An Evaluation Report for The Colorado Trust

BUILDING COMMUNITY CAPACITY FOR TEEN PREGNANCY PREVENTION

EVALUATION OF THE COLORADO TRUST TEEN PREGNANCY PREVENTION 2000 INITIATIVE

Written for
The Colorado Trust
by
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July 2000

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Submitted to:

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The Colorado Trust is a private grantmaking foundation dedicated to the health and well-being of the people of Colorado. To fulfill its mission, the foundation supports innovative projects, conducts studies, develops services and provides education to produce long-lasting benefits for all Coloradans. Within the framework of human development, The Colorado Trust advances accessible and affordable health care programs and the strengthening of families.

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EXECUTIVE SUMMARY

Teen pregnancy continues to be a national problem with significant repercussions for teen parents, their children and the communities in which they live. In this report, summary evaluation results are presented from The Colorado Trust Teen Pregnancy Prevention 2000 Initiative (TPPI), a five-year demonstration project conducted between 1993 and 1998. TPPI is an important example of community-based teen pregnancy prevention because the project was:

- Well-funded, expending $7.7 million within five grantee communities;
- A five-year demonstration, allowing a sufficient period of time to begin to observe project impacts;
- Community-driven, allowing the grantee communities to determine the types of programs that would be adopted to address teen pregnancy and related youth/family issues; and
- Supportive of community implementation, providing each community with $50,000 in implementation funds for each of four years to enable the grantees to implement their proposed prevention projects.

While designed primarily as a teen pregnancy prevention effort, TPPI offers lessons in **community-based health promotion** efforts and **capacity-building**. The use of communities as an intervention focus is relatively new and becoming increasingly common. The TPPI experience, coupled with other similar projects across the country, reveals the ways in which community-driven initiatives differ from more traditional interventions that attempt to change the knowledge, attitudes and/or behavior of individuals. Within TPPI, the strategies adopted by the grantee communities focused on the following: 1) increasing community awareness, 2) filling self-identified resource gaps for families and youth, and 3) enhancing levels of community collaboration. The types of community-level changes that were observed included increases in community awareness of teen pregnancy issues and advancements in the self-perceived skills of community participants.

TPPI also provides a perspective on how communities approach the prevention of teen pregnancy. In the first year, the project required that a comprehensive body of stakeholders be convened and reach consensus on the prevention strategies to be implemented. As a result of this process, controversial approaches tended not to be adopted by the stakeholder groups. In particular, none of the grantee communities developed projects that dealt with the availability of contraception to teenagers. While the consensus process contributed to the omission of contraceptive access as a prevention option, surveys of the community stakeholders further revealed that contraceptive availability was perceived by a majority as being only “moderately effective” in preventing teen pregnancy compared to other possible intervention tools.

From an evaluation point of view, the experience of TPPI is an example of how the outcomes of a community-based initiative can be assessed. Since the grantee communities were allowed to develop individual approaches to teen pregnancy prevention, each community had their own definitions as to how their program's success should be defined. The large number of the projects undertaken and their diversity in terms of scope, duration and intensity complicated efforts to assess program impacts. This report summarizes the success of TPPI from the participants' perspective in terms of the impact of the initiative on the participants and the community at large. Particular attention has been given to the question as to whether the "social capital" within grantee communities changed. Although no direct measures of social capital were possible, the varied accomplishments of the five grantee communities suggest that social capital did in fact increase in the TPPI communities. Whether this increase in social capital is likely to continue to lead to an ongoing community-initiated commitment to meeting the needs of youth and their families should be the focus of future exploration.

I. INTRODUCTION

This report summarizes a five-year journey of five Colorado communities funded by The Colorado Trust to develop teen pregnancy prevention strategies unique to their own community settings. The Colorado Trust's Teen Pregnancy Prevention 2000 (TPPI) Initiative was a $7.7 million program that operated between 1993 and 1998. Developed at a time when the nation first began recognizing teen pregnancy as a serious problem, TPPI was a precursor for a number of community-based interventions that have been subsequently developed in other parts of the country.

TPPI offers a number of lessons on how communities deal with the issue of preventing teen pregnancy and how communities can become mobilized to become engaged in health promotion activities. This report has four major sections:

- Section 2 provides an **overview of teen pregnancy as a problem**: its scope across the United States and within Colorado and the extent to which teen pregnancy has been declining in recent years. Attention is also given to why teen pregnancy is an important problem and why it is difficult to prevent.

- Section 3 includes an **overview of programmatic responses to teen pregnancy**. What have been the characteristics of programs found to be effective in reducing teen pregnancy? What are the barriers to effective program development and what has been the national response to the prevention of teen pregnancy?

- In Section 4, we offer an **overview of The Colorado Trust's Teen Pregnancy Prevention 2000 Initiative:** its purpose, funding requirements and how it compares to other community-based teen pregnancy prevention interventions.

- Section 5 addresses **whether the funding requirements of TPPI were met.** Three areas are covered: 1) Were representative stakeholder groups convened? 2) Was a consensus decision-making process successfully used? 3) Were comprehensive strategic plans developed?

- In Section 6, we summarize the **community-level impacts** of TPPI in three areas: 1) increases in community awareness, 2) a growth in services for youth and families and 3) enhancements in community collaboration and networking. Larger level changes are also considered including reductions in teen pregnancy rates and community mobilization.

The lessons offered by TPPI help us to understand how communities engage in controversial and challenging issues such as teen pregnancy. The results of this report, coupled with evaluation findings from similar interventions, suggest that the types of strategies communities adopt tend to be different from those that are developed by professionals in service settings. Communities tend to select three types of strategies for

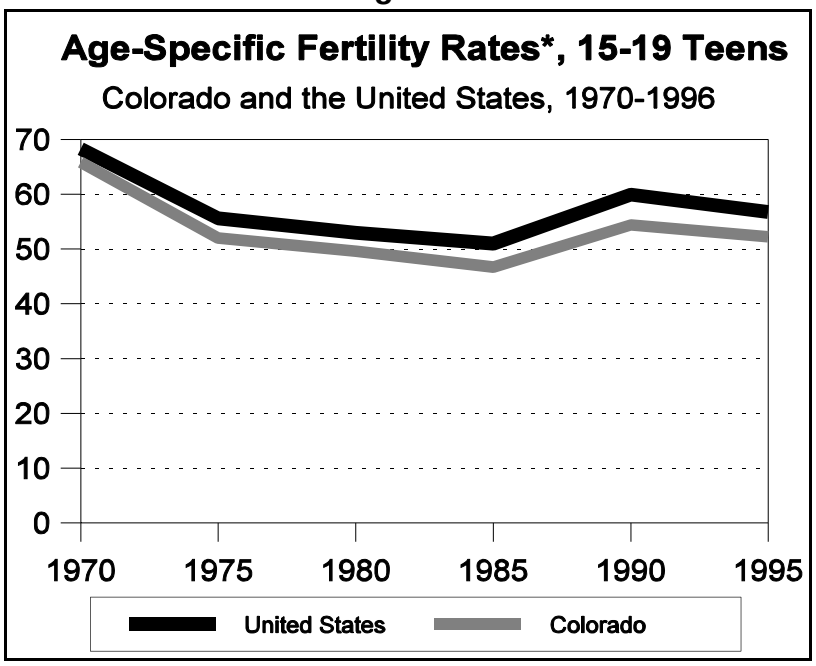
dealing with teen pregnancy prevention: 1) They tend to focus on increasing community awareness. 2) They define community needs broadly to encompass the needs of all youth and their families. 3) They work to address perceived gaps in resources for families and youth. The promise of community-based health promotion lies not just in the development of effective programs at the outset, but in the growth in a community's commitment to change the community context in which problems such as teen pregnancy occur. This type of approach can lead to the development of effective program interventions, as well as increased community capacity to take on projects and call them their own. Presumably, this capacity, once developed, becomes fertile ground for further community-based activity such as community sponsorship of youth and family-oriented programs and increases in social capital – the relational bonds that bring people together and allow them to commit to bettering their own lives and that of their community.

II. OVERVIEW OF TEEN PREGNANCY AS A PROBLEM

WHAT ARE THE TRENDS IN TEEN PREGNANCY?

Trends in teen pregnancy have had clear up-and-down cycles, both within Colorado and across the United States. In 1970, the teen fertility rate in Colorado was actually 17 percent higher than it was in 1991.[1] From historically high rates of teen births in the 1970s, the lowest rates in half a century occurred in 1986, only to be followed by sharp increases between 1986 and 1991. Since 1991, the teen birth rate has declined 12 percent throughout the United States, with drops observed across all racial and ethnic groups. [2] Declines can also be observed in Colorado, as shown in Figure 1.

Figure 3



*Rates are live births per 1,000 female population ages 15-19.

While the exact reasons for these recent declines remain unclear, experts believe that it can be attributed to fewer teenagers being sexually active and better use of contraceptives. The effectiveness of more recent contraceptive options (e.g., injectable and implanted contraceptives) is also suspected. In Colorado, these promising trends are also occurring:

- The 1995 Colorado Youth Risk Behavior Survey showed a *decline in sexual intercourse* among adolescents in Colorado public schools from 1990 to 1995.[3]

- *Condom and other contraceptive use among sexually active teens in Colorado is increasing* in part because of improved knowledge and the fear of HIV/AIDS.[4]

- *The rate of repeat births among Colorado teens dropped* significantly in 1992 and

1993 due in part to the utilization of Norplant after delivery among Medicaid-funded teen mothers.[5]

While the downturn in the teen birth rate is good news, teen pregnancy continues to be an issue prompting public attention because of a number of trends that make teen mothers economically and socially dependent:

- **Teen mothers have poorer educational and financial prospects compared to their peers.** Early motherhood has been shown to lessen the chance that a young teen will finish school. These lower levels of education when combined with parenting responsibilities tend to limit a teen mother's job opportunities to lower wage employment. Since most teen mothers do not receive financial assistance from their male partners nor from other adults, it is not surprising that teen mothers have high rates of poverty that persist through their 20s, as well as high rates of participation in public assistance programs.[6]

- **Declines in teen pregnancy have not been as pronounced among young teens**, **between 15 and 17 years of age.** Between 1991 and 1995, births to Colorado teens 15-17 years of age declined only 4.8 percent compared to the 10 percent decline among teens 18-19 years of age. Birth rates to teens between the ages of 13 to 14, while small, have remained stable, compared to other age groups.[7]

- **Most pregnancies among teens are unintended; many end in abortion**. National figures indicate that 82 percent of teen pregnancies are unintended, with up to 87 percent of pregnancies being unintended among teens younger than 17 years of age.[8] Among all women, those aged 18 to 20 years of age have the highest abortion rates.[9] In 1990, a third (or 33 percent) of all Colorado teens who became pregnant chose to have an abortion.

- **Most teen mothers in Colorado and elsewhere are unmarried**. In 1996, nearly three-quarters of Colorado's teen mothers (72 percent) were single parents. Among Hispanic teens giving birth, 73 percent were unmarried; for African-American teens, the proportion of unmarried teen mothers was 89 percent.[10]

HOW BIG A PROBLEM IS TEEN PREGNANCY?

Teen pregnancy is a pervasive problem throughout the United States, with four out of every 10 young women becoming pregnant before they reach 20 years of age.[11] This represents about 1 million teen pregnancies each year, almost all (or 82 percent) of which are unintended. Not all teen pregnancies are completed. Among all pregnancies among teens, about a third end in abortion and 14 percent are miscarried.[12] Of the half million babies who are born to teen mothers each year, a third are to mothers who are only 17 years of age or younger.[13]

Colorado's teen pregnancy problem is not as severe as in other states. Colorado ranks 25th out of 50 states in its teen birth rate among 18-19 year old teens and 22nd in its 15-17 year old teen birth rate.[14] In 1996, there were 6,649 births to Colorado teens between the ages of 13 and 19.[15] Over a third (or 38%) of these teen mothers were 17 years of age or younger.

WHY IS TEEN PREGNANCY AN IMPORTANT ISSUE?

While the deleterious effects of teen motherhood most directly impact teen mothers and their children, teen pregnancy is a problem that affects us all. The health, social and welfare consequences of early motherhood are costly, particularly today when gainful employment presupposes a level of education and skill difficult to attain for teens who have left school early.

The serious negative consequences of early motherhood for the teens themselves and for their children are shown in the following table.

WHAT ARE THE CONSEQUENCES OF TEEN PREGNANCY?[16]

	Impacts on Teens	Impacts on the Children of Teens
Health	Higher rate of complications such as toxemia, anemia and prolonged labor, as well as greater risk of maternal mortality and morbidity	Higher rates of low birth weight and premature births
		Higher risk of death, blindness, deafness, respiratory problems, mental illness/ retardation and cerebral palsy
Education	More likely to drop out of school	Less likely to achieve in school
		More likely to drop out of school
Economic	Greater reliance on public assistance	More likely to work in low-skill jobs
	Lower total family income	More likely to be imprisoned
Social	More likely to be a single parent	More likely to grow up in a single parent home
	More likely to have more children over a shorter time span	More likely to be abused, abandoned or neglected
		More likely to run away from home at an older age

Estimates of the societal costs associated with these problems suggest that teen pregnancy costs the United States at least $7 billion annually. Expense categories considered include: welfare and food-stamp costs, medical care expenses, increases in foster care requirements and the costs of additional prison construction.[17] According to the Robin Hood Foundation, it is the increases in welfare costs to younger, never-married teen mothers that have fueled the public's interest in adolescent childbearing.[18]

WHY IS TEEN PREGNANCY DIFFICULT TO PREVENT?

Teen pregnancy has been found to be associated with a wide variety of individual, family, school and community influences. Adolescent girls who become teen mothers tend to fit a pattern. They are likely to:

- Come from a poor family background;
- To be low achievers in school;
- To perceive their prospects to be limited and to have low expectations for the future;
- To engage in multiple types of risk behaviors including early sexual activity, heavy drug use, dropping out of school and delinquency;[19]
- To have families in which their mothers and sisters have also been teen mothers; and
- To live in neighborhoods that are disadvantaged in terms of having high poverty, high unemployment and segregated schools.[20]

Teens from various cultural backgrounds bring different perspectives to early childbearing. Within some African-American neighborhoods where poverty is prevalent, teen motherhood is seen as a "rite of passage" for teens who have few other perceivable options.[21] Similarly, some Hispanic groups place strong value on motherhood as a desirable state. Early motherhood among Hispanics has also been associated with historic patterns of discrimination, limited educational attainment and differing levels of acculturation.[22]

While from a middle class vantage point, having a child as a teenager clearly presents problems, teens from poorer backgrounds may not perceive that they will be able to have access to higher education opportunities, to pursue a variety of career options, or to achieve a sufficiently high income to afford housing, day care, and other opportunities for their children. Some have argued, from the vantage point of a poor teen, teen childbearing may be no worse than the other limited choices they believe they face.

> *The fact that birthrates among teens have stayed at high levels indicates how discouraged and disadvantaged many young women are – that they have to take the extraordinary step of bearing a child in order to feel they have a meaningful role and mission in society and can make claims on themselves and others. Having a baby is a lottery ticket for many teenagers: it brings with it at least the dream of something better, and if the dream fails, not much is lost.... What should trouble us when we worry about teenage parents is the fact that poor and minority women feel they risk losing so little by having a child at an early age.*[23]

Coming from a poor background clearly influences early childbearing in multiple different ways. Generational patterns of single parenting, combined with limited educational and economic opportunities, may increase the acceptability of teen motherhood for some teens. Teen pregnancy has also been associated with patterns of sexual exploitation of younger teens, particularly by older males.

- **Proportions of non-consensual sex are relatively high, particularly among younger teens.** A majority of girls under 15 who engage in sexual activity have been found to do so involuntarily.[24]

- **A majority of the male partners who father the babies of teen mothers are adult men.** A study in California found that two-thirds of the infants born to school-age mothers were fathered by adult, post-school men. The average age difference between senior-high teen mothers and their partners was found to be 4.2 years; for junior-high teen mothers the age difference was 6.7 years.[25]

- **Links have been made between early childbearing and a history of childhood sexual abuse**. Research suggests that up to 66 percent of pregnant teens have had a history of sexual abuse. Teens who have experienced sexual abuse are more likely to engage in a wide range of high-risk behaviors. Pregnancy among young teens can also be a sign of ongoing abuse.[26]

III. OVERVIEW OF RESPONSES TO TEEN PREGNANCY

WHAT DO WE KNOW ABOUT PROGRAMS THAT ARE EFFECTIVE?

Despite the wide variety of programs and interventions have been designed as responses to the teen pregnancy problem, experience has shown that there are "no easy answers" to the problem of teen pregnancy and "no single solution" that can be readily applied to all community settings. Five separate reviews have been conducted of teen pregnancy programs known to be effective. Conclusions from each of these reports are summarized below.

HOW EFFECTIVE ARE TEEN PREGNANCY PROGRAMS?

AUTHOR	CONCLUSIONS RE EFFECTIVE TEEN PREGNANCY PROGRAMS
Frost, J.J. and J.D. Forrest [27]	*The problem (of teen pregnancy) and its determinants are too deeply intertwined with poverty, disadvantage and teenage sexual and interpersonal relationships to be responsive to short-term programs implemented after many teenagers have become sexually active. None of the programs reviewed here persuaded all participants to remain abstinent or to use contraceptives, and* ***none kept girls from being pregnant****.*
Institute of Medicine [28]	*Knowledge about how to reduce unintended pregnancy at the local level is very limited... even among those programs that did report varying degrees of success,* ***the magnitude of impact was sometimes small.***
Kirby, D. [29]	*These studies demonstrate that reducing adolescent pregnancy is possible, but challenging.... To have a more dramatic impact, especially among disadvantaged youth, programs will need to address effectively a greater number of risk and protective factors, some of which undoubtedly affect motivation to avoid pregnancy. Fortunately, studies also indicate that some programs can have some success at* ***modestly reducing*** *one or more sexual behaviors* ***for at least a brief period of time.***
Miller, B.C., et al. [30]	*The programs reviewed in this book have made it clear that* ***no simple solution*** *to preventing adolescent pregnancy exists.*
Philiber, S. and P. Namerow [31]	*Most of our past efforts have been too simple, too weak, too short, and overall,* ***not up to the task*** *of dealing with these complex behaviors and the societal trends surrounding them.*

Programs that have been found to produce changes among teen clients share the following characteristics. They are:

1. **Comprehensive**

   Programs have the greatest likelihood of change if they have multiple target objectives. Successful programs aim at changing the knowledge base of teens while improving decision-making and social skills. They offer access to reproductive health services and provide alternatives to adolescent pregnancy. Other services for at-risk youth may include alternative schools, job training and case management.

Programs for males are also typically part of a comprehensive approach to teen pregnancy prevention.

2. **Intensive**
Programs must be substantial to have a substantial effect. Efforts to make contraceptives more available need to be accompanied by outreach, counseling and education. Program efforts need to be age-specific, culturally sensitive and based on effective models of behavior change.

3. **Leverage Parent and Peer Support**
Programs that offer one-on-one support from a responsible adult, acknowledge the role of parents, and utilize the strength of peer group influences create broad mechanisms for behavior change. Where parents are difficult to engage, one-on-one adult mentoring programs can be established.

4. **Begin with Younger Teens**
Because the age of sexual initiation has been getting younger, programs designed to teach pregnancy-avoidance skills must begin at a very young age, no later than middle school. This is particularly the case for programs intended to postpone sexual activity.

5. **Build Community Involvement and Commitment to Change**
Since teen pregnancy occurs in a community context, efforts to prevent it must start with a commitment by public leaders to this cause. Collaboration among local agencies, with a strong involvement of local schools, has also been recommended.[32]

WHAT ARE THE BARRIERS TO EFFECTIVE PROGRAM DEVELOPMENT?

If we know so much about programs that work, why aren't more such programs developed? Research suggests that the answer lies with three separate problems.

Community Denial

Teen pregnancy is an issue where much of the blame has been placed on the pregnant teens themselves. Efforts to change the behavior of teens occur within a broader societal context that encourages sexuality, that limits options for preventing pregnancy and that offers some teens few viable alternatives to early motherhood. Some believe that recent public policy decisions will actually increase teen pregnancy (i.e., limitations on sexuality education, cutbacks on family planning funding, parental notification requirements, restrictions on abortions, etc.).[33]

Community Controversy

Conflict has been found to be very common among community groups trying to work on teen pregnancy prevention. Community members differ in their views about what causes the problem and what the appropriate solutions should be. Independent of teen pregnancy, controversies have arisen around a variety of topics related to sexual behavior including: sexuality education, the availability of contraceptives to teens, parental consent for

reproductive health services, abstinence, abortion and teen parenting. Some have suggested that because teen pregnancy has become a virtual battleground, many communities choose to work on issues that make adults comfortable rather than choosing approaches that are effective.[34] In particular, reviews of community-based teen pregnancy programs have found a particular reluctance to deal with the accessibility of contraceptives for teens.[35]

Lack of Sufficient Resources

Given limits on the funds available, many teen pregnancy programs have been designed to focus on a single type of risk behavior for a small number of program participants over a limited period of time. While some modest results have been reported, broader community-level change has been found to require a more concerted, full-scale effort across multiple agencies which coordinate their efforts toward common goals. Funding for such comprehensive, intensive programs has traditionally been hard to acquire. In fact, many of the most successful teen pregnancy prevention programs no longer exist, despite their proven effectiveness.[36]

WHAT HAS BEEN THE RESPONSE TO TEEN PREGNANCY ACROSS THE COUNTRY?

In recognition of the broad-ranging scope of this problem, a variety of national responses have been initiated:

- A National Campaign to Reduce Teen Pregnancy was formed in 1996, with the goal of reducing teen pregnancy by one-third by the year 2005.[37]
- The Centers for Disease Control (U.S. Public Health Service) are providing $6.5 million to 13 community partnerships in 11 states to develop comprehensive approaches to teen pregnancy.
- The California Wellness Foundation is supporting a $60 million multi-faceted campaign to promote adolescent health and to reduce teen pregnancy.
- The Annie E. Casey Foundation has committed $5 million to mobilize residents in five U.S. communities to address teen pregnancy.

The Colorado Trust's Teen Pregnancy Prevention 2000 Initiative has been a part of this nationwide effort to address teen pregnancy, widely recognized as a serious national concern.

IV. OVERVIEW OF THE TEEN PREGNANCY PREVENTION 2000 INITIATIVE

Initiated in 1993, The Colorado Trust's Teen Pregnancy Prevention 2000 Initiative embodies a community-based approach to teen pregnancy prevention. A key feature has been the use of community collaboratives as the vehicle through which community-based teen pregnancy prevention strategies would be developed and implemented. Believing in the communities' abilities to define for themselves the most appropriate strategies for teen pregnancy prevention, The Colorado Trust empowered the community grantees to develop their individual strategic plans without Trust staff defining "a priori" what components should be included. Further in accord with this no-interference policy, the grantees were subsequently awarded $50,000 per year for four years to implement their plans, as they had been developed within each community setting.

> *Original Purpose of the Teen Pregnancy Prevention Initiative*
> *To support efforts for teen pregnancy prevention in the state of Colorado, The Colorado Trust announces the Teen Pregnancy Prevention 2000 Initiative to help communities develop and implement strategies that will address teen pregnancy through collaborative, comprehensive, community-based, interdisciplinary programs*.[38]

In addition to encouraging teen pregnancy prevention efforts, the Teen Pregnancy Prevention 2000 Initiative also provided for case management services to teens who were already pregnant and/or parenting. Each project was funded to hire two full-time case managers who would work closely with their clients to meet a full array of needs that might include health, education, social service, mental health and counseling services. A summary of this case management effort can be found in Appendix A.

A relatively unique feature of this Initiative was that it provided funding to "communities," which in turn were required to have the sponsorship of a lead agency that was either a non-profit, 501(c)3 entity or a governmental agency. The intent was to create a community-level collaborative that would incorporate a wide variety of service agencies, businesses, churches, and schools who together would create a comprehensive system of services for adolescents at risk for early parenting. Under this loose affiliation, each of the grantee communities subsequently operated as relatively independent, free-standing community-based organizations, two of which ultimately sought their own 501(c)3 status.

Grantees participating in the Initiative received generous funding over a relatively lengthy period of time. Approximately $7.7 million was distributed to 5 project sites over five years between 1993 and 1998. The projects were well staffed with full-time project directors, administrative support staff, two case managers and, in the final years, a part-time resource developer. Support for a local evaluator was also made available, as was technical assistance in the areas of facilitation, strategic planning, needs assessment, case management development and fund development.

HOW DOES TPPI COMPARE TO OTHER TEEN PREGNANCY PREVENTION INITIATIVES THAT ARE COMMUNITY-BASED?

Community-based collaboration has become a common element to many health promotion projects developed within both the public and private sectors. Butterfoss has estimated that hundreds of millions of dollars have been committed to community coalition development through Federal programs developed by the National Institutes of Health and the Centers for Disease Control, as well as through private foundation initiatives sponsored by the Robert Wood Johnson Foundation, the Henry J. Kaiser Foundation, the W.K. Kellogg Foundation and the Annie E. Casey Foundation.[39]

The popularity of these community-level initiatives lies in the increasing recognition that individual behavior occurs within a community setting; hence, attempts to change individual behavior must begin with changes in the community context in which such behavior originates. Mobilization of community involvement in health problems also broadens the commitment of community members to change and increases the likelihood of a program being sustained after funding has ended.[40] Another justification for adopting a community approach to health promotion is the complexity of the problems themselves. A comprehensive approach to meeting the needs of high-risk youth requires the cooperation of multiple service providers, non-profit organizations and community groups. Coordinating efforts towards common goals is more likely to produce sustained and effective responses to the interrelated needs of high risk youth.[41]

Community-based health promotion efforts share some common elements: 1) community ownership;[42] 2) consensus-based decision-making;[43] and 3) flexibility, allowing individual communities to be adaptive and responsive to local concerns.[44] These have been key elements of The Colorado Trust's Teen Pregnancy Prevention 2000 Initiative, as well as being components of the Centers for Disease Control Community Partnerships for Teen Pregnancy Prevention, the Annie E. Casey "Plain Talk" Initiative and the Minnesota Teen Pregnancy Prevention Project.

Evaluations of community-based health promotion efforts show that this approach can be time-consuming, process intensive,[45] and not always successful. Altman et al. point out that up to half of all coalitions dissolve within their first year of operation because they cannot accomplish the basic tasks of forming a coalition.[46] Community members who participate in these endeavors often come to the process unfamiliar with the work to be done, the processes to be followed and the ways in which they might work as equals with the professional participants.[47] Moreover, some evaluations have found that having community members involved in health promotion initiatives can slow program development, conflict with efficient program operations, and serve to create program goals that differ from the program's original goals.[48]

Experiences with other community-based health promotion projects reported in the literature help to clarify the advantages and disadvantages of this approach. As shown below, each of the more positive aspects of community-based program planning and development, also presents corresponding challenges. Similar issues have been found within the Teen Pregnancy Prevention 2000 Initiative.

PROCESS FINDINGS – ADVANTAGES AND DISADVANTAGES OF INDIVIDUAL INITIATIVE COMPONENTS

PROGRAM COMPONENT	OPPORTUNITIES	CHALLENGES
COMMUNITY OWNERSHIP	Empowers community participants Broadens base of community support	Tension between community-defined approaches and professionally-defined "best practices" models[49]
REQUIREMENT THAT CONSENSUS BE REACHED AMONG REPRESENTATIVE STAKEHOLDERS	Builds trust Ensures broad base of community support	Minimizes innovation Limits more controversial programs from being considered[50]
FLEXIBILITY IN PROGRAM ADMINISTRATION	Allows for adaptation to evolving community needs Permits experimentation	Creates a diffuse approach that varies from community to community[51]

Whereas community ownership serves to broaden the base of support for a project, it allows a diversity of strategies to emerge, some of which may be more grass-roots than professional in their orientation. Professionally-defined "best practices" models may not be the strategies preferred by community-based stakeholder groups. A factor that has a strong influence on the approaches adopted is whether or not group consensus is required. When deep-seated differences cannot be resolved, groups tend to select less controversial options that can win broader scale support. Under these circumstances, innovation is less likely to emerge.

Allowing communities the ability to decide for themselves how to approach teen pregnancy prevention increases the commitment of stakeholder members to having community needs met as the community define them. Across the entire Initiative, however, this results in a diverse array of programs being implemented which may or may not share any common features.

WHAT WERE THE FUNDING REQUIREMENTS OF THE COLORADO TRUST'S TEEN PREGNANCY PREVENTION 2000 INITIATIVE?

The funding requirements imposed by The Colorado Trust as part of the Teen Pregnancy Prevention 2000 Initiative were minimal and primarily prescribed what the community grantees would do in their first planning year. After roughly the first nine months, each project was required to have met the following stipulations:

1. <u>Convene a valid, representative and comprehensive stakeholder group.</u>
   These stakeholder groups were expected to be balanced in terms of race/ethnicity, geography and income. Moreover, efforts were to be made to ensure that all ideological interests and points of view had been recruited.

2. Reach consensus on the proposed teen pregnancy prevention strategies that would be adopted.

   At the end of the planning period, it was expected that all members of the stakeholder group would agree on the proposed strategies. Written statements of support were to be submitted with a description of any differences of opinion. In areas where complete consensus could not be achieved, individual stakeholders were expected to agree that they could accept the proposed strategies, despite their individual preferences.

3. Develop a comprehensive strategic plan that would be inter-disciplinary, family-focused, culturally relevant, reflective of the unique needs of the community and support a coherent system of services.[52]

   Strong emphasis was placed through the initial years of TPPI on the concept of creating a comprehensive system of services that would be in contrast with the more fragmented, narrow approaches. Linkages among service providers were strongly encouraged.

In subsequent years, site visits were made to each site and progress reports were critically reviewed, but no further Initiative-wide standards of performance were specified. Each project was allowed to develop its own unique approach to teen pregnancy prevention.

WHO WERE THE COMMUNITIES PARTICIPATING IN TPPI?

The only initial restriction placed on communities applying for funding under the Teen Pregnancy Prevention 2000 Initiative was that they have a minimum of 100 births to teens 13-19 years of age per year. Cities, counties or groups of counties were eligible to apply. As part of their application, prospective grantees were also required to demonstrate linkages with other projects in the community that serve teens.

The restriction that communities have at least 100 births per year to teens limited the numbers of communities that could apply. Of 115 cities throughout Colorado, only 13 (or 11 percent) have 100 or more teen births per year.[53] Among these, it was the larger cities that tended to be successful in being awarded TPPI grant funds.[1] The 1990 average population size for the communities awarded TPPI funds was 138,448, whereas the population within those "eligible but not funded" communities averaged 62,685.[54] Of the six communities initially funded under the Teen Pregnancy Prevention 2000 Initiative, only the combined counties of Delta and Montrose were rural. All of the others were located in urban areas and three of the five TPPI communities were within the Denver Metropolitan Area.

[1] Even when the populations of Delta and Montrose Counties are combined (45,486), this combined total is 88 percent smaller than the average size of the other TPPI-funded counties (392,255).

Population size is relevant, particularly to projects designed to be collaborative. Efforts to engage the community are more likely to be successful in areas where residents identify with the physical space in which they live. For this reason, community development efforts tend to be targeted toward "neighborhood spaces," ranging in size from 6,000 to 20,000 residents.[55] No estimates are available for the ideal population size for collaborative efforts; however, it is clear that most of the TPPI grantee communities covered areas that were larger than neighborhoods. Hence, the size of the grantee communities represented a challenge to the formation of collaboratives that would encompass representative views within the communities.

An overview of the TPPI communities is presented on the following page. In 1993, at the inception of the project, the grantees could be seen to differ substantially from one another in terms of total teen births and their age-specific teen fertility rates. Data limitations permit a comparison of the grantee communities only in terms of the counties in which they are located. These data are not fully representative of teen pregnancy in the grantee communities because several of the project sites are located in more than one county. Aurora, for example, is located in two counties: Adams and Arapahoe. Arvada, although primarily located in Jefferson County, also straddles Adams County.

In addition to being located in more than one county, some grantee communities targeted their efforts towards only a portion of their parent counties. The West Denver Teen Pregnancy Prevention Initiative, for example, defined its service area to include a territory with only 20 percent of the total 1990 population of Denver County. The Aurora project focused on an area in Adams County that included only 10 percent of the county's total population. These data limitations should be kept in mind when trends over the five years of the Initiative are examined.

CHARACTERISTICS OF THE COMMUNITIES PARTICIPATING IN THE COLORADO TRUST'S TEEN PREGNANCY PREVENTION 2000 INITIATIVE

TPPI COMMUNITIES	POPULATION SIZE (1990)	TOTAL TEEN BIRTHS (1992)	AGE-SPECIFIC FERTILITY RATE * Per 1,000 Teens 10-19 Years Old (1991)
Arvada (Jefferson County)	89,235	107	15.2
Aurora (Adams and Arapahoe counties)	222,103	467	40.1 = Adams
			19.2 = Arapahoe
Colorado Springs (El Paso County)	281,140	688	30.0
Delta and Montrose counties	45,403	105	29.2 = Delta
			33.6 = Montrose
West Denver (Denver County)	92,021	484	49.5
COLORADO	3,294,394	6,373	27.7

*County-level data

Gallagher, K., J. Drisko, K. Beaty, and P. Rollin (1994) "Community Profiles, The Colorado Trust's Teen Pregnancy Prevention Initiative." Denver, Colorado: Department of Family Medicine, University of Colorado Health Sciences Center.

Despite these problems, it is apparent that when compared to the overall statewide teen fertility rates, some TPPI counties were substantially higher than the state rate whereas others were lower. The TPPI counties that had teen fertility rates more than 40 percent *higher* than the state's overall rate were Denver and Adams counties. Those counties with fertility rates *lower* than the state rate were Jefferson and Arapahoe counties.

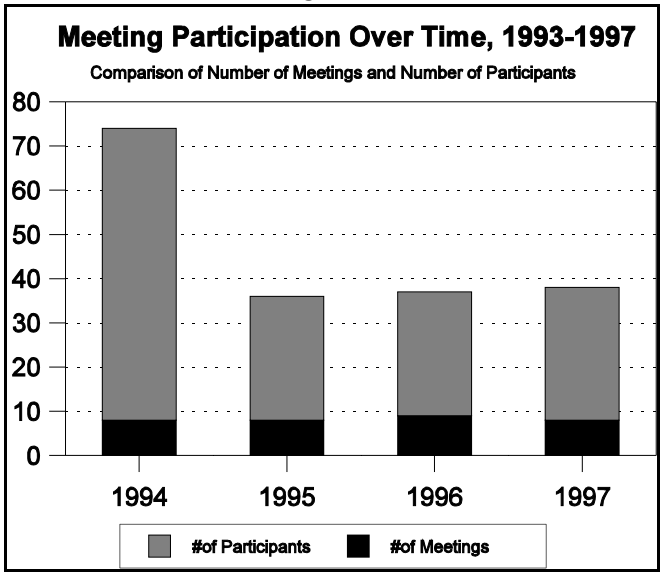
TO WHAT EXTENT WERE THE FUNDING REQUIREMENTS OF TPPI MET?
DID THE TPPI COMMUNITIES CONVENE REPRESENTATIVE AND COMPREHENSIVE STAKEHOLDER GROUPS?

Throughout the life of this Initiative, The Colorado Trust underscored its expectation that a diverse set of stakeholders representative of various perspectives would be recruited in each of the grantee communities and have oversight responsibility for both the development of the required strategic plans and for their implementation. The evaluation results obtained suggest that these expectations were fully met.

- **Large and diverse groups of stakeholders were convened in each of the grantee communities and continued to remain involved throughout the project's duration.**

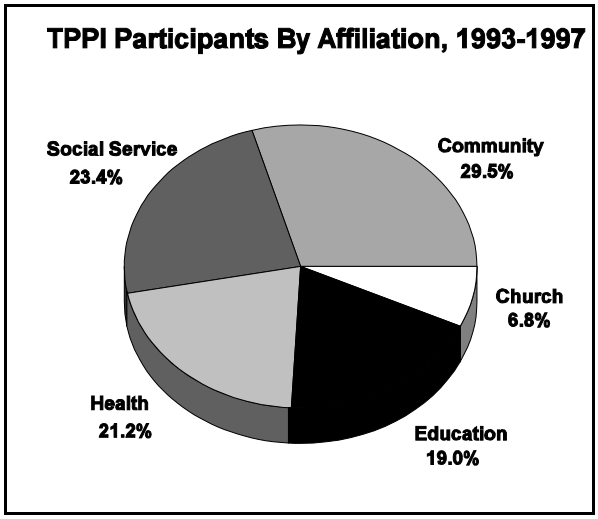
  As shown in Figure 2, the TPPI projects recruited a large number of participants in their first planning year. On average, 66 individuals attended at least one meeting within each of the communities, for a total of 332 participants across all project sites. In subsequent years, when the stakeholders moved from being responsible for plan development to program implementation, the average number of persons attending any single meeting declined to 28 per site in any given year. On a yearly basis, the number of stakeholders involved in TPPI meetings ranged from a total of 135 to 142 participants summed across all sites.

Figure 2



- **Stakeholders represented diverse segments of the community. While most participants had a professional interest in teen pregnancy issues, nearly one-third (or 29%) of the participants were lay community members.**
  As shown in Figure 3, TPPI stakeholders came from a variety of professional fields including social service, health care, education and religion. In addition, roughly one-third of the members of the stakeholder groups in the five grantee projects included lay members of the public who represented the larger community's interest in youth issues. Stakeholder members were also ideologically diverse, particularly in the projects' first year when efforts were made to encourage the involvement of persons with a wide variety of perspectives. The only group consistently found to be under-represented in each of the stakeholder groups was teens, despite ongoing efforts to incorporate their point of view. All of the communities subsequently turned to other means to solicit teen opinions through methods such as focus groups, teen advisory panels and teen-controlled program initiatives, such as teen newspapers, teen peer intervention programs and teen support groups.

Figure 5



DID THE TPPI COMMUNITIES REACH CONSENSUS REGARDING THEIR STRATEGIC PLANS?

The biggest challenge in most communities was achieving consensus on the proposed teen pregnancy prevention plans, particularly since a divergent group of stakeholders had been assembled in each community. To facilitate the process of achieving consensus, each group had the help of professional facilitators and followed a process through which all points of view were aired. Consensus was defined as a decision on the part of all stakeholders "to go along with" the group's final negotiated agreement. If a stakeholder could not fully support the plan, he or she was asked to be willing to agree "not to sabotage it."

The facilitators working with each of the five communities verified at the end of the first year that each of the communities had indeed reached a consensus-based agreement on the strategic plans that had been developed. While consensus was reached in all of the communities, several project directors observed that in order to reach group agreement, their stakeholder groups had to remove some types of strategies from consideration due to their controversial nature. Nonetheless, the participants reached the end of the planning process concluding that the consensus process was valuable and was important in terms of building community support for teen pregnancy prevention efforts.

> *We are trying to get compromise with people who won't compromise. ... Without (the requirement for) consensus, we would not be that far right, not that fundamentalist. We are to the right of center because of consensus.*
>
> *(Without consensus), I think the process would have not been as valid. And I think it would have been easier and quicker and more dogmatic on either side of the question. I think it's important that we did what we did. I think the process was critical.*
>
> *(One Project Director reported that a conservative stakeholder)... said, "I might as well have not have been here.... You haven't listened."... One hundred percent of the people in the room said, "You're wrong. We listened to you. We value what you have said. You made us think. You made us soul search. It's critical that you were here, because we might have just said, 'Here is what we need. Let's do it and we'll have no problem.' But instead it validated the process and made it more authentic.*

DID THE TPPI COMMUNITIES DEVELOP COMPREHENSIVE STRATEGIC PLANS?

The third and final funding requirement of TPPI was that the participating communities were to develop comprehensive plans that would be inter-disciplinary, family-focused, culturally relevant, reflective of the unique needs of the community and support a coherent system of services. In reviewing the content of the plans developed in each of the communities, two aspects were considered: 1) the vision statements that preceded the plans and 2) the content of the plans themselves.

As a first step in developing their plans, each of the five communities engaged in a visioning exercise that required them to anticipate the types of changes that would occur in their communities if, after five years, their efforts were successful. The resulting vision statements are displayed on the following page. A review of the content of these statements reveals the types of community-level change each of the grantee communities were working towards. Three themes common to these vision statements stress the importance of community settings that are supportive of families and youth:

1. *Community settings need to be supportive of the needs of families and youth.*
2. *Strengthening families is an important concomitant of helping youth.*
3. *Communities can offer a positive vision for youth that in turn will encourage healthy decision-making, empowerment and hope for the future.*

VISION STATEMENTS FROM THE STRATEGIC PLANS OF THE FIVE TPPI COMMUNITIES

COMMUNITY	VISION STATEMENT
ARVADA	*We are a group of concerned citizens coming together to **positively impact the Arvada community** by reducing teen pregnancy through strengthening families and reaching out to restore hope and a future for our youth.*
AURORA	*The Aurora Teen Pregnancy Prevention Project is an aggressive, **collaborative effort between the public and private sectors** to empower and encourage our youth to prevent teen pregnancy.*
COLORADO SPRINGS	*The Pikes Peak Region is a **supportive, nurturing community** whose sensitivity to youth and families promotes empowerment, healthy decisions and creation of resources.*
DELTA-MONTROSE	*Our vision is of a **caring community** that cultivates respect and responsibility, while encouraging and supporting families and teens in making healthy choices.*
WEST DENVER	*Our vision is of a community that provides youth with the schools, education and support that they need to stay in school and succeed in their preparation for the challenges of life. The high school drop-out rate will be cut dramatically and post high school admissions will increase. Schools will provide students with relevant health and sex education. **A safe and supportive community with strong families** will provide young people with employment opportunities, a sense of hope for the future, a clear vision of their choices together with the accompanying responsibilities and consequences, strong values and self-esteem, and the skills needed to succeed today and in the future. Cultural differences will be respected and valued and young people will have the communication and decision-making skills to avoid teen pregnancy.*

A content review of the strategic plans prepared by the five TPPI sites reveals that indeed an *inter-disciplinary* array of program options were included. The plans emphasized the importance of *strengthening families* and addressed the need for *increased services* for youth, families, and the community more generally. Only one community explicitly addressed the need for *culturally relevant* services.

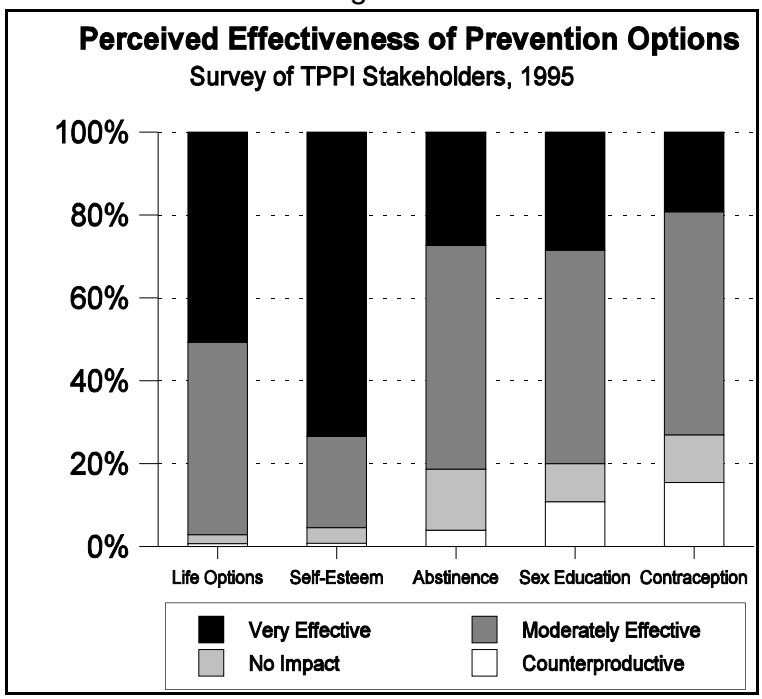
A larger issue is how "comprehensive" the plans were. An earlier report by the Institute of Medicine has suggested that traditionally there have been three approaches to teen pregnancy prevention: 1) those that impart knowledge or influence attitudes, 2) those that provide access to contraception and 3) those that enhance life options.[56] One way to assess the comprehensiveness of the strategic plans developed by the TPPI grantee communities is to compare the approaches they have adopted against this traditional framework. A review of each of the strategic plans reveals that all five of the grantee communities developed action plans that could be classified as either "imparting knowledge/ changing attitudes" or "enhancing life options." None of them addressed "access to contraception." Key informant interviews with the TPPI project directors suggest that given the requirement for consensus and the diversity of views among the stakeholders, contraception was not considered a topic on which the communities could reach consensus. More broadly, however, the stakeholder survey conducted in the second year of the Initiative reveals that not many of those participating in the planning process perceived contraceptive accessibility as a particular problem or as an effective means to prevent teen pregnancy.

Slightly more than half (or 54 percent) identified "contraceptive unavailability" as a factor associated with teen pregnancy. By comparison, 12 other factors were given higher rankings as contributing towards teen pregnancy rates:

- Dropping out of school (96 percent)
- Alcohol (96 percent)
- Self-esteem (95 percent)
- Sexual abuse (92 percent)
- Hopeless future (91 percent)
- Economics/ poverty (88 percent)
- Family history (88 percent)
- Teens' denial (77 percent)
- Adults' denial (71 percent)
- Lack of knowledge regarding pregnancy risks (61 percent)
- Welfare (59 percent)
- Lack of morals (55 percent)

As Figure 4 demonstrates, when a variety of teen pregnancy prevention strategies were compared, contraception availability received the lowest percent of respondents regarding it as a "very effective" preventive strategy, with a relatively high percent of respondents (or 27 percent) regarding it as having "no impact" or actually being "counter-productive."

Figure 4



In terms of including all potential strategies then, the strategic plans developed by the five TPPI communities each omitted "contraceptive availability" as designated approach. Attitude surveys among the stakeholders suggest that roughly a quarter do not fully support this type of intervention as being effective in reducing teen pregnancy, particularly when compared to other options. This lack of support probably contributed to the lack of consensus as to whether or not contraceptive availability should be explicitly addressed in the communities' strategic plans.

WHAT HAVE BEEN THE BROADER LESSONS LEARNED FROM TPPI AS AN INITIATIVE?

Previous sections of this report have addressed the structural features of TPPI as an Initiative, what was expected of the community participants and how the Initiative requirements compared to those of other similar community-based teen pregnancy prevention efforts. Participants within the Initiative were also asked their views on how the Initiative was designed.

- *Aspects of TPPI that were valued by its participants were: the length of time allowed (5 years), the ample funding provided, the flexibility permitted as each site developed*

their own unique approaches and the requirement that consensus be achieved.

- *Aspects of TPPI that could have been improved relate to communication between the grantees and The Colorado Trust in terms of program expectations. Confusion was evident in several areas: the role of the lead agency, the lack of a clear model for case management and the lack of support for primary prevention activities.*

One of the noteworthy accomplishments of TPPI is the very positive response of the community stakeholders to the procedural aspects of this project. A survey was conducted in 1998 of stakeholders who had been active participants in the Teen Pregnancy Prevention 2000 Initiative. Questions addressing key design components of TPPI confirm that stakeholders in each of the grantee communities feel positively towards TPPI as an Initiative.

REACTIONS OF TPPI STAKEHOLDERS TO KEY INITIATIVE COMPONENTS*

	Number Responding	% Who "Agree/ Strongly Agree"
Group consensus *about necessary teen pregnancy programs and services provided a foundation for future program development*.	98	80%
The ***flexibility*** *of the planning process promoted community ownership.*	97	74%
Having ***money for program implementation*** *allowed community needs to be met.*	97	86%
Has TPPI ***increased community dialogue*** *about teen pregnancy health issues?*	162	80%
Has TPPI ***increased people's willingness to work together?***	161	78%

*Only stakeholders participating in the planning process in the first year of TPPI answered the questions concerning this part of the Initiative.

The project directors (in interviews after the first planning year) were also positive about key elements of the Initiative, in particular the flexibility that was permitted and the willingness on the part of The Trust to allow communities to develop plans appropriate to their community-defined needs. Some believed that the planning process could have been even more flexible in terms of the prescribed planning steps and the required deadlines, but all were satisfied with the outcomes that were achieved. [57]

At the end of the five-year grant period, the project directors were asked to assess the Initiative's strengths.[58] Their responses were gathered in an open-ended manner that allowed for varied and individual answers. All valued the flexible nature of TPPI, its support for comprehensive and diverse types of programs and the fact that the Initiative provided ample funding over a relatively long period of time (five years). The Initiative components

that could have been improved related to specific requirements that were either unclear, not fully supportive of the projects, or not timely. For example, some projects were not sure what their lead agency's scope of authority was supposed to be. Others believed that the case management model should have been broadened to allow for prevention activities among non-pregnant teens. A larger concern for many of the projects as they approached the end of their TPPI funding was the relative scarcity of funders who were willing to support the continuation of their community-based health promotion efforts.

WHAT WORKED - WHAT DIDN'T
THE TEEN PREGNANCY PREVENTION 2000 INITIATIVE

INITIATIVE STRENGTHS	INITIATIVE WEAKNESSES
STRUCTURE: Flexible, community-based approach Comprehensive, diverse programs Five-year time frame	**STRUCTURE**: Confusion re role of the lead agency Lack of a clear model for case management (choice of a medical rather than a social model)
RESOURCES: Adequate overall funding Ample support services – facilitation, local evaluation, training, resource developer	**RESOURCES:** Lack of support for prevention (e.g., no funding for this type of staff position) Support services not always timely Lack of broader community/funders interest in community development

All in all, the process evaluation results suggest that there were many elements of the TPPI that promoted and supported the Initiative's overall goals. With five years of funding, the *length of TPPI* allowed both The Colorado Trust staff and the project directors to make continuing refinements after learning what worked and what did not. The *ample funding* ensured that a lack of resources was not a reason for inaction or a lack of project momentum. Of particular benefit was the presence of a *full-time project director* in each of the communities.

At the same time, the *flexibility* that was allowed to each grantee resulted in projects that were very *individualistic* in each of the grantee communities. The requirement that all *representative* voices be included and that *consensus* be reached tended to narrow down the prevention options considered. As detailed earlier, none of the communities addressed contraceptive availability as a possible prevention strategy, in part because of the controversy it would be likely to generate and in part because of stakeholder perceptions that making contraceptives available are not as effective a prevention strategy as other possible options.

From the point of view of a community-based health promotion intervention, the Teen Pregnancy Prevention 2000 Initiative included many of the elements found in other similar types of grant-funded programs. The hallmarks of this project – community ownership, flexibility, and consensus-based decision-making – are the building blocks that contribute to sustained community involvement in topics such as teen pregnancy prevention.[59] The question to be addressed in the next section is what were the impacts of community-based efforts on teen pregnancy and related youth issues.

V. OVERVIEW OF THE IMPACTS OF THE TEEN PREGNANCY PREVENTION 2000 INITIATIVE

WHAT HAVE BEEN THE COMMUNITY-LEVEL CHANGES PRODUCED THROUGH TPPI?

Teen pregnancy prevention is a complex problem that requires changes both at the community and the individual levels. Our understanding of how to promote change at the community level, however, is an emerging, inexact science. Community-based health promotion offers the promise of:

1) Building community acceptance for an issue and proposed programmatic solutions;
2) Helping to ensure that projects are responsive to community-defined needs;
3) Mobilizing community resources to the problem;
4) Encouraging individual and community empowerment and skills-building;
5) Increasing project credibility; and
6) Promoting a project's future sustainability after project funding has ended.[60]

These are the areas in which the impacts of TPPI have also been found. As detailed in the following sections, the primary accomplishments of the five grantee communities can be summarized in terms of three areas: 1) Increases in community awareness and involvement, 2) Increases in services for families and youth that are responsive to community needs and 3) Increases in community collaboration and networking. Issues related to community mobilization and project sustainability are addressed in Section 6.

WHAT WERE THE TYPES OF TPPI ACTIVITIES UNDERTAKEN?

The chart provided below summarizes the key activities defined by each of the TPPI Project Directors as their community's accomplishments.[61] The broad range of activities suggests that community-level changes did occur in each of the TPPI communities, albeit in unique and idiosyncratic ways.

MAJOR ACCOMPLISHMENTS WITHIN EACH TPPI COMMUNITY

COMMUNITY	ACCOMPLISHMENTS
ARVADA	**Community Education Efforts:** – Parents Count (Parent Curriculum teaching children about sexuality) – RETHINK Anger Management Classes – Youth Asset Development Forums – "Baby Think It Over" Dolls
	Activities for Teens – Teen Center Established – Coupon Books for "In-Need" Youth – Community Service Programs
	Services for Youth – Mentoring Programs – Counseling Case Management Services

COMMUNITY	ACCOMPLISHMENTS
AURORA	**Support Programs for Pregnant, Parenting and At-Risk Youth** – Activity Groups for At-Risk Teens – Male Responsibility Groups – Parenting Classes – Support Groups – Low-Income Housing Program
	Prevention Curriculum Implemented in the Aurora Public Schools – Male/Female Team Teaching Program entitled "It Takes Two"
COLORADO SPRINGS	**Services for Pregnant and At-Risk Youth** – InterCept Program for High-Risk Middle School Youth – Go Girl Program for High-Risk High School Youth – Abstinence Education – Non-Couples Program for Teen Parents
	Activities for Teens – Teen Newspaper – Teen Center – "Toast to Teens" Recognition Program
	Services for Families – Master Teacher Program to Train Community Educators – First Visitor Program Offering Home Visitation to New Parents – Parenting Training
DELTA-MONTROSE	**Services for Pregnant, Parenting and At-Risk Youth** – Charter School for Pregnant and Parenting Girls – Mentoring/Counseling Program for At-Risk Middle School Youth – Youth Yellow Pages
	Activities for Youth – Mini-Grant Program for Recreation and Other Community Projects – Youth Assets Survey and Campaign – Peer Counseling Program
	Community Activities – Community of Caring Program in Seven Schools
WEST DENVER	**Community Projects** – Funding for 10 Locally-Defined Programs and Services Per Year – Brochures on Community Strategies for Preventing Teen Pregnancy – Fliers on the Link Between Sexual Abuse and Teen Pregnancy

This summary highlights the diversity of accomplishments funded through TPPI, as well as multiple levels of change that were simultaneously being pursued. Most communities provided services for youth, offered programs for families and also developed community level initiatives. The specific objectives of these programs varied, but in general, they tended to address the overarching goals of these programs: 1) to increase community awareness of and involvement in teen pregnancy prevention, 2) to develop programs and

resources that would serve youth and families and 3) more generally to promote the importance of youth issues throughout the community.

TO WHAT EXTENT HAS "COMMUNITY AWARENESS" OF TEEN PREGNANCY INCREASED THROUGH TPPI?

In each of the five grantee communities, a substantial emphasis was placed on increasing community awareness about teen pregnancy issues throughout the five years of TPPI. This focus within the strategic plans reflects the stakeholders' perceptions that teen pregnancy is not very well acknowledged or understood at the community level. A survey of stakeholders in the second year of the Initiative demonstrates that apathy and denial were believed to be pervasive problems in each of the grantee communities.[62]

STAKEHOLDER PERCEPTIONS REGARDING COMMUNITY KNOWLEDGE ABOUT TEEN PREGNANCY WITHIN THE FIVE TPPI COMMUNITIES, 1995

N = 133	% in Community **Not Very/Not at All** Knowledgeable About Teen Pregnancy	% Categorizing "**Adult Denial of Teen Sexuality**" as a Problem Associated With Teen Pregnancy	% Categorizing "**Teen Denial of Their Own Sexuality**" as a Problem Associated With Teen Pregnancy
ARVADA	79.3%	62.1%	86.2%
AURORA	71%	63.3%	66.7%
COLORADO SPRINGS	75%	74.1%	74.1%
DELTA-MONTROSE	66.7%	83.3%	79.3%
WEST DENVER	66.7%	68.8%	93.8%

Given these perspectives, the content of the strategic plans developed by the TPPI sites can be seen as a very direct response to the need to promote greater awareness of teen pregnancy within the project communities. A review of the progress reports from the five grantee sites confirms that a substantial amount of effort was indeed placed on promoting teen pregnancy awareness, using a wide array of media outlets. Representative data from the third year of the project are presented on the next page.

COMMUNITY AWARENESS ACTIVITIES, 1996

MEDIA ACTIVITIES	ARVADA	AURORA	COLORADO SPRINGS	DELTA-MONTROSE	WEST DENVER
PUBLIC SPEAKING PRESENTATIONS	47	20	51	28	31
PRINT MEDIA DISTRIBUTION Newsletters	350/quarter		150	750	
Teen Newspapers	60/month	2550/ 3 x per year	5,000/ 6 x per year		
Brochures	4,000		4,000	1,080	15,000
Posters	200			400	
RADIO Interviews	3	1	1	2	2
Public Service Announcements	4 Messages to 10-20 Stations				1 Message to 10 Stations
TELEVISION Interviews	1	1	2	1	2
Public Service Announcements Interviews	3 Messages to 7 Stations	1			

In addition, the project directors from all five sites developed a statewide media campaign, encouraging parents to talk to their teens about sex. As part of this campaign, over 10,000 guidebooks for facilitating parent-teen discussions were distributed throughout the five communities.

Clearly, substantial efforts were made to promote community awareness regarding teen pregnancy and youth issues more generally. A survey of active stakeholders in the final year of the project suggests that many of these participants believe that community awareness of these issues did increase as a result of these efforts.

STAKEHOLDER VIEWS REGARDING THE POSITIVE OUTCOMES OF TPPI

COMMUNITY BENEFITS OF TPPI	PERCENT "STRONGLY AGREEING" OR "SOMEWHAT AGREEING"
Increased Community Awareness of Teen Pregnancy	84.4%
Increased Number of People Involved in This Issue	82.6%
Increased Community Dialogue About Teen Pregnancy	80.2%
Increased Media Attention to This Issue	68.1%
Increased the Willingness of People to Work Together Around This Issue	77.7%

TO WHAT EXTENT HAVE "SERVICES FOR YOUTH AND FAMILIES" INCREASED THROUGH TPPI?

As noted in Section 4, one of the funding requirements of TPPI was that each grantee community would develop a comprehensive strategic plan that would be reflective of the unique needs of the community and support a coherent system of services. [63] Within the second year of the project, stakeholders were asked their views on the services for teens that were either missing or insufficient. The table below shows the most common responses for each of the grantee communities. Although the responses varied by community, stakeholders in all communities indicated that the lack of "recreation" services was a particular problem. By contrast, more traditional teen pregnancy strategies such as providing more family planning or improving comprehensive health education were less commonly selected as service gaps.

STAKEHOLDER VIEWS ON MISSING SERVICES FOR ALL TEENS

	Arvada	Aurora	Colorado Springs	Delta-Montrose	West Denver
Recreation	X	X	X	X	X
Employment/ Job Training			X	X	X
Family Planning	X			X	X
Support Groups for Young Men/ Fathers	X	X		X	
Housing	X	X	X		
Health Centers for Young People	X				X
Transportation			X	X	
Mentoring Programs		X			X
Day Care		X			
Comprehensive Health Education			X		

Further confirmation of the perceived need for recreation services in the various communities was provided through focus groups held with parents in each of the five grantee communities in the projects' third year. One of the primary recommendations made by these groups was that additional attention be given to providing appropriate resources to assist parents, as well as developing affordable activities for youth and families including recreation, sports, family-oriented programs and parenting classes. [64]

> *There's no place for these kids to go. Why isn't there a community center? We have the Parks and Rec, and that's great, but there's a lot of people that can't afford that. The YMCA, that's great, but there are a lot of people who can't afford that (either). So where do our kids go? They hang out at the mall. I just don't see any community support for children.*

> *When you ask if (the community) has anything, they really don't. They have no programs, they have no resources for families to go to, for kids to go to that help out the families. They really don't. People just stick to themselves; they don't help each other out. When I was 12 years old, if I fell in front of somebody's house and skinned my knee, they might come out. Today you don't even know who that person is anymore. You used to know all your neighbors. But there really isn't much for kids and parents today. (The community I live in) is strange; they'll do anything to bring business into town, but they're not willing to build a building where kids can congregate, community centers.*

The programs developed through TPPI can be seen as a response to the need for additional youth-oriented and family programs as defined by the community. As shown in the table below, a wide variety of programs established or funded through TPPI served not only teens at risk for pregnancy, but all youth, families and the community as a whole. In fact, in all communities these broadly focused programs outnumbered those targeted more specifically towards teen pregnancy prevention.

PROGRAMS ESTABLISHED OR FUNDED THROUGH TPPI, 1996

PROGRAM FOCUS	Arvada	Aurora	Colorado Springs	Delta-Montrose	West Denver
Related to Teen Pregnancy	4	7	3	5	1
Serving Youth	22	13	5	34	11
Serving Families	2		3	5	6
Serving the Community		3		4	2

The full impacts of these programs are difficult to capture. The stakeholders themselves, however, affirmed that the development of community-oriented programs was one of the lasting contributions of TPPI, as shown in the chart on the next page. The provision of services for teen mothers and their infants through the case management offered through TPPI was also acknowledged as a positive outcome of the Initiative.

STAKEHOLDER VIEWS REGARDING THE POSITIVE OUTCOMES OF TPPI

BENEFITS OF TPPI	PERCENT "STRONGLY AGREEING" OR "SOMEWHAT AGREEING"
Expanded Type and Amount of Services for Teen Moms	91.4%
Expanded Type and Amount of Services for Infants of Teens	76.6%
Increased Quality of Health Services for Pregnant Teens	80.8%
Provided More Activities for Youth in the Community	73.8%
Increased the Number of Programs/ Services for Youth	86.2%

To implement their strategic plans, each grantee community received $50,000 per year over a four-year period. This funding helped each of the projects to realize the various action strategies proposed in their five-year plans. In addition, each community received funding to support two full-time case managers. Given these resources, the fact that services increased across the five communities is no surprise. The stakeholders suggest, however, that beyond the addition of these services, the availability of these resources helped to increase community commitment to youth issues and service needs.

The nine grants program... and many of the current efforts that focus on youth are all part of the impact. It's provided a linkage (that was not apparent before TPPI) between the youth of the community and the community as a whole.

The biggest impact has been financial support toward the City's Teen Center and skateboard park operations – this "seed" money was very beneficial to convince the City Council that the teen center is an important investment to the youth and future of our community.

TO WHAT EXTENT HAS "COMMUNITY COLLABORATION" INCREASED THROUGH TPPI?

One of the unique features of TPPI was its emphasis on using community "collaboratives" as the vehicle for promoting community change. In a previous section, we reported that in each community, large numbers of stakeholders from diverse backgrounds participated in TPPI meetings. In this section, we address the benefits of this collaboration both for the participants themselves and between the TPPI programs and other community partners.

SECOND YEAR STAKEHOLDER VIEWS REGARDING THE POSITIVE OUTCOMES OF TPPI

BENEFITS OF TPPI N= 32	Percent "Strongly Agreeing" or "Somewhat Agreeing"
I have learned more about the issues surrounding teen pregnancy.	93.8%
I have become more aware of resources in the community.	100.0%
I have developed a broader network of professional and personal contacts.	96.9%
I have developed a broader sense of community needs.	93.8%

FIFTH YEAR STAKEHOLDER VIEWS REGARDING THE POSITIVE OUTCOMES OF TPPI

BENEFITS OF TPPI N=175	Percent "Strongly Agreeing" or "Somewhat Agreeing"
Increased Awareness of Other Resources	71%
Increased Awareness of Other Collaborators	78.8%

Both in years two and five, stakeholders consistently reported that the development of professional and personal contacts through TPPI was a benefit of their participation. Open-ended comments by the stakeholders further confirm the value they place on their collaborative experience.

I believe the biggest impact has been the community collaboration and input.

It has brought the community together through cooperation.

I feel the concept of coalitions is extremely important in the future as the needs and monetary demands for community agencies increase. Coalitions provide vast benefits for the pooling of varied resources, multi-disciplinary approaches to issues, avoidance of duplication of services, increased awareness of services, etc.

The contacts, personal and through meetings and newsletters, help me to understand how the system works and makes my referrals quicker and more productive.

I am able to share information with other agencies that come up against (the) same barriers with Hispanic monolingual clients.

Communication between agencies improved as they work(ed) together on a common problem.

I felt that even agencies with diverse opinions and methods have gained a new respect for each other's attitudes and objectives.

Above and beyond the personal benefits of collaboration, TPPI was able to mobilize other agencies to develop cooperative ventures related to youth issues, as shown in the chart below.

COLLABORATIVE PROJECTS DEVELOPED AS A RESULT OF TPPI, 1996

	Arvada	Aurora	Colorado Springs	Delta-Montrose	West Denver
Joint Ventures Created With Other Agencies	15	23	8	11	10
Number of "Partner" Agencies or Organizations	12	29	19	21	Not Specified
Number of Other Coalitions or Committees With TPPI Representation	8	26	10	11	10

More broadly, the collaborative efforts of the TPPI project directors banding together resulted in two state-level projects related to youth issues. The TPPI project directors were instrumental in bringing Dr. Peter Benson to Colorado for one of their annual conferences, which ultimately led to the development of the Assets for Colorado Youth Initiative funded by The Colorado Trust. As mentioned earlier, the TPPI project directors also worked collectively on a statewide media campaign to encourage parents to talk to their children about sex.

The strength of these collaborative efforts can ultimately be judged by the extent to which programs developed through TPPI are able to be sustained within their individual communities. Efforts will continue to be made to assess the sustainability and longer-term impact of programs developed under TPPI in the future.

WHAT HAS BEEN THE LARGER EFFECT OF THESE COMMUNITY-LEVEL CHANGES?

HAVE TEEN PREGNANCY RATES DECREASED?

The overall declines in teen pregnancy reported earlier in Section 2 have also been observed within most of the individual grantee communities. An analysis of fertility rates within the TPPI counties conducted for 15-17 and 18-19 year old teens revealed persistent downward trends with the exception of the 15-17 year old teens in Delta county. While it would be tempting to suggest that the Initiative had been a success because of the overall reductions in teen childbearing in most of the communities, there are a number of factors that limit our ability to link these downturns to the TPPI activities:

- These trends are occurring both throughout Colorado and the United States and have been observed across various racial and ethnic groups, suggesting that they are connected to larger societal changes that are affecting teens in all communities.

- As explained earlier in this report, trends in age-specific fertility rates can only be observed at the county level because of data limitations.[65] More refined population estimates are necessary to connect program activities funded under TPPI to reductions in teen pregnancy in smaller community contexts. These population estimates are typically available only in census years.

- Few of the program activities funded within the TPPI communities were prolonged enough or intensive enough to produce community-level changes in age-specific fertility rates. While some programs have reported success in reducing the second pregnancy rates among their case-managed clients,[66] these changes are unlikely to be responsible for overall changes in teen pregnancy rates that are being observed.

Despite these caveats, the presumption underlying all community-based interventions designed to prevent teen pregnancy is that changes in the community setting in which teen pregnancy occurs ultimately will have an effect on the prevalence of this problem. Previous sections have clearly demonstrated a generalized effort to mobilize community awareness of and involvement in teen pregnancy as an issue. To the extent that such commitment can be sustained, it is fair to conclude that the activities within the TPPI communities when coupled with other societal efforts to reduce teen pregnancy, will in time have the desired effect of reducing the numbers of children born to teen mothers.

HAS COMMUNITY MOBILIZATION/ CAPACITY INCREASED?

One of the challenges of teen pregnancy prevention is determining how to engage the community in this issue. Despite the five years of effort and $7.7 million expended, over half (or 61%) of the stakeholders surveyed in the fifth year of the Initiative believe that the overall response to teen pregnancy remains for the most part lukewarm to negative, particularly in some of the TPPI communities.

STAKEHOLDER PERCEPTIONS OF THE COMMUNITY RESPONSE TO TEEN PREGNANCY

N=144	Arvada (29)	Aurora (13)	Colorado Springs (21)	Delta-Montrose (61)	West Denver (20)
Generally Positive	24%	46%	19%	49%	20%
Lukewarm or Mixed	45%	15%	14%	33%	45%
Poor Response	21%	31%	62%	18%	35%
Not Sure	10%	8%	5%	-	-

The Stakeholders explained their responses with open-ended comments:

The project's community support has continued to grow. Grassroots efforts and systematic change take time.

People open to community involvement have been very responsive – each person has been impacted by teen pregnancy it seems. Those less open to volunteering have not gotten the message that they can actually help, so they have not responded.

Service providers are trying, but the community as a whole – schools, parents, churches – is spotty and often in denial, clinging to the easy "just say no" type solutions.

Despite the difficulties associated with engaging the larger community, community mobilization can also entail more focused skills development among the participants themselves. Again the stakeholder survey helps to assess the extent to which TPPI represented an opportunity for community problem solving and skills development. The responses shown below suggest that slightly more than half of the stakeholders believe the ability of the community has been enhanced as a result of TPPI. Stakeholders did not believe, however, that the process by which problems are solved had been changed as a result of TPPI.

STAKEHOLDER PERCEPTIONS REGARDING INCREASES IN THE COMMUNITY'S ABILITY TO SOLVE PROBLEMS

COMMUNITY BENEFITS OF TPPI	PERCENT "STRONGLY AGREEING" OR "SOMEWHAT AGREEING"
Increased Community Ability to Solve Its Health Problems	53.4%
Increased Hopefulness About Community's Ability to Solve Its Own Problems	56.2%
Changed Way Community Solves Its Health Problems	32.7%

Above and beyond changes in the ways in which communities solve their problems, the stakeholders were also asked whether they personally had gained any new skills through their participation in TPPI. In general, the active stakeholders were positive about the personal benefits they gained through their participation. The areas in which the greatest amount of benefits were realized are described in the table below. Personal benefits tended to relate to increases in knowledge and awareness rather than the acquisition of specific skills.

STAKEHOLDER VIEWS REGARDING THE PERSONAL BENEFITS REALIZED THROUGH TPPI

BENEFITS OF TPPI	% "STRONGLY AGREEING" OR "SOMEWHAT AGREEING"
PERSONAL BENEFITS	
Increased Knowledge of Effective Programs	63.5%
Increased Personal Commitment to Youth	58.3%
Increased Ability to Promote Community Awareness	52.6%
Increased Awareness of Other Resources	71%
Increased Awareness of Other Collaborators	78.8%
Improved Ability to Deliver Services	44.6%
PERSONAL SKILLS	
Increase Ability to Develop Programs	29.9%
Increased Ability to Develop Strategic Programs/ Plans	34.2%
Increased Ability to Conduct Needs Assessments	28.5%
Increased Ability to Implement Programs	31.1%
Increased Ability to Facilitate Meetings	26.8%

VI. SUMMARY - LESSONS LEARNED FROM TPPI

What is realistic to expect in terms of the ability of community-based programs to achieve changes in health-related problems? Evaluations of similar types of efforts have suggested that community coalitions may not be able in the short term to effect substantial changes in health status. A critical shortcoming in many projects has been the lack of a clear theoretical framework that links the activities of community-based groups to leverage points for changing individual behavior.[67] Other observers have noted that community-based teen pregnancy prevention initiatives differ from more traditional interventions in several key ways.

- **Many community-level efforts place emphasis on creating greater awareness and understanding of teen pregnancy as a first priority.** Helping the community to understand the importance of a problem is the first step towards promoting greater commitment towards solving it. Some have criticized community-based coalitions for focusing more on the importance of teen pregnancy rather than on specific solutions.[68] Others point out that promoting awareness is a very pragmatic approach given the controversies surrounding teen pregnancy.[69]

- **Community-level planning tends to gravitate toward short-term outcomes and narrow definitions of the problems**.[70]
  Community-based coalitions are typically encouraged to start with "do-able" projects that are concrete, attainable and measurable in order to build momentum and keep member commitment. Ideally, these activities are directly related to the successful functioning of the coalitions as well as working towards the resolution of complex problems such as teen pregnancy.[71] The question to be asked is whether the process of engaging the community in an issue such as teen pregnancy has value, irrespective of how effective individual activities may be in reducing the numbers of teens who become pregnant.

- **The prevention strategies judged by community members to be the most effective are those that relate to youth values and skills. More controversial strategies tend to have less support**.[72]
  In general, strategies designed to build on community assets appear to encourage citizen participation to a greater extent than those that focus on problems or deficiencies.[73] Finding a non-controversial middle ground from which to work has been a particular challenge for teen pregnancy prevention efforts. While most recognize teen pregnancy to be a serious problem, there is substantial debate at the community level about how the problem should be approached and the most effective strategies to be used. Options that tend NOT to be chosen are those that generate controversy such as sexuality education, contraceptive availability and school-based clinics.[74]

After five years of planning and implementing programs to reduce teen pregnancy, stakeholders in the five TPPI communities were asked what else the community should do to reduce teen pregnancy? Their open-ended answers suggest that the stakeholders in each of the communities would continue in the same programmatic areas: education, resource development and increasing community involvement and dialogue.

STAKEHOLDER PERCEPTIONS REGARDING AREAS FOR FURTHER COMMUNITY WORK

AREAS FOR FURTHER WORK	% RECOMMENDING OPTION
Education	26%
Resources/ Services Development	14%
Increasing Community Involvement/ Dialogue	11%
Increasing Awareness	10%
Environmental Change	9%

Representative comments further support these general directions for future community activities:

> *Supporting and encouraging more mass education for teens with realm of responsibilities of parenting, general life skills, job and career possibilities, sexuality, consequences of positive versus negative choices, etc.*

> *The city government needs to support* (TPPI program in the community) *and also do more for the teens to have places to go and people to talk with about serious issues*.

> *I would like to see a big effort on the part of churches, schools, etc. with.... goal setting, exciting extracurricular activities (art, music, sports) especially for at-risk students and their parents.*

Various interpretations can be given to the directions in which the programs in the five TPPI grantee communities have developed. At one level, it might be said that the TPPI communities have incorrectly understood the root causes of teen pregnancy and are developing programs that assume that knowledge and awareness alone will lead to change in the numbers of teen pregnancies.[75] Another view might be that the stakeholders in the TPPI communities have been pragmatic, adopting strategies that they know can be implemented and that respond to widely recognized community needs. The broadest view, however, is that the strategies adopted within the TPPI communities address a more fundamental issue at the heart of a variety of social problems: the lack of social capital. Social capital has been varyingly defined to include civic engagement, trust and willingness to help others in the community. Clear links have been made between health indicators and the levels of social capital in individual communities.[76] Less is known about how social

capital might be developed.

One of the lessons from the New Futures Initiative, funded by the Annie E. Casey Foundation, has been the importance of these community capacity-building efforts.

> *Social capital contributes to community by fostering networks of interdependency within and among families, neighborhoods and the larger community. In building social capital, successful collaboratives will change the role of social service institutions. Resources held by agencies will go to building networks of support that are integral to families and neighborhoods. The shift from delivering services to individual clients to investing in the social capital of whole groups of people appears to be essential if collaboratives are to ultimately improve the life chances of generations of at-risk children.*[77]

Social capital begins with relationships among residents, neighborhood institutions, service providers and public and private funders. From this perspective, a collaborative effort should be judged not only in terms of changes in health status per se, but also in terms of the ways in which community ties have been fostered and strengthened. Moreover, efforts to develop social capital should ideally lead to a broader community capacity to deal with a variety of problems. A community developer within the New Futures project elaborates on how the outcomes of community mobilization might be viewed:

> *I think that even if you're looking at numerical outcomes (of project success), you have to look at process. Who's at the table discussing what the outcomes should be? Is it a more diverse group of people than when you began? Is it more than providers? And are providers and other professionals now engaged in honest dialogue with recipients and neighborhood people about why things aren't working? Is there a growing sense of common understanding about what the problems are and what has to happen? Do you begin to hear recognition that systemic change must occur?* [78]

The data presented in this report do not allow us to determine the extent to which levels of social capital increased in the five TPPI communities. A summary of key findings from this report suggest, however, that one of the major accomplishments of TPPI was its ability to encourage communities to enhance their approach to solving problems in ways that in turn will ultimately increase community levels of social capital.

- **Diverse stakeholders** representing various agency perspectives, ideological points of view and both provider and consumer interests were convened and successfully completed a strategic planning process.

- Throughout the subsequent implementation period, stakeholders played a major role in supporting and providing **community oversight** of the prevention interventions that were put into place.

- The process for decision-making, which required on-going meetings and dialogue, encouraged community ownership of the project, as well as **promoting networking** among the participants.

- Substantial effort was made to **increase community awareness and involvement** in teen pregnancy prevention issues. Stakeholders have indicated that this is one of the major accomplishments of TPPI.

- The TPPI project directors were able to leverage their program funds to **increase services and resources for families and youth**, but also to engage in other community-level initiatives **to promote youth-oriented program development**. Increases in services are among the more visible impacts of TPPI.

- The TPPI project directors were able to encourage the development of a broader statewide initiative promoting the **development of youth assets initiatives** in communities throughout Colorado.

- Several of the community-level projects initiated with TPPI support are **likely to continue** through local support supplemented by other funding sources (for example, the charter school for pregnant and parenting teens in Montrose and the adoption of expanded case management services within Denver Kids in the West Denver community).

Will the dialogue continue? The Stakeholders have indicated through their survey that more work remains to be done. An overwhelming majority (94%) indicated that they would participate in a project such as this again. The challenge in continuing this work centers around the difficulties communities have in obtaining grant funding to continue community development work. Each of the communities has put substantial effort into resource development only to find that long-term sources of supports for programs such as this are hard to identify. Local fund-raising campaigns, program diversification and joint ventures have been some of the more successful strategies the TPPI projects have used to continue their program efforts. It is ironic that whether the TPPI programs remain viable may have less to do with their program successes and more to do with the limited sources of funding support to sustain programs.

In sum, TPPI has represented a unique experiment in how communities go about dealing with health promotion type issues. Among all issues, teen pregnancy prevention is among the more controversial and contentious. Yet, five Colorado communities embraced the challenge and invested significant human and programmatic resources in developing community settings that are responsive to the needs of youth. The structure of these interventions had a homegrown flavor, adapted to local preferences, but strongly supportive of community-level change. A first step in this process was defined as increasing community awareness of teen pregnancy and involvement in teen pregnancy

prevention. This strategy of community engagement is the one currently recommended by the National Campaign to Prevent Teen Pregnancy and is also part of the Centers for Disease Control Community Partnerships for Teen Pregnancy Prevention. Beyond community engagement, the achievements of the five TPPI communities suggest a broader investment in social capital, now recognized as a critical component of overall community health.[79] The future of these efforts remains unclear within the individual TPPI grantee communities; yet, the resource base and human capital developed through TPPI funding offers a solid foundation from which future community-based activities can be developed. Time will tell how able the five community projects are to continue the work they have begun.

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APPENDIX A

SUMMARY REPORT:

THE ROLE OF CASE MANAGEMENT WITHIN THE COLORADO TRUST'S TEEN PREGNANCY PREVENTION 2000 INITIATIVE

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INTRODUCTION AND PURPOSE

In 1993, The Colorado Trust initiated the Teen Pregnancy Prevention 2000 Initiative (TPPI), a $7.7 project that lasted for roughly five years. One of the major components of this Initiative was case management services offered by professional service providers to pregnant and parenting teens. Within the larger Initiative, case management was viewed as a way to avert second pregnancies among teenage girls who were already pregnant. Among the project staff in the five TPPI grantee sites, case management provided a "foot in the door," allowing the TPPI sites to gain credibility among other service providers and to connect with "at-risk" clients.

Since the case managers were an integral part of the overall Teen Pregnancy Prevention Initiative, the purpose of this report has been to document their role and contribution. Individually, each of TPPI sites has been conducting its own local evaluation of case management and other project activities. This report is designed to synthesize the experience of the TPPI case managers across each of the TPPI sites in terms of:

- The ways in which case management was defined, including its strengths and weaknesses;
- Suggestions as to how the role of the case managers might have been different; and
- Overall perceptions regarding the success of TPPI as an Initiative within each of the funded communities.

METHODOLOGICAL APPROACH

With assistance from The Colorado Trust staff, a questionnaire was developed that asked a diverse array of questions as to how the case managers viewed their roles (see Appendix B). Telephone interviews were arranged with case managers from each of the five grantee communities. Efforts were made to contact both case managers currently working within the TPPI agencies, as well as those who had been formerly employed. All telephone interviews were taped and transcribed.

In all, 11 telephone interviews were conducted, with at least two case managers from four of the five TPPI sites. Despite repeated phone calls, the case managers at one TPPI site (experiencing a leadership transition and some organizational instability) declined to participate.

Data were analyzed using both quantitative and qualitative methods. Tables are provided in the next section that profile the case managers in terms of the average numbers of clients they treated and the types of functions they performed. To analyze the open-ended comments, two separate researchers reviewed the telephone transcripts for themes.

FINDINGS

What Types of Services Did the Case Managers Provide?

At the beginning of the Teen Pregnancy Prevention 2000 Initiative, The Colorado Trust provided training for all case managers that encouraged a systematic approach to identifying client needs, establishing referral networks and providing collaborative relationships with other provider agencies. This training, while comprehensive, did *not* establish a case management model that all case managers were expected to follow. In fact, the telephone interviews with the case managers confirmed that case managers, even within the same agency viewed their roles very differently.

One way to view the role of the case managers is to examine the *volume* of clients with whom they interacted. Volume can be an indirect measure of the intensity of services a case manager provides. Within a 40 hour work week, case managers who provide intensive counseling and crisis-oriented services are unlikely to be able to see as many clients as case managers who function more as information and referral guides.

Some of the case managers also provided other types of services that limited the amount of one-on-one counseling they were able to offer to clients. These types of services included education forums in schools, support group sessions and participation in overall planning and program development within the project. Subsequent variations in the average amount of "client-time" spent by different case managers can be seen in the table below.

SERVICE DESCRIPTION	AVERAGE	RANGE OF RESPONSES	
		Low	***High***
TOTAL CLIENTS	50	20-25	65-70
ACTIVE CLIENTS	28	18-23	35-40
CLIENTS PER WEEK	10	3-4	10-15

Another perspective for comparing the case managers is in terms of the *primary functions* they saw themselves performing. Although there were some common themes in how the case managers viewed their roles, there were no job components that were identified by a majority (half or more) of the case managers as fitting the functions that they served. This may be in part related to the diversity of roles that each of the case managers played vis-a-vis their clients and the diversity of client needs that they confronted. It also appears to be associated with differences among the TPPI case managers as to how they viewed the role of case management, as will be discussed in the next section.

HOW WOULD YOU DESCRIBE YOUR PRIMARY ROLE AS A CASE MANAGER?	# OF RESPONSES N = 11
Information and Referral	4
Support Group Management	4
Linkages with Available Services	3
Counseling/ Guidance	2
Crisis Management	1

The following quotes describe these functions in greater detail:

When you are involved with this population, there is always a crisis. It's difficult getting into life planning. I did a lot of information and referral. You are always putting out fires. These young ladies have a tendency to thrive on crisis.

It was more about crisis management and counseling, but what I spent most of my time doing was support group management. My clients were so scattered. It was a population – they're just kind of "touch and go." And half of the time It seems like all I was doing was trying to keep up with them wherever they were.

A further dimension along which the case managers can be compared is in terms their overall approach to case management or their *treatment philosophies*. Again, there was no single approach that was identified by a majority of the responding case managers. In fact, there was less consensus about treatment goals than there was about how case managers defined their roles.

HOW WOULD YOU DESCRIBE YOUR APPROACH TO CASE MANAGEMENT?	# OF RESPONSES N = 11
Helping clients follow through on plans	3
Building self-sufficiency and self-esteem	2
Increasing self-awareness and reality testing	2
Establishing trust/ Being there for clients	2
Empowering clients	1

In What Ways Did the Case Managers Think Their Roles Could Have Been Different?

Given the diversity in how the case managers defined their roles, it should be no surprise that there were no consistent recommendations offered as to how their roles could have been different. At the same time, however, the case managers did suggest that their

roles within the TPPI agencies could have been more clearly defined. How case managers believed this should have been accomplished varied from case manager to case manager.

HOW COULD YOUR ROLE AS CASE MANAGER (CM) HAVE BEEN DIFFERENT?	# OF RESPONSES N = 11
Clearer definition of CM role	1
Broader definition of CM role	1
More flexibility in how role was defined	1
Clearer ownership of CM within the parent agency	1
Clearer linkage to settings where teens come	2

While some case managers believed that their roles should have been more focused and proscribed, others appreciated the flexibility they were given and believed that ultimately it allowed them to serve their clients better. These two different points of view are captured in the quotes below.

> *There could have been more of a focus on behavioral outcomes, concrete outcomes to track progress, a different environment for me to understand how I can help my clients better.*

> *We could have been mandated more closely and I'm thankful that we weren't because what we've been allowed to do is develop a case management range of services that addresses and fits the needs of the clients. So, instead of saying, I can only do X,Y and Z...we were able to say, "This is your need for right now and this is what we can help you with."*

When asked specifically "*should there have been a more defined set of expectations regarding program goals?"* half of the respondents (four) said "no," while the remainder (three) said "yes."

The case managers varied in terms of how open-ended they preferred their job functions to be. In terms of their roles within the TPPI agencies, many had specific suggestions as to how case management could have been better integrated into their agencies' overall mission. A consistent theme across many of the projects was the need for better coordination of case management activities both within and outside of the sponsoring agencies.

ARE THERE WAYS IN WHICH YOUR ROLE IN YOUR AGENCY SHOULD HAVE BEEN DIFFERENT?
INTERNAL COORDINATION *Better linkage between prevention and intervention* *Start community education role earlier*
EXTERNAL COORDINATION *Better linkage into the community* *Role of case management in the community could have been expanded*
CROSS-INITIATIVE COORDINATION *More idea-sharing and team building across Initiatives* *More supervision/mentoring/sharing across Initiatives*

Other suggestions as to how the role of case management could have been strengthened relate to the difficulties the case managers had in establishing this type of service in a free-standing setting. Case managers talked about the challenges they faced in recruiting clients, establishing referral relationships with other agencies and in not being connected to a broader support network that could have included peers, mentors and supervisors.

The case managers should have had more of a voice in the whole planning process.

How Did Case Managers View the Success of TPPI?

Within the TPPI agencies, the case managers performed a wide variety of roles. Beyond providing case management services to clients, the case managers also worked in other capacities, as shown below.

OVER YOUR YEARS WITH TPPI, WHAT HAVE BEEN YOUR VARIOUS ROLES?	# OF RESPONSES N = 11
CASE MANAGEMENT	7
SERVICES FOR YOUTH	5
EDUCATION PROGRAMS	4
PROGRAM PLANNING	4
PARTICIPATION WITH ADVISORY GROUP	6
1st YEAR PLANNING	3

Given this diverse vantage point, the case managers were asked what they believed were the successes of the overall Initiative. In a previous report, we reported on the success of TPPI as perceived by the project directors and the stakeholders. As shown in the comparison table below, the case managers concurred with their other counterparts in

terms of how TPPI was successful. Case managers also commented on their success with individual clients, an area with which the stakeholders may have been less familiar.

AREAS OF SUCCESS WITHIN TPPI	CASE MANAGERS	PROJECT DIRECTORS	STAKE-HOLDERS
Increased Community Awareness/Education	✓	✓	✓
Increased Resources for Youth	✓	✓	✓
Community Collaboration	✓	✓	✓
Networking	✓	✓	✓
Success with Individual Clients	✓	✓	

The case managers also reported on ways in which the success of TPPI could have been strengthened. Areas for improvement tended to fall into two categories: 1) those that related to changes in the case management function and 2) those that related to the larger TPPI projects.

SUGGESTED AREAS FOR IMPROVEMENT
AREAS RELATED TO CASE MANAGEMENT *Case management could have been better advertised or connected* *There was confusion regarding the link between case management and prevention.*
AREAS RELATED TO THE TPPI PROJECT AS A WHOLE *Start the evaluation sooner to evaluate program impact.* *Get more sustained involvement from the stakeholders.* *Provide more assistance to the resource developers.* *Develop more targeted efforts toward the needs of teens.* *Have better linkage into the community.*

CONCLUSIONS

In conclusion, the case managers provided diverse perspectives on their roles within TPPI and on the Initiative as a whole. Paradoxically, the case managers believed that the flexibility inherent in their roles provided great strength to their ability to meet their clients' needs, but also created challenges in terms of defining a specific program niche that they

could fill. Many of the specific recommendations made by the case managers related to ways of integrating case management more directly into the overall TPPI project, as well as into the community and with each other. The several messages that they would like to leave with The Colorado Trust is their gratitude for being a part of this Initiative and the strong belief that they could be useful to The Trust in the future should such a similar type project be contemplated.

APPENDIX B

PROPOSED RESEARCH STRATEGY
CASE MANAGEMENT INTERVIEWS

EVALUATION OF THE COLORADO TRUST'S
TEEN PREGNANCY PREVENTION 2000 INITIATIVE

PROPOSED INTERVIEW FORMAT
FACE-TO-FACE OR TELEPHONE INTERVIEW

INTRODUCTION

Thank you for being willing to talk with me today.
The purpose of today's interview is:

- To understand the role of case management within (your agency);
- To explore your opinion regarding any changes that might have been made in the delivery of case management services;
- To identify your opinions regarding TPPI as an initiative and any ways in which it might have been different.

BACKGROUND

First, let's start with a few questions about you:

4. How many years have you (or did you) work for (your agency)?

5. On average, how many hours per week do you (or did you) work?

Full-time

Part-time (hours per week)

Different at different times

Other

6. What is (or was) your total number of clients in the most recent year you worked?

   Of these, how many would you consider to be active?

   How do you define "active clients?"

7. On average, how many clients do you (or did you) see per week?

8. What is your professional background or training?

   Counseling

   Nursing

   Psychology

   Social Work

   Other

   No professional degree

DEFINITION OF CASE MANAGER ROLE

9. How would you describe your primary function as a case manager within (your agency)? (Check the TOP TWO that apply.)

   Crisis management

Counseling/guidance
Information and referral
Assistance with life planning
Linkages with available services
Support group management
Other

10. Are there any ways in which you believe your role as a case manager might have been different?

What prevented you from acting in these other capacities?

Constraints by The Colorado Trust
Constraints by the Lead Agency

Or is this simply a reflection that comes from learning?

11. Describe the range of needs of the clients you serve (or have served).

12. How would you define your approach to case management? (I.e., What are the particular services you are particularly skilled at providing to your teen clients?)

13. Were the services you delivered to clients directed toward particular goals?

Reducing second pregnancies

Reducing low birth weight births

Client self-sufficiency

Client stabilization

Other

14. Were these client goals part of your overall agency's goals?

15. Would having a more defined set of expectations regarding program goals have helped you? How?

Either from your agency

Or from The Colorado Trust

16. What were the strengths of case management with (your agency)?

17. What (if any) were the weaknesses of case management within (your agency)?

ROLE WITHIN THE AGENCY

18. Over your years with (your agency), what have been your various roles? (Check all that apply.)

Case Management
Services for Youth (e.g., Support Groups)
Education Programs
Program Planning
Participation in Advisory Group Meetings
Participation in the Original First Year Planning Process

Other

19. Are there any ways in which you believe your role (in your agency) should have been different?

PERCEPTIONS OF TPPI

20. In what ways do you believe that TPPI has been a success?

At the community level?

At the Initiative level?

21. In what ways do you believe that the success of TPPI could have been strengthened?

At the community level?

At the Initiative level?

22. Is there anything else you would like The Colorado Trust to know?