

NWX-OS-OGC-RKVL

Moderator: Jaclyn Ruiz
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1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. At the end of today's presentation we will conduct a question and answer session. To ask a question please press Star 1.

Today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the meeting over to Ms. Jaclyn Ruiz. You may begin.

Jaclyn Ruiz: Thank you. Good afternoon and thank you for joining us today on this very important, very timely topic. Today's Webinar will be focused on community mobilization.

In September of 2010 through a partnership between OAH and Centers for Disease Control and Prevention there was funding that was awarded for a five-year grant period to state and community based organizations to demonstrate the effectiveness of an innovative multi-component and community-wide initiative in reducing rates of teen pregnancy and birth in communities with the highest need.

As part of this initiative the CDC also provided funding to five national organizations to provide training and technical assistance to all funded organizations under this initiative.

Today we will have the pleasure of speaking with two of the grantees that were funded under this initiative as well as one of the national organizations that were funded specifically to provide training and TA on the topic of community mobilization and sustainability.

Grantees funded on the Tier 1B grants are expected to mobilize the community to develop and implement a plan to prevent teen pregnancy. And while this expectation is not necessarily a requirement of some of the other grants under OAH it's still not just limited to the Tier 1B grantees.

As you'll see from this presentation there are some great benefits to mobilizing your community so that they are engaged and empowered to take action against an issue as critical as teen pregnancy.

This Webinar was developed by Advocates for Youth in partnership with Child Trends under a contract with the Office of Adolescent Health, U.S. Department of Health and Human Services as a technical assistance product for youth with OAH grant programs.

And before we get started I just want to cover a few logistical information. You should be able to hear the audio and view the slides. If you're having trouble viewing the slides, please contact me. You can send me an e-mail. My e-mail address is J-A-C dot R-U-I-Z at hhs.gov. I will also put it - actually if you're having trouble viewing the slides you can't see the Q&A poll so don't worry about that.

If you're unable to log into the net conference and view the slides we will have all the slides and the recording of the Webinar available on the OAH Web site at a later date.

As the operator mentioned, everyone is in a listen-only mode. We will be utilizing some of the interactive features on the Webinar platform such as polling and the Q&A feature. And you can find the Q&A feature at the top of your screen.

We will be taking questions at the end of the presentation and we'll be using both the Q&A feature as well as the operator and he will provide instructions on how to get into the queue when we're ready for the Q&A process. But if you do have any questions at any time, feel free to use the Q&A function and we'll make sure to address your questions accordingly.

And also in the upper right hand corner you'll see a little icon that looks like three little pages. That is a handout feature and we have two handouts uploaded there for your information. One is the OAH Sustainability Resource Guide and the other one is the Advocates for Youth Strategies Guided by Best Practice for Community Mobilization, both of which are very pertinent to today's Webinar.

Finally I can introduce our speakers for today. We'll have three speakers as I mentioned. Our first one is Dr. Suzette Brann. She's the Associate Director of the Teen Pregnancy Prevention at Advocates for Youth. She manages the CDC's Community Mobilization Initiative as well as the OAH Community Collaborative Academy.

She has more than 21 years of program management and implementation, community mobilization, sustainability planning, and organizational

development and leverages that expertise to empower grantees to mobilize their communities and sustain their pregnancy prevention efforts.

We also have Ms. Anitra Henderson who works with the Mobile County Health Department, helping them to implement their teen pregnancy prevention programming. She has expertise in youth engagements developing community advisory groups, social media strategies, communication planning, and stakeholder education.

In addition to her work with Mobile County Health Department, she is the president of SMG Public Affairs and has more than 15 years' experience in the public relations and marketing industry with an emphasis in the areas of health care, non-profit, education, government entities and corporate responsibilities.

And then finally we have Dionna Walters. She is the project director at Bronx Teen Connection. Ms. Walters is responsible for leading a team of professionals in implementing the community-wide multi-component initiative to reduce unintended teen pregnancy in the South Bronx and improve teen reproductive health city-wide.

Part of her work with (DOHNY) Ms. Walters worked as the project coordinator and manager of the Downstate New York Healthy Start Project at Columbia University's Mailman School of Public Health, which aimed to reduce infant mortality and improve maternal child health services delivery in Queens and Long Island.

She was also project coordinator at Columbia University's National Center for Children and Poverty where she analyzed information on state early childhood policies and data to promote healthy development for children.

I'm very excited to hear both of them. I had a chance to meet everybody while we were at a meeting that the CDC held for their community-wide initiative grantees and they have so much information that they can share so hopefully this is just the tip of an iceberg of what we will be sharing with you as we go along through these five years of our OAH grantees.

So without further ado I'm going to hand it over to Suzette to start the presentations.

Dr. Suzette Brann: Okay thank you so much Jaclyn. Hi everyone. So we want to start - I want to do the session objectives really quickly because I'm excited about getting into what it is we want to tell you about community mobilization today. By the end of this session attendees will be able to describe how and why community mobilization contributes to creating sustainable change related to teen pregnancy prevention.

We will also provide evidence based strategies to mobilize your communities to support teen pregnancy prevention efforts and we will identify at least two tips and lessons learned from Anitra and Dionna that have operationalized the community mobilization model and best practices.

We currently also have a couple of our other grantees online and hopefully they might be able to share some of their experiences if we have time.

So in the audience tell us how familiar are you with community mobilization by a poll? Familiar, not familiar, somewhat familiar, in the beginning stages, very familiar, and fully engaged in community mobilization. Jaclyn?

Jaclyn Ruiz: Yes Suzette?

Dr. Suzette Brann: Are they actually going to take the poll or we're just going to...?

Jaclyn Ruiz: Yes sorry about that.

Dr. Suzette Brann: Yes I thought we were going to tell them about the poll function.

Jaclyn Ruiz: Yes, sorry, the poll is up.

Dr. Suzette Brann: Okay.

Jaclyn Ruiz: And so they should be able to get into the poll right now.

Dr. Suzette Brann: Okay excellent, thank you. All right. It looks like we have - some people are still taking it so I'll give you a few more minutes since the numbers keep changing.

Okay I think we are around most people seem somewhat familiar with community mobilization. Well now the numbers are - the numbers are changing all the time.

Jaclyn Ruiz: Sorry about that Suzette. We just closed it.

Dr. Suzette Brann: Okay. All right, so we got a 50/50 split. I like that. So it looks as though some people are somewhat familiar. Some people are very familiar with community mobilization. And I'm hoping I can guess among those who are currently on a CDC project who would be very familiar and I'm hoping you're in that bunch.

So we are going to talk a little bit more about what you know about community mobilization, how you would define it, how we move through a

process and make community mobilization really come alive in your communities and what this all means to you.

So our next question is why should community mobilization play a role in TPP? And the first and most important thing I want to say about this is the community mobilization is critical because research continues to show that programs and services will be the most effective when the entire community is mobilized and when we have a wide range of stakeholders including community residents who take ownership for the program, its outcomes and the activities.

It really does take an entire village. And what we're going to be trying to help you see as we move through this presentation is that this is no longer about you, the current grantee, whether you are (Tufts) Behavioral health or (Contra-Costa) Health Services or San Diego Youth Services. It's no longer just your role alone to mobilize the community around this issue. And we're going to talk a little bit about what that means as we move through this process.

So what is community mobilization? Community mobilization is really a process by which we reach out to different sectors of the community to create partnerships that focus on three key things that I want to talk about - social, structural, individual issues associated with teen pregnancy prevention.

Around individual, let's start with that. As you all know, most of what we do in the human services business is trying to change individual behavior around knowledge, skills, intention, and attitudes -- in this case around sexual and reproductive health issues.

The other thing that we don't focus as much on as we move through this work mobilizing our communities are the social and the structural. So around social changes we are finding that when we mobilize our communities effectively, we really are creating a group of very supportive parents. We are improving and increasing the capacity of the community around leadership on this issue.

We are engaging the community more so they are getting more community participation. We are getting a high quality community participation and we're really creating a set of social norms that are supportive of young people making the best decisions for their life around their sexual and reproductive health.

Structural changes, we're talking really about an institutional commitment to support teen pregnancy prevention. We're talking about policy, practice, legislative changes. We're talking about how we create the most effective linkages and how young people have access to youth-friendly resources and services including a broader implementation of EBIs.

So we want to move away from just focusing in the individual and wanting to make sure that your goal for rallying your community and getting them excited about teen pregnancy prevention is also about the social changes that you want to see and the structural changes that you want to be sustained over time.

So let me ask you a quick question. When you think of community mobilization tell us what you think about. Please write your response. I'll give you a couple of minutes to do that. Is anybody writing in the comment box? Jaclyn are there any specific - there you go. Bringing the community together - (Christy) thank you. Anybody else?

Jaclyn Ruiz: Suzette I'll give people maybe about 20 seconds. Sometimes it takes people a little bit just to get the typing in going.

Dr. Suzette Brann: Yes, no problem. "A diverse group of people coming together." Thank you (San). "Every person," -- thank you (Beth) -- "Every person in the community understands that he or she has something that he or she can do to address the issue." Thank you (Beth). I think this is a really good sampling of what community mobilization means.

And let's move on to the next slide. When we think of community mobilization, what (San) and (Beth) and (Lauren) and others said is that it is critical, the words that should be coming to our minds are collaboration, coalition, building, involvement, partnership, community - in any combination of those words.

I have a couple of combinations on here but exactly what you guys said, the key for us is to really bring a diverse group of people together to partner together to collaborate together, to build capacity with a coalition of like minds around a specific issue - in this case teen pregnancy prevention. So I think we're on the right track.

So there are two theoretical bases that I want to cover quickly because I want you to understand that we didn't make this up. We really do research long and hard for a way to make sure that we could embed community mobilization in teen pregnancy prevention efforts in a way that was supported by the evidence and by the research.

And we borrowed from two theories - the community pathways mobilization model and the collective impact approach. And I'm going to talk about those two following this slide.

So the key premise of the community pathways mobilization model is that in short, sustained and profitable behavior change among young people, a significant portion of the community must view young people's ability to make helpful decisions about their sexual and reproductive health and beneficial.

The goal here is that we have got to convince the community that it is in our young people's best interest to be able to make these decisions, helpful decisions about their sexual and reproductive health.

In order to do that, we really have to reach out to our communities to make sure that our interventions are not just targeted at changing their behavior, their knowledge, skills, behaviors, intentions, attitudes, but that they really do support their ability to make those changes in their behavior, intentions, knowledge, skills, and attitudes. Okay?

So we borrowed also from collective impact. And collective impact has five key tenets that are critically important to how we will do community mobilization and what we do and we'll talk about how we've integrated these five tenets into the work of community mobilization that you should be doing every day as you mobilize your community.

The first one is having a common agenda. So we are going to ask that everybody come up with a shared vision for change, what you want to see change, a common understanding of what the problem is, how you're going to solve it.

Just have some really succinct common ideas about what that looks like and what it is you're trying to envision because as you try to engage your

community members in the conversations you have to be selling something very concrete to them so that they understand what it is you're selling.

The next thing is having a shared measurement system. So in order to sell an idea to change and transform conversations you need to be able to be sharing something about the data that you will be collecting, how you're measuring results, who is going to be accountable for what and what that looks like, who will be the holder of all of the data that you will be collecting and how that will be measured and how that would be used in your conversations depending on who you're speaking to.

Mutually reinforcing activities. So I come in as the Boys & Girls Club and I want to speak to schools and I want to speak to faith communities. Each one of those entities have different common agendas. Each one of those entities are measuring different things when they speak to their stakeholders.

The key goal is when we have mutually reinforcing activities, no matter what each stakeholder comes in doing, believing, measuring, they are all committed to the common agenda that you've already set, which is the shared vision, the how you're going to change the face to teen pregnancy prevention in your community.

Continuous communication is another one of the tenets that we borrowed and has been researched extensively. This really talks about building trust. We can't engage a community if we are not willing to build the kind of relationships that are structured and based on trust to make sure that everybody understands what we are doing.

We are being transparent and consistent and open about the way we communicate about this issue. The backbone of an organization is usually the

grantees. And I see that I have a number of grantees that I'm looking at for this project.

You will probably be the one that will take the lead in bringing stakeholders together to have town hall meetings or community forums in which people can really discuss what this issue means and how are the best ways to attack it and address it in a systematic way and in a way that can be measured over time.

So those are the two theories that we use. We integrated both the community mobilization pathways model and collective impact to come up with a model that shows how we could move through community mobilization in our communities as we move from the bottom of this triangle - it's an inverted triangle as you can see -- which starts with engagements and goes all the way up to a place and a time when we cannot imagine ever doing teen pregnancy prevention any other way without having involved the entire community. That is the normalization stage.

So we're going to go through each one of these stages and talk a little bit more about what you can do in these stages to make sure you move through them and get to normalization.

Before I do that, I do want to talk about who's doing this work. So you might be thinking, "Okay this all sounds lovely but who are going to be our ambassadors and the targets of all the work that we are going to be doing as we move through this?"

The one thing that I want you to remember is that the only target is not the intended recipient which is the young person. The intended target audience is your entire community.

So when we talk about who your targets are, just think much broader than just doing an EBI for 15- to 19-year-old young people around either HIV prevention, teen pregnancy prevention, etcetera, etcetera. This is a community-wide initiative and you need to be thinking much broader than the way you have in the past.

Who are your ambassadors? As you move through the process that I'm about to describe I need for you to be thinking, 'I need to go into my community on at least three domains. I need to be reaching my grass tops. I need to be reaching my grassroots. And I need of course to be reaching my young people, engaging them, transforming them, legitimizing their power in the conversation and making it a normal part of their everyday life.'

So let's move into a little more about who these people are. So our grass tops - - these are our community leaders, decision makers, the people who hold the purse strings at the local, county, state level who are ones responsible for creating, sustaining, changing financial policy and resource support. You need to have the leaders in the room in this conversation.

We also need to have our grassroots community influencers, so the respected and beloved leaders who live in the community, whoever they may be. These are the parents, commissions, teachers, and others in the community that everybody might be (unintelligible), but everybody respects. We need to have them in the conversation.

And of course the young people who will directly benefit from your programs and services are the people that you need to make sure you have engaged and empowered to have conversations with their peers.

Most of us know that young people don't listen to us as much as they listen to their peers. And so it is going to be very important to educate and empower young people to have meaningful conversations with their peers around teen pregnancy prevention. So those are who we will consider the mobilization team.

I just want to make one other point though. I know that the teen pregnancy prevention grantees are only required to have a community advisory group and a youth advisory group. I would recommend to you that your community advisory group is made up of grass tops, meaning community leaders, and your grass roots, meaning your community influencers.

So try to make sure that you have a good blend of the people who are the top and the people who are at the community level so that you have a really diverse group of stakeholders who can influence the community on this conversation.

Okay so let's kind of go into a little bit what this model means. And I'll be going back and forth between the definition and the model. At the bottom of the model if you remember - at the bottom of the model is engagement. And engagement is your first foray into the community.

You are going out into the community to engage as many people as possible in a conversation about teen pregnancy prevention. You're going to be telling them about your agenda. You're going to be telling them about what your vision is.

What are the things you are hoping to measure and see changed, how you're going to work together mutually reinforcing activities no matter who you are and how you walked into the conversation, how you're going to move

together, what the backbone is or the grantee is going to do to support all of these pieces.

And you're going to be really helping the community understand this is important not just to us the grantee but to all of us, whoever our community is. So engagement means we are trying to get out there, having taken the time already to examine and re-examine our vision and our mission and our strategic goals.

We are really going to take the time now to bring the community into the conversation so that we can listen to what they have to say. We are therefore that means in a practical sense that I'm trying to get on people's agenda. I want to get on the PT agenda. I want to get on the biggest church's agenda if that's important.

I want to get on everybody's agenda to really put out the word that this is what we're going to be working on and here's what we are recommending or some of the approaches we can do that.

Legitimization - that's the second part of that triangle which as you notice gets wider and wider as we move to the top because the premise is the more people we engage in the conversation in our community the more people know about it and the more we are able to get ourselves to a place where we will never, ever think of teen pregnancy prevention in the way we thought of it before.

So legitimization means I am now seen - because I have taken the time to really engage my community, all sectors of my community in a conversation - I am now seen as the trusted go-to expert on this topic.

So if I am let's say a youth-serving organization and I'm thinking, "Hm, I want to do a summer program on teen pregnancy prevention for my 17 to 19-year-olds, I think of the City of Hartford because I know that from all the conversations that they've had they really know what they're talking about. We really see them as a resource in terms of information and research and we really believe that they can be the ones to guide through a process of selecting an EBI," etcetera, etcetera.

So in the legitimization stage you go from being the ones asking to be on somebody else's agenda to spread the word to be the one that is called in to speak at various entities and their meetings or their conferences or just gatherings. You are being called now to speak so you are seen as the legitimate go-to expert on this.

I'm not going to go over every single one of them on each page. On the second slide on legitimization you will know that your program is being seen as a legitimate go-to expert especially when funders are calling you with funding opportunities because they want to partner with you or where you are beginning to see how you can develop a variety of reliable sources of funding on a specific issue.

You will also know that you are seen as a legitimate go-to expert when the media is reaching out to you to hear your opinion or to give your opinion on a topic -- here teen pregnancy prevention.

So the essence of the legitimization stage is that you have anchored yourself in the community as one of the experts that people can go to on the issue of teen pregnancy prevention based on the way you have engaged them in a conversation so now they look to you for advice.

So this is a really, really important stage and I really want you guys to think about how do I get myself to that place? Who do I need to engage so that they can see me in a very different light?

Transformation - so the more we go out into our communities and really talk about the issue of teen pregnancy prevention and get more and more people excited and on board about it, of course you can expect that there will always be those that are diametrically opposed to even talking about the issue of teen pregnancy prevention, whether it's things such as contraception or religion or race. There's always going to be someone or some sector that is not interested in having a conversation.

The goal for you in transformation is to really find ways to leverage your credibility and your legitimization as an expert on this to start to transform some of the naysayers and the people who resist the idea to change the way things are or the people who have always criticized anything new that comes into the community.

When you are in that stage you are really using data effectively to counter myths, to counter stuff that people say that is not founded in fact. Of course you have to be very diplomatic and very culturally sensitive about how you address those issues and who will be your messenger.

But transformation starts taking place almost by attrition because people begin to see that when I hold on to old ideas nothing is going to change so I might as well get with the program even if I don't personally agree or I don't feel like this is what I would want for X or Y or my children or grandchildren but I see why it is an important issue for the community to address.

And that is the essence of the transformation phase and Anitra is going to talk a little bit more about the schools and the faith community and how she was able to bring them on board and really transform the way they talked about this issue a little later on.

Normalization - so this is the last stage. We are thinking that eventually through increased community support at all levels TPP programs and services become an integral part of the fabric of the community. This is just the way we do business now. And people cannot imagine going back to the way that things were.

So normalization means that there is now overwhelmingly favorable attitude. There's greater resource commitment. There's more funding for this issue. There's institutionalized. It's - you know TPP is now institutionalized in youth-serving organizations and we're really moving towards a culture change that says it's okay for young people to make these decisions for themselves and to have the kinds of information and access to services to be able to make those decisions for themselves.

And both Dionna and Anitra will discuss how they embedded their programs in their communities so that we have another example of what creating a normal conversation around this means over time.

Now let me just go back to the triangle really quickly. As you can imagine, this takes times. It takes a lot of time and it takes a lot of commitment. This could be a seven-year process. It could be a ten-year process. It all depends on where your community is.

The key thing about this process is that you have to be committed for the long term to getting us from a place where we're just engaging a few to the widest

part of the triangle where everybody understands that this is now a normal part of our conversation.

It takes years to get there and I want us to all be really patient but be very diligent about working towards normalization as the goal.

Okay so having said all of that, where do you think you are in the development of sequence of community mobilization? Do you think your organization is in the engagement phase, is past the engagement phase into being seen as the experts, have been very effective at transforming conversations, or are really at the point where there's no return, we're not going back to the way we were?

So let's take a poll and see how this goes. Okay well it looks like most people - not most people - we have a tie. So we have 30% of the people think that you are at engagement and 30% in transformation which is wonderful. And a few people think that they are in normalization which is even more wonderful.

And I am hoping that among those 11% I have the Augusta partnership, the City of Hartford, South Carolina and the teens from Texas because you guys are current grantees so I know that you have a slight edge in terms of having done this work already and how far you have seen your communities come to a place now where we cannot imagine ever going back.

I want you to think about the sequence. It is not a sequence that goes necessarily in any specific order. But it helps you to really conceptualize where you are as you're moving through your mobilization process and what it is you need to be focusing on. Thanks for taking the poll.

Okay so I wanted to do now was just talk about five evidence-based strategies to mobilize communities and our TPP efforts. Advocates as you know developed a community mobilization best practices document and it proposes that there are 14 best practices for community mobilization but in the interest of time we picked five that we believe are critical to engaging and sustaining a community-wide initiative on teen pregnancy prevention.

So these five you will hear echoed as I talk about these five are both the community mobilization pathways model, that research that I talked about earlier. And you will also hear some echoes of collective impact and some of the tenets built into these five.

So let's go start with the first one - engaging diverse organizations and community leaders. Again the traditional view is that you as the grantee know everything - well know everything meaning I have a solution. It's a top down approach. I have the answers and so I will go ahead now and fix my community or fix my young people with this wonderful solution that I know works because it's evidence based.

That kind of thinking does not work when we talk about a community-wide initiative. So we are really starting as you saw from the model that I showed you from the ground up. You are assuming that you have an agenda, you know what your agenda is. You know what you're going to measure and you know how you're going to get there.

What you don't know is what role the community can play to help you make that common agenda come alive and actually work for you in your community. So it is going to be your responsibility to really engage a diverse number of organization and community leaders to make this happen.

Typically we look for the low-hanging fruit. So if I am the Boys & Girls Club I tend to go for other youth-serving organizations just like me with the same kind of common agenda. I need for you to really think outside of the box. Who are all of the people that I need to be engaging in this conversation because I need to be looking at my grass tops. I need to be looking at my grassroots. I need to be looking at my young people.

Diverse organizations and community leaders and grassroots and young people need to be engaged in this conversation. And Anitra and Dionna might talk a little bit about the kinds of organizations that they've partnered with to really spread the word and do some engagement on this.

In short, authentic participation and shared decision-making. Again, building on that "I know what's best," top down kind of thinking, we tend to make decisions about who and how participation will be defined and what that would look like and how we make decisions.

We really need to move towards a model in which the community truly feels engaged and empowered to make decisions and therefore we need to be willing to share some of the decision-making. It's cumbersome. It takes a little bit more time.

It takes a lot more coordination but in the end when people feel like "you asked me what I thought and you tried to make some of my thinking about this issue a part of your common agenda or you readjusted your agenda to think through what my concerns are," there is a greater likelihood that we will get to normalization and that this will be the way we transform conversations on this issue.

So it's really going to be important that whoever you invite to the table you are truly willing to share decision-making with them to ask them what they think and then to really listen to what they think and implement some of their ideas where possible.

Meaningful and productive roles for young people. I cannot begin to stress the criticality of making sure that young people really have an important role in how and who you engage in who becomes legitimate experts in how conversations are transformed and in how we normalize programs.

Both Dionna and Anitra are going to talk a little bit about how they use young people to develop innovative and creative apps and branding and events and media blitzes to highlight why this was such an important issue for their respective organizations to engage the community on.

But this has to be again - going back to the last slide - an authentic partnership in which the rights of young people are really respected, their opinions are solicited and respected, the way they think is solicited and tried to be understood and respected and included in the way in which you reach out to the community on this issue.

Conducting a needs assessment. Using tools like a root cause analysis that we've used on our current CDC projects can really help you to assess the social determinants of teen pregnancy and how they impact young people's lives and to highlight the key areas on which the community must focus its mobilization efforts.

So if the dropout rate in a specific ZIP code is a serious problem it means that your engagement strategy needs to really focus on schools getting grass top

administrative in the conversation, getting grassroots meaning teachers in the conversation, and of course getting students in the conversation.

It means that EBIs in schools might become an important part of the strategy that you have in your common agenda to get to your common agenda. But you really need to use your root cause analysis or whatever kinds of needs assessment you choose to do to really help you guide and drive the way you engage and legitimize and transform and normalize this conversation in your community.

And the last strategy is education. Again, another one of these things that I can't stress enough. There are so many myths and misinformation about teen pregnancy and contraception. Some of it fueled by all kinds of very complex dynamics in our community that may have to do with race and politics and old fears and gender and etcetera, etcetera. We could go on and on about all of where this stuff happens.

Education, creating a fact-based media campaign, creating ways in which people can access the reality of what is happening in their community is going to be critical. Don't assume that anybody from the grass tops to the young people in your community know all of the facts.

Make sure that you are committed to continuing to identify which pockets of deficits are or pockets of people that need more services or pockets of people that are underserved for whatever reason. Make sure that you are really targeted your educational campaign to a wide range of stakeholders.

So if you're talking to a funder he wants - he or she wants - a different kind of sets of data points to make it a viable decision for him to fund a teen

pregnancy prevention activity. If you're talking to a parent, they want to know very different things. What kind of information do I need to provide to them?

If you're talking to a young person, what appeals to young people in terms of education? What are the best ways to educate young people on this issue? So you really have to be thinking about a strategy that is multi-pronged that is diverse and that can really go across different sectors in your community.

So those are the five key strategies. I know you might have questions. What I'd like to do is just have you hold the questions for a little bit more. I would like to have some lessons now from Dionna so we can hear from the grantees.

So lessons from the field, mobilizing your village for the success of your TPP initiatives, Dionna is going to talk a little bit more about her work in the Bronx, her successes, some of the work that her youth leaders did, some of their challenges and what they wish they could have done earlier or should have done earlier in terms of mobilization and how all of that has led to sustainability and what that means in the Bronx. Dionna?

Dionna Walters: Yes, good afternoon. Good afternoon grantees and congratulations. I'm Dionna Walters. I'm the project direction for Bronx Teens Connection. We are ending our CDC OAH community-wide teen pregnancy prevention initiative and we're actually moving into this OAH initiative, the replicating evidence-based programs for communities in highest need.

So we'll be working with you all and I look forward to meeting you all over the next few years. So we developed our community action team and our youth leadership team - actually all of our community engagement activities - as an outgrowth of this community-wide model.

We initiated our community action team and youth leadership teams both in 2011. So those are both still very active bodies within our current project model and we do plan to sustain both of those groups in this next iteration of the teen pregnancy prevention work.

We also convene a core Partner Leadership Team, which is comprised of several key city-wide agency and city-wide clinic provider partners that we work closely with to not only implement this community-wide model but also to think about expansion of the different elements and components of this work.

So I am here to talk about some of our successes, challenges and lessons learned from our community engagement work. So I'm going to start with our successes.

Again, we convened or organized and continue to convene our community engagements group, specifically our Community Action Team and Youth Leadership Teams on a monthly basis.

Our Youth Leadership Team is actually convened every other week. So they meet twice a week. Our Community Action Team meets once a month. I'm sorry; they meet twice a month. Our Community Action Team meets once a month. And our core Partner Leadership Team meets twice per year.

Some of our key successes with regard to community engagement, mobilization; our Community Action Team decided to - we undertook a root cause analysis in 2011 as the group convened.

And as an outgrowth of that exercise, the group decided that one of the key barriers to the issues around teen pregnancy prevention in the South Bronx is

simply the lack of knowledge that teens in New York City can receive - can get contraception and reproductive services without parental or parent - parental consent or from permission from their boyfriends, girlfriends, friends or otherwise.

So our Community Action Team thought that it was very important for community residents and young people to know that. So over the last few years they've undertaken an initiative to make presentations to several of their community partners.

Our Community Action Team is comprised of several community-based organizations with youth focus. So those are programs that deal with after school programs, foster care, homeless services and just youth development in general.

And we also have several local clinics that may or may not be partners of Bronx teams' connection but who are still very much interested and invested in teen pregnancy and youth development.

So through their individual organizational partnerships our Community Action Team has as of the end of June - as of the end of June because they're still doing education. We've been able to reach 4500 youths and adults throughout the South Bronx. And these are presentations at schools, at community events and at other gatherings where there may be a lot of young people or parents of young people that may be attending.

Another key success again is the development and sustainability of our Youth Leadership Team. That group came together again in 2011 as we began to implement the community-wide model.

And since that time we've been able to maintain an average of 14 youth participants. So pretty much they attend at least - about 9 to 11 of our youths have attended at least 75% of the meetings. So we're very glad that we have a very active Youth Leadership Team. And I'll discuss some of their achievements in the next section, the power of youth leaders.

And then also we - both of our groups worked very closely with Bronx teens connection staff to develop two public awareness campaigns to raise awareness around dual protection, which is condoms and hormonal birth control as well as parent team communication, which we've deemed Your Talk. The campaign's name is Your Talk.

Both of the campaigns were developed with deliberate processes for obtaining feedback from our Community Action Team, our Youth Leadership Team, the community residents as well as our target audiences. We held several focus groups throughout the South Bronx and even in New York City to make sure that our messaging and our images were resonate with not just the target audiences but were - would be received well by all New York City residents.

With regard to our - the power of our youth leaders, our (YOC) again has been very active through - since the beginning of the group in 2011. And some of the key successes include the development of a photo voice project through a root cause analysis exercise that I led the Youth Leadership Team in along with our community partner coordinators.

We were able to discuss with those teens the issues and the areas where they felt needed more attention and awareness. So what they did was create a photo voice project where each YL team member went around the neighborhood and took pictures of advertisements or pulled pictures from online that really

spoke to teens and presented a lot of times contradictory messages around sex and sexuality.

That was a photo voice project that not only our Youth Leadership Team presented at our first annual conference in February 2013, they were also invited by the Bronx Borough President to present at his conference on health issues and adolescence in April of 2013.

So they were able to get some traction and some attention with that project. And we're very happy to uphold that. And that also gives us context of how we need to make sure that our messaging and our images resonate again with them and are appropriate and are very clear and concise about what their next steps are or should be around education and securing services.

Our Youth Leadership Team also presented at subsequent annual conferences. At our annual conference in 2014 they did a Family Feud style game show type presentation on youth culture and some of the key terms and phrases and terminology that the young people use these days.

And that was so successful they actually presented it to the entire staff at the Bronx District Public Health Office and a lot of us here agreed that it was very enlightening and again, we should be paying more attention to youth culture and how that affects how we deliver services.

Our Youth Leadership Team also presented at our annual conference this past May on religion and youth and sexuality. And we got very positive feedback from that.

Our YL Team members also participate regularly in our core Partner Leadership Team meetings and our Community Action Team meetings. And a

couple of our key YL Team members also participated in our sustainability planning team back in 2013, which created the foundation by which this project will be continuing with this OAH funding moving forward.

And finally, we made sure that our Youth Leadership Team members were present at the - well first of all, our Youth Leadership Team was very, very, very, very vital in the development of the New York City Health Department's teens and in (YC) app.

They helped with the design and the usability and the app testing processes. And then also they helped develop some of our marketing materials and our YL Team members were present at the actual commissioner's launch in May 2013 and was interviewed by the New York Post among other local media outlets.

Some of our biggest challenges with mobilization is really just making sure that our Youth Leadership Team members are actively contributing. One of the key foundations - one of the key takeaway points actually from the earliest years of this CDC OAH grant that advocates for youths shared with us is to make sure that we don't tokenize our leaders - our youth leaders.

We don't want to have them sitting at the table just to say that we have a young person at the table or for a great photo op on behalf of the Health Department or this project.

We really want to engage them and to be active, productive members of this team. So we work very hard to make sure that they receive the training and the support from (BXTC) staff to make sure that they're truly maximizing their leadership potential and all of these crazy adult situations that we might put

them in. But, you know, again, we feel that their voice and their opinion and their contextual viewpoints are very important to our project.

Another thing is to make sure that we creatively showcase our accomplishments and achievements other than just in a feel good way. We need to really substantially show and prove that our Youth Leadership Team members are a vital part of community health organizing and programming.

One of the challenges that we had is that we've - the Youth Leadership Team was not the first but one of the first major youth engagement activities. There was a pre-date - there was a Youth Advisory Board that pre-dates the Youth Leadership Team by a couple of years.

So we've been able to use those best practices and lessons learned. But now as we move into the next iteration of this work, we want to make sure that there is not just that - our Youth Leadership Team is a vital strategy but it's also has to be part of the overall fabric of how at least the New York City Health Department engages communities around health issues.

And then also we're realizing that parents have a lot to say about sex Ed and their children. But we need to find a way to better engage them. One theme that comes up over and over and over again throughout the year is how to best engage parents in this work.

We certainly do not want to leave them out of the conversation. Again, their input and their views are very, very, very vital to the success of these initiatives. But we just have to find a better way to engage them. And that's something we'll be actively working on.

So finally again, we are one of your fellow grantees moving on in the next five years. So we've been able to not only sustain our Bronx Community Action Team and Youth Leadership Team but we're also looking to expand into our new target areas of Brooklyn - North and Central Brooklyn and the North Shore of Staten Island.

So we are looking forward to getting that process up and going. And then we're also looking to gain the support from other public - other public city agencies including our Department of Education as well as our Administration for Children's Services that run our foster care agencies in the city as well as other bureaus and divisions within the Health Department to make sure that we really can develop some mobilization indicators and truly strategize how we can maximize our mobilization efforts to not just reach the different pockets of our target areas but really New York City as a whole.

So that is it. In the interest of time I will turn it over to Suzette or Anitra.

Dr. Suzette Brann: Good. Thank you. Thank you so much Dionna.

Dionna Walters: Thank you.

Dr. Suzette Brann: Anitra.

Anitra Henderson: Yes. Good afternoon. Thank you so much for having me. Congratulations as Dionna said, to these new grantees. And I know you will do wonderful work.

I want to tell you a little bit about Mobile County, Alabama so I can kind of set the tone of the work that we've done. In Mobile County we have about 404,000 residents. In 2010 Mobile County had the highest teen pregnancy rate

in the State of Alabama. And at that time Alabama was the ninth highest state in teen pregnancies.

And then in a 2010 study done by the University of Alabama what we found in Mobile County, specifically in the target zip codes that we were working in, Mobile County young control were highly enabled and not engaged, which basically means that they lived for the day. Their critical thinking skills were very low. Had a very low literacy rate. And they had very poor attendance in school.

And so when we came onto the project, we used the first year for assessing who needed to be on our community mobilizing teens. After that then we went through the root cause analysis process not only with our staff but also key people in the community, which included pastors, school officials, business leaders. Everyone was at the table to talk about what are the root causes of teen pregnancy.

And some of the things that came out of that were definitely that we needed to focus because this five-year project was so huge, we really needed to focus on key issues to actually move the needle in reducing pregnancy by (10)%.

So out of that some of the successes that we had we built a true community-wide team. We had, as I said, pastors. We had administrators from the district who really weren't interested at that time but they knew they had to be at the table because we had county commissioners there.

We actually had the lady in the neighborhood who sold the candy at the school. She was on our team. Just a different kind of community mobilization team because what our community was used to is if it's a health problem, then we'll just have health officials there and youth serving organizations.

And so we wanted this to be a true commitment to a cultural shift; a true change in the way that we think about teen pregnancy prevention. And the first things that we hit them with were the facts that it wasn't just a health issue. It was a workforce development issue. So we got the business community there. It was an economic development issue as well as an educational issue.

And so that is how we got our school districts very influencing in making the shift and changing how we put (unintelligible) school because our buzzwords in Mobile County and probably in any other area is workforce development. Getting our kids ready for the workforce.

And so we gave them the facts of teen pregnancy prevention and how that influences the workforce. And one of the things that our project was very serious about is that this was a youth driven project.

And so the youth were on our core Partner Leadership Team, which was our (grass) top teams and our Community Action Team, which was our grass roots team.

And so their voice was at every decision that we made. And they wanted to be empowered. And from those conversations we did understand that they felt like going into a (teen) clinic made them feel a little uneasy and then going into a clinic where there's all adults, that made them feel uneasy.

And so out of that another success was that we did put together an adolescent only health clinic and one of our clinics Mobile County and it is up and running and very vibrant and successful. And that came from our youth.

As I cannot say enough, this definitely was a youth driven process. And the way that we made it clear to our community mobilizing partners is that we are as in bowling the bumper guards on the side and we're making sure that the kids are driving the process because it's about them. We wanted a shared accountability between the two populations.

And when we started with our Youth Leadership Team we had eight very nice children that were all health employees' children. And so what we really wanted was something different. And so in our root cause analysis process when we decided that we were going to focus on males, we decided to go after some male serving organizations.

And they put together a statement for us. And all we did was give them the place and the date and the time. And we got the males from that youth serving organization to actually hand out information just how to start the conversation because they weren't a part of our Youth Leadership Team at that time.

But we could give them information to tell them how to start the conversation and how to refer them back to our Web site. And those young men for a Sunday night at 4 o'clock got almost 700 young people to come to the (skate) night of which they could very seriously - they talked to these young people and were very engaged in the process.

So engaged that out of the 80 young men who were a part of the male (bettering) organization, we received 16 of them to go on Youth Leadership Teams. And that number grew because they felt that this Youth Leadership Team was doing more than just being tokens.

They were deciding who was going to sit at the table for our core partner leadership. They were actually getting involved saying well I know the person over student services. I know his son. Let me put him on the Youth Leadership Team so he can talk to his dad about actually getting (unintelligible) in our high school.

And so our Youth Leadership Team from 2012 went from eight to 32. And of which we're about to recruit new Youth Leadership Team members and we have over 76 applications. So we're very, very proud of your youths that went from highly enabled to super engaged over this process.

The kids also erected that they wanted to have on campus Youth Leadership Teams that were (clubs). And so in the two largest high schools in Mobile County we do have two on campus high school teams. And we're very proud of those teams who have interviewed now - as of this week interviewed their teams for next year.

As I said, we - our youths have taken this process and gone above and beyond. We had our youths do condom drop in barbershops during the prom time. They've worked on dating violence issues. And from that we've had people from our domestic violence coalition to join our coalition.

We have barbers and stylists who have joined on to our Community Action Team from that. We've also done a lot of work with your chamber, the Mobile Chamber that have now made us very accountable.

Any time that we see them they ask us about the teen pregnancy (unintelligible) in high schools, which got us to actually put together what's called a high school program - a high school model where we talk all of the services that are available in the community and bring them into the high

schools so the kids don't have to leave school and the attendance level drops and they actually have the opportunity to have transportation from the schools to the clinics and back to the schools because we know that attendance is good for them to be at school to learn to make sure that they're actually going into the workforce ready to work and ready to thrive.

We have also had our challenges. We can advance the slide. One of the biggest challenges is that it took a very, very long time for our community based organizations to actually build their capacity.

We found out that many of our community based organizations that their views are proactive and not - or excuse me, reactive and not proactive. And so it took us a lot of time to build their capacity to work with our youth building relationships with the schools that do take (unintelligible) process. And then engaging our faith based community. In year five we have actually a strong faith community. But we started on that process in year one.

For sustainability we identified the local funders who were interested in leading the project on our community action and community core Partner Leadership Team, excuse me.

We always made sure that we had people from policy, programs and funding to ensure that they heard the issues and they were on the forefront of what we were doing. And from that what we've had now is that one of our funders is actually going to fund our project for the next two to three years.

And so we have made a lot of great strides in Mobile County and we're still working to make more. And I'll turn it back over to Suzette.

Dr. Suzette Brann: Thank you so much Anitra. I know this is kind of short because we have so much more we can tell you about mobilization. But do we have any questions? Can we take some questions please?

Coordinator: At this time if you would like to ask a question, please press star 1. You will be prompted to record your name. To withdraw your question you may press star 2. Once again, if you would like to ask a question at this time, please press star 1.

Woman: And just a reminder to everybody, you can also submit questions to the Q&A function on the Webinar if you'd like to submit any questions that way as well.

Man: All right. Looks like we have a question from (Stan Martin). Your line is open.

(Stan Martin): Thank you everyone for the wonderful presentation. I have a question for the last presenter. I was just wondering if you can elaborate on any incentives that you utilized for your Community Action Team as well as the Youth Leadership Team if there was any incentives or resources utilized to keep people engaged in that (detail). Thank you.

Dionna Walters: This is Dionna. I can start. Can you hear me?

(Stan Martin): Yes.

Dionna Walters: Okay. Great. So with regard to our Youth Leadership Team, we did carve out an incentive structure. Our Youth Leadership Team is technically employed by the Fund for Public Health in New York.

And we did that to make sure that it would be easy to pay them a cash incentive. What we do is we provide about \$125 a month to each Youth Leadership Team member provided that they attend both meetings in the month. So, you know, again they're every other Friday. And also any additional required YLT activities.

So, you know, if there's a focus group or the development of a presentation or some kind of other deliverable that's already within our work plan, we'll - that counts toward the qualification to get their monthly incentive.

If they go above and beyond, if we have additional activities either within our project or even within our District Public Health Office or even the agency in general, we usually provide some kind of gift card incentive as well - as well as a round trip public transportation. Here in New York there are metro cards for now. But it would be the equivalent of subway or bus fare round trip.

With regards to our Community Action Team we thought about and played around with the idea over the years of providing a cash incentive. We didn't do that in this last iteration.

But what we did is made sure that we connected them with as much training and technical assistance around fundraising, messaging, storytelling, controversy management and as well as just keeping them abreast of any other professional development or training activities that are going around, you know, going on in the city or specifically through the Health Department.

What we found as we were getting ready to sustain this program through this OAH grant is that while, you know, again that question about the cash incentive for the Community Action Team is still up in the air.

What they did affirm is that all of the training and resources and printed materials and marketing materials that we provided to them was definitely helpful in making sure that they can connect with the community and mobilize around teen pregnancy prevention.

So it's kind of a give and take. Youth leadership cash is very important. Community engagement, the training, resources and technical assistance is very important. And cash is to be determined.

(Stan Martin): Thank you.

Dionna Walters: Sure.

Anitra Henderson: For Mobile we did not - the Health Department could not give cash incentives to our youth. We did not give incentives. The children were engaged just by the work itself. They still stay very engaged with it because it's not a hierarchy. There's no president and vice president and treasurer. They work in groups to go out into the community and they enjoy it.

We do give them community service hours for schools work because Mobile County Public Schools does require a lot of the students to do community service work and the other organizations that they're in they requirement them to have community service work as well. But we do not give our kids any incentives.

As of the Community Mobilization Team just like Dionna our technical assistance and training as well as helping them formulize the data into grant making opportunities for them. We work heavily with them to make sure that they can do those (tactics and such).

(Stan Martin): Thank you as well.

Dr. Suzette Brann: Thank you. Any other questions?

So we do have a question online about budgeting for the activities. So it sounds like community mobilization sort of is a very big piece of what needs to be done especially as the OAH grantees have other activities that they need to engage in as well.

So how would you - what recommendations would you make for creating a budget just for the Community Mobilization Team?

Dr. Suzette Brann: Anitra, Dionna, do you want to do that?

Dionna Walters: I can jump in. Really quickly one thing I think first and foremost is to find as many in kind resources as possible especially around training. And I say that as a somewhat spoiled New Yorker with a lot of resources in training outfits in the area or at least easily accessible to us.

So that, you know, obviously that capacity is going to vary depending on where each of you all are. But if there are resources - training resources especially around fundraising and sustainability and some of that I guess organizational development work depending on how the governance of your group is going to go, I'd strongly advise looking into some in kind resources.

Your local health department, if you are not in the health department as well as any academic institutions, big non-profits, local foundations; certainly tap into those resources to get as much free stuff as possible. If not free, then low cost.

And then again also just to reiterate, figuring out exactly what your incentive structure is going to be for the Youth Leadership Team. We're in New York City so \$125 is very attractive to our Youth Leadership Team members. Again, your different locations are going to vary. And different incentive structures may vary too.

You may find that your Youth Leadership Team members may want gift cards instead of cash because there are definitely some challenges with paying teens a paycheck as well. That's a whole other Webinar.

But I would say definitely make sure that, you know, your incentive structure is set up. Probably the first thing you do after your regular full-time personnel. And again, explore an incentive structure with your Community Action Team at least in your first planning year. And then plan for the subsequent years accordingly.

Dr. Suzette Brann: Thank you Dionna.

Dionna Walters: Sure.

Dr. Suzette Brann: Do we have any other questions before we close?

Coordinator: Yes. We have a question from (Andrea Martinino). Your line is open.

(Andrea Martinino): Hello. Our question was in regards to recruitment for the youth council in particular. I know that a representative from Mobile County, Alabama spoke about having identifying youths who I believe parents were health employees. But if anybody else has other best practices when it comes to recruiting for youth councils.

Dionna Walters: This is Dionna again. One thing that we deliberately did as we recruited for our Youth Leadership Team is we didn't go for the superstar, the popular teens. You know, obviously if they wanted to participate and to apply, you know, we certainly didn't, you know, dissuade them from doing so.

But we really placed a premium on finding those youths who, you know, may not have been the superstars as a standout among their peers but they were definitely dedicated and very passionate about the work that we're doing.

So you may not always find the cream of the crop but at the same time if you go a bit deeper you're going to definitely find some teens who are just waiting for the opportunity to share and explore their gift in a productive way.

Anitra Henderson: Okay. This is Anitra. And so let me clarify. The way that we recruited most of our students is that we went out to a male serving organization like the Mobile (unintelligible), which is an affiliate of one of the alumni fraternities because we knew if we recruited some of their young men from a party that they do that we would ultimately be able to be in front of hundreds of young teens that would think that the (unintelligible) team brand -- that was our brand -- was credible in young people's eyes.

And so I would go out to other youth serving organizations and ask them to help you recruit.

(Andrea Martinino): Thank you.

Dr. Suzette Brann: Thank you. And other organizations - other grantees had application processes in which young people who asked applied. They were interviewed and then they were selected. In some cases interviewed not only by the grantee team

but also by other young people to see if they were the kind of person that they wanted to have on their team.

So there were a variety of different ways that we engaged young people to be on the Youth Leadership Team. And it ran the gamut. So it's not just about activities like (skate) night and other things that Anita and they talked about there. There were a number of other ways that we recruited young people.

Okay. I think we are at 3:27. Do we have any more questions before I just close with a few parting thoughts? No? Okay. The one thing that I do want to leave you with about this conversation around mobilization is that teen pregnancy is such a complex issue that we are not going to solve this issue one grantee at a time in (a state).

So it is going to be really, really critical for all of you to continue to build upon the strategic alliances that you already have. Make sure that your partnerships are collaborative and really geared towards coalition building, educating your communities and make sure that you are transforming conversations one person, one sector at a time. Thank you so much everyone.

Woman: Thank you.

Jaclyn Ruiz: Thank you. And just before everybody leaves, we just want to share with everybody some of the resources that were mentioned during today's call. You'll see on the slide the Strategies Guided by Best Practice for Community Mobilization. That's also available as a handout using that handy dandy icon I had mentioned earlier.

Some of the items that Suzette mentioned about sort of understanding the complex nature of teen pregnancy prevention; we have a Webinar that we did

a few months ago on (unintelligible) risk behaviors that talks about doing a root cause analysis that might be very applicable to this. And then of course we have our Sustainability Resource Guide.

Please before you - if you guys can all just take maybe just one minute. We're about to put up our feedback form. You can fill out this form right on the actual screen in front of you. We know there's a lot of information covered today. And Suzette, Dionna and Anitra did as best they could to shove all this stuff that they have learned in the last five years into an hour and a half.

So we use the feedback form to inform us of future training. I heard a lot of questions about engaging and recruiting members for a Youth Advisory Team.

So if there is more information you'd like to know about this particular topic or any topic that is an expectation of your grant especially in the future, please utilize this form and let us know. This is really going to help us inform not only future Webinars but also those regional trainings we have mentioned. So please take advantage.

And then just as a note, next month we're having a Webinar on getting to (outcomes), which if you are a newly funded OAH grantee, that should be all up in your mind right now as well as community mobilization as well as a lot of these topics that are going to be coming up. So please look out for the OAH grantee (guidance) and we will have the information about that Webinar in that email.

I want to thank again Suzette, Anitra and Dionna. I know we had some technical difficulties at the beginning of this Webinar and I'm thankful that

you guys just sort of bared with us and got through it because there was a lot of great information shared.

Thank you again. And we will see you next month.

Woman: All right. Thank you.

Woman: Thank you.

Coordinator: This now concludes today's conference. You may disconnect at this time.

END