

Preventing Adolescent Pregnancy: *An Action Planning Guide for Community-Based Initiatives*

Stephen B. Fawcett, Ph.D., Adrienne Paine-Andrews, Ph.D.,
Vincent T. Francisco, M.A., Kimber P. Richter, M.A.,
Rhonda K. Lewis, M.A., Kari J. Harris, M.S., Ella L. Williams, M.Ed.,
and Jacqueline L. Fisher, M.P.H.
*Work Group on Health Promotion & Community Development
University of Kansas*

In collaboration with

Murray L. Vincent, Ed.D.
University of South Carolina

and

Charles G. Johnson, M.S.P.H.
*School/Community Sexual Risk Reduction Project for Teens
Denmark, South Carolina*

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"In dreams begins responsibility"

-William Butler Yeats

Preface

Adolescent pregnancy is a serious problem in many of our communities. Many adolescents choose to be sexually active before they are prepared for the commitments of loving relationships. Of those who are sexually active, many do not use contraceptives, exposing them to the risks of unwanted pregnancy and sexually transmitted diseases.

Unprotected sexual activity has consequences for adolescents, their families, and the children they may bear. Should a young woman become pregnant and have a child, her prospects for education and employment are greatly reduced. Should the young father quit school to help provide for his family, his opportunities may be similarly diminished. Parents or guardians of adolescents may also share in the burden of caring for unwanted children. Children born to such circumstances are themselves more likely to start life with low birth weight, medical complications, and reduced opportunity to achieve their full potential.

Some communities have responded to the challenge of preventing adolescent pregnancy with broad-based initiatives involving many different sectors of the community. These initiatives involve key community leaders and representatives of grassroots organizations. They bring together representatives from schools, religious organizations, and other sectors of the community that share concerns about the problem or have a stake in its solution.

The group's **action plan** is its **vision** for a healthy community made concrete. How could schools be changed to help prevent adolescent pregnancy? What changes in religious organizations would help fulfill this mission? How can the business community do its part? How about government? The youths themselves? Taken together, the proposed changes in all relevant sectors of the community provide a **blueprint for action**.

The purpose of this Action Planning Guide is to enhance your community's efforts to plan for the prevention of pregnancy among youth aged 12-17. Chapter I provides background information on key issues and concepts in planning. Chapter II offers an overview of the planning process, with particular emphasis on clarifying mission, objectives, and strategies. Chapter III provides help in considering which sectors of the community should be involved in your prevention initiative. Chapter IV, the heart of this guide, assists in identifying particular changes that will be sought in each relevant sector of the community. Chapter V outlines a process for building consensus on community changes to be sought. Chapter VI offers guidance in listing action steps to finalize the action plan. Finally, Chapter VII outlines a strategy for monitoring progress on goal attainment and promoting renewal in the organization.

Throughout the guide, we draw on the experience of a particular model for preventing adolescent pregnancy, the School/Community Model of Sexual Risk Reduction. This promising approach was pioneered in South Carolina. Sponsored by the Kansas Health Foundation, based in Wichita, this model is being replicated in communities throughout the state of Kansas.

Best wishes for your own community's successful planning.

***"I am not an optimist.
I am simply persistent...
I can wait a long time
for the right moment."***

-Jean Monnet, French Designer of the European Common Market

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***"If you know what you think
and what you want,
you have a very real advantage."***

-Warren Bennis, On Becoming a Leader

Chapter I

Key Issues and Concepts in Planning

With clarity of purpose, it is possible to address the array of sexual risk reduction issues faced by communities. This guide uses a process of action planning. The primary aim is to help clarify the specific ways in which the community can take action to reduce adolescent pregnancy.

This chapter explores key background issues and concepts of the planning process. At the end of this chapter, we provide planning pages that your group can use to get grounded in the issues and context, document the problem, become aware of local resources and efforts, involve key leaders and grassroots groups, and create a supportive context for planning and action.

Getting Grounded in the Issues and Context

Perhaps the most important preliminary step in action planning is to become familiar with the issues and context of the community. Group leaders begin by talking with key leaders in the community and people affected by adolescent pregnancy and related concerns. This contributes to a better understanding of what the issues are and what needs to be done.

As any community organizer will attest, it is critical to listen before taking action. Talk with a variety of people, including those who have experienced adolescent pregnancy, those at risk, and those interested in doing something about the problem of adolescent pregnancy.

In addition to talking one-on-one, group leaders can use public forums or focus groups, in which people can express their views about the issues and what can be done about them. Such public meetings should be convened with people from different neighborhoods, socioeconomic groups, and ethnic and cultural groups. This will expand available perspectives on issues and options.

Social Reconnaissance

One method of becoming familiar with the issues is referred to as "social reconnaissance." The method of "social reconnaissance" is a straightforward and effective tool for gaining knowledge about the issues and context. It uses public forums to learn about the community's perspectives on local issues and options.

The social reconnaissance method records information on four aspects:

- ✓ the problem or issue
- ✓ barriers and resistance to addressing the concern
- ✓ resources for change
- ✓ recommended alternatives and solutions.

Discussion leaders set a limited time for brainstorming each aspect, using newsprint to record the product of discussions. Brief reports based on the findings can be used to publicize the issue in the media, thereby enhancing the credibility of the early developing initiative.

Documenting the Problem

In addition to hearing the community's perspective on adolescent pregnancy, it is important to document the problem using existing information sources. Some school systems have data from youth surveys that can be used to document the level of sexual activity among adolescents in your community. Data may be available on the percentage of middle and high school age youth who have ever had sexual intercourse or who have had it on a regular basis. Similarly, public health records can be used to document the level of adolescent pregnancy in the community. Such information can be used to help document the level of the problem and to consider whether further action is necessary. Later, these data can be used to determine how effective your group was in addressing the problem.

Becoming Aware of Local Resources and Efforts

It is also important to be aware of existing programs and resources to deal with the problem of adolescent pregnancy. What programs with similar purposes already exist in the community? Talk with service providers and clients. Gather evidence about the scope of existing services and their effectiveness. How many people (and whom) are they serving? Are the services and programs effective?

Are there task forces or groups currently involved in preventing adolescent pregnancy? How many people are actively involved? Is the group effective? Knowing the issues and the environment are critical to successful planning. Were there *past* initiatives with a similar mission? Why and how did its efforts end?

Involving Key Leaders and Grassroots Groups

The planning process should be *inclusive*. We recommend that the leaders of the prevention initiative arrange opportunities for participation by all those interested in changing a particular sector of the community, such as schools or businesses. Key leaders of each sector can be recruited, such as influential pastors of churches (for the Religious Organizations Sector) or the principals of middle schools (for the Schools Sector). Similarly, leaders of grassroots, community organizations can be recruited, such as those from informal neighborhood or minority organizations.

Participants should reflect the diversity of the local community. Coalition leaders can ensure that the planning group extends beyond service providers of relevant agencies. Are youth involved? Parents and guardians? People of different socioeconomic backgrounds? If the community is culturally diverse, are African Americans, Hispanics, or other People of Color involved in planning?

Creating a Supportive Context for Planning and Action

Successful initiatives create a supportive context for planning and action. Several aspects of the group are particularly important, including its leadership, size, structure, organization, diversity, and integration.

Leadership refers to the process by which leaders and constituents work together to bring valued change by setting priorities and taking needed action. Successful groups have a person or small group that have accepted responsibility for their success. Leaders should have a clear vision of a healthy community free of adolescent pregnancy and the ability to attract others to the vision. They also have the capacity for listening and other qualities that enable them to relate to others within the group. Good leaders have the courage, perseverance, and other attributes to help the group transform the community to better fulfill the vision. Although a single person often accepts overall responsibility, effective organizations usually have a number of leaders who work with constituents to fulfill the group's mission.

The planning group must have a manageable **size** and **structure**. Most groups operate best with a maximum of 15 people. If many people are interested in working on the issues, the group can be structured into smaller executive or steering committees which will report back to the group.

Some groups use a "planning retreat" in which members get away from the office to reflect on the goals and means of the initiative. This can be accomplished in half or full-day sessions that involve key members of the planning group.

The **organization** of the planning group is also important. In larger groups or communities, action planning might initially be done in subcommittees or task groups that are organized around each sector of the community to be involved. For example, separate task forces might be set up for businesses, schools, or religious organizations. In smaller groups or communities, action planning might be accomplished by the entire group.

The planning groups should be **diverse** and **integrated**. They should include influential people from important sectors, such as the school superintendent or principals from the school sector. They also include people concerned about what is going on in the sector, such as youth and parents, who are affected by and interested in bringing about change in schools. The group must consider how the continuing participation of powerful players can be maintained while preserving the involvement of the ordinary citizen.

Planning sessions must be well publicized and open to members. Final review and approval of the coalition's action plan, as well as its mission, objectives, and strategies, will be provided by the entire group.

Some Tips on the Planning Process

Several aspects of the planning process are worth noting. These tips on planning are described below.

Be Inclusive

Good planning is active and inclusive. Seek out key players with diverse viewpoints on the problem or issue. Once a diverse group of important players is at the table, it is important to get them to communicate with each other. Effective leaders often call on silent members during pauses in the discussion. They convey the value of each person's voice on the issues. Occasionally, it may be necessary to modify an overly enthusiastic response from those who attempt to dominate meetings. Leaders may do so by thanking them for their comments and indicating the importance of hearing from other members of the group.

Manage Conflict

If the group is effective in attracting diverse views, conflict among members may result. Group facilitators can recognize differences, perhaps noting the diverse experiences that give rise to divergent views. To resolve conflicts, leaders may attempt to elevate the discussion to a higher level on which there may be a basis for agreement. By reminding the group that we are all about the shared mission of preventing adolescent pregnancy, for example, leaders can help members find common ground.

Use Brainstorming Rules

Group facilitators must avoid making judgments about ideas and suggestions. Brainstorming rules apply. All ideas must be heard and noted without criticism.

Be Efficient

Planning meetings must be efficient, starting and ending on time. It may be helpful to have an agenda or to build a consensus at the beginning of the meeting about what will be accomplished and in what time frame.

Communicate Products of Planning

Planning will result in a useful product. Try to structure every planning session so that it results in a product, such as a list of issues or ideas. Show off the product at the end of planning meetings, distributing copies of the products of planning to all members.

Provide Support and Encouragement

Finally, it is important to provide support and encouragement throughout the process of planning. Good planning takes time; it usually requires months to produce a detailed plan of action. Acknowledge the contributions of all participants, especially key leaders. Let the group know when it is doing a good job.

Summary

This chapter provided a background in the key issues and concepts of planning. The next chapter provides an overview of the process of planning for actions, with particular emphasis on reviewing the group's mission, objectives, and strategies for preventing adolescent pregnancy.

Planning Pages
Getting Grounded in the Issues and Context

Please review the ideas in this chapter. Use these planning pages to refine your group's understanding of the problem or issue, barriers and resistance to addressing the concern, resources for change, and recommended alternatives and solutions.

Your group might arrange town meetings or focus groups in which to consider these issues. Be sure to include a variety of people, including those at risk to adolescent pregnancy and those interested in doing something about the problem of adolescent pregnancy.

THE PROBLEM OR ISSUE

Is adolescent pregnancy a problem in this community? What are the consequences? Who is affected? How are they affected? Are there related issues of concern? Is this issue of widespread concern?

BARRIERS AND RESISTANCE

What key individuals or groups might oppose efforts to prevent adolescent pregnancy? Can they be involved effectively? What other barriers might limit the effectiveness of the prevention initiative? How can the barriers and resistance be overcome?

RESOURCES FOR CHANGE

What resources and capacities are needed to address the mission? What local individuals or groups could contribute? What financial resources and materials are needed? Where might the money and materials be obtained?

SOLUTIONS AND ALTERNATIVES

What are some alternatives for addressing the issue or problem in light of the anticipated barriers and resources? These ideas may provide an initial indication of what solutions might be acceptable to the community. (The group will refine these ideas in its action plan that is described in later chapters of this guide.)

Planning Page Documenting the Problem

Please review the ideas in this chapter. Use this planning page to focus your group's efforts to document adolescent pregnancy as a problem in your community.

Your group might collaborate with officials of local school districts and health departments to obtain existing data that could be used to document the problem.

HIGH RISK SEXUAL BEHAVIOR

Some school systems have data from youth surveys on sexual risk behavior. What percentage of middle and high school age youth have *ever* engaged in high risk sexual behavior? What percentage have done so on a *regular* basis? What are the trends in high risk sexual behavior over time? How do the levels and trends compare with those of similar communities?

COMMUNITY OUTCOMES

Many public health departments maintain information on community outcomes associated with adolescent pregnancy. What is the estimated pregnancy rate? What are the trends on this indicator over time? How do the levels and trends compare with those of similar communities?

Planning Page
Becoming Aware of Local Resources and Efforts

Please review the ideas in this chapter. Use this planning page to refine your group's understanding of *existing* programs and resources as well as *current* and *past* efforts of groups with a similar mission.

Your group might use interviews with key informants to help with these questions. Informants might be drawn from well-connected people in the health and human service, business, and government sectors as well as grassroots leaders in neighborhoods particularly affected by the concern.

EXISTING PROGRAMS AND RESOURCES

Are there existing programs and resources for preventing adolescent pregnancy? How many people (and whom) are they serving? Are these services and programs effective?

CURRENT AND PAST INITIATIVES

Are there task forces or groups *currently* involved in preventing adolescent pregnancy? How many people are actively involved? Is the group effective? Were there *past* initiatives with a similar mission? Why and how did their efforts end?

Planning Page
Involving Key Leaders and Grassroots Groups

Please review the ideas in this chapter. Use this planning page to refine your group's understanding of which key leaders and grassroots groups should be involved in the initiatives.

Your group might use interviews with key informants to help with these questions. Informants might be drawn from people of influence in the health and human service, business, and government sectors as well as leaders in neighborhoods particularly affected by the concern.

KEY LEADERS

Who can make things happen on this issue? What individuals are in a position to create (or block) change? What representatives of the group would be most successful in getting these key leaders to become involved in the initiative?

GRASSROOTS GROUPS

Who makes things happen in neighborhoods affected by this concern? What individuals are particularly influential with members of ethnic and cultural communities? What representatives of the group would be most successful in involving members of minority communities?

Planning Pages

Creating a Supportive Context for Planning

Please review the ideas in this chapter. Use these planning pages to consider how your group will position itself for success. In particular, note the leadership of the planning group and its preferred size and structure, organizations, and plans for integration of key leaders and people affected by the concern

LEADERSHIP

Consider whether a person or small group has accepted responsibility for the project's success. Do the leaders have a clear vision of a healthy community for adolescents? Do the leaders have the ability to attract others to the vision? Do they have the skills to relate to others within the group? Do they have the courage, perseverance, and other attributes to help the group transform the community?

GROUP SIZE AND STRUCTURE

What is a manageable size for the planning group? If more people wish to be involved, what structure will be used to include them? Perhaps the planning group might be composed of a smaller executive or steering committees which would report to the group.

GROUP ORGANIZATION

How will the planning group be organized? In larger groups or communities, planning might initially be done in subcommittees or task groups organized around community sectors, such as schools or religious organizations. In smaller groups or communities, this might be done by the entire group.

GROUP DIVERSITY AND INTEGRATION

How will diversity and integration of differing perspectives be assured? How will influential people be involved? How will citizens affected by the concern be involved? How can the continuing participation of powerful players be maintained while preserving the involvement of ordinary citizens?

Chapter II

Planning Overview: Mission, Objectives, Strategies, and Action Plans

When groups develop a plan for action, they decide what they are about, what they hope to accomplish, and how they are going to get there. These decisions may be reached in strategic planning, the process by which a group defines mission, objectives, strategies, and action plans. This chapter provides an overview of these broader planning considerations and explains what is involved in determining mission, objectives, and strategies. It also helps clarify considerations of where the group will direct its efforts: who is at risk and who is in a position to help with the problem. At the conclusion of the chapter, we provide planning pages in which your organization may refine its mission, objectives, strategies, and targets and agents of change. The remainder of the guide will be devoted to preparing detailed action plans consistent with the identified mission, objectives, and strategies.

An Overview of Strategic Planning

A complete strategic plan consists of four elements: mission, objectives, strategies, and action plan. Each is described below.

A **mission statement** describes *what* the group is going to do and *why*. The mission might refer to implementing a school and community-based prevention program to reduce the incidence of a negative condition, such as adolescent pregnancy, or increasing the level of a positive condition, such as abstinence from sexual activity or the use of contraceptives for those youth who choose to be sexually active. The mission statement must be: a) concise, b) outcome-oriented, such as the outcome of reducing substance abuse or adolescent pregnancy, and c) inclusive, not limiting in the strategies or sectors of the community to be involved.

Objectives refer to *specific measurable results* of the initiative. They include: a) key behavioral outcomes, such as changes in the level of sexual abstinence and use of contraceptives, b) related outcomes, such as the incidence of adolescent pregnancy, and c) key aspects of the process, such as establishing a comprehensive plan for preventing adolescent pregnancy. Objectives set specified levels of change and dates by when change will occur. Example objectives include: a) By

the year 2000, decrease by 40% the levels of unintended pregnancy among never married teens and preteens, b) By 2000, increase by 50% the reported level of sexual abstinence and the postponement of initial sexual intercourse, c) By 2000, increase by 50% the reported use of contraception among teens who choose to be sexually active, and d) By 1994, establish a comprehensive action plan for all sectors of the community that will contribute to the prevention of adolescent pregnancy. The objectives must be measurable, challenging, important to the mission, and feasible to accomplish.

Strategies refer to *how* the initiative will be conducted. Types of strategies include building coalitions among community groups and organizations, involving leaders in creating a plan of action, organizing grassroots efforts at the neighborhood level, conducting existing services, and creating new programs, policies, and practices related to the mission. A group may use a variety

of strategies to meet its objectives and fulfill its mission. The proposed strategies should be consistent with what is known about planned change with communities, organizations, and individual behavior.

Action plans describe how strategies will be implemented to attain the objectives. They refer to *specific action steps* to be taken or changes to be brought about in all relevant sectors of the community. Action steps indicate what actions or change will occur (what), in what amounts (how much), the responsible agents (by whom), the timing (by when), and, if applicable, the requirements for money or other resources (costs). Example action steps are provided in later chapters.

The mission, objectives, and strategies of adolescent pregnancy initiatives are often largely defined by the granting agency that supported the initiative. The **mission statement** mandated by a funding initiative to reduce sexual risk may look something like this:

"To reduce pregnancy among adolescents (12-17 year olds) in _____
(community) through school and community prevention efforts."

A group's **objectives** for preventing adolescent pregnancy will likely refer to the outcomes and behaviors of particular concern, including the incidence of adolescent pregnancy, abstinence, and use of contraception. The objectives may appear as follows:

By the year 1997, the estimated pregnancy rate among 12-17 year olds will be reduced by ___ per 1000 to ___ per 1000.

By the year 1997, the reported level of sexual abstinence and postponement of initial sexual intercourse among 12-17 year olds will be increased by ___ percent.

By the year 1997, the reported use of contraceptives among 12-17 year olds who choose to be sexually active will be increased by ___ percent.

Similarly, the prevention initiative's **strategies** may also be largely defined by the funding source or by the usual meaning of prevention initiative. Strategies for a school and community sexual risk reduction initiative might be summarized as follows:

Involve teachers in graduate sex education

Assist churches to implement parent-child awareness sessions

Include comprehensive sex education in the curriculum of grades Kindergarten through 12, including: abstinence education, sexual decision making skills, family planning/contraception at age-appropriate points

Incorporate options for teacher-led and peer counselor programs in the schools

Survey student knowledge, attitude, and behavior related to sexual issues

Organize a school/community advisory group

Although your group's mission, objectives, and strategies may be mandated, its action plan will reflect your community's unique goals, concerns, and experience.

Identifying Targets and Agents of Change

When the group has determined where it is going and how it is going to get there, it will focus on key actors whose behaviors need to be changed and people who are in a position to make the changes. Clarifying whose behavior must change to address the problem will help in later planning for action.

Potential **targets of change** include all adolescents as well as those adolescents who are at particular risk to adolescent pregnancy. They also include those whose actions contribute to the problem, such as peers, adults, parents, caregivers, service providers, teachers, religious leaders, and elected and appointed officials.

Potential **agents of change** include all those in a position to contribute to the solution, such as peers, parents and caregivers, religious leaders, and the business community. They also include those who have a responsibility to contribute to the solution, including peers, parents, caregivers, teachers, service providers, religious leaders, business people, and elected or appointed officials.

Summary

This chapter outlined key ideas in strategic planning that may be used to review (and perhaps revise) the broad strategic plan. The planning pages that follow provide an opportunity to apply these ideas to your own prevention initiatives.

Planning Pages
Refining Your Group's Mission, Objectives, and Strategies

Please review the ideas in this chapter. Use these planning pages to refine your group's mission, objectives, and strategies. Please note that if you are applying for grant funds, the mission, objectives, and/or strategies may be largely or fully predetermined by the funder.

MISSION

The mission statement describes the special task or purpose of the group. It describes *what* the group intends to do and *why*. It must be, concise, outcome-oriented, and inclusive. An example mission statement is: "To reduce pregnancy among adolescents (12-17 year olds) in _____ (community) through school and community prevention efforts." Please state the mission of your prevention initiative.

OBJECTIVES

Objectives state the goal toward which project activities are directed. Objectives will describe how much will be accomplished in *specific measurable results*, and state the time frame for accomplishments. Objectives must be challenging, important, potentially measurable, and feasible to accomplish. Please list the objectives of your group, inserting the appropriate dates and target percentages:

By the year _____, the estimated pregnancy rate among 12-17 year olds will be reduced by _____ percent.

By the year _____, the reported level of sexual abstinence and postponement of initial sexual intercourse among 12-17 year olds will be increased by _____ percent.

By the year _____, the reported use of contraceptives among 12-17 year olds who choose to be sexually active will be increased by _____ percent.

STRATEGIES

Strategies describe *how* the objectives are going to be met. Strategies for the prevention of adolescent pregnancy include: enhancing personal experience and competence, decreasing environmental stressors and barriers, and enhancing environmental support and resources.

More specific strategies related to changing behavior include: a) providing information, b) modeling, c) skill training, d) incentives or disincentives, e) reducing time and effort for the desired behaviors, f) changing the environmental design to remove barriers or enhance accessibility, g) changing policy (e.g., creation, modification, or termination), h) providing support, i) arranging mentors, j) enhancing resources, and k) providing feedback on progress.

Specific strategies related to organizational and community development include: a) community-based initiatives, b) prevention approaches, c) systems that integrate and coordinate local agencies and resources, d) initiatives that are comprehensive and involve many different sectors of the community, and e) initiatives that develop opportunities and capacities for citizen involvement and leadership.

Please list the strategies to be used by your prevention initiative.

Planning Page

Refining Your Group's Choice of Targets and Agents of Change

Please review the ideas in this chapter. Use the planning page to refine your group's choice of targets and agents of change.

TARGETS OF CHANGE

Targets of change include all adolescents as well as those adolescents at particular risk to adolescent pregnancy. (Targets of change are those who by their actions or inaction contribute to the problem). Possible targets of change include: children and adolescents, peers, adults, parents and caregivers, teachers, service providers, business people, and elected and appointed officials.

Please list the targets of change for your prevention initiative.

AGENTS OF CHANGE

Agents of change are those who are in the best position to contribute to the solution, such as peers or parents and caregivers. They may also include those who have a responsibility to contribute to the solution, such as teachers or religious leaders. Possible agents of change include: peers, parents and caregivers, teachers, service providers, religious leaders, business people, and elected and appointed officials.

Please list the agents of change for your prevention initiative.

Chapter III

Involving Key Sectors of the Community

The purpose of this chapter is to guide your group's choice of community sectors, such as schools or religious organizations, which will be involved in the group. Community sectors are those groups which will help the group fulfill its mission. Some sectors will be selected since they provide access to youth who are at particularly high risk for adolescent pregnancy. Other sectors will be included since they involve community members who have an interest or responsibility for preventing adolescent pregnancy.

Please:

Review the targets and agents of change identified in the previous chapter. These are the people whom your group hopes to influence and involve in its efforts.

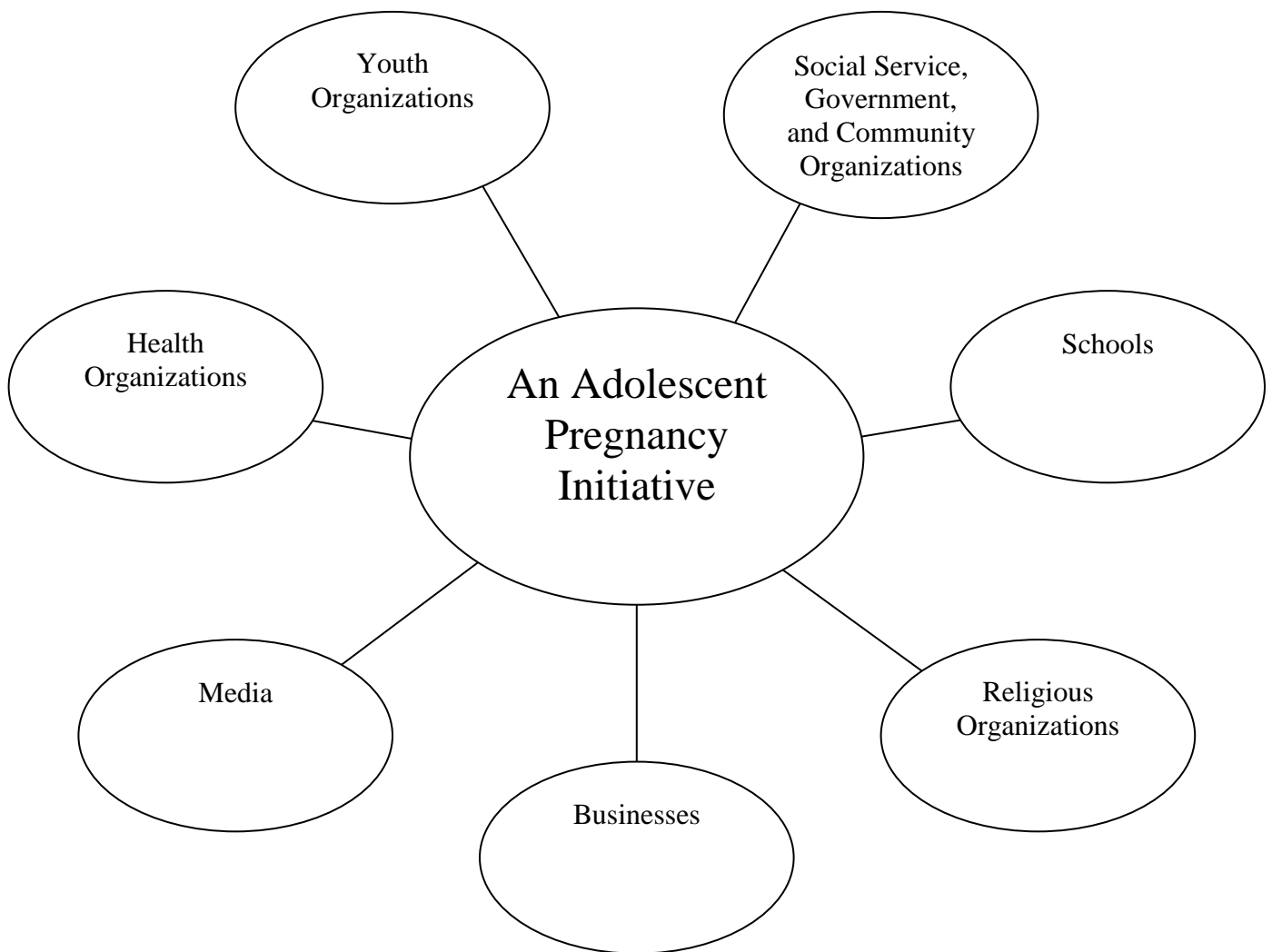
Review the diagram on the next page of the community sectors involved in an example initiative to prevent adolescent pregnancy. Consider which of these sectors of the community might be most useful in preventing adolescent pregnancy. Modify the chosen sectors and delete or add new ones to fit your community's special needs, resources, barriers, and experiences.

Use the Planning Page at the end of this chapter to identify the sectors that your group will use. Each sector should help reach your group's targets of change and/or involve your selected agents of change. Your organization's own particular sectors will reflect the overall mission, objectives, and strategies, as well as local resources, opportunities, and choices.

Key Community Sectors
An Example Initiative to Prevent Adolescent Pregnancy

Here is a diagram of community sectors that were involved in an actual adolescent pregnancy prevention initiative, the original School/Community Sexual Risk Reduction Project in South Carolina. These are the community sectors or groups through which that organization intended to fulfill its mission.

Which community sectors should be used to address your group's mission? Which of these offer good prospects for changing youth behaviors and involving community members with a concern about the problem of adolescent pregnancy?

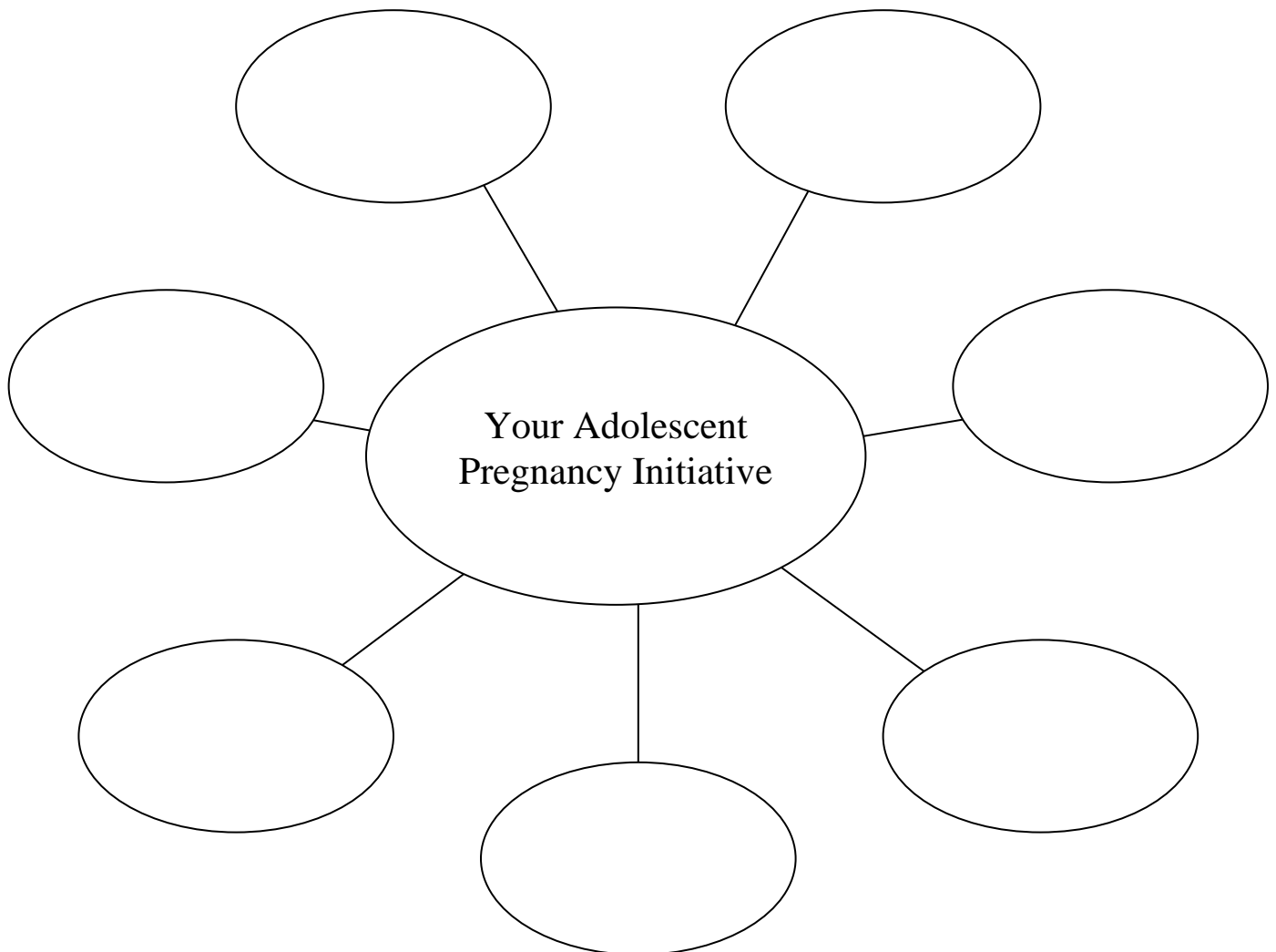


Planning Page
Choosing Community Sectors to be Involved in Your Group

Please review the diagram for the prevention initiative on the previous page. Use this page to list proposed sectors of the community in which *your* group can and will have influence.

Potential sectors include schools, religious organizations, and other contexts for reaching youth or involving those willing to help.

Review the targets and agents of change identified in the previous chapter. Consider what community sectors will best enable the group to reach the targets of change and to involve potential agents of change. Consider the following questions: Does the sector provide access to large numbers of youth or youth at risk to adolescent pregnancy? Does it provide access to community members who have an interest or responsibility for preventing adolescent pregnancy? Is this part of the community important to the mission of reducing adolescent pregnancy? Is it feasible to involve the sector in the group's efforts? What other sectors could or should be involved?



*"I am tempted to believe that what we call
necessary institutions
are no more than institutions
to which we have become accustomed.
In matters of social constitution,
the field of possibilities
is much more extensive than men (sic)
living in their various societies
are ready to imagine."*

-Alexis de Tocqueville, Democracy in America

Chapter IV

Preparing Your Action Plan: Identifying Community Changes to be Sought

The purpose of this chapter is to help guide the choice of community changes that your group will seek in each relevant sector of the community. To address the mission, your group may seek to change programs, policies, and practices within schools, religious organizations, and a variety of other possible community sectors.

This chapter provides an inventory of possible changes that your group might seek in each sector. Ultimate decisions about what changes or improvements to seek rest with your community group.

Please:

1. For each sector of the community to be involved, such as schools or religious organizations, refer to the following examples of possible changes that might be sought by your group. Each example provides an illustration of a possible product of the planning process for that sector of the community.
2. Review the Inventory of Potential Changes that might be sought for each sector. Consider which changes in schools or other sectors of the community might be useful in your group's efforts to prevent adolescent pregnancy. Modify these potential changes and delete or add new ones to fit your community's special needs, resources, and barriers.
3. Use the Planning Page at the end of each section to list a tentative set of changes to be sought in each sector. An extra copy of the Planning Page is provided for your convenience.

Note that the potential changes in the inventories are directed at many different levels of the community. Some address the behaviors of adolescents, while others seek to change the behaviors of influential people, such as teachers or clergy. Some changes are directed at the environment by altering the programs, policies, and practices of important institutions or organizations.

Adolescent pregnancy is a complex problem that is fostered by many levels of common practice in our communities. Your group should attempt to make changes in a variety of different sectors and levels in your community. Such changes may bring about a more meaningful and lasting solution.

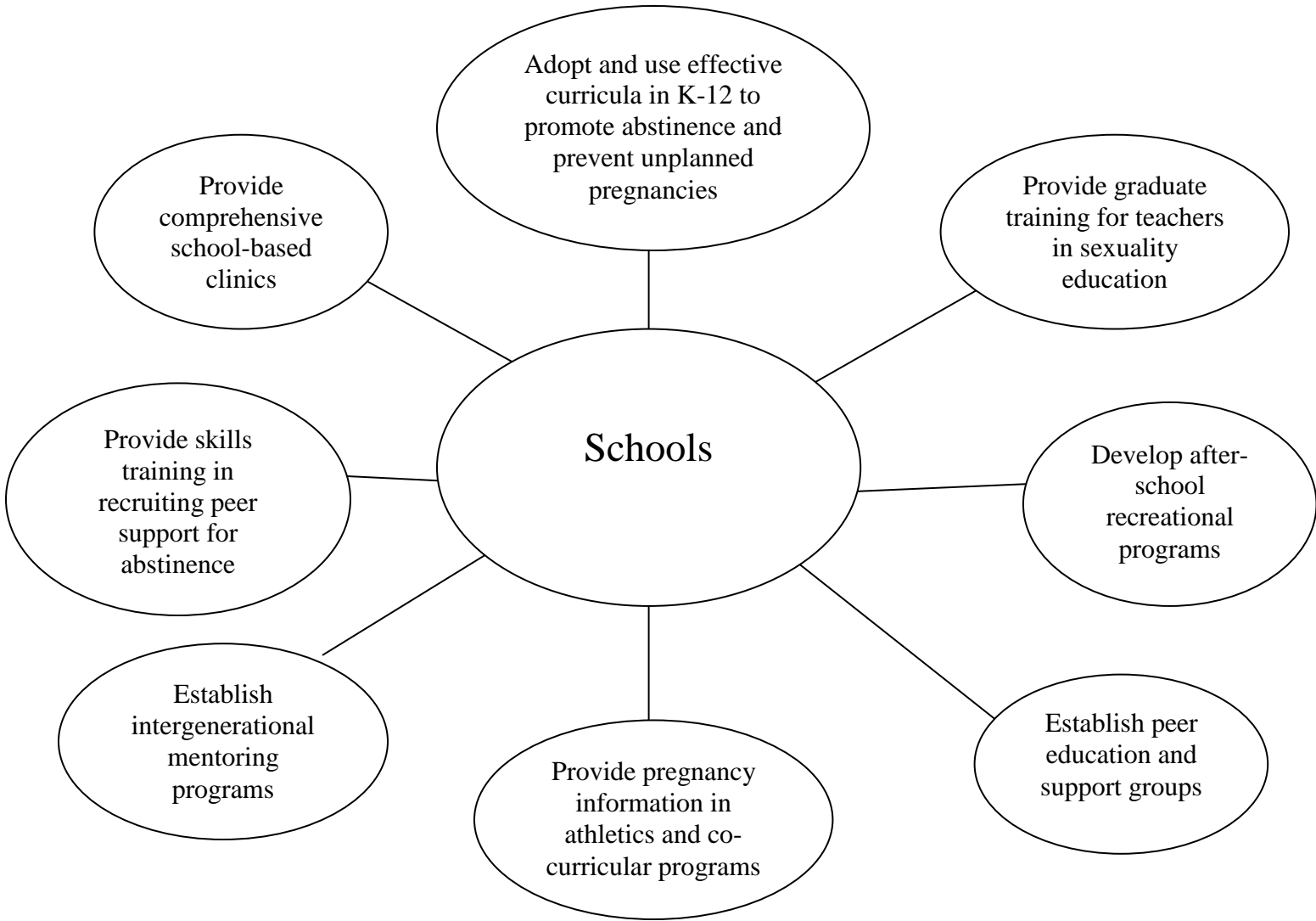
***"Failure is not the crime.
Low aim is."***

-John Wooden, former UCLA basketball coach

Part A
Changes in the Schools

(An Example)

There are a number of potential changes in elementary, middle, and high schools that might contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that might be sought in your community's schools.



Inventory of Potential Changes in the Schools

Please review this list of potential changes in a community's schools. The list notes how particular programs, policies, and practices of schools might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized under several categories of changes, such as providing information or modifying school policies.

Identify those changes in the schools that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in the schools. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. Providing information

- * ____ 1. By ____, promote adoption and use of effective curricula in grades K-12 to promote abstinence and prevent unplanned pregnancies, sexually transmitted diseases, and AIDS.
- * ____ 2. By ____, teachers will participate in graduate level sexuality education and receive Continuing Education Unit (CEU) credits for their participation.
- * ____ 3. By ____, distribute brochures to inform parents and guardians on ways to talk to youth about sexuality.
- * ____ 4. By ____, provide the community with data on youths' perception of issues related to sexuality, including availability of contraception, methods of contraceptive use, and sexual activity.
- ____ 5. By ____, provide youth with information on life options, including education, training, and employment opportunities.
- ____ 6. By ____, all athletic directors and/or coaches will be required to present pregnancy prevention information to all student athletes at the beginning of each sport season.
- * ____ 7. By ____, provide youth with contraception information including where to get contraceptives, legal rights, and how to use them.
- ____ 8. By ____, provide information on how to get access to support programs for expectant and new mothers.
- ____ 9. By ____, provide access to family planning services for new mothers to prevent future "too early" pregnancies.
- ____ 10. By ____, promote adoption and use of effective and comprehensive health education curricula in grades K-12 to reduce sexual risk for preadolescents and adolescents.
- * ____ 11. By ____, keep the media informed about school programs in sexual risk reduction through regular public relations efforts.
- ____ 12. By ____, use bulletin boards, posters, and other means to keep students informed about the school environment and special events.

- ___ 13. By ____, school principals, administrators, and school board members will collaborate on the design and review of school-based initiatives to prevent adolescent pregnancy.
- ___ 14. By ____, conduct community forums on the state of teen pregnancy locally and what can be done about it.
- ___ 15. By ____, develop and implement culturally-specific prevention curricula in the traditions of African American, Hispanic, Native American, and other local cultures.
- ___ 16. By ____, school nurses, counselors will collaborate with administrators and teachers to provide information to youth (using brochures and personal contact) about how to use contraceptives and which ones are most effective.
- ___ 17. By ____, schools will provide youth ages 12-18 with age-appropriate contraceptive information and counseling (i.e., price, location, effectiveness, etc.).
- ___ 18. By ____, _____ (other)

B. Enhancing skills

- * ___ 1. By ____, provide teacher inservices on sexuality education and sensitivity that can be credited with Continuing Education Units (CEUs).
- ___ 2. By ____, in collaboration with local parent teacher organizations (e.g., PTA, PTO), establish and implement adolescent pregnancy prevention strategies for use by parents or guardians at home.
- * ___ 3. By ____, provide skills training to youth in recruiting peer support for the choice of abstinence and/or avoiding unprotected sexual activity.
- * ___ 4. By ____, provide training in getting and using contraceptives effectively.
- * ___ 5. By ____, use the Parent Teacher Association (PTA) and other resources to provide skill training for parents and guardians that emphasizes adult-child communication and information about adolescent sexuality, contraceptives, and consequences of unprotected sexual activity.
- * ___ 6. By ____, provide skills training on assertiveness, decision making, relationships for engaging in sexual activity, and resisting peer pressure to engage in sexual activity.
- * ___ 7. By ____, provide training in decision making skills for youth involved in local student organizations (e.g., FHA, SADD).
- ___ 8. By ____, establish youth community service programs to enhance life skills and social responsibility.
- ___ 9. By ____, make available computer software, such as the Body Awareness Resource Network (BARN), that provides comprehensive and interactive health education and decision making training.
- ___ 10. By ____, provide cultural sensitivity training for all school staff.
- ___ 11. By ____, schools will provide training for people who work with youth (e.g., school nurses, counselors, youth organization employees, etc.) on how to talk with youth about pregnancy prevention, abstinence, and contraceptives.
- ___ 12. By ____, the health department, schools, and youth organizations will collaborate to provide training for youth on the importance of preventing pregnancy, abstinence, and effective use of contraceptives.
- ___ 13. By ____, schools will work to enhance teachers' skills in talking about

pregnancy prevention, abstinence, and contraceptives through inservices/workshops.

- ___ 14. By _____, schools will sponsor events related to abstinence and contraceptive use and access.
- ___ 15. By _____, schools will adopt curricula that will teach skills in decision-making, contraceptive use, and communication focusing on responsible sexual behavior.
- ___ 16. By _____, _____ (other)

C. Providing incentives and disincentives

- ___ 1. By _____, establish incentive programs to reward youth who avoid parenthood or repeated parenthood.
- * ___ 2. By _____, establish incentive programs in which employment and secondary education options are created for at-risk youth who avoid pregnancy and parenthood.
- ___ 3. By _____, establish contests for youth efforts in helping peers avoid parenthood (e.g., rap songs, plays).
- ___ 4. By _____, provide school credit for youths' participation in pregnancy prevention student organizations.
- ___ 5. By _____, provide incentives for school teachers and administrators to implement effective prevention activities.
- ___ 6. By _____, provide teachers with CEU credit if they incorporate contraceptives into a certain number of lessons.
- ___ 7. By _____, school boards and principals will provide incentives for teachers to receive training in skill-building, decision-making, and communication with regard to abstinence and contraceptive use.
- ___ 8. By _____, school boards and principals will provide incentives (e.g., credit, public recognition) for teachers to implement sexuality education in their classroom including discussion about abstinence and contraceptive use.
- ___ 9. By _____, schools will provide incentives to all school personnel to share their family life and health education curricula experience with others at conferences and seminars.
- ___ 10. By _____, the State Board of Education will provide financial/resource incentives to school districts who teach and evaluate sexuality curricula which include abstinence and contraceptive information.
- ___ 11. By _____, _____ (other)

D. Facilitating support from influential others

- ___ 1. By _____, establish and support a student organization for pregnancy prevention in high school and middle schools.
- * ___ 2. By _____, establish and support the adoption of a pregnancy prevention agenda in existing middle and high school student organizations.
- ___ 3. By _____, establish programs by which adolescents can gain access to potential employers and other influential adults.
- ___ 4. By _____, establish advanced education financing and support systems by which at-risk youth can attend college or vocational training programs.

- * ___ 5. By _____, establish peer support groups for teens to explore ways to resist pressure to engage in sexual activity.
- ___ 6. By _____, establish teen speakers bureaus to provide information about the consequences of pregnancy and child bearing.
- ___ 7. By _____, organize support groups and networks for parents and guardians.
- ___ 8. By _____, establish peer support programs for young expectant and new mothers.
- ___ 9. By _____, establish intergenerational mentoring programs (e.g., Rights of Passage, Labor of Love) that link children and adolescents with elders.
- ___ 10. By _____, schools will sponsor events related to abstinence and contraceptive use and access.
- ___ 11. By _____, health organizations, youth organizations, and schools will collaborate to provide support for youth (e.g., support groups, workshops, counseling) who either choose to remain abstinent or who choose to be sexually active and use contraceptives.
- ___ 12. By _____, schools will establish a contraceptive use and abstinence support group.
- ___ 13. By _____, schools will improve the social climate to provide active positive reinforcement for those teenagers who choose to be abstinent.
- ___ 14. By _____, schools will change the social climate to provide positive reinforcement for the use of contraceptives among sexually active teenagers.
- ___ 15. By _____, schools will offer parent education seminars and resources to parents about decision-making, contraceptives, abstinence, and sexuality.
- ___ 16. By _____, _____ (other)

E. Changing the physical design of the environment

- * ___ 1. By _____, provide a comprehensive school-based clinic in middle and high schools to provide referrals, health screenings, health services, abstinence and sexuality counseling, and follow-up examinations for adolescents using contraceptives.
- ___ 2. By _____, install and maintain condom vending machines in high school bathrooms.
- ___ 3. By _____, eliminate access to unsupervised areas on school grounds.
- ___ 4. By _____, provide enhanced supervision and surveillance at youth hangout locations.
- ___ 5. By _____, provide adequate night lighting and security on school grounds open to youth.
- ___ 6. By _____, schools will provide rides to the health department for students who feel uncomfortable using clinics.
- ___ 7. By _____, schools will install condom vending machines in schools and other places youth congregate.
- ___ 8. By _____, _____ (other)

F. Improving services

- ___ 1. By _____, provide family planning services including assistance in decision making and accessibility to contraceptive services.

- ___ 2. By _____, develop after-school employment and recreational programs for youth.
- ___ 3. By _____, develop summer school alternative programs for youth.
- ___ 4. By _____, develop and implement programs to help youth set personal goals and objectives.
- * ___ 5. By _____, develop and implement a referral and transportation system to link adolescents with health services.
- ___ 6. By _____, use physician supervised nurse practitioners in school clinics to increase health services available on school grounds.
- * ___ 7. By _____, expand school nursing services by hiring full-time nurses with a background in child/adolescent behaviors and educational strategies.
- ___ 8. By _____, conduct assessments of Medicaid health status in the schools (EPSOT).
- ___ 9. By _____, establish a teen center in the schools in cooperation with the local health department.
- ___ 10. By _____, establish and maintain a network among local schools for improving coordination of local prevention initiatives.
- ___ 11. By _____, schools will develop afterschool programs for youth that focus on discussions related to pregnancy prevention, abstinence and contraception.
- ___ 12. By _____, schools will establish a school-linked clinic that offers contraceptive services.
- ___ 13. By _____, nurses in schools will provide confidential counseling to youth about contraceptives and access.
- ___ 14. By _____, schools will establish in-school programs at the elementary level that involve teachers and parents in providing needed information and skills training about abstinence and contraceptive use.
- ___ 15. By _____, school districts will evaluate their sexuality education program to ensure that abstinence and contraceptive information is accurate and age-appropriate and that students are meeting the educational objectives.
- ___ 16. By _____, _____ (other)

G. *Modifying policies of schools*

- * ___ 1. By _____, School Board policy will institutionalize the use of effective K-12 sexuality education in the school system.
- * ___ 2. By _____, school administration will monitor the successful implementation of K-12 sexuality education.
- * ___ 3. By _____, the School Board and administration will develop and enforce policies on the content and number of instruction hours for K-12 sexuality education.
- * ___ 4. By _____, develop and enforce policies outlining requirements for sexuality education training for teachers providing instruction to youth.
- ___ 5. By _____, the school will require all students and their parents or guardians to sign contracts regarding sexual risk reduction behavior as a prerequisite to participation in school athletics and other co-curricular activities such as debate, biology club, or band.
- ___ 6. By _____, schools will develop a policy that would incorporate contraceptive counseling and information to all sport organizations, gym classes, and clubs.
- ___ 7. By _____, schools will allow condoms and other non-prescription contraceptives

- to be available on school grounds.
- ___ 8. By _____, schools will allow medical providers to visit schools each semester, conduct internal exams, sexuality counseling, and distribute prescription contraceptives.
 - ___ 9. By _____, require that any student in junior high or high school who receives a sports physical also receive a discussion/information on abstinence and contraceptives.
 - ___ 10. By _____, _____ (other)

H. Providing public feedback on goal attainment

- * ___ 1. By _____, obtain and disseminate information on the need for prevention efforts using focus or discussion groups with youth and parents or guardians, and surveys that assess youth knowledge, attitudes, and behavior related to sexuality.
- * ___ 2. By _____, obtain and disseminate information on support for prevention activities using telephone surveys of adults to assess their concern for the problem of adolescent pregnancy and willingness to support prevention efforts.
- ___ 3. By _____, provide a yearly surveillance of sexual risk behaviors, such as the sexual behavior component of the Youth Behavior Risk Survey (Centers for Disease Control, Atlanta).
- ___ 4. By _____, provide a community scorecard, publicly reporting on yearly levels of adolescent pregnancy, reporting increases or decreases from previous time periods.
- ___ 5. By _____, _____ (other)

I. Modifying broader policies affecting schools

- ___ 1. By _____, modify school board (and state) policies to permit distribution of contraceptives in school-based clinics.
- ___ 2. By _____, modify State Board of Education regulations to mandate and enforce compliance of teacher training on sexuality education before teaching material on sexuality education (specify the number of teacher instruction hours required).
- ___ 3. By _____, modify and enforce compliance of State Board of Education regulations to specify the number of hours of sexuality and AIDS education and the content of instruction required for each grade level K-12.
- ___ 4. By _____, modify State Board of Education guidelines to encourage teachers to take graduate courses in sexuality education for recertification and/or Continuing Education Unit (CEU) credit.
- ___ 5. By _____, State Board of Education establishes knowledge and skill standards that districts are required to test on at the elementary, junior high and high school level.
- ___ 6. By _____, State Board of Education requires at least one teacher at each grade and subject level to be certified to teach sexuality education and incentives are established to encourage this training.
- ___ 7. By _____, State Board of Education requires that any teacher in a position related to teaching sexuality education be trained/certified within two years of mandate.
- ___ 8. By _____, require all school districts to establish programs for teenage parents to

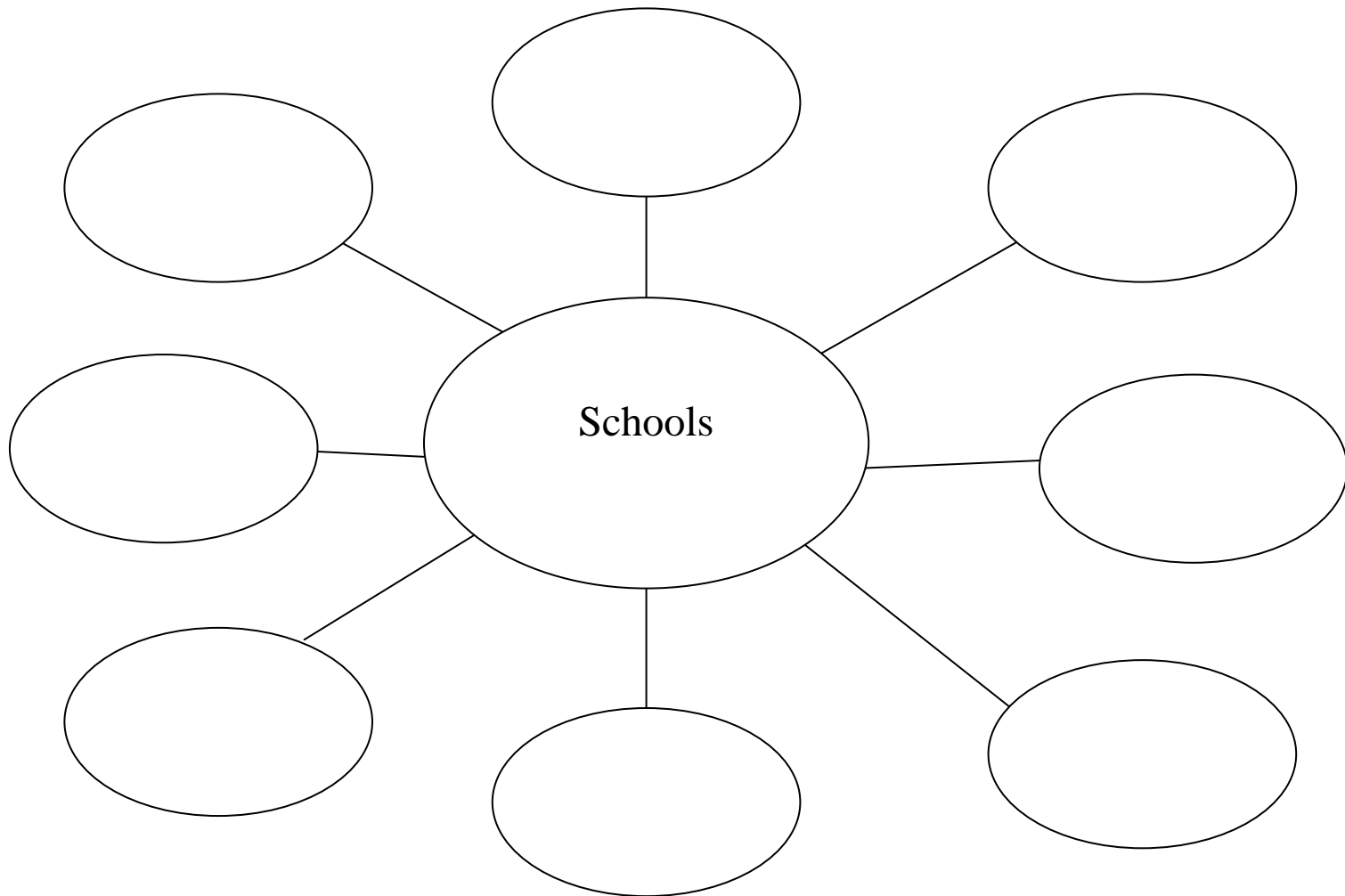
keep them enrolled in school.

- ___ 9. By _____, require that both males and females be mandated to be involved in all types of sexuality education and trainings.
- ___ 10. By _____, develop a statewide review committee with experience/expertise in the area of sexuality to develop state standards for sexuality education curricula and also review all districts curricula and make needed revisions.
- ___ 11. By _____, State Board of Education or School District policy states that all sexuality/health education curricula be reviewed and updated every two to three years and kept on file at the state and local level.
- ___ 12. By _____, _____ (other)

Planning Page Changes in the Schools

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's schools. Consider changes that can occur at the elementary, middle and high school levels.

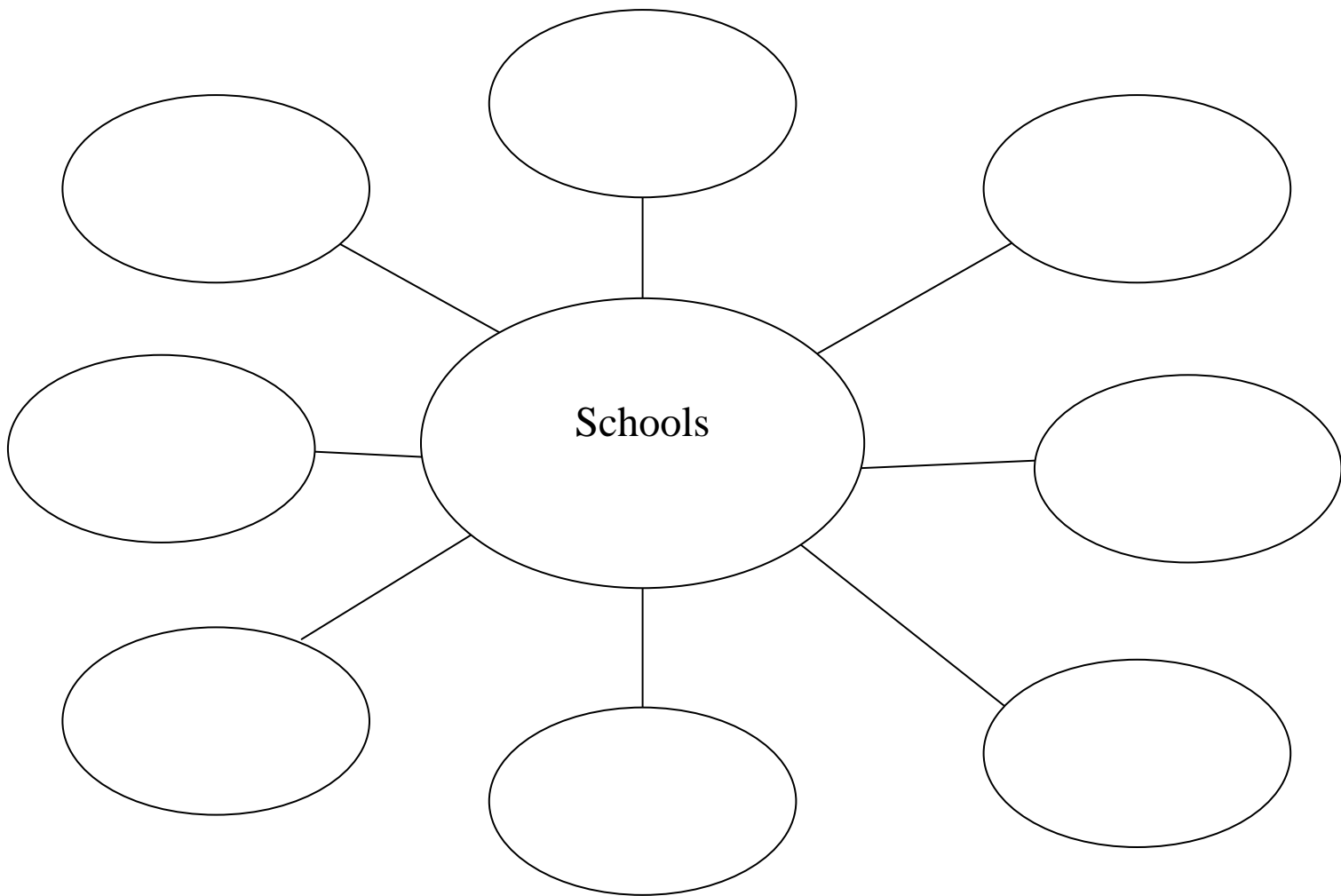
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should the schools do?



***Planning Page
Changes in the Schools***

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's schools. Consider changes that can occur at the elementary, middle and high school levels.

When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should the schools do?



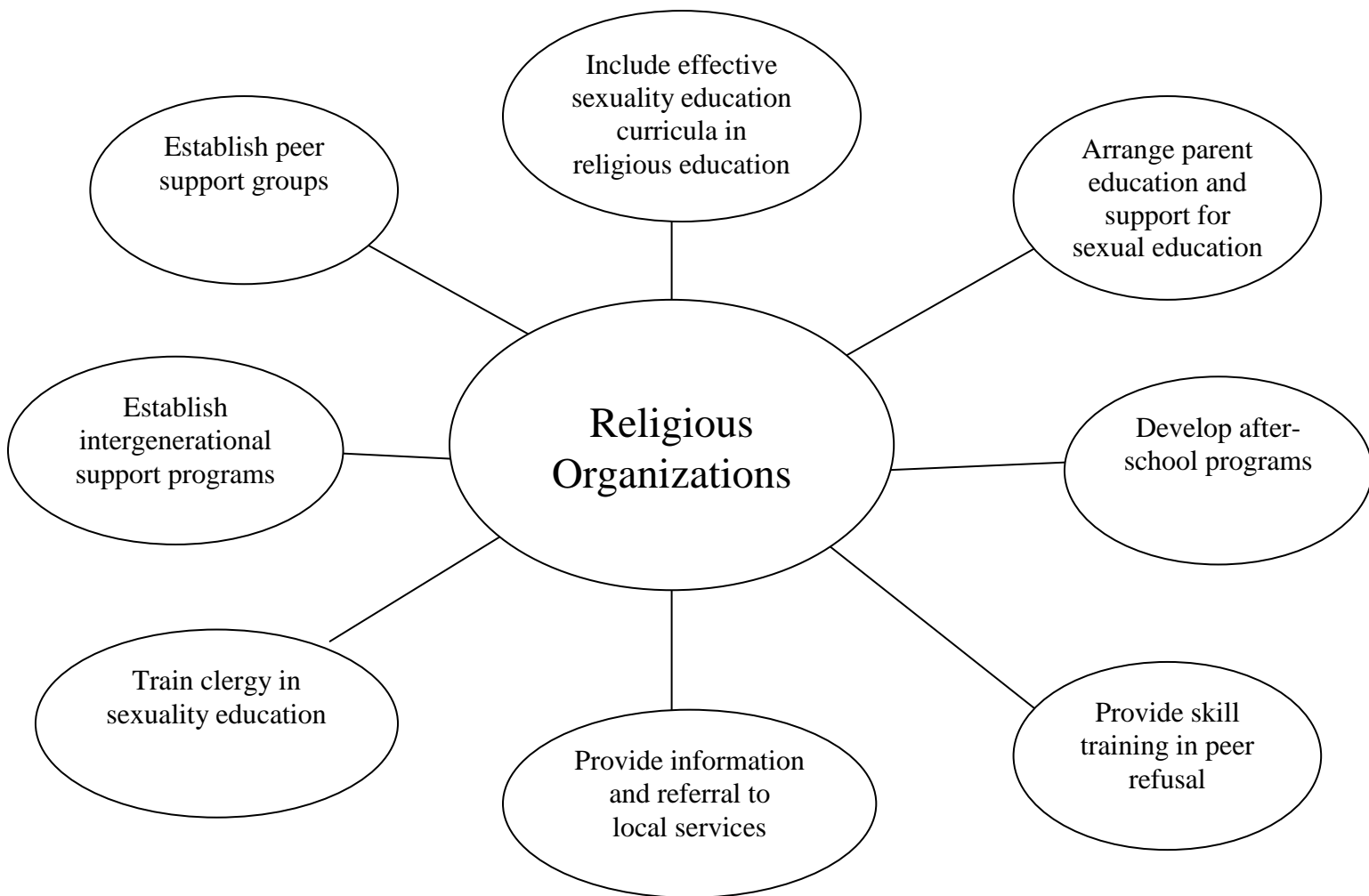
*"Oh God,
Give me the courage
to change the things I can change,
the serenity
to accept that which I cannot change,
and the wisdom
to distinguish between the two."*

-Thomas C. Hart

Part B
Changes in Religious Organizations

(An Example)

There are a number of potential changes in religious organizations that might contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that might be sought in churches, synagogues, and other religious organizations.



Inventory of Potential Changes in Religious Organizations

Please review this list of potential changes in a community's religious organizations. The list notes how particular programs, policies, and practices of religious organizations might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized

under several categories of changes, such as providing information or modifying policies of religious organizations.

Identify those changes in religious organizations that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in religious organizations. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. *Providing information*

- * ___ 1. By ____, each denominational central office within XXX County will create an ongoing program of sexuality education.
- * ___ 2. By ____, promote adoption and use of effective curricula to prevent preadolescents and adolescents from engaging in unsafe sexual activity.
- ___ 3. By ____, inform parents and guardians on methods to talk with children about sexuality.
- ___ 4. By ____, inform teens and parents and guardians about the availability of recreational activities, learning opportunities and employment.
- * ___ 5. By ____, provide workshops for parents and guardians that emphasize adult-child communication and information about adolescent pregnancy, contraception, and the consequences of adolescent pregnancy.
- * ___ 6. By ____, inform ministers, youth ministers, and other spiritual leaders about the current level of adolescent pregnancies, the consequences of adolescent pregnancy, and preventive strategies they might take to address the problems in their own church or synagogue.
- ___ 7. By ____, develop and maintain a resource directory listing local support services for at-risk youth.
- ___ 8. By ____, develop and implement culturally-specific prevention curricula in the traditions of African American, Hispanic, Native American, or other local cultures.
- ___ 9. By ____, develop and distribute inserts for church bulletins and bulletin boards on adolescent pregnancy and its prevention.
- ___ 10. By ____, conduct parent/guardian-child seminars on religion and sexuality.
- ___ 11. By ____, information about abstinence support networks and abstinence counseling will be available at religious organizations.
- ___ 12. By ____, religious organizations will establish an abstinence support hotline that

allows youth to ask questions about abstinence and other issues related to sexuality.

- ___ 13. By _____, religious organizations will collaborate with others to incorporate information about abstinence and contraceptives into youth groups.
- ___ 14. By _____, _____ (other)

B. Enhancing skills

- ___ 1. Annually, XXX will provide inservice training to area clergy and religious workers in sexuality education and how to use community resources for prevention of adolescent pregnancy.
- * ___ 2. By _____, provide workshops for parents, guardians, and youth to enhance decision making, communication, assertiveness, and problem-solving skills.
- * ___ 3. By _____, provide skills training to youth to resist peer pressure to engage in sexual activity.
- * ___ 4. By _____, provide skills training to youth to provide and recruit peer support for choosing abstinence or effective contraceptive use.
- * ___ 5. By _____, provide training (including desensitization) for clergy in conducting adolescent pregnancy prevention efforts.
- ___ 6. By _____, identify and build work-related skills among youth.
- ___ 7. By _____, develop and implement programs to enhance youths' academic skills.
- ___ 8. By _____, religious organizations will provide training for people who work with youth on talking to youth about pregnancy prevention, abstinence, and contraceptives.
- ___ 9. By _____, religious organizations will offer seminars/workshops to religious leaders to enhance skills in talking about pregnancy prevention, abstinence and contraceptives.
- ___ 10. By _____, religious organizations will adopt curricula that will teach skills in decision-making, contraceptive use and communication focusing around responsible sexual behavior.
- ___ 11. By _____, _____ (other)

C. Providing incentives and disincentives

- * ___ 1. By _____, establish incentive programs to reward youth who avoid parenthood or repeated parenthood.
- ___ 2. By _____, establish incentive programs in which employment and secondary education options are created for at-risk youth who avoid pregnancy and parenthood.
- ___ 3. By _____, establish contests for youth efforts in helping peers avoid parenthood (e.g., rap songs, plays).
- ___ 4. By _____, establish community-wide incentives for churches to provide sexuality education workshops and alternative activities for youth.
- ___ 5. By _____, establish incentives for churches to promote social responsibility and social awareness by conducting community service projects.
- ___ 6. By _____, establish incentives for youth to participate in community service projects.

- ___ 7. By _____, religious organizations will establish scholarship funds for youth who avoid pregnancy or second pregnancy by using secondary abstinence or contraceptives.
- ___ 8. By _____, religious organizations will sponsor outings and trips for youth who abstain, use contraceptives and avoid pregnancy.
- ___ 9. By _____, _____ (other)

D. Facilitating support from influential others

- ___ 1. By _____, establish intergenerational support programs (e.g. Rites of Passage) that link children and adolescents from diverse ethnic and cultural backgrounds with their elders.
- ___ 2. By _____, establish mentoring programs by which adolescents at-risk can gain access to potential employers and other influential adults.
- ___ 3. By _____, organize support groups and networks for parents and guardians.
- ___ 4. By _____, establish a teen speakers bureau to provide information about the consequences of adolescent pregnancy and childbearing.
- * ___ 5. By _____, develop a peer educator program to provide information and referral.
- * ___ 6. By _____, establish and support the adoption of a pregnancy prevention agenda in existing religious organizations.
- ___ 7. By _____, establish peer support groups for young expectant and new parents.
- ___ 8. By _____, establish advanced education financing and support systems by which at-risk youth can attend college or vocational training programs.
- ___ 9. By _____, establish peer support groups for teens to resist pressure to engage in unsafe sexual activity.
- ___ 10. By _____, establish adult volunteer support programs for young expectant and new parents.
- ___ 11. By _____, provide training for clergy in responding effectively to individual and community resistance to sexuality education.
- ___ 12. By _____, religious organizations will form family counseling groups where parents, youth, and religious leaders will discuss abstinence and other forms of protection against pregnancy.
- ___ 13. By _____, religious organizations will create an abstinence network/support groups for youth.
- ___ 14. By _____, religious organizations will establish intergenerational support programs for older adults to talk to youth about contraceptives.
- ___ 15. By _____, religious organizations will improve the social climate to provide active positive reinforcement for those teenagers who choose to be abstinent.
- ___ 16. By _____, religious organizations will decrease the number of negative social messages that discourage teenagers from using/obtaining contraceptives.
- ___ 17. By _____, religious organizations should provide religiously-appropriate options (support groups, trainings, etc.,) for those teenagers who are abstinent or who are considering becoming sexually active and using contraceptives.
- ___ 18. By _____, religious organizations will establish support groups for parents who want to discuss sexuality, abstinence, and contraceptive issues with others.
- ___ 19. By _____, religious organizations will offer parent education seminars and resources to parents surrounding decision-making, contraceptives, abstinence, and

sexuality.

___ 20. By _____, _____ (other)

E. Changing the physical design of the environment

- * ___ 1. By _____, use the environment nearby churches and synagogues to create well lit and supervised recreational areas.
- ___ 2. By _____, provide enhanced supervision and surveillance at youth hangout locations.
- ___ 3. By _____, create and maintain areas within religious centers where sexuality and contraceptive information and over-the-counter contraceptives are available to youth.
- ___ 4. By _____, use religious facilities for evening and weekend teen groups and retreats.
- ___ 5. By _____, _____ (other)

F. Improving services

- ___ 1. By _____, develop after-school employment and recreational programs for youth.
- ___ 2. By _____, develop summer school alternative programs for youth.
- * ___ 3. By _____, establish or enhance training programs for clergy in the prevention of adolescent pregnancy.
- ___ 4. By _____, establish mentoring programs by which adolescents at-risk can gain access to potential employers and other influential adults.
- ___ 5. By _____, organize support groups and networks for parents and guardians.
- ___ 6. By _____, develop and implement programs to help youth set personal goals.
- ___ 7. By _____, establish summer, latchkey, and drop-in programs for youth that include recreational, academic, and/or life skills development.
- ___ 8. By _____, encourage churches and religious organizations to develop and use a "parish nurse" system to provide health care, abstinence counseling, and contraceptive services to youth.
- ___ 9. By _____, develop and implement community service and service learning programs for youth, families, and members of religious organizations.
- ___ 10. By _____, adopt and implement special pregnancy prevention programs for young men.
- * ___ 11. By _____, provide transportation and/or financial assistance for travel to health clinics for youth.
- ___ 12. By _____, develop and implement job placement programs.
- ___ 13. By _____, establish and conduct annual parent or guardian and youth weekend family retreats to help families develop healthy attitudes toward sexuality.
- ___ 14. By _____, establish church league intramural activities.
- * ___ 15. By _____, collaborate in the establishment of sexuality curriculum; develop booklets of church teachings on specific topics in the curriculum.
- ___ 16. By _____, develop an inter-church ecumenical support network among community clergy, religious workers, and active laity working on teen pregnancy initiatives.
- ___ 17. By _____, develop after school peer tutoring programs as alternative activities for

- youth.
- ___ 18. By _____, religious organizations will develop afterschool programs for youth that focus on discussions related to pregnancy prevention, abstinence, and contraception.
 - ___ 19. By _____, nurses in religious organizations will provide confidential counseling to youth about contraceptives and access.
 - ___ 20. By _____, religious organizations will establish a mentoring program where mentors spend time talking about abstinence and contraceptives.
 - ___ 21. By _____, religious organizations will offer classes to parent/guardians on how to discuss contraceptives with youth.
 - ___ 22. By _____, _____ (other)

G. Modifying policies of religious organizations

- ___ 1. By _____, modify policies and practices of religious organizations to support and encourage discussion of sexuality and contraceptive issues within the organization.
- ___ 2. By _____, modify policies and practices of religious organizations to support abstinence as well as contraceptive use for youth who choose to engage in sexual activity.
- ___ 3. By _____, religious organizations will accept teen pregnancy prevention as a goal for their national conventions.
- ___ 4. By _____, _____ (other)

H. Providing public feedback on goal attainment

- ___ 1. By _____, provide a community scorecard to area congregations, publicly reporting yearly levels of adolescent pregnancy and reporting increases or decreases from previous time periods.
- ___ 2. By _____, publicly advertise youth levels of participation in sponsored alternative activities and job placements sponsored by religious organizations.
- ___ 3. By _____, religious organizations will share information with congregations regarding the level of adolescent pregnancy and unprotected sexual activity in the community and strategies for prevention.
- ___ 4. By _____, _____ (other)

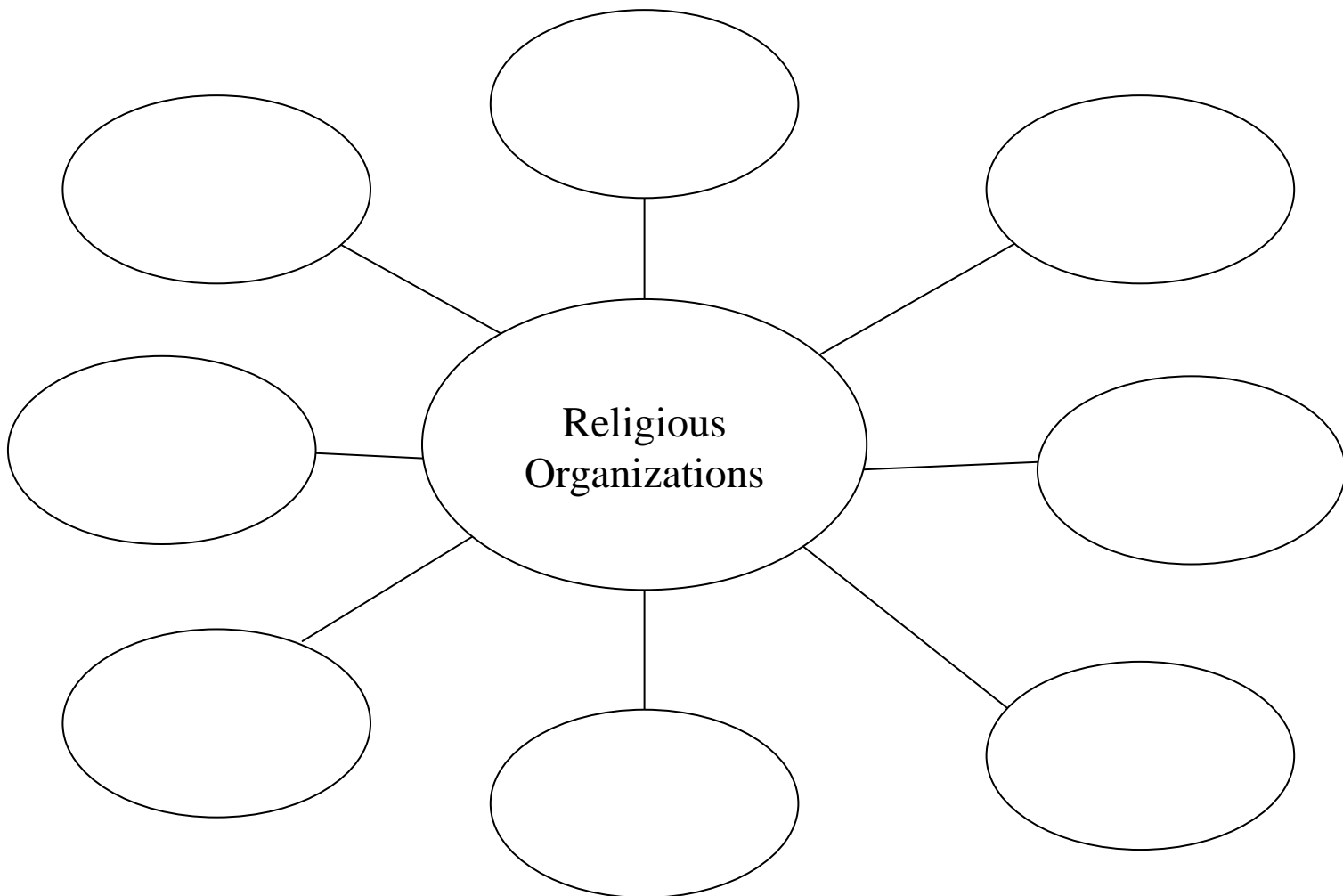
I. Modifying broader policies affecting religious organizations

- ___ 1. By _____, modify policies of religious organizations to support abstinence as well as contraceptive use for youth who choose to engage in sexual activity.
- ___ 2. By _____, _____ (other)

Planning Page
Changes in Religious Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's religious organizations. In particular, consider those religious organizations, such as African American or Hispanic churches, which can help the group reach culturally-diverse groups.

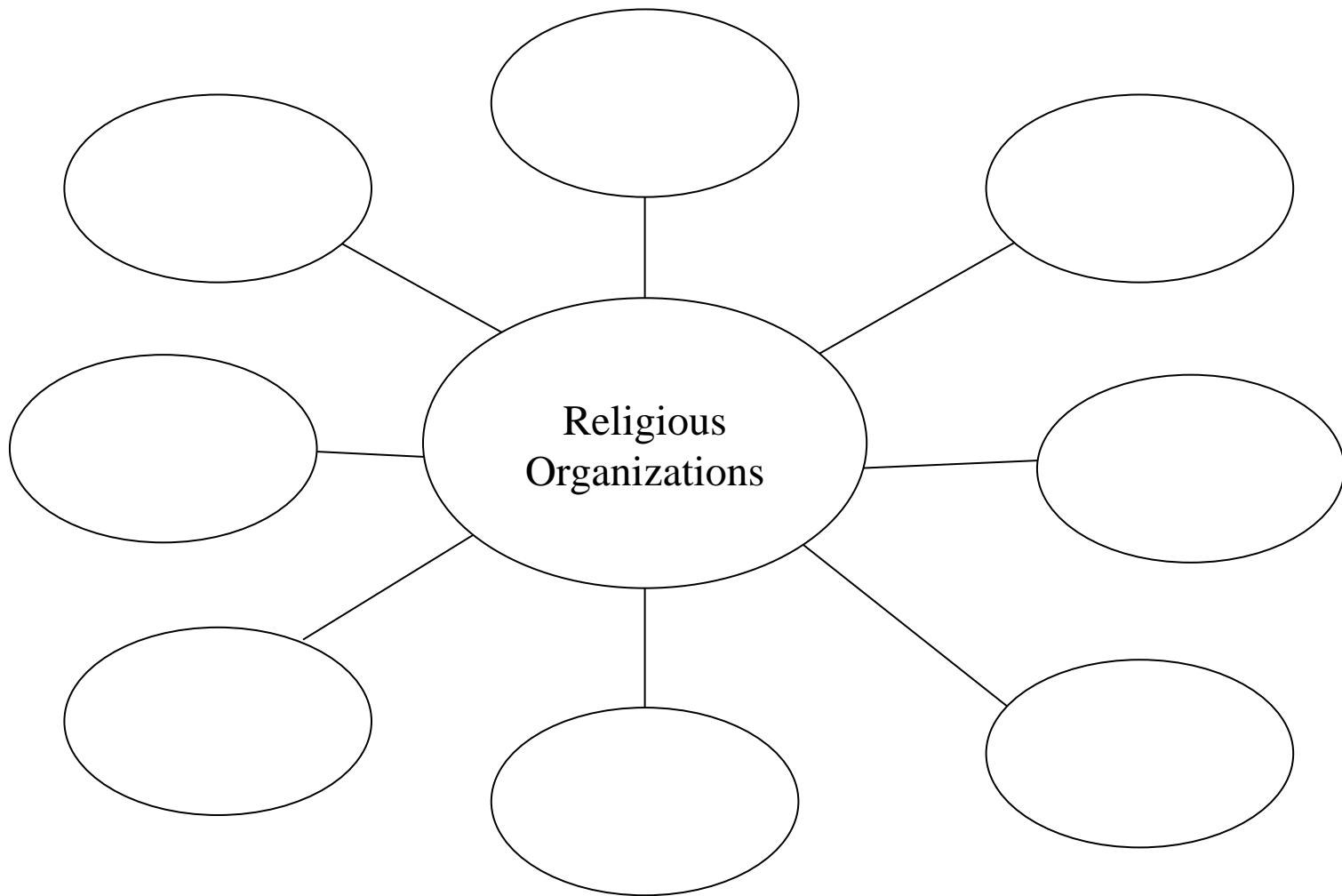
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should religious organizations do?



Planning Page
Changes in Religious Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's religious organizations. In particular, consider those religious organizations, such as African American or Hispanic churches, which can help the group reach culturally-diverse groups.

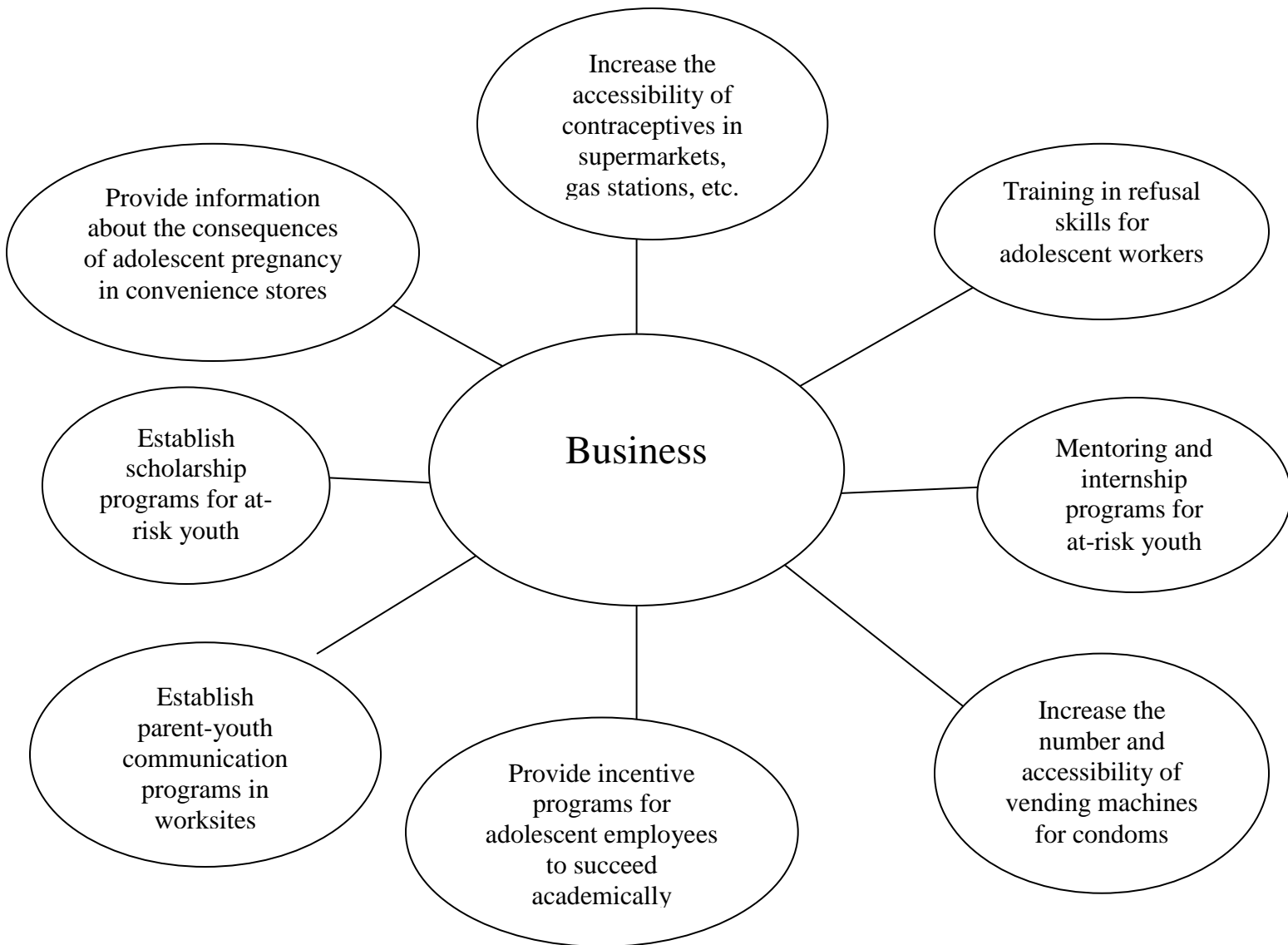
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should religious organizations do?



Part C
Changes in the Business Community

(An Example)

There are a number of potential changes in the business community that might contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that might be sought in the local business community.



Inventory of Potential Changes in the Business Community

Please review this list of potential changes in a community's business community. The list notes how particular programs, policies, and practices of the business community might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized under several categories of changes, such as providing information or modifying business policies.

Identify those changes in the business community that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in the business community. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. Providing information

- * ___ 1. By _____, provide information about the community's adolescent pregnancy rate, sexuality myths, consequences of adolescent pregnancy, child bearing, and how to talk to youth about sex in all major businesses, industries, and worksites.
- * ___ 2. By _____, provide information about the consequences of adolescent pregnancy and child bearing, responsible decision making, and effective contraceptive use in all businesses and industries that frequently employ adolescents or where adolescents are volunteers (e.g., fast food restaurants, movie theaters).
- ___ 3. By _____, provide information about the community's adolescent pregnancy rate, sexuality myths, consequences of adolescent pregnancy, and child bearing in all businesses, industries and worksites that frequently come into contact with adolescents as part of their job duties (e.g., pharmacies, drug stores, video rental stores).
- ___ 4. By _____, provide pamphlets and informational posters on effective use of prescription and over-the-counter contraceptives in all pharmacies and drug stores.
- * ___ 5. By _____, provide information to business leaders (e.g., Rotary) on risk-factors for adolescent pregnancy including lack of feasible life options and perceived employment opportunities.
- ___ 6. By _____, information about contraceptives and where they might be obtained will be available at businesses, and other places where youth frequent (e.g., bowling alley, quik trip, etc.).
- ___ 7. By _____, businesses will make available to youth whom they employ (ages 12-18) information on contraceptives and where to obtain counseling (i.e., price, location, effectiveness, etc.).
- ___ 8. By _____, collaborate with pharmacists to provide tours of how contraceptives are manufactured.
- ___ 9. By _____, _____ (other)

B. Enhancing skills

- ___ 1. By _____, establish corporate funded and supported job skills training, placement, and hiring practices for adolescents at risk to unemployment and underemployment.
- ___ 2. By _____, provide on-site skills training for employers and employees that emphasize adult-child communication and information about adolescent sexuality, contraceptives, and consequences of unprotected sexual activity.
- ___ 3. By _____, provide skills training workshops on how to talk to adolescents about sex and effective contraceptive use to all pharmacists, and drug store employees.
- ___ 4. By _____, provide skills training on assertiveness, decision making, relationships for engaging in sexual activity, and resisting peer pressure to engage in sexual activity in all businesses and industries that frequently employ adolescents or where adolescents are volunteers (e.g., fast food restaurants, movie theaters).
- ___ 5. By _____, develop employer and employee tutoring programs to enhance adolescents' academic performance and skill development.
- ___ 6. By _____, businesses will provide training for employees on talking to youth about pregnancy prevention, abstinence, and contraceptives.
- ___ 7. By _____, local businesses will provide youth the opportunity to practice asking for contraceptives without being embarrassed.
- ___ 8. By _____, businesses will offer parent education seminars and resources to parents surrounding decision-making, contraceptives, abstinence, and sexuality.
- ___ 9. By _____, _____ (other)

C. Providing incentives and disincentives

- ___ 1. By _____, provide internships in local businesses for youth who remain abstinent or use effective contraception.
- ___ 2. By _____, establish incentive programs in which employment and secondary education options are created for youth at-risk who avoid pregnancy and parenthood.
- ___ 3. By _____, establish incentive programs for adolescent employees who obtain above average school grades and who complete high school graduation requirements (e.g., McDonald's Program).
- ___ 4. By _____, establish incentive programs to reward adolescent employees for continued employment.
- ___ 5. By _____, provide compensation for adolescent employees participating in on-site academic study (e.g., McDonald's Program).
- ___ 6. By _____, youth involved in the program will be given a membership card which allows them to purchase contraceptives at a reduced cost (this could also include access to other items at reduced cost if they demonstrate not engaging in high risk behavior, such as unprotected sexual activity).
- ___ 7. By _____, youth organizations, businesses, health dept. and local pharmacies will collaborate to provide coupons, free merchandise, etc. to youth who either remain abstinent or effectively use contraceptives.
- ___ 8. By _____, youth organizations, businesses, health dept. and local pharmacies will collaborate to provide discounts for non-prescription contraceptives.

- ___ 9. By _____, businesses will discount the prices of contraceptives for youth.
- ___ 10. By _____, area businesses will donate contraceptives to the project.
- ___ 11. By _____, _____ (other)

D. Facilitating support from influential others

- ___ 1. By _____, establish or sponsor support groups and networks among employees who are parents or guardians.
- ___ 2. By _____, establish and support the adoption of a pregnancy prevention agenda in existing employee organizations (e.g., labor unions, employee health committees).
- * ___ 3. By _____, establish a mentoring program by which adolescents at risk can gain access to potential employers and job opportunities.
- ___ 4. By _____, establish advanced education financing and support systems by which at-risk youth can attend college or vocational training programs.
- ___ 5. By _____, fund intergenerational mentoring programs (e.g., Big Brother, Big Sister Programs).
- ___ 6. By _____, businesses will improve the social climate to provide active positive reinforcement for those teenagers who choose to be abstinent.
- ___ 7. By _____, businesses will help to financially support a contraceptive hotline that allows youth to ask questions about contraceptives, pregnancy, STD's and other issues related to sexuality.
- ___ 8. By _____, businesses will change the social climate to provide positive reinforcement for the use of contraceptives among sexually active teenagers.
- ___ 9. By _____, businesses will decrease the number of negative social messages that discourage teenagers from using/obtaining contraceptives.
- ___ 10. By _____, businesses will establish support groups for parents who want to discuss sexuality and contraceptive issues with others.
- ___ 11. By _____, community organizations and businesses will fund development and air time of promotional messages which encourage abstinence and/or contraceptive use among sexually active teenagers.
- ___ 12. By _____, _____ (other)

E. Changing the physical design of the environment

- ___ 1. By _____, increase the number of supermarkets that sell contraceptives.
- ___ 2. By _____, install condom vending machines in gas stations, convenience stores, grocery stores, and all public restrooms.
- ___ 3. By _____, relocate over-the-counter contraceptives in drug stores and pharmacies to increase their accessibility (e.g., on store shelves rather than behind the counter).
- ___ 4. By _____, provide a study area in all businesses and industries that frequently employ youth or where youth are volunteers.
- ___ 5. By _____, contraceptives will be available in all grocery and convenience stores.
- ___ 6. By _____, contraceptives and information about their use will be available in places where youth congregate, such as convenience stores, theaters, etc.
- ___ 7. By _____, businesses will install condom vending machines in schools and other

places youth congregate.

- ___ 8. By _____, retailers will modify the store environment to make contraceptives available in a more private but visible setting (i.e., consumers shouldn't have to bring them to the front of the store to check-out).
- ___ 9. By _____, businesses will help to increase the number of sites in the county that distribute non-prescription contraceptives for males and females.
- ___ 10. By _____, businesses will increase the types/variety of contraceptives available at the various sites in the county.
- ___ 11. By _____, businesses will ensure that all sites that distribute contraceptives do not shelve products that have expired dates.
- ___ 12. By _____, _____ (other)

F. Improving services

- * ___ 1. By _____, establish a speakers' bureau featuring well-known business people talking about adolescent pregnancy issues.
- ___ 2. By _____, provide communication programs in the workplace for parents or guardians and their adolescents.
- ___ 3. By _____, create programs to develop entrepreneurial skills in adolescents at-risk.
- ___ 4. By _____, establish sexuality education programs in the workplace.
- ___ 5. By _____, provide GED courses in the workplace for business and industries which frequently employ adolescents.
- ___ 6. By _____, increase donated money and services to at-risk families, such as food and clothing, shelter for the homeless, holiday gifts, and tutoring services.
- ___ 7. By _____, increase donated money and services to prevention initiatives, including refreshments for meetings, incentives for the youth, and equipment and supplies for the facility.
- ___ 8. By _____, establish and maintain a funding drive to coordinate the collection of funds and other resources for prevention initiatives with teen pregnancy.
- ___ 9. By _____, manufacturers will make packages of condoms bigger so that more information about use can be included and language will not be so technical.
- ___ 10. By _____, all providers that distribute contraceptives should encourage partner involvement in contraceptive decision-making and responsibilities.
- ___ 11. By _____, businesses will offer lunch seminars to parents/guardians on how to discuss contraceptive options with their children.
- ___ 12. By _____, businesses will make non-prescription contraceptive methods for women available in vending machines.
- ___ 13. By _____, _____ (other)

G. Modifying business policies

- ___ 1. By _____, adopt policies calling for widespread availability of condom vending machines, displaying contraceptives in check out lines, and otherwise maximizing the accessibility of contraceptives.
- ___ 2. By _____, adopt policies to support vocational training in the schools.

- ___ 3. By _____, adopt policies to encourage hiring of youth at-risk, including ethnic and cultural minorities.
- ___ 4. By _____, businesses will develop a policy that would incorporate contraceptive counseling and information to all sport organizations and clubs.
- ___ 5. By _____, modify business policies to allow membership cards so that youth can access contraceptives easier and cheaper.
- ___ 6. By _____, _____ (other)

H. Providing public feedback on goal attainment

- ___ 1. By _____, provide a community scorecard, publicly reporting the levels and trends of community indicators of adolescent pregnancy, such as adolescent pregnancy rate, school drop out rate, etc.
- ___ 2. By _____, businesses will be actively involved during Teen Pregnancy Prevention Week through financial support, making educational information available to the public, and highlighting services they offer that will help to decrease teen pregnancy.
- ___ 3. By _____, _____ (other)

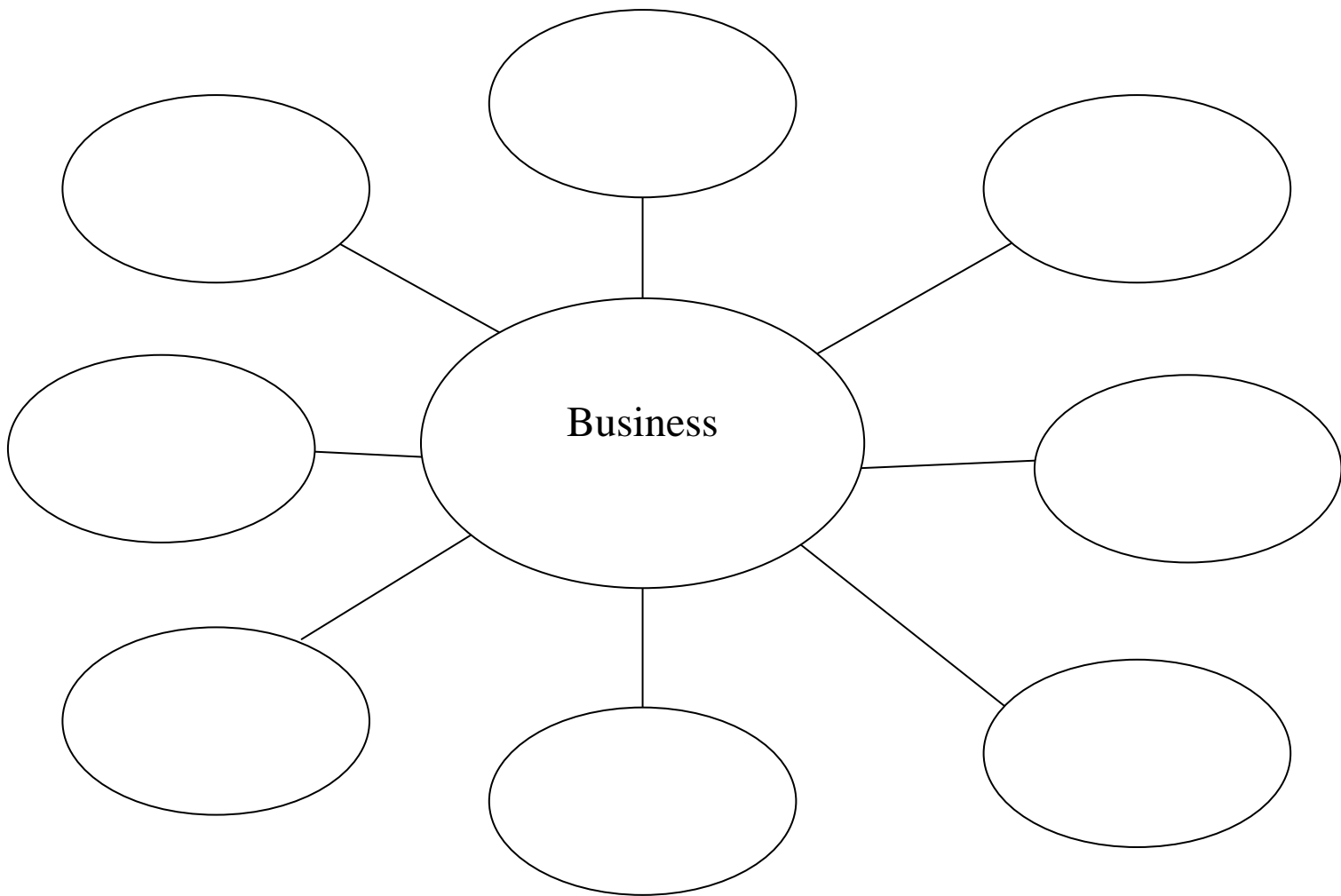
I. Modifying public policies related to business

- ___ 1. By _____, pass legislation to subsidize job-training programs for adolescents at-risk.
- ___ 2. By _____, _____ (other)

Planning Page
Changes in the Business Community

Please review the inventory provided earlier in this section and list tentative changes to be sought in the local business community. Consider changes that should occur in business that sell contraceptives, including grocery stores, convenience stores, and gas stations.

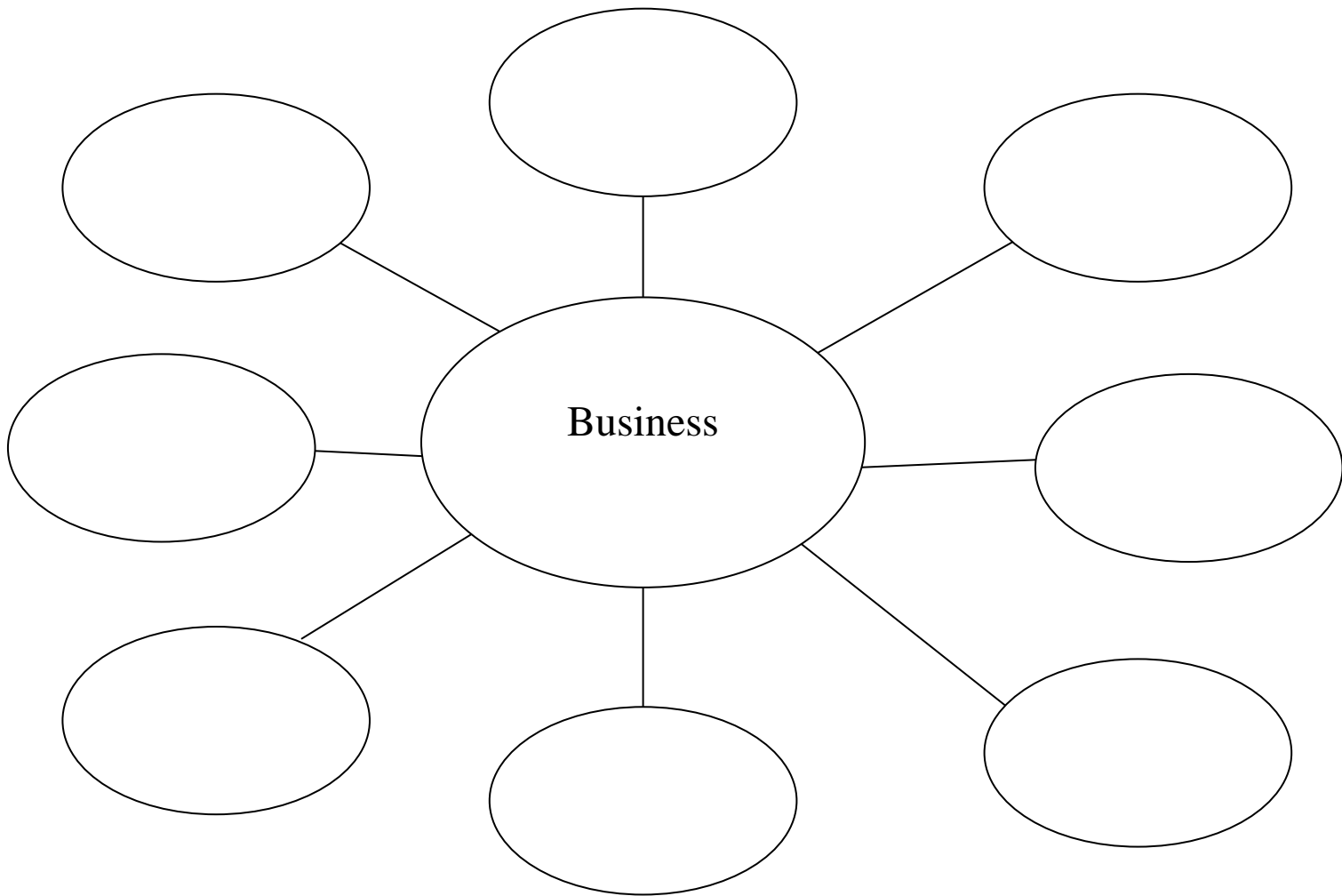
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should the business community do?



Planning Page
Changes in the Business Community

Please review the inventory provided earlier in this section and list tentative changes to be sought in the local business community. Consider changes that should occur in business that sell contraceptives, including grocery stores, convenience stores, and gas stations.

When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should the business community do?



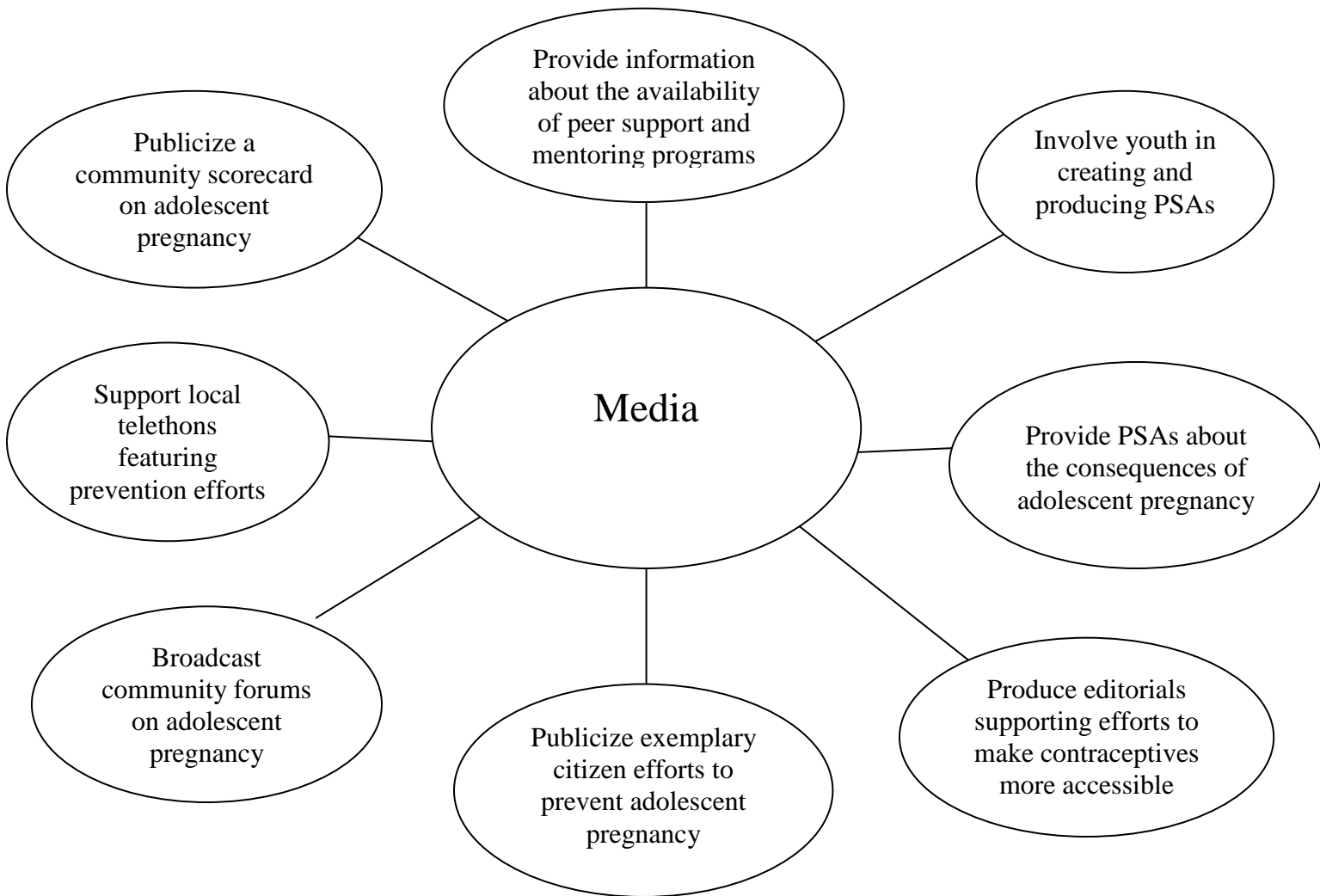
***"To make progress,
the turtle sticks its neck out."***

-JoAnne Barboza, Community Organizer

Part D
Changes in the Media

(An Example)

There are a number of potential changes in newspapers, radio, and television that might contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that might be sought in the media.



Inventory of Potential Changes in the Media

Please review this list of potential changes in a community's newspapers, radio, and television. The list notes how particular programs, policies, and practices of the media might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized under several categories of changes, such as providing information or modifying media policies.

Identify those changes in the media that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in the media. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. Providing information

- * ___ 1. By ____, disseminate through radio, television, and newspaper public service announcements (PSAs) appropriate for a variety of audiences (adults, children, adolescents) about the negative consequences of adolescent pregnancy. The PSAs will be culturally-specific and ethnically-appropriate and will feature local and national celebrities and personalities.
- ___ 2. Annually, arrange a public awareness march, rally, or forum to accompany use of prevention curricula for all middle school students.
- * ___ 3. By ____, provide information about responsible decision making, the importance of abstinence or effective contraceptive use, and where to obtain contraceptives.
- * ___ 4. By ____, increase the number of public service announcements that inform the community about the risk factors associated with adolescent pregnancy, the consequences of adolescent pregnancy, level of adolescent pregnancy, and strategies for encouraging community involvement in prevention.
- * ___ 5. By ____, provide information about the community's adolescent pregnancy rate, risk factors associated with adolescent pregnancy, sexuality myths, consequences of adolescent pregnancy, and child bearing to all media personnel who cover youth issues.
- * ___ 6. By ____, produce editorials supporting efforts to make contraceptives more accessible to youth.
- ___ 7. By ____, provide information to parents and guardians about how to talk with children and adolescents about sexuality.
- * ___ 8. By ____, keep the media and public informed about the group's prevention activities through regular press conferences and public relations efforts.
- ___ 9. By ____, produce and help distribute a brochure that describes local community services and programs involved in preventing adolescent pregnancy.
- ___ 10. By ____, local radio and newspapers will run free advertisements to inform youth about the risk for STD's and pregnancy.

- ___ 11. By _____, provide PSA's about where contraceptives and other health services can be obtained.
- ___ 12. By _____, publish editorials that support efforts to make contraceptives more accessible to youth.
- ___ 13. By _____, _____ (other)

B. Enhancing skills

- * ___ 1. By _____, sponsor programs to identify and build work-related skills among youth.
- * ___ 2. By _____, sponsor programs to enhance youth academic skills.
- * ___ 3. By _____, sponsor parent, guardian and youth workshops to enhance decision making, communication, assertiveness, and problem solving skills.
- * ___ 4. By _____, provide contests to involve youth in creating and producing PSAs and other art forms on the negative effects of adolescent pregnancy.
- ___ 5. By _____, involve youth in making PSA's about contraceptives.
- ___ 6. By _____, _____ (other)

C. Providing incentives and disincentives

- ___ 1. By _____, establish contests for youth efforts to avoid parenthood (e.g., rap songs, plays).
- ___ 2. By _____, establish an ongoing system to provide public recognition for specific community efforts to prevent adolescent pregnancy.
- ___ 3. By _____, media will sponsor events for youth to help them develop advertisements promoting contraceptives on television.
- ___ 4. By _____, media will donate air time to the youth or organization that provides the best marketing strategy or logo promoting contraceptive use.
- ___ 5. By _____, media will establish a youth opinion corner for a week around contraceptive use and ways for youth to get involved in promoting abstinence and contraceptive use.
- ___ 6. By _____, _____ (other)

D. Facilitating support from influential others

- * ___ 1. By _____, provide information about the availability of support and mentoring programs for adolescents at-risk.
- ___ 2. By _____, media will get a local celebrity to endorse the use of contraceptives.
- ___ 3. By _____, improve the social climate to provide active positive reinforcement for those teenagers who choose to be abstinent, and those who choose to be sexually active and use contraceptives.
- ___ 4. By _____, _____ (other)

E. Changing the physical design of the environment

- * ___ 1. By _____, provide editorials calling for citizens and elected officials to monitor youth and otherwise reduce opportunities for sexual activity.
- ___ 2. By _____, media will provide advertisements of condoms on billboards and

replace alcohol and tobacco ads with ads on abstinence and contraceptives.

___ 3. By _____, _____ (other)

F. Improving services

___ 1. By _____, develop an annual public awareness event to highlight youth issues related to adolescent pregnancy.

___ 2. By _____, provide free advertising for community workshops on pregnancy prevention, adolescent sexuality, and life options.

___ 3. By _____, establish an ongoing system to provide information on youth issues related to adolescent pregnancy.

___ 4. By _____, broadcast community forums on the problem of adolescent pregnancy and how to prevent it.

___ 5. By _____, publicize exemplary efforts by citizens to prevent adolescent pregnancy.

___ 6. By _____, sponsor local telethons to support and publicize efforts to prevent adolescent pregnancy.

___ 7. By _____, media and youth will design and implement an annual public awareness event to highlight youth issues related to contraceptives.

___ 8. By _____, media will provide free ads for contraceptives.

___ 9. By _____, media will publicize places that sell contraceptives.

___ 10. By _____, establish radio shows that provide teenagers with a forum to ask questions and receive information about pregnancy prevention, abstinence and contraceptives.

___ 11. By _____, _____ (other)

G. Modifying policies of the media

___ 1. By _____, the media task force will reach a policy agreement with XX% of the radio stations in the area to refrain from referring to adolescent sexual behavior and unsafe sexual practices as acceptable and glamorous.

___ 2. By _____, reduce the number of newspaper advertisements and bill boards that portray adolescent sexuality and unsafe sex as acceptable and glamorous.

___ 3. By _____, media will include messages about responsibility and the use of contraceptives.

___ 4. By _____, media policy will state that any television program aired between the hours of 2-6 p.m. will have messages about responsible contraceptive use and sexual activity if sex is a part of the program.

___ 5. By _____, media will alter network policies to allow for paid contraceptive advertising.

___ 6. By _____, _____ (other)

H. Providing public feedback on goal attainment

* ___ 1. By _____, obtain and disseminate information on the need for prevention efforts using focus or discussion groups with youth and parents and guardians, and surveys that assess youth knowledge, attitudes, and behavior related to sexuality.

* ___ 2. By _____, obtain and disseminate information on support for prevention activities using telephone surveys of adults to assess their concern for the problem of

- adolescent pregnancy and willingness to support specific prevention efforts.
- ___ 3. By _____, publicize a community scorecard, publicly reporting the rate of adolescent pregnancy.
 - ___ 4. By _____, media will inform the public of how the various media messages can distort contraceptive use.
 - ___ 5. By _____, _____ (other)

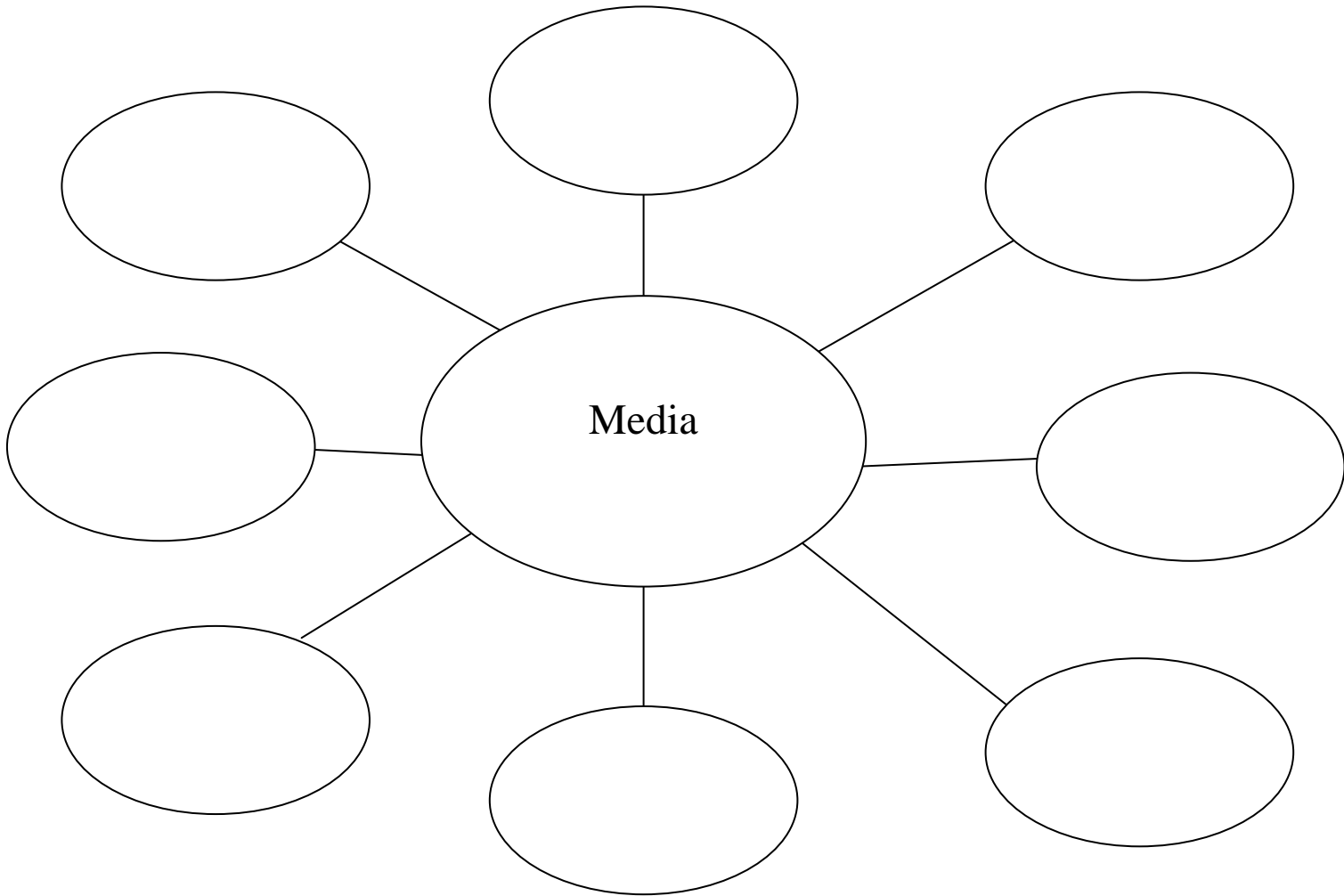
I. Modifying broader policies affecting the media

- ___ 1. By _____, reduce the amount of air time given for shows that glorify adolescent sexual behavior and unsafe sexual practices.
- ___ 2. By _____, regulation of televised programs so that programs and advertisements that promote sexual activity and those not appropriate for youth under age 16 will not be televised between the hours of 3 p.m. and 6 p.m.
- ___ 3. By _____, _____ (other)

***Planning Page
Changes in the Media***

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's media. Consider all forms of local print and broadcast media, including newspapers, radio, and cable and other television.

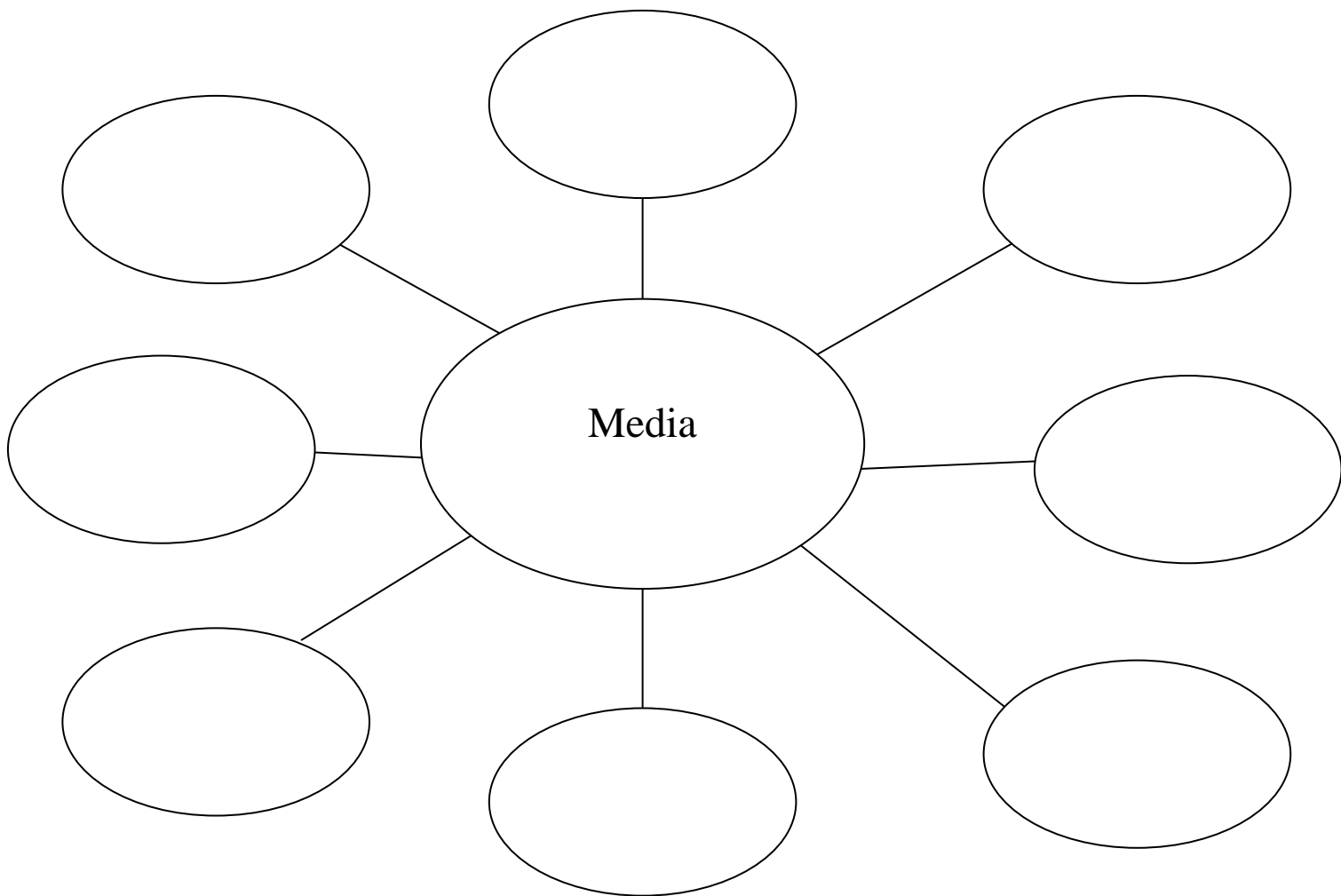
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should the media do?



Planning Page Changes in the Media

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's media. Consider all forms of local print and broadcast media, including newspapers, radio, and cable and other television.

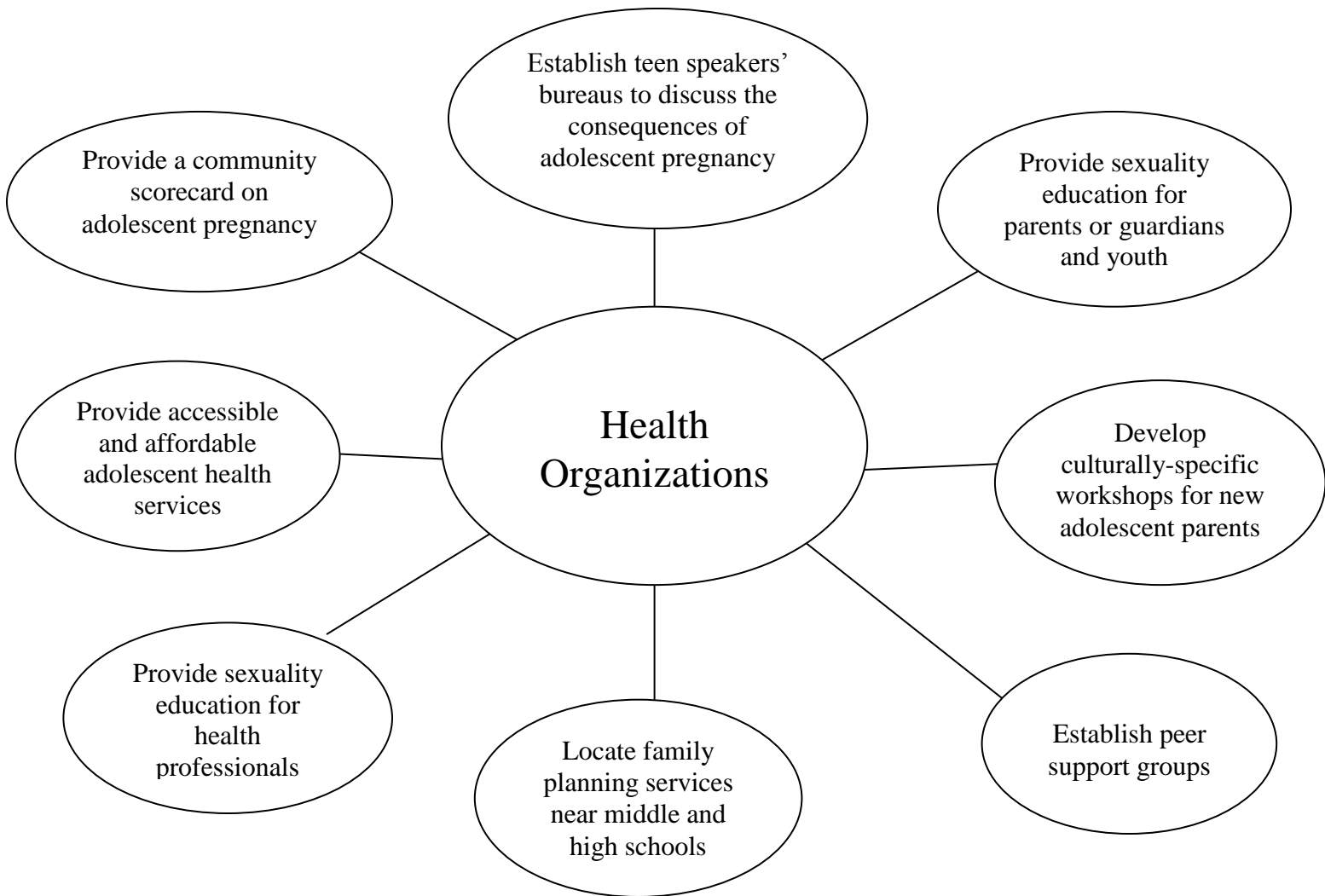
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should the media do?



Part E
Changes in Health Organizations

(An Example)

There are a number of potential changes in health organizations that might contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that might be sought in hospitals, clinics, public health organizations, health education programs, physicians' offices, and other places where health care is provided.



Inventory of Potential Changes in Health Organizations

Please review this list of potential changes in a community's health organizations. The list notes how particular programs, policies, and practices of health organizations might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized under several categories of changes, such as providing information or modifying health organization policies.

Identify those changes in health organizations that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in health organizations. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. Providing information

- ___ 1. By ____, develop and market actively information regarding adolescent pregnancy and its prevention.
- ___ 2. By ____, increase the number of health care offices in the area that display literature regarding facts and myths about adolescent pregnancy.
- ___ 3. By ____, education in risk factors for adolescent pregnancy and substance abuse will be required of all medical students.
- * ___ 4. By ____, provide information on how to get access to support programs for expectant and new mothers.
- * ___ 5. By ____, inform physicians and health care professionals about the current level of adolescent pregnancy, the consequences of adolescent pregnancy, and preventive strategies they might take to address the problem.
- ___ 6. By ____, provide pamphlets and informational posters on effective use of prescription and over-the-counter contraceptives in all physicians' offices, clinics, and health care centers.
- ___ 7. By ____, establish and maintain an interagency council to share information and enhance coordination of efforts to prevent adolescent pregnancy.
- ___ 8. By ____, pharmacists will collaborate with the health department to make, display and freely distribute to youth brochures and other information about contraceptives, how they should be used and which are most effective.
- ___ 9. By ____, health organizations will provide youth ages 12-18 with contraceptive information and counseling (i.e., price, location, effectiveness, etc.).
- ___ 10. By ____, health organizations will establish a contraceptive hotline that allows youth to ask questions about contraceptives, pregnancy, STD's and other issues related to sexuality.
- ___ 11. By ____, pharmacies and stores that youth frequent will provide information on the types of contraceptives they offer.
- ___ 12. By ____, health organizations and health professionals will provide literature to youth on contraceptives.

___ 13. By _____, _____ (other)

B. Enhancing skills

- ___ 1. By _____, provide skills training to youth in how to recruit peer support for abstinence and avoiding unprotected sexual activity.
- ___ 2. By _____, provide training in getting and using contraceptives effectively.
- ___ 3. By _____, provide skills training that emphasizes adult-child communication and information about adolescent sexuality, contraceptives, and consequences of unprotected sexual activity.
- ___ 4. By _____, provide skills training on assertiveness, decision making, relationships for engaging in sexual activity, and resisting peer pressure to engage in sexual activity.
- ___ 5. By _____, provide training in decision making skills for local student organizations (e.g., FHA, SADD).
- ___ 6. By _____, make available computer software, such as the Body Awareness Resource Network (BARN), that provides comprehensive and interactive health education and decision making training.
- ___ 7. Annually, XXX will provide inservice training to area health care professionals and paraprofessionals on how to use local services to prevent adolescent pregnancy.
- * ___ 8. By _____, provide training (including desensitization) for health care professionals and paraprofessionals in conducting adolescent pregnancy prevention efforts.
- * ___ 9. By _____, provide skills training workshops on how to talk to adolescents about sex and effective contraceptive use to all health care professionals and paraprofessionals.
- ___ 10. By _____, develop workshops that encourage adolescents to delay first sexual intercourse or obtain contraceptives and protection from sexually transmitted diseases, and refer adolescents to academic enrichment, dropout prevention, and employment preparation programs.
- ___ 11. By _____, develop culturally-specific workshops targeted to new adolescent parents that provide information and skills to avoid repeated adolescent pregnancies.
- ___ 12. By _____, provide inservice training for teachers in implementing effective curricula for preventing adolescent pregnancy.
- ___ 13. By _____, provide training and support for school personnel in planning, implementing, and evaluating school-based programs for preventing adolescent pregnancy.
- ___ 14. By _____, provide cross-cultural training for health professionals to enhance the cultural appropriateness of preventive services.
- ___ 15. By _____, the health department, schools, and youth organizations will collaborate to provide training for youth on the importance of preventing pregnancy, promoting abstinence, and using effective contraceptives.
- ___ 16. By _____, health organizations will provide opportunities for youth to practice asking for contraceptives without being embarrassed.
- ___ 17. By _____, health organizations will provide opportunities for youth to enhance

- skills regarding contraceptive use by practicing how to use them effectively.
- ___ 18. By _____, health organizations will assist in training teachers at the local health department to teach contraceptive use to students.
 - ___ 19. By _____, schools, health organizations, youth organizations, and religious organizations will adopt curricula that will teach skills in decision-making, contraceptive use and communication focusing around responsible sexual behavior.
 - ___ 20. By _____, _____ (other)

C. *Providing incentives and disincentives*

- ___ 1. By _____, establish an incentive program for hospitals, clinics, and physician's offices to improve access to contraceptive services.
- ___ 2. By _____, youth involved in the project will be given a membership card which allows them to purchase contraceptives at a reduced cost (this could also include access to other items at reduced cost if they demonstrate that they are not engaging in high risk behavior, such as unprotected sexual activity).
- ___ 3. By _____, youth organizations, businesses, and the health department will collaborate to provide coupons, free merchandise, etc. to youth who either remain abstinent or effectively use contraceptives.
- ___ 4. By _____, health organizations will establish an incentive program for hospitals, clinics and physician's offices to improve access to contraceptive services.
- ___ 5. By _____, health organizations will provide free health services (i.e. pap test, sports physicals) to youth who get their friends to go through a session of contraceptive counseling (perhaps hold a raffle).
- ___ 6. By _____, health organizations will provide incentives to private physicians to provide low-cost services and education about contraceptives to youth.
- ___ 7. By _____, _____ (other)

D. *Facilitating support from influential others*

- ___ 1. By _____, establish advanced education financing and support systems by which youth at-risk can attend college or vocational training programs.
- ___ 2. By _____, establish peer support groups for teens to resist pressure to engage in sexual activity.
- ___ 3. By _____, establish teen speakers bureaus to provide information about the consequences of pregnancy and child bearing.
- ___ 4. By _____, organize support groups and networks for parents and guardians.
- ___ 5. By _____, establish intergenerational mentoring programs (e.g., Rights of Passage, Labor of Love) that link youth with different ethnic and cultural backgrounds with their elders.
- ___ 6. By _____, establish and support the adoption of a pregnancy prevention agenda in existing health care organizations.
- ___ 7. By _____, provide training for health workers for responding effectively to individual and community resistance to sexuality education.
- ___ 8. By _____, health organizations, youth organizations, and schools will collaborate to provide support for youth (e.g., support groups, workshops, counseling) who

either choose to remain abstinent or who choose to be sexually active and use contraceptives.

- ___ 9. By _____, health organizations will organize support groups with parents, teachers, and youth who will discuss abstinence and contraceptive use.
- ___ 10. By _____, health organizations will implement a pharmacist-on-loan program where youth can ask a pharmacist questions about contraceptives.
- ___ 11. By _____, health organizations will decrease the cost of contraceptives and increase the availability of free contraceptives.
- ___ 12. By _____, _____ (other)

E. Changing the physical design of the environment

- ___ 1. By _____, install and maintain condom vending machines in all restrooms.
- ___ 2. By _____, relocate or locate family planning counseling services close to middle schools and high schools.
- ___ 3. By _____, contraceptives and information about their use will be available in places where youth congregate, such as convenience stores, theaters, etc.
- ___ 4. By _____, health organizations will offer rides to the health department for students who feel uncomfortable using clinics.
- ___ 5. By _____, health organizations will increase the number of sites in the county that distribute non-prescription contraceptives for males and females.
- ___ 6. By _____, health organizations will increase the types/variety of contraceptives available at the various sites in the county.
- ___ 7. By _____, health organizations will ensure that all sites that distribute contraceptives do not shelve products that have expired dates.
- ___ 8. By _____, health departments and clinics will modify the waiting room and exam room environments to provide more privacy for youth.
- ___ 9. By _____, _____ (other)

F. Improving services

- ___ 1. By _____, increase accessibility and availability to health care, contraceptive counseling, and contraceptive services for youth.
- ___ 2. By _____, develop and implement a referral and transportation system to link adolescents with health services.
- ___ 3. By _____, use physician supervised nurse practitioners in school clinics to increase health services available on school grounds.
- ___ 4. By _____, establish a speakers' bureau featuring well-known health care professionals talking about adolescent pregnancy issues.
- ___ 5. By _____, arrange Medicaid payments for needed services such as Norplant contraceptives or prescriptions for contraceptives.
- ___ 6. By _____, establish an interagency network to coordinate efforts to prevent adolescent pregnancy.
- ___ 7. By _____, conduct annual school-community health fairs with an emphasis on youth health issues, including adolescent pregnancy.
- ___ 8. By _____, local pharmacies, clinics, and the health department will allow youth to call in for contraceptives and have them put in a bag which they can pick up.

- ___ 9. By _____, health organizations will arrange Medicaid payments for needed services like Norplant.
- ___ 10. By _____, nurses in religious, community, and youth organizations will provide confidential counseling to youth about contraceptives and access.
- ___ 11. By _____, health organizations will make non-prescription contraceptives available in all medical settings.
- ___ 12. By _____, all HMO's, PPO's and insurance companies will offer classes to members that teach about sexuality, communication and contraceptives and market these classes to preteens, teens and their parents.
- ___ 13. By _____, _____ (other)

G. Modifying policies of health organizations

- ___ 1. By _____, modify policies and practices of health care organizations to support providing contraceptive counseling and distribution of contraceptives to youth.
- ___ 2. By _____, all state funded and independent health care organizations will participate in the state's Department of Health's abortion reporting system.
- ___ 3. By _____, establish accurate reporting systems for sexually transmitted diseases, pregnancies, and terminations.
- ___ 4. By _____, health organizations will extend clinic hours for contraceptive counseling and access to contraceptives.
- ___ 5. By _____, health organizations will establish accurate reporting systems for STD's, pregnancies, terminations and contraceptive use.
- ___ 6. By _____, schools and health professionals will work collaboratively to allow medical providers to visit schools each semester, conduct internal exams, sexuality counseling, and distribute prescription contraceptives.
- ___ 7. By _____, adopt a policy requiring that any student in junior high or high school who receives a sports physical also receive a discussion/information on abstinence and contraceptives.
- ___ 8. By _____, change the standards required by many professional groups which require a pelvic exam in order to obtain oral contraceptives.
- ___ 9. By _____, _____ (other)

H. Providing public feedback on goal attainment

- ___ 1. By _____, provide a community scorecard, publicly reporting yearly levels of adolescent pregnancy, reporting increases or decreases from previous time periods.
- ___ 2. By _____, have the clinic talk with youth, religious organizations, community organizations, and schools about the family planning services they provide.
- ___ 3. By _____, start a gossip column that talks about the good things the clinic provides.
- ___ 4. By _____, health organizations should monitor the number of youth who ask for contraceptives to increase awareness among parents and school administrators that students do use contraceptives.
- ___ 5. By _____, _____ (other)

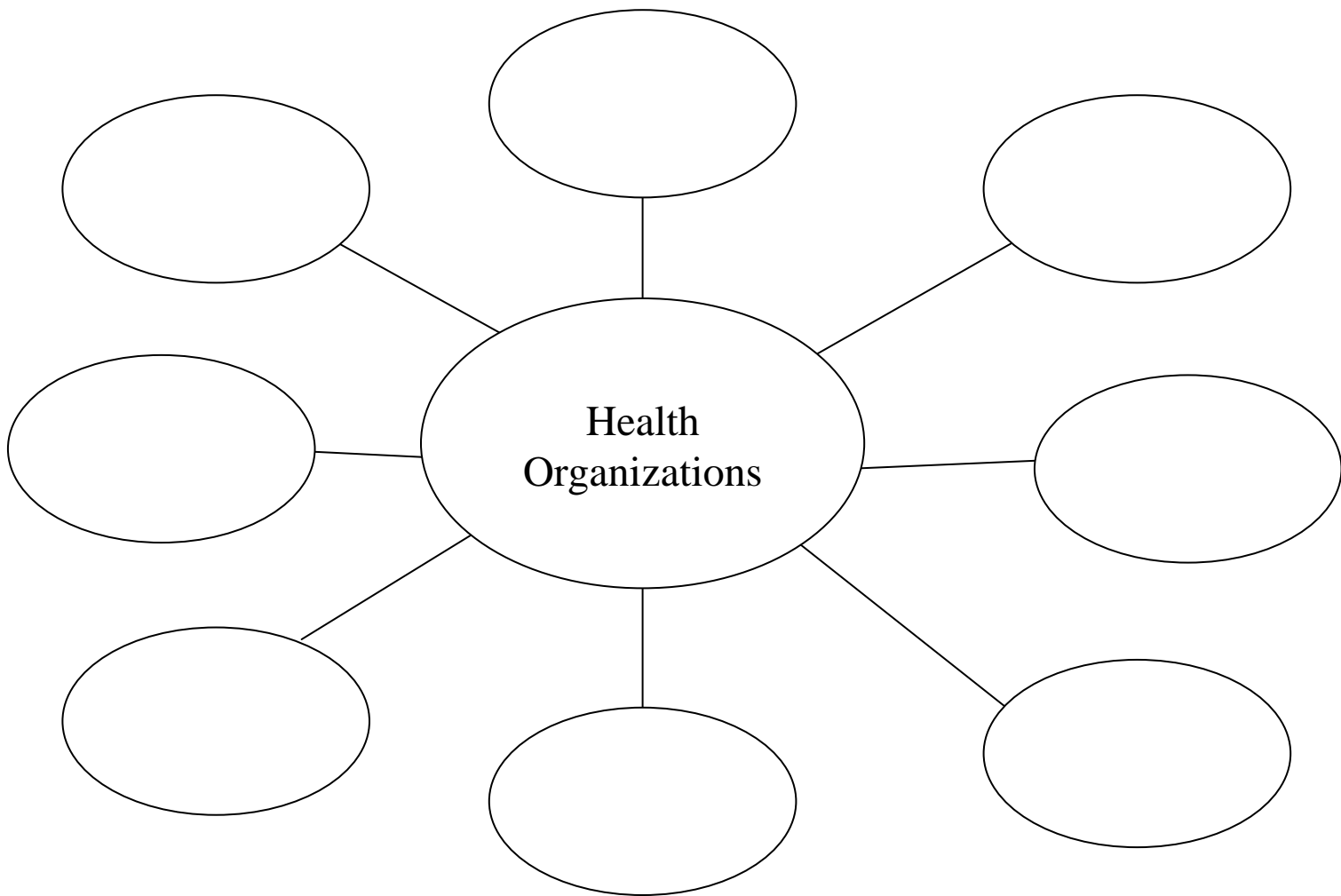
I. Modifying broader policies affecting health organizations

- ___ 1. By _____, modify school board (and state) policies to permit distribution of contraceptives in school-based clinics.
- ___ 2. By _____, require clinics to offer classes in abstinence/decision-making as a preventive health service.
- ___ 3. By _____, change requirement of parental permission to use services at school-linked clinics.
- ___ 4. By _____, condoms and other non-prescription contraceptives be available on school grounds.
- ___ 5. By _____, require certain physical requirements with regard to privacy be met by all school-linked clinics.
- ___ 6. By _____, change policies that do not allow adolescents total confidentiality in receiving health care, especially preventive health care.
- ___ 7. By _____, _____ (other)

Planning Page
Changes in Health Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's health organizations. Consider all the contexts in which people receive health services including hospitals, clinics, public health organizations, health education programs, physicians' offices, and other places where health care is provided.

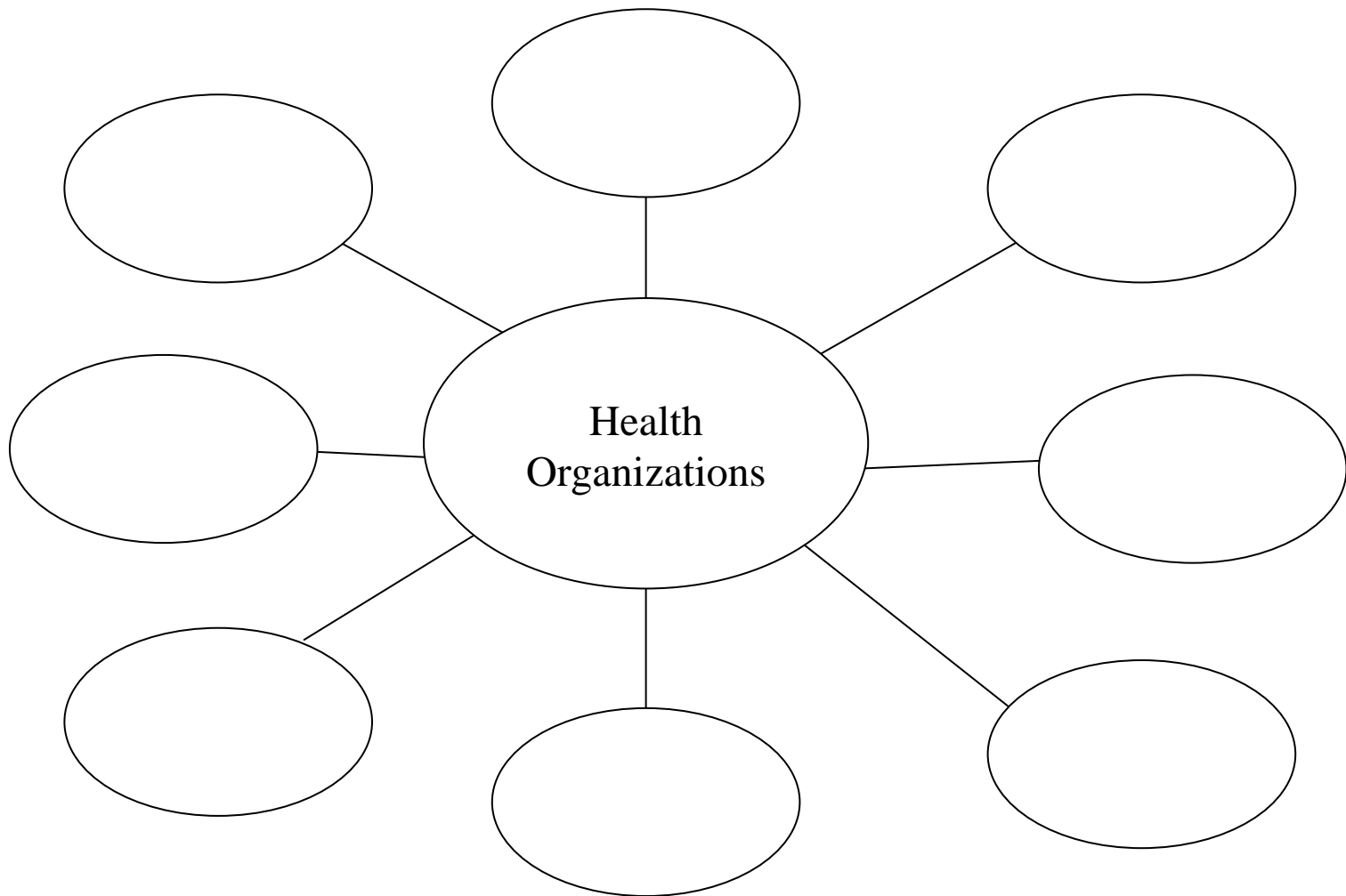
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should health organizations do?



Planning Page
Changes in Health Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's health organizations. Consider all the contexts in which people receive health services including hospitals, clinics, public health organizations, health education programs, physicians' offices, and other places where health care is provided.

When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should health organizations do?



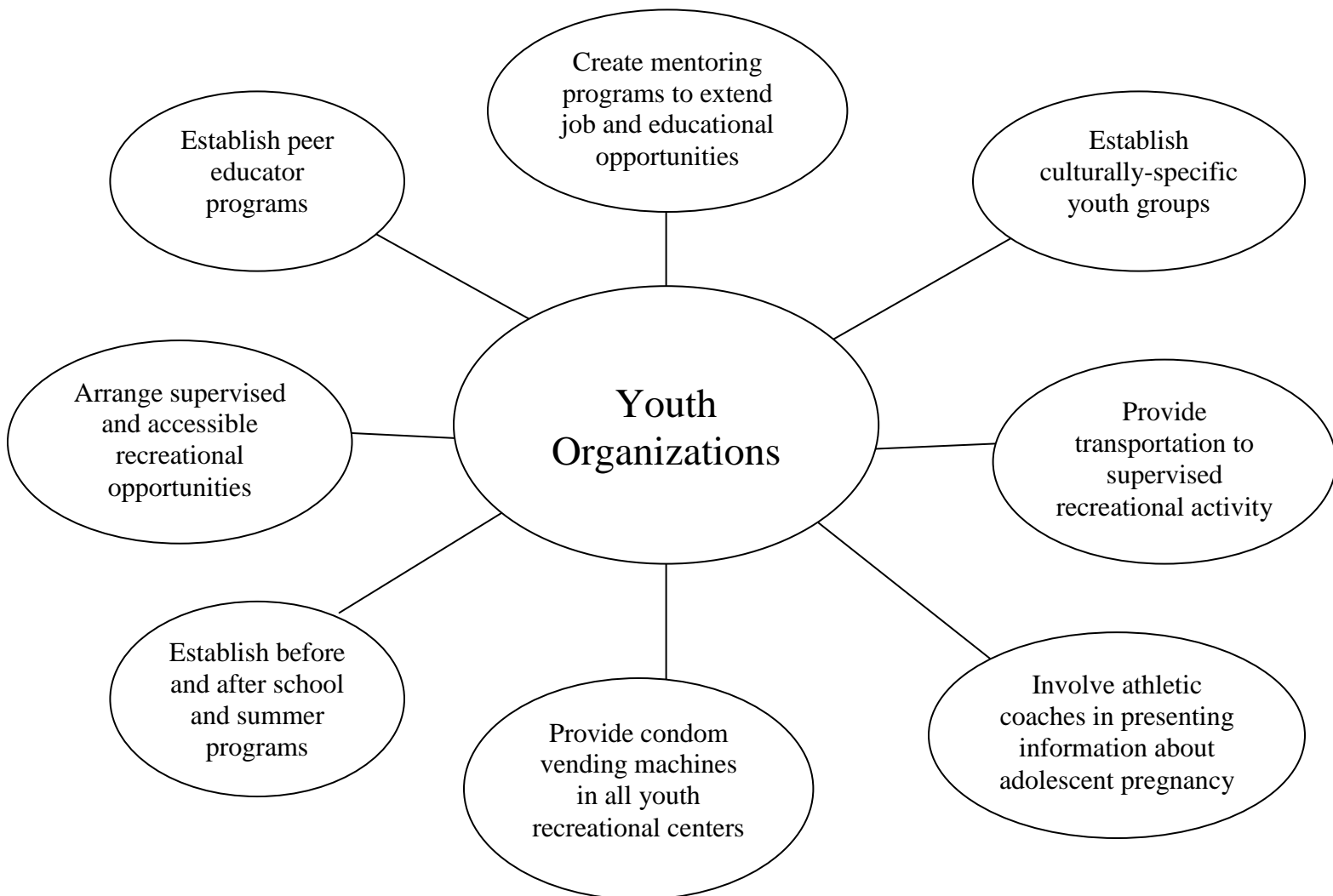
***"Keep your eyes on the prize,
hold on, hold on...
keep your eyes on the prize,
hold on..."***

-Civil Rights song

Part F
Changes in Youth Organizations

(An Example)

There are a number of potential changes in youth organizations that will contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that can be sought in after-school recreational programs, such as Boys and Girls Clubs or the YMCA, Scouting organizations, 4-H, recreational programs, and cultural organizations.



Inventory of Potential Changes in Youth Organizations

Please review this list of potential changes in a community's youth organizations. The list notes how particular programs, policies, and practices of youth organizations might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized under several categories of changes, such as providing information or modifying youth organization policies.

Identify those changes in youth organizations that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in youth organizations. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. Providing information

- * ___ 1. By ____, create a peer educator group to provide information to youth about the consequences of adolescent pregnancy and child bearing, responsible decision making, and contraceptive use, for those who choose to be sexually active.
- * ___ 2. By ____, establish and implement sexuality education programs to promote abstinence and prevent unplanned pregnancies, sexually transmitted diseases, and AIDS.
- ___ 3. By ____, inform parents and guardians on methods to talk to youth about sexuality.
- ___ 4. By ____, provide employees of youth organizations with data on youths' perception of issues related to sexuality, including availability of contraception, methods of contraceptive use, and sexual activity.
- ___ 5. By ____, provide youth with information on life options, including education, training, and employment opportunities.
- ___ 6. By ____, all athletic directors, coaches, and supervisors of co-curricular activities will be required to present pregnancy prevention information to all student athletes at the beginning of each season.
- ___ 7. By ____, provide youth with contraception information including where to get contraceptives, legal rights, and how to use.
- ___ 8. By ____, inform employees of youth organizations about the current level of adolescent pregnancy, the consequences of adolescent pregnancy, and preventive strategies they might use to address the problems in their organization.
- ___ 9. By ____, provide pamphlets and informational posters on effective use of prescription and over-the-counter contraceptives in all youth service agencies.
- ___ 10. By ____, provide information about the community's adolescent pregnancy rate, sexuality myths, consequences of adolescent pregnancy, and child bearing to all employees that frequently come into contact with adolescents as part of their job duties (e.g., youth workers, supervisors of recreational programs).
- ___ 11. By ____, provide information about the consequences of adolescent pregnancy

and child bearing, responsible decision making, and effective contraceptive use in agencies that frequently employ adolescents or where adolescents are volunteers (e.g., day care centers, YWCA).

- ___ 12. By _____, coordinate youth speak-outs on teen pregnancy and its prevention.
- ___ 13. By _____, information about contraceptives (i.e., price, location, effectiveness) and where they might be obtained will be available at youth organizations
- ___ 14. By _____, provide youth ages 12-18 with contraceptive information and counseling (i.e., price, location, effectiveness, etc.).
- ___ 15. By _____, establish a contraceptive hotline that allows youth to ask questions about contraceptives, pregnancy, STD's and other issues related to sexuality.
- ___ 16. By _____, _____ (other)

B. Enhancing skills

- ___ 1. By _____, create a peer educator group to provide skills training in resisting pressure to engage in sexual activity.
- ___ 2. By _____, provide skills training to youth in how to recruit peer support for abstinence and avoiding unprotected sexual activity.
- ___ 3. By _____, provide training in getting and using contraceptives effectively.
- ___ 4. By _____, provide skills training for parents and guardians that emphasizes adult-child communication and information about adolescent sexuality, contraceptives, and consequences of unprotected sexual activity.
- ___ 5. By _____, provide skills training on assertiveness, decision making, relationships for engaging in sexual activity, and resisting peer pressure to engage in sexual activity.
- ___ 6. By _____, provide training in decision making skills for local youth organizations (e.g., FHA, SADD).
- ___ 7. By _____, establish youth community service programs to enhance life skills and social responsibility.
- ___ 8. Annually, XXX will provide inservice training to local youth service employees on how to use local services to prevent adolescent pregnancy.
- ___ 9. By _____, provide training (including desensitization) for youth service employees in conducting adolescent pregnancy prevention efforts.
- ___ 10. By _____, develop and implement programs to enhance youths' academic skills.
- ___ 11. By _____, establish intergenerational or peer-led academic tutoring programs with incentives for attendance and achievement.
- ___ 12. By _____, provide training for people who work with youth (e.g., school nurses, counselors, youth organization employees, etc.) on talking to youth about pregnancy prevention, abstinence, and contraceptives.
- ___ 13. By _____, the health department, schools, and youth organizations will collaborate to provide training for youth on the importance of preventing pregnancy, abstinence, and effective use of contraceptives.
- ___ 14. By _____, provide youth the opportunity to practice asking for contraceptives without being embarrassed.
- ___ 15. By _____, involve youth in making PSA's about contraceptives.
- ___ 16. By _____, youth organizations will sponsor events related to contraceptive use and access.

- ___ 17. By _____, youth organizations will adopt curricula that will teach skills in decision-making, contraceptive use and communication focusing around responsible sexual behavior.
- ___ 18. By _____, _____ (other)

C. Providing incentives and disincentives

- ___ 1. By _____, establish a contest for youth to develop messages to discourage other youth from engaging in unprotected sexual activity.
- ___ 2. By _____, establish incentive programs in which employment and secondary education options are created for youth at-risk who avoid pregnancy and parenthood.
- ___ 3. By _____, establish contests for youth efforts in helping peers avoid parenthood (e.g., rap songs, plays).
- ___ 4. By _____, establish community-wide incentives for youth who serve agencies that provide sexuality education workshops and alternative activities for youth.
- ___ 5. By _____, establish incentives for youth to participate in community service projects.
- ___ 6. By _____, provide internships in local organizations for youth who remain abstinent or use effective contraception.
- ___ 7. By _____, establish and promote incentives for attendance and achievement in intramural sports and clubs.
- ___ 8. By _____, youth organizations, businesses, and the health department will collaborate to provide coupons, free merchandise, etc. to youth who either remain abstinent or effectively use contraceptives.
- ___ 9. By _____, youth organizations will collaborate to provide coupons for contraceptives.
- ___ 10. By _____, youth organizations will sponsor outing and trips for youth who abstain, use contraceptives and who avoid pregnancy.
- ___ 11. By _____, _____ (other)

D. Facilitating support from influential others

- ___ 1. By _____, establish and support the adoption of a pregnancy prevention agenda in existing youth organizations.
- ___ 2. By _____, establish mentoring programs by which adolescents can gain access to potential employers and other influential adults.
- ___ 3. By _____, establish advanced education financing and support systems by which youth at-risk can attend college or vocational training programs.
- ___ 4. By _____, establish peer support groups for teens to resist pressure to engage in sexual activity.
- ___ 5. By _____, establish teen speakers bureaus to provide information about the consequences of pregnancy and child bearing.
- ___ 6. By _____, organize support groups and networks for parents or guardians.
- ___ 7. By _____, establish mentoring programs (e.g., Rights of Passage, Labor of Love) that link youth from diverse cultural backgrounds with their elders.
- ___ 8. By _____, provide financial resources to support community service programs.

- ___ 9. By _____, establish peer support programs for new adolescent parents.
- ___ 10. By _____, establish culturally-specific youth groups for ethnic minorities and people of color.
- ___ 11. By _____, establish regional support networks among leaders and members of youth organizations working on preventing teen pregnancy.
- ___ 12. By _____, health organizations, youth organizations, and schools will collaborate to provide support for youth (e.g., support groups, workshops, counseling) who either choose to remain abstinent or who choose to be sexually active and use contraceptives.
- ___ 13. By _____, youth organizations will establish a contraceptive use or abstinence support group.
- ___ 14. By _____, youth organizations can establish intergenerational support programs for older adults to talk to youth about contraceptives.
- ___ 15. By _____, youth organizations will improve the social climate to provide active positive reinforcement for those teenagers who choose to be abstinent.
- ___ 16. By _____, youth organizations will change the social climate to provide positive reinforcement for the use of contraceptives among sexually active teenagers.
- ___ 17. By _____, _____ (other)

E. Changing the physical design of the environment

- ___ 1. By _____, arrange supervised recreational areas near where adolescents at-risk live.
- ___ 2. By _____, provide safe and affordable transportation to supervised recreational opportunities.
- ___ 3. By _____, provide condom vending machines in all youth recreational centers.
- ___ 4. By _____, contraceptives and information about their use will be available in places where youth congregate, such as convenience stores, theaters, etc.
- ___ 5. By _____, install condom vending machines in other places that youth congregate.
- ___ 6. By _____, _____ (other)

F. Improving services

- ___ 1. By _____, establish and market a hotline for use by youth for questions about sex.
- ___ 2. By _____, the school district and parents and recreation department will establish before and after school and summer activities for youth.
- ___ 3. By _____, a youth drama troupe will be established to tour shopping malls and schools to address teen issues and decision making.
- ___ 4. By _____, establish or reinstate middle school sports leagues and activities.
- ___ 5. By _____, establish a central clearinghouse to conduct widespread job skills training and placement for youth at-risk.
- ___ 6. By _____, establish after school programs that target low-income academic underachievers and include peer counseling, community service, academic incentives, and a drama troupe (e.g., TEENTALK).
- ___ 7. By _____, collaborate in the provision of basic health services, transportation, and referral to health care sites.

- ___ 8. By _____, establish and support peer educator programs in youth organizations, middle schools, and high schools.
- ___ 9. By _____, coordinate youth volunteer efforts to prevent adolescent pregnancy.
- ___ 10. By _____, develop afterschool programs for youth that focus on discussions related to pregnancy prevention, abstinence and contraception.
- ___ 11. By _____, nurses in youth organizations will provide confidential counseling to youth about contraceptives and access.
- ___ 12. By _____, _____ (other)

G. Modifying policies of youth organizations

- ___ 1. By _____, establish board policies by which youth can have influence on the policies and practices of youth organizations.
- ___ 2. By _____, develop a policy that would incorporate contraceptive counseling and information to all sport organizations, gym classes, and clubs.
- ___ 3. By _____, _____ (other)

H. Providing public feedback on goal attainment

- ___ 1. By _____, provide a community scorecard, publicly reporting the yearly levels of adolescent pregnancy, reporting increases or decreases from previous time periods.
- ___ 2. By _____, publicly advertise youth levels of participation in alternative activities and job placements sponsored by youth service organizations.
- ___ 3. By _____, _____ (other)

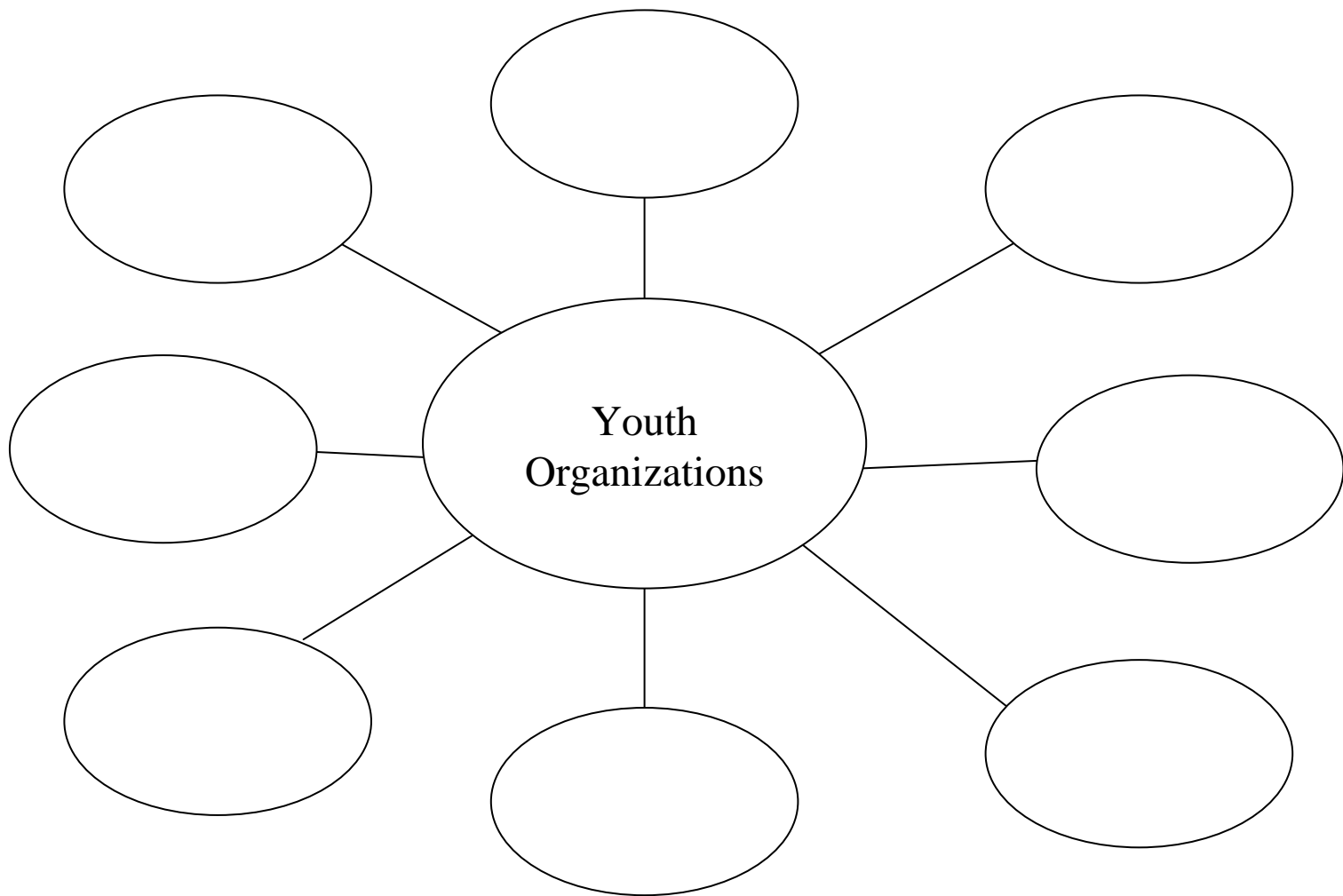
I. Modifying broader policies affecting youth

- ___ 1. By _____, support modifications of State Board of Education regulations to mandate and enforce compliance of teacher training on sexuality education prior to teaching material (specify the number of teacher instruction hours required).
- ___ 2. By _____, support modifications and enforced compliance of State Board of Education regulations to specify the number of hours of sexuality and AIDS education and content of instruction required for each grade level K-12.
- ___ 3. By _____, establish national and state programs to promote community service.
- ___ 4. By _____, increase youth involvement in advisory councils and other forums for advocating for policies that affect them.
- ___ 5. By _____, _____ (other)

Planning Page
Changes in Youth Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's youth organizations. Consider the different types of organizations serving youth, including after-school recreational programs, such as Boys and Girls Clubs or the YMCA, Scouting organizations, 4-H, recreational programs, and cultural organizations.

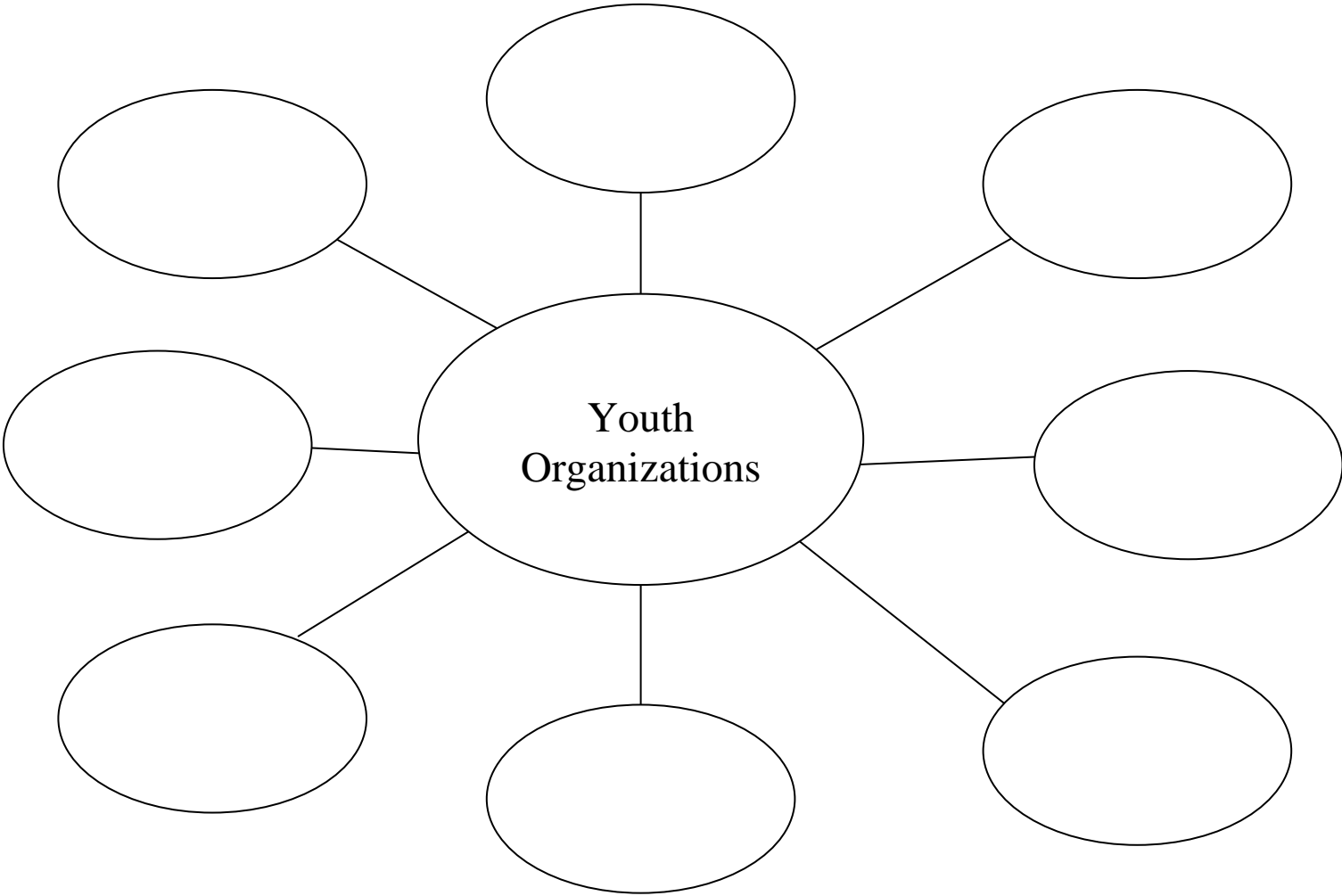
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should youth organizations do?



***Planning Page
Changes in Youth Organizations***

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's youth organizations. Consider the different types of organizations serving youth, including after-school recreational programs, such as Boys and Girls Clubs or the YMCA, Scouting organizations, 4-H, recreational programs, and cultural organizations.

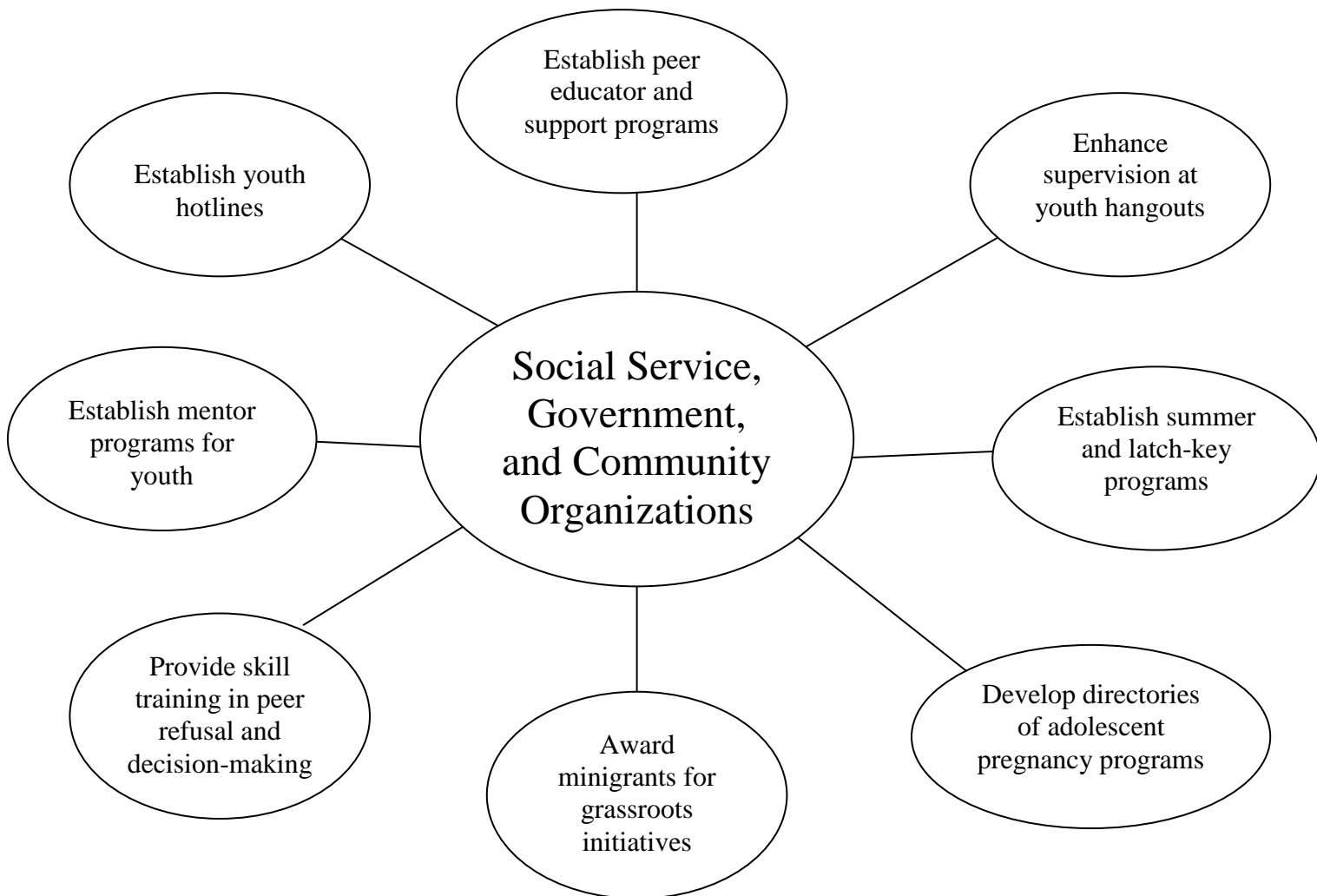
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should youth organizations do?



Part G
**Changes in Social Service,
Government, and Community Organizations**

(An Example)

There are a number of potential changes in social service, government, and community organizations that might contribute to the mission of reducing adolescent pregnancy. Here is an example of the product of planning--a list of changes that might be sought in service organizations, including those providing welfare and vocational services as well as drug treatment and aftercare; government agencies, including executive and legislative bodies at local, county, and state levels; and community organizations, including related coalitions, advocacy organizations, self-help groups, neighborhood improvement associations, and neighborhood task forces.



Inventory of Potential Changes in Social Service, Government, and Community Organizations

Please review this list of potential changes in a community's social service, government, and community organizations. The list notes how particular programs, policies, and practices of social service, government, and community organizations might be changed to contribute to the mission of reducing adolescent pregnancy. These changes that might be considered are organized under several categories of changes, such as providing information or modifying social service, government, and community organization policies.

Identify those changes in social service, government, and community organizations that may be most helpful to the mission of reducing adolescent pregnancy in your community. Modify these possible changes, and delete or add new ones, to fit your community's needs, resources, and experiences.

Use the Planning Page at the end of this section to record your group's tentative choices for changes to be sought in social service, government, and community organizations. An extra copy of the Planning Page is provided for your convenience.

Note: There is an asterisk (*) next to those actions that are considered essential (or at least highly recommended) for success.

A. Providing information

- * ___ 1. By ____, disseminate appropriate information to the community related to adolescent pregnancy and its prevention.
- ___ 2. By ____, establish or increase use of youth hotlines and other crisis hotlines.
- ___ 3. By ____, inform parents and guardians on methods to talk with youth about sexuality.
- * ___ 4. By ____, provide the community with data on youths' perception of issues related to sexuality, including availability of contraception, methods of contraceptive use, and sexual activity.
- ___ 5. By ____, provide youth information on life options, including education, training, and employment opportunities.
- ___ 6. By ____, provide youth with contraception information including where to get contraceptives, legal rights, and how to use.
- ___ 7. By ____, provide information about the community's adolescent pregnancy rate, sexuality myths, consequences of adolescent pregnancy, and child bearing in all social service agencies, government offices, and community organizations that frequently come into contact with adolescents as part of their job duties (e.g., employment office).
- ___ 8. By ____, provide information about the consequences of adolescent pregnancy and child bearing, responsible decision making, and effective contraceptive use in agencies that frequently employ adolescents or where adolescents are volunteers (e.g., service agencies).
- ___ 9. By ____, information about contraceptives and where they might be obtained will be available at community organizations and other places where youth frequent (e.g., bowling alley, quik trip, etc.).

- ___ 10. By _____, community organizations will provide youth ages 12-18 and their families with contraceptive information, education, and counseling (i.e., price, location, effectiveness, etc.)
- ___ 11. By _____, community and government organizations will establish a contraceptive hotline that allows youth to ask questions about contraceptives, pregnancy, STD's and other issues related to sexuality.
- ___ 13. By _____, _____ (other)

B. Enhancing skills

- ___ 1. By _____, provide skills training to youth in how to recruit peer support for abstinence and avoiding unprotected sexual activity.
- ___ 2. By _____, provide training in getting and using contraceptives effectively.
- ___ 3. By _____, skill training for parents and guardians that emphasizes adult-child communication and information about adolescent sexuality, contraceptives, and consequences of unprotected sexual activity.
- ___ 4. By _____, provide skills training on assertiveness, decision making, relationships for engaging in sexual activity, and resisting peer pressure to engage in sexual activity.
- ___ 5. By _____, provide training in decision making skills for local student organizations (e.g., FHA, SADD).
- ___ 6. By _____, establish youth community service programs to enhance life skills and social responsibility.
- ___ 7. Annually, XXX will provide inservice training to employees and volunteers who work with adolescents on how to talk about sex and how to use local services to prevent adolescent pregnancy.
- ___ 8. By _____, identify and build work-related skills among youth.
- ___ 9. By _____, develop and implement programs to enhance youths' academic skills.
- ___ 10. By _____, establish corporate funded and supported job-skills training, placement, and hiring practices for adolescents at risk to unemployment and underemployment.
- ___ 11. By _____, government and community organizations will provide training for people who work with youth (e.g., school nurses, counselors, youth organization employees, etc.) on talking to youth about pregnancy prevention, abstinence, and contraceptives.
- ___ 12. By _____, community organizations will provide youth the opportunity to practice asking for contraceptives without being embarrassed.
- ___ 13. By _____, community organizations will involve youth in making PSA's about contraceptives.
- ___ 14. By _____, _____ (other)

C. Providing incentives and disincentives

- ___ 1. By _____, establish incentive programs to reward youth who avoid parenthood or repeated parenthood.
- ___ 2. By _____, establish incentive programs in which employment and secondary education options are created for youth at-risk who avoid pregnancy and

- parenthood.
- ___ 3. By _____, establish contests for youth efforts in helping peers avoid parenthood (e.g., rap songs, plays).
 - ___ 4. By _____, establish community-wide incentives for social service, government and community organizations to provide sexuality education workshops and alternative activities for youth.
 - ___ 5. By _____, establish incentives for youth to participate in community service projects.
 - ___ 6. By _____, provide internships in local organizations for youth who remain abstinent or use effective contraception.
 - ___ 7. By _____, government organizations will establish tax incentives for businesses who provide in-kind or financial support for contraceptive services and abstinence-based programs.
 - ___ 8. By _____, community organizations, businesses, and the health department will collaborate to provide coupons, free merchandise, etc. to youth who either remain abstinent or effectively use contraceptives.
 - ___ 9. By _____, _____ (other)

D. Facilitating support from influential others

- ___ 1. By _____, establish and support youth organizations/groups for pregnancy prevention within established social service, government, and community organizations.
- ___ 2. By _____, establish and support the adoption of a pregnancy prevention agenda in existing social service, government, and community organizations.
- ___ 3. By _____, establish programs by which adolescents can gain access to potential employers and other influential adults.
- ___ 4. By _____, establish advanced education financing and support systems by which youth at-risk can attend college or vocational training programs.
- ___ 5. By _____, establish peer support groups for teens to resist pressure to engage in sexual activity.
- ___ 6. By _____, establish teen speakers' bureaus to provide information about the consequences of pregnancy and child bearing.
- ___ 7. By _____, organize support groups and networks for parents and guardians.
- ___ 8. By _____, establish intergenerational mentoring programs (e.g., Rights of Passage, Labor of Love) that link youth from diverse cultural backgrounds with their elders.
- ___ 9. By _____, increase resource allocations to community-based programs that provide life skills training, academic support, health services, or sexuality education to youth at-risk.
- ___ 10. By _____, provide financial resources to support community service programs.
- ___ 11. By _____, establish scholarship programs for low-income youth to advance their education and training.
- ___ 12. By _____, provide training for youth workers to respond effectively to individual and community resistance to sexuality education.
- ___ 13. By _____, government organizations will support health clinics and educational programs for abstinence and contraceptive use to youth by allowing employees

- time to volunteer at these organizations.
- ___ 14. By _____, health organizations, youth organizations, community organizations and schools will collaborate to provide support for youth (e.g., support groups, workshops, counseling) who either choose to remain abstinent or who choose to be sexually active and use contraceptives.
 - ___ 15. By _____, community organizations will improve the social climate to provide active, positive reinforcement for those teenagers who choose to be abstinent.
 - ___ 16. By _____, community organizations will change the social climate to provide positive reinforcement for the use of contraceptives among sexually active teenagers.
 - ___ 17. By _____, community organizations will establish support groups for parents who want to discuss sexuality and contraceptive issues with others.
 - ___ 18. By _____, community organizations will offer parent education seminars and resources to parents surrounding decision-making, contraceptives, abstinence, and sexuality.
 - ___ 19. By _____, community organizations and businesses will fund development and air time of promotional messages which encourage abstinence and contraceptive use among sexually active teenagers.
 - ___ 20. By _____, _____ (other)

E. Changing the physical design of the environment

- ___ 1. By _____, provide enhanced supervision and surveillance at youth hangout locations.
- ___ 2. By _____, install and maintain condom vending machines in all restrooms of agencies and organizations serving adolescents.
- ___ 3. By _____, use space available to social service, government, and community organizations to create well lit and supervised recreational areas.
- ___ 4. By _____, create and maintain areas within community centers and social service agencies where sexuality and contraceptive information and over-the-counter contraceptives are available to youth.
- ___ 5. By _____, government organizations will facilitate development and adoption of policies that allow for distribution of contraceptives at or on school grounds.
- ___ 6. By _____, community organizations will offer rides to the health department for students who feel uncomfortable using clinics.
- ___ 7. By _____, community organizations will install condom vending machines in restrooms.
- ___ 8. By _____, community organizations will help to increase the number of sites in the county that distribute non-prescription contraceptives for males and females.
- ___ 9. By _____, community organizations will help to increase the types/variety of contraceptives available at the various sites in the county.
- ___ 10. By _____, _____ (other)

F. Improving services

- ___ 1. Annually, award microgrants to grassroots organizations or individuals to establish programs to prevent or reduce adolescent pregnancy.

- ___ 2. By _____, increase allocations for the development of juvenile aftercare by XX%.
- ___ 3. By _____, establish a centralized parenting center for the area.
- ___ 4. By _____, increase the number of agencies or organizations that conduct free parenting classes with culturally-appropriate content.
- ___ 5. Annually, develop an updated resource directory for programs attempting to prevent adolescent pregnancy and disseminate it to area clergy, businesses, schools, and other relevant organizations.
- ___ 6. By _____, establish mentor programs for youth to facilitate employment and educational opportunities.
- ___ 7. By _____, establish accessible sexuality counseling and contraceptive services for adolescents.
- ___ 8. By _____, establish school-based or near school clinics to provide health screening, counseling, and treatment.
- ___ 9. By _____, develop after-school employment and recreational programs for youth.
- ___ 10. By _____, develop and implement programs to help youth set personal goals and objectives.
- ___ 11. By _____, provide information and referral to link adolescents with health services.
- ___ 12. By _____, establish peer support groups for teens to resist pressure to engage in unsafe sexual activity.
- ___ 13. By _____, establish policy by which all agencies serving youth will provide vending machines for condoms or otherwise make contraceptive accessible.
- ___ 14. By _____, develop and implement community service and service learning programs for youth and their families.
- ___ 15. By _____, adopt and implement special pregnancy prevention programs for young men.
- ___ 16. By _____, develop and implement job placement programs.
- ___ 17. By _____, provide help in obtaining public assistance (e.g., AFDC, food stamps) for those families that need it.
- ___ 18. By _____, provide transportation for youth to get access to support and prevention programs.
- ___ 19. By _____, government organizations will dedicate more funding to needed preventive services such as pap smears and the provision of condoms and Norplant.
- ___ 20. By _____, community organizations will develop afterschool programs for youth that focus on discussions related to pregnancy prevention, abstinence and contraception.
- ___ 21. By _____, community organizations will conduct health fairs where contraceptives are available to youth and youth can ask questions.
- ___ 22. By _____, nurses in religious, community and youth organizations will provide confidential counseling to youth about contraceptives and access.
- ___ 23. By _____, community organizations will offer seminars to parents/guardians on how to discuss contraceptive options with their children.
- ___ 24. By _____, community organizations will make other non-prescription methods for women available in vending machines.

___ 25. By _____, _____ (other)

G. Modifying policies of social service, government, and community organizations

- ___ 1. By _____, establish an accurate and complete surveillance system to track sexually transmitted diseases, reported sexual behavior of youth, and adolescent pregnancies.
- ___ 2. By _____, establish policy by which all agencies serving youth will provide vending machines for condoms or otherwise make contraceptive accessible.
- ___ 3. By _____, establish a policy of providing matching funds for grants for prevention initiatives.
- ___ 4. By _____, government organizations will develop federal waivers for federally funded grantees that allow flexibility in the service delivery model.
- ___ 5. By _____, government organizations will increase funding for family planning services at the state and national level.
- ___ 6. By _____, government organizations will expand Title X funds to include community-based services that work to increase family planning and access among adolescents.
- ___ 7. By _____, government organizations will allocate public and private funding to enable counties with high EPR's among teenagers to be the first to implement prevention programs.
- ___ 8. By _____, government organizations will alter the use of Medicaid and Title XX funds to allow third party reimbursement of family planning services.
- ___ 9. By _____, government organizations will change Medicaid policies that do not allow teenagers' confidentiality in receiving contraceptive/family planning services.
- ___ 10. By _____, government organizations will provide tax credits for cooperative efforts between private and public sector agencies in establishing a coordinated network for reproductive services.
- ___ 11. By _____, community organizations will develop a policy that would incorporate contraceptive counseling and information into sport organizations and clubs.
- ___ 12. By _____, _____ (other)

H. Providing public feedback on goal attainment

- ___ 1. By _____, provide a community scorecard, publicly reporting the yearly levels of adolescent pregnancy, reporting increases or decreases from previous time periods.
- ___ 2. By _____, the state government will adopt a week as Pregnancy Prevention Week as a time to educate residents about the issue of teen pregnancy and highlight preventive programs and services dedicated to decreasing the rate of adolescent pregnancy.
- ___ 3. By _____, community organizations will be actively involved in Teen Pregnancy Prevention Week through public education and highlighting services they provide that help decrease adolescent pregnancy.
- ___ 4. By _____, _____ (other)

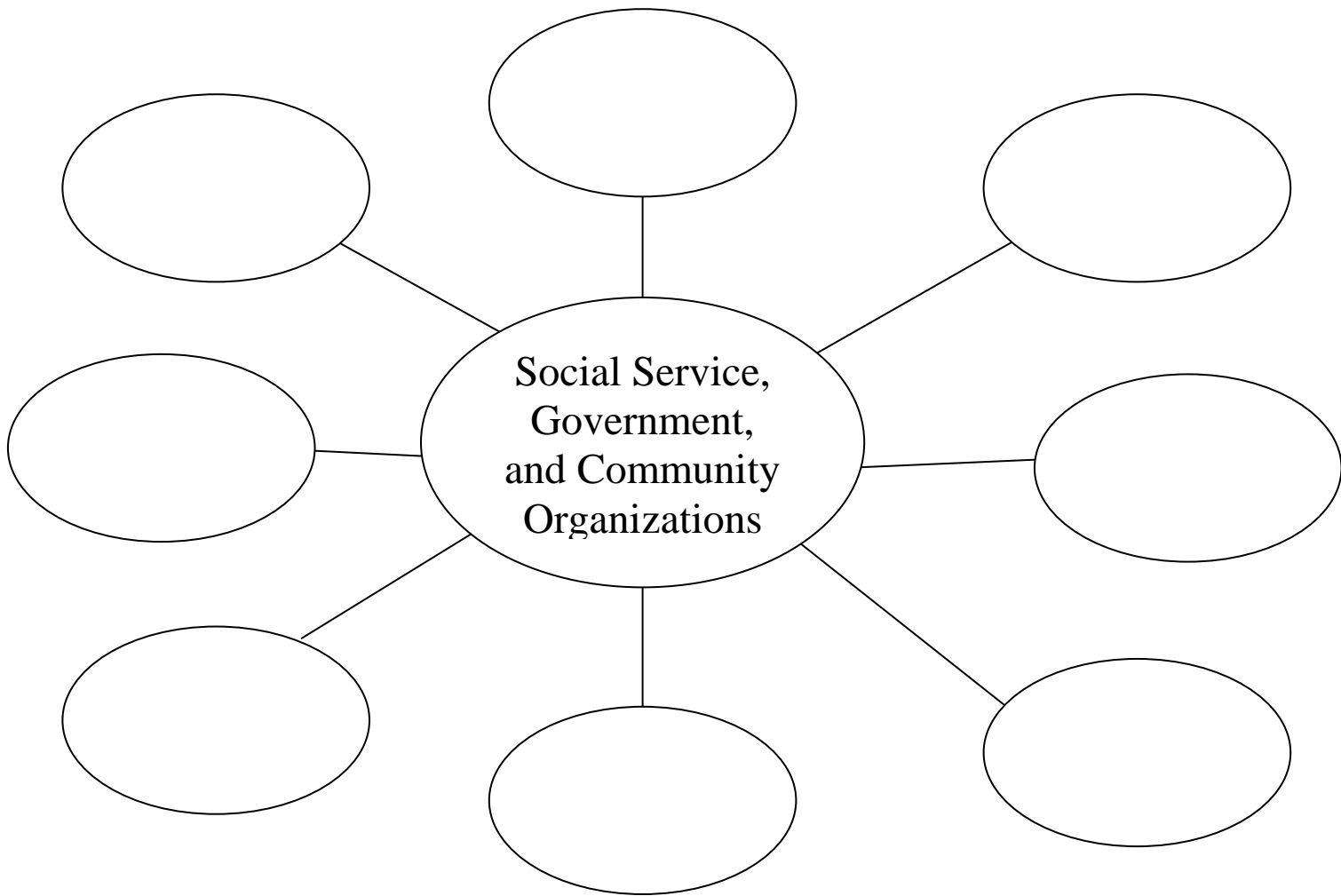
I. Modifying broader policies affecting social service, government, and community organizations

- ___ 1. By _____, modify school board (and state) policies to permit distribution of contraceptives in school-based clinics.
- ___ 2. By _____, support modifications of State Board of Education regulations to mandate and enforce compliance of teacher training on sexuality education prior to teaching material (specify the number of teacher instruction hours required).
- ___ 3. By _____, support modifications and enforced compliance of State Board of Education regulations that specify the number of hours of sexuality and AIDS education and the content of instruction required for each grade level K-12.
- ___ 4. By _____, establish national and state programs to promote community service.
- ___ 5. By _____, establish cooperative agreements among relevant state and local agencies regarding joint initiatives to prevent adolescent pregnancy.
- ___ 6. By _____, create apprenticeship and paid job opportunities for youth who work to prevent risk factors and promote protective factors.
- ___ 7. By _____, require and fund all school and city/county libraries to carry books covering all sexuality issues for children grades K-12, teachers, and parents.
- ___ 8. By _____, require that all preventive health programs (pregnancy reduction, etc.) that are funded by state moneys have an evaluation component and report on outcomes before continuation of funds is approved.
- ___ 9. By _____, state and local government will declare a certain month/week as Teen Pregnancy Prevention month/week. In support, financial funds at the state level will be allotted to this mission in that state.
- ___ 10. By _____, require all adolescent mothers and fathers in the justice system to attend workshops/seminars that discuss sexuality, childcare, avoiding additional pregnancies, life options, etc.
- ___ 11. By _____, mandate a certain amount of money in Medicaid budget be allotted to health prevention/education programming.
- ___ 12. By _____, military bases require that all entering soldiers receive inservice training on the use of condoms, sexual activity with minors, state laws regarding fathering a child, etc.
- ___ 13. By _____, _____ (other)

Planning Page
Changes in Social Service, Government, and Community Organizations

Please review the inventory provided earlier in this section and list tentative changes to be sought in your community's social service, government, and community organizations. Consider the variety of service organizations, including those providing welfare and vocational services as well as drug treatment and aftercare. Consider relevant government agencies, including executive and legislative bodies at local, county, and state levels. Consider relevant community organizations, including related coalitions, advocacy organizations, self-help groups, neighborhood improvement associations, and neighborhood task forces.

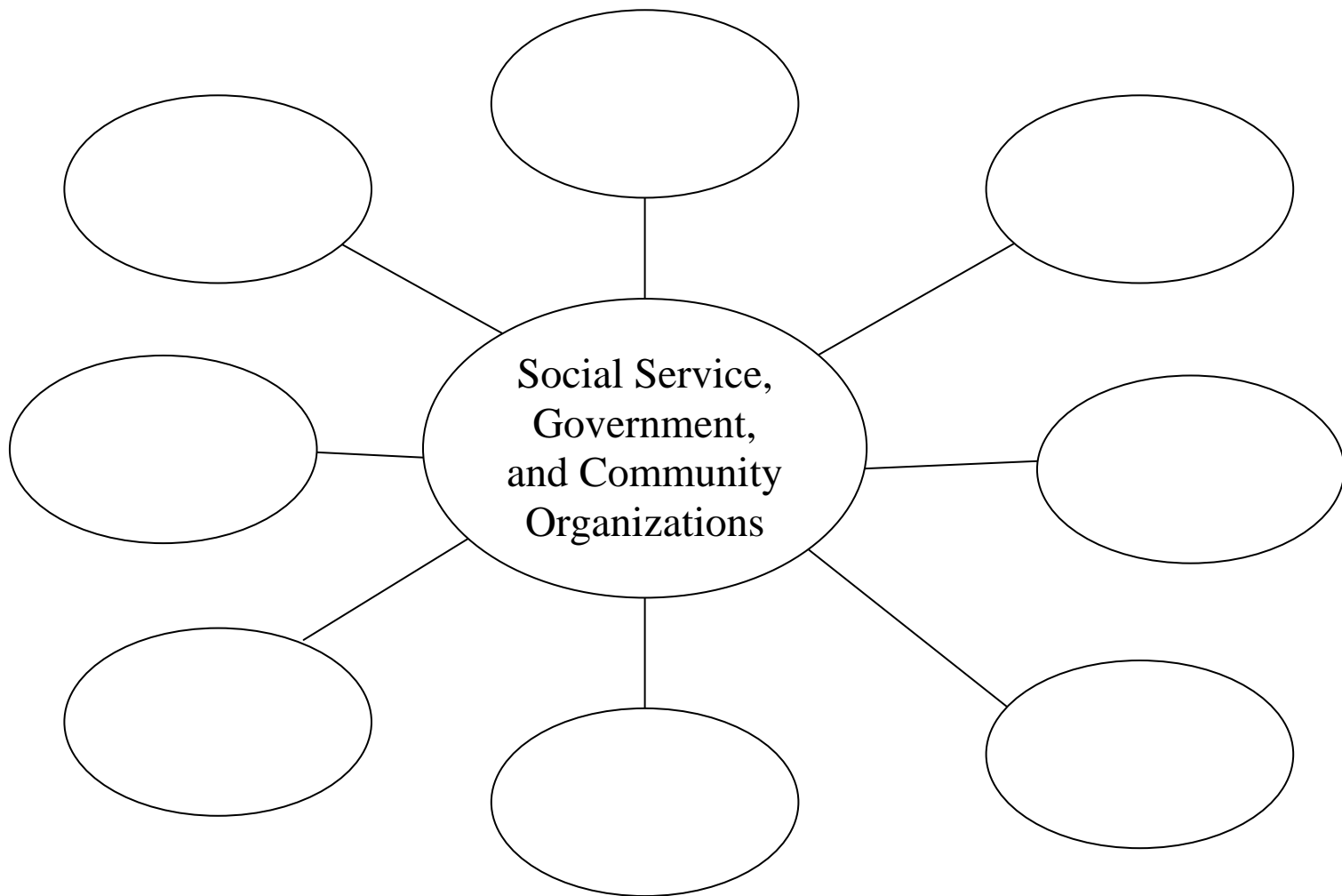
When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should social service, government, and community organizations do?



Planning Page
Changes in Social Service, Government, and Community Organizations

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When reviewing the proposed changes, ask the questions: Are these proposed changes important to the mission of reducing adolescent pregnancy? Are the proposed changes feasible? What more could or should social service, government, and community organizations do?



***"Let both sides explore what problems unite us
instead of belaboring
those problems which divide us."***

-President John F. Kennedy, Inaugural Address

Chapter V

Refining Your Action Plan: Building Consensus on Proposed Changes

The purpose of this chapter is to help guide final choices of changes to be sought by your group. We outline a process for building consensus among group members about proposed changes. The process consists of checking the proposed changes for completeness, using a survey to build consensus, and securing a formal decision from the entire group.

Checking the Proposed Changes for Completeness

The group should review proposed changes for each sector, and for all sectors taken together. To review the proposed changes in each community sector, we recommend asking two questions:

Taken together, do these proposed changes maximize this sector's contribution to the mission of reducing adolescent pregnancy?
What other changes in programs, policies, or practices could or should be made in this sector?

To review the entire set of proposed changes for all sectors, we suggest asking:

Would all the changes, taken together, be sufficient to reduce adolescent pregnancy to desired levels?
What other changes in programs, policies, or practices could or should be made in the community?

Answers to the questions will contribute to a more complete set of proposed changes.

Using a Survey to Build Consensus

Formulating the proposed changes on a survey is very helpful in building consensus. We recommend listing all the proposed changes, organized by community sector, along with questions about their importance and feasibility.

For each change to be sought, we recommend asking:

Is this proposed change *important* to the mission of reducing adolescent pregnancy?
Is the proposed change *feasible*?

A format that you could use in your own survey appears on the following page. The circles show sample responses to the survey items.

Proposed Changes in the Schools	<i>How Important</i> is it to...				<i>How Feasible</i> is it to...			
	not important	2.0	3.0	very important 4.0	not feasible	2.0	3.0	very feasible 5.0
1. Provide skills training in peer resistance	1.0	2.0	3.0	4.0	1.0	2.0	3.0	5.0
	0	0	0	0	0	0	0	0
2. Establish mentoring programs	1.0	2.0	3.0	4.0	1.0	2.0	4.0	5.0
	0	0	0	0	0	0	0	0

Surveys should be distributed to all key audiences for the group, including its members, representatives of funding sources, and experts in the prevention of adolescent pregnancy. Collect completed surveys and compute an average rating for importance and feasibility for each proposed change.

The results can be used to guide final choices. Proposed changes with high importance and feasibility ratings should be given higher priority for action; those with lower importance or feasibility, a lower priority. It may be helpful to set a cutpoint for choosing priorities. For example, perhaps only those proposed changes with an average rating of 4.5 or higher on importance, and 3.75 or higher on feasibility might be included on the final action plan.

Securing a Formal Decision from the Entire Group

Seek formal approval of the proposed changes by the membership of the group. The *entire* membership should have the opportunity to make a decision on proposed changes for all sectors. Seek consensus, using a formal vote to resolve disputes about specific changes. Arrange for a vote of the entire membership on the complete action plan, recording the votes for and against.

Summary

This chapter described a process for helping build consensus on the complete list of proposed changes for the community sectors to be involved in the initiative. The next chapter describes how to convert these proposed changes into a final action plan.

Chapter VI

Finalizing Your Action Plan: Listing Action Steps for Proposed Changes

The purpose of this chapter is to help prepare action steps for each community change sought by your group. We recommend defining only the *major* action steps needed to attain each proposed change. It is not necessary to list all the action steps--list only the most critical steps required to create the desired change.

The action steps detail what will occur, in what amount, by whom, and by when. To prepare action steps for your action plan, define the following for each proposed change:

- ✓ what actions will be taken (what)
- ✓ the responsible agents (by whom)
- ✓ the timing (by when)
- ✓ resources and support needed and available
- ✓ potential barriers and resistance
- ✓ with whom communication about the plan should occur

A comprehensive action plan--proposed changes and related action steps--helps communicate to important audiences that the group is clearly organized. It helps demonstrate that the group understands what is needed to be effective in bringing about change.

The complete action plan includes action steps for each change to be sought. Organize the changes by community sector, listing each proposed change, and related action steps, in the order in which they are supposed to occur.

The example that follows illustrates how to list action steps for a specific change to be sought in the school sector.

Action Steps for Identified Changes (An Example)

Use this page to outline action steps for each identified change to be sought in each community sector.

Community Sector: Schools
 Community Change to be sought: By January 1996, provide the community with data on youths' view about sexuality, including availability of contraception, methods of contraceptive use, and sexual activity.

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?
Secure support from school administrators and teachers to survey high school students on issues related to sexuality. Prepare a survey to distribute to high school youth. Secure informed consent from parents and students to distribute the survey. Teachers will distribute the survey to all high school youth. Summarize the results and prepare the report. Communicate results of the survey to school administration, teachers, parents, students, and the community at-large.	Schools Committee	August 1995	Committee Members	School administrators, teachers, and parents may resist by not permitting the survey. School administrators, teachers, and parents may resist by not permitting the survey. Parents and students may refuse to complete the survey. Teachers, parents, and school administrators may resist by not distributing the survey. Parents, other community members, school personnel	Coalition/Initiative Members, Parent Organizations
	Schools Committee	August 1995	Committee Members, Teachers, Parents		Coalition/Initiative Members
	Schools Committee	September 1995	Committee Members, School Administrators		Coalition/Initiative Members
	Teachers with help from Schools Committee	October 1995	Teachers		Coalition/Initiative Members, School Administrators
	Schools Committee, Staff, and Evaluators	December 1995	Staff, Committee Members, Evaluators		Coalition/Initiative Members, School Administrators
	Chair, Schools Committee	January 1996	Committee Chairs		Coalition/Initiative Members, School Personnel, Parents, Students, Community At-Large

Planning Page
Action Steps for Identified Changes

Use this page to outline action steps for each identified change to be sought in each community sector.

Community Sector:

Community Change to be sought:

ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?

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ACTIONS	BY WHOM	BY WHEN	RESOURCES & SUPPORT NEEDED/AVAILABLE	POTENTIAL BARRIERS OR RESISTANCE	COMMUNICATION
What needs to be done?	Who will take action?	By what date will the action be done?	What financial, human, political and other resources are needed? What resources are available?	What individuals and organizations might resist? How?	What individuals and organizations should be informed about these actions?

Chapter VII

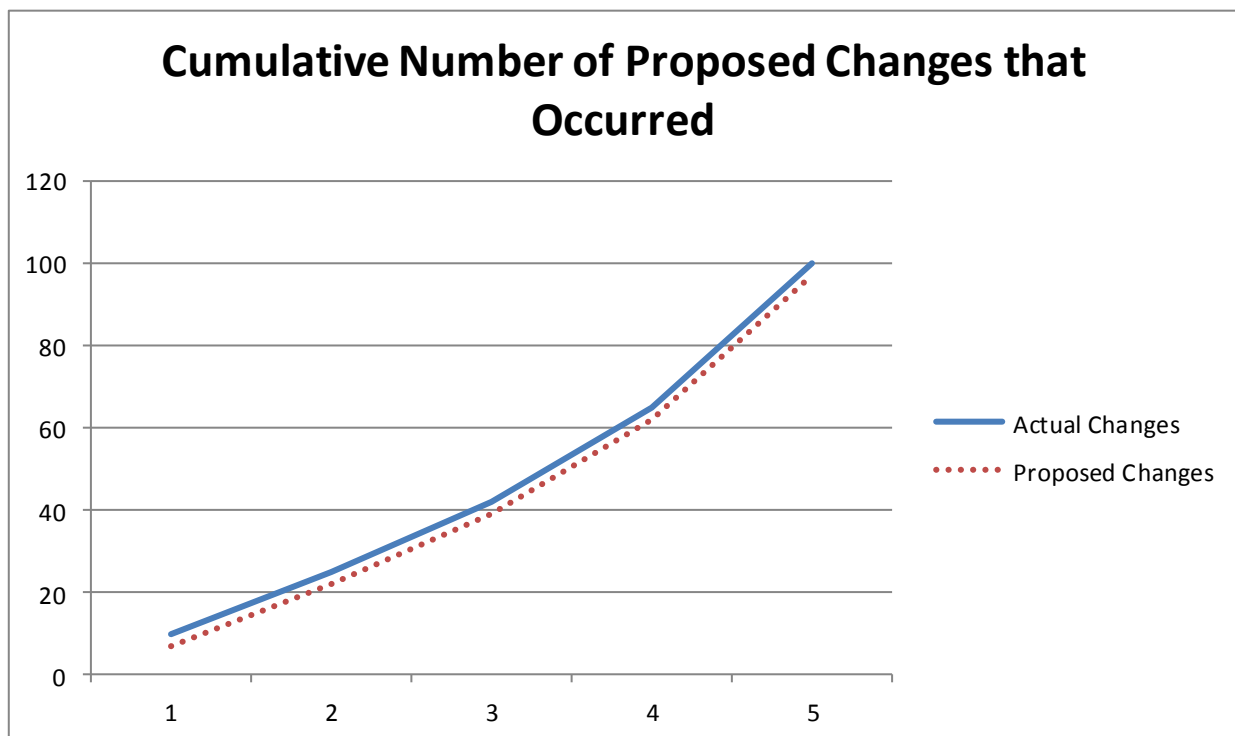
Monitoring Progress and Renewal

The purpose of this chapter is to suggest how the group might monitor progress toward goal attainment and promote renewal in the group as necessary. It is important to *evaluate* the success of the group. Review the proposed changes periodically to monitor their attainment and revise your proposed changes and action plan accordingly.

Monitoring Progress

Consider creating a scorecard for your group that shows the cumulative number of proposed changes in a given year that actually occurred. You might use a graph to show how the group is doing with its action plan.

A sample graph follows. The "N" refers to the number of changes sought each year. This example group sought a total of 100 changes over five years. The solid line shows actual changes, the dotted line shows the proposed level of change.



Similar graphs might be prepared for each community sector to give insight into how progress on changes in schools compares with that in the business community, for example. The results should be reported annually to the membership and to funding sources.

Promoting Renewal

Even the most effective organizations require renewal periodically. Arrange ongoing review and discussion of group progress on the proposed changes. The review should involve all relevant audiences for the group, including group members, funding partners, and experts in adolescent pregnancy prevention. Invite consideration of the importance of changes that have occurred to the mission. Communicate to all relevant audiences how their feedback was used to modify the action plan--or even the broader mission, objectives, and strategies--of the group.

Revise the list of proposed changes periodically to correspond to new opportunities and challenges. When situations or opportunities change in the schools, for example, consider how the action plan might be modified. Use the inventories found in this guide to help identify new challenges that can *renew* your organization's efforts.

Summary

This final chapter outlined a strategy for monitoring attainment of community changes over time and providing feedback on goal attainment to the membership and funding sources. It also highlighted the importance of renewal, suggesting that groups must modify their action plans periodically to respond to new challenges and opportunities.

Epilogue

This guide has posted markers on the winding road of action planning. The process of action planning consists of several major sets of activities, including:

- Convening a planning group in your community that consists of:
 - ✓ Key leaders
 - ✓ Grassroots organizations
 - ✓ Representatives of key sectors
 - ✓ Representatives of ethnic and cultural groups
- Documenting and analyzing the problem
- Determining what community sectors should be involved in the solution
- Developing tentative lists of changes to be sought in each sector
- Building consensus on proposed changes
- Outlining action steps for proposed changes
- Monitoring progress on goal attainment
- Renewing your group's efforts as needed

When you complete these activities, *celebrate* (for now) the completion of the challenging process of action planning! You now have a **blueprint for action**.

May the winds blow favorably on your group's efforts to change your community.

May our children and youth develop fully in communities less burdened with the pain of adolescent pregnancy.

*"If the sage would guide the people,
he must serve with humility.
If he would lead them,
he must follow behind..."*

-Lao Tsu, Tao Te Ching

About the Authors

Dr. Stephen B. Fawcett is Professor of Human Development and Director of the Work Group on Health Promotion and Community Development at the University of Kansas. He has been active in community development projects and related scholarly research for over 20 years.

Dr. Adrienne Paine-Andrews is the Associate Director of the Work Group on Health Promotion and Community Development and Courtesy Assistant Professor of Human Development at the University of Kansas. She also serves as the Program Co-Director for the Kansas Health Foundation's School/Community Sexual Risk Reduction Replication Initiative.

Vincent Francisco, Kimber Richter, Rhonda Lewis, Kari Harris, and Ella Williams are Research Associates with the Work Group on Health Promotion and Community Development at the University of Kansas. They are also doctoral students in the Department of Human Development.

Dr. Murray Vincent is Professor of Health Education in the Department of Health Promotion and Education, School of Public Health, at the University of South Carolina. He is the originator of the South Carolina School/Community Sexual Risk Reduction Project, which has been in existence since 1982.

Mr. Charles Johnson is Project Administrator of the School/Community Sexual Risk Reduction Project for Teens in Denmark, South Carolina. A professional health educator, he has extensive experience implementing community-based initiatives for the prevention of adolescent pregnancy.

***"Do all your work
as if you had a thousand years to live
and as if you knew you must die tomorrow."***

-Mother Ann Lee, Shaker founder