

## Community Mobilization: A Community-Wide Approach to Promoting Adolescent Sexual Health

Sam E. Greenberg  
*Sharp Insight, LLC*, Samantha@sharp-insight.com

Laura Davis  
*Advocates for Youth*, laura@advocatesforyouth.org

Cheryl Tutt MSW  
tuttcheryl@ymail.com

Tonya Katcher MD, MPH  
*Advocates for Youth*, tonya@advocatesforyouth.org

Follow this and additional works at: <http://digitalcommons.library.tmc.edu/childrenatrisk>

---

### Recommended Citation

Greenberg, Sam E.; Davis, Laura; Tutt, Cheryl MSW; and Katcher, Tonya MD, MPH () "Community Mobilization: A Community-Wide Approach to Promoting Adolescent Sexual Health," *Journal of Applied Research on Children: Informing Policy for Children at Risk*: Vol. 8 : Iss. 1 , Article 7.

Available at: <http://digitalcommons.library.tmc.edu/childrenatrisk/vol8/iss1/7>

The *Journal of Applied Research on Children* is brought to you for free and open access by CHILDREN AT RISK at DigitalCommons@The Texas Medical Center. It has a "cc by-nc-nd" Creative Commons license" (Attribution Non-Commercial No Derivatives) For more information, please contact [digitalcommons@exch.library.tmc.edu](mailto:digitalcommons@exch.library.tmc.edu)

---

# Community Mobilization: A Community-Wide Approach to Promoting Adolescent Sexual Health

## **Acknowledgements**

This article was developed with support from the U.S. Office of Adolescent Health (Grant Number 1-TP2AH000022). Contents are solely the responsibility of the authors and do not necessarily represent the official views of the Department of Health and Human Services or the Office of Adolescent Health. The article summarizes key lessons learned from Advocates for Youth's project titled Building the Capacity of Local Communities to Develop a Community Prevention Framework for Teen Pregnancy Prevention: The Community Collaborative Approach. A special thanks to the many people who contributed their vision, wisdom, and passion: Cassandra Chess, U.S. Office of Adolescent Health; Barbara Huberman, Amber Powell, Suzette Brann, and Ann Rodrigues (former project staff with Advocates for Youth); Jana Sharp, Sharp Insight, LLC., Mia Humphreys, Maria Sipin, Arlene Schneir, and Mona Desai of Children's Hospital Los Angeles; Sergio Morales and Lily Owens of Youth Policy Institute; Kathryn Zenger and Ariel Simpson-Logan of New Morning Foundation; Charles Weathers, Weathers Group; Merle Weitz, Lori Tesauo, Ann Rojas, Victoria Terry, and Daffonie Moore of the Southern New Jersey Perinatal Consortium, and Brenda Goins, Salem Wellness Foundation. Thanks also to Duane House, Trisha Mueller, and Alison Spitz, with the Division of Reproductive Health, Centers for Disease Control and Prevention, for their many years of support of Advocates for Youth's teen pregnancy prevention and community mobilization efforts.

Research demonstrates that young people do not make sexual decisions in a vacuum. Young people's knowledge, attitudes, and behaviors about sex are influenced by a variety of factors, including parents,<sup>1</sup> friends,<sup>2,3</sup> the media,<sup>4</sup> religious leaders,<sup>5</sup> sex educators, siblings, and others.<sup>1</sup>

Community mobilization, a strategy that organizes a community across sectors for long-term change, is one way for communities to provide supports for young people to make healthy sexual choices. In the context of teen pregnancy, community mobilization can address the interconnected web of factors that influence teen sexual attitudes by bringing together parents, educators, health care practitioners, young people, and other key community stakeholders to address the issue jointly.

Preliminary research on community mobilization initiatives has demonstrated success in a variety of public health contexts.<sup>6,7,8</sup> In recent years, there has been increasing interest in community mobilization and coalition-based approaches to teen pregnancy prevention.<sup>9,10,11,12</sup> Communities across the country increasingly are choosing community mobilization as a fundamental organizing strategy and an essential component of effective, sustainable pregnancy prevention and adolescent health promotion initiatives.

From 2014 to 2016, Advocates for Youth, through a cooperative agreement with the US Office of Adolescent Health, provided financial support and capacity-building assistance to three communities to address teen pregnancy prevention in a community mobilization approach. Sharp Insight, LLC, served as the project evaluator. In this article, we define community mobilization, describe key benefits, provide an overview of the process used by the three communities to mobilize key constituents, and share key lessons learned from the project.

## **DEFINING COMMUNITY MOBILIZATION**

Community mobilization is defined as a community-level effort to address an issue or concern through organized action.<sup>13</sup> It is an organizing strategy that can be used to facilitate social and structural change in a community. In contrast to traditional programmatic interventions, community mobilization is not focused on the delivery of services. Rather, it focuses on uniting a community around a single issue to create social and systemic change as envisioned by the community. Community

stakeholders, rather than an outside entity, determine the goals, priorities, and timeline of the mobilization process, often through an organized leadership or steering committee process. Any outside support for community mobilization is provided with the intention of building the community's capacity for long-term sustainable change.<sup>14</sup>

Community mobilization as a theory of community change emerged from the literature of community organizing, sociology, civics, and critical pedagogy in the 1970s.<sup>15</sup> These disciplines encouraged a consideration of social context, including systems of power and oppression that affect individuals' and communities' abilities to act. Since the early 1990s, community mobilization has been applied in a more targeted context in the field of public health.<sup>15</sup> The reasoning for a shift from individual-level to community-level approaches is simple: Community mobilization contends that *individuals are more likely to make healthful decisions if they are supported by communities and resources that make healthful decisions accessible to them.*

Targeting interventions at the community enables long-term, sustainable, systems-level change and promotes shifts in social norms as a key element for supporting community-level change.<sup>16,17,18,19</sup> Previous efforts promoting sexual and reproductive health reveal that community mobilization can be an effective means of improving healthful sexual behaviors.<sup>8</sup> Community mobilization also has been used in the context of substance abuse prevention,<sup>6</sup> nutrition and wellness promotion,<sup>20</sup> violence prevention,<sup>21</sup> and international development.<sup>22</sup> Although multifaceted community-level interventions are challenging to evaluate,<sup>23</sup> preliminary evidence for their effectiveness has been demonstrated in a variety of public health contexts, including substance abuse prevention,<sup>6</sup> health policy compliance,<sup>7</sup> and sexual, reproductive, and maternal health.<sup>8</sup>

## **BENEFITS OF COMMUNITY MOBILIZATION**

Community mobilization offers numerous benefits, including community cohesion, systematic supports for young people, agency for community and for young people, and improved sustainability. Community mobilization promotes community cohesion by establishing new coalitions and relationships where perhaps none existed before. It infuses new problem-solving energy into a community, helping to overcome denial and apathy and gain both buy-in and support. It creates opportunities for new relationships and partnerships to form, which ideally continue to generate new ideas and initiatives over time. Community mobilization supports

young people not only by providing them with information to make healthful decisions but also by providing accompanying resources and supports to support those decisions. It assumes that young people are best equipped to make healthful decisions when the *entire community is mobilized* to support those decisions and when a wide range of stakeholders, including young people, residents, and community leaders, take ownership for program outcomes and activities.

Community mobilization also creates opportunities for youth and community members to be agents of large-scale change. Successful community mobilization initiatives for teen pregnancy prevention involve an influential youth leadership component as a driving force of the initiative. The community mobilization process builds the capacity of young people to become peer educators and leaders, which research shows is likely to have an effect on the beliefs and behaviors of other young people.<sup>24</sup> As the process is community-driven, it creates a sense of autonomy and agency in the community because the community can tailor action to their specific needs.

Finally, community mobilization promotes greater sustainability over the long term than do traditional programmatic interventions. It draws on the expertise and strengths of community members, resulting in interventions that do not depend on outside support. The collaboration that emerges from community mobilization can limit competition and redundancy of services, improving the quality and breadth of services offered without necessarily requiring an influx of funding. In addition, community mobilization ideally results in a shift in social norms in the community, which allows the community to approach teen pregnancy prevention differently over the long term. Because community mobilization often results in structural changes within community institutions such as schools and health care providers, the changes remain in place over time without being dependent on outside sources of funding.

## **COMMUNITY MOBILIZATION IN PRACTICE**

### **Purpose**

The central purpose of the Advocates for Youth project was to increase the capacity of key stakeholders in three communities to address disproportionately high rates of unintended teen pregnancy by strengthening community partnerships, increasing community support, expanding funding opportunities for adolescent health, increasing

evidence-based interventions, and creating formal referral networks among health, education, and social service agencies.

### **Theoretical Framework**

The project was grounded in two theoretical frameworks, the Community Pathways Model and the Collective Impact Approach. The Community Pathways Model proposes that shifts in community and social norms and structural changes governing the way that health, education, and social services are delivered to youth are equally important as behavioral interventions. Thus, in addition to promoting *individual changes* (such as shifts in knowledge, skills, and behaviors among teens), communities should strive to achieve *social changes* (such as increased public will, greater community leadership capacity, increased and high-quality community participation, and supportive social norms) and *structural changes* (such as policy and practice changes and greater coordination of services).<sup>25</sup> The Collective Impact Approach proposes that successful initiatives and collaborations share five key conditions: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a “backbone” organization.<sup>26</sup> The ultimate promise of a Collective Impact process is broad community support in the form of more favorable attitudes, greater resource commitment, institutionalization of programs and services, and a clear movement toward culture change.

### **Selection of Core Partners**

Before the project’s launch, Advocates selected four “Core Partners” in communities with disproportionately high rates of unintended pregnancy: Orangeburg, South Carolina; East Hollywood in Los Angeles, California; and Salem, New Jersey. The four partners included New Morning Foundation in Orangeburg, Youth Policy Institute and Children’s Hospital of Los Angeles in East Hollywood, and Southern New Jersey Perinatal Cooperative in Salem. Partners were selected on the basis of their *leadership capacity* (demonstrated capacity to serve as the backbone organization for this project); *community engagement capacity* (background and experience building coalitions and assisting community groups in strategic and operational planning); *background in teen pregnancy prevention and youth development* (specifically, experience providing or coordinating the provision of evidence-based interventions and clinical services, background in traditional media and social media communications, and ability to handle controversy), *program planning and evaluation experience* (previous experience conducting and analyzing

needs assessments, collecting data, and evaluating program efforts), and *provision of training, technical support and leadership coaching* (previous professional development experience, including offering peer-to-peer coaching/teaching and/or conducting train-the-trainer workshops).

### **Key Strategies**

Once the Core Partners were selected, Advocates provided resources, technical assistance, training, and networking opportunities, helping each community move through a structured community mobilization process as described below.

**(i) Developing the leadership infrastructure and creating a Leadership Team:** As a first step, each community developed an effective organizational infrastructure for their initiative, dividing the leadership functions among four bodies with distinct roles: a Lead Agency (Core Partner), a Leadership Team (LT), Advisory Committees (ACs) or Community Action Teams (CATs), and a Youth Leadership Team (YLT). Core Partners were encouraged to select LT members who had decision-making powers in their home organizations; had buy-in and support from their home organizations to participate in the effort; had the capacity to recommend, influence, and implement community-wide policy and practice change; were well-connected with deep and broad networks in the community; were willing to make a commitment to the effort by dedicating sufficient time and resources; and importantly, philosophically agreed with the fundamental premise and evidence-based vision of the project. Core Partners were encouraged to spend a significant amount of time identifying key leaders and to recruiting, interviewing, orienting, and training these leaders.

**(ii) Creating Advisory Committees and Youth Leadership Teams:** In addition to convening the LT, each Core Partner was charged with mobilizing a broad group of stakeholders to participate in the community planning process as members of ACs or CATs. Core Partners were encouraged to employ the ACs as vehicles for engaging a wide and diverse range of community members, thus ensuring genuine community ownership in the teen pregnancy prevention effort. Young people, parents, community residents, educators, health care providers, community-based organizations, and others were encouraged to join ACs to provide insight, direction, and support to the effort. The specific focus area and structure of each committee depended on the needs of the community. For example, some committees could focus on specific interventions, such as evidence-

based programs, linkages and service coordination, and media and communications, or on specific at-risk youth populations, such as youth in foster care or young families; others could focus on key stakeholder groups, such as parents, faith communities, and business leaders, or on program planning functions, such as strategic planning, fundraising, research, and evaluation. Importantly, each community was also required to establish a YLT comprising peer leaders and youth activists.

**(iii) Setting clear rules for group functioning and communication:** Once the teams were in place, the Core Partners were tasked with developing roles and responsibilities and establishing effective rules of engagement (ground rules) and best practices for communication and decision making. Core Partners were encouraged to secure commitment letters from each of the LT members.

**(iv) Conducting a needs and assets assessment and developing a common vision:** Each community was asked to conduct an extensive needs assessment to better understand the landscape of teen pregnancy and sexual health in their distinct community, to document the needs of youth, and to determine community capacity to address those needs. Importantly, Advocates encouraged community partners to examine the different needs, life experiences, and family and cultural backgrounds of youth in the community, remembering that programs are more likely to succeed when they are tailored to the unique needs of youth and consider the unique context of diverse communities. Core Partners could use a variety of tools and processes, including surveys, focus groups, key informant interviews, and opinion polls, among others. In addition, communities were required to articulate a common vision to ensure that the members of the collaborative were all working toward the same goal.

**(v) Developing a strategic action plan, implementing pilot tests, and designing an evaluation with a common set of measures to monitor performance and track progress:** A primary goal of the project was to help communities develop a strategic action plan based on the findings of the needs assessment and the overall vision for the project. Each community was expected to work with their LTs and ACs to identify mutually reinforcing activities. Importantly, communities sought to develop plans that would (a) promote the replication of evaluated, evidence-based interventions with age-appropriate programs for both younger and older adolescents; (b) expand access to adolescent health services, including youth-friendly family planning services; and (c) use traditional and social



media to encourage teens to avoid sexual risk behaviors and inspire alternatives to early parenthood. As they developed their plans, communities were asked to keep the following key questions in mind:

- What type of policy and practice change in your community will promote evidence-based teen pregnancy prevention programs and increase access to publicly subsidized, high-quality family planning services, especially for underserved youth?
- How can your community improve service coordination across education, health, and social service sectors?
- How can your community best use public education and social media strategies to reduce sexual risk taking and promote sexual health among young people?

Once the Core Partners had developed their strategic plans, they were expected to identify a small number of strategies or interventions for pilot testing. The purpose of the pilot tests was twofold. On one hand, the pilot tests provided an opportunity to expand teen pregnancy prevention-related programming to a small group of teens in each community. However, equally important, the pilot tests were designed to examine the process and outcomes of collaborative design and planning. It was hoped that the process of pilot testing would give communities a chance to reflect on their own collaboration during planning and implementation. Thus, rather than designing an evaluation to test the interventions themselves, Advocates for Youth and Sharp Insight worked together to examine the process and effect of trust building, relationship development, coalition building, leadership development, and community and youth engagement.

**(vi) Developing a transition and sustainability plan:** As a final task, communities were asked to develop a transition and sustainability plan that reflected the following characteristics:

- Is based on the results of the community-wide needs assessment;
- Reflects research on risk and protective factors;
- Includes four or more reinforcing strategies aimed at pregnancy prevention;
- Is designed to be compatible with the cultural backgrounds of youth in the community;
- Includes interventions that seek to reduce health disparities;
- Coordinates program activities of four or more organizations in the community and encourages joint planning among partners;

- Is developed through a youth-adult partnership approach; and
- Identifies potential sources for funding the plan.

A basic premise of the project was that mobilizing community members through a highly structured process is likely to lead to greater community ownership and commitment, which in turn will lead to a greater likelihood of sustainability when the original source of funding ends.

### **KEY FINDINGS AND LESSONS LEARNED**

The initiative was evaluated through a variety of quantitative and qualitative methods. Key informant interviews were conducted in each year of the program with staff from the Core Partner organizations. These qualitative interviews assessed the process of building community capacity for mobilization and the community effects of the mobilization initiative. Surveys were conducted with community members who participated in each community's LT to assess member expectations for the initiative and whether or not these expectations were met. The survey question items were grounded in the theoretical constructs supporting the initiative. In addition to the formal evaluation, each Core Partner organization developed a case study summarizing its project.

As a result of the initiative, in one community, after piloting an evidence-based program for 140 students, a local charter school changed its policies to ensure that students in all homeroom classes would receive the evidence-based intervention in future years. Another community established an extensive network of referrals among youth-serving organizations and health centers. In yet another, the local family planning clinic instituted youth-friendly practices. All three communities conducted training for health care providers and youth-serving professionals. Two of the communities established youth leadership teams and launched community-wide social media campaigns.

Overall, LT members felt that their work had increased knowledge and awareness of teen pregnancy prevention and reproductive health issues in the community. They felt that they had increased the knowledge of health care providers about the value of access to reproductive health services for youth, increased the knowledge of community or educational leaders about the value of evidence-based interventions for teen pregnancy, and increased the knowledge of youth about the value of teen pregnancy prevention programs. Asked to reflect upon the effects of the initiative they were proudest of, one team member shared, *"the youth-driven social*

*media work that empowered young people to communicate what's important related to sexual health.” Another shared that the initiative reframed “how young people look at reproductive and sexual health issues – moving away from shame and stigma.”*

Although the programmatic efforts were important, staff and LT members across all the sites reported that the most significant effects resulted from the community mobilization process itself. Key lessons learned are described below.

**Promote community ownership by drawing on the expertise and networks of community members.** Using a community mobilization process allows community members to be the experts and leaders of the process. One staff member described it this way: *“The entire concept of integrating the community into policy development and environmental change [is a key takeaway]. I may think I know the issues, but I can't solve them; I need to facilitate, activate, educate, and motivate the community to be the solution in order to create sustainable change.”* Another staff member shared, *“The community voice matters more than the initiative. Any initiative will be effective if you include the primary players.”*

In summarizing advice for future organizations undertaking a similar process, one staff member said, *“Do not approach the community in a top down way ... greet every single person that you meet that works with young people as your most important valuable resource and expert.”* Another staff member emphasized the importance of decision-making processes: *“We were going to ensure that they [community members] made all decisions and they owned all decisions. In other words, we weren't going to force our agenda on them.”* Finally, it was important for communities to capitalize on existing strengths in the community to recruit a team with wide-ranging potential and positive group dynamics. In one community, the advisory committee recruitment process focused less on recruiting community leaders with name recognition and more on community members who were well connected and well respected and who had a lot of influence with people in the community. One respondent explained this as a shift in strategy from their original plan: *“We're thinking more about power in terms of who does work, and who knows people, and who has people influence and not name-only recognition influence in [our community] ... the people who are doing the work are people who are really well connected with other people in the community, not necessarily the heads of specific organizations.”*

**Recognize that trust building is a time-intensive and essential part of the process.** The majority of LT members felt that they had earned the trust of the community on the issue of teen pregnancy. Trust requires not only a significant up-front investment of time but also a different way of doing business. Core partner staff expressed the importance of valuing *individual relationships*, remembering that people – not organizations – build relationships, and working within each community’s specific context. One of the Core Partners found that name recognition and the existing reputation of his organization contributed to building trust: *“There is definitely investment in people looking at the organizational reputation and the results that each of the organizations has done in the community – I would say that influenced people’s interest in and commitment to saying ‘yeah, I want to participate.’”* Grounding their work in a reproductive justice framework, Core Partners found it was important to acknowledge explicitly the history of reproductive oppression and coercion in communities of color. As one example, they sought to address community mistrust resulting from negative experiences with previous projects and grants. As a staff member indicated in one of the case studies, *“We learned early on that [our community] was a tight-knit community, where leaders openly vocalized their distrust of outside entities.”* Another explained, *“We acknowledge that there have been people that came into the community before that were funders or partner organizations that may have looked like us and made promises like they think they’ll hear from us and people let them down.”*

Respondents emphasized that direct communication and follow-through with their communities served to heal trust, which *“had to be restored in some places.”*

**Be transparent, open, and honest.** To promote trust building, respondents emphasized the importance of authenticity in their work, openly discussing the limitations of the project and grant from the beginning with community members. As one respondent described, *“Just being transparent – this is an initiative for two years, we don’t know what will happen afterwards, but we want to really help folks convene and get together to start thinking about this.”* Another respondent stated, *“What you do to build trust is to be yourself, to be transparent, to acknowledge the power dynamic that exists and to actually listen to the community and respond with empathy.”* Project staff made a significant effort to be as clear and transparent about the limitations of the project, stating that

previous grants and programs *“have used the community in the past just for the data and no real good came to the community members.”* Being aware of and openly *“acknowledging the sins of the past of some previous people who had come to the community”* was essential to building effective relationships.

**Establish direct and open communication and be sure to follow through.** Project partners emphasized the importance of follow-through in both communication and action to engender trust over time. As one partner explained, *“We tried to have some basic rules of engagement for ourselves, especially following through on what we say we’re going to do.”* Another partner agreed that the key to building trust was follow through. *“We did what we said we were going to do. And if we could not do it we called and told somebody. We did not overpromise.”* As indicated in one of the case studies, *“Consistent follow-up and follow-through ... contributed to the project’s credibility and was foundational to building trust. Having [the Project Coordinator] coordinating and connecting all the dots fostered more consistent communication amongst the Leadership Team and led to accomplishment of tasks. ... We made sure to keep our commitments to [our community] and they, in turn, committed to us.”* LT members appreciated this follow-up. As one put it, *“[The staff of the core partner organization] respond immediately to concerns and pay face-to-face visits to discuss matters of concern by team members.”*

**Engage youth in meaningful and productive ways from the outset.** Youth engagement was a key way in which respondents defined success for their community, especially going beyond the surface-level engagement that sometimes takes place to fulfill grant requirements. One respondent emphasized, *“I can’t stress how often youth and local community members are brought to the table in a grant just so somebody can say, ‘Yes we have them there.’ Then they are totally dismissed, disengaged, and not involved. That’s why [youth involvement in our project] was so phenomenal for me. We proved that we weren’t here just to count numbers. We were here to engage youth in the process.”* Importantly, the communities often focused on the connection between teen pregnancy and youth development and the overall well-being of the community. As indicated in one case study, *“Retreating businesses, closed factories, and economic declines have resulted in youth literally having no place to go because the common spaces where youth convene in other communities don’t exist in [ours]. There is no mall, no movie theater, no arcade or bowling alley, no bookstores. [Youth in our*

*community] express feeling forgotten, stigmatized, and victimized, from both within and outside their own community.”*

**Develop a vision statement to allow community members with diverse philosophical perspectives to find common ground yet also create strategies that reflect research and science.** The vision statement helped communities stay in line with their original goals. As one staff member indicated in a case study, *“The vision, mission, and values served as a path for decision making and were consistently referred to, to reduce mission drift.”* Creating the statement was a time-intensive yet critical process for establishing common ground, especially given the varying levels of overall support for teen pregnancy prevention within their communities. Although participants in one community reported a high level of overall support for evidence-based teen pregnancy prevention programs, including access to reproductive health services, members of the other two communities were reluctant to support teen pregnancy prevention because of the uncomfortable conversations it engendered. One respondent stated, *“Overall, it’s a difficult conversation for [our community] to have ... it’s not every day where you can go and say, ‘Oh, teens are having sex’ – that is uncomfortable for [us].”* This respondent added that they were able to find common ground in their shared commitment to helping young people: *“[Our community’s] greatest asset is absolutely it’s passion for, and commitment to, helping young people in their community. There’s a sense of pride and joy about [the community]. There’s a sense that there is a need and a strong motivation to do well by their young people.”* In a case study, one community wrote, *“Everyone can support efforts to help youth flourish, even when everyone’s values aren’t aligned.”*

In a case study, one of the Core Partners wrote that the project had provided an opportunity *“to do community work at a level that values input from community members, giving us time to establish a process and vision of what a healthy community looks like. We were allowed and encouraged to be authentic, to be thoughtful, and to be courageous. ... We committed ourselves to having brave conversations in a conservative community being inclusive of all sectors.”* Another community expressed similar sentiments: *“The ‘pitch’ [we used] to bring leaders to the table had to appeal to the broader purpose of adolescent wellness and less to teen pregnancy prevention. The youth development lens provided the uplifting message that providers and residents were ready to hear. It allowed us to acknowledge the deep roots that have held this community together*

*amidst economic turmoil and to acknowledge the unique, untapped strengths possessed by residents and service providers alike.”*

**Transform competition into collaboration.** A common challenge in engaging community advocates is bringing together organizations that have faced and will continue to face competition for resources. Key informants across sites mentioned this challenge as one they were attentive to throughout the group formation process. One respondent summed up the challenge this way: *“I think that the only thing that is concerning for [the leadership team members] is they want to make sure that if they work together, it’s not going to be a competition. ... They believe that if they decide to work together ... everyone needs to throw away that notion that we’re competing and more so we’re working together just because we want to get [our community] to the endpoint, to one common goal.”* Another respondent echoed this sentiment and added that this competitive environment often leads to many different organizations entering a community and beginning similar projects from scratch rather than *“building off each other’s efforts, collaborating, sharing resources, and leveraging.”* Respondents indicated that overcoming this environment of competition and *“the pattern of working in silos”* was a primary goal of the project. As indicated in one of the case studies, *“We publicly acknowledged that there were already a number of existing organizations doing high-quality, important work with youth, and that this grant’s work was to augment and support those existing programs, not replace them.”*

**Provide incentives and professional development opportunities.** Core partner organizations *incentivized* participation in LTs and ACs by offering professional development and training for members. For example, LT members and AC members were invited and encouraged to attend monthly webinars on a wide variety of topics related to teen pregnancy prevention and youth development work. In addition, young people were given incentives or paid an hourly wage for their contributions to the initiatives. In all the sites, the initial recruitment and relationship efforts were well worth the payoff of highly engaged LTs that were excited about the process. As one staffer put it, *“I’ve done similar sorts of projects around different topics, and I know how hard it is to get people to commit. ... There are so many meetings, and people have good intentions, but it’s hard to get people to show up for a meeting. This Leadership Team has been AMAZING. Just the fact that our leadership meetings are scheduled for 2 hours and people don’t leave!”*

**Invest in the community beyond teen pregnancy prevention.** Several project partners talked about going above and beyond the grant requirements to *demonstrate commitment* to their communities. The manifestation of going “above and beyond” differed across communities, with the shared purpose of demonstrating that project partners were present and invested in community progress. In one community, Core Partner staff members regularly attended community events, including events not directly related to teen pregnancy. They also decided to *“hire and use local vendors so we can prove that we’re investing back in the community.”* In another community, Core Partner staff members committed to *“consistently having as many people present from our team as possible at meetings so that it’s understood that this is a bigger commitment from the agency.”* As the project drew to a close, demonstrated commitment remained important. One respondent explained, *“Now that there’s no money for this and we’re still trying to do the work, I think that will help to further build a lot of trust.”*

**Think about sustainability from the start and encourage local funders to invest in community mobilization.** It is important to consider sustainability from the beginning of a community mobilization initiative. Core Partners found that consistent leadership, community ownership, and youth engagement contributed to sustainability. One community found that recognizing and celebrating key benchmarks helped to maintain participation: *“Highlighting progress and accomplishments along the way helped nurture and sustain participation.”* Given the long time horizon needed for community mobilization to create sustainable community-level change, the communities found it useful to focus on both short-term and long-term outcomes. A focus on short-term outcomes maintained motivation of staff and community members and provided programmatic feedback early in the initiative, whereas a focus on long-term outcomes ensured that behavioral effects on young people would ultimately be realized. Finally, demonstrating an even broader effect, one organization found that the *“new spirit of collaboration will serve to create a blueprint for future program planning and problem solving. ... [It] has already created an energy that is contagious. ... Other cities in [our county] have already expressed interest in replicating this process in their community.”*

## **CONCLUSION**

Lessons learned from this project support the central importance of investing time, energy, and resources in a community mobilization process. Funders should consider that the life cycle of community



mobilization requires a significant up-front investment of time and resources to ensure a sufficient foundation of relationship cultivation, team building, and planning. Because community mobilization is a relatively new approach to teen pregnancy prevention, there is a greater need for research and evaluation. Questions for exploration may include these: What specific factors support effective community mobilization? What “works” in forming and sustaining community coalitions and community collaborations? What is the role of leadership in building and sustaining community-wide efforts? What strategies will ensure that community leaders and community residents remain engaged and active? What can we learn from research on organizational capacity, leadership development, collaborative partnerships, constituent participation in decision making, coalition-building, and the evaluation of collaborative efforts – both within and outside the field of adolescent sexual and reproductive health? The answers to these questions will help pregnancy prevention program planners and advocates further refine their approaches and strategies, ensuring that young people have the resources, skills, and opportunities to prevent unintended pregnancy and reach their full potential.

## References

1. Ikramullah E, Manlove J, Cui C, Moore KA. Parents matter: the role of parents in teens' decisions about sex. *Child Trends*. <http://www.childtrends.org/wp-content/uploads/2009/11/2009-45ParentsMatter.pdf>. Published November 2009. Accessed September 15, 2017.
2. Markham CM, Lormand D, Gloppen KM, et al. Connectedness as a predictor of sexual and reproductive health outcomes for youth. *J Adolesc Health*. 2010;46:S23-S41.
3. Miller B, Benson B, Galbraith K. Family relationships and adolescent pregnancy risk: a research synthesis. *Dev Rev*. 2001;21:1:S1-S38.
4. Escobar-Chaves B, Tortolero SR, Markham CM, Low BJ, Eitel P. Impact of the media on adolescent sexual attitudes and behaviors. *Pediatrics*. 2005;116(1):303-326.
5. Thornton A, Camburn D. (1989). Religious participation and adolescent sexual behavior and attitudes. *J Marriage Fam*. 1989;51(3):641-653. doi:10.2307/352164
6. Shults RA, Elder RW, Nichols JL, Sleet DA, Compton R, Chattopadhyay SK. Effectiveness of multicomponent programs with community mobilization for reducing alcohol-impaired driving. *Am J Prev Med*. 2009;37(4):360-371. doi:10.1016/j.amepre.2009.07.005
7. Fawcett SB, Sepers CE, Jones J, Jones L, McKain W. Participatory evaluation of a community mobilization effort to enroll Wyandotte County, Kansas, residents through the Affordable Care Act. *Am J Public Health*. 2015;105(Suppl 3):S433-S437.
8. Altman L, Kuhlmann AS, Galavotti C. (2015). Understanding the black box: a systematic review of the measurement of the community mobilization process in evaluations of interventions targeting sexual, reproductive, and maternal health. *Eval Program Plann*. 2015;49:86-97. doi:10.1016/j.evalprogplan.2014.11.010
9. Brindis CD. A public health success: understanding policy changes related to teen sexual activity and pregnancy. *Annu Rev Public Health*. 2006;27(1):277-295. doi:10.1146/annurev.publhealth.27.021405.102244
10. Cassell C, Santelli J, Gilbert B, Schauer M, Dalmat M, Mezoff J. Mobilizing communities: an overview of the community coalition partnership programs for the prevention of teen pregnancy. *J Adolesc Health*. 2005;37(3 Suppl):S3-S10. doi:10.1016/j.jadohealth.2005.05.015
11. Kegler MC, Williams CW, Cassell CM., et al. Mobilizing communities for teen pregnancy prevention: associations between coalition

- characteristics and perceived accomplishments. *J Adolesc Health*. 2005;37(3 Suppl). doi:10.1016/j.jadohealth.2005.05.011
12. Chervin DD, Philliber S, Brindis CD, et al. Community capacity building in CDC's Community Coalition Partnership Programs for the Prevention of Teen Pregnancy. *J Adolesc Health*. 2005;37:S20-S30. doi:10.1016/j.jadohealth.2005.06.001
  13. Fawcett SB, Francisco VT, Hyra D, et al. Building healthy communities. In: Tarlov AR, St Peter RF, eds. *The society and population health reader: Vol II. A state and community perspective*. New York, NY: New Press; 2000:75-93.
  14. Howard-Grabman L, Snetro G. How to mobilize communities for health and social change. Health Communication Partnership and US Agency for International Development. [https://www.msh.org/sites/msh.org/files/2015\\_08\\_msh\\_how\\_to\\_mobilize\\_communities\\_for\\_health\\_social\\_change.pdf](https://www.msh.org/sites/msh.org/files/2015_08_msh_how_to_mobilize_communities_for_health_social_change.pdf). Accessed September 15, 2017.
  15. Kim-Ju G, Mark GY, Cohen R, Garcia-Santiago O, Nguyen P. Community mobilization and its application to youth violence prevention. *Am J Prev Med*. 2008;34(3 Suppl):S5-S12. doi:10.1016/j.amepre.2007.12.005
  16. Aarts H, Dijksterhuis A. The silence of the library: environment, situational norm, and social behavior. *J Pers Soc Psychol*. 2003;84(1):18-28.
  17. Schultz PW, Nolan JM, Cialdini RB, Goldstein NJ, Giskevicius V. The constructive, destructive, and reconstructive power of social norms. *Psychol Sci*. 2007;18(5):429-434.
  18. Goldstein NJ, Cialdini RB, Giskevicius V. A room with a viewpoint: using normative appeals to motivate environmental conservation in hotels. *J Consumer Res*. 2008;35. doi:10.1086/586910
  19. Terry DJ, Hogg MA. Attitudes, behavior, and social context: the role of norms and group membership in social influence processes. In: Forgas JP, Williams KD, eds. *Social influence: direct and indirect processes*. Philadelphia, PA: Psychology Press; 2001:253-270.
  20. What is 'policy, systems and environment'? Communities Putting Prevention to Work. <http://www.cookcountypublichealth.org/files/CPW/PSE%20Change.pdf>. Accessed September 15, 2017.
  21. Lai MH. Asian/Pacific islander youth violence prevention center. Community mobilization efforts to reduce and prevent youth violence. *Am J Prev Med*. 2008;34(3 Suppl):S48-S55. doi:10.1016/j.amepre.2007.12.011

22. US Agency International Development. Demystifying community mobilization: an effective strategy to improve maternal and newborn health. [http://pdf.usaid.gov/pdf\\_docs/pnadi338.pdf](http://pdf.usaid.gov/pdf_docs/pnadi338.pdf). Accessed September 15, 2017.
23. Honeycutt S, Leeman J, McCarthy WJ, et al. Evaluating policy, systems, and environmental change interventions: lessons learned from CDC's prevention research centers. *Prev Chron Dis*. 2015;12:E174. doi:10.5888/pcd12.150281
24. Allen L. Closing sex education's knowledge/practice gap: the reconceptualisation of young people's sexual knowledge. *J Sex Educ*. 1(2):109-122. doi:10.1080/14681810120052542
25. Community pathways to improved adolescent sexual and reproductive health: a conceptual framework and suggested outcome indicators. [http://www.unfpa.org/sites/default/files/resource-pdf/asrh\\_pathways.pdf](http://www.unfpa.org/sites/default/files/resource-pdf/asrh_pathways.pdf). Published December 2007. Accessed September 15, 2017..
26. Hanleybrown F, Kania J, Kramer M. Channeling change: making collective impact work. *Stanford Social Innovation Review* (website) (January 26, 2012).