

# Step 1 Needs & Resources

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**Focus question**

What underlying needs and resources must be assessed to prevent teen pregnancy in your community?

**Step 1 Needs & Resources** Assessment lies at the core of a fully informed plan for an effective program. It is a systematic method for detecting conditions in your community that underlie the need for a program and for identifying assets that could contribute to its success. Thus, the **needs and resources assessment**<sup>1</sup> is key to making good decisions about what to accomplish and how to accomplish it. A critical first step in shaping the design of the program(s), the assessment helps you identify three types of factors in your community:

- Most prevalent risk and protective factors
- Factors most likely to change as a result of an intervention
- Factors your community has the greatest capacity to change

Among the resources that an assessment reveals are the community's image of itself, its goals, and its readiness to implement and sustain a successful program. The assessment also locates other groups whose activities may overlap yours and who may be willing and able to leverage funding, contacts, workforce, and effort.



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#### Take note

In **Emerging Answers**, Dr. Kirby concluded “No program could or should try to address all of these **antecedents** [of teen pregnancy]; yet at the same time, effective [prevention] programs are more likely to focus intentionally on several of them in a clear, purposeful way.”

## Materials

- Step 1 tools: **Data Catalog**, **Resource Assessment**, and **Priority Needs Filter**
- Known sources of local or regional demographic, risk behavior, and resource data
- Extra copies as needed of the tip sheets, **Important Behaviors and Determinants Addressed in EBPs** (p. 1-9), **Determinants** (p. 1-10), and **Existing Data Sources/Resources** (p. 1-18)
- Internet access as needed

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<sup>1</sup> Terms defined in the glossary located at the end of the Introduction, display in **bold face** the first time they appear in the text.



## Step 1 Checklist

Upon completing Step 1, your organization will have performed the *tasks* necessary to assess needs and resources in your community and develop a **Data Catalog**.

- Set up a diverse assessment group to collect, analyze, and interpret the data.
- Develop a data catalog listing existing and needed data sources.
- Identify current, community-specific information on teen pregnancy outcomes (e.g. teen births, abortions), teen behaviors (e.g., sexual activity) and risk and protective factors (youth assets) specific to your community.
- Collect or gain access to the necessary data.
- Analyze the data to identify the critical populations, behaviors, risk and protective factors connected to teen pregnancy specific to your community.
- Identify the **priority population** you intend to serve.
- Assess resources that are available to help address teen pregnancy issues.
- Prioritize factors to address from assessment data.
- Use Step 1 tools to review your work.



### FYN Tackles Step 1

The Fayetteville Youth Network (FYN) promotes positive youth development and provides substance abuse services. Staff members noticed, however, that a growing number of teens in the program were getting pregnant. They were concerned about effects of these pregnancies, and they decided to investigate more closely. They thought they might need to add a teen pregnancy prevention component to the current youth program. The staff formed a working group to take a closer look at the problem and plan how to address it. The group completed Step 1 in three parts.

- The state health department provided results from a survey of middle and high school students' sexual behavior and data on pregnancies in each

Fayetteville ZIP code, so the group could see where the majority of teen pregnancies were concentrated.

- They surveyed middle and high school students to assess sexual behavior and related **determinants** (e.g., knowledge and attitudes about sexuality, **STIs**, and condom use).
- They conducted focus groups with school staff members to get their perspectives on risk factors facing youth in school.
- They looked at literacy and school achievement data and decided that traditional health education messages would not be a good fit.

With these data, FYN identified the priority population: middle school-aged youth in ZIP code 98765. While the data showed that teen pregnancy rates were increasing for students of all ages, they noticed that the greatest rate of increase was among older middle school youth. Other data, such as truancy, disciplinary actions, and school failure rates, showed that 8<sup>th</sup> graders seemed to be having trouble during early adolescence. FYN decided to establish a program focusing on teen pregnancy prevention among 8<sup>th</sup> graders with the following goals: delaying and reducing sexual activity and increasing correct and consistent condom use among sexually active youth.

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## Reasons for assessing needs & resources

Even if you performed an assessment of your community in the past, changing needs and shifting resources make it essential that you complete regular assessments before, during, and after implementation. Working through this step helps clarify outcomes and ensures that you select the right strategies and identify the right group to serve. Though resources and time typically limit the assessment scope, you can conduct an economical and useful examination of community factors within three months, which will contribute to effective programming in youth pregnancy and sexual risk behavior reduction. Collection tasks in Step 1 provide information that will inform many decisions:

**Locate places** (ZIP codes, census tracts) where teen pregnancy and sexual risk behaviors are common.

**Identify risk and protective factors** most closely associated with teen pregnancy and sexual risk behaviors.

**Learn about needs** - those you already suspect, and new ones.

**Identify groups with needs** for insight into prospective participants.

**Assess community resources** currently working to reduce youth pregnancy or sexual risk behavior. They can help or hinder efforts to reduce problems or protect individuals from the risks that contribute to them.

**Obtain baseline data** that can be monitored over time. These data can be useful in shaping the services that you provide and the outcomes that you design and then measure.

**Gather support from stakeholders** and assess the readiness of the community to act and address the issues you identify.



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### Key Points

**Changing needs and resources** necessitate an up-to-date assessment.

**Effective assessments** can be limited and affordable.

**Data about prospective participants** inform selection of EBPs.

**Community resources**, including programs, can affect success.

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## Information to get you started

Needs and resources assessments commonly begin with the broad assumption that you are examining the entire community to identify problems that you need to solve. Focusing on one overarching **health goal**—such as preventing teen pregnancy—keeps the mission doable. Four behaviors are associated with teen pregnancy prevention; Step 1 helps you see specific ways your community and potential participants display these behaviors. Knowing them will help you choose specific goals and **desired outcomes** for your programming.



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### It's a fact

Four behaviors influence teen pregnancy prevention:

1. Delayed initiation of sex (abstinence)
  2. Reduced frequency of sex (or return to abstinence)
  3. Consistent contraception use
  4. Consistent condom use
- 

The risk and protective factors leading to these four behaviors are called **determinants**. Factors vary depending on individual community characteristics, and they exert influence in different combinations. Successful programs increase and strengthen multiple protective factors as they strive to reduce risk factors. Therefore, understanding the particular risk and protective factors that influence teen pregnancy in your community will help you formulate and strengthen approaches. Equally important is detecting determinants that you can influence.



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### Take note

Groups need to focus on two primary community issues:

- Factors that influence teen decisions about sex
- Factors that can be changed

## Knowledge, attitudes, skills & behaviors

Evidence-based teen pregnancy prevention programs (EBPs) commonly focus on achieving progress in 11 specific determinants of the protective (not risk) factor variety. The 11 protective determinants are a subset of a much larger inventory of risk and protective factors associated with youth sexual behavior. These

determinants involve a combination of knowledge, attitudes, skills, and behaviors, which youths derive from their environments.



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### It's a fact

Evidence-based teen pregnancy prevention programs (EBPs) typically address 11 protective determinants.

1. Knowledge, including knowledge of sexual issues, HIV, other STIs, and pregnancy (including effective methods of prevention)
  2. Perception of HIV risk
  3. Personal values about sex and abstinence
  4. Attitudes toward condoms (pro and con)
  5. Perception of peer norms and behavior about sex
  6. Individual ability to refuse sex and to use condoms
  7. Intent to abstain from sex, restrict it, or limit number of partners
  8. Communication with parents or other adults about sex, condoms, and contraception
  9. Individual ability to avoid HIV/STI risk and risk behaviors
  10. Avoidance of places and situations that might lead to sex
  11. Intent to use a condom
- 

We know how difficult—in some cases outside of your scope—it can be to change the environmental factors (e.g., unemployment rates, education attainment rates). Still, knowledge lets you better understand the context of your program. Understanding the context of known determinants in combination with the data you gather in the course of this step can help you brainstorm, sort through issues, and plan your data-gathering strategy.



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### Online

**Sexual Risk and Protective Factors** is available from the National Campaign to Prevent Teen and Unplanned Pregnancy:  
[www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective\\_factors\\_full.pdf](http://www.thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf)

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Curriculum incorporated into EBPs is founded on evidence that aiming for improvement in any of the 11 main protective determinants increases the likelihood of success; that is, reducing sexual risk-taking among teens. The programs, therefore, recognize that important protective factors incorporate

characteristics of communities, families, friends, peers, romantic and sexual partners, and the youth themselves. They also include ongoing relationships between youth and other individuals and organizations.



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### Tip sheets ahead

**Important Behaviors and Determinants Addressed in EBPs** collects the two lists on an easily copied reference sheet.

**Determinants** summarizes important risk and protective factors related to adolescent sexual behavior, use of condoms and contraception, HIV and other STIs, and pregnancy.

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## Important Behaviors and Determinants Addressed in EBPs

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This guide addresses these four behaviors associated with teen pregnancy prevention and 11 protective determinants that EBPs commonly aim to achieve.

### Behaviors Associated with Pregnancy Prevention

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- |   |  |
|---|--|
| 1 | Delayed initiation of sex (abstinence)             |
| 2 | Reduced frequency of sex (or return to abstinence) |
| 3 | Consistent contraception use                       |
| 4 | Consistent condom use                              |

### Protective Determinants for which EBPs Commonly Strive

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- |    |   |
|----|---|
| 1  | Knowledge, including knowledge of sexual issues, HIV, other STIs, and pregnancy (including methods of prevention) |
| 2  | Perception of HIV risk  |
| 3  | Personal values about sex and abstinence  |
| 4  | Attitudes toward condoms (pro and con)  |
| 5  | Perception of peer norms and behavior about sex   |
| 6  | Individual ability to refuse sex and to use condoms   |
| 7  | Intent to abstain from sex or to restrict it or to limit number of partners                                       |
| 8  | Communication with parents or other adults about sex, condoms, and contraception                                  |
| 9  | Individual ability to avoid HIV and other STI risk and other risk behaviors                                       |
| 10 | Avoidance of places and situations that might lead to sex   |
| 11 | Intent to use a condom  |



## Determinants

The risk and protective factors in these tables—limited to factors supported by strong and consistent evidence—can affect adolescent sexual behavior, use of condoms and contraception, pregnancy, and incidence of *STIs/STDs*.

**Legend:** + denotes a protective factor; – denotes a risk factor; +/- denotes a factor that can sometimes act as a protective factor and sometimes as a risk factor.

### Environmental Factors

Community	Family
<b>Romantic partner characteristics</b>	<b>Family Structure</b>
– Having a romantic or sexual partner who is older	+ Living with two biological parents (vs. one parent or a step parent)
+ Partner support for condom and contraceptive use	– Family disruption (e.g., divorce or separation)
<b>Foreign born</b>	<b>Educational Level</b>
+ Higher percent foreign born	+ Higher level of parental education
<b>Peer age</b>	<b>Substance abuse</b>
– Older age of peer group and close friends	– Household substance abuse (alcohol or drugs)
<b>Peer attitudes and behavior</b>	<b>Family attitudes about and modeling of sexual risk-taking and early childbearing</b>
– Peer alcohol use, drug use, and other high risk behavior	– Mother’s early age at first birth
– Peer pro-childbearing attitudes or behavior	– Older sibling’s early sexual behavior and early age of first birth
– Peer permissive values about sex	+ Parental disapproval of premarital sex or teen sex
– Sexually active peers	+ Parental acceptance and support of contraceptive use if sexually active
+ Positive peer norms or support for condom or contraceptive use	<b>Positive family dynamics and attachment</b>
+ Peer use of condoms	+ Higher quality family interactions, connectedness and relationship satisfaction
<b>Community disorganization</b>	+ Greater parental supervision and monitoring
– Greater community social disorganization (e.g., violence, hunger & substance use)	– Physical abuse and general maltreatment
	<b>Communication about sex and contraception</b>
	+ Greater parent/child communication about sex and condoms or contraception especially before youth initiates sex

## Teen Individual Factors

Biological Factors	Sexual Beliefs, Attitudes and Skills
+/- Being male	- Has permissive attitudes toward premarital sex
+/- Older age	- Feels guilt about possibly having sex
+ Older age at physical maturity/ menarche	- Perceives more personal and social benefits (than costs) of having sex
Race/Ethnicity	+ Takes a virginity pledge
- Is Black (vs. white)	+ Believes male responsible for preventing pregnancy
- Is Hispanic vs. non-Hispanic white	+ Values partner appreciation for condom use
Attachment to and success in school	+ Believes that condoms don't reduce sexual pleasure
+ Connected to school	+ Has positive view of condoms and contraception
+ Higher academic performance	+ Exhibits self-efficacy to demand condom use
- Is behind in school or has school problems	+ Perceives more benefit, fewer costs and barriers to using condoms
+ High educational aspirations and plans for the future	+ Exhibits self-efficacy in using condoms / other contraception
Attachment to faith communities	+ Motivated to use condoms / other contraception
+ Having a religious affiliation	+ Intend to use condoms
+ More frequent religious attendance	+ Perceives negative consequences of pregnancy
Problem or risk-taking behaviors	+ Greater motivation to avoid pregnancy, HIV/STIs
- Alcohol use	Romantic relationships and past sexual behavior
- Drug use	- Dates more frequently
- Being part of a gang	- Going steady, having a close relationship
- Physical fighting and carrying weapons	- Ever kissed or necked
- Other problem behaviors or delinquency	+ Older age of first voluntary sex
Other behaviors	- Greater frequency of sex
- Work for pay more than 20 hours/week	- Has a new sexual relationship
+ Involvement in sports (females only)	- Greater number of sexual partners
Cognitive and personality traits	+ Discusses sexual risks with partner
+ Higher level of cognitive development	+ Discusses pregnancy & STI prevention with partner
+ Greater internal locus of control	+ Prior effective use of condoms or contraception
Emotional well-being and distress	- Prior pregnancy or birth
- Thoughts of suicide	- History of STD
	- History of prior sexual coercion or abuse
	- Exhibits same-sex attraction or behavior
	- Is married

Source: Kirby D, Lepore G, & Ryan J, "Sexual Risk and Protective Factors," (Scotts Valley, CA: Education • Training • Research, 2007). [http://thenationalcampaign.org/sites/default/files/resource-primary-download/protective\\_factors\\_full.pdf](http://thenationalcampaign.org/sites/default/files/resource-primary-download/protective_factors_full.pdf)

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## How to conduct a needs & resources assessment

Now that you understand why the needs and resources assessment is vital, it's time to roll up our sleeves. We've broken the process down to seven tasks:

1. Establish a work group
2. Determine data needed
3. Gather existing data
4. Collect new data
5. Assess community resources
6. Interpret and analyze the data
7. Use the data to finalize priority needs

The bulk of this chapter offers information about ways to achieve each objective. We employ our fictional Fayetteville Youth Network whenever we suggest using one of the tools for collecting the data.

### 1. Establish a work group

Set the stage for a robust process by establishing a small assessment committee or work group to help you collect information. There may even be an existing group you could use or expand. Also, consider seeking organizing assistance from your state or local coalition or health department if you need it. A few members to consider for the team are:

- Parents
- Teachers
- Adolescents

#### Stakeholders

- Data holders e.g. local health department
- Adults who work with youth

Three conditions will help establish productive attitudes and elicit reliable participation if you agree on at the outset.

**Designate a leader for the work group to keep the process moving.** The role can include facilitating meetings, defining responsibilities, and helping develop the **work plan**.

**Set a reasonable time limit.** Conducting a needs and resources assessment may take some time, but you don't want it to go on forever. Members are easier to recruit when they know the term of their commitment.



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### Note

We recommend taking around three months maximum for your assessments, depending on your needs. We also caution you not to get stuck in the needs assessment phase.

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**Make it easy to get going.** Start the work group off with some preliminary data. The tip sheet listing risk and protective factors can be coupled with data on teen pregnancy rates in your community and a profile of youth most at risk.

Consider collaborating with other organizations. Look for existing relationships between persons in your group and individuals and groups who you would like to work with or need data from whom you need to gather information. As mentioned earlier, you may find it easier to elicit enthusiastic effort if you assure them that the data and results will be available to them. Make certain that everyone in the work group and staff works from copies of the tools. It literally keeps everyone on the same page, and it encourages members from disparate groups to employ a common language. The tools also simplify data sharing with other stakeholders and the community.



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### Collaboration

**Buy-in now** from a diverse group strengthens later efforts.

**Look for existing relationships** between members and sources.

**Share** results with participants in exchange for their help.

**Give everyone in the group copies** of the tools that will be used.

**Use the tools** to report back.

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### Who saves everything?

Before you move on to gathering data, you need to assign someone the task of maintaining it. There may be a lot of data, and it may take many forms. The person who takes responsibility for compiling and tracking the various documents, spreadsheets, Internet addresses, and tools needs to be someone you can count on to keep it safe and organized in files or three-ring binders. You'll be counting on this person throughout every step of this process to show up on time with the information you need.

## 2. Determine data needed

Answering a few key questions will help you determine the types of data and information your work group needs.

*What do we want to know?*

*What factors contribute to teen pregnancy in our community?*

*Which of these factors can we change?*



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### Key point

You will most likely need to search for existing data and collect new data to get the complete picture that you will need to move forward.

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It may be useful to have your work group brainstorm a list to get the ball rolling. Ask them to suggest what they think would be helpful. We recommend that the list include gathering as much of the following information about your community as possible:

- Census figures and demographic information for a profile of the youth in your community
- Data for youth pregnancy and STI/HIV in one year (e.g., number of teen pregnancies, births, abortions, and new STI/HIV cases,)
- Prevalence of common behaviors and risk and protective factors (determinants) associated with teen pregnancy
- Cultural, community and social factors that may affect teen sexual behavior

- Number and characteristics of youth served by your program, clinic, or organization and/or youth you expect to reach in your community.
- Existing programs that target teen pregnancy issues
- Existing strengths and resources that could help reduce risk and increase protective factors
- Level of readiness to embrace your selected evidence-based teen pregnancy prevention intervention.



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### Tool

Find the **Data Catalog** tool and instructions for using it on the CDC Teen Pregnancy website. The fictional FYN example illustrates its use.

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Filling in the **Data Catalog** can help you manage your data sources and make sure that the research effort matches the scope of the work you plan to do in your targeted community. The more conscientious you are in gathering essential data, the more effective and accurate you'll be in designing and implementing programs and evaluations that meet the needs of those you wish to serve.

**Tie the specifics of the cataloged data to your key concerns.** Make sure you gather information relevant to the identified issues. This makes it easier to focus your efforts and more quickly narrow the results to identify priorities.

**Find creative ways to get the information you need.** You may need to negotiate with other agencies, organizations, or individuals for the data you want. If they're not a part of your work group, you'll want to elicit their participation.

**Be realistic.** Clearly define the information you're after, where it resides, who will get it, and when you'll be done. Clarity up front helps you stay true to the plan. If you must deviate, have a logical and compelling reason for doing so.



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### Save it

The **Data Catalog** and the incoming data need to go somewhere safe, organized, and handy.

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## FYN catalogs data sources

Here's the Fayetteville Youth Network's data catalog.



### Data Catalog

Community Assessment Issue	Data Source	Existing or New data	Responsible / date due
1. Youth demographics	- State health surveys with data by ZIP code.	<b>E</b>	Program coordinator 09/30/2015
2. Incidence of teen pregnancy, birth, STIs & HIV	State vital Statistics and Reportable Disease Data by ZIP code	<b>E</b>	(same)
3. Common sexual risk-taking behaviors	- State health surveys - Youth Risk Behavior Survey	<b>E</b>	Program coordinator 11/01/2015
4. Important determinants influencing the above sexual behaviors	- School health survey - Focus group of school staff members	<b>N</b>	School liaison / coordinator 11/01/2015
5. Existing programs, services, and resources addressing adolescent pregnancy, and HIV/STI	- Our organization community resource database - Phone book - Interviews with known community resource staff	<b>E</b> <b>E</b> <b>N</b>	- Administrative associate - Admin Assoc - Program coordinator 11/01/2015
6. Potential collaborations or partners to support our efforts	Interviews with known community resource staff	<b>N</b>	Program coordinator  11/01/2015



### 3. Gather existing data

Though national and state data on rates of teen pregnancy may be readily available, you probably also need to know the rates within your county or immediate urban area. You may be able to find what you need at little or no cost and with relative ease:

**Look for existing assessments.** If partners or other local resources recently have completed a needs assessment you can use (i.e., in the past 6 months) make sure that it addresses the prospective participants and relevant issues.

**Look for the most current data.** Determine any limitations associated with using the data, and consider how you might update or confirm it.

**Look for the data most relevant to your needs.** Consider the pros and cons of the available types of data and the merits of using one source over another. You can probably find resources that contain components addressing your questions.

**Look for data that describes the most important risk and protective factors.** You want data and information on determinants specific to teen pregnancy issues in your community. You can select protective factors to enhance and risk factors to reduce.



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#### Note

One staff person or volunteer may be able to pull together key information in an afternoon on the Internet.

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Organization resources may limit the breadth of your assessment. Ask yourselves:

*Do we have staff or volunteers who can get the information we want?*

*Do we have computer access and people trained to use them for research?*

*If our staff is too small, could we partner with another agency, use the library for internet access and research assistance, or recruit college students to help?*



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#### Tip sheet ahead

**Existing Data Sources/Resources** can guide you to some good sources. You may need to supplement it by collecting new data.

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## Existing Data Sources/Resources

Source	Resource
National and State Data on Birth, Pregnancy, and Sexual Health	Reports and fact sheets (updated frequently), summarizing birth, pregnancy, and sexual health related data
Locations: <a href="http://www.cdc.gov/nchs/births.htm">www.cdc.gov/nchs/births.htm</a> AND <a href="http://www.cdc.gov/nchs/nsfg.htm">www.cdc.gov/nchs/nsfg.htm</a>	
VitalStats—Births (National Center for Health Statistics)	Prebuilt birth and population tables and data files in the VitalStats births section
Location: <a href="http://www.cdc.gov/nchs/VitalStats.htm">www.cdc.gov/nchs/VitalStats.htm</a>	
Youth Risk Behavior Surveillance System (YRBSS)	Survey of high school youth conducted in many states, large counties and cities in the US; find reports, graphs, and data summaries for your state or locality
Location: <a href="http://www.cdc.gov/HealthyYouth/yrbs/index.htm">www.cdc.gov/HealthyYouth/yrbs/index.htm</a>	
Youth Online: Comprehensive Results	Interactive system that allows comparisons of data from the YRBSS
Location: <a href="https://nccd.cdc.gov/youthonline/App/">https://nccd.cdc.gov/youthonline/App/</a>	
Guttmacher Institute: State Center	Statistics, and policies in your state
Location: <a href="http://guttmacher.org/statecenter/">http://guttmacher.org/statecenter/</a>	
Guttmacher Institute: Data Center	Create and customize your own data tables for your state or the US
Location: <a href="http://guttmacher.org/statecenter/tablemaker/index.html?statecenter=nostate">http://guttmacher.org/statecenter/tablemaker/index.html?statecenter=nostate</a>	
Guttmacher Institute: Publications	Statistics, fact sheets, other resources
Location: <a href="http://www.guttmacher.org/sections/index.php">www.guttmacher.org/sections/index.php</a>	
National Campaign to Prevent Teen and Unplanned Pregnancy	Searchable databases showing state, county, and local teen pregnancy related data as available; easy to understand
Location: <a href="http://thenationalcampaign.org/data/landing">http://thenationalcampaign.org/data/landing</a>	

## 4. Collect new data

If you need to collect new data, surveys, interviews, and focus groups are methods that can produce **qualitative** and **quantitative data**. Staying mindful of your purpose will keep your efforts focused.

### Step 8 Outcome Evaluation

#### Step into the future

In Step 8, you'll design instruments to examine program results but you may need to start thinking now about the kinds of questions you'll eventually want to answer about your work. Among the support materials, the bank of **Survey Questions for Sexual Behavior & Determinants** might be useful to you now. Find it in the Step 8 folder at <http://www.cdc.gov/teenpregnancy/about/index.htm> provided with this manual.

**Decide who will supply new data.** Develop ideas about what you want to know and who will provide it: parents, youth, teachers, other program partners, or community leaders.

**Choose your methods for collecting information.** Consider the pros and cons of various data collection techniques. This helps you design an appropriate format for data gathering and data entry.

**Be sensitive as you gather information from youth or other individuals.** If you plan to gather data and information directly from individuals, you must protect their privacy and ensure data integrity. This is particularly important when collecting sensitive information on sexual attitudes, knowledge, skills, and behaviors among youth.

**Get informed consent or assent and parental permission if applicable.** You need signed parental permission from parents and other legal guardians if not waived and informed **assent or consent** from participating adolescents. Most large institutions (e.g., universities, hospitals, departments of health, large school districts) have an **Institutional Review Board (IRB) that can provide ethical review and approval of these documents if your organization does not have one**.

## 5. Assess community resources

Next, you need to find out if any community resources already exist that can help you do the job. When preparing to do a resource assessment, think about a

wide range of programs, institutions and organizations—schools, faith communities, local governments, funding sources, cultural organizations, recreational programs, youth-serving organizations, health institutions, volunteer groups—and funding initiatives.



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### Collaboration

Community agencies—such as Planned Parenthood or YMCA—may already be working to reduce teen pregnancy or boost protective factors. Maybe they could help your program.

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Understanding the resources available in your community and assessing their effectiveness will spark new ideas and help you identify any gaps. You will **save time and money** and **avoid duplicating efforts** if you determine what is already working.



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### Tool

The **Resource Assessment** tool and instructions for using it are located at <http://www.cdc.gov/teenpregnancy/about/index.htm>. The fictional FYN example illustrates its use.

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As you go about gathering data and risk information through focus groups and interviews, you may find it convenient to ask about resources at the same time. Again, look for existing materials or connect with partners or other individuals who may be willing to collect data for your organization such as graduate students at a local university, paraprofessionals, or volunteers. Even if you don't have a lot of resources and staff, there are ways to get data and information you need.



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### Save it

Save the Resource Assessment and any associated documents.

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## FYN performs a resource assessment

Middle-school youth are known to visit certain resources originally thought to address only the needs of older teens.



### Resource Assessment

	Resource 1	Resource 2	Resource 3
Name of resource	<i>Local teen center</i>	<i>Local Planned Parenthood</i>	<i>School health center</i>
Location	<i>Near local schools for program as well as adjacent to local mall where youth hang out</i>	<i>Throughout the state Location closest to school selected for this program is within town limits, within 1 mile of the school</i>	<i>In many middle schools throughout the state, including the one selected for this program</i>
Ages served	<i>12-18-year-olds</i>	<i>All ages</i>	<i>Any student at the school (typically those aged 13 - 18 years)</i>
Hours of operation	<i>Mon. - Thur., 3 - 10PM Fri. - Sat., noon - midnight Sun., noon - 6PM</i>	<i>Mon, 9AM-5PM Wed., 10:30AM-7PM Thur., 9AM-5:30 PM Fri., 8AM -3PM Sat., 9:AM1PM (3rd Sat of each month)</i>	<i>Mon. - Fri., 8AM - 4:30PM</i>
Who uses it?	<i>Homeless teens; youth from 2 high schools and 3 middle schools</i>	<i>Youth from high schools and middle schools across the state</i>	<i>Currently enrolled students</i>
Risk factors addressed	<i>Sexually active teens and peers; substance abuse; depression and isolation</i>	<i>Access to sexual and reproductive health care; knowledge and attitudes about condoms and contraception</i>	<i>General health issues; physicals for sports participation; sexually active teens and peers; depression and isolation</i>
Protective factors addressed	<i>Safety; connections to positive adults; productive use of time; community support</i>	<i>Access to sexual and reproductive health care; knowledge and attitudes about condoms and contraception</i>	<i>Access to health care; referrals for sexual and reproductive health care</i>
What's working?	<i>Homework help, music, and weekend coffee house</i>	<i>1:1 interaction; confidential services, evening and weekend hours, free or low cost services</i>	<i>1:1 interaction; confidential services and referrals; free services</i>

## 6. Interpret and analyze the data

Once you gather the relevant data, you want to be sure the information you present is clear, simple, useful, and understandable. A good analysis will help you identify the population to work with, specify your interventions, and use your resources wisely:

**Use the most recent** data available.

**Choose people over data.** Emphasize what local people say, as they are more likely to know the area best and have the most recent, personal information.

**Look for patterns.** Spend time asking “why” and “how do you know” to help you determine why the data suggests certain patterns.



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### Key point

You want to understand factors that influence adolescent decisions about sex and factors that influence youth in your community.

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Once you fully grasp the factors that influence youth in your community, you will need to know which of these factors can be changed. Clarifying this information eventually will help you develop or select a program appropriate for your community and design achievable outcomes. If you are already implementing a program, this information will help to update your data, improve your program, or design better evaluations in later steps.

Consider the following questions as you analyze the data:

***Which risks are most prevalent in our community?*** Risks emerge from trend analysis, data comparison, and risk factor comparison.

***Which risk and protective factors are operating in our community?*** Focus on building or increasing key protective factors that already exist in your community to strengthen your program and increase your chances of success.

***What factors influence adolescent decisions about sex?*** Consider all that you’ve learned from other studies and what you found out about the chief influences on teens in your community.

***Which of these factors can be altered?*** Be clear about those factors that can be changed at all and those you think your program can change.

### *Who will we try to reach?*

To keep your efforts current, you'll need to update and reassess the information regularly. You could set up a simple system to track data gathering efforts, noting survey dates, and entering a date on your **Data Catalog** for reevaluating them.

## **7. Use the data to finalize priority needs**

Use your analysis to determine the priorities to address around teen pregnancy in your community. Information you've collected and knowledge about priority risk and protective factors provides a roadmap, guiding you to appropriate interventions. This will also help you develop clear, measurable outcomes.

**Select priorities** ➡ **Choose appropriate interventions** ➡ **Develop measurable outcomes**

For example, your data and analysis on peer attitudes and behavior may reveal that teens in your community have high rates of substance abuse and easy access to alcohol, both of which can increase teen pregnancy risk. There may be data that indicate positive peer norms in support of condom and contraceptive use, both of which are strong protective factors. If your assessment shows particular problems in a school or with a targeted set of youth, then perhaps strategies that are school-based will be most appropriate. For every strategy you choose to implement, you should be able to point to data in your needs and resource assessment that led you to choose it.



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### **Collaboration**

You may decide to work with other groups dealing with teen substance abuse and develop a joint education campaign to teach teens ways to avoid substance abuse and increase contraceptive use.

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Convene members of your work group, staff, volunteers, community members, and program participants to go over the results of your assessment and select priorities in the effort to reduce teen pregnancy in your community. Because there is no single answer or approach to solving the problem of teen pregnancy, conclusions should reflect a balanced approach that targets risks that should be reduced and cites strengths or protective factors that should be increased.



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### **Tool**

If you're not sure, use the **Priority Needs Filter**. FYN illustrates it.

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## FYN uses the Priority Needs Filter

With the middle school youth in their community in mind, FYN methodically completed the Priority Needs Filter. They decided to use a strong partnership with the middle school to address attitudes and behaviors in relation to responsible sex.



### Priority Needs Filter

Process	Needs: Important Behaviors and Determinants to Change
1. <b>List</b> behaviors that need to change.	<i>Behaviors: Frequency of sexual intercourse</i>
2. <b>List</b> risk and protective factors (determinants) that need to change.	<i>Correct and consistent use of condoms</i> <i>Risk determinants: General knowledge about sexuality below normal</i>
3. <b>Cross out</b> any behaviors or determinants currently being addressed elsewhere.	<i>Careless attitudes about HIV/STIs, and pregnancy risk show lack of knowledge</i> <i>Household substance abuse</i> <i>Behind in school</i>
4. <b>Cross out</b> any behaviors or determinants that we lack the resources (time and budget) to confront.	<i>Drug and alcohol abuse above average for 13-year olds</i> <i>Resistance to use of condoms and contraception;</i> <i>Low social and personal self-efficacy</i>
5. <b>Cross out</b> any priorities that we cannot change or whose change we cannot measure.	<i>Protective determinants: Youth tend to feel connected to the middle school</i> <i>Parental disapproval of premarital sex</i>
6. <b>Cross out</b> any behaviors and determinants that we choose not to address at this time.	
7. <b>Highlight</b> the remaining behaviors and determinants. <b>These are our priority needs.</b>	
8. What general approach could we take for maximum impact?	<i>Integrate STI, HIV, and pregnancy prevention curriculum that addresses these behaviors and determinants into our existing substance abuse program</i>
9. Who will benefit from that approach?	<i>Eighth-grade students at Fayetteville Middle School</i>





### **FYN finishes Step 1**

FYN used the Step 1 tools to help reach its priority conclusions and prepare to move on to setting goals and outcomes:

**Completing the Data Catalogue** helped the work group readily see the best existing information sources available, including material it had in-house and opportunities for interviews to be conducted using existing relationships in the community. Existing baseline data provided by the state health department helped FYN focus on developing a short, new survey to assess determinants and key questions for local middle-school students.

**Performing a Resource Assessment** revealed three good resources—and potential partners—for FYN’s efforts, including a local teen center, Planned Parenthood, and the local middle school’s health center. The teen center offers after-school programs centered largely on homework help, while Planned Parenthood and the school health center provide different kinds of health information and support. FYN concluded, however, that no one else in the community was providing a program aimed at reducing pregnancy among middle school youth.

**Using the Priority Needs Filter** led FYN through a filtering process that helped the work group see, based on all it had learned, the most important determinants to address. While they hoped to eventually target all local teenagers, FYN decided to focus its initial efforts on eighth-graders at Fayetteville Middle School.

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## Applying Step 1 when you already have a program

Whether you have already selected a program to implement or have been implementing one for a while, you can use the Step 1 tools to examine it with a fresh set of eyes.

**Review your basic information.** Perhaps you've never done a complete needs or resource assessment. Even if you have, it may be time to update the data and information on which your interventions are based. The **Determinants: Risk & Protective Factors** tip sheet can help you make sure your efforts are current and focused on feasible and realistic goals for your organization.

**Review your assumptions and priorities.** You could convene an afternoon work group to review the major questions in this step. The group could just contain members of your staff or you could include program volunteers and participants. You could also convene a work group that includes people from programs similar to yours or stakeholders drawn from the larger community. A review can reveal specific areas to explore or fine tune, or it could reassure you that your work is right on target.

**Change your focus.** If your work has been largely risk focused, now may be the time to strengthen protective factors in addition to reducing risk factors. Using the data you collected, you may generate ideas to more fully address the promotion of protective factors among the youth you serve.

**Find new resources and partnerships.** A review of your data and assessments at this time could help you identify new sources of support, funding, or partnerships. New programs or interventions may have started since you began your work. Developing relationships with other effective programs will help not only to address issues in your community, but also to help you strengthen and sustain your work.

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## CQI and sustainability at this stage

You don't need to wait until the end of your process to start thinking about ways to:

- Continuously improve your work as you go.
- Sustain your work in the future.

Starting here, we'll summarize a few critical **continuous quality improvement (CQI)** and **sustainability** issues to think about as you work through each step of the Promoting Science-based Approaches Using Getting to Outcomes (PSBA-GTO-TPP) process. Spending a little time in the course of each step to examine these issues will save you time later on when you get to Step 9 CQI and Step 10 Sustainability.



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### Note

If you haven't already done so, take time now to read Step 9 CQI and Step 10 Sustainability so you can see where you're headed. This may help you identify additional information to capture for later use.

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In the Introduction, we talked about the importance of establishing a group committed to working through the PSBA-GTO-TPP process together. While this is important for sharing the workload, it's also foundational for the process. Research into improving program performance and sustainability shows that involving key stakeholders and developing relationships are vital to success. You may be able to tap stakeholders and existing relationships to help you get the data and information you need. This also exposes your work to more people. You can use these relationships to expand investment and ownership in the work you're doing.

You may learn something else very important as you gather data and information: where there are gaps. You might not be able to get the data you really need in some areas, or you may discover that you need to build some new relationships with people who can help you. Discovering gaps will help lead you to insights about needed improvement strategies for refining your work (CQI) and potential capacity-building strategies for keeping your work going (sustainability).

## Lessons learned

Later on, when you get to Step 9 CQI, we'll help you determine whether to update your needs and resources assessments. In Step 10 Sustainability, you'll consider how to maintain high quality needs and resources assessments in the future. Right now, here are some questions to help you think through any lessons learned during the needs and resources assessment process that will help you later on.

### *How hard was it to find the information we needed?*

You may easily have found multiple sources for some data but were unable to find good data in other key areas. Did you have to make decisions about the best or most reliable data to use? At some point you have to move ahead in your process with the information available, but you need to know what gaps you were left with in your data, needs, and resources information gathering process.

### *What key pieces of information will need to be updated regularly?*

There may be some excellent data and information sources at the heart of your assessment and planning. Identify the most salient ones and track opportunities to update them.

### *What kinds of resources do we need to maintain high quality needs and resources assessments?*

Even if you are able to make good use of free and existing data sources, it takes staff time and attention to stay on top of the job. Consider whether your organization needs to ensure that data collection activities become part of policies, procedures, job descriptions, or requirements. Determine if you will need continued staff training and education to maintain data and information collection.

### *Do we need new partners to support high quality assessment in the future?*

Stakeholders and supporters of your program and organization may be able to extend your reach when it comes to getting the information you need to stay current. Ask people you already know who else you should work with, and let them help you make new connections.

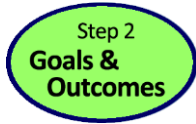


#### **Tool**

If you find it helpful, use the **Lessons Learned** tool found at <http://www.cdc.gov/teenpregnancy/> to capture information as you work through each step.

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## Getting ready for Step 2



Compiling current and accurate information about the needs of youth, their risk behaviors, and resources available in your community is a critical first step for PSBA-GTO-TPP. Identifying the youth you want to work with and understanding their needs will help you clearly tell the story of your program to potential partners and stakeholders. Funders want to know why you need resources in your community, and the information you've gathered so far helps you make the case.

Now, you'll use the information you've gathered and the priorities you've identified to help you develop specific goals and desired outcomes. In Step 2 Goals & Desired Outcomes, the information gathered in Step 1 will be used to finalize the priority youth population to be served and set realistic program goals and objectives that evidence indicates will lead to the desired behaviors and outcomes. The priorities from Step 1 and the goals and desired outcomes you develop in Step 2 will form the basis for selecting the programs and strategies you plan to implement and the outcomes you eventually plan to measure.