

WALKING THE PLAIN TALK

PROTECTING SEXUALLY ACTIVE TEENS IN ATLANTA, NEW ORLEANS, AND SAN DIEGO

BY BILL RUST

When the topic is teen sex, it is sometimes hard to tell whether Hollywood or Washington, D.C., has a more tenuous grasp on reality. Movies, television, and other forms of popular culture often promote a go-for-it message that skips lightly over the possible negative consequences of sexual intercourse. Rarely does the sexual behavior of characters in entertainment media reflect the experiences of the 900,000 teens who become pregnant each year, or the three million adolescents who are annually infected with a sexually transmitted disease (STD).

Federal lawmakers have been sending teens a message that is more idealistic than Hollywood's, but perhaps no more realistic: no sex until marriage and no protection other than abstinence. The landmark welfare reform legislation of 1996 provides \$250 million over five years for abstinence-only education programs that may not provide information about contraception — even though most adolescents in their mid- to late-teens are sexually active, and even though sexually active teens who do not use contraceptives have a 90 percent chance of creating a pregnancy within one year, according to the Alan Guttmacher Institute, a policy research organization that focuses on reproductive health.

The American public has a more complicated — and at times contradictory — view of teen sex than either the entertainment industry or many lawmakers. In *Dubious Conceptions: The Politics of Teenage Pregnancy*, sociologist Kristin Luker writes that “most adults seem to have a clear first choice — namely, that teens should not have sex. At the same time, a large majority of them support contraceptive and sex education programs for teens, a fact that suggests that they doubt that they will get their first choice.”

Ambivalent American attitudes about teens and sex are reflected in other beliefs that are not completely consistent. For example, despite overwhelming public

disapproval of teen pregnancy, many Americans believe adolescents should have parental permission to obtain contraceptives — a condition likely to discourage many youth from seeking protection. And despite widespread concern about the health risks posed by unprotected sex, relatively few parents overcome their discomfort with the topic and speak to their children about sexual behavior. “It’s a subject we don’t talk very much about,” says Luker, who is currently working on a study about parents’ expectations of sex education. “People don’t really have a language to talk about it.”

Although survey research shows that kids want factual information and help making sense of mass-media and other messages about sex, society’s ambiguous and conflicting attitudes discourage them from discussing the topic with parents and other adults. “Without anyone — whether it’s a parent or a broader community — to have a balanced conversation about these issues, young people are left to their own devices to get that information,” says Barbara Sugland, cofounder of the Center for Applied Research and Technical Assistance.

Teen Pregnancy Rates “Akin to Bulgaria”

Many researchers and advocates contrast the conflicting messages received by teens in the United States with the single, unambiguous message conveyed to their counterparts in Western Europe: “Safe sex or no sex.” According to a recently published report on adolescent sexual behavior in the Netherlands, Germany, and France,¹ Europeans tend to view sexuality pragmatically, as both “a normal part of growing up *and* [emphasis in original] a responsibility to protect oneself and others.”

To many Americans, such a frank approach to adolescent sexuality would seem an open invitation to

¹ *European Approaches to Adolescent Sexual Behavior & Responsibility*, Linda Berne and Barbara Huberman (Advocates for Youth: 1999).

licentious behavior. In reality, the average age of first intercourse in France, Germany, and the Netherlands is — depending on the country — a year or two older than the United States average of 15.8 years. Perhaps more important, Western European teens are more sexually responsible than their U.S. counterparts, who have much higher rates of pregnancy, STDs, and abortion.

The United States — despite a 17 percent decline in teen pregnancy rates in the 1990s — continues to have one of the highest adolescent pregnancy rates in the developed world. According to a February 2000 study by the Alan Guttmacher Institute, the U.S. teen pregnancy rate is at least four times that of France, Germany, and Japan. In a prepared statement released with the study, the institute reports that current U.S. rates of teen pregnancy “are akin to those in the Russian Federation and several Eastern European countries, including Bulgaria.”

Researchers at the Guttmacher Institute, youth advocates, and others believe that the United States can learn much from the Western European approach to adolescent sexuality. Instead of looking at it as a moral failing or a political topic, Europeans approach sexuality from a developmental and public health perspective. This point of view, which is reinforced by mass media and by open access to reproductive health care and contraceptives, guides national efforts to provide adolescents with the knowledge and services to protect themselves. Barbara Huberman, director of training and sexuality education at Advocates for Youth in Washington, D.C., says that the Western European approach acknowledges that “all adults have a role in communicating with teens about prevention and protection.”

Plain Talk

Unambiguous adult messages about protecting sexually active teens and access to age-appropriate adolescent health services were core principles of Plain Talk, an initiative of the Annie E. Casey Foundation to reduce teen pregnancy and STDs in the United States. Because of the size of this country, the diversity of its population, and other factors, simply cloning the Western European experience was neither possible nor desirable. Instead, the Casey Foundation sought to adapt European principles of clear communication about protection to a neighborhood-scale initiative that engaged a broad range of community adults in receiving and disseminating accurate information about adolescent sexuality and contraceptives.

“Plain Talk not only looks at parents and children, it also looks at them in the context of communities,” says Debra Delgado, a senior associate at the Annie E. Casey Foundation and the Plain Talk initiative manager. “It looks at the networks, the supports, and the resources to help parents in their role as sex educators. At its core, Plain Talk is a communications strategy. What makes it work are the connections between neighbors and institutions and families and young people.”

Operating in five neighborhoods² between 1994 and 1998, Plain Talk provided more than \$5 million in grants and technical assistance for surveying local attitudes, behaviors, and reproductive health resources; training residents to lead community education workshops that help adults speak with youth about responsible sexual decision-making; and improving the quantity and quality of reproductive health care for adolescents. In the three sites where there was extensive ethnographic and outcomes research — neighborhoods in Atlanta, New Orleans, and San Diego — independent evaluators concluded that Plain Talk walked its talk about communication and changing behaviors.

Public/Private Ventures (P/PV), the social policy research organization that evaluated the initiative, recently reported: “The number of sexually active youth who talked with an adult significantly increased, as did their awareness of where to get birth control. These changes in turn increased the use of birth control, decreased the rate of pregnancy and STDs, and increased the number of youth using reproductive health services.”

P/PV’s follow-up analysis of Plain Talk’s outcomes shows that across the three sites:

- pregnancy rates among sexually active girls declined from 54.5 percent in 1994 to 33.6 percent in 1998;
- sexually active youth who had discussed birth control with an adult were about half as likely to create a pregnancy as peers who had no such communication; and
- the proportion of sexually active youth who had spoken with an adult about birth control, pregnancy, or STDs increased from 61 percent in 1994 to 70 percent in 1998.

² The Mechanicsville neighborhood in Atlanta, the Stowe Village housing development in Hartford, the St. Thomas housing development in New Orleans, the Logan Heights neighborhood in San Diego, and the White Center neighborhood in Seattle.

Summarizing the Plain Talk outcomes, Jean Grossman, P/PV’s senior vice president of research and author of the analysis, says: “Kids who talked to adults more knew where to get contraception. They knew more about it; they felt more comfortable about it. They were more likely to act in a responsible way — both because of talk, but also because they knew where to get birth control. And they were less likely to get STDs and get pregnant if they talked.”

The report that follows focuses on three sites where the ethnographic and outcomes research was most thorough. Although the other two sites — neighborhoods in Hartford and Seattle — were less rigorously evaluated, largely because of the high cost of the research methodology, their experiences are still instructive, and some of them are included in this story. “Overall,” says Marcia Bayne-Smith, a professor of urban studies at Queens College and a consultant to the initiative, “Plain Talk has been very successful — albeit in different ways in different communities.”

“Humbled by Reality”

Because youth at greatest risk of teen pregnancy live in areas with high rates of poverty, all of the Plain Talk neighborhoods selected by the Casey Foundation were low-income communities. According to 1990 census figures, the proportion of residents with below-poverty incomes ranged from 44 percent in San Diego’s Logan Heights neighborhood to 86 percent in the St. Thomas housing development in New Orleans. In the three sites

where detailed surveys were conducted, the rate of sexual activity among 16- to 18-year-olds averaged 69 percent. The proportion of sexually active girls who were ever pregnant averaged 53 percent.

Despite economic and social disadvantages, each of the Plain Talk communities had sources of local strength that enabled them to take on the issues of adolescent sexuality and protection from pregnancy and STDs. The Logan Heights neighborhood, for example, impressed evaluators as a vibrant community with strong kinship ties and informal networks of friends. The lead organization for Plain Talk, or *Hablando Claro* as it is known in this predominantly Mexican and Mexican-American neighborhood, was the Logan Heights Family Health Center, a comprehensive and innovative provider of health services.

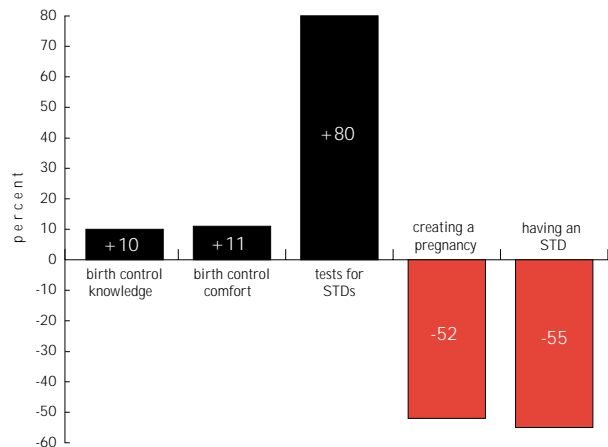
The relatively small size of the neighborhoods, which ranged from 2,500 residents in the Stowe Village housing development in Hartford to more than 13,000 residents in Logan Heights, meant that selling Plain Talk’s message would be largely retail rather than wholesale. “The communications are one on one,” says the Casey Foundation’s Debra Delgado. “It’s trusting the person who’s coming to talk to you. It’s trusting the people who are delivering services to your kids. There’s a lot of credibility that needs to be established.”

In each Plain Talk neighborhood, one of the first steps was establishing a broad-based planning group of residents, health service providers, and others interested in youth issues. Although professionals were clearly in charge in the early stages of Plain Talk, the most

BY THE NUMBERS COMMUNICATING COUNTS

Plain Talk’s evaluators found strong links between responsible sexual behavior and sexually active youth who discussed pregnancy, contraception, or STDs with an adult. Compared with similar youth who did not have such conversations, the talkers were more knowledgeable about birth control, more comfortable with condoms and birth control generally, more likely to be tested for STDs (an evaluation proxy for having a routine reproductive health checkup), less likely to create a pregnancy, and less likely to be treated for — i.e., to have — an STD.

Source: Public/Private Ventures



successful sites made a conscious effort to place decision-making authority in the hands of residents, who were both the object of and the agent of this community change effort.

“What we were trying to do was make sure that this initiative belonged to the community,” says Cheryl Boykins, CEO of the Center for Black Women’s Wellness, the lead organization for Plain Talk in the Mechanicsville neighborhood of Atlanta. “And it took a while,” she says, for residents to develop the confidence and skills to make the initiative their own. “We could have been out in front waving a flag. That’s what teen pregnancy prevention programs have always done, and when the money runs out, so does the program.”

Demetria Farve, who was recruited for Plain Talk by the resident council of the St. Thomas housing development, says her motivation to participate in the initiative came from being a teen mother herself. “I have four daughters, and I knew that I didn’t want that kind of a life for them,” she says. “So I saw the initiative as an opportunity to not only educate and help the community, but as a way to help educate myself and my family.”

Meaningful community involvement in Plain Talk presented a number of challenges to the lead agency in each neighborhood. To make this process work, says Marta Flores, the Plain Talk project coordinator at the Logan Heights Family Health Center, professionals have to be “willing to be humbled by reality. You don’t need to always do everything for everyone. People want to do for themselves. And it has been a challenge to allow residents the opportunity to do what they need to do at their own pace. It’s easier to say, ‘Oh, here, let me do it.’ Or ‘I’ve done this before. This is how it works.’”

In addition to programmatic challenges, Cheryl Boykins of Atlanta raises a delicate administrative and fiduciary issue. “How do you balance being an institution that is responsible for an initiative that is intended to be community driven?” asks Boykins. “We were supposed to share everything with the community to the extent that it was community driven, not just community based. So they [residents] saw the budgets, they saw what people made, they saw the money coming in. They thought it was their money. That’s hard.”



PLAIN TALK PROVIDED FACTUAL INFORMATION AND COMMUNICATION SKILLS THAT HELPED NEIGHBORHOOD ADULTS TALK WITH YOUNG PEOPLE ABOUT SEXUALITY, PREGNANCY, AND STDs.

“What We Believe”

One of the first — and certainly one of the most significant — activities in each Plain Talk site was a survey of community adults and youth by residents. Called “community mapping,” this process sought to develop reliable information about local attitudes and behaviors pertaining to teen sexuality, contraceptives, and adult-youth communications. Community mapping also included interviews with service providers to determine the availability and quality of local reproductive health services.

Working with Philliber Research Associates, a firm that helps human service organizations with planning and evaluation, residents not only received training and technical assistance in data collection and analysis, but also contributed to making the survey instruments more accessible and relevant to their communities. In Mechanicsville, for example, focus groups of community adults and youth helped clarify language and made other suggestions to the researchers. And neighborhood adolescents were trained to survey other teens “just in case they didn’t want to be interviewed by adults,” says Cheryl Boykins.

In every Plain Talk site, community mapping data revealed a high incidence of adolescent sexual activity. In Mechanicsville, for example, 49 percent of the youth ages 14 to 15 were sexually active. A particularly troubling

finding was that 17 percent of the 12- and 13-year-olds were engaged in sexual activity. “That really alarmed the community,” says Jemea Smith, the assistant coordinator for Plain Talk at the Center for Black Women’s Wellness.

Community mapping also documented high rates of teen pregnancy in the Plain Talk neighborhoods. In Logan Heights, the proportion of sexually active girls who were ever pregnant was 55 percent. According to P/PV evaluators, the residents there reacted with “a profound sense of sorrow” to survey data indicating that so many of their children had abandoned traditional cultural beliefs about abstinence until marriage. Yet the community mapping data also strengthened the local commitment to protecting youth from pregnancy and disease. “We must do something about it,” is the way Marta Flores characterizes the residents’ response in Logan Heights. “Our kids need help trying to make better choices. And, yes, we do need to prepare, as adults, to be there for them.”

A striking survey finding in all of the Plain Talk neighborhoods was the gap in perceptions between adults and youth. Parents, for example, believed that they spent much more time talking about sexuality than their children did. “What was most astonishing,” says St. Thomas resident Demetria Farve, “was that parents thought that they were communicating to their children about sexuality issues, whereas children said that the primary place that they got information was from friends.”

In addition to increasing understanding of neighborhood conditions and to deepening residents’ commitment to protecting their youth, the neighborhood surveys informed the sites’ emerging community education strategies. “Community mapping data have revealed, on the one hand, that youth want communication with, and information from, their parents on sex and sexuality,” says Marcia Bayne-Smith, a consultant to Plain Talk who provided technical assistance to the sites. “On the other hand, the data have also shown that parents want help in talking to their children about this subject. A major aspect of this work, therefore, is educating parents and helping them to develop the communications skills they need to talk to their kids.”

Plain Talk staffers, initiative consultants, and program evaluators have been unanimous in praising the community mapping component of Plain Talk. Instead of using remote national data about adolescents and sex, community mapping helped residents put a local face on attitudes about adolescent sexual behavior, teen pregnancy, and sexually transmitted diseases. The survey results, says

Marta Flores, reflect “what we believe in Logan Heights, the Barrio Logan community. This is what community adults and community adolescents said. It wasn’t somebody in Miami or somebody in Albuquerque or in Texas. This was us. So how can we begin to make a better environment, a healthier community for our children?”

“Hard Discussions”

Although gaining consensus about Plain Talk’s ultimate goals — reducing rates of adolescent pregnancy and sexually transmitted diseases — was relatively easy, reaching agreement on the means of achieving these goals was not. “At issue,” wrote P/PV’s evaluators, “was whether Plain Talk should focus exclusively on a message of protection for sexually active youth, whether it should advocate abstinence as the best choice for youth, and whether these two messages could be combined in some way.”

Like virtually all American adults, residents in the Plain Talk communities would prefer sexual abstinence for adolescents. In Logan Heights, where this preference was strongest, the combination of survey data and respect for the abstinence point of view helped residents acknowledge that teens who were already sexually active needed protection from pregnancy and STDs. “Plain Talk was a very new and bold step,” says Marta Flores. “In the work we have done, abstinence is given as one of the options. But it is also important to remind adults that as we guide our children, we need to be prepared to answer those difficult questions about sexuality, about behavior, about our own values. And even though abstinence is what you want, you know that sooner or later your children will be sexual human beings.”

In Mechanicsville, where the abstinence message resonated less sympathetically, there were fears that talk about sex and contraception would actually encourage adolescent sexual activity — despite the absence of any research to support such a belief. “We got over that,” says Cheryl Boykins, who characterizes the community consensus this way: “It is unacceptable to bring children into the world that you cannot care for. While we would like you to delay sexual relations, if you are going to engage in sexual intercourse, it is your responsibility to protect yourself from sexually transmitted diseases, particularly the HIV virus, and to protect yourself from conceiving a child you cannot take care of.”

Not every community was able to reach consensus on the emotionally and politically charged issue of responding to teen sex. In the Near Eastside neighborhood of Indianapolis, one of the original six planning

sites for Plain Talk, the lead agency withdrew from the initiative after concluding that it could only commit to an abstinence message. And in all of the sites, says Debra Delgado, the early meetings aimed at surfacing thoughts and values about adolescent sexuality were “hard discussions.” But, she adds, it was best for all concerned “to have those hard conversations up front.”

“Five-Play”

The basic Plain Talk communications strategy was to train a group of residents who could provide both factual information about human sexuality and skills to help

neighborhood adults talk with young people about sensitive topics. Some Plain Talk sites emphasized education, others focused on building communication skills. All of them tried to create a “safe space” where residents could informally ask questions and talk with other adults without fear or embarrassment.

Like many American adults and youth, residents in the Plain Talk neighborhoods had significant gaps in their understanding of such topics as human anatomy, the transmission of STDs and HIV/AIDS, and the proper use of contraceptives. And like most parents, residents in these communities found it difficult to speak frankly



BRIDGING CULTURES, BRIDGING GENERATIONS

REACHING OUT TO THE CAMBODIAN COMMUNITY IN SEATTLE

Almost all parents have difficulty talking with their teens about sexuality, pregnancy, and STDs. In the White Center neighborhood south of Seattle, such conversations were particularly challenging for the community's first-generation Cambodian immigrants. Fleeing the Khmer Rouge terror of the late 1970s, the Cambodians had grown up in a culture where parents did not discuss sexuality with their children, where schools did not provide sex education, and where arranged marriages — rather than dating before marriage — were traditional. A Cambodian adult in White Center told P/PV researchers, “In Cambodia, you get engaged — period.”

As with most immigrant families, the children of Cambodians in White Center adopted American attitudes and behaviors more quickly and completely than their parents. In some cases, children not only spoke English better than their parents, but also lost the ability to understand the Khmer language. Abandoning the social traditions of their parents, many Cambodian teens in White Center were sexually active and at risk of pregnancy and STDs.

Although White Center includes several cultural and minority groups, Plain Talk made a special effort to reach out to Cambodians, who initially refused to participate in the initiative. Parents were extremely reluctant to discuss sex with their teenage children, and there was a perception in the Cambodian community that Plain Talk “taught people how to have sex,” according to P/PV evaluators.

To encourage Cambodian participation, Neighborhood House, a settlement house in Seattle and the lead agency for Plain Talk in White Center, hired Nary Suon, pictured above with her daughter, as an outreach worker. A former teacher in Cambodia, Nary was proficient in English and had worked as a part-time tutor for the Seattle school district.

An experienced HIV/AIDS educator, she was concerned with both protecting sexually active youth and preserving traditional Khmer culture.

Nary's first outreach activity for Plain Talk was approaching the Cambodian male elders in White Center, who were an influential source of legitimacy in the community. After her initial overtures were rejected, Nary successfully appealed to the elders' sense of responsibility for youth in the neighborhood, persuading them to drop their opposition to Plain Talk and eventually gaining their assistance in translating the community mapping survey into Khmer.

A key element of Nary's approach was demonstrating her commitment to Khmer culture. These efforts included starting the Kids Society, an after-school and summer program that teaches traditional crafts, performing arts, and respect for elders. Nary also earned the trust of the Cambodian community by assisting families having housing, education, and other difficulties that were beyond the immediate scope of Plain Talk. “When parents have a problem with translation,” she says, “I help out with that.”

Nary's work was “extremely effective in opening the Cambodian community to Plain Talk,” according to P/PV evaluators. An estimated 40 percent of the participants in White Center's Plain Talk for Parents workshops were Cambodians. Moreover, follow-up interviews by researchers indicated that a majority of Cambodian adults who attended the workshops subsequently spoke to their teens about sex, dating, pregnancy, or sexually transmitted diseases.

Summarizing her contribution to helping Cambodian adults adapt traditional parenting practices to the realities of the United States, Nary Suon says simply: “I taught the parents how to talk to their children in the 1990s, and I made the children understand what parents want.”

with their own children about sexuality. When asked by her 14-year-old daughter to define the word “foreplay,” a term the girl had heard many times on television and in movies, one Plain Talk parent said that her initial impulse was to reply, “It’s what comes before five-play.”

Atlanta. In Mechanicsville, the community education workshops focused on better parent-child communications about relationships and sexuality. Residents helped recruit their neighbors to attend Plain Talk for Parents workshops by going door-to-door to families with adolescent children. The actual training for residents, however, was provided by professional health educators, who led a series of eight two-hour sessions that included role-playing, discussion, and videos. Some 125 adults, or about 7 percent of the neighborhood’s adults, participated in the workshops.

New Orleans. In the St. Thomas housing development, ten residents were trained to be “Walkers and Talkers,” who organized home health parties to spread the Plain Talk message and who roamed the community having

informal conversations with adults and youth. Among the most requested topics at the home health parties were STDs and HIV/AIDS. Residents were encouraged to call for “a literacy moment” whenever they wanted clarification of an unfamiliar term. The home health parties reached some 800 residents, or 62 percent of the neighborhood’s adults.

San Diego. In Logan Heights, six residents were trained as *Promotoras* (peer advocates), who organized small *Vecino-a-Vecino* (neighbor-to-neighbor) workshops in the homes of residents. Larger community education workshops were held in schools or other community centers. Like New Orleans, San Diego focused on factual information — including human anatomy, adolescent development, and the prevention of STDs and pregnancy. Because of traditional cultural reticence about sexuality, residents were encouraged to put their questions in writing, which were answered at a follow-up session. The workshops served more than 1,300 residents, or about 17 percent of the adult population.

BREAKING THE CYCLE IN HARTFORD

In the early 1990s Hartford, Connecticut, had one of the highest teen pregnancy rates of any city in the United States. Nearly one-quarter of the city’s babies were born to teen mothers.

Responding to the crisis, city government, the public schools, and a local planning and advocacy organization called the Hartford Action Plan on Infant Health established Breaking the Cycle, a citywide campaign to reduce teen pregnancy and increase educational and career opportunities for young people. Supported by local corporations, foundations, and community organizations, Breaking the Cycle is a comprehensive initiative that includes curricula for elementary schools, public service advertising, community education, and reproductive health services.

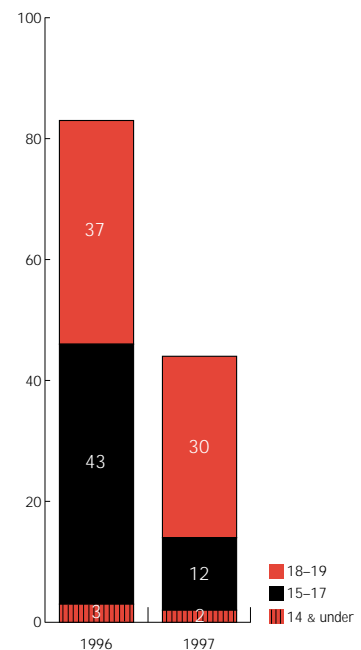
The Breaking the Cycle campaign incorporated principles and activities developed by the Plain Talk site in Stowe Village, a low-income community in north Hartford. Breaking the Cycle’s “Let’s Talk” program, which helps parents communicate with teens about sexuality, and its teen-friendly clinics, which provide age-appropriate reproductive health services, were based on model programs operating in Stowe Village.

“The influence of Plain Talk was really dramatic,” says Flora Parisky, chief operating officer of the Hartford Action Plan on Infant Health. “It made Breaking the Cycle move light-years beyond itself by greatly increasing the explicit emphasis on adults talking to youth and the need for reproductive services.”

Parisky says that between 1991 and 1997 the overall teen birth rate in Hartford decreased at a greater rate than the national average. In the Northeast neighborhood of Hartford, which includes Stowe Village, the reductions “were among the largest in the city,” she says. From 1996 to 1997, there was a 47 percent decrease in teen births in the Northeast neighborhood. For kids 17 and under, the reduction was 70 percent.

Source: *Hartford Action Plan on Infant Health*

Teen Births in the Northeast Neighborhood of Hartford, 1996 and 1997



Barbara Sugland, a Plain Talk consultant who helps community-based organizations adapt model teen pregnancy programs to their needs and circumstances, says that neither of the two basic approaches to community education — workshops led by health professionals or lay educators — is inherently better. “The best approach is what is appropriate and comfortable for that community,” she says. “This issue is a very personal and a very difficult issue for some communities. In some places, it is important to have residents who are trained to deliver information. They are going to be the only effective messengers. In other communities, you may need outsiders to bring that message.”

There were, however, major differences in the presentation styles of the professional and community educators. Professional health educators were more sensitive to the political controversies surrounding sex education, and they maintained a posture of objectivity that avoided value judgments and the appearance of cultural insensitivity. According to P/PV’s Karen Walker, who supervised the ethnographic research in Plain Talk sites, the professionals “didn’t feel that they had the moral authority to stand up and say, ‘We need to protect our youth,’ because they would have been saying, ‘You need to protect your youth.’ You can understand the problem with the patronizing message in such a statement.”

Trained resident educators, on the other hand, defined teen pregnancy and STDs as their own problem and the community’s problem, and they passionately promoted the importance of protecting sexually active youth. “When the residents delivered messages,” says P/PV’s Jean Grossman, “there was this sense of both outrage and moral authority: ‘You’ve got to tell your kids to use condoms or they will get these ugly STDs. And look, here are pictures.’”

Reproductive Health Care

Helping parents and other adults provide teens with accurate information about sexuality was one part of the Plain Talk strategy. But because knowledge alone will not protect sexually active youth from pregnancy and STDs, the other part was increasing adolescents’ access to quality, age-appropriate reproductive health care, including contraceptive services. The characteristics of such health care include convenient hours for teens, sensitivity to the youth’s culture and developmental stage, services for both boys and girls, counseling about contraception, and the availability of contraceptives.

With the exception of Logan Heights, none of the five Plain Talk communities had reproductive health services for adolescents in their neighborhoods. And even in San Diego, the Logan Heights Family Health Center provided reproductive health care for teens only one afternoon per week. Moreover, survey data revealed that local youth had a number of complaints about the services — for example, long delays in getting appointments.

Using information from the community surveys, as well as organized appeals by residents, all of the Plain Talk sites were able to improve adolescent access to reproductive health care:

- In Atlanta, the Plain Talk site worked with the Fulton County Health Department to establish a full-service community health clinic in the Mechanicsville neighborhood.
- In New Orleans, Plain Talk staff in St. Thomas helped a community health clinic develop reproductive health services for adolescents.
- In San Diego, the Logan Heights Family Health Center substantially increased its hours of reproductive health services for teens to four afternoons per week and on Saturday mornings.

In addition to increasing the presence of clinics in the community and expanding their hours of operation, Plain Talk sites sought to make adolescent health care “user friendly.” In New Orleans, for example, support from the State Department of Family Planning enabled St. Thomas Health Services to open an adolescent clinic during convenient evening hours, with resident Walkers and Talkers providing informal counseling.

In Logan Heights, the work of Plain Talk, combined with related initiatives funded by the state of California, the Kaiser Permanente Hospital in San Diego, and two private foundations, led to the clinic’s purchase of a new teen health center in 1997. “We have an independent building dedicated to teen health services,” says Marta Flores. “To have our agency commit a building to adolescent services is fabulous.”

Because of their common goal — protecting the health of adolescents — Plain Talk sites and medical professionals were natural collaborators. Working with other community institutions — for example, schools, businesses, and churches — was “a far greater challenge,” according to P/PV evaluators.

The absence of meaningful partnerships with community schools was a disappointing but not entirely



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surprising outcome. Schools are flash points for a range of political issues, including sex education, and curriculum decisions are made at the district level, not the neighborhood. Although San Diego was able to use school facilities for community education workshops, the reality in all of the sites was that Plain Talk’s core message of protecting sexually active youth was, in the words of P/PV evaluators, “too controversial to be included in formal public school curricula.”

“Empirical Proof”

Initiatives like Plain Talk, which seek changes in an entire community, are notoriously difficult to evaluate. The most rigorous method of measuring the impact of a program or public policy is to create two statistically identical groups of community residents, only one of which is exposed to the intervention being evaluated. In general, differences in outcomes between the two groups can confidently be attributed to the initiative.

Because Plain Talk sought to influence an entire community’s attitudes toward protecting sexually active youth, it was not possible to have a local comparison group of teens who did not receive the Plain Talk message. And although it is possible to select a comparison neighborhood with similar socioeconomic and demographic characteristics, virtually no communities remain sufficiently similar over a four-year period to allow reliable conclusions about an initiative’s impact.

Plain Talk’s approach to this evaluation challenge was to interview a random set of teens, ages 12 to 18, in 1994, and another randomly selected group of adolescents in 1998. In each survey, evaluators collected information about teens’ knowledge of pregnancy, contraception, and STDs; their attitudes toward these

topics; their communications with adults; and their use of reproductive health services and contraceptives. By adjusting for demographic shifts and employing other social science techniques, P/PV was able to construct a statistical comparison group and analyze causal links between Plain Talk and outcomes in the sites.

P/PV evaluators found strong quantitative links between responsible sexual behavior and sexually active youth who discussed pregnancy, contraception, or STDs with an adult. Compared with youth who did not have such conversations, the talkers were:

- more knowledgeable about birth control (+10 percent),
- more comfortable with condoms and birth control generally (+11 percent),
- more likely to be tested for STDs — an evaluation proxy for having a routine reproductive health check-up (+80 percent),
- less likely to create a pregnancy (-52 percent), and
- less likely be treated for — i.e., to have — an STD (-55 percent).

“Communication is important,” says Jean Grossman, author of P/PV’s outcomes analysis. “There wasn’t empirical proof that that was the case. What I was able to do was show that the basic underlying theory of Plain Talk was valid.”

Grossman and her colleagues also were able to make causal connections between neighborhood outcomes and specific site strategies. In Logan Heights and St. Thomas, two neighborhoods where community education focused on factual information, sexually active youth showed a

dramatic increase in their knowledge of birth control. Responding to a series of true-false questions about birth control, youth in Logan Heights averaged a 58 percent score for correct answers in 1994. Four years later, their average score was 71 percent. Equivalent gains were observed in St. Thomas. On the other hand, in Mechanicsville, where there was less emphasis on facts about sexuality and contraception and more emphasis on techniques of adult-youth communication, the scores for teens' knowledge of birth control were virtually the same in 1994 and 1998.

Although the Plain Talk evaluations have provided encouraging news about protecting sexually active youth, there is, in the words of researchers, "a sobering side" to the initiative's outcomes. In absolute terms, the positive changes in the Plain Talk neighborhoods were "modest." In St. Thomas, for example, a small and cohesive community where local youth likely had relatively long, sustained exposure to the Plain Talk message, only 65 percent of the neighborhood's sexually active youth had spoken to an adult in the last year and only 75 percent knew where to find contraceptives.

The Plain Talk outcomes study also reveals a paradox in Mechanicsville, the site with the smallest proportional exposure to the Plain Talk message, the largest drop in teen pregnancy rates, and the sharpest rise in STDs. Making sense of these outcomes raises a number of questions — for example, was the drop in teen pregnancy rates related to the Georgia Campaign for Adolescent Pregnancy Prevention, an initiative similar to Plain Talk that was also operating in the neighborhood? Did decreases in teen pregnancy and increases in STDs

reflect a growing use of injectable contraceptives, which provide excellent protection against pregnancy and absolutely none against STDs?

Whatever the answers to these and other questions posed by the data from Plain Talk, there is one general P/PV conclusion about protecting sexually active teens that seems beyond dispute: "There is clearly more work to do."

"Committed to Change"

Some of the positive Plain Talk outcomes resist easy quantitative measurement. A "profound" aspect of the initiative, says Atlanta's Cheryl Boykins, was the evolution of residents' commitment to protecting sexually active youth to their interest in a broader range of neighborhood issues — for example, drugs, violence, and housing. "What happened was that people began to be eyewitnesses and experience some of the conditions of the households they would enter," says Boykins. "They took ownership, and they began to be more committed to change in the community."

Former teen mother Demetria Farve says she was deeply affected by her role as a Walker and Talker in New Orleans. "I came to realize that I needed to go back and get my GED and computer training." Currently employed as a clerical specialist, Farve has purchased a house across the street from the St. Thomas housing development. "I've made the choice to stay in my community and not just leave because I was able 'to better myself,'" she says. "I feel that the community and the leadership of it really invested a lot in me, and the least that I can do is stay here and be of some help."

PLAIN TALK RESOURCES

The Plain Talk reports listed below are available online at the publications page of the Annie E. Casey Foundation's website (www.aecf.org/publications/index.htm). Later this year Public/Private Ventures will publish a follow-up analysis of Plain Talk outcomes in Atlanta, New Orleans, and San Diego.

The Plain Talk Planning Year: Mobilizing Communities to Change, Lauren J. Kotloff, Phoebe A. Roaf, and

Michelle Alberti Gambone, *Public/Private Ventures*, Spring 1995.

Plain Talk: Addressing Adolescent Sexuality Through a Community Initiative, Karen E. Walker and Lauren J. Kotloff, *Public/Private Ventures*, September 1999.

Plain Talk: The Story of a Community-Based Strategy to Reduce Teen Pregnancy, *Population Services International*, 1998.

Plain Talk Starter Kit: A Practical Guide to Community-Based Programming to Reduce Teen Pregnancy, STDs, and HIV/AIDS, *Population Services International*, 1999.

Resident Involvement in Community Change: The Experiences of Two Initiatives, Karen E. Walker, Bernardine H. Watson, and Linda Z. Jucovy, *Public/Private Ventures*, Summer 1999, is available at www.ppv.org.