of America, Washington, DC.

Upchurch, D. M., Levy-Storms, L., Sucoff, C. A., & Aneshensel, C. S. (1998). Gender and ethnic differences in the timing of first sexual intercourse. *Family Planning Perspectives, 30*, 121-127.

Upchurch, D. M., Aneshensel, C. S., Sucoff, C. A., & Levy-Storms, L. (1999). Neighborhood and family contexts of adolescent sexual activity. J*ournal of Marriage and the Family, 61*, 934-946.

THE PUBLIC EDUCATION PROGRAM

Public Education Program was considered necessary as a way to help shape social norms and to create public support for the types of state and local policies that encourage and fund effective sexuality education, contraception services, and youth development activities that can fuel young people's motivation to become effective users of contraception. The evolution of the Public Education Program is described below.

1996 through 1998—Advertisements. The first Public Education Program campaign, conducted by the Public Media Center, focused on high-profile advertisements in magazines and newspapers to raise awareness of the issue of teen pregnancy and to publicize the Foundation's involvement in its prevention. The primary purpose was to reframe teen pregnancy as not just an adolescent problem, but also an adult problem that requires adult solutions. Advertisements in newspapers and magazines addressed the Initiative's goal of changing cultural norms about teen sexuality by introducing and reinforcing themes, such as healthy adolescent sexuality and confronting myths and misconceptions about contraceptive use, as well as addressing important concerns, such as positive life options and respect for young people who are responsible users of contraception.

1999 through 2003—The *Get Real About Teen Pregnancy!* media campaign. A team led by Deen+Black, which was purchased by Ogilvy Public Relations Worldwide in 2000, assumed leadership of the Public Education Program in 1999. After that time, the emphasis of the Public Education Program continued to focus on media campaigns to raise awareness of teen pregnancy as an issue, but it also began to focus on policy development and key stakeholder mobilization at both the state and local levels. The Public Education Program team used the media, dissemination of documents, and hosting public events to mobilize businesses, elected officials, service clubs, schools, professional sports teams, the entertainment industry, and churches to become active regarding the teen pregnancy prevention issue. To educate Californians about the importance of access to contraception for teens, *Teen Access to Contraceptives in California* was produced and distributed in February 2001. It highlighted the state of reproductive health service delivery for teens in the state and focused on what community clinics and medical service providers viewed as the most common barriers to teen's access to contraception. Because of the ethnic-specific profile of births to teens in California, they also directed some attention to ethnic-specific audiences. *Voices of California: Findings in Brief* provides insight and understanding about how culturally diverse populations perceive, understand, and deal with teen pregnancy so that policymakers could make informed, respectful, and effective decisions about teen pregnancy prevention programs in their communities.

In addition, the Public Education Program team provided technical assistance to Community Action Program grantees to support their effective use of local media. For example, in 2000, the *Get Real!* team conducted monthly conference calls and semiannual site visits with the grantees, provided bimonthly newsletters and professional support and advice, helped in developing posters and other materials, provided each Community Action Program grantee with a portable exhibit display for use in a variety of community settings, helped them hire and train their own local public outreach/ media persons, and conducted a 2-day public relations training involving exercises and discussions on how to "create, visualize, and implement" a public relations plan. The *AdvoKit*, a package of advocacy tools designed to promote the use of materials the campaign had developed previously and to encourage others to further campaign messages, was distributed to a total of 650 TPPI grantees and other youth/health agencies. The *Adolescent Health and Pregnancy Prevention: Policy Brief for California Lawmakers* offered policymakers specific policy recommendations and was distributed to 1,000 legislators and staffs, county boards of supervisors, Policy Advocacy Program groups, media contacts, and TPPI grantees.

2004—*Reality Check*. To chronicle and promote strategies that have been demonstrated to be effective in preventing teen pregnancies, an edited book of chapters written by 17 experts on the issues of adolescent health, sexuality, and pregnancy prevention was compiled. *Reality Check: Teen Pregnancy Prevention Strategies That Work* highlights several innovative approaches to issues such as sex education, access to contraception, youth development, policy implications, and male involvement. The book was distributed in November 2004, to 2,000 stakeholders, including all California elected state representatives.

Evaluation Approach

In November and December 2003, the *Get Real!* Campaign Feedback Survey was administered online and completed by the lead staff of the 13 Policy Advocacy Program grantees, 3 Community Support Program grantees, and the Professional Development and Technical Assistance grantees. A written questionnaire was administered and completed by lead staff representing four of the Community Action Program grantees. In January and February 2005, the Follow-Up Policy Advocacy Program Grantee Survey was administered online and completed by the lead staff of 10 former Policy Advocacy Program grantees. Information on the Public Education Program was drawn from (1) Deen+Black's activity reports, (2) three clipping services that document media articles and their subscription reach, (3) Funnel Web to document use of the *Get Real!* web page, and (4) media logs completed by each of the Deen+Black staff and subcontractors to document additional interactions with the media.

In addition to these activities undertaken by the TPPI evaluation team, TCWF also funded a series of statewide public opinion polls to gauge the views of Californians regarding teen pregnancy as a societal issue. The surveys provided information to assess changes over time in the public's understanding of, concern about, and attitudes toward teen pregnancy and adolescent sexuality. Five times between 1994 and 2006, the Field Institute conducted public opinion polls for the Initiative as a subcontractor to Ogilvy Worldwide.

Implementation

The Public Education Program campaigns resulted in exposing many media readers, viewers, and listeners to "impressions" communicating TPPI-related messages by print, television, and radio ads: almost 30 million in 2002, more than 22 million in 2003, and more than 26 million in 2004. Impressions provided through ethnic-specific media were 39% of those generated in 2002 and 49% in 2003, but ethnic-specific ads were not part of the campaign in 2004. Experiences through the course of the Public Education Program suggest the following:

- **Multiple approaches are necessary to get the message across.** The *Get Real!* team purchased newspaper and magazine ads and then supplied media kits to gain additional articles and editorials. Research reports were produced containing information from public opinion polls and other studies. This combined approach, repeated over several years, resulted in a large number of news stories devoted to the topic of teen pregnancy and its prevention.
- **Flexibility and responsiveness were important elements of the Public Education Program campaign.** The Public Education Program clearly evolved over time, responding to new information and changes in the environment. For example, as the *Get Real!* campaign unfolded, an increasing awareness of ethnic-specific issues caused the campaign to shift some resources to reach specific ethnic communities. Similarly, responding to feedback that technical assistance to Community Action Program grantees initially was ineffective, the *Get Real!* team assigned specific individuals to work with each project, developed individual action plans with each community, and provided training on how to conduct successful

"The *Get Real!* information packet was wonderful. Our organization used it heavily and sent it to each of our affiliates so that they could use it locally in their own communities. We also used it in our legislative advocacy. It was nice to have all that new and exciting information in one spot."

—Legislative staff/stakeholder.

public relations campaigns. By the end of the third year of collaboration, the team had high ratings of effectiveness from Community Action Program grantee staff.

- **The same approach does not work everywhere.** Although the Public Education Program campaign was statewide, with common materials distributed widely, there also were different strategies tailored to specific ethnic groups and specific Community Action Program communities.
- **Provocative, action ads gain more attention.** Feedback received from early materials suggested that shifting advertisements to more provocative topics would gain greater coverage. In the same vein, publications with specific suggestions for action were considered to be more effective than publications that simply presented information.

Outcomes

Most state legislative staff and other stakeholders interviewed could recall several ads and could express the main message of "adolescent pregnancy as an adult problem." Overall, reactions were extremely positive, and there was a sense that the issue was being brought to the forefront for policymakers. Opinion leaders felt that the campaign had "taken the high road—not caught in the debate of abstinence vs. contraception." They also felt that the Public Education Program campaign was complementary to the state-funded efforts to send prevention messages to young people and their parents.

When asked their opinions regarding the overall campaign on a scale of 1 to 5 (where 5 was judged to be most effective), the campaign received an average score of 3.5. The elements most often cited as effective were the fact sheets, the synthesis document, and press packages that the stakeholders could use for their own advocacy efforts.

The focus of the TPPI Public Education Program largely was on bringing change at the state level, and clearly, some desired changes did occur and some undesirable changes did not. Achievements included the following:

- A number of newspapers, magazines, and television and radio stations distributed information and editorials on the topic of teen pregnancy using information provided by the *Get Real!* campaign.
- The passage of Assembly Bill 246, which requires that sexuality education be medically accurate and free of gender, racial, or ethnic bias, was reported by the bill's author to have been aided by the *Get Real!* campaign.
- Funding for the Family PACT program was maintained due in part to the research of the *Get Real!* team reported in *Teen Access to Contraceptives in California.*
- The Community Action Program and Policy Advocacy Program grantees had increased their capacity to use media effectively.

However, it is difficult to gauge fully how important the Public Education Program campaign was in producing these results. In many respects, collecting and synthesizing disparate data elements; compiling these elements into easy-to-use, attractive, and no-cost educational materials and monographs; and distributing the information so that more than just traditional stakeholders were informed regarding the issue of early adolescent childbearing all played a role in bringing greater attention to the problem. It also likely helped to educate policymakers and others concerned about the issue, thereby helping to clear the path for additional efforts by the Policy Advocacy Program grantees.

Results of the *Get Real!* Campaign Feedback Survey demonstrated that Public Education Program materials also were used by staff of grantees of other components to pursue their goals:

- Seventeen staff (74%) reported receiving the *AdvoKit*. It was most commonly used to assist with communicating with youth (29%) and

training staff (24%). Moreover, 9 (53%) of the 17 who received the *AdvoKit* "agreed" or "strongly agreed" that the materials were helpful with their TPPI project.

- Twenty-one staff (91%) reported receiving *Voices of California: Findings in Brief*. Twenty (95%) of those who received it, read it. Thirteen (62%) shared it with co-workers or colleagues, and nine (43%) referenced it in a report, presentation, news story, article, or editorial.
- Thirteen (57%) staff reported receiving *Adolescent Health and Pregnancy Prevention: A Policy Brief for California's Lawmakers*. All those who received it read it, and eight (62%) shared it with co-workers or colleagues.

Elements of the Public Education Program campaign also were used by other organizations. For example, in 2001, research findings and other relevant information were shared with the OFP for use in developing its public relations campaigns, and The National Campaign to Prevent Teen Pregnancy included excerpts from *Voices of California* on best practices in working with high-risk minority youth in a report they produced in 2003.

Information from the public opinion polling was intended to support the work of the Public Education Program campaign and did so at several points in the Initiative. Information from the first two polls was used in initial Public Education Program ads and incorporated in education briefing materials used by the Public Media Center. Results of the 1999 poll of a representative sample of California adults and an additional sample of parents of preteens and teens were distributed by the Public Education Program campaign in *Voices of California: Findings in Brief.* Findings from the 2002 poll of a sample of adults representing African-Americans, Caucasians, Filipinos, Latinos, and Vietnamese were presented in *Voices of California: A Look at Ethnic Californians' Views on Teen Pregnancy.* Results of polls also document the changing views of Californians broadly. In 2005, a sample of African-Americans, Caucasians, Filipinos, Latinos, and Vietnamese was surveyed to assess their knowledge, attitudes, and opinions regarding teen pregnancy. The survey was similar to the 2002 survey. Within these ethnic populations, little change in views on teen pregnancy was evident between the two surveys.

Although the method of sampling was different and few questions were the same, it is possible to make some comparisons between the 1999 and 2005 survey results (see exhibit 2). In both years, respondents were asked how serious a problem teen pregnancy was in California, how concerned they personally were about the problem, and whether they felt children should receive age-appropriate sex education in school.[3]

These data demonstrate a declining perception that teen pregnancy is a serious problem in California; whereas 69% of respondents in 1999 indicated teen pregnancy was a very serious problem, the percentage dropped to 59% by 2005, consistent with the drop in the rate of births to teens statewide over that time period. Nonetheless, about two-thirds of respondents at both time points reported they personally were very concerned about the problem. Also, support for age-appropriate sex education in schools remained high. In both years, more than 9 out of 10 people believed it should be available. Over time, highlighting the fact that these views are shared across ethnic and racial lines was important in helping to educate policymakers and other decisionmakers.

Public Education Program materials also supported the work of other TPPI programs. For example, a Policy Advocacy Program grantee distributed *Get Real!*'s 1999 polling results at federal welfare reform hearings to show Californians' support for comprehensive sexuality education. The *Get Real!* team worked with

Exhibit 2. Field Poll Results, 1999 and 2005

	1999	2005
Teen pregnancy is a very serious problem in California	69%	59%
Very (extremely) concerned about the problem of teen pregnancy	66%	65%
Children should be able to receive age appropriate sex education in school	92%	93%

[3] The percentages shown in Exhibit 2 reflect weighting of the African-American, Latino, and Caucasian 2005 samples to match the 1999 survey distribution. It was not possible to include other groups because they were not identified in the 1999 sample.

Policy Advocacy Program grantees to develop a document that summarized key teen pregnancy prevention recommendations—*Adolescent Health and Pregnancy Prevention: Policy Brief for California's Lawmakers.* It was disseminated to California policy staffers as part of a policy briefing held in Washington, D.C., which highlighted California's success in reducing its high incidence of teen pregnancy. All five of the grantees that received support from the Public Education Program team to generate media coverage reported that the support was "very useful" or "useful."

Technical assistance given by the Public Education Program team to Community Action Program grantees was given generally high marks by recipients. For example, the majority of grantee staff who felt familiar enough with technical assistance provided in 2000 indicated that the help the Public Education Program team provided was accessible (83%), community appropriate (70%), and thorough enough for their needs (65%); improved their knowledge about media-related issues (74%); and helped them meet the goals of their grant (83%). In addition, large majorities of the respondents felt that assistance was provided in a way that was friendly (96%), promoted good communication (83%), and was timely (70%). These ratings were more positive than ratings in previous years. Participants in the Public Relations Training completed an evaluation of the training, indicating that it was well organized, informative, and worthwhile; they reported especially appreciating the "hands-on" approach.

POLICY ADVOCACY PROGRAM

The Policy Advocacy Program worked to build the capacity of organizations and institutions to inform and educate policymakers to facilitate development, implementation, and advocacy of policies and regulations to promote healthy adolescent sexuality and reduce teen pregnancies. The program funded 19 organizations over two grant cycles during January 2000 to December 2003 to achieve these ends. The first cohort of 13 Policy Advocacy Program grantees worked to:

- provide Policy Advocacy Program training to youth and/or adults;
- increase awareness of the problem of teen pregnancy among the general population and/or policymakers;
- increase awareness of best practices among practitioners; and
- increase awareness of the needs of special populations, such as Asian/Pacific Islanders, Latinos, youth in foster care, or young women athletes.

In 2002, the Policy Advocacy Program began a second 2-year grant cycle with 13 organizations, including 7 that had been funded during the first cycle. Organizations that had been reluctant to address the issue of teen pregnancy were replaced in the second funding cycle by organizations that were clearly committed to the theme of reducing teen pregnancy. The grantees continued to employ the strategies used by the previous cohort to increase awareness of teen pregnancy among target audiences and retained the focus on training people to be policy advocates.

Evaluation Approach

To assess the implementation and evaluation of the Policy Advocacy Program, the evaluation team regularly collected activity reports from grantees, conducted site visits and focus group meetings with grantees, surveyed grantee staff and policymakers in California, and tracked relevant policy outcomes for each grantee.

Implementation

Some grantees in both cohorts provided training to young people and adults, resulting in 434 young people and 373 adults being trained under the Policy Advocacy Program. The grantees also promoted and educated policymakers about the issue of teen pregnancy and its importance by gathering information and disseminating it in multiple formats. For example, in 2002 and 2003, Policy Advocacy Program grantees distributed almost 41,500 brochures, 4,500 flyers, 12,850 posters, 15,000 fact sheets, 53,350 policy briefs and reports, and 6,350 press releases. In addition, several grantees devoted their efforts to media campaigns. Across the two cohorts, grantees reported 1,307 contacts with state policymakers and 366 contacts with local policymakers, activities geared toward encouraging those contacted to place a high policy priority on teen pregnancy prevention.

The first cohort of Policy Advocacy Program grantees faced several unexpected challenges, both internal and external. The internal challenges (i.e., staff turnovers, recruiting participants) were manageable and eventually resolved. The external challenge was the volatile policy environment in California. The lawmakers were focused on immediate crises, such as the energy crisis and the growing budget deficit. These factors, along with the declining number of teen pregnancies in the state, made it difficult for teen pregnancy to be a top legislative priority. In spite of these challenges, the grantees had some successes, and the Foundation continued to fund a second cohort of grantees, who learned from and built on the previous experience. Three changes were apparent as the second cohort began work:

TPPI Policy Advocacy Program Grantees
Advocates for Youth***
Asian and Pacific Islanders for Reproductive Health*
Association of Children's Services Agencies*
California Alliance Concerned with School Age Parenting and Pregnancy Prevention*
California Center for Civic Participation and Youth Development***
California Coalition for Youth***
California Elected Women's Association for Education and Research**
California Family Health Council, Inc.***
California Women's Law Center*
Camp Fire USA: Orange County Council***
Center for Health Improvement, Inc.***
Hispanas Organized for Political Equality**
Latino Coalition for a Healthy California*[2]
Persephone Productions, Inc.***
Population Services International**
Public Health Institute**
Teen Pregnancy Prevention Coalition of San Mateo City**
UCSF National Center of Excellence in Women's Health*
Youth Leadership Institute**

*Funded in the first grant cycle only (2000 and 2001).
**Funded in the second grant cycle only (2002 and 2003).
***Funded in the first and second grant cycles (2000 through 2003).

- **Change in focus.** Two grantees addressed the emerging issue of emergency contraception, which was approved for use in the United States in 1999. In addition, the grantees placed more emphasis on producing dissemination materials to educate policymakers about the extent of the problem of teen pregnancy in California and workable solutions to reduce it.
- **Shift in strategy.** Collaboration was strengthened by having several networking meetings, having a grantee list-serve for information sharing, and having a shared website featuring grantee activities, information, and a clearinghouse of grantee-developed materials. Grantees worked together on specific issues, such as efforts to assure that comprehensive family life education was available to youth and that the information was medically accurate. They also shared materials, trained youth to present at briefings and conferences, and developed one common product that included a series of recommendations for policymakers.
- **Development of a framework for understanding policy change.** The framework was conceptualized as a four-stage process: issue recognition, issue prioritization, policy adoption, and policy maintenance. Issue recognition refers to making people become aware of the problem. Once a topic is recognized as an issue, it must be prioritized with sufficient importance so that people will work for change, leading to the goals of policy adoption. After a policy has been adopted, advocates work to maintain existing policies as other groups seek to alter or eliminate them. This staging framework helped grantees to understand the value of educating policymakers, while also remaining vigilant once policy "wins" were achieved.

The experiences of the two cohorts of grantees suggest several key implementation lessons:

- **Collaboration increases effectiveness.** As the first cohort of Policy Advocacy Program grantees was completing its work, they expressed regret that they had not worked together on common endeavors. The Foundation responded by organizing opportunities for networking among the second cohort of grantees. Grantees responded by working together on several efforts, so that a group of organizations representing multiple constituencies approached policymakers, instead of a single organization. Policymakers may have been more responsive because of this collaborative approach.
- **Policy change takes a long-term commitment.** Although the policy change process was begun and moved forward by the first grantee cohort, that 2-year period was often insufficient to accomplish policy adoption, affirming that it is not feasible to move to the adoption stage until the goals of the recognition and prioritization stages have been achieved.
- **In policy advancement, timing can be critical.** The time in which the Policy Advocacy Program grantees worked was not the most opportune for policy change with respect to teen sexuality. Nationally, there was strong pressure to adopt abstinence-only sex education, to the exclusion of comprehensive sexuality education that included information about contraception. At the state level, there was an ongoing fiscal crisis that made it almost impossible to adopt programs that would incur new costs. These factors seriously limited the potential for policy change during this era. In light of these realities, instead of advocating for policy changes that required new money or new policy directions, the Policy Advocacy Program grantees worked for legislation that strengthened sexuality education and increased access to family planning services.

Outcomes

The ultimate goals of the Policy Advocacy Program were to lead to policy adoption and maintenance. A survey of state senators and representatives conducted in early 2003 indicated strong support for teen pregnancy prevention policies:

- 94% supported funding teen pregnancy prevention programs sponsored by the OFP and the California Department of Education.
- 90% supported maintaining teen access to contraceptive counseling and services.
- 87% supported teen access to emergency contraception.
- 86% supported mandating age-appropriate comprehensive sex education.
- Only 38% supported mandating abstinence-only sex education.

These findings suggest that there was a receptive and supportive legislative environment for the adoption and/or maintenance of desired teen pregnancy prevention policies.

Grantees in both cycles successfully advocated for a number of policies. The first cycle of Policy Advocacy Program grantees successfully advocated for policies that expanded adolescents' access to contraceptive services, including passage of the Senate Medical Assistants Bill to increase the capacity of family planning services by allowing supervision of medical assistants in clinics by nurse practitioners and the Senate bill to allow pharmacists to prescribe emergency contraception in drugstores. The second cycle of grantees continued to successfully advocate for policies to expand adolescents' access to contraceptive services, including passage in October 2003 of Senate bills to limit the fee a pharmacist can charge for emergency contraception to $10, making it more accessible to teens, and to establish a uniform statewide protocol for its distribution.

In addition, comprehensive sexuality education was expanded at both the local and state levels; for example:

- The Teen Pregnancy Prevention Coalition of San Mateo City successfully advocated for a requirement that was implemented in fall 2004; it stipulated that ninth graders in Sequoia Union High School District receive 14 hours of comprehensive sex education taught by teachers with at least 8 hours of training.
- A Senate bill requiring that school sex education provide accurate information in an age-appropriate manner was signed into law in October 2003 and implemented in January 2004. This has been the primary law that prevents California legislators from pursuing federal abstinence-only funding.

The Policy Advocacy Program grantees also successfully advocated for the maintenance of policies, particularly in the area of comprehensive sexuality education:

- Attempts to cut the budget of state-funded Teen Pregnancy Prevention Programs were successfully thwarted in May 2003.
- The Senate bill to require the state Department of Health Services to implement abstinence-only-until-marriage programs was defeated in 2002 and 2003. More recently, advocates were able to prevent the issue from being debated by legislators by working with State Department of Health administrators.
- Locally, the Orange County Council of Camp Fire USA successfully opposed instituting an abstinence-only curriculum in the Santa Ana Unified School District in May 2003.

Grantees also advocated for policies to maintain adolescents' access to contraceptive services:

- A Senate bill to prohibit students from leaving school for confidential medical services without parental notification was successfully opposed in November 2002. A recent evaluation of four programs receiving this funding showed no impact of any of them on abstinence, reinforcing the state's decision as wise (Trenholm, et al., 2007).
- The governor's proposal to eliminate the Child Health and Disability Prevention Program was successfully opposed in 2003.

However, not all advocacy activities were successful. For example, the California Senate unanimously passed SB 977 in 2001 despite advocacy against it by the California Center for Civic Participation and Youth Development. Similarly, although that organization and the California Alliance Concerned with School Age Parenting and Pregnancy Prevention advocated to extend AB 130 in 2001, to provide Family Planning Access Care and Treatment (Family PACT) program services to low-income uninsured women up to age 65 from age 55, the bill did not make it to the Senate because of competing budget priorities.

THE PROFESSIONAL DEVELOPMENT PROGRAM

This program functioned to increase and enhance staff development opportunities for youth-serving professionals and paraprofessionals related to issues of healthy adolescent sexuality, teen pregnancy prevention, and sexually transmitted disease prevention. In June 2000, the California Family Health Council (CFHC) was awarded a grant to provide 40 professional development trainings over a 2-year period. On the basis of the positive experiences of the first 2 years, the program was extended in July 2002, for an additional 3 years. CFHC began its work by establishing a Community-Based Assistance Team as a mechanism for identifying regional needs and opportunities. Members were asked to administer needs assessments surveys in their regions to help identify regional needs and opportunities. At the same time, CFHC assembled an Adolescent Advisory Group, composed of eight adult experts on teen sexuality and reproductive health to provide input on training concepts and curricula. The two groups met in January 2001 to discuss the results of the needs assessment and make recommendations for the training curriculum.

The trainings that resulted were either hotel-based, comprehensive, full-day trainings or tailored trainings for specialized groups or individuals associated with an agency or organization. The comprehensive, full-day trainings covered (1) adult responsibility in teen pregnancy, (2) risk and resiliency, (3) youth development and sexual development, and (4) abstinence. A major objective of CFHC was to reach 1,200 youth-serving workers during the first 2 years.

Evaluation Approach

The Professional Development Program was intended to have a positive impact on the knowledge, attitudes, and behaviors of attendees. Impacts were assessed by comparing information provided by participants on self-administered questionnaires at the beginning of training with similar information provided 6 months later; almost 40% of participants completed both a pretest and a posttest during the course of the evaluation. Information on recruitment efforts and other implementation topics was provided through telephone interviews with CFHC staff and through observations of selected training sessions.

Implementation

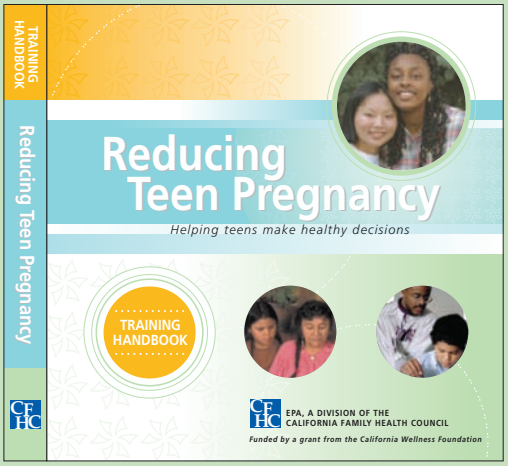
The Professional Development Program illustrates an ongoing pattern of organizational learning. For example, findings from needs assessment surveys revealed that participants had a need to learn skills, not just information, related to communicating and working effectively with teens. As a result, CFHC shifted from designing a didactic, content-heavy training session for up to 75 participants to developing a participatory, interactive training for up to 35, focusing on skill building. CFHC contracted with the Center for Health Training to write, pilot test, and revise the curriculum, called *Reducing Teen Pregnancy: Helping Teens Make Healthy Decisions.*

Similarly, in response to information gleaned from the pilot test, CFHC modified the recruitment brochure to reflect the highly interactive and participatory nature of the trainings. Brochures were then mailed to adults who provided services to teens, including juvenile justice staff, foster care providers, youth activities providers, health care providers, gay and lesbian service providers, case managers, social workers, and schools.

The training program experienced steady growth, exceeding its goal of providing 40 training sessions for 1,200 participants in its first 2 years (see exhibit 3). The third year was the most active for the program, with a total of 45 sessions serving 943 participants in 2003. A reduction to a level of activity similar to the first year was apparent in 2004.

Exhibit 3. Enrollment in Professional Development Program Training Sessions, by Year

	Type of Training		
	Comprehensive	Specialized	Number of Participants
2001	11	11	560
2002	17	20	815
2003	17	28	943
2004	11	11	505
Total	**56**	**70**	**2,823**



CFHC reached a broad cross-section of youth-serving professionals. Participants in trainings represented 53 of California's 58 counties and were ethnically diverse (46% White, 31% Latino, 11% African-American, 6% Asian/Pacific Islander, 1% Native American, 5% mixed/other). Health professionals were prominent, being 59% of participants in 2001. A goal to reach more non-health-care providers was achieved; health professionals were 33% of attendees in 2004. Overall, 46% of attendees were health professionals, 13% represented youth-serving organizations (e.g., Boys and Girls Clubs), 11% were school district staff, and the remaining 30% represented a large range of organizations (e.g., city parks and recreation workers, staff of foster care and adoption agencies, mental health workers).

Outcomes

The Professional Development Program trainings received generally high marks for social validity—the satisfaction with and value placed on the training by participants. Over the years, more than 8 in 10 participants (82%) reported that the training met their expectations, 90% said the level of training was appropriate, and almost all (99%) reported that the training materials were "helpful" or "very helpful." The mean rating for trainers' effectiveness was 4.69, where 1 was "not effective" and 5 was "very effective."

Overall, positive impacts on participants' knowledge, attitudes/perceptions, and self-reported capabilities relative to teens increased over time:

- There were no increases from pretest to posttest in the percentage of participants who answered any of eight knowledge-related survey items correctly in 2001. In contrast, statistically significant increases in the percentage giving correct responses from pretest to posttest were apparent for half the items in 2004.
- Similarly, there were no increases from pretest to posttest in participants expressing positive attitudes toward or perceptions of teens in 2001, whereas four of the five survey items showed significant improvements in 2004.
- Of 11 competencies assessed, there were significant increases in the reported levels of competence on 4 items in 2001, compared with all 11 items in 2004.

In contrast, increases from pretest to follow-up regarding the frequency of talking with teens outside their families about sexuality and pregnancy-related topics and referring teens with whom they worked for needed services were largest in the first year, although modest increases in the percentage reporting doing the behaviors "very often" occurred in 2004 for all 13 items included on the questionnaires.

THE LEADERSHIP RECOGNITION PROGRAM

The intent of this program was to publicly acknowledge outstanding efforts of youth in California communities who have contributed to preventing teen pregnancies and to provide financial support for youth who wish to pursue health careers.

In April 2001, a 2-year grant was awarded to the Health Professions Education Foundation (HPEF) to develop and implement the Leadership Recognition Program. HPEF created the Youth for Adolescent Pregnancy Prevention (YAPP) scholarship program, with the intention of providing scholarships to eight youth annually. In 2003, HPEF received a 3-year grant to award an additional 24 scholarships. The scholarships would provide up to $5,000 per year for up to 5 years for individuals who were enrolled in an academic program leading to a health professions degree or who were completing prerequisites for such a degree. To maintain a scholarship, awardees were required to remain in school and, within 6 months of graduating with a health professions degree, begin working full time providing direct patient care in a medically underserved area.

Evaluation Approach

Interviews were conducted annually to track the process of soliciting YAPP applications and awarding scholarships, data on the demographics of applicants and awardees were drawn from YAPP files, and the contents of the HPEF outreach database were summarized. Additionally, in winter 2004, telephone interviews were conducted with 15 YAPP awardees who agreed to be interviewed, out of a total of 24 awardees.

Implementation

To raise awareness of the YAPP scholarship program, a news release was issued through an electronic mailing list to Youth Radio of Oakland and to the California State Rural Health Association. Fact sheets describing the program were distributed at conferences and to phone requesters. Program application packages were distributed to youth organizations, health clinics, health career centers, schools, and phone requesters across the state. To further facilitate outreach and marketing, YAPP developed a database of organizations and individuals who had access to potential applicants. These activities generated 11 applications for scholarships that would begin in the 2002-03 school year; 6 scholarships were awarded.

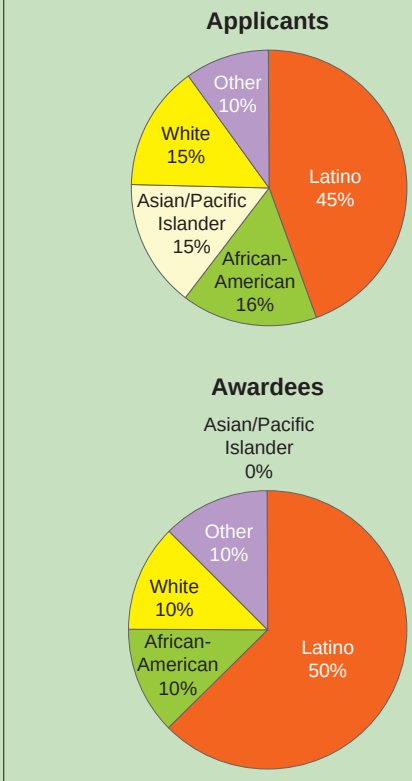
Building on that early experience and related evaluation findings, HPEF expanded outreach activities. For example, the number of organizations in the database used to distribute announcements of scholarship availability more than doubled, increasing from 880 in 2002 to 1,953 in 2004. There also was a greater effort made on the part of staff and advisory group members to make personal contacts at conferences and through other networks to raise YAPP visibility and encourage applications. Stronger connections were developed with other TPPI grantees that involved youth. The application and interview process was streamlined, and the guidelines for disbursing and using scholarship funds were clarified. Applications increased correspondingly (see exhibit 4).

The characteristics of applicants and awardees across the several cohorts of scholarship recipients demonstrate that the program has met its goal of serving a diverse group of young Californians. Applicants represented 24 of California's 58 counties, with applicants from half of those counties receiving scholarships. The average age of applicants and awardees was 19 and 20, respectively, although members of both groups were as young as 16, and about one-fifth of both groups were older than 22. The groups were ethnically diverse (see exhibit 5); about 7 in 10 were female.

Exhibit 4. Number of YAPP Applicants and Awardees, by Year

	Applicants	Awardees
2002-03	11	6
2003-04	19	10
2004-05	28	8
2005-06	18	8
2006-07	8	2

Exhibit 5. Ethnicity of YAPP Applicants and Awardees



"I work with mostly pregnant teens and get them into case management so that they don't have two and three pregnancies. Some of the teens adopt me and take to me. We inform them of the importance of school, education and getting scholarships. They can still continue their education even if they have a baby. We go over the importance to have birth control and make sure they are ready for the emotional connection of having sex.

I go back to my high school to do presentations, motivating high school students to go to college. I started a mentoring program. They can shadow me and go to college. I do that on my own whenever I have time."

—Two YAPP scholarship recipients

"It impacts [school] quite a lot, with all the reading I have to do. I had to request 2 days off [from work] a couple of weeks ago to get all my reading done. It is tough to read and keep up. I try to bring my homework to work, but it doesn't work very well."

—A YAPP awardee on the challenges of working and attending school

These experiences with soliciting YAPP applications and awarding YAPP scholarships suggest the following:

- In a state as large and diverse as California, a multifaceted outreach strategy was needed to ensure that information regarding the scholarships was readily available.
- A "personal touch" is an important element of an effective outreach strategy. The applicant pool grew markedly with the Leadership Recognition Program grantee staff and advisory panel becoming personally involved in "marketing" the YAPP program to potential applicants.

Outcomes

The intended outcome of the Leadership Recognition Program is to have scholarship recipients stay in school, earn degrees in health professions, and practice their professions after college or graduate school in medically underserved areas. Achievement of those outcomes cannot be assessed in the lifetime of the TPPI evaluation, of course. However, as of spring 2005, when evaluation data collection ended, 23 of the 24 awardees had maintained their scholarships, attending 18 colleges and universities across California; one had withdrawn from the program because of a change in career goals. All 23 were enrolled in school and planning health-related careers; while in school, many were pursuing work or volunteer activities that were related to their career goals, with 9 of 15 interview respondents continuing their work in teen pregnancy while in school.

However, interviews with awardees revealed that many faced challenges. Financial pressures and the need to work were major issues for many; working YAPP awardees averaged 25 hours a week, with some working more than 40 hours a week while attending college. Eleven of the 15 interview respondents saw money as a serious barrier to achieving their long-term goals.

A few respondents reported that they struggled with the academic demands of college. To help them rise to the level of academic proficiency demanded in college, more than half of YAPP respondents received tutoring services; a small percentage received parenting, childcare, and counseling services to help them cope with the multiple demands on their time.

Almost half of YAPP scholarship awardees reported that their family and school obligations impacted one another. Almost half the YAPP respondents interviewed lived with their families of origin, helping with daily household routines, including chores and paying bills. Three YAPP awardees commuted more than 30 minutes to school in order to continue to live with their parents. Three respondents were raising their own children in addition to attending school and working part time. Other respondents were contributing to the care of their siblings and had other responsibilities to their parents (e.g., running a family business).

To offer additional support to scholarship recipients, a Leadership Development Seminar was begun as part of the 2004 TPPI conference. All YAPP awardees were invited to attend, to give them an opportunity to learn, network, and motivate each other to continue their professional development. Nonetheless, one lesson regarding the outcomes other than might be expected from the YAPP program suggests that money may not be enough. Funding for low-income students to support their education is key; however, additional mentoring and counseling also may be necessary for a cohort of students who are likely to represent the first generation in their families to attend college.

Despite the challenges they faced, in interviews with the evaluation team, all respondents said their YAPP scholarship was playing a critical role in helping them achieve their education and career goals.

THE COMMUNITY SUPPORT PROGRAM

The Community Support Program was created to provide grants to communities that were considered not ready for a major teen pregnancy prevention effort but that could benefit from support for community development to promote healthy adolescent sexuality and effective contraceptive use. The program's goal was to increase the capacity of communities to address adolescent sexual health and teen pregnancy prevention by (1) supporting the design and development of promising pregnancy prevention programs for teens in underserved areas and (2) increasing access to, and availability of, adolescent reproductive health services in underserved areas.

In addition, all Community Support Program grantees were expected to work toward improving access to contraception for teens in their communities. The grantee also could engage in activities that addressed other important factors that contribute to teen pregnancy, through education and information, engagement activities, or efforts to generate support from adults. Nine Community Support Program grantees were awarded 3-year grants in July 2000.

Evaluation Approach

The evaluation team collected quarterly reports of activities from each grantee and interviewed grantee coordinators. Outcome data collected included matched pre/posttests to measure changes in attitudes, knowledge, and/or behavior of teens, adults, and peer educators/mentors who participated in a training or intervention; teen clinic satisfaction surveys; and exit surveys for forums, workshops, and presentations.

Implementation

The Community Support Program grantees worked to increase access to and availability of adolescent reproductive health services by building the capacity of the community, programs, and staff.

Building community capacity. To increase awareness of teen pregnancy as an issue and of the teen pregnancy-related services available in the community, grantees distributed thousands of flyers, pamphlets, brochures, outreach cards, and promotional items such as pens, pencils, and hats. These materials targeted teens, parents, and professionals. Local newspapers, school newspapers, radio, television, bus billboards, and websites were used to further increase awareness of pregnancy prevention services available to teens. For example in 2002, 8 grantees distributed materials to an estimated 102,829 people, reached an estimated 4 million through media events, and involved more than 23,000 in group events, including health education sessions in schools. As a result of the media exposure, other organizations requested that Community Support Program grantees provide services for their teen clients, and parents asked to involve their teens in activities. In addition to distribution of outreach materials and media events, the grantees also participated in local health fairs and dances and hosted a variety of presentations. In 2002, these efforts reached 11,932 teens and children, 9,754 parents and other adults, and 1,836 professionals and agency staff.

Building agency capacity. Community Support Program grantees worked to help local agencies design more effective programs and strengthen existing ones through implementing data collection to enhance programs and undertaking activities to improve the teen-friendliness of clinics. In 2002, 7 grantees conducted 13 surveys of teens, parents, staff, or professionals; conducted 14 focus groups with teens, adults, or professionals; conducted site visits or interviews with staff from other programs or teen clinics; and reviewed the literature on best teen pregnancy prevention practices.

Community Support Program Grantees[a]

- California State University, Bakersfield
- Community Health Corporation, Riverside
- Comprehensive Health Center – Action Teen Clinic, San Diego
- Delta Health Care, Stockton
- El Monte Youth Development Center
- Planned Parenthood Los Angeles
- Planned Parenthood Mar Monte
- Operation Samahan, National City
- University of California San Francisco, New Generation Health Center

[a] One grantee disbanded in 2001 because severe financial difficulties forced the lead agency to close.

A majority of the grantees reported that they used the data to design and improve programs. Surveys and focus groups with teens or adults were useful in developing curriculum and trainings. Feedback from the exit surveys highlighted areas of potential improvement for future programming. Site visits to other teen clinics and networking with school nurses for referrals also were considered to be effective strategies in improving clinic services. Additionally, the majority of Community Support Program coordinators mentioned that they used the quarterly reports prepared by the evaluation team to plan and revise their programs and interventions, give feedback to their staff, and report back to agency or other governing boards.

The teen clinics periodically conducted satisfaction surveys with varying numbers of their teen clients. Each quarter, satisfaction data were collected from every teen client at the clinics during a 1-week period. During 2002, 6 clinics submitted a total of 612 satisfaction surveys (ranging from 11 to 334 per clinic). Overall, they were very positive. For example, 98% of teens reported that they would "definitely" or "probably" recommend the clinic to a friend, which is a slight increase from the 91% reported in 2001.

Building staff capacity. Training was provided to increase staff capabilities. Topics included knowledge about adolescent development and teen pregnancy; attitudes, skills, and comfort addressing teen pregnancy issues; and awareness of services available to teens. In addition to regular staff, several grantees recruited and trained peer educators or mentors to provide services to teens. Peer educators served on youth advisory councils, conducted outreach in schools and communities, and assisted in providing teen friendly services in clinics. Evaluation findings from some training events showed that participants' knowledge and comfort in talking about teen sexuality increased, and participants reported making many more referrals of teens for family planning after training than they had before.

Increasing direct services. Each Community Support Program grantee expanded direct services to teens, most commonly family planning services and health education in schools and communities. The 7 grantees who continued reporting their activities through the end of the grant period[4] reported that more than 12,900[5] teens and 85 adults participated in group activities sponsored via their Community Support Program grants, and more than 8,350 teens made clinic visits for family planning services.

In general, many of the grantees were more successful at expanding direct services than increasing the capacity of the community. Two implementation lessons can be derived from the grantees' experiences:

- **Organizations have the tendency to do what they traditionally do and know best.** Although the Community Support Program was created to build community capacity to promote healthy adolescent sexuality and effective contraceptive use, the emphasis was on direct services. Most of the agency staff were more familiar with agency operations than with community dynamics. Agency staff members were familiar with making an agency visible in a community, training staff, and providing services.
- **The Community Support Program grantees could have benefited from technical assistance.** The focus of the program was to increase the capacity of communities and agencies, but most agency staff were unfamiliar with the best practices for doing that. Some of the technical assistance strategies that were provided to the Community Action Program grantees (see next section) may also have been useful to Community Support Program grantees.

[4] One grantee quit reporting activities in March 2003, although funding continued until June; information on this program is not included here.

[5] These are not unduplicated counts.

Outcomes

The goal of the Community Support Program was to increase the capacity of communities to address adolescent sexual health and teen pregnancy prevention. Communities served by the grantee programs experienced some positive outcomes. Four grantees that provided an educational curriculum to teens and collected pretest/posttest evaluation data showed gains in knowledge about adolescent sexuality and contraception. In addition, births to teens declined in the Community Support Program communities slightly more than in the state as a whole. Between 1999 and 2003, when the grants ended, births to teens in zip code areas served by grantee agencies declined by 5.52 births per 1,000 females ages 12 to 17, a 27% decline. In contrast, statewide rates declined by 3.79 births, a 15% decline. However, between 2003 and 2004, when Community Support Program grantees were seeking to sustain their activities but only partially succeeding, births to teens in these communities actually increased.

THE COMMUNITY ACTION PROGRAM

Community Action Program grantees were funded to design and implement a combination of direct service and community mobilization activities to create unique and effective responses to teen pregnancy. In December 1996, TCWF issued a Request for Proposals to the 82 hot spot communities identified through work conducted as part of the Research Component (Gould, et al., 1996). Thirty-two communities responded with applications, of which seven communities were awarded 18-month planning grants in 1997.

The planning phase was a learning process for both the collaborating agencies and the community. All Community Action Program grantees submitted action plans—the expected product of the planning phase—but they were uneven in quality and continued work on them was required in some communities after the planning period. Although the planning period was framed as a time for "thinking outside the box," the goal was particularly difficult to achieve; plans in some communities included fairly traditional approaches rather than innovative strategies unique to each community. Further, although grantees were successful in engaging diverse segments of their communities in planning, gaining the cooperation and involvement of the business and faith communities and the schools was illusive (and continued to be in several communities during implementation).

At the end of the planning process, all seven grantees received a 3-year implementation grant, which began in January 1999. Each grantee created programs for teen pregnancy specific to their community. However, two[6] grantees did not successfully complete their grants. The following is a brief description of the five grantees that completed the grant.

Hollywood. The Children's Hospital of Los Angeles began its Community Action Program work with a focus in the "Yucca Corridor," a predominantly Latino area near the Hollywood business district, but expanded its Hollywood Teen Community Project (HTCP) to include most of the 90028 zip code. HTCP staff continuity was consistent, as was the direct involvement of lead agency administrators, and HTCP appears to make the transition between funding cycles smoothly.

In 2000, community teens, in collaboration with business and school volunteers, started the magazine, *Unity*, which featured teen pregnancy prevention articles. HTCP worked with Planned Parenthood LA (PPLA) to identify, train, and support adult residents as *promotoras* to provide home visits and make presentations on healthy sexuality and teen pregnancy prevention. The HTCP staff also maintained a relationship with Hollywood High School, where they worked to make the staff more "teen friendly," the school-based health clinic more accessible to teens, and the sexuality education curriculum more comprehensive. However, the loss of supportive teachers and an increased academic focus limited what HTCP was able to achieve. As a result, HTCP redirected its focus to building the capacity of partner organizations to provide more teen-friendly services.

Children's Hospital underwent several changes as a result of sponsoring HTCP. Not only were teens hired, but a teen advisory board was formed to support youth employees. The Hospital has adopted the strategy of assessing community viewpoints and maintaining community input beyond the life of this Initiative.

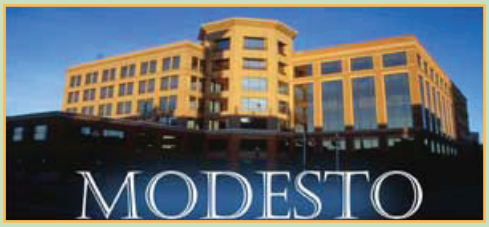
Madera. Madera's Community in Action (CIA) program focused on the Pan American area of Madera, a predominantly Latino community. During the life of the grant, the community changed, in that significantly fewer teens were in school (87% in 1999 vs. 78% in 2003) and fewer households received Food Stamps (40% vs. 31%). The people in the community had a history of working together to make the community a better place.

[6] Grantees that did not complete their grants were Indio-Fuerza Unida and Los Angeles Project SOAR (Supporting Options for Adolescent Responsibility).

The lead agency, Darin M. Camarena Health Center Project promoted Community Action Program goals through enhanced relationships with several public service departments and community-based organizations. In 2001, CIA shifted its emphasis to building relationships with local organizations. Working with the Community Partnership for Youth and using small grants to leverage support, a number of community-based efforts were begun. The Community Partnership for Youth was primarily a networking venue for social service organizations. CIA focused on engaging partners, assessing their needs, and providing technical assistance. CIA also collaborated with the faith community to offer school-wide assemblies that focused on positive life options and decisionmaking.

Toward the conclusion of the grant, relationships with the schools improved and CIA was able to support TeenSMART in middle school biology classes, Teen Outreach in an after-school program, and weekly family planning education in the high schools and alternative schools. CIA also funded production of a resource journal at a high school. The school embraced the journal, promoted it to students, and augmented the funding. At the same school, CIA was able to support a teen parenting center that provided information and support to prevent second pregnancies. Enhancing Community Health Outcomes grants were given to teachers to support greater approachability to teens.

Modesto. Teen Life Challenge (TLC) focused on the West Modesto community. Although that community, as a whole, was the most diverse of the Community Action Program communities (35% Latino, 31% White, 25% Asian, and 8% African-American), the teen population was heavily Latino. West Modesto's ethnic groups were fairly segregated from one another, which presented challenges to the group; staff reported that the project was allowed to do business on "our side of the tracks" as long as it did not affect the larger community. Also, the leadership of TLC initially was largely African-American, although they were the smallest of the ethnic groups in the area.



TLC had some instability in its organizational sponsorship. The Center for Human Services acted as the lead agency during the Community Action Program planning phase, but the West Modesto King Kennedy Neighborhood Collaborative became the lead agency when the project moved to implementation. However, its tenure with the Collaborative was short-lived, in part, because local teens did not come to the clinic (reportedly due to cramped space and the presence of many adult staff from other organizations). In 2001, the California Rural Legal Assistance Foundation (CRLAF) became the lead agency. TLC moved from the Collaborative offices to larger space at CRLAF on the boundary of the community. Some members of the Collaborative remained involved with TLC, but the Collaborative itself withdrew from active participation, leading to less involvement from the faith community. The leadership shifted from being primarily African-American to being primarily Latino.

TLC established several programs in the community. In 2002, TLC collaborated with the County Public Health Department to establish the Shade Tree Clinic, a public health clinic in the community. TLC emphasized involving teens in its program, including a teen-produced cable television program. Youth opportunities were expanded through a new public health clinic. TLC was involved in promoting this center and supervised and supported the peer educators employed in the clinic. TLC youth were well known throughout the community and were called on for projects, including an STI screening project sponsored by the health department. TLC created the B-Bag Program, which distributed condoms through local business establishments. Many of these businesses also displayed educational materials promoting teen pregnancy prevention.

TLC maintained good relationships with the local school administrators and worked on stricter implementation and enforcement of an existing comprehensive sexuality education curriculum—a process challenged by conservative educators and board administrators.

Oceanside. Every Teen Counts (ETC) focused on the Eastside and Crown Heights neighborhoods of Oceanside, serving predominantly Latinos. Vista Community Clinic, the lead agency for ETC, provided comprehensive health services in North San Diego County. ETC made initial efforts to partner with other organizations and involve community residents:

- The Vista Community Clinic's Auxiliary Group used retired volunteers as liaisons between the project and various community sectors.
- Incentives and childcare were used to attract residents to project events.
- In collaboration with approximately 20 small businesses, a condom distribution program was initiated and coordinated by two community liaisons who also maintained involvement of a core group of residents.
- Attempts were made to work with a local church, the local Planned Parenthood affiliate, the county health department, and the Americanization and Chavez Centers.

When these efforts were not as fruitful as anticipated, the Vista Community Clinic and ETC returned to a focus on providing clinic services.

In 2000, Vista Community Clinic created a teen-run clinic two blocks from the local high school. The clinic was supported by community decisionmakers, successfully attracted a teen clientele, and provided work experience for peer educators. Approximately 300 teens visit each month, primarily for pregnancy tests, STI checks, contraception, and related services. ETC used a teen-friendliness assessment it had developed to evaluate and improve services at its main health center in Vista and at other satellites. In collaboration with the California Family Health Council, ETC provided teen-friendliness and sexuality training to staff within those centers, and a teen-friendliness orientation program was developed for new employees.

A collaborative relationship was established with Oceanside High School's Health Academy, which provides middle and high school students with information and practical experience in the health professions. In 2002, the Academy began to offer internships at the teen center, which enhanced the Academy's ability to prepare students and provided the clinic with a steady stream of personnel.

Richmond. The Amandela Project was located on the south side of Richmond, an industrial city at the northern end of the San Francisco Bay Area. The project covered four contiguous neighborhoods; Cortez-Stege, Laurel Park, Eastshore, and Park View. The area was comprised of several housing developments. As the project began, 86% of teens in the area were African-American, a demographic different from that of any other Community Action Program grantee.

Bay Area Community Resources (BACR), a nonprofit social service agency with more than 20 years of experience working with diverse communities in the Bay Area, was the lead agency. The Gateway Project was the local BACR affiliate, with more than 10 years of experience in the Community Action Program community. It had a multicultural, multilingual staff, of which a substantial number lived, or had lived, in the community.

The Amandela Project quickly established programs that it provided directly or in collaboration with other community partners, through which the Amandela Project was able to increase awareness of the need for teen pregnancy prevention among service providers and begin capacity-building activities, including the following:

- The Teen Outreach Program was begun in a number of middle schools.
- Parent facilitators were trained to lead parent education workshops.
- A Contraceptive Outreach Peer Education program was initiated in collaboration with the YMCA; it trained teen peer educators to do outreach and provide contraceptive access to other youth.

- Through Dialogue Nights, the Amandela Project provided a community forum for enhancing communication between parents and their children.
- With Planned Parenthood, the Amandela Project worked on ways to increase access to expanded reproductive health services for young people.

Despite these accomplishments, in 2001 and 2002, tensions developed between the Amandela Project and its parent organization, BACR. The co-managers of the Amandela Project left, the offices within the community were closed, existing programs ceased operations, and the name of the project was dropped. These changes caused major disruptions in service delivery and program operation, from which the project never fully recovered.

In 2003, BACR refocused its attention on providing informational services through the schools, an area in which it had experience. A BACR administrator was assigned to coordinate the project, and AmeriCorps volunteers were recruited as staff. In addition, BACR worked with the County Public Health Department to establish the Teen Age Program (TAP) in several high schools. TAP was a school-based peer education and condom distribution program. BACR also established its own peer education program. Peer educators were paid a stipend and trained to conduct educational workshops in schools and community centers. However, a lack of follow through was reported, as the peer educators had few opportunities to conduct the workshops for which they had been trained. The program was disbanded.

An attempt was made to reestablish the educational portion of the Teen Outreach Program in two middle schools. However, the service component, which is essential to the success of Teen Outreach, was not developed.

Evaluation Approach

To assess the progress and evaluation of the Community Action Program, activity reports were submitted by grantees to the evaluation team quarterly reports, and data were obtained from several groups in the community, including family planning clinics, the school systems, and program participants. Data collection methods included interviews, questionnaires, both one-time and pre- and post surveys, and site visits. Finally, equivalent zip code areas were selected as comparisons for the Community Action Program neighborhoods to gauge the impact of the TPPI on family planning service use and birth rates for teens. Areas were matched on the basis of total population; percentages rural, African-American, Latino, and ages 12 through 17; median age and household income; and geographic location. For these zip code areas, family planning usage and birth rate data were tracked, using data from California Vital Statistics and unpublished MediCal claims reports.

In addition, to provide a thorough picture of the communities in which Community Action Program work took place and to monitor changes in the Community Action Program neighborhoods, the evaluation team conducted community surveys in each neighborhood twice, in 1999 and 2003. Each year, two surveys were conducted (1) a survey about sexuality education and, (2) a survey of family planning providers. In 1999, 2,154 randomly selected teens and their parents were surveyed from the five Community Action Program grantee neighborhoods/communities that remained in the Initiative. In 2003, the surveys were repeated in the same communities, reaching 1,561 teens and caregivers; findings can be considered representative of the neighborhoods and communities.

Implementation

This section highlights the activities of the five Community Action Program grantees and the overall implementation lessons from their experiences. Exhibit 6 offers a "thumbnail sketch" of each grantee, their accomplishments and challenges.

Exhibit 6. Community Action Program Grantees at a Glance		
Strategies	**Accomplishments**	**Challenges**
Hollywood (HTCP)		
Training partner staff; publishing magazine; coordinating health service providers; maintaining partner and resident relationships and input; condom distribution; public education.	Community health services committee; training adults and teens who are now employed; good response to community needs; continued publication of magazine; creation of a youth support committee by hospital.	Mobile community; budget cuts resulting in loss of school clinic; lack of success in changing school sex education curriculum; low engagement of business and faith communities; getting community to work with younger children.
Madera (CIA)		
Supporting partners with funds and technical assistance aimed at capacity building.	Development of a partner-responsive model; maintaining the pregnancy prevention issue at forefront through partnerships.	Conservative environment; difficulty working with schools; large migrant population that has not yet been involved extensively.
Modesto (TLC)		
Training teens and partner staff; advocacy in community; improving teen friendliness of services in the community; condom distribution.	Maintaining good partnerships; institutionalizing cable TV program; updating and implementing a more comprehensive school health program; B-Bag condom distribution program; creation of new youth development organization; training teens.	Difficulty involving community adults; other community priorities besides teen pregnancy; tolerance of services for low-income teens but high segregation; more service needed by migrant community.
Oceanside (ETC)		
Operating a peer provider clinic; institutionalizing changes within the lead agency relative to teen friendliness of all clinics; educating the field on how to run such clinics.	Establishing a highly visible peer-operated teen clinic; increasing community tolerance of these services; training teens who may choose health careers.	Conservative community environment; position as health care provider in community that makes it difficult for project to take leadership role among competitors; engagement of community adults; mobility of newly arrived immigrants.
Richmond (BACR)		
Teen Outreach Program (TOP); Teen Age Program (TAP); Peer Education Program; condom distribution.	Using AmeriCorps volunteers; condom distribution in schools; formalizing TAP in schools; partial implementation of TOP in schools; strong core group of peer educators.	Staff, name, and location changes for project; young, white, female staff from outside the target area; conflict within organization.

Overall, the five Community Action Program grantees conducted a wide range of activities, distributed numerous materials, and expanded existing adolescent reproductive health services. Exhibits 7 and 8 summarize these activities from 2000 through 2003.

The five Community Action Program grantees' projects and service areas were very different from one another; yet, they shared some common experiences and lessons in the implementation process. The evaluation team identified four key implementation lessons learned:

- **Turnover within agencies made it difficult to sustain capacity that was developed through technical assistance and implementation experience.** Throughout the Initiative, Community Action Program grantees were confronted with the loss of staff, and project directors were generally young people with limited experience. Grantee agencies might have benefited from exploring a variety of approaches to sustaining organizational capacity over time.
- **Engaging community residents and sustaining their involvement was not easy and may not have been necessary.** Agencies that serve low-income neighborhoods are largely staffed by people who live outside the community. Their socioeconomic status and ethnicity often are different from that of most of the people who live there. As much as they are concerned with the issues that have an impact on the community, they are outsiders, a fact which can create barriers to engaging residents. Additionally, many residents of the communities in which Community Action Program grantees operated were occupied with survival issues. Others were transient, moving through the neighborhood on the way to somewhere else. In the 2003 community survey, an average of 43% of the residents had lived in the neighborhood for fewer than 5 years. Still others were extremely distrustful and largely avoided contact with others, especially within an agency context. Although most grantees made serious attempts to engage community residents, most efforts failed over the long run or required too much effort to sustain.
- **It was easier to create new programs than to change systems.** In initiating new programs in their communities, the nonprofit service organizations that were lead agencies for the Community Action Program grantees were most successful working with other similar organizations. Shared interests and organizational processes and structures facilitated collaboration in offering programs and opportunities for lead agencies to share expertise through technical assistance to other nonprofit service agency partners. With other kinds of organizations, particularly schools and faith-based organizations, efforts to develop new, cross-system relationships often were less successful. These experiences suggest that nonprofit service agencies encounter reluctance, lack of knowledge or skill, disincentives, or barriers that work against significant change in collaborative relationships.
- **The choice of lead agency was critical, but identifying an appropriate agency was not easy.** Lead agencies for two grantees left the Initiative because they were not strong enough to carry out the work. Two others ceased working with the community and focused on work they knew how to do. Although it is clear that these agencies were not able to carry out a Community Action Program, it is difficult to identify agency characteristics that could guide other initiatives in selecting lead agencies with greater potential. The agencies were experienced, of adequate size, and had a history of working within the communities. It would appear that changes within the organizations that occurred after the grants began impacted the success of the Community Action Program grantees' activities.

Exhibit 7. Community Action Program Grantees' Activities, by Year

Activity	2000		2001		2002		2003	
	n	%	n	%	n	%	n	%
One-time events	273	12	369	4	230	10	451[a]	19
Ongoing groups	223	10	155	6	121	5	82	4
Meetings with staff or the core group	582	25	541	20	346	15	295	13
Meetings with outside organizations	747	33	1,161	43	977	43	1,167	50
Meetings with TPPI consultants and support grantees	297	13	258	10	385	17	222	9
Media releases or events	163	7	195	7	230	10	108	5
Other events	2	0	2	0	0	0	0	0
Total	**2,287**	**100**	**2,680**	**100**	**2,289**	**100**	**2,325[b]**	**100**

[a] There were 451 single vents recorded on the monthly activity forms; however, supporting single event logs were received for 273 single events in 2003.

[b] December data were unavailable from Richmond in 2003.

Exhibit 8. Community Action Program Grantees' Outreach and Service Delivery, by Year

Activity	2000	2001	2002	2003
Individual outreach with teens and adults	16,166	33,991	29,552	29,568
Delivery of direct one-to-one services to community residents	2,195	3,391	4,114	7,421
Number distributed:				
Condoms	28,000+	120,000+	95,000+	98,000+
Press releases	139	106	274	3
Flyers	83,000+	35,000+	45,000+	28,000+
Videos	3	6	75	14
Pamphlets	12,000+	18,000+	8,000+	10,000+
Other materials	30,000	48,000	31,000	45,000+

Outcomes

Despite their differences, there is evidence to suggest that Community Action Program grantees shared some common successes in reducing teen birth rates and increasing teen pregnancy awareness in the community. Results of community surveys in Community Action Program neighborhoods suggest the following:

- **Mobility rates were high among sexually active teenage girls.** In 2003, 45% of the sexually active females in Community Action Program service areas reported that they had lived in the community for fewer than 5 years, with 21% reporting living in the community 1 year or less.
- **Teens and their parents became more aware of how to access reproductive health services in their communities.** Compared with 1999, in 2003, adults in Community Action Program neighborhoods were more likely to know of a place where they could learn about teen sex and sexuality, learn how to talk with their kids about sex, and obtain contraceptives or birth control. Compared with 1999, teens in those service areas in 2003 were more likely to know of a place where condoms were handed out free to anyone who wanted them.
- **Sexually active teen girls in these communities were less likely to become pregnant in 2003 than in 1999.** In 1999, half of the sexually active females in Community Action Program service areas reported that they had been pregnant. In 2003, this rate had dropped to 37%.

Comparisons of family planning service use and births to teens in Community Action Program and comparison zip code areas indicate the following:

- **Sexually active teen girls living in Community Action Program service areas increased their use of family planning services more than did similar teens in similar communities.** In 1999, as the grantees were beginning their work, there was an average of 101 visits to family planning clinics per 1,000 females ages 12 through 17. In comparison communities, the average was 61.4. So initially, teen females in Community Action Program communities made greater use of family planning services. Use of family planning clinics increased between 1999 and 2004 in both Community Action Program and comparison communities. In grantee communities, use of family planning clinics increased to an average of 137 visits per 1,000 females ages 12 through 17, whereas in comparison communities, the average increased to 78.6. This translates to a 36% increase in Community Action Program service areas and a 17% increase in comparison sites. Thus, the increases in the Community Action Program neighborhoods were more than twice the increase in comparison sites.
- **Births to teens decreased more in Community Action Program neighborhoods than in other hot spot communities or statewide.** As a whole, Community Action Program service areas experienced decreases in teen birth rates (see exhibit 9). The number of births per 1,000 females ages 12 through 17 in Community Action Program sites decreased an average of 9.8 births per 1,000 compared with a decrease of 8.3 in hot spot communities and 4.42 births per 1,000 in California as a whole. This amounts to a decline of nearly 39% in Community Action Program neighborhoods, compared with 26% and 30% in comparable hot spot communities and the state as a whole.

It is clear that each Community Action Program grantee implemented a unique combination of programs and activities, and that each experienced a range of success. For a closer look at teen birth rate differences, the evaluation compared each of the Community Action Program areas to a matched area based on zip code demographics. Since 1999, three Community Action Program service areas experienced greater percentage declines in their teen birth rates than their

Exhibit 9. Changes in Teen Births Per 1,000 Females Ages 12 through 17

	Change in number, 1999 to 2004	Change in percentage, 1999 to 2004
Community Action Program service areas	-9.80	-39.0%
Hot Spot areas	-8.30	-26.3
Statewide[a]	-4.42	-29.6

[a] Zip code areas with fewer than five teen births in 2003 or containing missing data in any year from 1997 to 2004 were excluded from the calculation of the statewide birth rates and percentage change.

comparison communities. Modesto had the highest teen birth rate of all grantee communities in 1999 (37.7 births per 1,000 females ages 12 through 17) and experienced the largest decline from 1999 through 2004—51%, compared with 33% in the comparison sites. The biggest difference between the Community Action Program and comparison sites occurred in Oceanside, where a 36% drop in teen births was evident from 1999 to 2004, compared with a 15% drop in the comparison sites. A decline of 23% was noted in Madera, compared with a decline of 9% in the comparison sites. However, despite the notable decline, Madera was the only site to have a teen birth rate of more than 20 per 1,000 teen females (25.5).

Hollywood had the lowest birth rate in 1999 of the Community Action Program areas (15.4), and a large decline in teen births there (49%) resulted in that community also having the lowest birth rate in 2004, 7.9 births per 1,000 teen females ages 12 through 17. However, the percentage decline in Hollywood was smaller than occurred in the comparison sites (59%). Richmond experienced a 37% decline in its birth rate, which did not keep pace with the decline in its comparison sites (48%).

TECHNICAL ASSISTANCE TO COMMUNITY ACTION PROGRAM GRANTEES

Technical assistance (TA) was provided to Community Action Program grantees to increase their chances of successfully addressing the target issue. Cornerstone Consulting was awarded a grant in January 1997 to be the TA provider. As the grantees evolved over time, the focus of the TA also changed from an emphasis on planning to eventually a focus on sustainability.

Evaluation Approach

The effectiveness of the TA was assessed through annual surveys of Community Action Program grantee staff, feedback on evaluation workshops and training offered by the TA team, and documentation of the activities of the TA team members.

Implementation

TA first was provided to the Community Action Program grantees during their planning phase to help them develop action plans that incorporated best practices in teen pregnancy prevention. The TA provider worked to ensure that the grantees had an accurate understanding of the parameters of the Initiative and the requirements for success. TA initially was provided through group events, site-specific activities, and the dissemination of resources. Three workshops were held during the first year to clarify the goals of the Initiative, to expose grantees to best practices that could be used in their communities, and to focus on moving from the planning stage to implementation. During the same time, the TA team held monthly TA meetings with Community Action Program grantee coordinators, made four to six site visits to each Community Action Program site, and convened weekly phone calls with each grantee coordinator. To make resources available to the grantees, the TA team produced a newsletter, three issue briefs, and developed a website for use by the grantees.

In the second year of TA, the team held three coordinator meetings and five workshops. The latter covered sexuality education in the schools and contraceptive technologies. The TA team made site visits to each of the Community Action Program sites as well as other visits to provide special assistance or training.

In 2001, the TA approach shifted from workshops to Learning Circles, a more participatory learning style, with the TA team and grantee staff sharing responsibility for defining topics and generating approaches to issues raised. Learning Circles focused on collaboration, management, and staffing; making presentations to the Foundation, explaining progress to date, and understanding the RFP process; assistance with proposals; and collaborations and working with the faith community. The TA team also provided issue briefs on best practices and working with the faith community and handouts on collaborations and staffing issues. The TA strategy continued to emphasize Learning Circles in 2002. Three Learning Circles focused on Policy Advocacy Program in collaboration with the Public Education Program grantee, contraceptive access, and adult communication with teens around issues of sexuality in collaboration with the California Family Health Council.

In 2003, technical assistance shifted attention to issues of sustainability. Learning Circles focused on identifying program elements that would be sustainable after funding ended, reinforcing staff stability to sustain program operations, and strengthening and developing partnerships with other community organizations to sustain best practices to prevent teen pregnancies.

Valuable lessons have been learned from the experience of providing technical assistance to the Community Action Program grantees:

- **Technical assistance had to meet different needs throughout the life of the Initiative.** As Community Action Program grantees were beginning their work, TA focused on implementation issues. Technical assistance then focused on best practices, informing and training grantees in the more promising methodologies they might use. As the grantees matured and began to reach the end of the grant period, TA turned to issues of sustainability.
- **Technical assistance had to be both proactive and responsive to the desires of grantees.** The TA team was responsible for grantees implementing many of the programs they sponsored. For example, many of the Community Action Program grantees developed Teen Outreach Programs and condom distribution programs, which they learned about through early TA workshops. However, without ongoing technical support and consideration of longer-term sustainability, many of these "proactive" efforts were either not fully operationalized or dissipated soon after the completion of the Initiative. Introducing best practices to the grantees required both challenging groups to incorporate evidence-based interventions and taking into account whether the infrastructure was in place to sustain and integrate these efforts within mainstream agencies.
- **It was important to distinguish the role of TA from that of the Foundation.** There were occasions when the Community Action Program grantees thought the TA team spoke for the Foundation. Suggestions were taken to be directives. At other times, TA staff were perceived to be Foundation project officers, there to check on the quality of their work. These confusions decreased the effectiveness of TA because grantees sometimes focused more on creating a positive impression than on building capacity and solving problems.

Outcomes

Surveys of Community Action Program grantee staff suggest a growing appreciation of the role of TA over time. The percentage who found site visits by the TA team "very useful" increased from 21% the first year to 91% the second year, and the percentage who found regular coordinator meetings "useful" increased from 38% to 56%. The percentage of grantee staff who reported that TA had contributed "a lot" to their work during the year rebounded to more than three-fifths of those surveyed. The TA team lost a staff member in 2000 who provided much of the TA to grantees. Perhaps for that reason, the percentage of grantee staff who reported that TA had contributed significantly to their work declined from 65% to 32% from 1999 to 2000.

THE COMMUNITY ACCESS PROGRAM

The Community Access Program supported the Peer Provider Program model developed by the California Family Health Council (CFHC). The Peer Provider Program is an outreach and service delivery model in which young adults provide individual and group outreach to teens, and adolescent staff provide clinic reproductive health services to their peers. The model includes the following:

- **Teen-centered care**, emphasizing low- or no-cost services to teens in a nonjudgmental, teen-centered, confidential environment.
- **Adolescent staff**, referred to as peer providers, who work as family planning staff and deliver nonmedical family planning services directly to adolescents.
- **Designated peer provider clinic hours**—a minimum of 8 hours per week during which peer providers serve male and female teen clients.
- **A teen supervisor** who coordinates family planning and outreach services for teen clients.
- **A male client focus** in providing services to teen males in both outreach and clinic settings.
- **A teen telephone line**, answered by peer providers, which allows teens to ask questions, schedule appointments, and obtain referrals to other services.
- **Telephone follow-up** to remind teens of follow-up appointments, report lab results, and check-in with clients.
- **A teen advisory committee** to be a resource for identifying future clinic staff members and providing input for development of services.
- **Outreach** both through individual contacts and in community settings.

Funding was provided at the end of 2001 to administer and monitor the Peer Provider Program in three clinics that already had the program as well as five additional clinics. The goals of the program were to increase the number of teens receiving services through the use of teen-focused services at eight clinic sites using the model, to create two Peer Provider Program model-related publications, and to implement two new *Strategies for Teen Service*s statewide workshops for nonparticipating clinics.

The decision to incorporate the Community Access Program into the Initiative was made on the basis of the positive results obtained from the Foundation's original investment in the model and its evaluation by the University of California San Francisco between 1996 and 2000.

TPPI Community Access Program Grantees

Valley Community Clinic in North Hollywood,
EOC Health Services in San Luis Obispo,
Vista Community Clinic in Oceanside,
Butte County Department of Public Health,
Family Health Centers of San Diego,
San Diego Family Care,
Planned Parenthood of Orange and San Bernardino Counties,
and Stanislaus County Health Services Agency

Evaluation Approach

The effectiveness of this component was examined by using service data provided by each clinic, survey data collected from clinic patients, and by tracking returned visits and composition of clinic population. In 2004, CFHC provided intake and follow-up client data from the eight clinics or agencies to the evaluation team for 2002 through 2004.

Implementation

By fall 2002, a draft of the manual had been completed. There were a total of 10,150 client visits documented through intake surveys between 2002 and 2004, with more than half of the clinic visits occurring in the Vista and Stanislaus clinics.

To help understand teen clients, CFHC collected self-administered questionnaires from their teen patients in the eight clinics. On average, about 14% of clinic patients were male, and almost half were Latino. Their average age was about 17, and most had heard about the clinics from friends. Although girls were most likely to come to the clinics for contraceptive supplies, young men were

"During the past year, our clinic has embraced peer providers. Many of the adult clinic workers have stated that the youth are a joy to work with. In fact, many of the adult employees want their children to be peer providers."

—Staff member of a Peer Provider Clinic

most likely to come for STI testing. Most of those surveyed said they did not have any trouble getting to the clinic, although a few mentioned that transportation was an issue.

Nine out of ten of the young people surveyed denied having problems in their lives, although about 10% confessed to conflicts with parents. Only a few wanted to be pregnant as teens, although more than 20% were born to teen mothers.

Ninety-two percent of those who came to the clinics were sexually experienced, and about two-thirds had had oral sex in addition to vaginal intercourse. More than 40% of the boys and more than 20% of the girls admitted that they were under the influence of alcohol or drugs at least some of the time when they had sex. Although almost all of those surveyed had used condoms at some time, more than half also had used withdrawal for protection. More than 20% of the girls had used birth control injections, and almost half had used birth control pills. Less than half used condoms every time they had sex.

Overall, it appears that the clinics were attracting young people at risk of unintended pregnancy and/or STIs.

Outcomes

Some positive outcomes were achieved as a result of Peer Provider Program clinics.

The number of teens using reproductive health care services in Peer Provider Program clinics increased. Between 2002 and 2004 the Peer Provider Program clinics included in the Initiative demonstrated a 29% increase in the percentage of teens using family planning services. Although the average Peer Provider Program clinic increased the number of teens served by 29%, some clinics gained substantially more than this (growth rates of 703% and 351% were observed), whereas other clinics actually declined by as much as 79%. This difference may have to do with the implementation of the model, or it may have resulted from other factors that were going on in those clinics (e.g., resource or staffing shifts). About a third (36%) of the teen clients made a return visit to the clinics.

The Peer Provider Program is especially effective in attracting males into reproductive health care services. The number of male clients at Peer Provider Program clinics grew faster (34%) than the number of females (20%), until they comprised 15% of first-time clinic visitors.

Some Peer Provider Program clinics appear to be effective in increasing overall family planning clinic visits in their communities, and their presence is associated with reductions in teen birth rates. In two of the three clinics for which data are available, family planning visits have increased faster than in comparable zip codes, and teen birth rates are showing greater declines than in comparison communities. It is unclear why this result does not appear for all three clinics.

EVALUATION

Each previous section described the evaluation activities undertaken to describe the implementation and assess the outcomes of each TPPI program. The evaluation team also evaluated itself, through surveys gathered from Community Action Program, Community Support Program, and Policy Advocacy Program grantees, on the effectiveness of the support provided. A Community Support Program grantee survey was conducted in 2001 and Community Action Program grantee surveys were conducted in 2000, 2002, and 2003. Policy Advocacy Program grantees were asked to evaluate the evaluation team's effectiveness in communicating evaluation requirements and a grantee list-serve and website that the evaluation team developed. These evaluations of the evaluators essentially assessed how useful the information produced by the evaluators was to TPPI grantees. Results demonstrate the following:

- **The TPPI evaluation appears to have played a role in providing timely feedback to grantees, supporting their efforts to improve their programs.** For example, Community Action Program grantees used their evaluation information to modify their strategies, as did CFHC in its Professional Development Program trainings, including their content and target audiences. Specific information provided to the Public Education Program team also contributed to their program adaptations; evaluation feedback to the Policy Advocacy Program grantees also has been used to help shape the policy interventions they pursued. Yet, many grantees reported that they would have liked even more access to evaluation information so that they could have used it in planning for sustainability.
- **In spite of careful documentation, it is likely that the evaluation undercounted the outcomes of the Initiative.** A number of additional outcomes were likely reached through the "spheres of influence" those reached directly throughout the Initiative (e.g., Leadership Recognition Program awardees influencing their friends and other family members as they go to college, youth peer providers helping both their formal and informal clients, adult participants in Professional Development Program trainings carrying their experience back to their home organizations, California influencing other states interested in implementing more comprehensive efforts, etc.). These "spheres of influence" are likely to produce multiplier effects whose documentation were beyond the scope of the evaluation.

A number of additional outcomes were likely reached through the "spheres of influence" of those reached directly...

In the 10-year process of evaluating the TPPI and providing information to Initiative grantees for formative evaluation purposes and to TCWF for both formative and summative purposes, the evaluation team had some insights on the several challenges involved in evaluating a multifaceted initiative such as the TPPI; two challenges were primary. The first was capturing the "synergy" or "initiative-wide" impacts of the Foundation's efforts. Although it was fairly straightforward to measure the outcomes of any given TPPI program or component, measuring whether the entire Initiative produced outcomes greater than the sum of its components was more difficult.

The second major challenge was attribution of outcomes to the Initiative. Although teen pregnancy rates dropped in California during the course of the Initiative, even more than in other states, it is not possible to know how much the Initiative was responsible for this achievement. In a traditional case of program evaluation, the goals are to measure outcomes and to be able to attribute changes in them to the program being evaluated with some assurance of the direct link between the two. However, an initiative is not a program, and clear attribution of outcomes to an initiative or to particular parts of one is unlikely or perhaps even an unreasonable expectation. Thus, initiatives of this magnitude and scale, which virtually preclude experimental design, must be approached from the beginning with acceptance of this lower level of certainty about what will be known in the end.

Other lessons learned during this evaluation include the following:

- **Evaluation of a multipronged initiative is important in helping to capture and document the variety of activities that were implemented.** Evaluation can be an expensive, but worthwhile addition to an initiative. Evaluation findings can inform development of initiative programs, help shape funding strategies, and contribute to developments in evaluation methodology and the substantive field of an initiative.
- **A multidisciplinary team that is experienced in both conducting evaluations and in content expertise can provide a more nuanced approach to evaluation.** The evaluation team was turned to for design and technical expertise, but also for members' knowledge of policy and best practices in teen pregnancy prevention. Being able to respond informatively in both arenas increased the credibility of the evaluation.
- **Assuring a positive legacy among Initiative grantees regarding evaluation is an important goal.** Actively engaging community members in collecting information, in acting as site-liaisons, and in other roles is a key strategy for assuring that evaluation is seen as a valuable activity, as funders increasingly require stronger documentation on both process and outcomes.
- **Feedback to grantees is critical.** Individual grantee evaluation reports and site visits by evaluation team members are important tools to help programs continue to improve over the length of an initiative. Many of the communities needed guidance in how to use evaluation findings so that a "rapid cycle of quality improvement" could be implemented. Still, even with available data, many grantees could not readily change their strategies.
- **A variety of quantitative and qualitative approaches are needed to capture the accomplishments and the stories of an initiative.** The multiplicity of strategies and components that were implemented in the TPPI required both a broad evaluation overview, and a specific evaluation design for each program. Taken together, the resulting evaluation findings have hopefully captured some valuable insights that will be useful for the field.

Actively engaging community members...is a key strategy for assuring that evaluation is seen as a valuable activity...

Data Sources for the TPPI Evaluation, by Program

Public Education Program

- Quarterly reports of activities
- Surveys of the other grantees about Public Education Program assistance obtained
- Surveys of policymakers about visibility of the *Get Real!* campaign and other interventions
- Tracking of materials distributed
- Statewide Field Institute polls

Policy Advocacy Program

- Tracking relevant policy outcomes for each grantee
- Surveys of policymakers in California
- Site visits and group meetings with grantees
- Quarterly reports of activities from each grantees

Professional Development Program

- Pre/post workshop and training
- Pre/post workshop and training evaluations
- Follow-up of those trained to measure behavior change over time
- Attendance and activity reports from the Professional Development Program provider
- Interviews with Professional Development Program team over time

Leadership Recognition Program

- Interviews with scholarship awardees
- Interviews with grantees' staff to obtain activity data

Community Support Program

- Quarterly reports of activities from each grantee
- Pre/post measures of outcomes of interventions
- Repeated site visits to each grantee
- Tracking teen birth rates in Community Support Program communities, hot spots, and statewide

Community Action Program

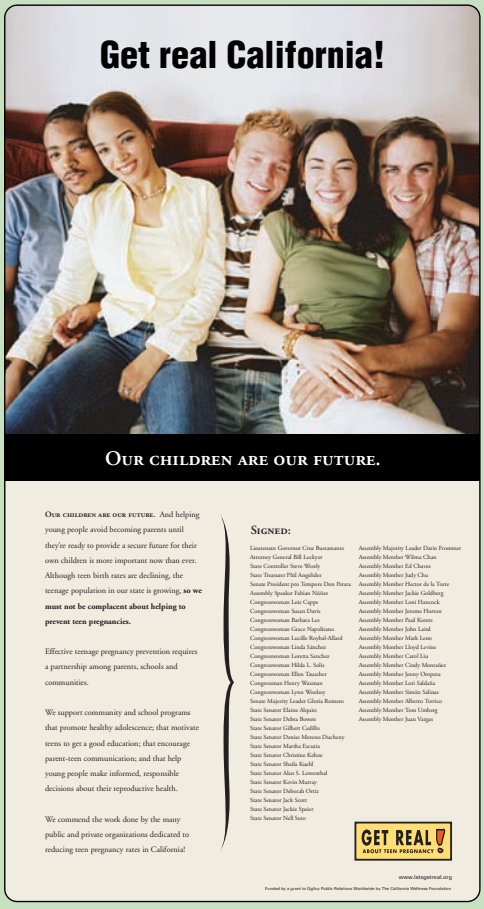
- Two Community Engagement Process surveys of a random sample of teens and parents in each community
- Quarterly reports of activities from each evaluation manager on site
- Periodic pre/post surveys of those given educational or other interventions
- Collection of data from family planning clinics in each community
- Collection of data from the school systems in each community
- Repeated site visits to each community
- Tracking teen birth rates and family planning service use in Community Action Program communities, hot spots, and statewide

Community Access Program

- Service data provided by each clinic annually
- Surveys of clinic patients
- Tracking of return visits and composition of clinic population over time

Technical Assistance

- Annual surveys of Community Action Program staff for reports on TA effectiveness
- Evaluations of workshops and training offered by the TA team
- Tracking of activity of the TA team
- Evaluation
- Annual surveys of Initiative grantees to gauge the usefulness of evaluation reports



SUSTAINABILITY

The 10-year, $60 million Teen Pregnancy Prevention Initiative of The California Wellness Foundation was an ambitious undertaking. It has provided generous funds and a lengthy timeline, elements often missing from funding efforts and unmatched in the field of teen pregnancy prevention. After the conclusion of the Initiative programs that involved establishment of new programs, services, or organizational arrangements, the evaluation team assessed the extent to which these new developments were being sustained by TPPI grantees and the ways they were finding to support their activities. The results are summarized below.

The Public Education and Policy Advocacy Programs

An important outcome of the Policy Advocacy Program was that it increased the teen pregnancy and/or policy focus of seasoned organizations and spurred the initiation of this work by organizations with less experience in this area. A Follow-up Policy Advocacy Program Grantee Staff Survey was administered more than a year after the conclusion of the grants, generating 10 responses.[7] More than half the grantees surveyed indicated that they were doing "more Policy Advocacy Program work," and half indicated they were doing more "teen pregnancy prevention work" at that time than before their grants.

Moreover, half of the former grantees surveyed continued to use and disseminate materials developed as part of the Public Education Program, suggesting that these materials are an important continuing legacy of the Initiative. For instance, the Public Health Institute disseminated the *No Time for Complacency* report intensively a year after its grant ended to support advocacy efforts to continue OFP funding for Community Challenge Grants, which had been threatened with elimination from the state budget. It also expanded its website, which featured the report, to better promote and meet the needs of community agencies and advocates. When asked if they had used the following *Get Real!* products since the conclusion of their grant—*Reality Check* packet, *Reality Check* book, *AdvoKit*, *Voices of California* report, or *Policy Brief for California Lawmakers*—all Policy Advocacy Program grantee respondents indicated they had used each product at least once.

When asked if any strategies or activities that were developed during the Policy Advocacy Program grants had been integrated into their organizations' work, six grantees indicated that they had acquired a new focus, such as conducting Policy Advocacy Program, and four reported that their grants had helped them to expand relationships and networks with other organizations. Seven grantees indicated that they had improved their program model, one improved the quality of its materials, and two were able to create new funding opportunities. All former grantees indicated that they had collaborated at least once with other former grantees since the grants ended. Eight grantees shared materials and information, six provided or received technical assistance or advice from each other, and five disseminated materials developed by other grantees.

The Professional Development Program

The Professional Development Program grant continued through July 2005, and CFHC was actively looking for ways to sustain its training activities as that time neared. In 2004, CFHC staff gave presentations at a number of conferences and workshops about the importance of the training (i.e., the National Women's Health Organization, CACSAP, the National Organization on Adolescent Pregnancy, Parenting and Prevention, and the American Public Health Association). CFHC also worked on proposal writing efforts both at the federal and local levels to continue their trainings.

[7] In January and February 2005, 10 former grantees completed the online survey. Eight former grantees could not be surveyed because staff/staff replacements did not comply with requests to complete the survey (n = 7) or their offices/program had closed (n = 1).

Demand for the trainings continued, even after the grant supporting the program ended in September 2005. As of spring 2006, more than 50 requests for training had been received after the program's conclusion, and 2 trainings had been provided, using funds available from other sources. CFHC continues a deep commitment to its professional development activities, and has sought other sources of funding and other mechanisms to support the inclusion of a teen pregnancy prevention focus in its activities.

The Community Support Program

The evaluation team interviewed staff of seven Community Support Program grantees approximately 6 months and again 18 months after the end of their TPPI funding. After 6 months, all seven grantees interviewed reported that they had been able to sustain at least portions of their programs. Most of the grantees also had received OFP funding, which enabled them to continue some of their activities. Eighteen months after the Community Support Program ended, the seven grantees still were able to maintain at least some of the program activities begun under the Initiative. Clinical services for teens and sexuality education programs had been sustained in several communities, whereas more focused programs, including mentoring and those focused on males, for example, were more difficult to fund. Agencies that were successful in sustaining larger portions of their grant-generated programs had gained enough experience with them to become competitive for state funds to support longer-term implementation. Specifically, four grantees had been able to secure government funding through OFP Information and Education (I&E) Grants, Community Challenge Grants, or, in one case, First 5 California; three had obtained support from private sources. Local foundations, schools, and other organizations also have provided both financial and organizational support that has enabled some grant-generated programs to continue.

The Community Action Program

With the support of the Technical Assistance team, the Community Action Program grantees worked hard toward the end of their grants to sustain their work, but $300,000 a year is almost impossible to replace. Although a number of grantee agencies had previously established track records with public funders, others had not. Their Community Action Program experience expanded their capacity to remain or become competitive for existing resources, including those provided by the state OFP, which plays an important role in being able to sustain education and clinical services. In spite of the difficulty in securing additional funds, some things accomplished are permanent and their impact long-term—people trained, new careers, new ways of offering clinic services, and changes in lead agency policies or actions.

In terms of sustainability, the following key lessons can be derived:

- **There is a critically important added value of having complementary privately and publicly funded efforts focused on the same issue.** The Foundation's commitment to comprehensive approaches to teen pregnancy prevention has played a key role in the state's continued adoption of a comprehensive approach to this issue. Although in many respects, California is ahead of the curve in terms of its reduction in teen births, and we are fortunate to have a state with supportive policies (e.g., the availability of clinical services through the Family PACT program), the simultaneous occurrence of both public and private teen pregnancy prevention efforts has helped ensure that state policymakers continue to make important investments in the issue. For example, with its private funding the Public Education Program campaign was able to be more "hard hitting" in its messages than the publicly funded state educational campaign. Then, when the state media campaign was eliminated due to

budgetary restrictions, the TPPI effort was the only public campaign in place. The external advocacy efforts of the Policy Advocacy Program grantees also have been critical in assuring that policymakers' commitment to the issue was sustained as well as institutionalized. Even in the "blue state" of California, there are many forces that are attempting to dismantle the strategies that have been established to help young people avoid early parenthood. The visible presence and the critical role that TCWF grantees have played will be important in keeping teen pregnancy prevention and healthy adolescent sexuality on the public agenda in the years to come.

- **TPPI's focus on youth is likely to be one of its major contributions to the field.** Almost all components of TPPI have incorporated a youth component and have strengthened this focus over time. Youth who have been involved attribute many positive outcomes to their participation. Many of these youth leaders are likely to continue working in the field and/or become well-informed parents and community leaders who support comprehensive approaches to teen pregnancy prevention, a lasting legacy of the Initiative.
- **Investments in people, written materials, and policy decisions have the potential to sustain a focus on progress toward the Initiative's goals.** Professional capacity is apparent in the significant number of youth, professionals, members of the public advocacy community, policymakers, and others who received training and materials developed by a number of Initiative grantees. It is likely that a number of youth and professionals will continue to influence the field of teen pregnancy prevention for years to come. The quality of the materials developed and their availability on the websites of a number of grantees is likely to ensure that the information will continue to be relevant and used for several years. Although some grantees undoubtedly will have to focus on other topics related to adolescent health (e.g., obesity, violence prevention, etc.), it is likely that the issue of teen pregnancy prevention will remain viable, even if it does not represent the key issue impacting their work. Further, TCWF's commitment to evaluation also ensures that the lessons learned through this effort can be disseminated to others.

Overall, TCWF showed strong leadership in its vision to approach the complex issue of teen pregnancy through a multiplicity of interlocking, nested components. It is rare that a Foundation demonstrates this level of commitment to an issue that often has been considered controversial. In an era in which communities face challenges in implementing direct approaches to decreasing their high incidence of teen pregnancy through comprehensive family life education and access to confidential reproductive health services, it is imperative that we acknowledge the courage of the Foundation not to remain silent. Its commitment to engaging both adults and young people and its openness to tracking and documenting the Initiative experience are key in considering the next generation of publicly and privately funded strategies in this field.

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The Teen Pregnancy Prevention Initiative is funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention programs.

The evaluation of the Teen Pregnancy Prevention Initiative is a joint project of Philliber Research Associates, SRI International's Center for Education and Human Services, and the University of California, San Francisco's Institute for Health Policy Studies. For further information on evaluation results of the Teen Pregnancy Prevention Initiative, contact Philliber Research Associates, 16 Main Street, Accord, NY 12404. (845) 626-2126 pra@philliberresearch.com